Public Finance and Performance Committee
Wednesday 20th May 2026
via MS Teams

14:00	**1. Standing Items (14:00 – 14:10)**	Rhian Thomas
1.1	Welcome, Introductions & Apologies:	
1.2	Declarations of Interest	
1.3	Minutes from the Finance and Performance Committee meeting – 22.04.2026	
1.4	Actions following the Finance and Performance Committee meeting held on 22.04.2026	
1.5	Chair's Actions since previous meeting	
14:10	**2. Items for Review and Assurance (14:10 – 15:20)**	
2.1 *25 mins*	Financial Report – Month 1 Position (including Savings Tracker)	Andrew Gough
2.2 *15 mins*	Operational Performance Update	Paul Bostock
2.3 *15 Mins*	Grip & Control Arrangements	Andrew Gough
2.4 *15 Mins*	Annual Plan – Quarter 4 Update	Adam Roberts
15:20	**3. Items for Approval / Ratification (15:20 – 15:40)**	
3.1 *10 Mins*	Business Case: South Wales Blood & Marrow Transplant Programme	Jessica Castle
3.2 *5 Mins*	Provision of Travel and Transport Bookings Procurement Outcome Repo	Catherine Phillips
3.3 *5 Mins*	Annual Chairs Report	Rhian Thomas
15:40	**4. Items for Information and Noting**	
4.1 *0 Mins*	Monthly Monitoring Return – Month 12	Andrew Gough
	5. Private Meeting Business:	
	i) Approval of Minutes *ii) Tricordant Update* *iii) Finance Plan* *iv) Plan Resubmission / McKinsey* *v) Digital Foundations*	
15:55	**6. Any Other Business**	
15:55	**7. 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 17th June 2026 via MS Teams**	

Minutes of the Public Finance & Performance Committee Meeting
22nd April 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
Judi Rhys	JR	Independent Member – Third Sector
Clive Curtis	CC	Independent Member - Community
Ceri Phillips	CP	Health Board Vice Chair
David Edwards	DE	Independent Member – Digital
Lorna McCourt	LM	Independent Member – Trade Union
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
Matt Phillips	MP	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Paul Bostock	PB	Chief Operating Officer
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Additional Attendees:		
Emily McDonald	EM	Graduate Management Trainee
Em Wilkinson-Brice	EWB	Independent Assesors
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Rachna Upadhya	RU	Independent Member – General
Susan Lloyd-Selby	SLS	Independent Member – Local Authority

Ref:	Agenda Item:	Action
FPC 2026/03/1.1	**Welcome, Introductions & Apologies**	
FPC 2026/03/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 2026/03/1.3	**Minutes of the Finance and Performance Meeting held on 18th March 2026** The minutes of the meeting held on 18th March 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 18th March 2026 were held as a true and accurate record of the meeting.	
FPC 2026/03/1.4	**Actions following the Finance & Performance Meeting on 18th March 2026** The Action Log following the meeting held on the 18th March 2026 was received and discussed. The Chair asked whether the committee needed to wait until May for an update on the capsule sponge for upper GI cancer pathway, or if a note could be circulated to committee members prior to the meeting, unless it was going to be a substantive item. **The Finance and Performance Committee resolved that:**	

	A) The Action Log for the Finance and Performance Committee was noted.	
FPC 2026/03/1.5	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 2026/03/2.1	**Financial Report – Month 12 Position (including savings tracker)** Andrew Gough (AG), the Deputy Director of Finance (Strategic), provided the following summary of the report to the Committee: • A year-end deficit of £56.097m, which is £136k better than the planned deficit. • Achieved the planned deficit despite significant financial challenges throughout the year. • Delivered £32m in savings, operated within the capital resource limit and met the 95% creditor payments compliance target. • Figures were provisional; draft accounts to be submitted for audit and internal review. • Three-year rolling deficit stood at £100m; would need a £44m surplus to achieve break-even duty. • Year-end position broken down by clinical board, showing variable performance—some boards exceeded control totals, others did not • Deep dive meetings and grip/control actions from month 5 onwards were key to recovering the position and hitting the plan. • Funding streams became more certain as the year progressed, aiding the financial position. • Emphasised the need for earlier grip/control measures in future years to avoid late recovery. The Committee Chair / Independent Member Capital Estates & Facilities – Rhian Thomas (RT) noted that in the first five months of last year, CAVUHB were slipping away from the provisional financial plan, with variation between clinical boards in reaching expected control totals. She observed that the month 5 period marked a significant shift, stopping the slippage and recovering to hit the planned deficit by month 12. She referenced narrative about deep dives and asked if the shift at month 5 was due to a cultural change or increased controls, requesting AG to explain and relate this to variations by clinical board and implications for future planning AG stated that CAVUHB did not have a firm plan in place at the start of the financial year, which lead to recovery mode and uneven impact across clinical boards. He indicated a similar position was expected for the upcoming year, with planning challenges persisting. He explained that deep dive meetings were instrumental in regaining control, especially from month 5, when the forecasted deficit was £8m worse than planned. He noted these actions focused on workforce control and were sustained through in-person meetings with executives and clinical boards. He highlighted that certainty in funding streams improved as the year progressed, which aided the financial position. He added that the combination of deep dive actions and funding certainty was crucial, and without these, the planned deficit would not have been achieved. The Chief Operating Officer – Paul Bostock (PB) noted that restrictions around vacancy control were implemented, which helped achieve financial goals but caused an ill feeling among staff. He explained that these measures were not recurrent and were not embedded, and CAVUHB had not yet reshaped the workforce to remove those posts. He mentioned that this year started with four executive reviews, with some directorates wanting to recruit into previously held vacancies, but this cannot be allowed as it would increase the run rate. He stated that monthly workforce and finance deep dives would need to be reinstated from next month to address these issues in more detail. The Vice Chair – Ceri Phillips (CPH) asked to what extent CAVUHB would incorporate the thinking that spending in some areas could generate savings in other boards moving forward. He linked this to the need for shifting towards primary and community service provision rather than reliance on hospital care. AG stated that to create headroom for shifting resources and spending in primary care, a desperate plan was needed to move this forward. He explained that currently, there was no reduction in demand coming through secondary care to provide that headroom, so without taking a leap of faith or increasing the deficit to build community capacity, CAVUHB remained on the current loop. The Chief Executive – Suzanne Rankin (SR) highlighted that the strategy was about delivering strategic shifts, reinforcing the need to create financial headroom and capacity to achieve these shifts. She assured the committee that CAVUHB did not wait until month 5 to address the plan; green and amber savings were secured early, reducing the forecast deficit by £2m. She stressed the importance of integrated activity, workforce, and cost planning from each clinical board, noting ongoing	

struggles to secure this from all boards. She mentioned working increasingly closely with colleagues to achieve goals but now questioned whether the capability exists and what is needed to deliver the financial outturn. She reflected that the main issue was not a loss of grip and control, but an inability to plan effectively to the required scale.

PB noted the need for plans to keep frail, elderly patients at home, avoiding unnecessary admissions and bed days, rather than shifting resources to more expensive minor surgery in primary care. He stressed the importance of aligning community by design plans with what GPs want to do, highlighting that increasing minor surgeries and joint injections would drive up costs and not help. He pointed out a failure to plan, as many are stuck in the mindset that work can only be done if more resources were provided, while the real challenge was using existing resources more effectively and efficiently. He explained that people struggle to see how they can make a £40m savings plan and still deliver all required work, indicating a lack of ability to see how to achieve this.

CPH agreed with PB that it was essential to do the right things in the right place and acknowledged there were current examples where this wasn't happening. He emphasised the need for headroom and space to determine what can be moved effectively without compromising quality or requiring additional resources. He noted that when some people were admitted to hospital, their chances of being discharged diminish, highlighting the importance of reducing length of stay. He stated that by reducing length of stay, resources and beds can be freed up to meet additional demands and channelled into appropriate interventions in primary and community care.

The UHB Chair – Kirsty Williams (KW) recognised the huge effort made to reach the current position but highlighted the failure to meet statutory obligations, noting the deficit almost doubled from the previous year and had doubled the year before that, with a worsening trajectory for the next year. She stressed the need to be realistic about the financial situation and questioned what was learned over the last year regarding managing clinical board performance and making savings. She asked how the £32m in savings (less than 2% of the budget) benchmarked against expectations for an organisation of this size, and what would be a regular or recovery savings plan. She wanted to understand what lessons from last year could be applied to improve the position this year, especially since there wasn’t a complete plan at the start of the year, and how to avoid being in the same situation next year without a plan.

AG stated that for an organisation of their scale, 2% savings was the expected benchmark, equating to approx. £40m annually. He noted that only £32m was delivered this year, and not all of it was recurrent, which meant the ambition was not fully met. He highlighted that there was a shift in culture, with more focus on integrating activity, workforce, and financial planning. He stressed the importance of starting the year with a clear workforce plan. He explained that grip and control measures were helpful but only went so far; transformational service changes were needed to bridge the gap. He acknowledged that CAVUHB had further to go, especially for 2026/27, and that delivering £40m savings per year will not close the deficit quickly enough.

RT noted that public sector payment compliance previously struggled to meet the target, but it now appeared to be consistently above 95%, suggesting that root causes were addressed and the process was running smoothly.

KW stated this was not a good place to start the financial year. She pointed out there was no level of confidence in the ability to deliver the savings plans. She asked what steps executive colleagues were taking to finalise savings targets and provide assurance to the Board about deliverability, and when the Board would have clarity on this.

The Chief Executive – Suzanne Rankin (SR) asked for clarification on the savings plan target and the figures, distinguishing between the original plan and additional items from the opportunity pipeline. She noted there is a plan currently submitted (plan 1.0) and a further plan in train (plan 1.1) with additional items. She wanted clarity on which plan is being discussed and to understand the extent to which the original plan is being delivered, as well as the remaining gap and the opportunity for an enhanced or recovery plan. She raised the debate about the capability of clinical boards to generate and deliver these plans, noting the cultural shift is starting but delivery must follow. She added that assistance would be needed for delivery and this would need to be brought to the Board for proposition and discussion.

AG confirmed that against the original target of £42.5m, £9m was identified on the savings tracker, with no opportunity pipeline delivery yet identified in green and amber from the agreed schemes. He stated that each of the schemes being worked up has a lot of granular detail and was itemised, but where it is just a theme, the full detail is not yet available to fill that part.

	PB clarified that it was not unclear to the clinical boards; every clinical board knows their savings target, which is detailed in the relevant documentation. Some boards have higher targets due to non-recurrent issues carried over, but all are aware of their specific ask. He emphasised the need to work up the pipeline ambitions and opportunities, integrate them into the savings plan, and return by the end of May with a clearer, more complete picture. He acknowledged that while the overall situation may appear confusing, the targets are clear to those responsible, and the next step is to develop the details and identify where additional support will be needed to deliver the savings. The Executive Director of Finance – Catherine Phillips (CP) clarified that page 10 of the papers showed how the savings could be delivered, but there was still £3.4m outstanding and productivity was yet to be fully explored and described. She explained that the savings plan progress on page 11 was the real and up-to-date position, and that the original opportunity pipeline and McKinsey work were being updated to inform the plan. She emphasised that some elements in the plan were transactional and need to be managed as such, while others require service change and must be built up by the service, with a focus on deliverability and understanding milestones and activities. She stated that all this needs to be done by May to de-risk the £86m deficit as a first step. The Independent Member ICT – David Edwards (DE) highlighted the need to define and de-risk the plan but cautioned that "no plan survives first contact with the enemy," referencing the unpredictability of external factors. He noted rising inflation and the likelihood of increased costs due to the cost-of-living crisis and global instability, especially events in the Middle East. He sought reassurance that the team was considering these risks and emphasised the importance of tracking whether missed targets are due to internal actions or exceptional, unforeseeable circumstances. He stressed the need for a clear narrative to explain when targets are not met and to distinguish between controllable factors and external shocks. PB explained that the Welsh risk pool resulted in a £21m hit to the plan this year, which we are struggling to mitigate. Without this, the deficit would be around £60m, close to the £56.2m at year-end. He noted that such left-field issues arise, and while explaining them is possible, they are not given credit for it, as they were told to manage it despite raising the issue. CP stated that costs were tracked logically, with estimates based on inflation (CPI), which allowed for legitimate monitoring throughout the year. She mentioned that the committee regularly reviews cost pressure analysis to assess accuracy, with Andrew providing updates, and noted that fluctuations are typically consistent with estimates. She acknowledged that the root cause of sickness requires further analysis, and highlighted those recent escalations in costs, such as those from price inflation as a result of the restricted supply of goods from war and clinical negligence, had not been seen in previous years. SR mentioned seeing a benchmarking paper with measures across NHS Wales, which she intends to share with the board to provide context on their position relative to other health boards. She noted that the data could highlight areas where Cardiff and Vale UHB is an outlier, particularly in demand analysis, prompting further questioning about whether this is due to service portfolio, tertiary status, or other factors. She suggested using this benchmarking information for a future board conversation to explore these outlier areas and understand their implications. **The Finance and Performance Committee resolved that:** a) The reported year to date position is an overspend of £56.097m against the planned deficit of£56.233m was noted. b) The month 12 operational overspend against plan of £0.202m and the (£0.339m) savings surplus was noted. c) The outturn against the in-year savings target, with £32.339m (101.1%) of green schemes identified at Month 12 against the revised £32m target was noted. d) The delivery of the draft outturn is contingent on confirmation of the remaining outstanding Welsh Government allocations which totalled a net reduction of (£49.844m) at the 15th April 2026 was noted. e) The combined recurrent savings shortfall and recurrent operational pressures of £12.5m,which are adversely impacting the deteriorating underlying deficit being carried into 2026/27. The underlying deficit entering 2026/27 is currently assessed at £68.7m, which is £12.5m higher than the 2025/26forecast outturn of £56.2m was noted. f) The Draft 2026/27 Planned Deficit of £86.5m and progress against the 2026/27 Savings Plan was noted.	
FPC 2026/03/2.2	**Operational Performance Update**	

Paul Bostock (PB) – Chief Operating Officer provided the following summary of the report to the Committee:

- **Urgent & Emergency Care:** Demand increased by 3.6%, equating to an extra day's work monthly; 12-hour waits improved to 8%, best in NHS Wales, but still high; 45-minute ambulance handover performance at 90%, with average handover time of 30 minutes (standard is 15 minutes).
- **Stroke:** Four-hour ward performance improved but below target; CT scanning capacity was a major constraint due to only one scanner serving multiple needs; stroke summit postponed but focus remained on pre-hospital issues, EU pathway, and length of stay.
- **Pathway of Care Delays:** 119 patients delayed in physical health beds (average delay 37 days); 37 mental health patients delayed (average 93 days); total bed days lost improved by 3,100 compared to last year.
- **Cancer:** February performance at 54.5%; backlog reduced to 335 patients; six tumour sites met 75% standard; urology backlog halved; performance expected to improve in March.
- **Diagnostics:** March ended with 6,400 patients waiting over 8 weeks; significant reduction from 17,000 in December 2024; MRI and non-obstetric ultrasound expected to meet targets by Q2; endoscopy remains a challenge.
- **Planned Care:** 335 patients waiting over two years, best in five years; no patients waiting over three years; 31,000 additional first outpatient appointments delivered; backlog reduction attributed to non-recurrent funding and outsourcing.
- **Community Care:** 190,000 district nursing visits year-to-date; three and a half thousand patients cared for daily in their own beds, highlighting community team impact.
- **Mental Health:** Children and young people standards (28-day assessment/treatment) met since September 2024; neurodivergence backlog cleared but funding is non-recurrent; adult standards also met, with community teams seeing 25,000 clients monthly.
- **Productivity & Performance:** New monthly exec-led oversight group and weekly directorate meetings to focus on performance and productivity, covering standards, theatre efficiency, outpatient efficiency, and reporting to the committee.

CPH noted that the new mental health strategy was predicated on open access, which would require work to ensure appropriate individuals were dealt with in the right way. He highlighted that WG would expect increased liaison with the third sector to address tier 0 entries, emphasising the need to configure the service properly as the strategy moves forward. He expressed that the strategic approach may further improve mental health services, acknowledging significant improvements already made.

PB explained that the biggest block to reducing twelve-hour waits is getting patients out of EU in a timely way, and that the next step change requires decongesting EU. He mentioned that the team recently had a great idea for reconfiguring the medical model and patient cohorting, but he had to point out that they hadn't included seven-day working or an extended working day, which were necessary for real improvement. He reiterated that to make the next step change, the focus needs to be on decongesting EU, as mornings often start with majors full of patients waiting for admission.

KW acknowledged that in some areas, CAVUHB is at its best level of performance, which required significant work and effort. She expressed concern about the delay of the stroke summit and requested reassurance that there would not be a loss of grip on stroke analysis, noting that stroke performance was worse than it was a few years ago. She observed a mixed picture at year-end, with some targets met (either WG's or internal), but in other areas, performance targets were not achieved.

PB noted that the organisation previously reached an A grade in stroke performance, but the criteria have since changed, making it much harder to deliver. He committed to bringing back an update on stroke next month to provide assurance, confirming an action for a stroke update in May. He stated that, with the exception of diagnostics, the organisation has delivered on what was promised, distinguishing between WG asks and internal commitments. He suggested bringing a brief slide deck to the next committee meeting outlining how productivity and performance will be managed, including metrics and expected outcomes. He emphasised that the team tries not to over promise and aims to be ambitious yet realistic in their plans.

Action - Stroke Pathway Improvements - PB to provide a wider update on endoscopy capacity, including capsule sponge for upper GI cancer, as part of a substantive paper.

Action - Diagnostic Performance Briefing - PB to bring a written briefing on diagnostic performance and lessons learned, including steps to avoid previous issues.

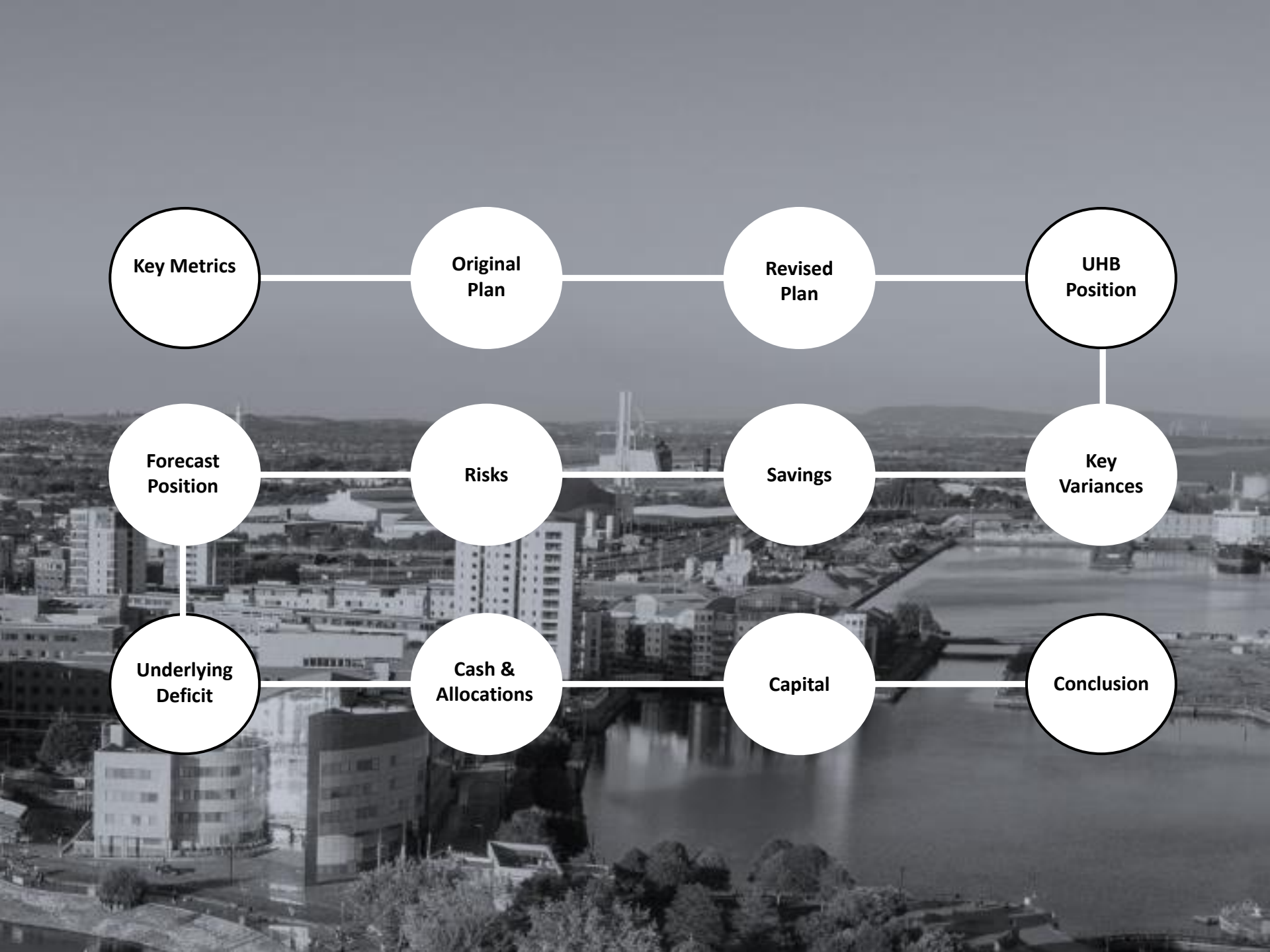
Action - Productivity & Performance Oversight - PB to present the structure and aims of the new productivity and performance oversight group.

	The Committee resolved that: a) The year-to-date position against key organisational performance indicators for 2026-27 and the update against the Operational Plan programmes was noted.	
FPC 2026/03/2.3	**Ministerial Performance Standards** PB highlighted the following points for the ministerial performance standards: • the submitted plan does not have a line of sight on achieving zero 104-week waits or zero 8-week diagnostic waits and referenced additional standards for clinical coding and neurodivergence. • He outlined what it would take to reach zero 104-week waits, estimating a need for £9–10 million, mainly due to a recurrent core capacity deficit in specialties. • He clarified that most remaining long-wait patients now require treatment, which is harder to deliver than outpatient clinics or diagnostics. • For diagnostics, Paul stated that the targeted intervention requirement is 80% of patients waiting under 8 weeks, but the ministerial expectation is 100%. He noted that endoscopy is the main challenge, with a recurrent capacity deficit and an estimated cost of around £5 million to clear the backlog. • He stressed that productivity improvements alone cannot close these gaps; additional funding is required. • Paul summarized that delivering both the 8-week diagnostic and 104-week treatment standards would require about £14 million, which is not currently available and would increase the deficit. • He also mentioned smaller investment needs for neurodevelopment and clinical coding standards. CPH noted the significant cost implications of delivering the standards and suggested considering the cost implications of not delivering, such as patient deterioration and longer waits affecting eventual procedures. He asked if it was possible to factor in these impacts, noting that spending £14m to resolve diagnostics and long waits could prevent further negative consequences. PB responded that while the percentage of long-wait patients was small compared to the total waiting list (about 115k), this did not help the individuals waiting, and he expressed uncertainty about the broader impact. KW highlighted the challenge faced, noting that despite the significant savings plan and efficiency efforts, it comes down to choices made daily within CAVUHB. She questioned where the space exists for a broader discussion about what activities need to be stopped, so resources could be reallocated to deliver performance outcomes or improve the bottom line. CP commented on the need to discuss all resources deployed, emphasising that after exhausting current resources, the conversation leads to additionality. She stressed the importance of continuing this conversation and questioned how to have more radical discussions about service change and transformation. PB stated he would refine the numbers, clarify productivity assumptions, and ensure accuracy for diagnostics. He explained this work would be included in the broader list of priorities for board consideration. RT mentioned that guidance on whether the investments were recurring or non-recurring would be helpful for some of these elements. KW asked how the actions align to CAVUHB's risk tolerance and appetite, emphasising the need for the board to collectively understand what they were willing to withstand regarding finances and performance. PB stated that on the 104-week position, CAVUHB were not alone, as every other health board has reported a similar situation and received similar feedback from WG. **The Committee resolved that:** a) The Committee noted the content of the report.	
FPC 2026/03/3.1	**Items for Approval / Ratification** No Items **The Committee resolved that:**	

	a) There were no items for approval.	
FPC 2026/03/4.1	**Monthly Monitoring Return – Month 11** The monthly monitoring return for month 11 was noted. **The Committee resolved that:** a) The monthly monitoring return for month 11 was noted.	
FPC 2026/03/5.0	**Any Other Business** No further business was raised.	
FPC 2026/03/7.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 20th May 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	Planning Maturity Self Assessment	FPC 19/11/2.3	Present Planning Maturity Self Assessment regularly for Committee review.	Catherine Phillips	Jonathan Watts	19/11/2025	17/06/2026	ON FORWARD PLAN	On forward plan for 17th June 2026	November and the UHB awaits feedback. This feedback alongside a mid-year review will inform next F&P discussions in May.
FINANCE & PERFORMANCE	BAF - Decarbonisation & Climate	FPC 19/11/3.2	Present BAF - Decarbonisation & Climate theme in July 2026.	Matt Phillips	Ruth Jordan	19/11/2025	22/07/2026	ON FORWARD PLAN	On forward plan for 22nd July 2026	
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/03/2.2	To report back to the Finance & Performance Committee in April or May on progress with stroke pathway improvements following the summit.	Paul Bostock	Paul Bostock	18/03/2026	17/06/2026	ON FORWARD PLAN	On forward plan for 17th June 2026	
FINANCE & PERFORMANCE	Stroke Pathway Improvements	FPC 2026/04/2.2	Stroke Pathway Improvements - Paul Bostock to provide a wider update on endoscopy capacity, including capsule sponge for upper GI cancer, as part of a substantive paper.	Paul Bostock	Paul Bostock	22/04/2026	17/06/2026	ON FORWARD PLAN	On forward plan for 17th June 2026	
FINANCE & PERFORMANCE	Diagnostic Performance Briefing	FPC/2026/04/2.2	Diagnostic Performance Briefing - Paul Bostock to bring a written briefing on diagnostic performance and lessons learned, including steps to avoid previous issues.	Paul Bostock	Paul Bostock	22/04/2026	17/06/2026	ON FORWARD PLAN	On forward plan for 17th June 2026	
FINANCE & PERFORMANCE	Productivity & Performance Oversight	FPC 2026/04/2.2	Productivity & Performance Oversight - Paul Bostock to present the structure and aims of the new productivity and performance oversight group at the next committee meeting.	Paul Bostock	Paul Bostock	22/04/2026	17/06/2026	ON FORWARD PLAN	On forward plan for 17th June 2026	

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 01


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	M01 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 £33.757m after Month 01.	R	↓	£86.547m	M01 2026/7
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.246m operational surplus reported at Month 01.	A	→	Operational Spend to be maintained within Budgets	M01 2026/7
Delivery of **recurrent** £42.521m savings target	£13.363m of Green and Amber schemes identified at Month 01, of which £8.764m were recurrent.	R	→	£42.521m	M01 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.	G	→	To remain within Cash Limit	M01 2026/7

Revised Plan

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

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

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

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

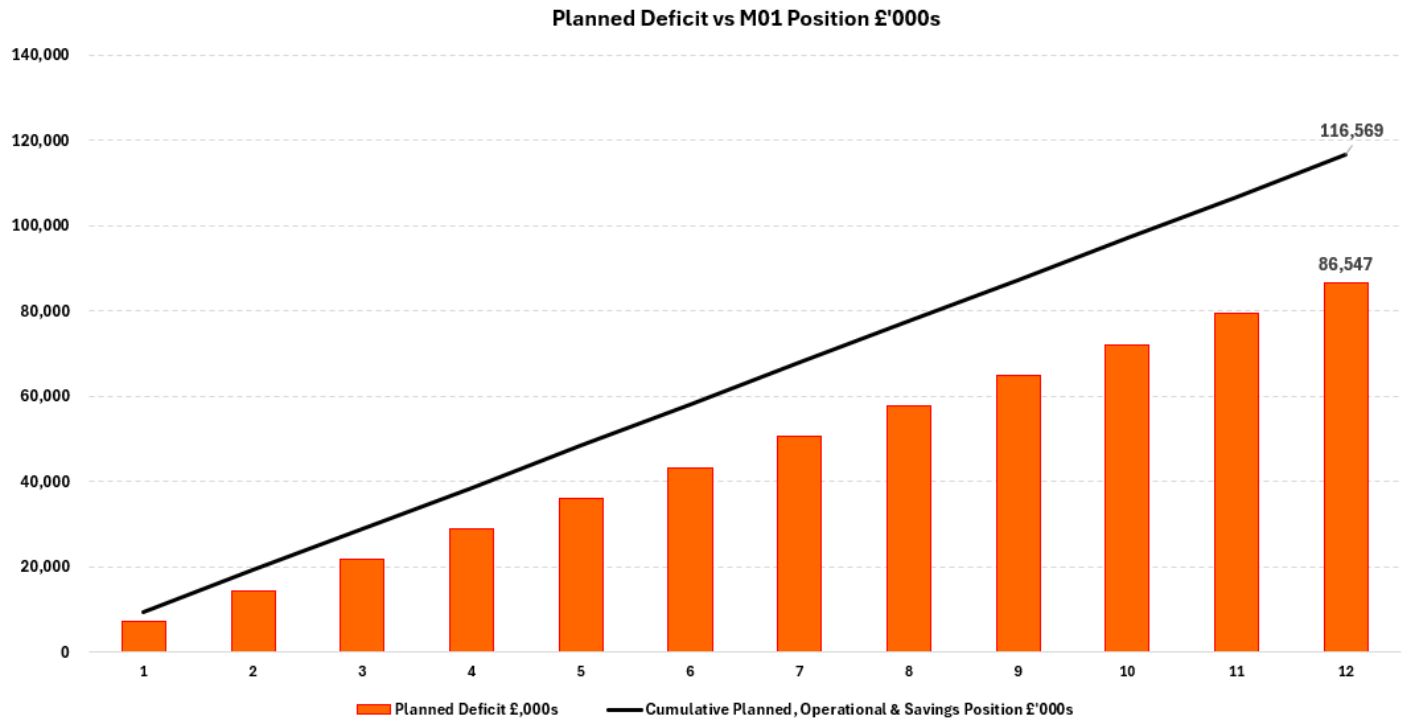
The UHB is currently considering the rapid plan assessment received from Welsh Government (letter dated 20 April) and will provide a response by 29 May.

The plan recognises the combined recurrent savings shortfall and recurrent operational pressures totalling £12.5m that arose during 2025/26. This, in turn, adversely impacted the underlying deficit being carried forward into 2026/27, which is assessed at £68.7m—an increase of £12.5m compared with the 2025/26 outturn of £56.2m.

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.

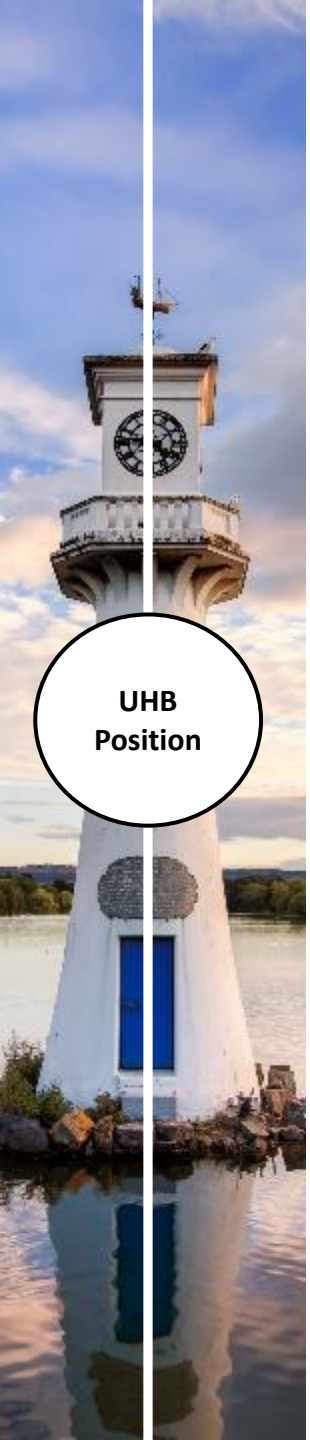
UHB Position

The graph below shows the reported Month 01 position against the UHB's planned deficit of £86.547m



	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £,000s	7,212	14,425	21,637	28,849	36,061	43,274	50,486	57,698	64,910	72,123	79,335	86,547
Cumulative Planned, Operational & Savings Position £'000s	9,396	19,139	28,882	38,625	48,368	58,111	67,854	77,597	87,340	97,083	106,826	116,569
Actual/ Forecast Deficit above Plan £'000s	2,184	4,714	7,245	9,776	12,307	14,837	17,368	19,899	22,429	24,960	27,491	30,022
25/26 deficit outturn of £56.102m	6,096	11,899	15,216	21,172	27,809	31,843	35,619	40,210	43,250	47,411	51,642	56,102

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



The UHB is reporting a year to date overspend of £9.397m at month 01, which includes a Planning Deficit £7.211m, a Savings Programme shortfall of £2.431m and an Operational Position surplus (£0.246m)

	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	10,815	10,815	0	10,814	10,814	0	129,068	129,068	0
Quality Efficiency Improvement Plans - Savings	(3,603)	(1,171)	2,431	(3,603)	(1,171)	2,431	(42,521)	(13,363)	29,159
Operational Variance	0	(246)	(246)	0	(246)	(246)	0	862	862
Clinical / Service Board Variance	**7,212**	**9,398**	**2,186**	**7,211**	**9,397**	**2,186**	**86,547**	**116,568**	**30,022**

The reported overspend of £9.397m comprises a £7.211m planned deficit (representing one twelfth of the £86.547m outlined in the UHB's Financial Plan) a £2.431m shortfall against the savings plan, partially offset by a (£0.246m) operational surplus.

There is a £5.000m risk relating to JCC , which is the net assessment (Provider loss less commissioner gain) of the decision made by JCC to impose a 2% cost savings programme on Providers. The reported position does not include this risk which would have a £5.000m net adverse impact on the forecast position if further savings schemes and not developed and delivered.

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

- A potential £0.862m operational forecast overspend driven primarily driven by endoscopy insourcing without further action being taken.

- A £29.159m shortfall against the £42.521m savings target.

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

Key Variances

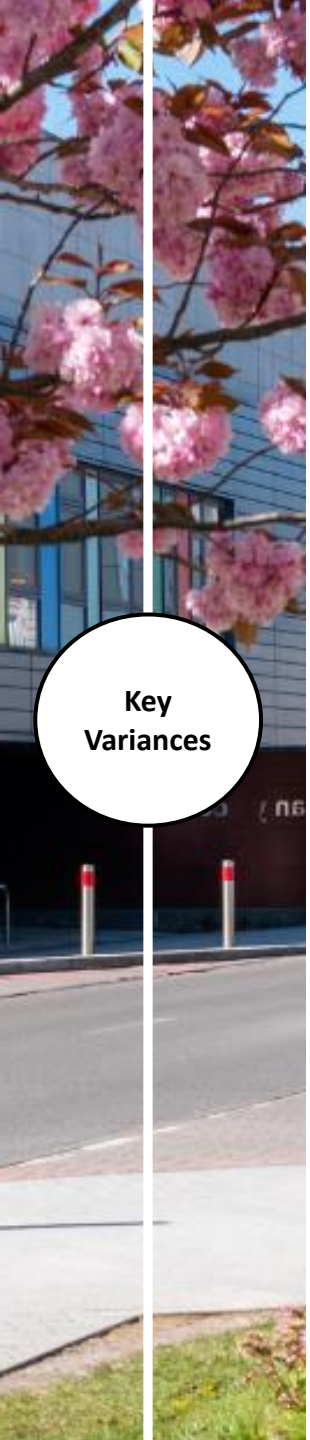
The table below summarises the in-month and cumulative performance of the UHB by its major expenditure groups:

	Income	Pay	Non Pay	Total
In-Month	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(57,397)	89,196	89,169	**120,968**
(Income)/Expenditure	(57,372)	88,944	98,792	**130,364**
Variance	**25**	**(253)**	**9,624**	**9,397**
Cumulative	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(57,397)	89,196	89,169	**120,968**
(Income)/Expenditure	(57,372)	88,944	98,792	**130,364**
Variance	**25**	**(253)**	**9,624**	**9,397**

A number of operational pressures continued into month 01 which in turn have been offset by pay vacancies.

The following operational issues were reported at month 1 in 2026/27:

- Income – Income is reported broadly in live with plan. **However, there is a £5m risk to UHB income recovery as a result of the decision made by JCC to impose a 2% cost savings programme on Providers.**
- Pay – Various staff pay underspends are reported including reduced annual leave in April.
- Non Pay – A £0.145m overspend relating to endoscopy insourcing is reported for the month. Excluding this issue, the majority of the remaining overspend is attributable to the underlying planning deficit and a shortfall in savings delivery.



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

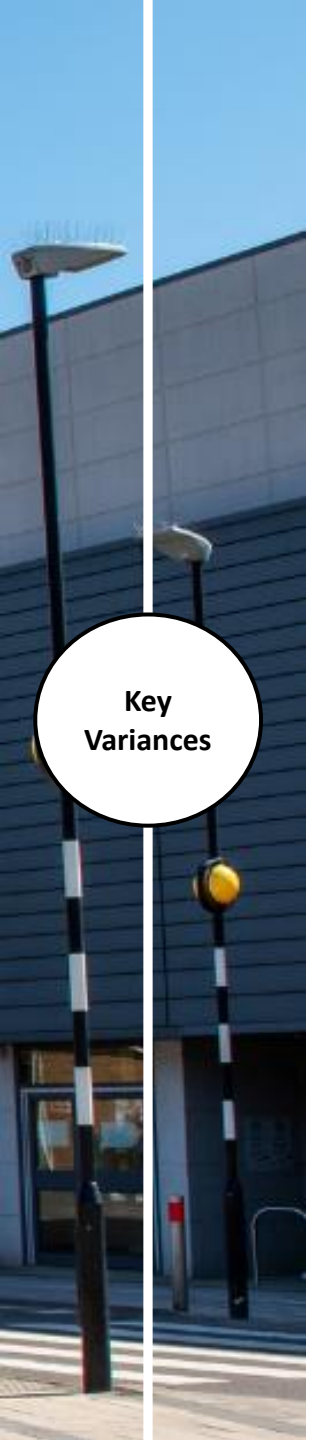
Business Unit	Deficit Control Total/Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	233	235	(14)	**454**	221
Children & Women	234	566	(34)	**766**	532
Capital, Estates & Facilities	(169)	228	(89)	**(30)**	139
Executives	(111)	140	(158)	**(129)**	(18)
Genomics	0	0	1	**1**	1
Medicine	1,235	120	41	**1,396**	161
Mental Health	817	201	5	**1,023**	206
Primary, Community & Intermediate Care	620	111	(46)	**685**	65
Specialist	261	414	82	**757**	497
Surgery	117	316	(133)	**301**	184
Sub-Total (Delegated Position)	**3,237**	**2,331**	**(344)**	**5,225**	**1,988**
Central Budgets	1,835	100	108	**2,043**	208
Commissioning	2,140	0	(10)	**2,129**	(10)
Sub Total (Non-Delegated Position)	**3,974**	**100**	**98**	**4,172**	**198**
Sub-Total Surplus/Deficit	**7,211**	**2,431**	**(246)**	**9,396**	**2,185**

Operational Pressures

The table/chart below summarises the key 2026/27 Operational pressures as at month 01:

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Edoscopy Insourcing and Recruitment Outside of Plan	145	1,066
Pay Underspend	(391)	(205)
Sub-Total Surplus/ Deficit	**(246)**	**861**

- Urgent work is underway to find an offset for the endoscopy costs
- The table above excludes the £5m risk to UHB income recovery as a result of the decision made by JCC to impose a 2% cost savings programme on Providers.
- The forecast endoscopy pressure of £1.066m includes insourcing to the end of Q1 and gastro recruitment from July.
- Various staff pay underspends are reported in April including reduced annual leave



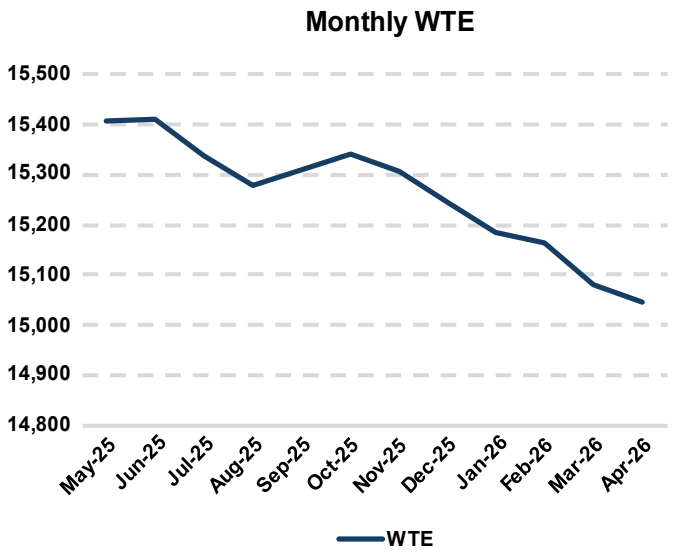
Key Variances

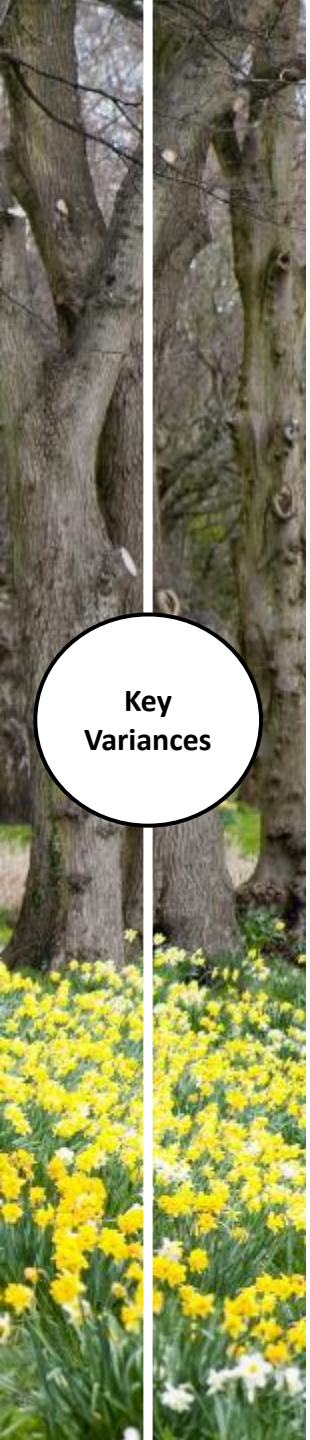
The table/chart below summarise the 2025/26 & 2026/27 Pay expenditure run rates at month 1 for all staffing groups (split by fixed and variable expenditure) :

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	3,115	3,207	**92**	**3.0%**
Management, Admin & Clerical	10,336	11,014	**679**	**6.6%**
Medical and Dental	22,714	24,374	**1,660**	**7.3%**
Nursing (Registered)	23,883	25,460	**1,577**	**6.6%**
Nursing (Unregistered)	7,036	7,284	**248**	**3.5%**
Other Staff Groups	12,518	13,423	**905**	**7.2%**
Scientific, Prof & Technical	3,877	4,229	**352**	**9.1%**
Total	**83,478**	**88,991**	**5,513**	**6.6%**

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

The chart (right) reports substantive WTE by month and shows a 362 WTE reduction across the UHB over the last 12 months. The temporary increase in staff WTEs during September and October relates to the onboarding of registered nurses from the nurse student streamliner programme. From November through April, WTEs in post have declined, returning to the trend observed prior to the onboarding period.





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	10,852	10,278	(574)	-5.3%
Continuing Healthcare	9,677	10,708	1,032	10.7%
Drugs / Prescribing	22,446	22,651	206	0.9%
Healthcare Provided Services	23,829	25,627	1,799	7.5%
Other Non Pay & General Supplies and Establishment Expenses	9,206	9,723	517	5.6%
Premises & Fixed Plant	4,257	4,891	634	14.9%
Primary Care Contractors	13,477	14,914	1,436	10.7%
Total	**93,743**	**98,792**	**5,049**	**5.4%**

The UHB reported **£98.792m** of Non Pay expenditure for April 2026 which is an increase of 5.4% 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 and JCC under Healthcare Provided Services. (£0.5m of the monthly 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 energy costs.
- Primary Care contracts (including Welsh Government funded contractual uplifts for 2025/26 and 2026/27 GMS and 2025/26 for Dental & Pharmacy).

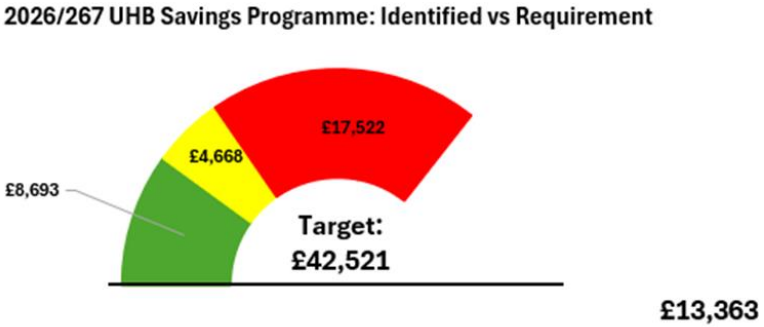
Savings

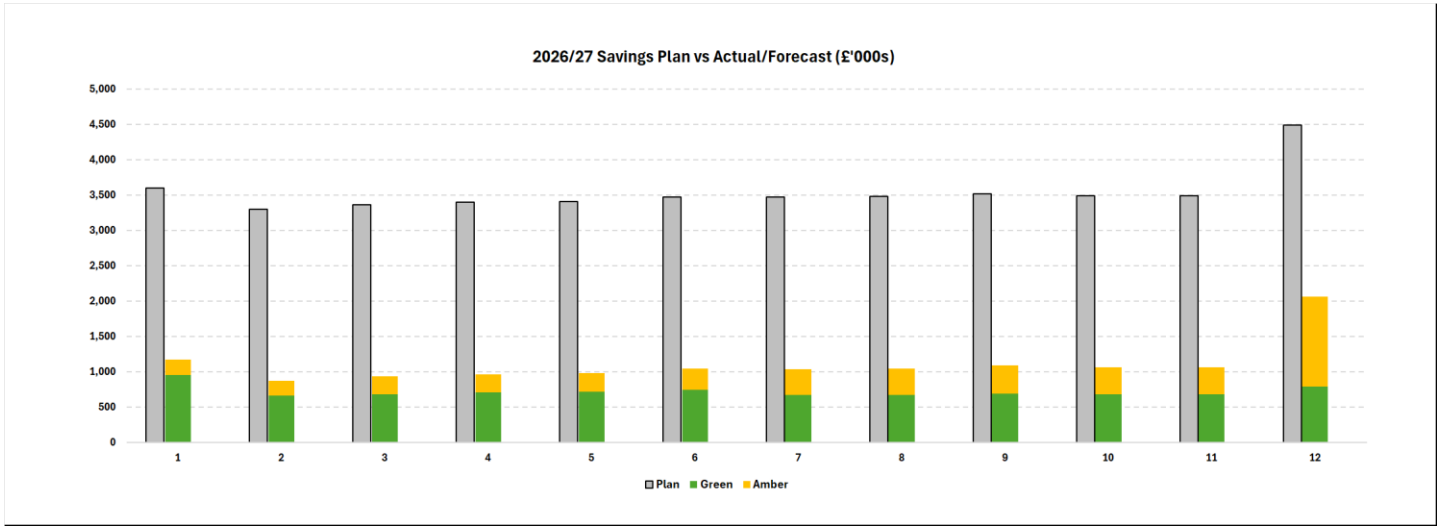
At Month 01, the UHB has identified £13.363m (31.4%) of green and amber savings to deliver against the revised £42.521m savings target. Red schemes of £17.522m were also identified and continue to be reviewed for progression to Green/Amber where possible.

The forecast delivery against green and amber schemes is £13.363m at the end of month 01, which is 31.4% of the £42.521m savings 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. £8.764m of recurrent savings were identified at month 1 leaving a gap of £33.757m against the £42.521m recurrent target

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





Savings

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

Business Unit	Target (£'000)	Green (£'000)	Amber (£'000)	Total (£'000)
CD&T	4,916	1,129	950	**2,079**
Children & Women	7,419	76	553	**629**
Capital, Estates & Facilities	2,889	150	0	**150**
Executives	3,038	158	0	**158**
Genomics	-	0	0	**0**
Medicine	3,214	936	839	**1,775**
Mental Health	3,975	884	714	**1,598**
PCIC	3,011	1,201	480	**1,681**
Specialist	7,960	2,040	950	**2,990**
Surgery	6,099	2,119	182	**2,301**
Total Surplus/ Deficit	**42,521**	**8,694**	**4,669**	**13,363**

The £17.5m included in the red pipeline includes an assessment on the deliverability and potential cash release of schemes included in the Opportunities Pipeline agreed by Board.

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

At this stage, even if 100% of red pipeline schemes converted into green and amber schemes there would still be a savings plan gap of £11.6m meaning further schemes need to be identified at pace.

Risks

The key risk reflected in the UHB Corporate Risk Register is the potential failure to achieve a breakeven financial position by the end of the 2026/27 financial year. The current financial plan includes a planning deficit of £86.547m.

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

Finance Risk Title	Rating
The submitted financial plan shows a planned deficit of £86.547m for 2026/27, meaning the UHB will not meet its statutory requirement to achieve a balanced financial position over a rolling three-year period.	20
Ambition to improve on the £86.547m deficit.	20
The Health Board must achieve its statutory capital breakeven duty. This requires the organisation to remain within its capital allocation on a three-year rolling basis and ensure that capital expenditure does not exceed the limit set	8
Failure to adequately manage budget pressures. Primary budget holders are responsible for ensuring that financial performance is effectively controlled within their delegated areas. If budget pressures are not managed appropriately, this could compromise the Health Board's ability to meet its statutory revenue breakeven duty.	12
Failure to deliver the revised **recurrent** Cost Improvement Programme of £42.521m. Failure to deliver will impact on the Health Boards ability to deliver the revised planned 2026/27 deficit of £86.547m.	20
Failure to manage operational pressures to continue to deliver the revised £86.547m underlying deficit position	9
2026-27 LTA framework in NHS Wales.	20
Remain within Cash limit.	12

Forecast Position

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

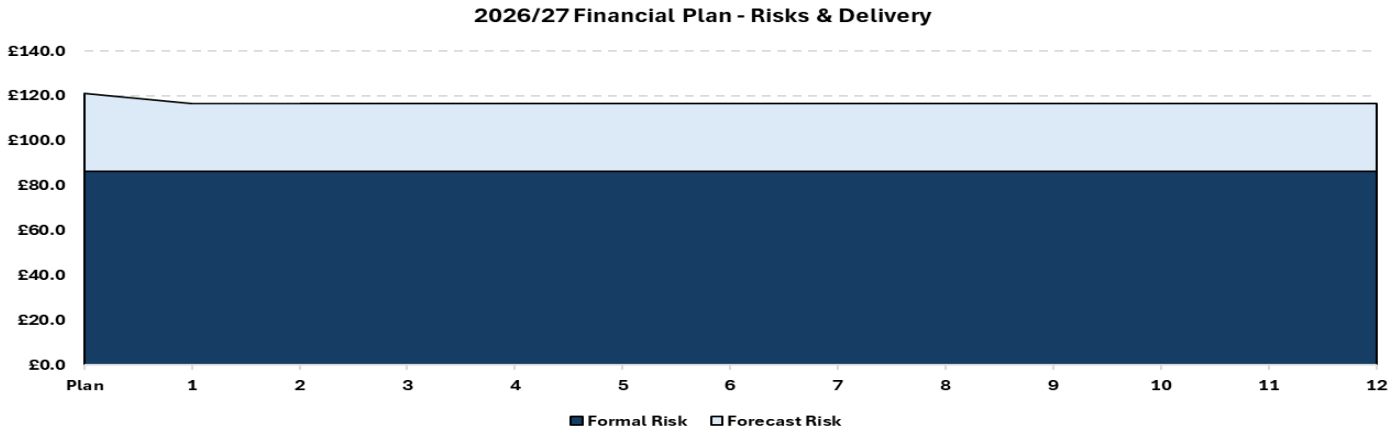
The plan identified £7.764m of green and amber savings schemes leaving a gap of £34.757m to the £42.521m target.

At Month 01, the UHB's savings tracker reported a£29.160m shortfall of green and amber schemes against. An operational overspend of £0.862m was recorded, primarily driven by endoscopy insourcing and recruitment.

The resulting £30.022m risk to the achievement of the plan is illustrated below:

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

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



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

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

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

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

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

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.758
Demand and cost growth and unavoidable investments	54.729
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Quality Improvement Programme - savings	(42.540)
Additional Allocations	(15.900)
Planned Underlying Deficit (ULD) at end of 2026/27	86.547
Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 01	30.022
Forecast Underlying Deficit (ULD) at end of 2026/27 without further identification of Savings & Actions	116.569

Cash & Allocations

The closing cash balance at the end of April was £4.767m.

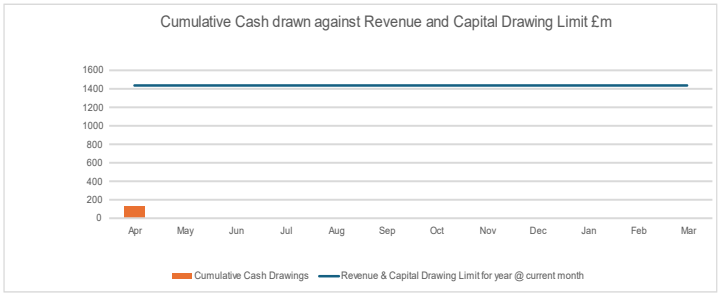
In due course, the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to confirmed. The value of unconfirmed resource and drawing limit allocations at month 1 was £20.726m & £33.796m respectively as outlined opposite.

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

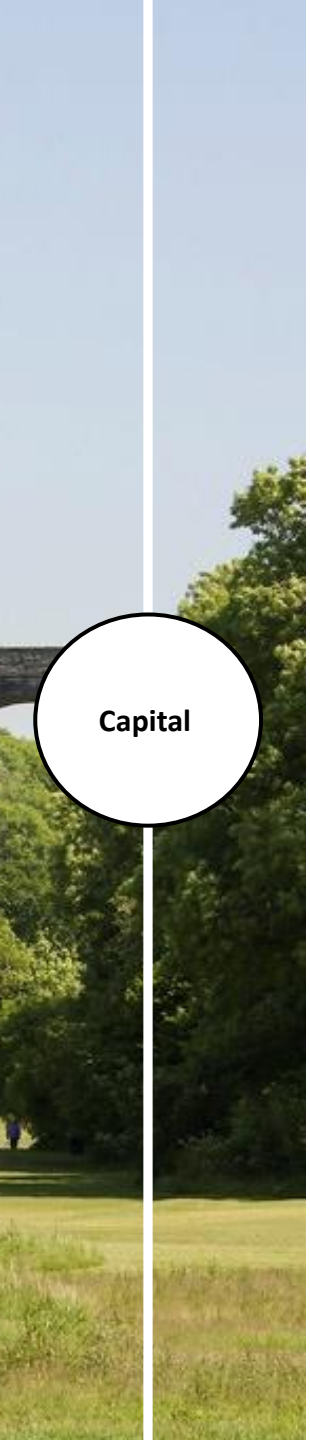
The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.

Unconfirmed Drawing and Resource Limit Allocations as of 30th April 2026	Drawing Limit £'000s	Resource Limit £'000s
2026-27 AFC & Real Living Wage Pay Award	26,608	26,608
A2A Sanctuary	475	475
All Wales Pharmacogenomics Lead Post	96	96
Allocation uplift - Invest 2 Aave	(1,826)	(1,826)
ARRP	109	109
ATMPS (JCC)	1,944	1,944
AWTTC Voluntary Scheme for Branded Medicines Pricing (VPAG)	797	797
Childhood Immunisation Programme Changes	131	131
Childhood Immunisation Programme Changes - GMS	23	23
Consultant Allied Health Professional dor Dementia	131	131
Consultant Clinical Excellence Award / Consultant Impact Award	2,049	2,049
Depreciation, Impairments And IFRS 16		13,570
Digital Eyecare Programme	355	355
ePMA	516	516
ESMCP Control Room	116	116
ESMCP Wast Resources	38	38
ESR & ESR Helpdesk	1,925	1,925
GP IM&T Refresh Programme	1,225	1,225
Hospice Support	0	0
Individual Placement & Support In Primary Care - Recurrent Impact To Be Removed	400	400
Integration And Rebalancing Capital Fund (IRCF)	450	450
Neighbourhood District Nursing (NDN) Development 2026 27	117	117
Neurodivergence Improvement Programme	793	793
Budvidal - HMP Prison Cardiff Costs	175	175
Planned Care Transformation Fund Optometry Community Pathways	92	92
Prevention And Early Years	838	838
Removal Of Donated Assets / Government Grant Receipts		(500)
Substance Misuse	3,008	3,008
Table B2 - Mental Health Services (Table 2 Column 8)_111 Press 2	(76)	(76)
TSW Funding	213	213
Vertex (JCC)	6,894	6,894
VSM Pay Award	74	74
Welsh Risk Pool	(27,164)	(27,164)
Womens Health Hubs	200	200
Total Anticipated Funding £'000s	**20,726**	**33,796**



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 April was 96.4% for the year to date.



Capital

The UHBs approved Capital Resource Limit issued by Welsh Government as at the 12th May was £35.291m.

This included

- **£16.842m** discretionary funding
- **£18.449m** for specific projects
- IFRS 16 lease capital funding to be confirmed

The UHBs capital expenditure plans are reported to the Capital Management Group.

Conclusion

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

The UHB is currently considering the rapid plan assessment received from Welsh Government (letter dated 20 April) and will provide a response by 29 May.

At Month 01 the Committee are requested to:

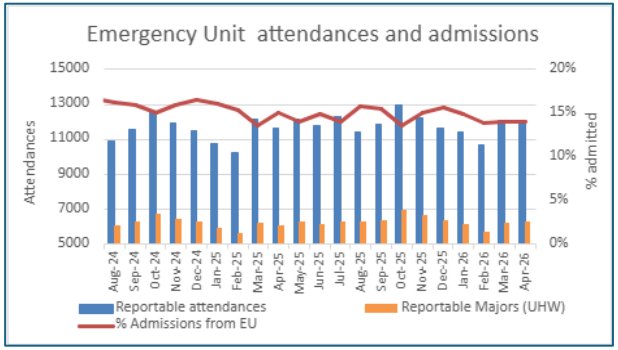
- **NOTE** the reported year to date position is an overspend of £9.397m with a planning deficit of £86.547m.
- **NOTE** There is an urgent need to derisk the £86.547m deficit plan.
- **NOTE** that at month 1 there is adverse variance against plan of £2.186m, as a result of the £2.431m savings deficit and an operational surplus against plan of (£0.246m).
- **NOTE** there is a gap of £29.158m against the £42.521m in year savings target, with £13.363m (31.4%) of green and amber schemes identified at Month 1
- **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 £33.796m of outstanding resource limit allocations and that in due course the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit,

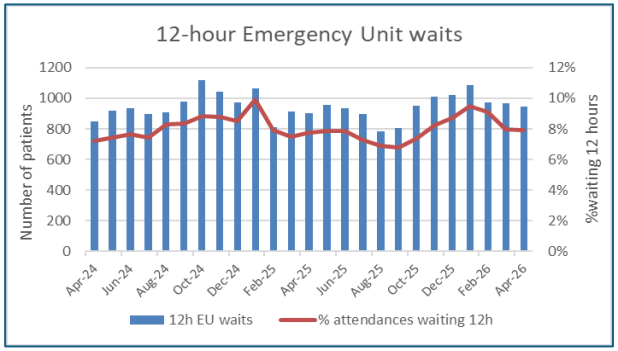
CARDIFF & VALE UHB
OPERATIONAL PERFORMANCE REPORT
– May 2026

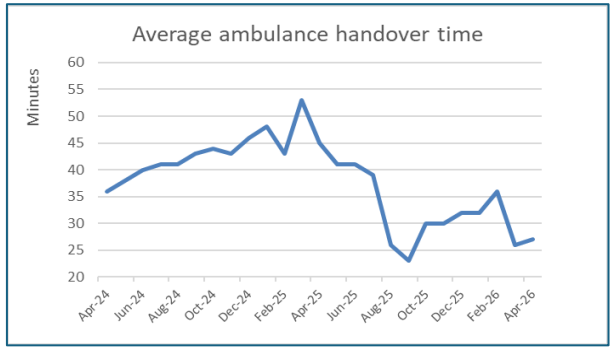
Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

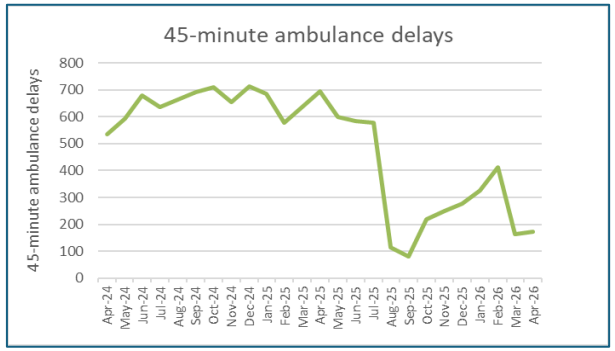
Urgent and Emergency Care – Out of Hospital and Front Door

- In March attendances at the Emergency Unit increased from those in February and were comparable with March '25. The number of Majors attendances was increased from February. The proportion of patients admitted via EU increased to 14% but is reduced when compared to March '25
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%.
- Following periods of sustained operational pressure, the number of patients waiting 12 hours or more in EU reduced but remained high. The proportion of attendances resulting in a 12 hour wait reduced to 7.9%, against our de-escalation requirement of 7%. The number of patient that waited 24 hours in the EU footprint reduced to 31
- The number of 1-hour ambulance holds increased in April – c5% of conveyances waited >1h at UHW. In line with the Ministerial Advisory Group recommendations, we have moved our operational focus to reducing and eliminating 45-minute ambulance holds. This has included ringfencing majors capacity to facilitate timely handovers. Despite operational pressures in month, 45-minute holds remained improved from last year



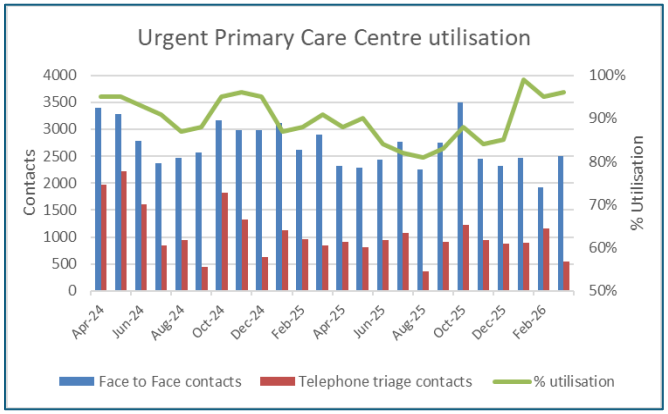






Urgent and Emergency Care – Out of Hospital and Front Door

- In March, 2,508 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 549 patients triaged by telephone. In March 96% of the available slots were utilised
- In 25/26 there were over 3.7 million calls to GP surgeries, with over 2.8 million appointments offered. This year has seen over 8.7 million items issued via prescription
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in March increased from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

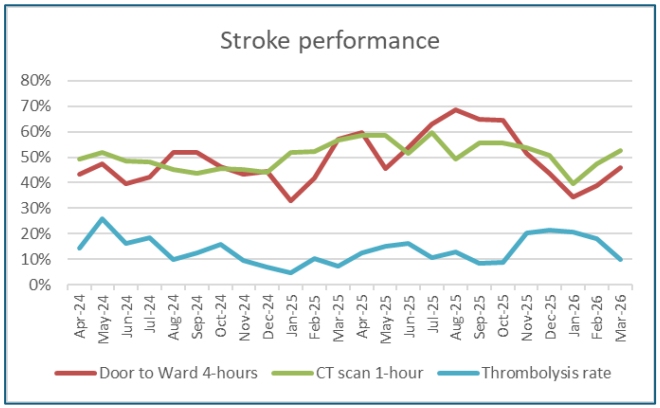


GMS activity	March 2026	Full year 25/26
Calls to GP Surgeries	288,626	3,712,437
Digital requests to GP practices	77,053	984,673
GP appointments offered	240,160	2,886,008
Items issued via presciption	737,978	8,722,346

Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

- The most recent data from March showed an increase in compliance with the Door to Ward standard for Stroke patients, although it remains lower than through last year, reflecting pressure on the emergency unit and patient flow. In March 52.5% of patients received their CT scan within 1-hour and 9.8% within 20 minutes. The median time to scan improved. The thrombolysis rate fell to 9.8% and no patients met the 30-minute standard. A business case is in development for a second CT scanner in EU, to increase capacity and provide resilience

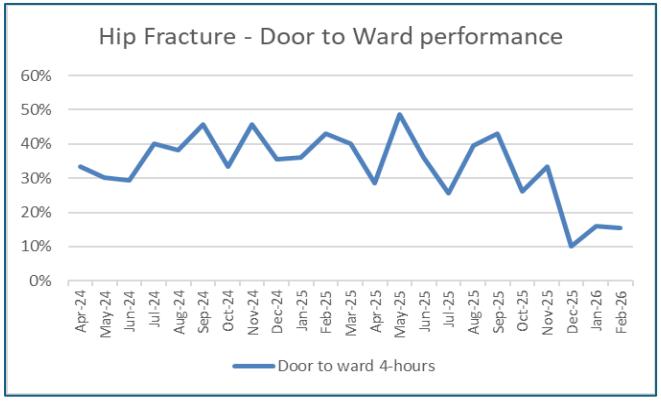


EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	34.4%	38.8%	45.8%	29.9%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	7.4%	14.5%	9.8%	21.8%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	39.7%	47.3%	52.5%	59.9%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	20.6%	18.2%	9.8%	9.6%
Thrombolysis <= 30 mins	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%
Thrombecomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	5.9%	5.5%	1.6%	2.8%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	76.9%	68.0%	75.9%	70.3%

- There was 1 thrombectomy in March

Hip fracture

- In February, 15.4% of Hip Fracture patients were admitted directly to the ward within 4-hours. This represents a small reduction in performance from January, but our average of 26.9% remains significantly above the national average of 10.5%

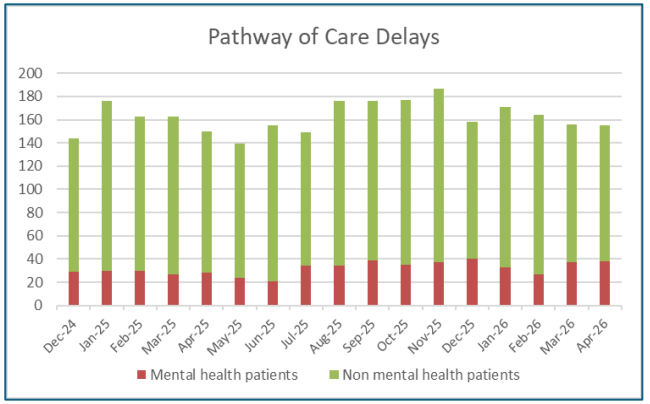


Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays reduced in April to 155. Non-Mental Health delays reduced to 117 with an average length of stay since becoming clinically optimised of 35 days. Mental Health delays increased to 38, but with an average length of stay since becoming clinically optimised increased to 115 days. The total number of delays is above our de-escalation requirement of 128.

- We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 8,446 bed days were lost in April, increased from last month but reduced by c1,300 from the same month last year

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

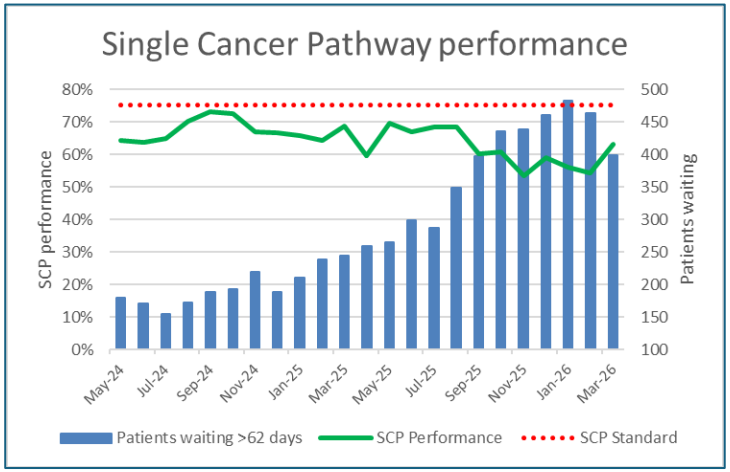


Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	33
Awaiting completion of best interest decision	11
Home unsafe and requires attention	8
Awaiting joint assessment	7
Awaiting Nursing Home availability	7
Awaiting sratrt of new community care package funded by social care	6

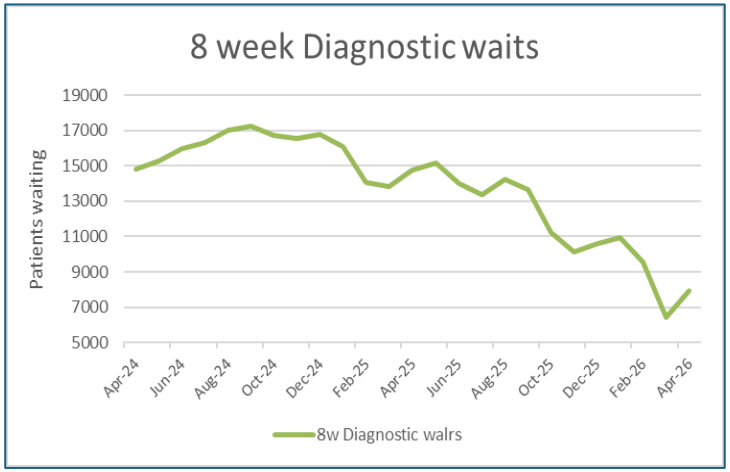
Top 6 reasons for MH delays	Number of delays
Awaiting supported living availability	6
Identifying residential home	5
Awaiting funding decision CHC/FNC	4
Awaiting Dementia nurse availability	3
Awaiting completion of assessment by social care	2
Identifying specialist bed	2

Planned Care, Cancer and Diagnostics

- As forecast, our Single Cancer Pathway compliance increased to at 63.2% in March, as we continue to treat patients from the increased backlog of 62 waits. In March we saw 5 tumour sites meet the SCP standard of 75%. We have seen the backlog of patients waiting 62 days reduce from over 500 in January to 399 in March.



- Diagnostic 8-week waits increased in April 2026 to 7,913. We have seen continued reductions in non-obstetric ultrasound, but small increases in Endoscopy, CT and MRI. The greatest increase this month was from Echo waits, where we continue to see the impact of the additional outpatient activity in Q4 as part of the national programme. We are reviewing our booking and scheduling for Cardiology and are exploring non-recurrent solutions to clear the additional demand



Planned Care, Cancer and Diagnostics

Diagnostic Performance Challenges – Key Drivers

Demand Modelling Limitations

- Trajectories did not fully reflect diagnostic demand from HBS with limited historical data to accurately forecast outpatient conversion rates
- Higher diagnostic utilisation from external consultants not fully accounted for

Timing of Activity

- HBS outpatient activity largely concentrated in Q3–Q4 which resulted in insufficient time to mobilise additional capacity once demand was realised. Resulting pressure across **Endoscopy, Cardiology, and Radiology**

Operational & Process Issues

- Delays in referral batching within Cardiology impacted pathway flow
- Workforce constraints limited ability to contact patients and book appointments

Capacity & Infrastructure Constraints

- Prolonged, unforeseen MRI and CT equipment outages in Radiology
- Mobile capacity deployed but insufficient to recover lost activity

External Delivery Shortfalls

- Delay in mobilisation of Independent Sector Provider (ISP) for NOUS which was compounded by activity delivered significantly below contracted volumes

Learning & Mitigation (2026/27)

- Aim to strengthen demand forecasting and modelling assumptions
- Earlier identification and mobilisation of capacity
- Improvements to operational processes (e.g. referral management)

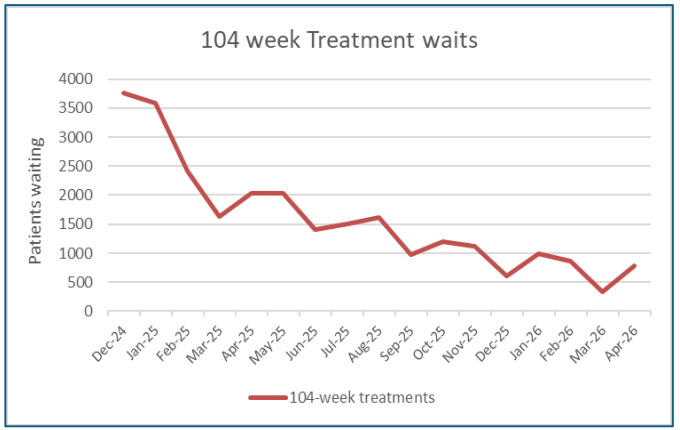
Planned Care

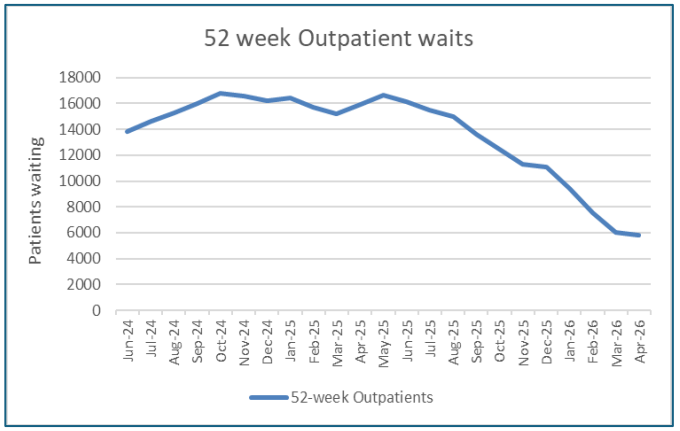
Planned Care, Cancer and Diagnostics

- Following delivery of our commitment to Welsh Government at the end of March, April saw an increase in 2-year waits in line with our forecast. The largest increases were seen in Dermatology, General Surgery and Orthopaedics. We are working though our delivery plan with colleagues from NHS P&I

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

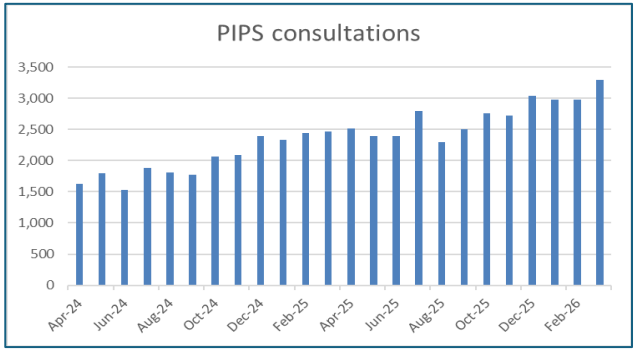
- The UHB also delivered our commitments as part of the national outpatient insourcing work. An additional 22k outpatient appointments were delivered though the national contract, with an additional 9k through C&V schemes. Following the reduction in 52-week waits in March, April saw a further small reduction to <5800 patients, the lowest since September 2020



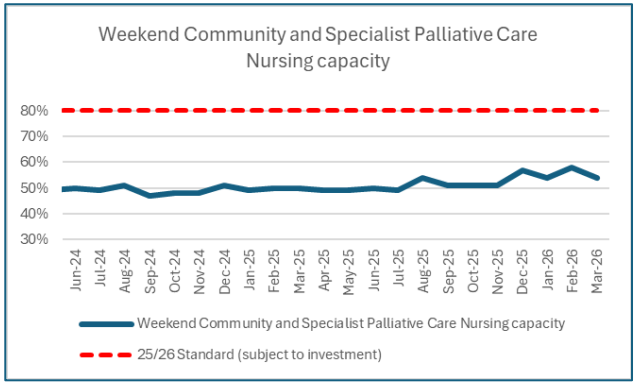


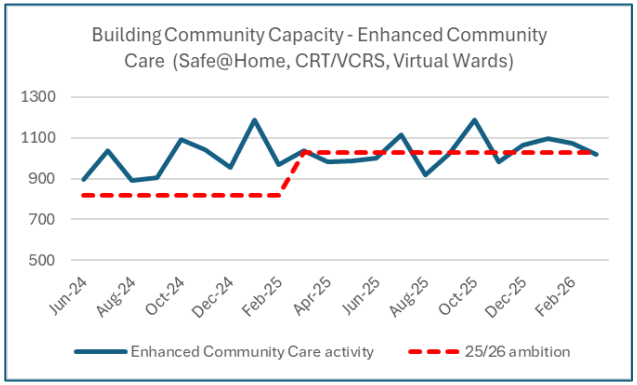
Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards in 24/25 and through 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 3,289 consultations delivered in March 2026, the highest to date in C&V
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services



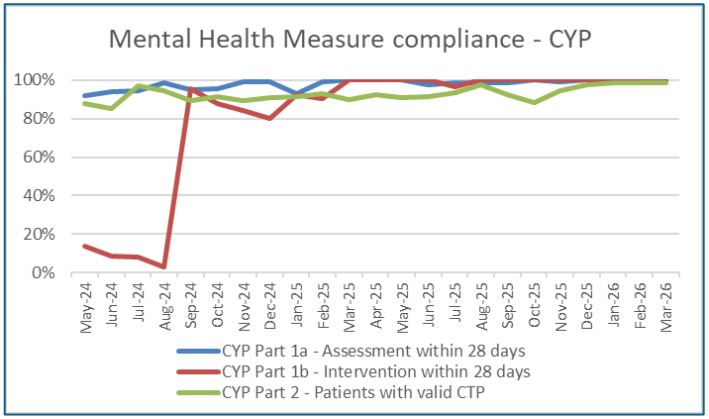
Community activity		Mar-26	Full year 25/26
	Disctrict Nurse visits to patients	17,794	206,812
	Patients supported by Safe@Home	75	896
	Patients supported by CRT/VCRS to avoid admission	28	467
	Patients supported by CRT/VCRS with early discharge	108	1,287



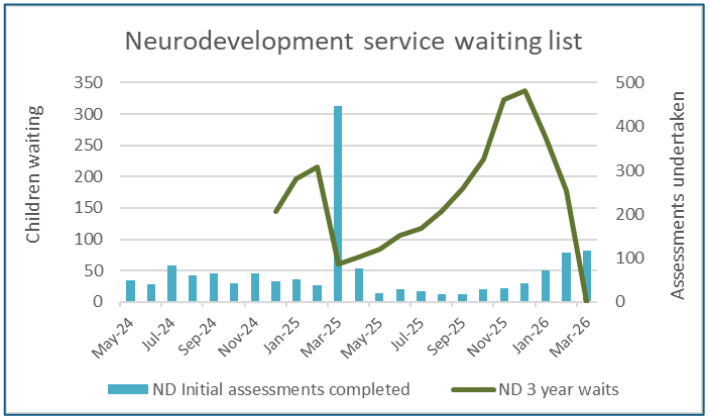


Mental Health – Children and Young People

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



- In March we delivered on our commitment to eliminate 3-year waits for ND assessment. Despite 341 referrals, the overall waiting list also reduced. In total there were 4,758 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average

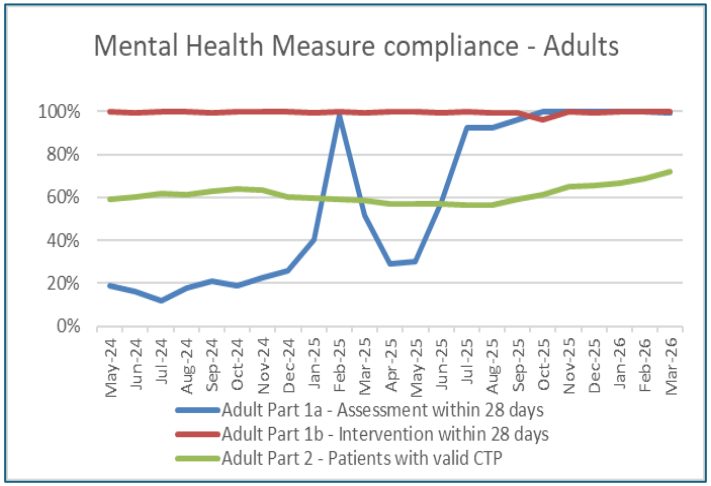


Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan

Mental Health – Adults and Older people

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

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



Community Mental Health services	Apr-26	26/27 year to date	25/26 Average
Direct Client Contact	12,978	12,978	14,266
Indirect Client Contact	10,597	10,597	11,553
Total Contacts	23,575	23,575	25,818

	Apr-26	26/27 year to date	25/26 Average
Crisis Service team	1,450	1,450	1,573
MH Headroom	504	504	519
Community Veterans Service	83	83	78
Young Onset Dementia Service	172	172	189

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

Operational performance metrics for TI

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

	Criteria	Measure	Baseline	De-escalation	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
			Jul-25	Requirement	UHB Performance											
Planned Care	1) 60% performance maintained against the SCP target	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	68.4%	60.0%	61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%
	2) 100% of open outpatient pathways to be waiting less than 52 weeks.	% of open pathways waiting less than 52 weeks for a new outpatient appointment	81.0%	100.0%	80.5%	79.6%	80.3%	81.0%	81.3%	83.9%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%
	3) 100% of open pathways to be waiting less than 104 weeks	% of open pathways waiting less than 104 weeks for referral to treatment	99.1%	100.0%	98.8%	98.8%	99.1%	99.1%	99.0%	99.4%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%
	4) 80% of open pathways to be waiting less than 52 weeks.	% of open pathways are waiting less than 52 weeks for referral to treatment	78.5%	80.0%	78.0%	77.3%	78.1%	78.5%	78.5%	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%
	5) 15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	23,473	14,415	21,758	22,853	22,503	23,473	24,346	24,869	25,248	26,146	28,065	28,267	28,268	29,682
	6) 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment.	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	66.2%	65.0%	61.9%	63.9%	63.5%	66.2%	65.4%	64.8%	67.4%	69.1%	68.0%	66.7%	69.6%	68.3%
	7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks.	% of patients waiting less than 8 weeks for diagnostic test	47.0%	80.0%	42.4%	39.9%	45.2%	47.0%	43.4%	43.6%	52.0%	54.5%	53.9%	51.9%	57.3%	66.1%
	8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	18.7%	80.0%	17.6%	13.3%	18.0%	18.7%	17.4%	20.3%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%
	9) 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - NOUS	40.4%	80.0%	33.9%	34.3%	38.2%	40.4%	38.6%	38.8%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%
		% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	64.9%	80.0%	66.3%	56.2%	68.0%	64.9%	52.6%	47.7%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%
	10) 85% of patients waiting for therapies to be waiting less than 14 weeks.	% patients waiting less than 14 weeks for therapy	93.8%	85.0%	95.8%	94.9%	94.9%	93.8%	92.8%	91.8%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%
UEC	1) Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline).	Ambulance handovers over 1 hour	317	223	462	390	363	317	36	39	147	149	168	181	273	73
	2) Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board.	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.2%	7.0%	7.7%	7.8%	7.8%	7.2%	6.8%	6.7%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%
		% of patients waiting 12 hours or more in ED - UHW	7.7%	7.0%	8.1%	8.2%	8.3%	7.7%	7.2%	7.1%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%
	3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes.	Median time from arrival at ED to assessment by a clinical decision maker (mins)	65	60	63	64	68	65	71	73	82	78	73	64	71	65
	4) Continuous reduction in delayed pathways of 5% (based on agreed baseline)	Number of pathways of care delays	149	128	150	139	155	149	176	176	177	187	158	171	164	156
Mental Health	1) 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	92.4%	80.0%	29.6%	30.4%	58.0%	92.4%	92.5%	95.9%	100.0%	99.9%	100.0%	100.0%	100.0%	99.5%
	2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	99.7%	65.0%	100.0%	100.0%	99.6%	99.7%	99.0%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%
	3) 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	56.6%	80.0%	57.2%	57.1%	56.8%	56.6%	56.6%	59.1%	61.4%	65.2%	65.4%	66.6%	69.0%	71.9%

Productivity and Efficiency

Measure		Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Trend
Outpatients	% DNAs - New appointments	5%	8.7%	8.9%	8.5%	8.6%	9.0%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.0%	8.7%	9.4%	10.0%	9.0%	
	% DNAs - Follow-up appointments	5%	9.5%	9.3%	9.9%	9.5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	8.7%	9.3%	8.5%	
	% outpatients on See on Symptoms pathway	20%	6.6%	3.5%	3.4%	3.3%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	4.3%	4.4%	4.2%	
	% outpatients on Patient Initiated FU pathway		1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	1.2%	1.6%	1.6%	
Endoscopy	% room utilisation	90%	78%	75%	83%	82%	88%	78%	88%	81%	87%	71%	72%	66%	79%	66%	72%	75%	
	% utilisation (activity points available)	95%	87%	85%	84%	81%	84%	87%	89%	87%	90%	89%	87%	87%	89%	87%	85%	86%	
Theatres	Average turnaround time (minutes)	10	15.9	16.2	15.9	18.2	17.1	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3				
	% of theatre session utilisation	95%	84%	75%	88%	85%	87%	79%	83%	80%	81%	80%	83%	82%	78%				
	% in session utilisation	85%	82%	78%	79%	79%	77%	80%	79%	80%	78%	77%	79%	79%	78%				
	<24 hour elective cancellations	N/A	198	217	315	295	347	237	229	281	287	220	238	329	287	344	323	316	
Waiting list	Total RTT waiting list volume	N/A	154,994	154,605	153,519	151,069	151,226	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	146,215	142,532	135,990	
Inpatient	Delayed pathways of Care - Mental Health	217	32	29	30	30	27	28	24	21	34	34	39	35	37	40	33	27	
	Delayed Pathways of Care - non-Mental Health		130	115	146	133	136	122	115	134	115	142	137	142	150	118	138	137	
	7 day LOS on Acute Wards (snapshot)	<40%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	56.8%	56.1%	58.2%	
	21 day LOS on Acute Wards (snapshot)	<20%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	27.9%	29.8%	33.5%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	10.4	10.5	9.8	12.4	11.0	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	9.9	9.3	9.9	
Urgent and Emergency	Reportable attendances	N/A	11,922	11,468	10,756	10,237	12,193	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	11,681	11,397	10,701	
	Reportable Majors attendances	N/A	6,398	6,272	5,924	5,628	6,210	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	6,372	6,154	5,655	
	Reportable EU admissions	N/A	1,831	1,829	1,676	1,502	1,658	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	1,834	1,697	1,485	
	SDEC attendances	N/A	1,716	1,601	1,786	1,609	1,770	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	1,864	1,951	1,808	

*Theatre data is currently being validated following the move to a new booking and management system

Recommendation:

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

a) **NOTE** the position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes. This concludes reporting against 25/26 indicators. From June 2026, reporting will be against 26/27 performance indicators

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

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
	x	x		

Quality Impact Assessment Completed?

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

Impact Assessment:

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

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

Committee/Group/Exec	Date:

Cardiff and Vale
Integrated Performance Report

2025/26

May 2026

Nb. This report is the conclusion of reporting against the 25/26 Performance Framework – from June we will report against the 26/27 framework

Report Contents

1. Cabinet Secretary Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

Return to Main Menu

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

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

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

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

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

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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**<160**	**Yes**	**Q4**	**155** Apr-26	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	**100%**	**Yes**	**Q4**	**98.2%** **Apr-24**	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception **National standard/ambition:** Increase **Reporting period:** Monthly	**>2,185**	**Yes**	**Q2**	**3,289** Mar-26	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care **National standard/ambition:** 80% **Reporting period:** Monthly	**>51%** Increase from 24/25	**No**	**Q4**	**54%** **Mar-26**	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care **National standard/ambition:** Meet and exceed 24/25 requirement where possible (24/25 baseline) **Reporting period:** Monthly	**1,028** 20% increase from 24/25	**Yes**	**Q1**	**1072** **Feb-26**	Hyperlink to section

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Population health and prevention	**Measure:** Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes **National standard/ambition:** Increase **Reporting period:** Monthly	48%	Yes	Q4	43.8% Jan-26	Hyperlink to section
Mental health access	**Measure:** Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Mar-26	Hyperlink to section
	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	99.5% Mar-26	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Mar-26	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Mar-26	Hyperlink to section

Performance Key: Meeting standard / trajectory off target/trajectory

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	**Measure:** Reduce the number of ambulance patient handovers over 1 hour **National standard/ambition:** Zero **Reporting period:** Monthly	**<400**	**No**	**Q4**	**91** Apr-26	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** Reduce compared to 24/25 towards zero **Reporting period:** Monthly	**<750**	**Yes**	**Q4**	**945** Apr-26	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment **National standard/ambition:** Zero **Reporting period:** Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	**Original Submission 9,861 Revised submission 5,491**	**No**	**Q4**	**782** Apr-26	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) **National standard/ambition:** 12m improvement trend towards 80% by March 2026 **Reporting period:** Monthly	**75%**	**No**	**Q4**	**63.2%** Mar-26	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition:** Zero **Reporting period:** Monthly	**Original submission 10,436 (endoscopy only) - TBC**	**No**	**Q4**	**7,913** Apr-26	Hyperlink to section

Section 2: Cardiff and Vale Performance Report

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

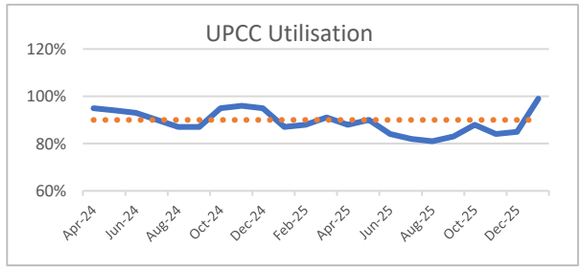
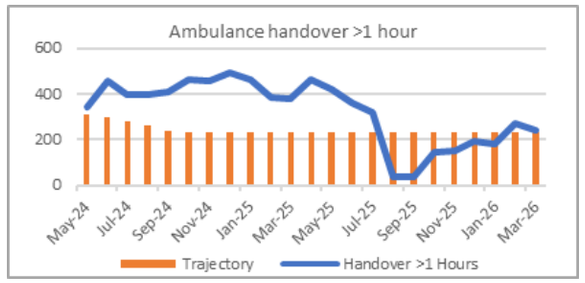
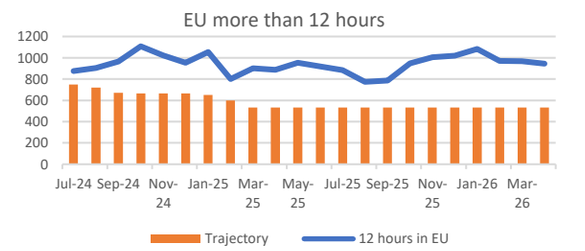
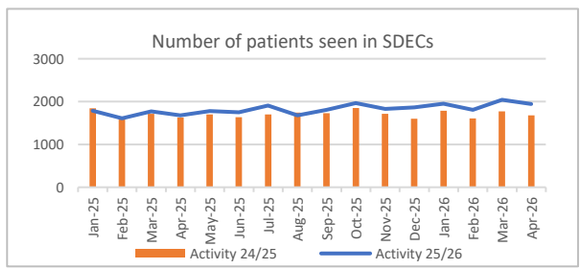
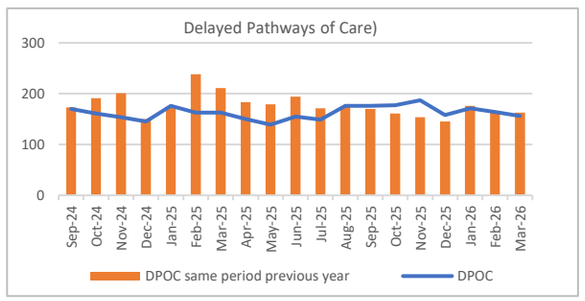
Detail on what is included under each quadruple aim is provided below. For F&P Committee, only Aim 2 is included for Operational Performance

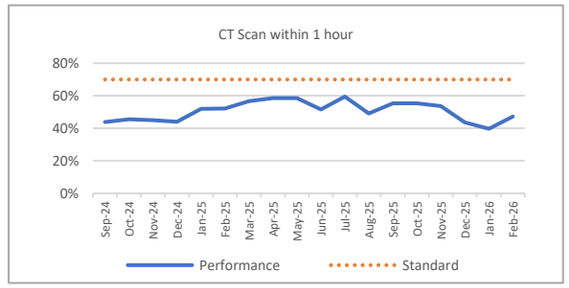
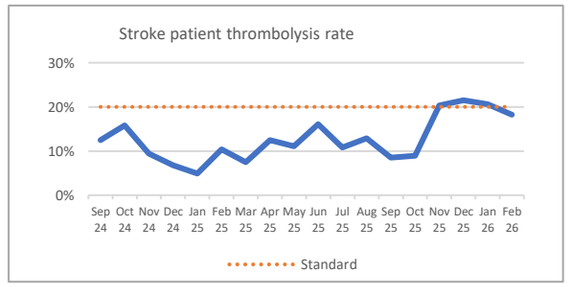
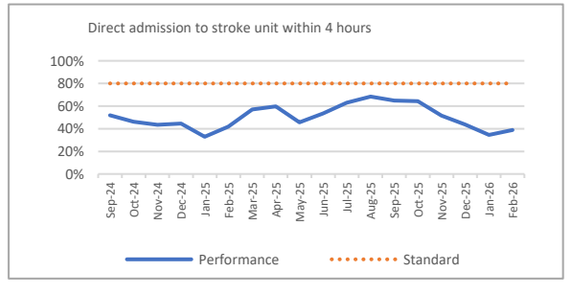
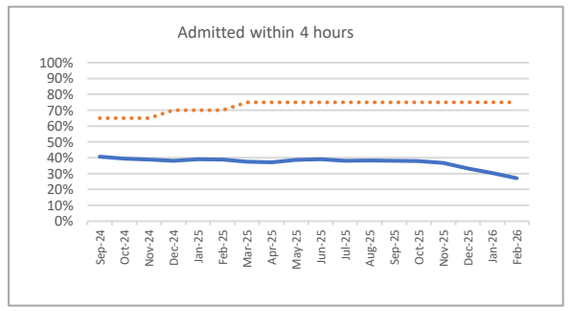
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

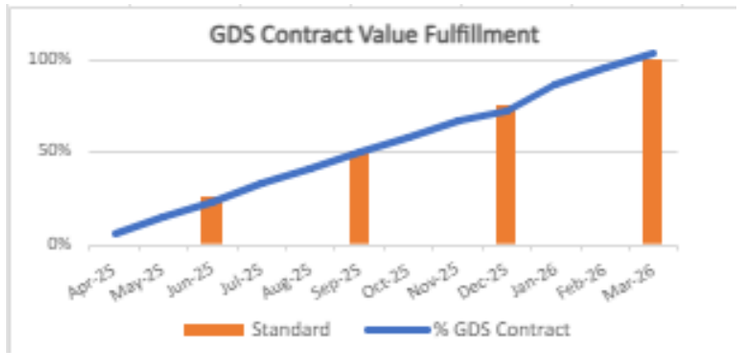
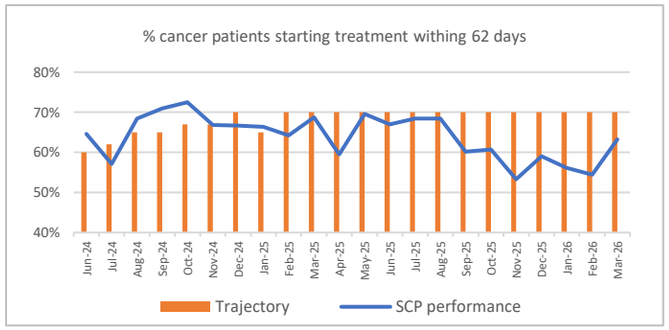
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

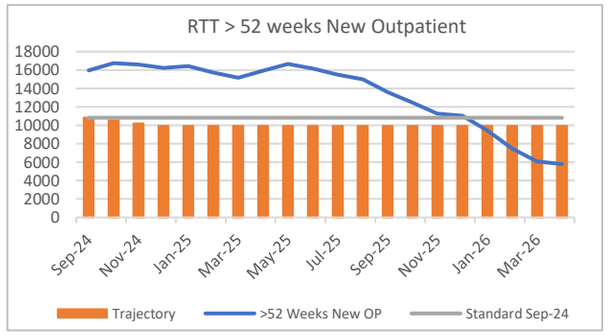
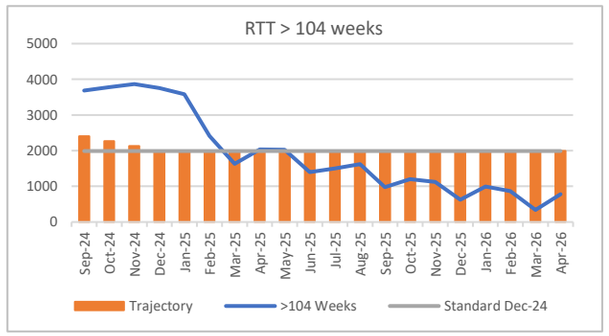
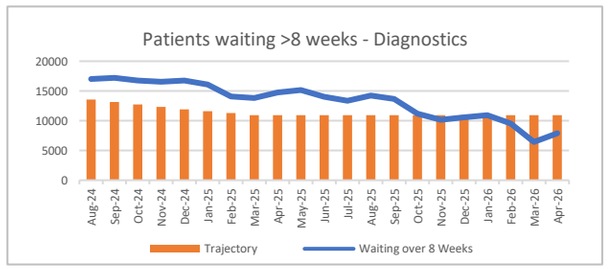
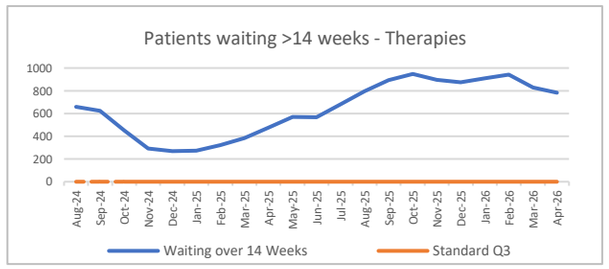
Return to Main Menu

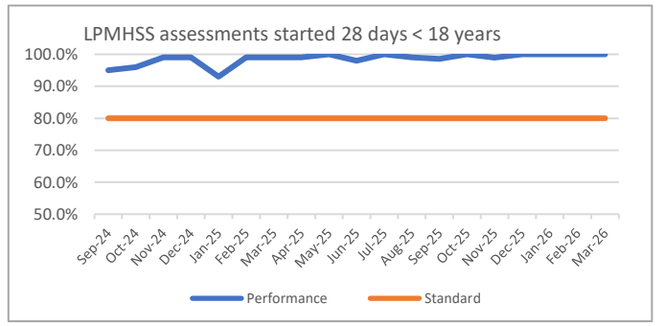
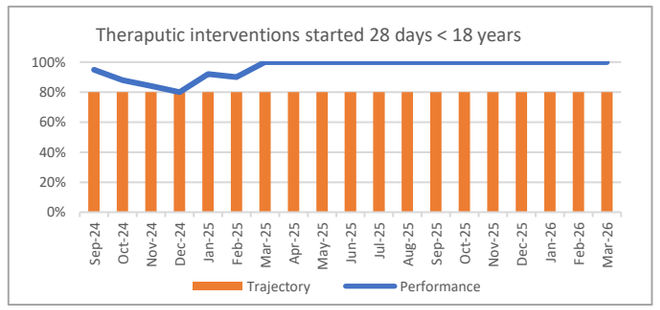
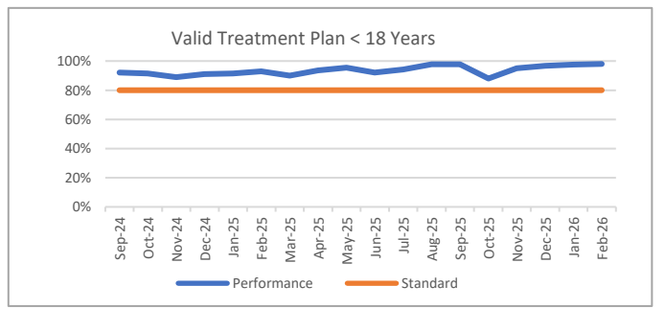
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

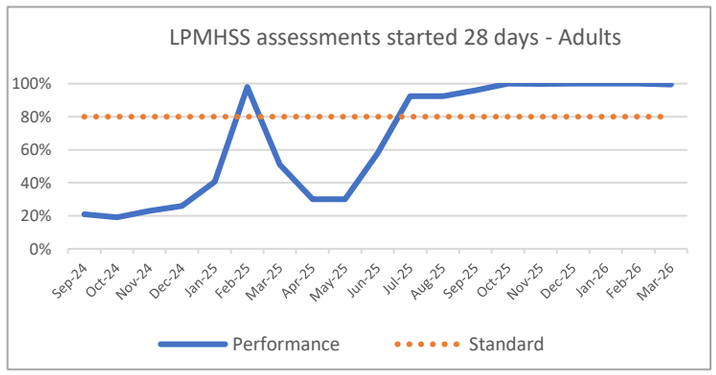
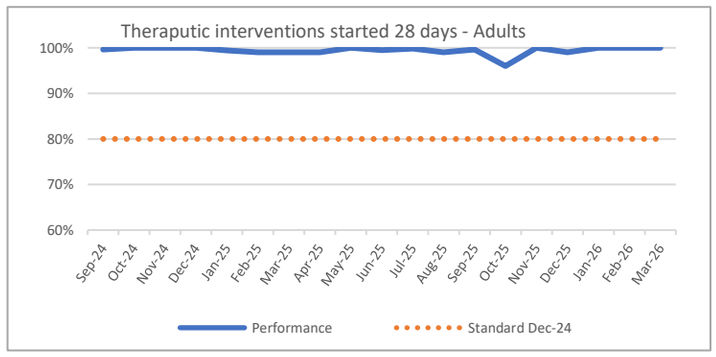
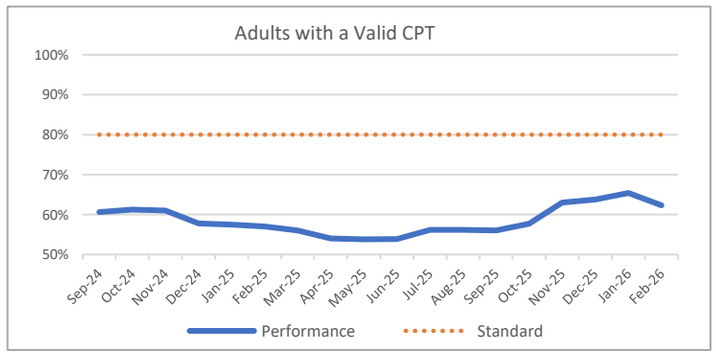
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In March utilisation was 96%, this is above our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting	Mar-26	96% utilisation Above standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4** In April we reported 5 2-hour ambulance delays, despite operation pressures in-month. In April we reported 91 1-hour ambulance delays, an increase from March but below our commitment of <365 In April lost minutes per arrival increased to 12, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper **ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3** In April we reported a decrease in patients waiting 12-hours in EU compared to March. This equates to 92% of attendances waiting less than 12-hours and below our ambition **SDEC units** In April we reported a decrease in activity compared to March, but an increase from April 2025 activity.	Apr-26 Apr-26 Apr-26	5 2-hour delays Above standard 91 1-hour delays Below standard 12 minutes lost/arrival Above standard 92% patients <12h Below standard 1946 SDEC attends Above standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of February 58.9% of patients in acute beds had a LOS of >7 days, 32.0% >21 days – a deterioration in 7d LOS from January. See paper for POCD update **Pathway of Care Delays – <160 delayed patients each month** In March 2026 the number of POCDs was 156, a decrease from February	Mar-26 Mar-26	58.3% >7d Above standard 30.2% >21d Above standard 156 Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In March 52.5% of patients were received their CT scan within 1 hour of arrival at EU, an increase from January **Thrombolysis – 20% thrombolysis rate** In March 9.8% of stroke patients were thrombolysed, a decrease from February and below the standard, but remains increased from historic performance. We are clinically reviewing internally and working with colleagues from NHS Executive **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In March 45.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were impacted by operational pressures within the Emergency Unit Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and recruitment has taken place to embed changes to the acute pathway – we continue to bring multidisciplinary colleagues together for stroke summits to review the pathways across services	Mar-26	52.5% CT Below standard 9.8% Thrombolysis Below standard 45.8% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In February our annualised compliance showed 26.9% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.5%.	Feb-26	26.9% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In January 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** At the end of March 2026 104% of the contract value had been delivered **Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service** In March 100% of practices were providing CCPS services, providing 3,289 PIPS consultations **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Mar-26 Mar-26	100% At standard 104% Above standard (Apr-25 – Mar-26) 3,289 Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4** In March, 63.2% of patients received their first definitive treatment within 62 days. This is below our ambition, additional detail noted in accompanying paper	Mar-26	63.2% Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In April there were 5,790 patients waiting 52 weeks for their first outpatient appointment. This is improved from March, additional actions are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In April there were 782 patients waiting 104 weeks for treatment. This is an increase from March, in line with our forecast.	Apr-26	5,790 patients Below standard 782 patients Below standard	 
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In April 7,913 patients were waiting over 8 weeks for a specified diagnostic, A increase from March. Improvement in the radiology position this month, with NOUS waits also notably reduced. **Therapies – National standard of zero 14 week waits** In April 782 patients were waiting over 14 weeks for therapies, An increase from March. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services	Apr-26	7,913 patients Diagnostics Above standard 782 patients Therapies Above standard	 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In April there were 0 patients waiting over 52 weeks for a new outpatient appointment	Apr-26	0 Meeting standard	
Emotional Health and Wellbeing	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days** In March 100% of assessments were completed within 28 days		100% Part 1a Above standard	
	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard In March 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year	Mar-26	100% Part 1b Above standard	
	Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In March 98.7% of patients had a valid Care and Treatment Plan, above our ambition		98.7% Part 2 Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days** In March 99.5% of patients received their assessment within 28 days. Referrals to the service remain high.	Mar-26	99.5% Part 1a Above standard	
Mental Health Measures – Part 1b	**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard** In March100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Mar-26	100% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In March 71.9% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper	Mar-26	71.9% Part 2 Below standard	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** At standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Feb-26	Improvement compared to the same month in the previous year	**44.2%** Above standard	Nov-25: 45.0%; Dec-25: 44.8%; Jan-26: 43.8%; Feb-26: 44.2%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Mar-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**96.2%** Above standard	Apr-25 to Dec-25: 73.0%; Apr-25 to Jan-26: 87.1%; Apr-25 to Feb-26: 96.2%; Apr-25 to Mar-26: 104.7%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Feb-26	Increase compared to the same month in the previous year	**2967** Above standard	Nov-25: 2723; Dec-25: 3035; Jan-26: 2982; Feb-26: 2967
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Mar-26	80%	**100%** Above standard	Dec-25: 100.0%; Jan-26: 100.0%; Feb-26: 100.0%; Mar-26: 100.0%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Mar-26	80%	**100%** Above standard	Dec-25: 100.0%; Jan-26: 100.0%; Feb-26: 100.0%; Mar-26: 100.0%
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Mar-26	80%	**99.5%** Above standard	Dec-25: 100.0%; Jan-26: 100.0%; Feb-26: 100.0%; Mar-26: 99.5%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Mar-26	80%	**100%** Above standard	Dec-25: 99.0%; Jan-26: 100.0%; Feb-26: 100.0%; Mar-26: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	**50%** Below standard	Mar-25: 50%; Apr-25: 51%; May-25: 50%; Jun-25: 50%
20.	Median emergency response time to amber calls	Mar-26	12 month reduction trend	**01:16:38** Above standard	Dec-25: 01:55:43; Jan-26: 02:07:24; Feb-26: 01:06:59; Mar-26: 01:16:38

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Feb-26	15 minutes or less	**6** Below standard	Nov-25: 5; Dec-25: 5; Jan-26: 4; Feb-26: 6
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Feb-26	60 minutes or less	**71** Above standard	Nov-25: 78; Dec-25: 73; Jan-26: 64; Feb-26: 71
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Apr-26	Improvement compared to the same month in the previous year, towards the national target of 95%	**61.8%** Below standard	Jan-26: 60.1%; Feb-26: 59.2%; Mar-26: 60.8%; Apr-26: 61.8%
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Apr-26	Reduction compared to the same month in the previous year, towards the national target of zero	**945** Above standard	Jan-26: 1083; Feb-26: 972; Mar-26: 967; Apr-26: 945
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Mar-26	12 month improvement trend towards a national target of 80% by 31 March 2026	**63.2%** Below standard	Dec-25: 59.0%; Jan-26: 56.1%; Feb-26: 54.4%; Mar-26: 63.2%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Apr-26	0	**7,913** Below standard	Jan-26: 10925; Feb-26: 9544; Mar-26: 6432; Apr-26: 7913
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-26	100%	**69.43%** Below standard	Jan-26: 59.02%; Feb-26: 62.48%; Mar-26: 67.11%; Apr-26: 69.43%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Apr-26	0	**782** Above standard	Jan-26: 910; Feb-26: 942; Mar-26: 830; Apr-26: 782
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Apr-26	0	**1,812** Above standard	Jan-26: 1677; Feb-26: 1821; Mar-26: 1823; Apr-26: 1812

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Apr-26	0	**5,790** Above standard	Jan-26: 9435; Feb-26: 7477; Mar-26: 6064; Apr-26: 5790
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Mar-26	Reduction compared to the same month in the previous year	**21,682** Below standard	Dec-25: 28065; Jan-26: 28267; Feb-26: 28268; Mar-26: 29682
32.	Number of patients waiting more than 104 weeks for referral to treatment	Apr-26	0	**782** Above standard	Jan-26: 994; Feb-26: 861; Mar-26: 338; Apr-26: 782
33.	Number of patients waiting more than 52 weeks for referral to treatment	Apr-26	Month on month reduction towards the national target of zero by 30 June 2025	**21,487** Above standard	Jan-26: 29060; Feb-26: 24279; Mar-26: 21865; Apr-26: 21487
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Feb-26	80%	**17.3%** Below standard	Nov-25: 17.0%; Dec-25: 15.9%; Jan-26: 15.8%; Feb-26: 17.3%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-26	80%	**70.4%** Below standard	Dec-25: 75.6%; Jan-26: 75.6%; Feb-26: 73.8%; Mar-26: 70.4%

Report Title:	Grip & Control Assessment				Agenda Item no.	2.3	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	20/5/26	
			Private				
Status:	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of Finance						
Report Author:	Deputy Director of Finance						

Background and current situation:

Purpose

To present the Health Board's initial self-assessment against the Welsh Government Grip and Control framework, attached at Appendix 1, and to highlight:

- the areas where controls are assessed as operating well
- the areas where controls are only partially in place or require strengthening
- the priority actions required to improve organisational grip and control during 2026/27

Background

Welsh Government has placed increased emphasis on grip and control as a core test of organisational discipline, delivery capability and financial stewardship.

Grip and control is broader than finance alone. It includes whether the organisation has clear rules, clear accountabilities, robust people controls, effective procurement and purchase to pay arrangements, sound contract management, and discipline in the operational processes that drive cost and performance.

In practice, grip and control is demonstrated where the organisation can show that:

- controls are clearly defined
- they are operating consistently
- there is evidence of compliance
- weaknesses are identified early
- corrective action is taken promptly

This matters because the Health Board's ability to improve financial performance depends not only on identifying opportunities, but on having reliable operational and corporate controls in place to translate plans into delivery.

Overall Position

The completed self-assessment shows a mixed position.

There are a number of areas where the Health Board has established controls and processes in place, particularly in relation to:

- financial framework and core procedures
- parts of establishment and vacancy control
- key temporary staffing controls
- procurement process and purchase to pay controls
- core financial accounting, capital and balance sheet disciplines

However, the assessment also shows a number of material areas where controls are either only partially embedded or require further strengthening. These are concentrated in:

- escalation and consequence management where plans are off track
- workforce planning and reconciliation
- sickness and leave monitoring, particularly medical annual leave
- roster discipline and linkage between staffing and demand
- the absence of an organisation-wide temporary staffing policy
- some aspects of overtime, mileage and WLI control
- assurance around operational contract management and procurement breach reporting
- debt recovery processes
- areas where the assessment is not yet fully completed, particularly stock and estates related controls

The overall conclusion is that the organisation has a number of important controls in place, but grip and control is not yet sufficiently consistent or mature across all key domains.

Areas Assessed as Stronger

1. Framework, guidance and core financial process

The assessment identifies that the Health Board has up to date Standing Financial Instructions published and accessible, with Financial Control Procedures available to staff through SharePoint. Core budget setting and budget monitoring processes are also in place, alongside established financial reporting arrangements.

This provides a sound baseline for financial control.

2. Establishment and vacancy controls

There is evidence of established vacancy control arrangements within Clinical Boards and Corporate Functions, and regular review of recruitment proposals. Some practical controls are clearly in place, including action on temporary staffing rates through the medical rate card and use of vacancy control panels.

These controls are important because they directly affect the size and affordability of the workforce cost base.

3. Temporary staffing controls

The assessment identifies a number of operating controls around bank, agency and locum usage, including approval arrangements, in-house medical bank arrangements, reporting to Clinical Boards, and restrictions on non-clinical agency usage.

This is one of the stronger areas within the people cost sections, although it is not complete and some important gaps remain.

4. Procurement and purchase to pay

The completed assessment indicates that the following are largely in place:

- clarity of procurement roles
- tendering and contract award processes aligned to statutory requirements and SFIs
- control of single tender waivers

- use of whole life costing
- contract pipeline visibility
- controls over off contract and consultancy expenditure
- purchase ordering and three-way match arrangements
- payment approval controls
- review of requisitioner limits
- limited use of purchasing cards
- use of signalling controls in some discretionary spend areas

This means the basic procurement control framework is established and operational in many areas.

5. Core financial accounting and balance sheet disciplines

The assessment is positive in relation to VAT recovery, fixed asset and capital management, journal controls and balance sheet review processes. These are supported by experienced technical finance teams and established governance arrangements.

These are important controls and provide assurance over the integrity of the ledger and financial reporting.

Areas Requiring Strengthening

1. Escalation and organisational consequence management

The framework and guidance section identifies that a more formal and structured internal escalation process is needed where service areas are not delivering their plans or control totals, for both financial and non-financial delivery issues.

Grip and control weakens quickly where the organisation can describe underperformance but cannot escalate it consistently and act on it.

2. Workforce planning and workforce reconciliation

The assessment highlights that high level workforce plans exist, but there is more work to do to improve their granularity, routine review and linkage to control. It also notes that reconciliation between ESR and the general ledger is not yet sufficiently mature.

This is a material weakness because without a reliable workforce control position and granular workforce plan, the organisation cannot demonstrate full grip over its largest area of expenditure.

3. Sickness and leave management

The assessment identifies partial control in a number of areas, particularly around policy compliance, leave monitoring and central oversight outside HealthRoster areas. Medical annual leave monitoring is specifically assessed as weak.

Partial controls in this area impact operationally as well as financially. Leave and sickness controls are not a soft issue. They affect capacity, staffing resilience and temporary staffing demand.

4. Rostering, rotas and job planning

This section shows a mixed position. E-rostering is in place and some monitoring exists, but roster approval timeliness, alignment of staff levels to patient demand, some nursing productivity controls and full consultant job plan compliance all require strengthening.

There is also partial coverage in the transparency of medical leave planning and alignment of rota and job planning to activity.

5. Temporary staffing governance

Although many controls are rated positively, the assessment also identifies important gaps, including:

- no organisation-wide temporary staffing policy
- no auto-enrolment of all relevant staff groups onto bank
- only partial arrangements for long-term agency and locum management
- monthly rather than weekly oversight in some areas

This is not a marginal issue. Temporary staffing is one of the clearest indicators of whether operational grip exists in practice.

6. Other staff payments

This section identifies weaknesses in:

- formal audit of the top overtime earners
- corporate monitoring of highest mileage and expenses claimants
- benchmarking of WLI rates against other Health Boards

These controls are individually smaller than workforce establishment or procurement, but they are still important indicators of management discipline and consistency.

7. Procurement assurance and contract management

While procurement is broadly one of the stronger areas, the assessment does identify specific weaknesses which need to be explicit.

These include:

- procurement breaches are not yet clearly embedded within routine executive and financial performance reporting
- assurance over contract management is weaker than assurance over tendering and ordering
- responsibility for contract management often sits operationally within the Health Board and is therefore dependent on local management capacity and discipline
- regular contract review is limited by resource in some areas
- continuous review of open purchase orders and GRNI needs clear and sustained ownership

The core Procurement control framework is largely in place, but assurance over operational contract management and breach reporting is less mature.

8. Income and debt management

The assessment acknowledges that debt recovery processes exist but that recovery performance is variable and a number of further controls require strengthening, including debtor segmentation, targeted collection strategies, invoice timeliness, internal query resolution and escalation to debt recovery agencies.

This is an area where the process exists, but assurance over effectiveness is only partial.

Implications

The self-assessment suggests that the Health Board has many of the expected control structures in place, but they are not yet consistently embedded or evidenced across the full range of organisational activity.

The main risk is not the absence of policies alone. It is inconsistency of operation, variable assurance, and the gap between having a control and being able to demonstrate that it is working reliably.

This is especially relevant in areas such as workforce, temporary staffing, rostering, contract management and debt recovery, where weak grip translates directly into operational inefficiency and additional cost.

Priority Actions

The following actions should now be taken to strengthen the position.

1. Finalise management ownership of the assessment

The assessment should be reviewed through Management Executive so that each domain has clear executive and operational ownership for actions arising.

2. Produce a grip and control improvement plan

A single action plan should be developed from the self-assessment with named leads, timescales and reporting routes. This should distinguish between:

- actions to address controls not in place
- actions to strengthen partially operating controls
- actions to improve evidence and assurance where controls exist but are not consistently demonstrated

3. Strengthen workforce control

Priority should be given to:

- improving workforce plan granularity
- strengthening ESR to ledger reconciliation
- tightening establishment change processes
- improving escalation where staffing controls are not being complied with

4. Strengthen sickness, leave and roster discipline

Priority actions should include:

- improved monitoring of medical annual leave
- stronger central oversight of leave arrangements outside HealthRoster areas
- improvement in roster approval lead times
- clearer linkage between staffing levels, demand and job planning

5. Close key temporary staffing gaps

Priority actions should include:

- development of an organisation-wide temporary staffing policy
- clearer arrangements for long-term locum and agency control
- consideration of stronger and more frequent review arrangements in high spend areas

6. Tighten control over other staff payments

Actions should include implementation of:

- monthly review of highest overtime earners
- corporate monitoring of mileage and expense outliers
- review of WLI benchmarking and authorisation arrangements

7. Strengthen procurement assurance

Given the relative strength of the procurement framework, the next phase should focus less on basic process design and more on assurance and operational follow through. Priority actions should include:

- formal reporting of procurement breaches to the appropriate executive route and through financial performance reporting
- strengthened contract management oversight, particularly for higher value and higher risk contracts
- clearer ownership and routine review of open purchase orders and GRNI
- confirmation that operational leads understand their responsibilities where contract management sits outside the central procurement function

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

The self-assessment shows that the Health Board does have a number of important grip and control arrangements in place. This is particularly evident in core financial process, aspects of establishment control, temporary staffing controls, procurement process, purchase to pay and technical financial accounting.

However, the assessment also shows that grip and control is not yet consistently strong across all domains. The main weaknesses are in operational discipline, management follow through, evidence of compliance and assurance over whether controls are working in practice.

Procurement should be seen as a relative strength in framework terms, but not as complete. The main development need is to strengthen assurance around breach reporting, operational contract management and ownership of contract monitoring.

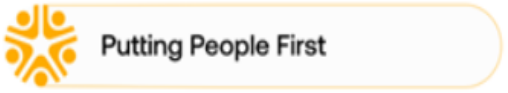
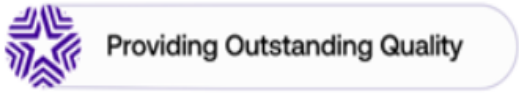
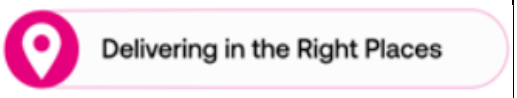
The key next step is conversion of the assessment into a clear management action plan with named ownership and routine reporting.

Recommendation:

The Committee are requested to:

1. Note the current self-assessment against the Welsh Government framework
2. Review whether the assessment gives a fair reflection of current organisational grip and control
3. Endorse the priority improvement actions set out in this paper
4. Note that further management ownership and operational follow through will be required through Management Executive and relevant delivery groups

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

 1. **Click the objective above to view more detail.**		 2. **Click the objective above to view more detail.**	
 3. **Click the objective above to view more detail.**		4. **Click the objective above to view more detail.**	

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	

Financial Grip and Control measures across NHS Wales

Financial Planning and Delivery Directorate

Objective:

To provide organisations with a consolidated schedule setting out the core financial, workforce and procurement grip and control measures to safeguard financial stability during periods of significant financial pressure.

Background:

At M09 2025/26 six health boards in Wales report deficits totalling £206m, (1.9% of the reported Revenue Resource Limit).

Given the scale of the pressure, it is essential that the NHS Wales Finance Function can demonstrate that the financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness.

Scope:

The tool is designed to help organisations assess their financial grip and control. It is not an exhaustive list but is predicated on common themes and areas of risk identified through NHS Wales.

The key focus for the grip and control schedule is the practical controls, processes and actions that should be in place in year to avoid excessive or inappropriately approved financial commitments; reduce waste; and improve in year expenditure run-rates. The tool will help organisations to strengthen the underpinning financial governance and control measures that support improved financial performance.

As a first step, the focus has been placed on core financial, workforce and procurement processes and systems. There is more limited literature available on best practice grip and control within specific expenditure areas such as commissioning, CHC and prescribing systems and processes.

Preparation approach:

The schedule has been prepared by Financial Planning and Delivery by examining and consolidating examples from various sources including:-

- Grip and Control presentation report (Financial Planning and Delivery May 2022)
- Financial Grip and Control Checklist (NHS England December 2022)
- Establishment Control (HFMA May 2025)
- Budgetary Framework and Grip and Control Discussions (Directors of Finance Forum July 2024)

Structure of the document:

The schedule includes both **financial controls (in black)** that organisations should have in place and **grip actions (in blue)** that will support the reduction of expenditure run rates.

The financial grip and control measures are categorised across eight themes:- Framework and Guidance, Vacancies, Sickness and Leave, Rostering and Rotas, Bank and Agency, Other Staff Payments, Procurement and Other items.

The document includes both a summary schedule and a detailed schedule. The summary schedule identifies key thematics and the highest impact actions from the detailed schedule.

Other financial governance reference documents:

The checklist may be used in conjunction with:

- HFMA's "Improving NHS financial sustainability: are you getting the basics right?" checklist tool Improving NHS financial sustainability: are you getting the basics right? (hfma.org.uk) – focus on key overarching financial processes such as planning, budget setting, reporting, financial governance, training and development
- Financial Management Maturity Model (NAO January 2010)
- Model Standing Orders, Reservation and Delegation of Powers and Model Standing Financial Instructions – NHS Wales (issued by Welsh Government)
- The Finance Academy's 'Financial Control Procedures Governance Best Practice Principles Guide' - available on the learning and development platform

All are valuable tools to support organisations to consider if they have the controls and processes in place to achieve best value for money.

Completion and next steps:-

Complete the checklist to consider whether the relevant policy or process exists and secondly to consider operational delivery and compliance. This may require input from representatives from several areas workforce, procurement, efficiency, finance and audit.

Agree priority issues and how proposed actions to address the issues identified will be taken forward. This may require assembling a working group including representatives from workforce, procurement, efficiency, finance.

Key findings from the exercise to be shared through the Director of Finance forum to identify any national areas of focus.

1. Summary Schedule

Framework and Guidance	Establishment and Vacancies	Sickness and Leave Management	Rostering, Rotas and Job Planning
• Clear and Up to Date Standing Financial Instructions and guidance. • Clear procedures & process notes. • Budget holders and all financial administrators have received up to date training on their roles & responsibilities • Clear governance process for new investment. • Delegation letters issued and signed. • Internal Escalation process in place.	• Ensure robust budgeted establishments are in place and regularly reviewed and reconciled. • Regular vacancy control panel (VCP). • Automated weekly head count tracker. • Ensure managers notify HR of leaving dates. • Review all current vacancies with a view to remove or freeze posts.	• Enforce compliance with the All Wales Sickness policy. • Adherence to the requirements of agreed attendance at work policies and the all-Wales Occupational Health minimum service levels. • Monitor absence and sickness on individual, service line, divisional and organisation level. • Monitor medical annual leave. • Policies to limit carry forward of significant leave balances	• E-rostering fully deployed. • Rosters approved 12 weeks in advance (as per the Agency workforce reduction programme and control framework). • Contracted hours to be fully rostered. • Job planning policy implemented with > 90% of all Consultants having an agreed job plan in place at all times; and alignment of rota to job capacity plans.

Temporary Staffing	Other Staff Payments	Procurement	Other items
• Temporary Staffing Policy in place. • Clear process for booking, and compliance with process. • Review bank and agency authorisation levels – seniority and consistency across sites. • No off-contract agency & locum. • Auto enrolment for new starters onto the bank. • Review pay rates and consider weekly pay for bank as an incentive. • Ensure appropriate deduction for agency staff breaks.	• Implement prior approval for overtime and enhanced payments. • A monthly 'audit' of the highest overtime earners and expenses claimants. • Non-clinical overtime controls in place. • Enhanced authorisation process for WLIs with clear demonstration that existing Programmed Activities (PAs) have been utilised before WLIs awarded. • Review process in place for additional sessions allocated.	• Monitor use of Single Tender Waivers. • Consolidate a list of supplier discounts. • Robust contract management processes in place. • Enforce the 'No PO No Pay' policy. • Review and reduce those able to requisition and order. • Targeted approach for clinical preference variation (as identified by V&S procurement group).	• Review and ensure all eligible VAT is being reclaimed. • Income management policies to minimise bad debt costs. • Stock management policies to minimise wastage. • Review all credit balances on the Balance sheet for potential over accrual. • Journals are based on latest relevant data and assumptions.

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Colour Key:- **financial controls** are black **grip actions** are blue

CAV Grp & Control Assessment 2026-27

Control / 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	Comments / Action
Cav and Grp 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 an any one. https://cav.nhs.wales/about-us/governance-and-assurance/policies-procedures-and-guidance/
Cav Process Notes			
• All Financial Control Procedures are up to date, accessible and minimum provision aligns with the Finance Academy best practice guide. (eg. month end close down processes, financial reforecasts).			The FCP's are kept on the UHB's SharePoint site available to all internal staff. Work is being undertaken to ensure all FCP are regularly reviewed and updated at the necessary times.
• All Financial Control Procedures are widely available to all relevant team members.			All UHB staff have access to FCPs via SharePoint.
• Adequate training is provided to all relevant staff members to ensure awareness and understanding of relevant financial procedures.			At new Finance staff are made aware of the FCPs as induction
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 and Corporate Directorate and the associated financial duties. Budget holders are accessed by Clinical Boards. Salary and core issues can be raised within the ibaCare Functionality using 'red flags' which are actioned daily. Review and challenge and support 'live cash' areas.
• Delegation letters have been issued and have been signed.			IbaCare is a areas update patient acuity levels twice daily
• All budget holders have objectives supporting the delivery of financial objectives in Performance appraisal process.			Monthly reports issued for review. Each Clinical Board and Directorate has a Finance Business Partnering Team who meet with budget holders on a monthly basis to review performance, agree actions and provide support.
• Budget holders receive training on their role responsibilities and objectives at reasonable intervals and monitoring of this can be demonstrated.			All Clinical Boards are required to deliver their agreed control total and CIP requirements as detailed in their delegation letters for the year.
• Consider whether the number of budget holders is appropriate - reduced budget holders can improve control over budgets.			Where non-delivery is identified, this is escalated to Finance Business Partnering Teams with further dialogue with Clinical Boards.
Investments and Business Cases			
• Clear Business Case review procedures for reviewing and approving any new projects across the organisation.			Clear and Benefits realisation group (CBRG) in place for case review and approval. Terms of reference clearly established. Team Finance & Performance Committee and Board.
• The above includes a relevant committee structure where robust review and challenge take place.			CBRG chaired by DoF with Executive and senior representation from Clinical Boards and Corporate Teams.
• Post implementation benefit realisation reviews process in place.			Post implementation reviews are in place and scheduled throughout the year.
• Review previous 12 months of business cases to ensure savings/benefits realisation.			Benefits realisation and post implementation process
• Establish list of ongoing and planned projects and determine what can be ceased or delayed.			Further dev elopments required with clear prioritisation and leads as required as part of the annual planning process.
Internal Escalation			
• Clear internal escalation process in place for service areas that are not delivering their financial plans with appropriate financial or non financial controls or remedial actions applied.			Formalised and structured internal escalation process for non-financial delivery of plans/control totals required supplementing monthly Performance Reviews

2. People Cards – Establishment and Vacancies	Controls / Processes in place	Assurance that processes are operational	Comments / Action
Policy and Procedure			
• Control 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 using a number of systems: ESR MSS, HealthRoster & Cadi. Protocol in place for management of ESR MSS and Cadi and Roster. Study leave - Control partially in place via People & Culture Business Partners and People Services. Further work in 26/27 will strengthen manager accountability through leadership and management development, improved decision-making support, and digitalisation of key documentation to streamline processes
• Processes in place to ensure compliance with the All Wales Sickness policy. Rigorous sickness policy and procedure is in place and communicated to mentors absences (ex. return to work meeting)			
• Consider increasing sign off levels for n/a leave to ensure transparency.			
Establishment (Establishment review – HCHBs)			
Workforce plans are in place, and of a sufficiently granular level of detail (for example, by service, workforce type and substantive/ temporary) and align to approved establishment levels and budget.			Resource workforce plans are in place as part of the Annual Planning cycle and are broken down by Directorates, Staff Group, substantive & temp pay. We're not go establishment control as such, but we do have a process in place to check for the accuracy of the establishments in ESR with alignment to the General Ledger. Workforce Plans are not aligned to demand & capacity, but this is the next step for the Service. The issue is NOT the are in the process of building our workforce planning capacity & capability as a UHB over the next 3 years.
Workforce plans are regularly reviewed by service and divisional leads to ensure compliance with or action to reverse compliance against both establishment and budget.			Plans are reviewed regularly but there is the work to do to improve the control.
• Reconciliation process in place to ensure that WTE per financial and HR systems reconcile.			As above, programme of work is underway, although we acknowledge that ESR and the ELS will not completely reconcile due to the nature of the data held in each system (ESR only 26/01 & the ELS, inclusive SLE WOL, temporary pay, etc
Medical Staffing (Establishment review – HCHBs)			
• Job planning process in place to ensure that WTE is equivalent to check and challenge recruitment to ensure all vacancies remain within authorised budgetary limits.			CBs/CSP have a vacancy control panels in place
Ensure the ATF terms of reference enable flexibility to avoid operationally delaying opportunities for savings and considering clinical risk.			
• Implement an automated weekly head count tracker (temporary and substantive)			ESP & reliance on temporary workforce is monitored on a monthly basis
• Review the recruitment process and remove blockers/ hurdle tools that may lead to higher agency & locum costs.			Ongoing implementation of HCSWe reduces burden on CBSNs and improves timescales
			Vacancies are reviewed & held. Managers/Finance don't always know if a WTE is vacant. Through the new process a process will be put in place in 26/27 to ensure this happens.
Review all current vacancies with a view to remove or freeze posts.			
Focus on long term/ 6-month vacant posts - can these be removed or re-engineered?			As above, programme of work is underway, although we acknowledge that ESR and the ELS will not completely reconcile due to the nature of the data held in each system (ESR only 26/01 & the ELS, inclusive SLE WOL, temporary pay, etc
Review the establishment to remove/make posts not required and identify unfunded posts.			
			A trial recruitment freeze was put in place in 25/26 with approval by exception only by the Exec team. In Nov 25, the recruitment freeze was lifted by the Exec team. The vacancy freeze would need to be supported by a service change plan
Implement non-clinical recruitment freeze unless it can be evidenced that role is business critical or key for financial/ quality and safety improvement.			
Locums			
• 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.			Line managers notify HR/Payroll of leaving dates via the ESR Web App. Managers are responsible for completing termination forms in a timely manner. The only exception is the Medical Workforce team, where leavers are processed directly by the Medical Workforce team. Overpayments are also monitored on a monthly basis & discussed at EPR. A recent audit resulted in a recommendation to review the process for medical leavers to ensure overpayments. This is not a good use of resources, adding hours will further impact delays and will remove managers
Overtime management (Establishment review – HCHBs)			
Process in place to review levels of poorly performing staff and consider options for more rapid improvement and/ or staff exit.			Performance management within the UHB is not strong. Although the Policy is in place, the training is not in place. For the HCSWB we have implemented the new 'Improving Performance at Work Policy' which will be supported by training for managers. This will be rolled out across the UHB in 26/27 subject to time. This has been successful, the new card has not been breached.
Periodical review of annual temporary staff rotas against rules changed to identify and address issues (specific and themes).			

3. People Cards – Sickness and Leave Management	Controls / Processes in place	Assurance that processes are operational	Comments / Action
Processing and Reporting			
• Monitor adherence to the requirements of agreed attendance at work policies and the all-Wales Occupational Health Attendance Standards.			Controls partially in place via People & Culture Business Partners and People Services. Further work in 26/27 will strengthen manager accountability through leadership and management development, improved decision-making support, and digitalisation of key documentation to streamline processes
• Monitor absence and sickness on individual, service line, divisional and organisation level.			
• Sickness is regularly reviewed at the board level, and at problem areas identified and examined.			
• 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 4.15%
• There is a set %target for staff on leave at any time and performance is measured against this target.			Central oversight is in staff currently on HealthRoster only. all other areas are managed locally by the manager
• Weekly monitoring for shift requests i.e. shift fill rate and any associated care and safety issues.			Management responsibility.
			Medical annual leave is recorded on the Cadi system. It is not fully integrated with ESR and is not a comprehensive system. As at this area, we are confident that implementation of a software replacing system commencing in April 26 will support this.
• 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.			IbaCare is a areas update patient acuity levels twice daily
			All Clinical Boards are required to deliver their agreed control total and CIP requirements as detailed in their delegation letters for the year.
			Where non-delivery is identified, this is escalated to Finance Business Partnering Teams with further dialogue with Clinical Boards.
• Review upskilling policy, approvals, and tracking process to ensure standardised approach linked to patient need/acuity.			Value and Benefits realisation group (VBRG) in place for case review and approval. Terms of reference clearly established. Team Finance & Performance Committee and Board.
			VBRG chaired by DoF with Executive and senior representation from Clinical Boards and Corporate Teams.
			Post implementation reviews are in place and scheduled throughout the year.
			Benefits realisation and post implementation process
			Further dev elopments required with clear prioritisation and leads as required as part of the annual planning process.
• Review nursing agency & locum use before, during and after school holiday periods (tests the strength of rota planning).			Work currently being undertaken in this area. 2x twelve-wks per day as most areas work to 12 hour shifts. Needs further exploration.
• **Review options for:**			In line with the Staffing Act, Ward managers are superv isors in their role however when there are staffing gaps the manager will be the person who authorises the additional shift. Each of the areas has a their own process for when the manager undertakes clinical shifts
○ reduced handover periods;			
○ back to the ward for nursing management staff for a number of shifts per week; and			
○ specialist nurses to provide a number of clinical shifts on wards to reduce agency & locum bill, cover vacancies, and improve staff rotation.			The Bank has a formalised process where specialist nurses provide a number of clinical shifts on the wards however they are utilised when there is a gap in staffing within the clinical areas. There are no specialist nurses working in the Bank. Band 6 Clinical Skills and Professional Practice Development Nurses/Educators are also utilised to reduce the shortfall in staffing for that shift. Band 5 RNs rotate
Rostered Medical Job Planning Management			
• Job planning policy implemented with >90% of all Consultants having an agreed job plan in place at all times.			Currently 85.85%. Targeting the final few hold-outside and areas where there is a challenge to implementation. This is monitored directly the CBDs and COs, job planning lead contacting all individuals. Medical Director contact to any doctor who has a job plan that is overdue by 6 months.
• Process in place to ensure alignment of rota to job plans.			This will be explored in 26/27 with alignment to an add-to-fix job
• Monitoring in place to support Medical Director leadership track medical productivity for example:			
○ Job plan delivery (individual and their team job plans);			1% Annual Job Planning, would turn green if job planning >80% of all scrutinised and approved directly by ARD
○ PAs over 11			
○ % Direct Clinical Care and			1% Annual Job Planning, would turn green if job planning >80%
○ % SPA time in job plans			
• Review consultant job planning compliance across current level of rollout to identify opportunities for greater productivity (review of low and high Professional Activity "PA" staff).			
• Improve transparency of medical workforce holiday planning to core planning teams, linking to theatre and clinic scheduling.			In place in some areas but not all. Procedure to be developed via Clinical Boards.
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

4. Rostering, Rotas and Job Planning	Controls / Processes in place	Assurance that processes are operational	Comments / Action
Internal rostering and rotas			
• E-rostering is fully deployed			Wealth Roster has been deployed to all areas that were in the original plan. Scoping currently being undertaken to determine the requirements for the next phase of work/ next rota. Scope based of using auto rostering as standard
			The UHB Nursing areas currently approx a 80% of rosters E-Rostered. Work is underway to ensure that the remaining requirements are being actioned. It is suggested that the 12 week target is reviewed and reduced to 6 weeks as any benefits will be realised by reducing the number of changes made to the number of changes made to the rosta post sign off.
• 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.			
• Processes to ensure contracted hours are fully rostered.			Weekly time balance reports are provided
• Use models to optimise all rotas			Rosta controls be closed and published
Medium Nursing Rota Management			
• Staff levels are matched to patient demand patterns to avoid wards and avoidable admissions.			Through the use of IbaCare, staff are redeployed to areas with critical gaps to prov ide timely, care and reduction in av oidable harm. Consideration is being given to the inclusion of a live roster dashboard, which will include additional capacity, to prov ide an oversight of pressures in the system in relation to demand of the service. Consideration will be given to the use of this data to inc lude budgeted nursing establishments for the additional capacity, where the dashboard will prov ide an insight into pressure in the system.
• Weekly monitoring for shift requests i.e. shift fill rate and any associated care and safety issues.			The Private analytics and Planning Sharepoint page have a reports on shift requests v s shift fill rate that can be accessed by Clinical Boards. Safety and care issues can be raised within the IbaCare Functionality using 'red flags' which are actioned daily. Review and challenge and support 'live cash' areas.
			IbaCare is a areas update patient acuity levels twice daily
			All Clinical Boards are required to deliver their agreed control total and CIP requirements as detailed in their delegation letters for the year.
			Where non-delivery is identified, this is escalated to Finance Business Partnering Teams with further dialogue with Clinical Boards.
• 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.			Safety and care issues can be raised within the IbaCare Functionality using 'red flags' which are actioned daily. Review and challenge and support 'live cash' areas.
			IbaCare is a areas update patient acuity levels twice daily
			All Clinical Boards are required to deliver their agreed control total and CIP requirements as detailed in their delegation letters for the year.
			Where non-delivery is identified, this is escalated to Finance Business Partnering Teams with further dialogue with Clinical Boards.
• Review upskilling policy, approvals, and tracking process to ensure standardised approach linked to patient need/acuity.			Work is underway to ensure that the remaining requirements are being actioned. It is suggested that the 12 week target is reviewed and reduced to 6 weeks as any benefits will be realised by reducing the number of changes made to the number of changes made to the rosta post sign off.
			Weekly time balance reports are provided
			Rosta controls be closed and published
			Value and Benefits realisation group (VBRG) in place for case review and approval. Terms of reference clearly established. Team Finance & Performance Committee and Board.
			VBRG chaired by DoF with Executive and senior representation from Clinical Boards and Corporate Teams.
			Post implementation reviews are in place and scheduled throughout the year.
			Benefits realisation and post implementation process
			Further dev elopments required with clear prioritisation and leads as required as part of the annual planning process.
• Review nursing agency & locum use before, during and after school holiday periods (tests the strength of rota planning).			Work currently being undertaken in this area. 2x twelve-wks per day as most areas work to 12 hour shifts. Needs further exploration.
• **Review options for:**			In line with the Staffing Act, Ward managers are superv isors in their role however when there are staffing gaps the manager will be the person who authorises the additional shift. Each of the areas has a their own process for when the manager undertakes clinical shifts
○ reduced handover periods;			
○ back to the ward for nursing management staff for a number of shifts per week; and			
○ specialist nurses to provide a number of clinical shifts on wards to reduce agency & locum bill, cover vacancies, and improve staff rotation.			The Bank has a formalised process where specialist nurses provide a number of clinical shifts on the wards however they are utilised when there is a gap in staffing within the clinical areas. There are no specialist nurses working in the Bank. Band 6 Clinical Skills and Professional Practice Development Nurses/Educators are also utilised to reduce the shortfall in staffing for that shift. Band 5 RNs rotate
Rostered Medical Job Planning Management			
• Job planning policy implemented with >90% of all Consultants having an agreed job plan in place at all times.			Currently 85.85%. Targeting the final few hold-outside and areas where there is a challenge to implementation. This is monitored directly the CBDs and COs, job planning lead contacting all individuals. Medical Director contact to any doctor who has a job plan that is overdue by 6 months.
• Process in place to ensure alignment of rota to job plans.			This will be explored in 26/27 with alignment to an add-to-fix job
• Monitoring in place to support Medical Director leadership track medical productivity for example:			
○ Job plan delivery (individual and their team job plans);			1% Annual Job Planning, would turn green if job planning >80% of all scrutinised and approved directly by ARD
○ PAs over 11			
○ % Direct Clinical Care and			1% Annual Job Planning, would turn green if job planning >80%
○ % SPA time in job plans			
• Review consultant job planning compliance across current level of rollout to identify opportunities for greater productivity (review of low and high Professional Activity "PA" staff).			
• Improve transparency of medical workforce holiday planning to core planning teams, linking to theatre and clinic scheduling.			In place in some areas but not all. Procedure to be developed via Clinical Boards.
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

5. People Cards – Temporary staffing including Bank and Agency & Locum	Controls / Processes in place	Assurance that processes are operational	Comments / Action
Policy prescriptions, rates and responsibilities			
• An organisation wide temporary Staffing Policy in place and up to date.			We don't have a Policy in place. We have a scheme of delegation, procedures within all bank staff groups, e.g. Nursing
• There is a clearly communicated process in place for bank / agency & locum booking.			
• Monitoring controls in place to monitor compliance with the process for bank / agency & locum booking.			
• Clear escalation process in place to approve temporary staffing with clear 'bell either at overall level or by key staffing group (e.g. nursing, medical, corporate).			
• Limit who can authorise bank and agency & locum staff to increase transparency, follow up on all short notice use.			
• Review consistency of authorisation levels and approach across sites.			
Bank utilisation			
• All relevant staff groups are auto enrolled on the bank.			The ops not been undertaken as there are a number of practical issues that would reduce any benefits. However, since re-skilled the Nursing Bank has been set up to be 'opt out' rather than 'opt in' in order to enable them to work additional hours.
• Review actual temporary staff rates against rates charged periodically to identify and address issues.			
• Implemented and promoted a medical bank and an Administration and Clerical bank.			Medacs previously managed our Medical Staff Bank. The service was transferred in-house via TUPE in June 24. The general rate include A&C
• Promoted bank staff as an alternative to agency & locum.			
• Review pay rates and consider financial incentives for bank staff to increase bank usage, for example provider weekly pay as an incentive.			
Agency & Locum utilisation			
• Robust controls over agency & locum usage for example:			
○ self-imposed cap on agency & locum expenditure;			
○ agency & locum spend is regularly reviewed;			
○ senior sign off of all framework expenditure;			Daily signs of all agency shift requests
○ clear Board accountability defined and communicated across organisations;			
○ Consistent approach to managing planned clinic cancellations to agency/bank teams; and			
○ no-shows approach for agency.			
• Process in place to ensure non-framework or off-contract agency staff are not engaged.			Medical - Off contract agencies are not used. All agencies have a framework agreement in place. Non-framework agencies are dealt with retained copies held on file that link the agency to the rates set framework (CCG).
			Nursing - Framework in place, in order to Clinical Boards and Business Partners on bank and agency expenditure and utilisation, it is recognised that further work is required to more effectively link utilisation to establishment data (Establishment planning. This will be a key area of focus during 2026/27.
• An organisation process in place for long term agency & locum use.			
• Seek local agreement of agency & locum pay rates with surrounding trusts / explore use of a collaborative bank.			
• Evaluate opportunities for moving from use of agency & locum to internal organisation resource and / or bank.			
Benchmark and exposure management			

• Ensure breaks and hours claimed are accounted for correctly in timesheets (i.e. agency workers are only paid for actual breaks taken and OT where appropriate) • Ensure appropriate deduction for agency & locum staff breaks (lunch). • Ensure appropriate deductions are made for missed rotas (in place)			OT/rest arrangements for community nursing
Restrictions on non-clinical temporary staff			Clinical Coding, Security Officers & HCSW packages of care
• Review and implement such changes for all non-clinical temporary workers.			Clinical Coding, Security Officers & HCSW packages of care
• Temporary ban on usage of non-clinical agency staff, with exceptions authorised by executive director.			agreed by Executive
Effective monitoring			
• Senior leads monitor weekly dashboard summaries of temporary staff usage, cost and trends to provide early warning signs and demonstrate progress with future saving. • Track number of interims, termination dates, delivery of objectives, and duty rotas. Focus on reducing number and length of interim contracts. Where an interim is required for longer than 6 months, substantive role after 6 months over age 50 to become a suitable package to convert from locum to substantive contracts.			Monthly in place but not weekly
• Identify medical rotas with the highest use of temporary and bank staff and set out a plan to address.			Medicine Clinical Board have a proportionally higher spend than other areas. A&E for Ward nurse addressing directly with MCB
• 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.			Meetings in place on a monthly basis

6. People Costs – Other Staff Payments	Controls / Processes in place	Document that processes are operational	Comment / Action
Overtime and enhanced payments controls			
• Ensure breaks and hours claimed are accounted for correctly in timesheets.			
• Perform a monthly 'audit' of the top 10 highest overtime earners by division.			31 25/26 a-e+mne was reduced significantly either by stopping or moving into bank. We will implement the audit of top 10 Monies from 27/28/29
• Implement prior approval for overtime and enhanced payments - monitor and reduce. • Per non-clinical staff - implement non clinical overtime controls to limit expenditure in this area (e.g. Exec director ratification required).			
Expenses Monitoring			
• Monthly monitoring of the highest mileage and expenses claimants.			The team have been done Corporately but can be implemented from 27/28/29
Making out-of-hours (MOs) controls			
• Ensure consistent process across organisation including compliance with the IR35 rule across the organisation • Appropriate review process in place for additional sessions allocated. • Ensure that all additional sessions (DCCs, EDCCs, Waiting List Initiative WLIs are awarded to ensure that – ○ WLIs offer financial benefit or an unpalatable clinical before approving, and ○ existing Programmed Activities, (PAs) have been utilised.			All WTs are approved via the CODs of Five
• Benchmark WLI rate against other Health Boards.			This has not been done to date, it is often difficult to obtain this information from other HBs - could this be done centrally ?

7. Procurement	Controls / Processes in place	Document that processes are operational	Comment / Action
Procurement - Clarity of Roles			
• Clear documentation and communication of roles between local managers, the procurement function and Shared Services.			
Procurement - Tender process			
• Approval limits are periodically and regularly reviewed where appropriate. • Tenders are sought for all contracts above the relevant threshold (£50k). • All non-contracts (including agency & locum staff) are procured via appropriate tendering procedures to ensure best value for money is attained. • Spend by supplier is analysed to minimise risk. • Where KLOs (Lotting) are applied to evaluate tenders. • Appropriate SLAs and T&Cs are applied to ALL contracts to enable appropriate and effective contract management. • Breaches are reported to the relevant Executive Director and included in financial performance monitoring arrangements.			Where procurement are aware
Procurement - Contract Extensions			
• Contract pricing is reviewed annually to attain any further increased banding cost advantages through 3% of contract. • Product catalogues reviewed (both NHS Supply Chain and Local Catalogues) to remove duplicate items on catalogue (eg aims to ensure value for money. • Consolidate list of supplier discounts and parallax for early / late payments (in alignment with contract register) - set out plans to ensure Council Shared Service will accurately payable team to use)			
Procurement - Contract management			
• Contract and supplier management processes are in place, including a complete and up to date contract register. • Regular contract reviews to ensure KLAs are being met - with specific focus on PFI contracts where relevant. • When contracts expire, these are retendered in accordance with the statutory regulations rather than rolled over, and explore options for efficiency/price reduction. • Contract terms are relative and proportionate to the contract matter and that there is a clear understanding of the risk allocation. • Service specifications are reviewed and ensure SLAs are being achieved or viewed where available and do not directly affect patient care (e.g. reduce frequency of window cleaning etc.)			HB responsible to operational manage contracts Only PFI contract in the HB, limited resource to conduct regular review - completed on critically Value This is completed on renewal
Procurement - Purchase to Pay			
• Establish a robust purchase ordering P2P system to enable the implementation of a 1-to-P2-to-payment' rule and no retrospective POs - in collaboration with Accounts Payable, to help control expenditure. • Ensure that all goods and services are appropriately receipted, receipt, invoiced, are reported and returned. Source of error are identified and corrective changes applied as appropriate. • Payments are only processed following sign off from the appropriate lead. • Sample audit trails for any possible out of policy expenditure. • Commission review of all open purchase orders that lead to no/nothing goods received not invoiced (GRNI) accrual to ensure that they are still required and that they are appropriately accrued for.			Finance responsibility
Procurement - GPC			
• Provide training and ensure appropriate use of requisitioning and purchasing.			
Procurement - Off-Contract			
• 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. • Contract pipeline clearly identified (and shared with NHSSP) to enable economies of scale. • Ensure that the Procurement Strategy is aligned to the Financial Strategy and balances the process efficiencies against the risk that the use of these bypasses procurement processes. • Detailed approach for clinical prothesis variation (as identified by P&A procurement group).			Qtly 2 in the HB
Procurement - Other			
• Organisation has considered placing a hold on certain items (e.g. external returns hire). Although the savings will be low, can act as a signalling mechanism.			Non-clinical controls already exist

8. Other Items	Controls / Processes in place	Document that processes are operational	Comment / Action
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. Revised up by 25K and Ed keeps (on commitment) with her other VAT consultancy recovery
Income and Debt management			
• A NHS action and migrant cost recovery programme in place.			Processes exist to report through to Finance for investigation of patients urgently treated or seeking elective treatment to establish eligibility to access NHS care. Migrant Guidance issued by Welsh government. The guidance obliges the LHB to treat urgent needs first and seek recovery after. This does not apply to those in the UK illegally. The LHB has to complies with the national process of reporting unpaid debt to Recovery of debt is variable based on the different types of debt. Debt relating to NHS Wales organisations is managed by clearing processes and then passes to ECC debt collection if not recovered. ECC are paid on recovery % of debt value. Debts relating to Private patients are managed locally based on economy of recovery through civil means. Most values are too small to justify chasing through the court system which would be the next step. Debts relating to overseas visitors are based on increased net value of recovery. Most salary overpayments are recovered with circa £30-£50k per year written off. The main debt is for Private patients and overseas visitors with around £1m outstanding mostly in the Trust Variance. There has been reduced in
• Bad debt cost management process in place (e.g. ○ Debt collection arrangements in place (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. ○ Aged debt strategy for the debtors, and set collection targets for team members. ○ Review process in place to ensure invoices are issued in real time or as soon as possible. ○ Consider payment in advance/on delivery where appropriate or the use of pro forma invoices in areas such as car parking permits/penalty charges, prescriptions, and private patients. ○ Identify and address internal issues that are preventing timely collection, i.e. unresponsive / untimely resolution of queries by divisions. ○ Ensure that debts relating to salary overpayments (if historic practices these these are material). ○ Ensure proper referral to external debt recovery agencies where necessary.			Recovery of debt is variable based on the different types of debt. Debt relating to NHS Wales organisations is managed by clearing processes and then passes to ECC debt collection if not recovered. ECC are paid on recovery % of debt value. Debts relating to Private patients are managed locally based on economy of recovery through civil means. Most values are too small to justify chasing through the court system which would be the next step. Debts relating to overseas visitors are based on increased net value of recovery. Most salary overpayments are recovered with circa £30-£50k per year written off. The main debt is for Private patients and overseas visitors with around £1m outstanding mostly in the Trust Variance. There has been reduced in
Journal Approvals			The newest across the Clinical Board Finance teams on a periodic basis according to the changes in law/ personnel.
• Journal approval process in place and regular accruals and prepayments have been reviewed to ensure they are current and that all journals are logged on a daily basis. • Controls and journals are appropriate including posting authorisation levels, review and sign off process.			
Fixed Assets and Capital			All the management of Fixed assets complies with standard financial procedures. Fixed assets are currently accounted through the All Wales Capital Technical Accounts Group. The registration, accounting and valuation of assets complies with accounting standards, periods. 21 years) district valuer exercise and the annual accounts. Capital projects are managed and reported through Audit Wales with a strong track record of unqualified audit opinion. The LHB Capital Management Group monitors the
Balance Sheet Reconciliations			Balance sheet reconciliations are undertaken on a monthly basis and are under constant rolling review by senior Finance department staff to to assess potential mis-events 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. • Monthly assessment of earning provisions to determine whether these can be released during year as opposed to later in the quarter end. • Review all credit balances on the Balance sheet for potential over accrual (e.g. Annual Leave Accrual or GMS Pensions).			

Report Title:	**2025/26 Annual Plan: End-of-Year Delivery Report (Quarter 4)**				Agenda Item No:	2.4
Meeting:	F&P	Public	x		Meeting Date:	20 May 2026
		Private				
Status **(please only tick one)**	Assurance		Approval	X	Information/Noting	
Lead Executive Title:	Executive Director of Strategy, Planning and Partnerships					
Report Author Title:	Senior Strategic Planning Manager					

Main Report
Background and Current Situation:

This report provides an end of year update in delivering the actions set out in the UHB's 2025/2026 Annual Plan. Throughout the year, progress has been actively monitored through the UHB's strategic portfolio structure, enabling oversight of delivery across each priority area. This report brings together that portfolio-level insight to provide a consolidated, organisation-wide view of delivery at year end.

We have achieved a number of significant successes during the year across the organisation, including the expansion of the leadership and management development offer, and the delivery of an innovative outreach vaccination programme targeting underserved communities. Progress has also been made in shaping future models of care through the development of an outline Integrated Community Care model with system partners. At a strategic level, the development of the long-term Clinical Services Plan and Board approval of major capital developments, including Llantrisant Health Park and the Park View Integrated Wellbeing Hub, represent important milestones.

While we've made significant progress against most of our actions, we didn't achieve everything we set out to, as projected in the Quarter 3 report, many of these were because of reprioritisation, some actions were unavoidably delayed and so will be picked up in 2026/27. This includes, for example, continuing progress towards reducing sickness absence to target levels and further strengthening data driven workforce planning capability.

Monitoring delivery is a key component of strategic planning, ensuring organisational agility and supporting good governance. The UHB is committed to monitoring delivery of the Annual Plan through a single integrated report; however, this remains challenging given both the breadth and complexity of actions spanning strategy, finance, workforce, performance, and external partnerships and also the current capability of the organisations systems and processes.

In response, throughout 2025/26 the UHB has adopted a pragmatic and proportionate approach to monitoring delivery, drawing assurance from established reporting arrangements, including the Integrated Performance Report (IPR) and finance reports. This year-end report consolidates information from across these sources to provide a coherent and structured end-of-year position on plan delivery.

Submission of a quarterly Annual Plan progress update is a Welsh Government requirement. This end of year report will be submitted following approval by the Finance and Performance

Committee and represents the final position for 2025/26. No formal feedback has been received from Welsh Government in relation to the Q1, Q2 or Q3 submissions.

Year-End Reporting Framework:

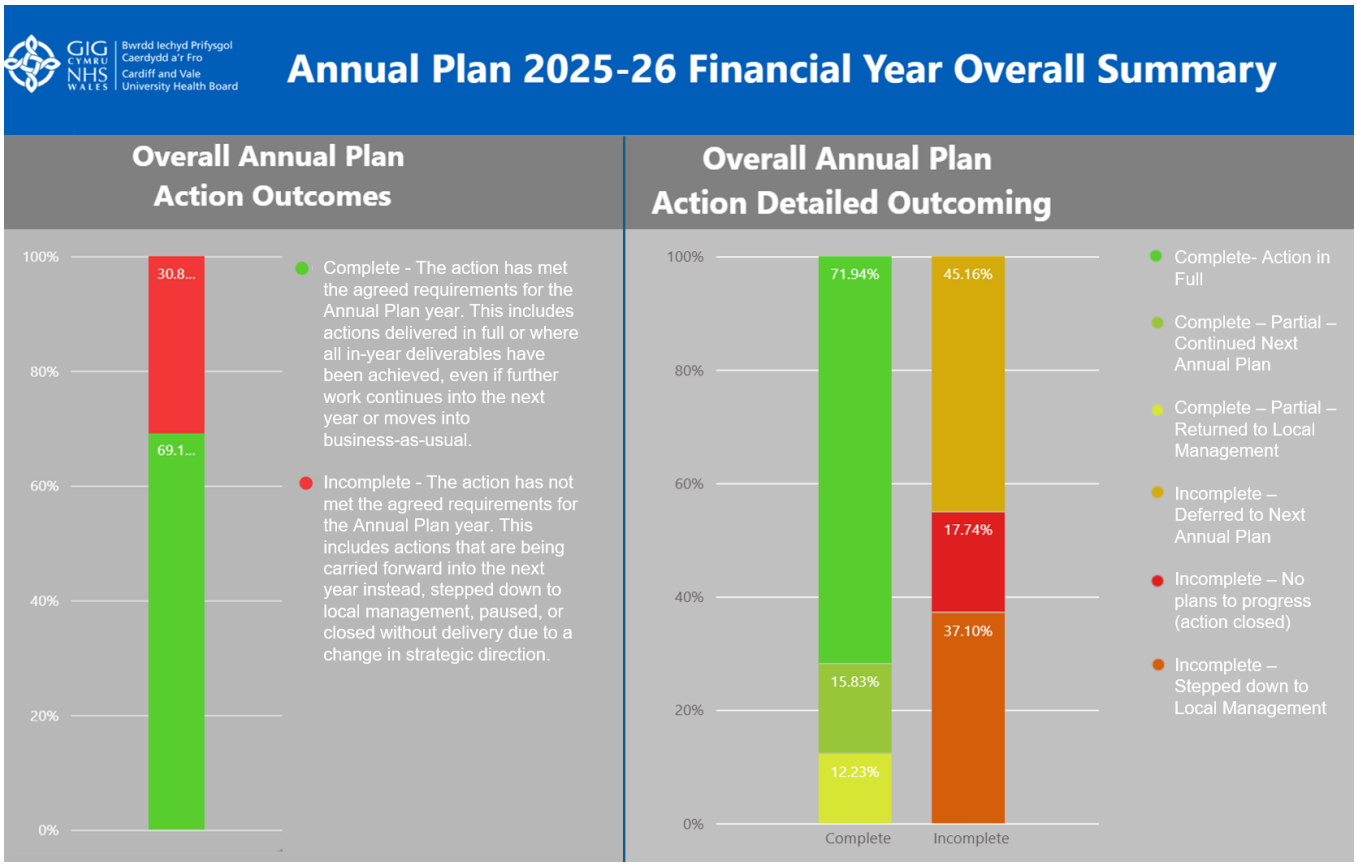
We used a standardised reporting framework was used to capture the final status of each action in the 2025/26 Annual Plan. This enabled leads to confirm whether actions were delivered within the plan year, and identify how ongoing delivery would be managed in 2026/27.

A description of the end-of-year status categories and associated sub-statuses is set out in the table below.

End of Year Status	Description	End of Year sub-status	Description
Complete	The action has met the agreed requirements for the Annual Plan year. This includes actions that have been achieved, even if further work continues into the next year or moves into business as usual	Action complete in full	All requirements for the action have been fully delivered as originally specified.
		Complete – partial – continued in the Annual Plan 2026/27	In-year deliverables achieved, with longer-term elements continuing into the next Annual Plan.
		Complete – partial – stepped down to local management	Action delivered and transitioned into business-as-usual monitoring through local governance arrangements.
Incomplete	The action has not met the agreed requirements for the Annual Plan year. This includes actions that are being carried forward into next year instead, stepped down to local management, paused, or closed without delivery due to a change in strategic direction	Incomplete – continued in the Annual Plan 2026/27	Action not delivered and will be carried forward into the next Annual Plan for continued delivery
		Incomplete – continued but stepped down to local management	Action not delivered but will be managed outside the Annual Plan through agreed local operational governance arrangements (team/location specified).
		Incomplete – no plans to progress (closed)	Action will not continue due to change in strategic direction (e.g. superseded, no longer a priority, national ownership). Includes actions previously closed in-year.

Summary of Q4 Position:

A summary year-end position of all actions within the UHBs Annual Plan 25/26 is set out below.



Further detail regarding the breakdown of individual portfolio performance can be found in **Appendix 1**.

Delivery of the 2025/26 Annual Plan progressed positively over the course of the year, with a particular acceleration in the final quarter. In line with target completion expectations, 78 actions were completed in Quarter 4, reflecting sustained focus on delivery and oversight in the latter part of the year.

Overall, 69% of actions committed to in the 2025/26 Annual Plan were delivered by year end (a modest variance against the predicted completion rate of 74% at Quarter 3).

Of the remaining 31% of actions that were incomplete at year end, a proportion reflected conscious and appropriate decisions taken during the year.

- 5% - actions formally closed following changes in strategic direction, including actions that were no longer relevant and/or duplicative of other actions within the plan.
- 4% - actions placed on hold during the year and were not anticipated to complete within the reporting period. In all cases, this reflected deliberate decision-making.

Review of all other actions outstanding at year end identified a small number of common factors that impacted delivery within the plan year. These are summarised below and reflect the challenging operating context in which the plan was delivered:

- External dependencies and system alignment
- Capacity and deliverability constraints

- Planning assumptions and timescale slippage

As the year progressed, there was increasing alignment between delivery of the current Annual Plan and development of the 2026/27 Plan. In the final quarter, Portfolio Leads were asked to consider all outstanding actions in the context of the next planning cycle, ensuring continuity, informed prioritisation and a clear line of sight between the year-end position and future delivery commitments.

Learning from the challenges associated with monitoring the volume of actions within the 2025/26 Annual Plan has directly informed the approach taken for 2026/27. While many actions from 2025/26 remain priorities in the 2026/27 Annual Plan, they do not necessarily feature as standalone actions. Instead, they are incorporated within the core deliverables that sit beneath a smaller number of high-level strategic actions. This reflects an intentional shift in approach and means that direct like-for-like comparisons between plans should not be assumed

A breakdown of all actions that remain incomplete at year end, together with the agreed ongoing monitoring arrangements, is set out in **Appendix 2**. Where actions have been identified as continuing into the 2026/27 plan, a corresponding 2026/27 action ID has been provided to support clarity and traceability. The full list of actions included within the 2026/27 Annual Plan is set out in **Appendix 3**.

Quarter 4 Finance Summary: *A Month 12 financial position has been shared with committee which sets out the end of year position for the UHB.,*

Quarter 4 Performance Summary: *Equally a Month twelve performance position has been set out in the UHBs integrated performance report (IPR)*

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

As the organisation transitions into the 2026/27 planning cycle, it is clear that further evolution is required in how annual plan delivery is monitored and reported and committee receive assurance. This needs to bring together how we move towards a financially balanced systems, while achieving the improvements for patients that we have set out in our clinical services plan, and show demonstrable improvement against the government de-escalation criteria. These will improve care for patients, value for money for the tax payer, and improve moral and confidence among our staff.

Experience from 2025/26 alongside direct feedback from committee has reinforced that the current approach remains inappropriately focused on tracking action completion and does not provide sufficient insight into the outcomes and impact being achieved.

In response, work is underway to consider a refreshed approach to monitoring the 2026/27 Annual Plan. Subject to further development and agreement, it is anticipated that an update on this refreshed approach will be brought to the Finance and Performance Committee in July as part of assuring on the 2026/27 Quarter 1 position.

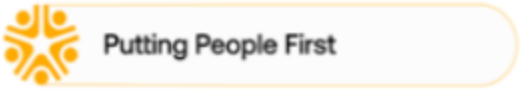
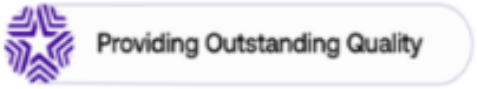
Appendices (please list all appendices that accompany this report. Do **not** embed)

Appendix 1 – Detailed breakdown of position by Portfolio
Appendix 2 – Breakdown of incomplete Annual Plan 2025/26 actions by ongoing management arrangements
Appendix 3 – List of 2026/27 Annual Plan Actions

Recommendations:

The Committee are requested to:

NOTE the progress and achievements in delivering the 2025/26 Annual Plan

APPROVE submission of the Q4 End of Year position to Welsh Government			
Link to Strategic Objectives of Shaping our Future Wellbeing: Please place an "x" in the below boxes where relevant – *Click each item for further information.*			
1. 	X	2. 	X
3.	X	4.	X

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

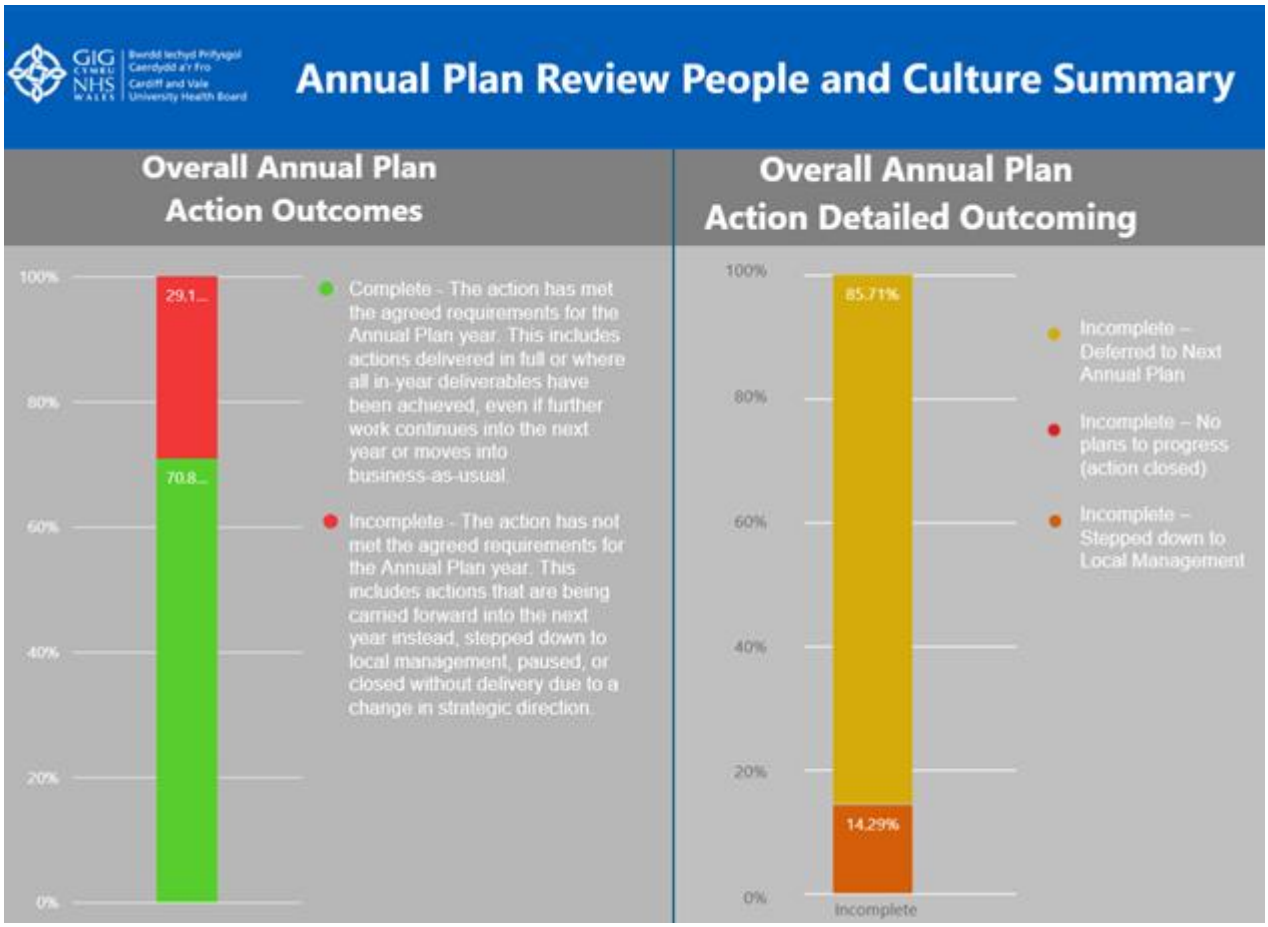
Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant					
Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required	X	Not applicable	

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

Appendix 1 - Detailed breakdown of position by Portfolio

The UHB uses Power BI to proactively track annual plan actions through interactive dashboards, enabling drill-down into each priority area for a granular view of progress and challenges. A summary of each priority area, alongside specific Q4 highlights or end of year points of note, is set out below

People and Culture- *Aligned Strategic Objective: Putting People First*

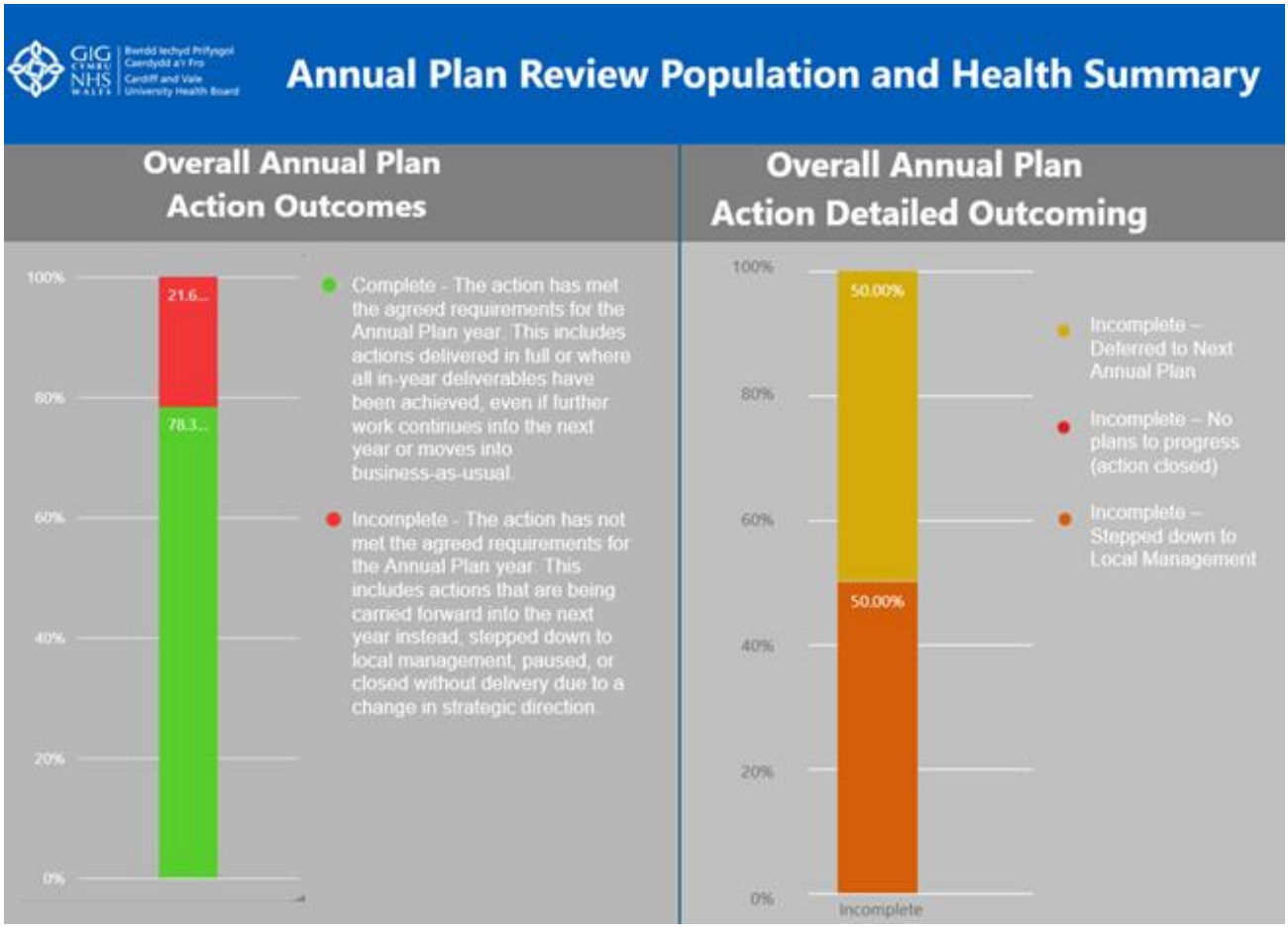


Highlights

- **Leadership and Management Development –** The leadership and management offer was expanded across the Health Board, including the introduction of the *Optimising Ops* and *Elevate* programmes, alongside the appointment of a Head of Leadership and Management.

- **Medical Workforce E-rostering –** A unified e-rostering system for the medical workforce was successfully implemented and went live in February 2026

Population Health *Aligned Strategic Objective: Providing Outstanding Quality*



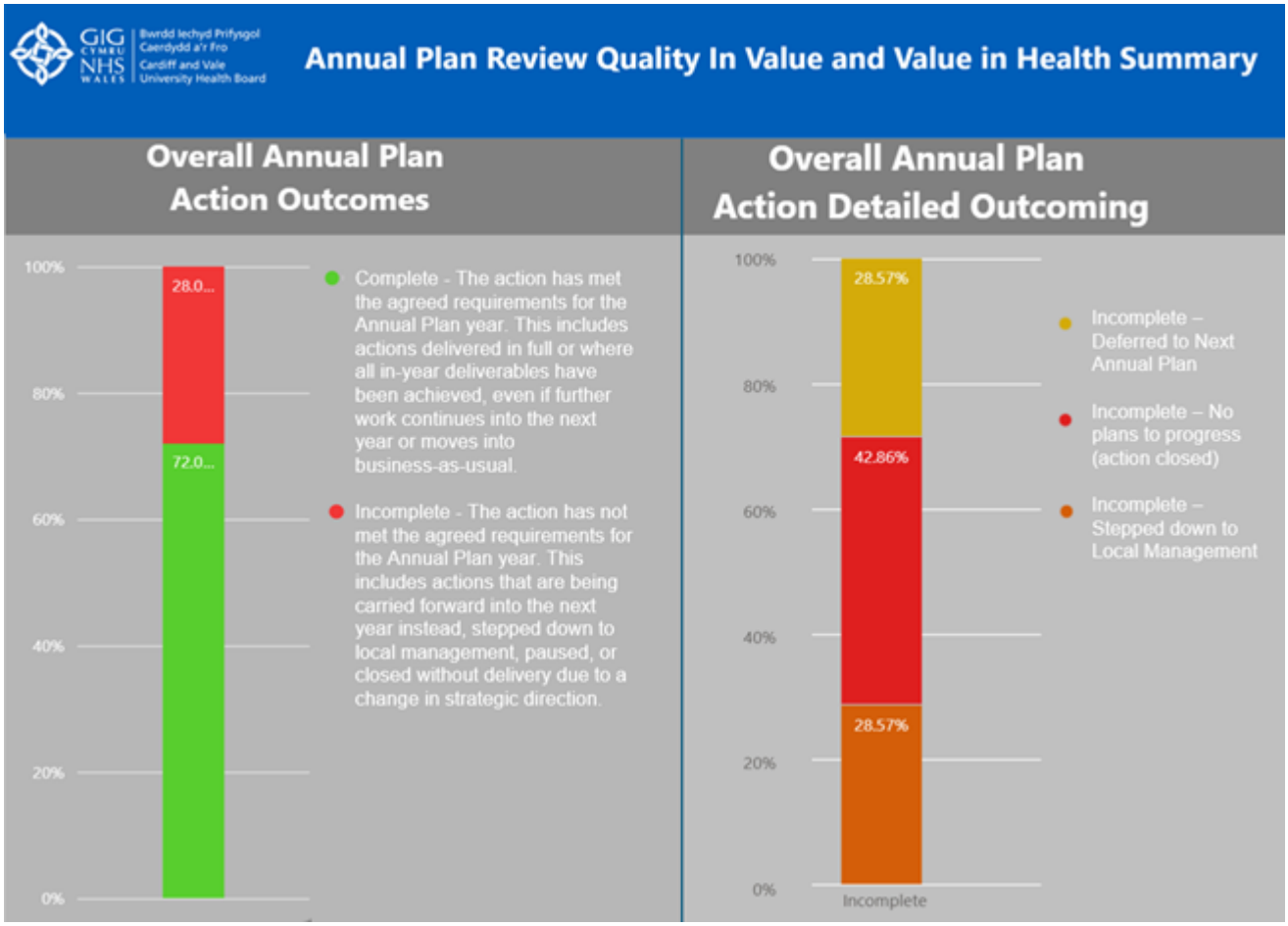
Highlights

- **Vaccination –** Delivery of an innovative outreach vaccination programme aimed at reaching low uptake populations and reducing health inequalities

- **Obesity: whole system approach and diabetes –** A Type 2 diabetes needs assessment was completed, and a working group established to drive equitable improvements in care processes. A diabetes dashboard was also developed with partners to track progress against agreed indicators.

- **Integrated Community Care System (ICCS): Design and Phase 1 Delivery** – Development of an outline Integrated Community Care model commenced in partnership with system stakeholders, with delivery of an ICCS Summit in Quarter 4 providing a key vehicle for shaping the emerging model. Phase 1 system delivery progressed through the successful transfer of Community Hospitals to the Primary Care and Intermediate Care Clinical Board and implementation of a community-based falls response pathway in partnership with system partners.

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



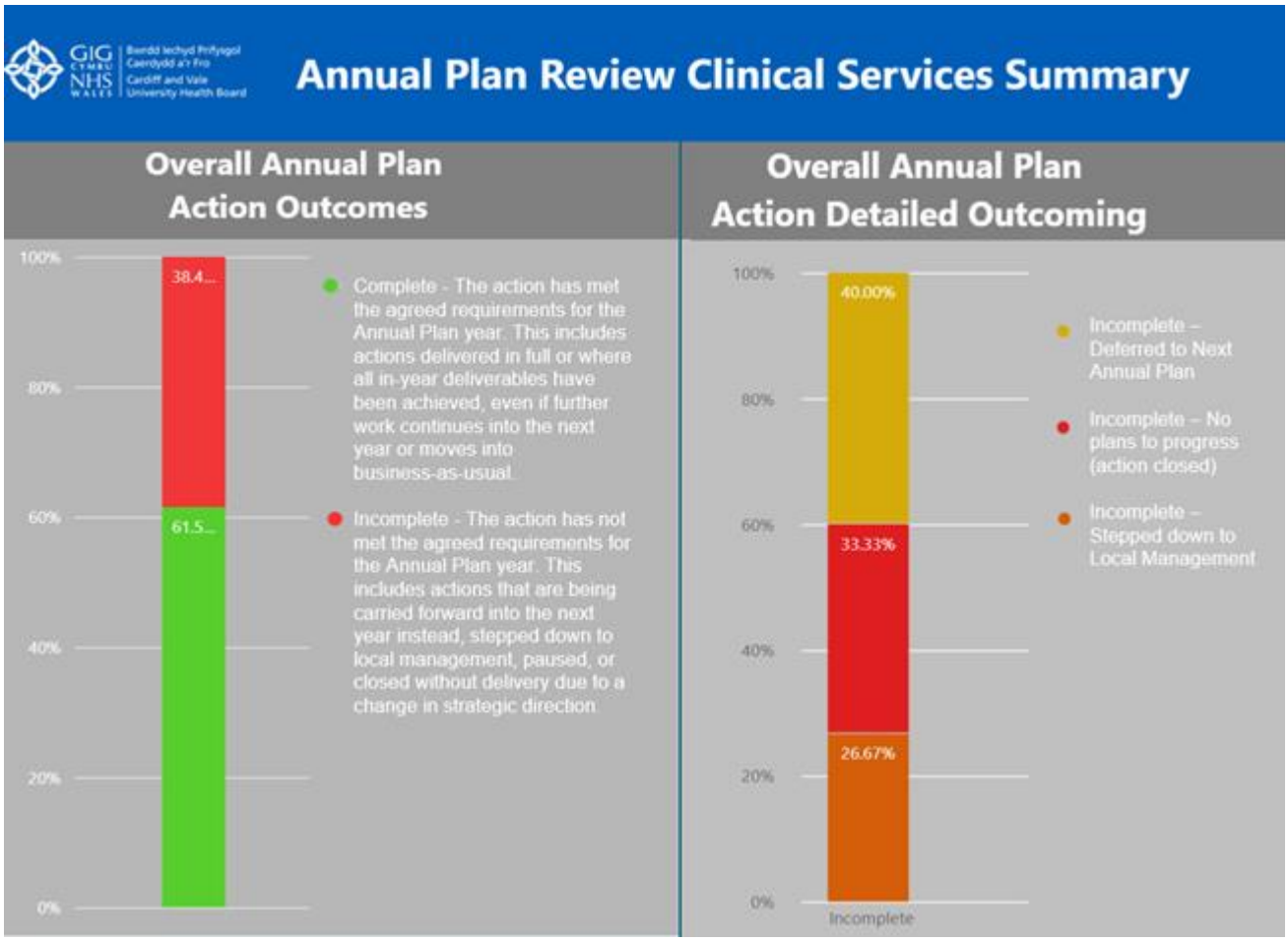
Highlights

- **Launch of Quality Management System (QMS) Project -** Work commenced on the development of a whole system Quality Management System (QMS) architecture, encompassing quality planning, assurance, improvement and control, underpinned by clear governance and risk structures and a cyclical learning approach to embed improvement and innovation.

- **Key Quality Projects Launched -** Successfully launched projects in Infection Prevention & Surveillance, Lost to Follow Up, Acute Deterioration, and Medication Safety, strengthening oversight and driving improvements in patient safety and care quality.

- **Value Based Healthcare -** The Hospital Health Pathways Project execution stage was delivered as planned, with close to 150 clinical pathways added to the digital platform, supporting more consistent and value based care.

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

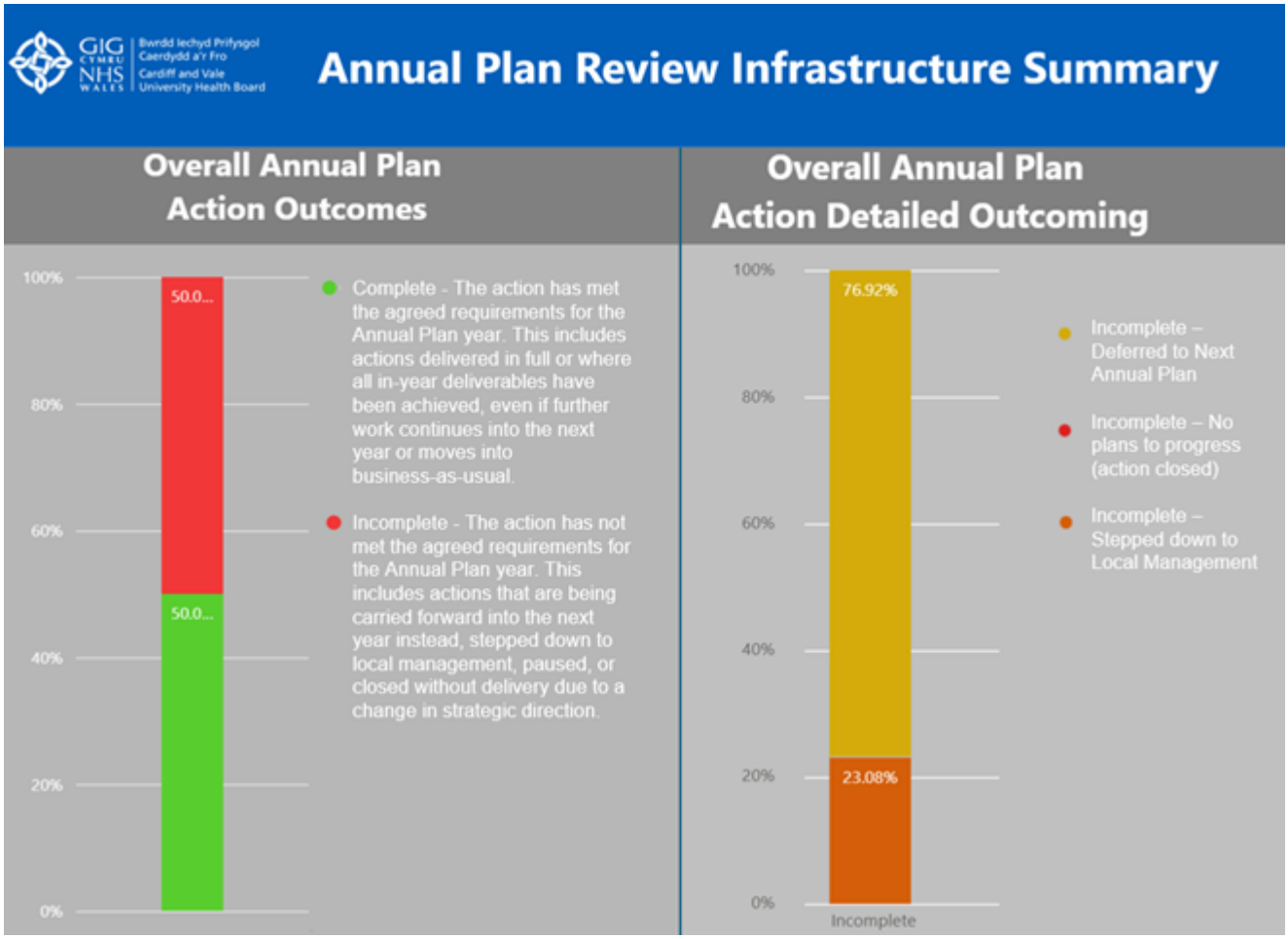


Highlights

- **Clinical Services Plan** – Following extensive engagement with the public, staff and partners, the long-term Clinical Services Plan (CSP) for 2026–2035 was delivered. This work establishes a robust evidence base for service change and sets out a single, integrated model of care with clear delivery priorities for the next decade.

- **Regional Working** – The Board's approval of the Full Business Case for Llantrisant Health Park (LHP) in September 2025 represented a key milestone in progressing our regional ambitions. A regional plan for Orthopaedic provision at LHP was also developed and approved, providing a clear framework for collaborative delivery.

Infrastructure- ***Aligned Strategic Objective: Delivering in the Right Places***



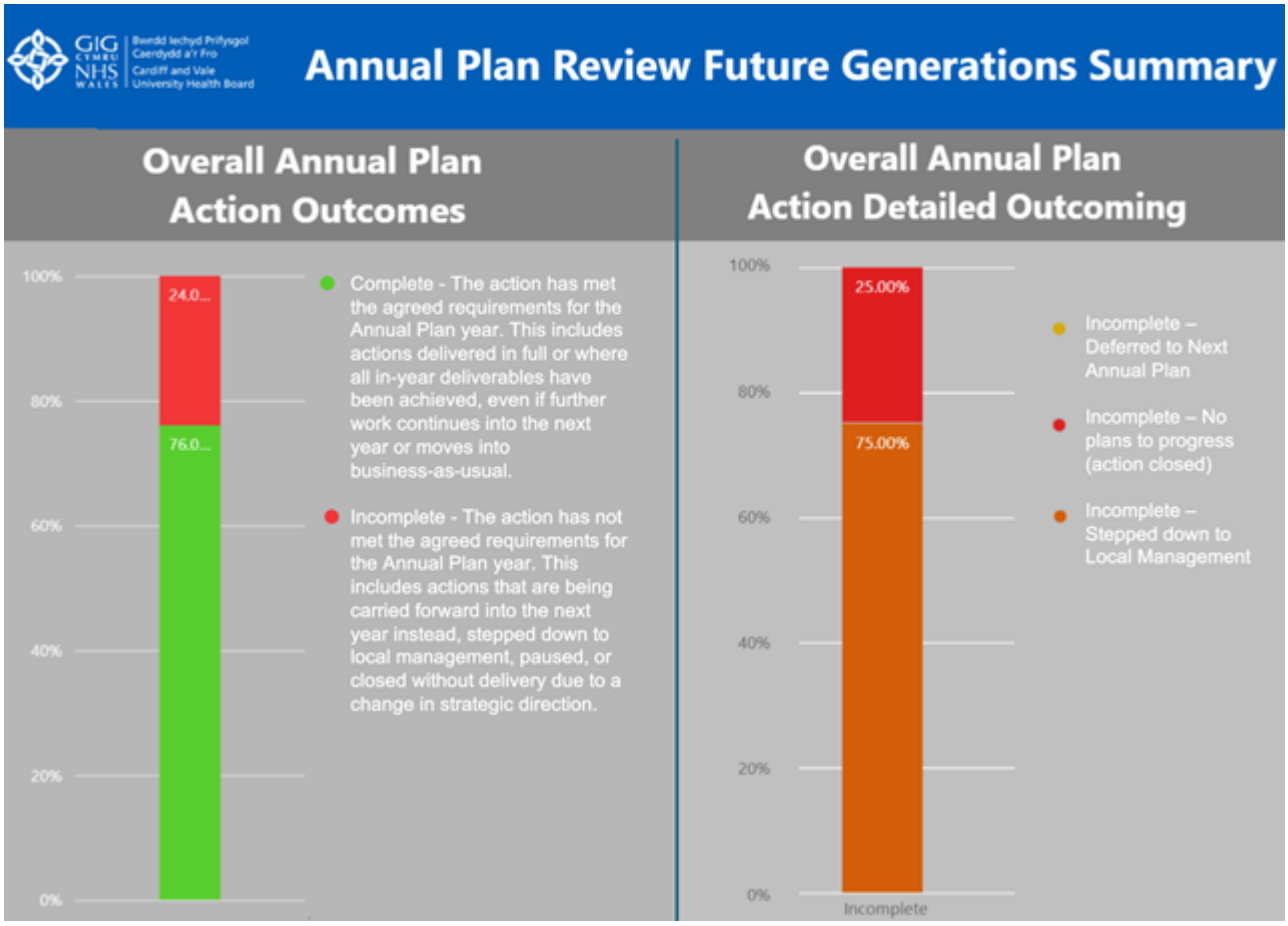
Highlights

- **Capital Priorities –** The Full Business Case (FBC) for the Park View Integrated Wellbeing Hub was approved by the Board and submitted to Welsh Government for consideration.

- **Estates Condition Survey Completed -** Undertook a comprehensive estates condition survey to assess infrastructure condition, expected lifespan, and the projected cost and timescales for replacement, strengthening long-term planning and investment decisions.

- **Digital Enablers –** Organisation-wide licensing for Microsoft 365 (M365) was implemented, supported by the establishment of M365 Champions and an M365 Steering Group to drive operational value and adoption, including use of Copilot AI.

Future Generations - A*ligned Strategic Objective: Acting for the Future*



Highlights

- **Cardiff Health Partners –** Cardiff Health Partners was publicly launched in 2025–26 following the establishment of governance structures and Boards, and the signing of contractual agreements between partner organisations.

- **Foundational Economy –** The UHB successfully delivered a range of foundational economy initiatives, reinforcing its role as an anchor institution. This included collaborative projects with partners to support employment opportunities for young care leavers, placement and employment opportunities for a further cohort of Project SEARCH interns (young adults with learning disabilities and/or autism), and delivery of the Nurse Cadet scheme providing 40 work placement opportunities for young adults from areas of deprivation.

- **Genomics Laboratory Information Management System (GLIMS)** – At the end of Quarter 4, the new Genomics Laboratory Information Management System went live, marking a major milestone for the All Wales Medical Genomics Service (AWMGS). The system provides a modern, sustainable and fully interoperable platform that will improve the quality, safety and efficiency of care for patients.

Appendix 2 - Breakdown of incomplete Annual Plan 2025/26 actions by Portfolio

There are 3 categories for the incomplete actions:

A) Incomplete - Deferred to next Annual plan

The actions listed below have been classified as ‘deferred’. This means that, while the actions remain relevant, they have not been progressed within the current planning period and have been carried forward for inclusion and delivery within the 2026–27 Annual Plan.

B) Incomplete - No plans to progress (Action closed)

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

C) Incomplete - Stepped down to local management

The actions listed below have been classified as ‘stepped down’. Responsibility has been transferred to local management, and delivery will continue into next year under local oversight.

People and Culture- *Aligned Strategic Objective: Putting People First*

Incomplete - Deferred to next Annual plan

Portfolio	Action	End of year - Commentary	Location in 2026-27 Annual Plan
People & Culture	Reduce sickness absence to < 5.5% (cumulative rate)	The cumulative sickness absence rate is 6.33% at March 2026.	This action is carried forward as a key deliverable under action ID 20
People & Culture	Develop data-driven workforce models for better resource allocation	The programme of work to improve the accuracy of ESR data will continue to make progress in 26/27 as a key priority as identified in the Annual Plan. This work will is also aligned to the Strategic Mental Health Workforce Plan programme of work and as part of the preparatory work for the implementation of the Future Solution - replacement system for ESR.	This action is carried forward as a key deliverable under action ID 19
People & Culture	Improve forecasting to anticipate workforce demands	Work continues to identify further opportunities for roles for Nursing and Midwifery graduates in 26/27 and in forecasting our vacancies to 95% across the organisation.	This action is carried forward as a key deliverable under action ID 19
People & Culture	Develop workforce plans for all areas, aligned to service needs and ensuring affordability	Annual plan 26/27 identifies this as a key priority to continue to develop the workforce planning capability and capacity across the UHB. Achieving this action is dependent on having clear service plans, clear understanding of the future organisational redesign, the organisation being able to de-escalate from targeted intervention and have an approved Annual Plan/IMTP.	This action is carried forward as a key deliverable under action ID 19
People & Culture	Service reconfiguration – consolidate/streamline under-utilised services, e.g. CAV247, Mass Immunisations, Critical Care advance teams.	Tricordant review and recommendations work continues to progress which will inform service reconfiguration	This action is carried forward as a key deliverable under action ID 17
People & Culture	Work with digital to create a digitally enabled workforce able to utilise increased use of Artificial Intelligence and automated systems to reduce administrative workload. (Digital Literacy)	Progress has been made but will require refreshed focus in 2026/27 with key stakeholders in DHI. Carried over.	This action is carried forward as a key deliverable under action ID 23

Incomplete - Stepped down to local management

Portfolio	Action	End of year - Commentary	Location of Local Management
People & Culture	Our Occupational Health and Employee Wellbeing service will be enhanced to reduce waiting times and explore the possibility to incorporate primary care support for staff	Action to be taken forward to this years plan for further exploration and improvement	This action has been stepped down to local management through Occupational Health

Population Health *Aligned Strategic Objective: Providing Outstanding Quality*

Incomplete - Deferred to next Annual plan

Portfolio	**Action**	**End of year - Commentary**	**Location in 2026-27 Annual Plan**
Population Health & Places	begin scoping of enabling plans (Q4) health economic case for change and financial strategy and impact metrics	NAPC commissioned to advise on the approach to this. Pending outcome.	This action is carried forward as part of the CbD action ID 2
Population Health & Places	begin scoping of enabling plans (Q4) workforce and Organisational Development	Dependent on care model and economic case. PCIC OCP completed.	This action is carried forward as part of the CbD action ID 2
Population Health & Places	Connected communities – Multi Disciplinary Team (including. Social Prescribing) roll out	Workstream continues to focus on standardisation and delivery within existing resources for cluster-based MDTs. Several areas in progressing including social prescribing & community connectors, MDT working and neighbourhood teams model in partnership with LA and third sector colleagues. Next phase dependent on NAPC work in line with CSP. Action remains active and will continue into 2026/27.	This action is carried forward as part of action ID 34

Population Health & Places	Admission avoidance integrated delivery model through Safe@home and Community Resource Teams	Actions still progressing. Action remains amber due to accommodation limitations. Safe@Home model review ongoing as part of wider Urgent & Emergency care community offer	This action is carried forward as a key deliverable under action ID 34

Incomplete - Stepped down to local management

Portfolio	Action	End of year - Commentary	Location of Local Management
Population Health & Places	Agree regional and organisational pandemic response plan/approach	Organisational approach to be finalised Q1 26/27, with input from regional partners	This action has been stepped down to local management through the local public heath team
Population Health & Places	Develop the leadership capability of our Pan Cluster Planning Group and begin to embed within the Partnership and Health Board planning and governance structures (Q1).	Q4 Position remains as per last update - Role of Pan Cluster Planning to be reviewed alongside emerging Community By Design and organisation redesign work. Awaiting national workshop to further understand challenges and support for model of working	This action has been stepped down to local management through PCIC clinical board
Population Health & Places	Draft Place Based Plans for Cardiff and Vale regions, informed by cluster plans and wider partnership input (Q3).	Role of Clusters in planning and design of services remain as a continued priority for the Clinical Board and wider system. National and local Community By Design models to inform development of place based care structures. Cluster plans in place for 2026/27, common ambitions identified based on need to inform priorities through ICCS and CbD structures.	This action has been stepped down to local management through PCIC clinical board
Population Health & Places	Place Based Plans developed by the Pan Cluster Groups inform the refresh and alignment of regional plans (Q4).	Role of Clusters in planning and design of services remain as a continued priority for the Clinical Board and wider system. National and local Community By Design models to inform development of place based care structures. Cluster plans in place for 2026/27, common ambitions identified based on need to inform priorities through ICCS and CbD structures.	This action has been stepped down to local management through PCIC clinical board

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

Incomplete - Deferred to next Annual plan

Portfolio	Action	End of year - Commentary	Location in 2026-27 Annual Plan
Quality & Value	Agree which 'comparable healthcare providers in the UK' the health board uses in the benchmarking exercise referenced in the Strategic Milestone (2027).	Focus on internal measurement plans. External benchmarking planned once this is complete.	This action is carried forward as a key deliverable under action ID 14
Quality & Value	Building Capability Project	Project was put on hold in Q3 pending further consideration. Decision to defer until 2026-27	This action is carried forward as a key deliverable under action ID 12

Incomplete - No plans to progress (Action closed)

Portfolio	Action	End of year - Commentary
Quality & Value	Engagement and Influence Project	This action was Closed in Q3 due to a change in strategic direction within the Health Board.
Value in Health	Develop methods to aggregate data within the system, including costing data, to support services in establishing their baseline 'value metrics' to identify areas of low value and waste	This action has been closed in Q4 due to a lack of resource within the Value team at this time.
Value in Health	Develop a value currency that will support decision making and benefits realisation across all portfolios	Action to be closed, engaging with NHS P&I on total factor productivity models and for further work required on benefits realisation

Incomplete - Stepped down to local management

Portfolio	Action	End of year - Commentary	Location of Local Management
Value in Health	Heart Failure Project- project execution stage	Action ongoing	This actions has been stepped down to local management through the cardiology improvement programme
Value in Health	Support portfolios with a framework to review pathways and conditions which ensures Value-Based principles are embedded within the process	Supported to portfolios is limited due to capacity in Value team.	This actions has been stepped down to local management through the value programme

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

Incomplete - Deferred to next Annual plan

Portfolio	**Action**	**End of year - Commentary**	**Location in 2026-27 Annual Plan**
Clinical Services	Mandate the use of See On Symptoms (SOS) and Patient Initiated Follow Up (PIFU) on all Clinical Implementation Network approved pathways	Mandate issued in 2025-26. Over 2025–26, there was an improvement in SOS and PIFU rates from 3.4% to 4.3% and from 0.8% to 1.6%, respectively. While these improvements represent early progress, much of the effort during the year focused on establishing the necessary foundations for sustainable change. As these changes become fully embedded, greater improvements are expected in 2026–27.	This action continues in the 2026–27 plan, with progress monitored through the Productivity and Efficiency Plan.
Clinical Services	Deliver Getting it Right First Time (GIRFT) standards and achieve planned activity levels for our Surgical Hub @ Llandough	The Organisation has committed to achieving GIRFT standards for Theatre utilisation	This action continues in the 2026–27 plan, with progress monitored through the Productivity and Efficiency Plan.

Clinical Services	Deliver the national cancer pathways, including the one-stop optimal pathway in breast cancer	Breast is the only service currently not entirely aligned to the national optimal pathway due to the absence of a breast pain only pathway. However, a pilot has commenced.	This action remains a priority in the 2026-27 annual plan (Action ID 43)
Clinical Services	Through our theatre improvement board, we will strive to deliver the Getting it Right First Time (GIRFT) standards for theatre utilisation, booking, late starts, early finishes	GIRFT theatre utilisation standards not achieved in 2025–26. Commitment made to achieve standards in 2026–27, with progress monitored via quarterly Ministerial Enabling Actions and Productivity & Efficiency Plan reporting.	This action continues in the 2026–27 plan, with progress monitored through the Productivity and Efficiency Plan.
Clinical Services	Develop plans for regional glaucoma services.	Plans for the development of a Regional Glaucoma service have been delayed due to the pace and scale of the Cataracts Outsourcing Project to deliver 12,500 outsourced procedures in 25/26. Planning for Glaucoma will commence in spring 2026	This action is carried forward as a key deliverable under action ID 3 in 2026-27 annual plan.
Clinical Services	Align reporting arrangements within and between organisations for complex and advanced therapies, both in research phase and approved as standard of care	Initial scoping undertaken however further work required to streamline all reporting arrangements. This will be picked up within the joint clinical model workstream.	This action is carried forward as a key deliverable under action ID 4 in 2026-27 annual plan.

Incomplete - No plans to progress (Action closed)

Portfolio	Action	End of year - Commentary
Clinical Services	Establish a Shared Delivery Network to support the management of patients with Severe Acute Pancreatitis resident in Aneurin Bevan, Cwm Taf Morgannwg, Hywel Dda, and Powys Teaching health boards	This action was closed in Q3 as it has been taken over by JCC
Clinical Services	Develop a proposal and implementation plan for a Shared Delivery Directorate to manage the Liver Surgery service in CAVUHB and the Pancreatic Surgery service in Swansea Bay (SBUHB).	This action was closed in Q3 as it has been taken over by JCC
Clinical Services	Development of an implementation plan to support the adoption of the Service Specification for Specialised Infectious Diseases Services	This action was closed in Q3

Clinical Services	Take a collaborative approach to understanding and agreeing additional opportunities that the Llantrisant Health Park offers.	This action was closed in Q1
Clinical Services	Agree a regional clinical care model, and develop a regional business case for sustainable stroke services (Q4).	This action was closed in Q3 as there is no regional business case for stroke being developed

Incomplete - Stepped down to local management

Portfolio	Action	End of year - Commentary	Location of Local Management
Clinical Services	Create our model wards that exemplify best practice, process and culture (Q3)	Initial guidelines and principles have been developed working alongside 6 Goals Programme	This action has been stepped down to local management in 26/27 via Medicine Clinical Board
Clinical Services	Deliver at least 80% of the recommendations from the national Getting it Right First Time (GIRFT) reports in Urology, General Surgery, Ophthalmology, Gynaecology, and Trauma and Orthopaedics	Action ongoing	This action has been stepped down to local management through planned care
Clinical Services	Baseline, monitor, and develop our plans for the High Value High Impact Pathways in Diabetes, Bone Health and Arthroplasty	Progress is continuing in line with National Pathway Groups	This action will continue to be progressed in 26/27 but has been stepped down to local management via Medicine Clinical Board
Clinical Services	Explore wider opportunities for regional haemato-oncology (South-East Wales)	Delay in launch of haemato-oncology programme, NHS P&I leading. Planned to launch 26-27.	This action has been stepped down to local management through regional cancer board. However, it will be linked to a deliverable in the annual plan 26-27 under action ID 4.

Infrastructure- *Aligned Strategic Objective: Delivering in the Right Places*

Incomplete - Deferred to next Annual plan

Portfolio	Action	End of year - Commentary	Location in 2026-27 Annual Plan
Infrastructure	Translate the condition survey into a prioritised plan for capital investment over time	This action remains ongoing.	This action is carried forward as a key deliverable under action ID 25 in 2026-27 annual plan.
Infrastructure	Provide a baseline for the development of the refreshed Estates Strategy	This action remains ongoing.	This action is carried forward as a key deliverable under action ID 25 in 2026-27 annual plan.
Infrastructure	Identify what services need to remain on University Hospital of Wales (UHW) site, find suitable accommodation for those services on the existing site, or identify options to relocate services into the community	This action remains ongoing.	This action is carried forward as a key deliverable under action ID 24 in 2026-27 annual plan.
Infrastructure	Closure of Monmouth House and Glamorgan House	Action not complete in year, remains ongoing.	This action is carried forward as a key deliverable under action ID 24 in 2026-27 annual plan.
Infrastructure	Review mental health estate in the community and find solutions to the current accommodation issues in- keeping with the community 'placed based needs assessment'	This action remains ongoing	This action is carried forward as a key deliverable under action ID 26 in 2026-27 annual plan.
Infrastructure	Completion of Digital Foundations Programme Business Case, to progress digital maturity plan and prepare for electronic health record	PBC submitted to CMG and VBRG. Further work requested to try and resolve the revenue funding requirement. Now scheduled to go through governance again with a view to being presented at Board for agreement in may. At that point if approved the case will be submitted to WG to ask for capital funding.	his action is carried forward as a key deliverable under action ID 22

Infrastructure	Continue working with the All Wales Directors of Digital group on developing a Full Business Case for a modular Electronic Health Record	Pending decision and direction from WG	his action is carried forward as a key deliverable under action ID 22
Infrastructure	Submission of Intensive Therapy Unit (ITU) expansion and refurbishment Business Justification Case to Welsh Government	Deferred to 2026-27.	This is one of our major capital acute site priorities for 2026-27 as outlined in the 'Our Estates Infrastructure' annual plan section.
Infrastructure	Submission of Hybrid/Major Trauma Theatres at University Hospital of Wales (UHW) Full Business Case to Welsh Government	Deferred to 2026-27.	This is one of our major capital acute site priorities for 2026-27 as outlined in the 'Our Estates Infrastructure' annual plan section.
Infrastructure	Progress capital plan for new South Wales Blood & Marrow Transplant (SWBMT) facility. Assess the sustainability of the programme following outcome of the Joint Accreditation Committee ISCT-Europe (JACIE) accreditation visit and risk associated with current facilities on University Hospital of Wales (UHW) site	Deferred to 2026-27.	This is one of our major capital acute site priorities for 2026-27 as outlined in the 'Our Estates Infrastructure' annual plan section.

Incomplete - Stepped down to local management

Portfolio	Action	End of year - Commentary	Location of Local Management
Infrastructure	Migrate dashboards away from the legacy warehouse data model into LDR (Local Data Router and Repositories) as those data models are commissioned	Migration of dashboards away from the legacy warehouse data model into LDR (Local Data Router and Repositories) requires the analytics architecture of ‘LDR’ to be established. At present, there is no confirmed lead or agreed timescale	This has been stepped down to local management through the Digital & Health Intelligence team.

Infrastructure	Develop a sustainable workforce and training plan to deliver coding requirements of the Health Board	Options to bolster training capacity within the existing workforce being considered, including the potential use of annex 21 to develop staff currently ineligible to apply for senior clinical coder roles. Some external training resource secured to support staff wishing attain Accredited Clinical Coder (ACC) status.	This action has been stepped down to local management through Clinical Diagnostics and Therapies clinical board.
Infrastructure	Extend WIFI in clinical areas aligned to Electronic Prescribing and Medicines Administration programme implementation schedule. Additional requirements for the project include wider CVAUHB areas for CEF and limited remote sites.	Progress continues as planned on key remaining ePMA areas: Maternity cabling and hub room work - due to complete by end of April 2026 and Critical Care UHW Wi-Fi signal boosting work (solution involving minimal disruption agreed upon ahead of CEF refurb) due to complete by May 2026.	This action has been stepped down to local management through the ePMA team due to be completed May 2026.

Future Generations - *Aligned Strategic Objective: Acting for the Future*

Incomplete - No plans to progress (Action closed)

Portfolio	Action	End of year - Commentary
Future Generations	Focusing on Advanced therapies and Diabetes and weight manager	This action was closed in Q3 as this is not a standalone action; it is detail linked to the development of the overarching research strategy.
Future Generations	Articulating the impact of research to drive quality and improvement	This action was closed in Q3 as this is descriptive detail rather than a specific action, and it is already covered under the main research strategy action.
Future Generations	Provide education and training, and focus on behaviour change including nudge activities	This action can be closed as HEIW are developing an all Wales e-learning module

Incomplete - Stepped down to local management

Portfolio	Action	End of year - Commentary	Location of Local Management
Future Generations	Finalise the Cardiff Cancer Research Hub (CCRH) Partnership Agreement	Awaiting sign off of the agreement from Cardiff University.	This action has been stepped down to local management through R&D
Future Generations	Research Managment Board to lead on the develop a strategic plan for research. Incorporating the features of a supportive NHS organisation as outlined in the Research Matters framework	This action was dependent on publication of the CSP	This action has been stepped down to local management through R&D Research Management Board
Future Generations	Develop a detailed delivery plan utilising research leadership to lead on required workstreams	This action was dependent on publication of the CSP	This action has been stepped down to local management through R&D Research Management Board
Future Generations	Work with respiratory teams to improve lung cancer pathways e.g. through the use of ION Bronchoscopy	The case is scheduled for VBRG in May 2026.	This action has been stepped down to local management through medicine clinical board
Future Generations	Collaborate with Primary Care and Intermediate Care (PCIC) Clinical Board to implement a primary care and community research team to focus on Health Board priorities	Action ongoing	This action has been stepped down to local management through R&D
Future Generations	Focusing on Advanced therapies and Diabetes and weight manager	This will be included in the development of the overarching research strategy which will be done in 26/27 once the CSP is complete.	This action has been stepped down to local management through R&D

Future Generations	Benchmark other organisations, globally, identifying best practice examples to adopt and spread, and to see how we currently compare with other organisations	In the previous year, DHI delivered a Spread and Scale event that showcased a range of improvement projects, including initiatives from Cardiff and Vale UHB, with a focus on enabling wider adoption and scaling across organisations. In addition, we are actively engaged with a range of external partners, including academic institutions and research organisations, to support knowledge exchange and strengthen climate resilience. A Clinical Sustainability and Decarbonisation Plan is currently being developed. One of the key aims of this plan is to systematically spread and scale best practice across Cardiff and Vale UHB, embedding sustainability and decarbonisation principles into routine clinical and operational practice.	This action has been stepped down to local management through sustainability programme board.
Future Generations	Aligned to expansion of New-born Screening Programme	The genomics team are waiting for NHSE progress with the screening programme	This action has been stepped down to local management through AWMSG
Future Generations	Provide the reporting of expanded pharmacogenomic and tumour panels/whole genome sequencing, to include relevant trial inclusion genomic targets	The position is being re-assessed in Q1 25/27	This action has been stepped down to local management through AWMSG

Appendix 3 - List of 2026/27 Annual Plan Actions

ID	Portfolio	Area	Action
1	Clinical Services	CSP	Build the delivery roadmap for the clinical services plan and inform the operating model to ensure we deliver safe, effective, person-centred clinical care with timely access and sustainable services.
2		Community By Design	Launch the Community by Design Programme and develop a clear articulation of the role and phasing (over 1-, 2-and 5-year time horizons) in delivering relevant elements of the Clinical Services Plan (CSP), in particular the Enabling Health and Wellbeing domain of care.
3		Regional Planning (SEW)	Work collaboratively at a SEW regional level to realise the agreed 26-27 deliverables of the RJC
4		Velindre	Agreed agree a future model of care for cancer across CAVUHB & Velindre, with defined workstreams and a phased delivery plan in place.
5		Specialised Services	Strengthen the sustainable specialised services provision through planning in partnership with SBUHB and working with commissioners.
6	Population Health	Vaccination	Plan and deliver interventions to improve public and staff vaccination uptake
7		Healthy weight	Begin to implement a whole system approach to healthy weight through the Good Food and Movement Framework (2024-2030)
8		Tobacco Control	Plan and deliver interventions to reduce smoking prevalence in Cardiff and Vale
9		Diabetes	Improving diabetes prevention, diagnosis and management
10		Women's Health	Implementation of the Women's Health Plan for Wales
11	Quality	QMS	Continue to develop a health board-wide Quality Management System (QMS) that provides a structured approach to monitoring, auditing, and enhancing service quality
12		Quality Projects	Drive delivery of other priority quality projects in Shaping our Future Quality Excellence Programme - Recognition and Escalation of Acute Deterioration, Infection Prevention and Surveillance, Medication Governance and Safety and Lost to Follow Up
13		Quality	Refresh of the UHB Patient Safety, Quality and Experience Framework
14		Quality	Strengthen the availability of data for benchmarking and improvement
15		Value	Integrate Value based approaches across the organisation
16	People & Culture	P&C Plan	Refresh of P&C Plan to commence April 2026 to respond to and describe how our people and culture will be mobilised to support the delivery of a new model of care.
17		Workforce Organisational Redesign	Define and implement workforce elements of the Organisational Redesign

18		Leadership	Strengthen system leadership and management capability to create consistent, compassionate and accountable cultures.
19		Workforce planning	Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability.
20		Health & Wellbeing	Improve workforce health, wellbeing and availability
21	Infrastructure	Digital	Strengthen the Health Board's digital strategic direction and establish an operating model that enables delivery of Digital Foundations and the Clinical Services Plan
22			Implement key national and ministerial digital programmes that support improved access, interoperability and patient experience.
23			Digital enablers that support delivery of local and national imperatives Data Strategy and capabilities
24		Acute Estate	Improve utilisation and modernisation of the acute estate including disposal or demolition of under-utilised assets
25			Deliver a coordinated estate and service modernisation programme, including the UHW redevelopment vision, future dental model, urgent infrastructure response, ALAS relocation planning, and actions arising from JAICE accreditation.
26		Community Estate	Work in partnership to fully utilise multi agency estate opportunities, with an aim to provide care closer to home and better outcomes for patients
27	Future Generations	Future generations portfolio	Fully establish the Shaping Our Future Generations Portfolio including foundational economy, research and development, and innovation
28		Decarbonisation	Oversee development of our plan in response to the NHS Wales Decarbonisation Strategic Delivery Plan, supported by a clear communication plan and aligned delivery and accountability arrangements

ID	Service Domain	Action
29	Organisational Redesign	To share operational redesign and future operating model across the organisation, and to develop an implementation plan and commence implementation
30	Length of Stay	To reduce organisational length of stay for non-elective medical admissions to peer-median levels (delivery of 1.3 day reduction)
31	Medicines Management	To undertake a comprehensive internal review of all NICE-approved medicines and technology spend to identify impact, risk, and opportunity, and implement any recommendations in year
32	Primary & Community Care	Transform End of Life Care services through our Macmillan partnership
33		Increase the number of people supported through Enhanced Community Care

34		Optimise primary care contracts and assurance mechanisms
35	UEC	Deliver the agreed 2026/27 actions of our 6 Goals for Urgent and Emergency Care Programme
36		Ensure integration between primary and secondary care through our ICCS and Community By Design Programme
37		Deliver our medicine reorganisation ambitions
38		Implement the National Optimum Cancer Pathways
39	Planned Care & Cancer	Deliver the agreed 2026/27 actions of our theatre improvement programme to increase utilisation
40		Deliver our outpatient improvement programme
41		Develop integrated AHP pathways of care and leadership
42	Diagnostics & Therapies	Deliver the agreed 2026/27 actions of our Diagnostic Stewardship Programme
43		Delivery of the agreed 2026/27 actions of our digital transformation agenda across diagnostics
44	Women & Children's	Delivering and evaluating our Women’s Hub Pathfinder
45		Evaluating and transforming our approach to Neurodevelopmental services
46	Mental Health	Deliver the agreed 2026/27 actions of our mental health improvement programme

Report Title:	South Wales Blood & Marrow Transplant Programme – JACIE Accreditation				Agenda Item No:	3.1
Meeting:	Finance & Performance Committee		Public	x	Meeting Date:	20/5/26
			Private			
Status **(please only tick one)**	Assurance		Approval	x	Information/Noting	
Lead Executive Title:	Paul Bostock Chief Operating Officer					
Report Author Title:	Jessica Castle – Director of Operations Specialist Services Clinical Board Katie Innes – Strategic Planning Manager					

Main Report
Background and Current Situation:

Background
The South Wales Blood & Marrow Transplant (SWBMT) Programme delivers the only JACIE-accredited adult and paediatric blood and marrow transplant (BMT) and CAR-T service in Wales, operating across Cardiff and Vale UHB and Swansea Bay UHB. Services are nationally commissioned by the Wales Joint Commissioning Committee (NWJCC), with JACIE accreditation explicitly required within service specifications and by CAR-T manufacturers.

In September 2025 the Programme underwent a scheduled JACIE reaccreditation inspection. The formal inspection outcome (January 2026) deferred accreditation, identifying critical non-compliance primarily relating to:

- Adequacy of the adult facilities for transplantation (subject to separate capital business cases)
- The volume of patients treated as part of the paediatric programme (mitigation plan being progressed through C&W Clinical Board)
- Quality management and governance arrangements (in the process of being addressed)
- Workforce capacity and resilience (related to the Swansea Bay and CAV adult transplant programme – ***to be addressed through this business case***)
- Stem cell processing unit (SCPU) resilience and on-call cover (***to be addressed through this business case***)

JACIE requires evidence of funded, deliverable corrective actions within six months (by July 2026) to secure reaccreditation.

Current Situation

Clinical outcomes, patient experience and activity levels remain strong, with sustained and increasing demand for transplantation and CAR-T therapy in line with national commissioning and NICE approvals. However, the inspection makes clear that current delivery relies on:

- Informal goodwill arrangements
- Unfunded or cross-subsidised posts
- Single-person dependencies in critical roles

These arrangements are deemed unacceptable by JACIE and represent a material risk to accreditation, patient safety and service continuity. Loss or restriction of accreditation would result in cessation of Welsh BMT and CAR-T activity and mandate referral of patients to centres in England, with significant adverse financial, clinical and equity impacts.

This business case aims to address the critical deficiencies highlighted in relation to workforce capacity and resilience related to the adult transplant programme delivered across Cardiff and Vale and Swansea Bay UHBs and the stem cell processing unit based at Cardiff and Vale.

Executive Director Opinion & Key Issues to bring to the attention of the Board/Committee/SLT (delete as appropriate)

1. **Accreditation and Quality Risk**
   - JACIE accreditation has been deferred and is contingent on demonstrable, funded workforce and governance solutions.
   - Failure to secure reaccreditation would remove Wales' only transplant and CAR-T provision.

2. **Financial Risk and Affordability**
   - Loss of in-house accredited capacity would result in high-cost cross-border commissioning. Benchmarking indicates a minimum cost premium in excess of £2m per annum, excluding additional pass-through costs (e.g. CAR-T drugs, donor costs, critical care).
   - Current proposals seek targeted revenue investment to avoid significantly greater downstream costs.

3. **Workforce Sustainability**
   - The inspection highlights unsustainable reliance on goodwill staffing and single-point-of-failure roles across clinical, nursing, pharmacy and processing services.
   - Without investment, there is increasing risk of staff burnout, turnover and loss of specialist capability.

4. **Phased Investment and Delivery Risk**
   - A full "big-bang" solution is unaffordable within current NHS Wales financial position.
   - The proposed phased approach reduces financial risk but carries interim delivery and assurance risks that require active executive oversight.

5. **System and Reputational Risk**
   - Non-accreditation would undermine national commissioning arrangements, damage the reputation of CVUHB and NHS Wales, and remove Wales' ability to deliver advanced cellular therapies and associated research activity.

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

1. Cardiff & Vale University Health Board Business Case – SWBMT Programme
2. Risk Assessment

Recommendations:

The Finance & Performance Committee is asked to:

a) Note
The deferred JACIE accreditation status and the associated quality, operational and financial risks.

b) Endorse
The preferred option of a phased, risk-based revenue investment (Option 2b), prioritising year-one funding for compliance-critical roles.

c) Support
Progression of the Phase 1 funding request to commissioners as the minimum necessary in year investment to maintain accreditation and safely deliver existing nationally commissioned activity.

d) Recommend
That Phase 2 investment is supported in principle through the 2027/28 IMTP to fully address remaining JACIE requirements and protect long-term sustainability.

e) Seek Ongoing Assurance
That delivery, recruitment and financial impacts are subject to enhanced programme and executive oversight, with regular updates to Finance & Performance Committee.

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.	x	2.	x

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

Five Waves of Working (Sustainable Development Principles) considered: Please place an "x" in the below boxes where relevant								
Prevention		Long Term	x	Integration		Collaboration	x	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	Not required

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes (attached)
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 (risk assessment attached)
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- in report
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- in report
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: Yes (risk assessment attached)
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: 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: 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: 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:
Regional & Specialised Services Provider Planning Partnership	28/4/26
Values & Benefits Realisation Group	6/5/26
Strategic Leadership Team	7/5/26

Cardiff and Vale University Health Board Business Case

For revenue investment proposals greater than £100,000

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

Title	*South Wales Blood & Marrow Transplant Programme – response to JACIE*
Clinical /Service Board or Department	*Lead - Specialist Services Clinical Board* *CD&T Clinical Board*

Expected funding source (highlight/delete as appropriate)	NWJCC
Where a business case is in regards to external funding sources this template **must** be used unless the source of funding requires their own template to be used.	

Approval and scrutiny route	
Has this case been signed off by the Clinical Board / Corporate Departments senior team?	Jessica Castle - SSCB – 5/5/26
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	James Leaves
Clinical Boards: COOs office sign off OR **Corporate Departments:** Executive sponsor(s) sign off	Please add name **<u>and signature</u>** of either • COO • Executive sponsor Paul Bostock COO

Contents

1. Executive Summary....2
2. Introduction and Background....3
3. Strategic Context – Alignment to UHB strategic direction....4
4. Summary current service provision and case for change....6
4.1 Activity Profile....6
4.2 Impact of losing accreditation....6
4.3 JACIE- Identified Strengths....7
4.4 JACIE-Identified Deficiencies (Revenue-Relevant)....7
4.5 Detailed Findings....0
5. Case of change - *The evidence*....0
5.1 Demand: Activity, Trends and Forward Pressure....0
5.2 Capacity: Workforce, Staffing and System Resilience....1
5.2.1 Current Workforce Position....1
5.2.2 Actions Already Taken to Improve Efficiency....1
5.2.3 Provider Funded Posts....1
5.3 Current Performance: Delivery Against Expectations....2
5.3.1 Programme Outcome Data....2
5.4 Benchmarking: Comparison with Peer Services....5
5.5 Financial and System Impact: Cost Avoidance and Value....6
6. Option Appraisal....0
7. The Preferred Option....0
7.1 Preferred Option....0
7.1.2 Year 1 Focus (Minimum Commitment)....0
7.1.3 Year 2 Expansion- 2027/28 IMTP.....2
7.2 Benefits....3
7.1.1 Benefits tracker....0
7.2 Risk....1
7.2.1 Risks of Do Nothing....1
7.2.2 Risks associated with the Preferred Option (2b)....1
7.2.3 Risk Tracker....2
7.3 Total Cost - Resource Implications and Affordability....5
Annex a: Workforce implications....6
Annex d: VBRG submission deadlines....7

1. Executive Summary

The January 2026 JACIE inspection deferred reaccreditation of the South Wales Blood and Marrow Transplant Programme, citing critical non-compliance in workforce capacity, quality management, processing unit resilience and cross-organisational governance. Inspectors were explicit that continued reliance on informal mitigations and goodwill staffing is not acceptable.

This paper sets out a revenue case to address the specific JACIE requirements that are not currently met across CVUHB, SBUHB and the Stem Cell Processing Unit, the actions required to restore compliance, and the associated resource implications. The proposed posts represent the minimum necessary to maintain accreditation and safely deliver existing, nationally commissioned activity.

Failure to invest will likely result in loss of accreditation, requiring NHS Wales to commission transplant services from England at significantly higher cost, with adverse impacts on patients, equity and system resilience.

This paper seeks agreement to submit a targeted, risk-based funding request to commissioners, focused on compliance-critical roles only.

Inspection summary:

- Deferred reaccreditation pending a satisfactory corrective action plan
- Partial and non-compliance in quality management arrangements
- Workforce capacity and resilience gaps across clinical, nursing, pharmacy and coordination roles
- Recurrent deficiencies within the Stem Cell Processing Unit
- Lack of clarity on long-term estates and processing strategies

Inspectors were clear that without evidence of funded, deliverable solutions, reaccreditation would be unlikely.

This paper does not consider the capital and infrastructure requirements which will be addressed separately.

	Phase 1		**Phase 2**	**Phases 1& 2**
Annual Revenue Requirement	**Current Year (£)**	**Recurrent (£)**	**Recurrent (£)**	**Recurrent**
	£483,413 (assumes 6mth costs)	£966,827	£1,338,188	£2,305,014
Capital Requirement (£)	N/A			

The C&V commissioner share of the SWBMT Programme is 14%. Therefore, the estimated part year contribution in 26/27 would be £68k with a recurrent revenue investment of £136k. However, it is unclear whether the JCC would be able to secure an additional allocation from Welsh Government. CAR-T activity is currently funded through allocation as part of the ATMP strategy.

2. Introduction and Background

The South Wales Blood and Marrow Transplant (SWBMT) Programme provides specialist haematopoietic stem cell transplantation (HSCT) and immune effector cell (IEC, including CAR-T) therapies to the population of South Wales and wider Wales, operating across Cardiff and Vale UHB and Swansea Bay UHB. The Programme has over 40 years of operational history and has delivered in excess of 3,000 transplants.

In September 2025, SWBMT underwent a scheduled JACIE reaccreditation inspection against the 8th Edition FACT-JACIE Standards, with the Summary Report issued in January 2026. The inspection confirmed a highly integrated, clinically effective and committed multidisciplinary service, but identified significant deficiencies, primarily relating to:

- Infrastructure limitations
- Workforce capacity and resilience
- Sustainability of service delivery in the context of rising activity, particularly CAR-T and cellular therapies

The JACIE Accreditation Committee determined that accreditation could not be granted at the point of inspection and requires evidence of correction of deficiencies within six months (by 8th July 2026). While some deficiencies relate to capital infrastructure outside the immediate control of the Programme, the inspection clearly identifies revenue-funded workforce, operational and resilience gaps that must be addressed to secure accreditation, maintain service continuity, and protect patient safety.

This paper sets out the strategic case for phased revenue investment in the SWBMT Programme to address JACIE-identified deficits and stabilise the service pending longer-term capital solutions.

NWJCC commissions adult and paediatric BMT and CAR-T services on a nationally coordinated basis. JACIE accreditation is a stated requirement of the NWJCC service specification for adult allogeneic and autologous HSCT services. For the delivery of CAR-T therapy, the manufacturers also require services to have JACIE accreditation.

Loss of accreditation, or restricted scope accreditation, would directly undermine Wales' ability to provide equitable access to cellular therapies and would likely necessitate high-cost cross-border commissioning.

While outcomes remain strong, the inspection confirms that quality and safety assurance cannot rely on individual goodwill or unfunded roles. The current position presents a material risk to accreditation, patient safety and financial sustainability.

The inspection findings reflect structural issues that have accumulated over time, including activity growth, increased regulatory burden, and reliance on goodwill staffing. These risks cannot be mitigated within existing resource and require a coordinated response across organisations.

3. Strategic Context – Alignment to UHB strategic direction

Objectives	How does this proposal support any of these objectives
Putting People First ❖ People will feel valued, developed, supported and engaged. ❖ We will have an inclusive culture, where the diversity of the health board's people will be representative of the Health Board's local populations ❖ Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health	This case supports people first by addressing known workforce risks highlighted by the JACIE inspection, including unsustainable reliance on goodwill, single-person dependencies and limited development capacity. The proposed investment enables a resilient, supported and skilled workforce, improving morale, retention and succession planning in highly specialised services. By stabilising delivery across Cardiff and Swansea Bay, the case protects equitable access to care for patients across South Wales, reducing the disproportionate burden of travel, disruption and financial hardship that would result from service failure or displacement out of Wales. Strengthened multidisciplinary support also improves patient experience, preparation for treatment and recovery.
Providing Outstanding Quality ❖ Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the health board's communities ❖ Deliver outstanding quality of care every time - care that is personalised, timely, safe, accessible and effective. Achieve the best outcomes for patients in line with what matters most to them, their families and carers ❖ Develop the Health Board's approach to continuous quality to improvement and make the best use of the health board's resources – people, assets (buildings and equipment) and money	The case directly responds to JACIE-identified risks to quality, safety and compliance, ensuring care is safe, timely, effective and equitable. Workforce and governance gaps currently create unacceptable variation in access and experience and pose a material risk to accreditation. The proposed additionality removes single-point-of-failure roles, strengthens quality management, and supports consistent delivery of nationally commissioned standards. By maintaining JACIE accreditation, the Health Board protects patient safety, avoids forced referrals to higher-cost English providers, and ensures continued delivery of high-quality specialised care. Investment also enables a more structured approach to quality improvement, using resources more effectively and sustainably.
Delivering in the Right Places	This case enables specialist care to continue being delivered in the right places across South Wales by stabilising

❖ To achieve digital maturity enabling the Health Board's workforce, partners, patients and public to connect and communicate, supporting shared decision making in the planning and delivery of health care services. ❖ Refresh and deliver the Health Board's programme (Shaping Our Future Wellbeing in the Community) for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof ❖ With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future (Shaping Our Future Hospitals). Develop more shared infrastructure with public and private sector partners to get best value for the health board's investment	current services and avoiding unplanned centralisation or out-of-Wales provision. It supports the Health Board's wider transformation programmes by ensuring that future decisions on estates, ambulatory pathways and digital maturity can be taken from a position of compliance and stability rather than crisis management. Maintaining local access to transplantation reduces unnecessary travel, pressure on acute sites elsewhere, and fragmentation of care. Strengthened governance and coordination across sites also support safer pathway planning and more effective use of existing infrastructure.
Acting for the Future ❖ Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners ❖ Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value ❖ Maximise the Health Board's contribution to the foundational economy ❖ Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement	Maintaining JACIE accreditation is essential to the Health Board's future ambitions in research, innovation and advanced therapies. This case safeguards Wales' participation in cutting-edge treatments such as CAR-T, supports education and training partnerships with Cardiff University, and ensures compliance with international standards that underpin innovation. By retaining specialist services within Wales, the proposal contributes to the foundational economy, protecting skilled jobs and preventing the export of public funding. Improved pathway efficiency and reduced need for long-distance patient travel also align with sustainability objectives, supporting lower carbon impact and more responsible use of resources over the long term.

4. Summary current service provision and case for change

The SWBMT Service operates as a regional, specialist service delivering allogeneic and autologous stem cell transplantation for adults with haematological malignancies and related conditions across South Wales. The service functions through a hub-and-spoke model, with centralised transplant assessment, conditioning, transplantation and complex inpatient care delivered at the specialist centre, supported by coordinated referral pathways, shared clinical protocols and close collaboration with local haematology units for pre- and post-transplant care. SWBMT provides multidisciplinary specialist expertise, including medical, nursing, laboratory, pharmacy and psychological support, and works in alignment with national standards and networks to ensure safe, high-quality and equitable access to transplant services for the regional population.

4.1 Activity Profile

The inspection confirms sustained and increasing activity:

Adult Clinical (Cardiff):	Allogeneic HSCT: ~41–45 per annum Autologous HSCT: ~33–56 per annum CAR-T: rising from 6 (2021) to 16–19 (2023–24)
Singleton (Autologous):	~56 autologous transplants in the most recent year Critical role in releasing capacity at Cardiff for IEC therapies
Cell Processing:	~200+ products processed annually, including CAR-T Activity growth without commensurate staffing uplift

4.2 Impact of losing accreditation

Loss of JACIE accreditation would result in the immediate cessation of all adult and paediatric blood and marrow transplant activity and CAR-T therapy delivered through the South Wales Blood and Marrow Transplant (SWBMT) Programme. This would remove the only accredited BMT and CAR-T service in Wales, requiring all patients to be referred to centres in England at significantly higher cost and with substantial implications for equity of access, patient experience and outcomes. Welsh patients undergoing transplantation are older and have higher levels of comorbidity than UK comparators, meaning increased travel distances, reduced family support and loss of locally delivered prehabilitation may adversely affect tolerance of treatment and clinical outcomes.

The loss of accreditation would also have profound system-wide consequences, including destabilisation of an already fragile haematology workforce, reduced recruitment and retention of specialist staff, and loss of training, innovation and research capability within Wales. The programme currently supports a nationally significant research portfolio and inward investment, with direct financial benefits and access to advanced therapies through clinical trials. This activity would cease without JACIE accreditation and the associated HTA licence. Organisationally, non-accreditation would represent a significant reputational risk to CVUHB and NHS Wales, undermine compliance with national service specifications and commissioning requirements, and increase long-term financial pressure through recurrent outsourcing of highly specialised care to NHS England providers.

4.3 JACIE- Identified Strengths

The inspection highlights:

- Highly skilled and stable multidisciplinary teams
- Innovative nurse-led models and prehabilitation services with demonstrable outcome benefits
- Strong clinical outcomes and patient feedback
- High levels of integration across clinical, collection and processing functions

These strengths represent organisational assets that require protection through investment.

4.4 JACIE-Identified Deficiencies (Revenue-Relevant)

While facilities are a dominant concern, the inspection is explicit that:

- Staffing levels in cell processing are inadequate, with senior staff covering gaps unsustainably
- There is no funded, formal on-call rota for cryostorage alarms, representing a material patient safety and organisational risk
- Over-reliance on key individuals undermines resilience across clinical, nursing and processing services
- Workforce expansion at Singleton is required to sustain activity and protect Cardiff capacity
- Training, competency assessment and quality processes are under pressure due to service growth without matched investment

These issues cannot be resolved through capital schemes alone.

4.5 Detailed Findings

Area	Current Gap	Resource Requirement	Compliance Impact
Stem Cell Processing Unit	Insufficient staffing to: Maintain separation of roles Sustain validation, training and processing concurrently 24/7 safe cover	Specialist BMS technologist On-call standby	Addresses: Processing delays Inspection challenge around role compression Single-point-of-failure risks
SBUHB Autologous Service	Ambiguity over responsibility boundaries Inconsistent governance escalation routes	Formalised liaison and/or coordinator capacity	Enables: Clear accountability Evidence of effective joint governance
	Safe delivery limited to 25–30 cases	Nursing uplift (Band 3/5); CNS; ANPs; medical	Staffing aligned to commissioned 50 cases
	Single CNS; no feasible internal mitigation	Additional CNS; leadership roles	Resilience and succession
	No prehab/rehab, psychology, pharmacy resilience	AHPs; Psychology; NMP Pharmacist	MDT parity with Cardiff
CAVUHB Service	Admin post historically substituting; fragmented cover	B6 CNS; B7 CNS uplift	Adequate CNS capacity
	Inability to release consultants for governance	CAR-T Clinical Fellow	Medical cover for HSCT & CAR-T
	No funded provision despite expectations	Physiotherapist (Band 6)	AHP support as part of pathway
Programme-Wide (Network Level)	No funded network pharmacist; inability to maintain competencies	Band 8c Consultant Pharmacist; Band 5 Technician	Explicit JACIE requirement across BMT/CAR-T

5. Case of change - *The evidence*

5.1 Demand: Activity, Trends and Forward Pressure

The SWBMT Programme is experiencing sustained and increasing demand across its adult, paediatric and cellular therapy pathways, reflecting both demographic change and significant clinical innovation.

Over the most recent accreditation cycle, adult allogeneic and autologous HSCT activity has remained consistently high, while activity complexity has increased materially due to the rapid expansion of immune effector cell (IEC) therapies, particularly CAR-T. CAR-T activity has more than doubled since 2021 and continues to expand in line with national commissioning intentions and NICE approvals. This growth is not discretionary and is driven by nationally mandated access to highly specialised therapies.

At the same time, activity at the Singleton autologous unit has increased to support demand across South and West Wales and to release critical capacity at Cardiff for CAR-T and complex allogeneic transplantation.

Demand for cellular therapy processing has increased disproportionately relative to transplant numbers. Each CAR-T case generates additional processing episodes, quality activities, validation requirements and 24/7 cryostorage risk exposure. The inspection confirms that annual processing volumes now exceed 200 products, including CAR-T, with further growth anticipated.

In summary, this is not transient or elective demand growth. The service is responding to:

- National commissioning decisions
- Regulatory expectations
- A maturing CAR-T pipeline
- Increasing complexity per patient episode

The growth in demand for CAR-T therapy is nationally driven and reflects NICE technology appraisals and NHS commissioning policy rather than local clinical preference. NHS England identifies CAR-T as a highly specialised, resource-intensive therapy requiring delivery exclusively within JACIE-accredited centres, with stringent requirements relating to workforce competence, pharmacy oversight, processing resilience and critical care access.

Although commissioning arrangements in Wales differ, the clinical and regulatory requirements are materially the same. As additional CAR-T indications are approved, the workload associated with each case extends well beyond the infusion episode, generating increased demand on apheresis, processing, cryostorage, quality assurance, pharmacy governance and long-term follow-up.

The JACIE inspection confirms that this complexity has increased at pace within SWBMT without a corresponding uplift in commissioned workforce, placing the programme at increasing compliance and sustainability risk.

5.2 Capacity: Workforce, Staffing and System Resilience

5.2.1 Current Workforce Position

The JACIE inspection repeatedly identifies that workforce capacity and resilience have not kept pace with service complexity. This is evident across multiple domains:

Clinical and nursing services (SBUHB)

- Over-reliance on single CNSs and advanced practitioners for critical functions.
- Limited ability to backfill during leave, sickness or surge activity.
- Medical and senior nursing staff unable to release time for governance and accreditation activity without undermining frontline delivery.

Stem Cell Processing Unit (SCPU)

- Staffing levels are insufficient to maintain segregation of duties, validation, training and routine processing simultaneously.
- No funded 24/7 on-call rota for cryostorage alarms, with reliance on informal goodwill arrangements.
- Historic cross-subsidy from Haematology budgets to cover JACIE-critical posts, which is neither transparent nor sustainable

5.2.2 Actions Already Taken to Improve Efficiency

The service has already implemented significant efficiency measures:

- Highly developed nurse-led and ANP-led clinical models.
- Prehabilitation pathways shown to reduce length of stay and improve outcomes.
- Integrated working across sites to optimise bed utilisation and capacity.
- Use of Singleton autologous capacity to protect Cardiff specialist activity.

The inspection explicitly recognises these as strengths. Crucially, JACIE is clear that further absorption of demand through efficiency alone is no longer acceptable. Workforce uplift is required to restore compliance.

5.2.3 Provider Funded Posts

It is important to note that both within the clinical service and the processing unit, there are several posts currently funded by CAVUHB at risk where funding has not been provided by NWJCC, but where service need has required an expansion of the workforce outside of normal commissioning process.

Posts	Approximate costs
Stem Cell Processing Unit - 1 WTE x B7 and 1 WTE x B3	£109,230 (included in phase 2 requirements)
UHW Adult Transplant Programme - Specialist doctor - Physio Band 6 - Senior Clinical Fellow	£307,529 (included in phase 2 requirements)

5.3 Current Performance: Delivery Against Expectations

Despite these constraints, the SWBMT Programme continues to deliver:

- Good clinical outcomes with low transplant-related mortality.
- High levels of patient satisfaction.
- Near-complete EBMT data reporting and follow-up.
- Sustained delivery of nationally commissioned CAR-T activity.

However, this performance is increasingly fragile. The inspection highlights that:

- Accreditation has been deferred due to significant deficiencies.
- Several areas are partially or non-compliant, particularly in quality management, processing resilience and paediatric scope.
- Goodwill and informal mitigation are explicitly rejected by JACIE as acceptable controls.

In effect, current performance is being maintained despite system constraints rather than because capacity is appropriately aligned to demand.

5.3.1 Programme Outcome Data

Benchmarked adult autologous HSCT outcomes

Both the British Society of Blood and Marrow Transplantation and Cellular Therapy (BSBMTCT) and European Society of Blood and Marrow Transplantation (EBMT) provide benchmarked adult autologous HSCT outcomes. The BSBMTCT 2024 report indicates that 375 autologous procedures were performed in 334 recipients between 2018 and 2022 by the SWBMT Programme. 5-year survival for the entire cohort was 78% compared with 73% for the rest of the BSBMTCT.

Globally, multiple myeloma is the main indication for autologous HSCT. In 2022, it accounted for 61.4% of first autologous HSCTs across the EBMT, BSBMTCT and SWBMT. 5-year survival in the SWBMT cohort was 83% versus 73% for the rest of the BSBMTCT (Figure 1).

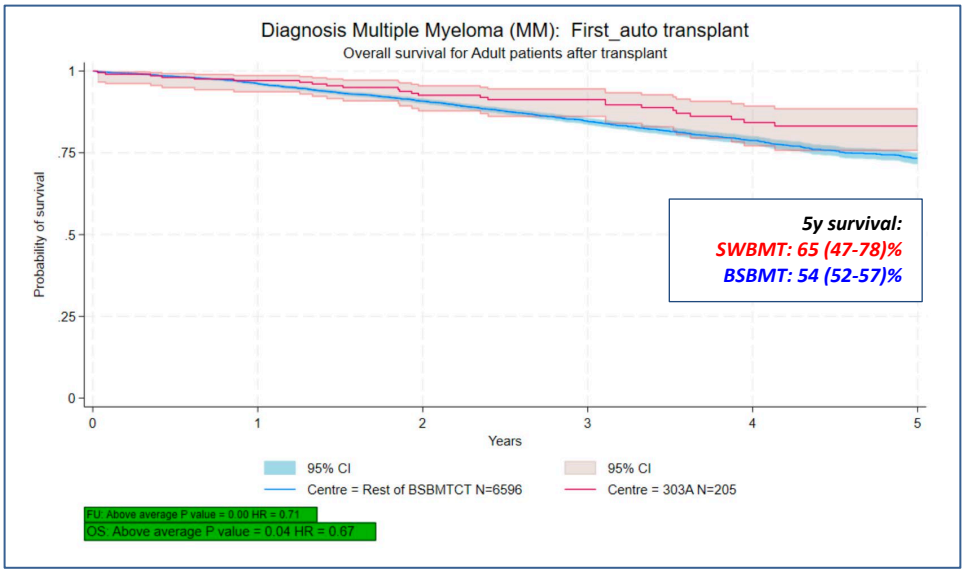


Figure 1: Survival following autologous HSCT for multiple myeloma. BSBMTCT 2024 annual report.

Allogeneic HSCT patient demographics

As with autologous HSCT, outcomes in allogeneic recipients have historically exceeded the UK and European averages – the key reason the SWBMT Programme was spared withdrawal of accreditation at the 2019 inspection.

More recently, outcomes have become equivalent, despite Welsh patients being older and more comorbid than their UK and European counterparts.

Figure 2 shows the age distribution of Welsh allogeneic recipients between 2008 and 2022. Note that patients aged 60 and over accounted for 26%, 37% and 46%, respectively over the three reporting periods.

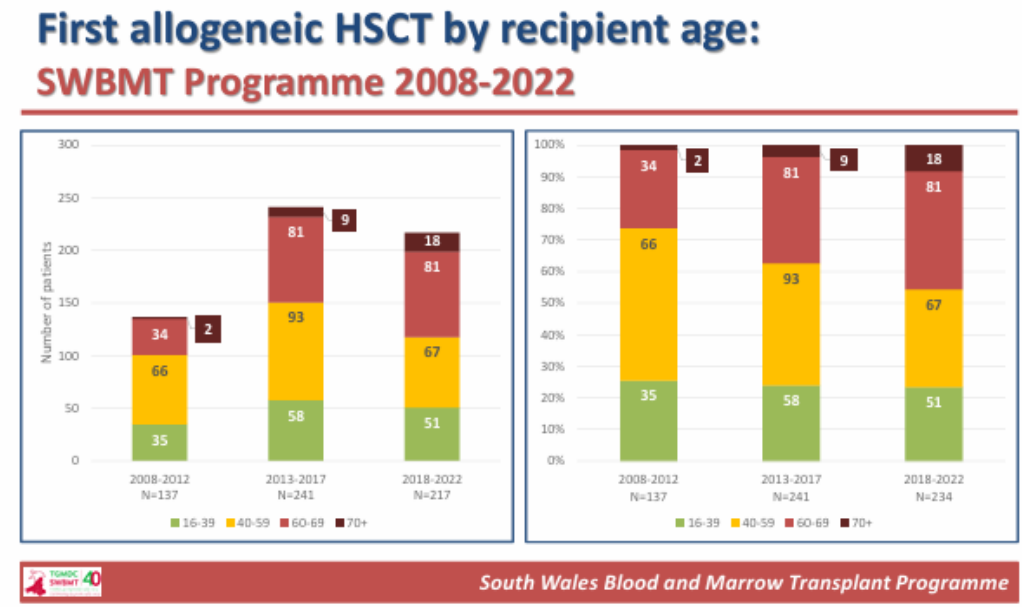


Figure 2. Age of SWBMT allogeneic HSCT recipients, 2008-2022

The importance of being able to offer allogeneic HSCT to older patients is that they bear the greatest burden of haematological disease; the median age of presentation for almost all haematological malignancies is the mid-to-late seventh decade. If these patients were not treated, most people affected by haematological malignancies would be denied potentially curative therapy.

Figure 3 shows the increasing comorbidity in Welsh allogeneic HSCT recipients between 2011 (the start of routinely collecting this data) and 2022. Comparative data with the UK and Europe for the last reporting period 2018-2022 are also shown. Increasing HCT-CI (haematopoietic cell transplant comorbidity index) is known to confer a worse prognosis following HSCT due to increased non-relapse mortality.

Over the three periods 2011-2012, 2013-2017 and 2018-2022, the proportion of Welsh patients with no comorbidities progressively fell from 41% to 35% to 18%, whilst patients with highest HCT-CI (3 or more) increased from 22% to 35% to 41%.

When data for the latest reporting period 2018-2022 are compared among the SWBMT, BSBMTCT and EBMT, patients with no comorbidities accounted for 18%, 41% and 63%, respectively. More telling were the comparative data for highest HCT-CI at 41%, 25% and 15%, respectively. Thus, Welsh patients are significantly more comorbid than their UK and European counterparts.

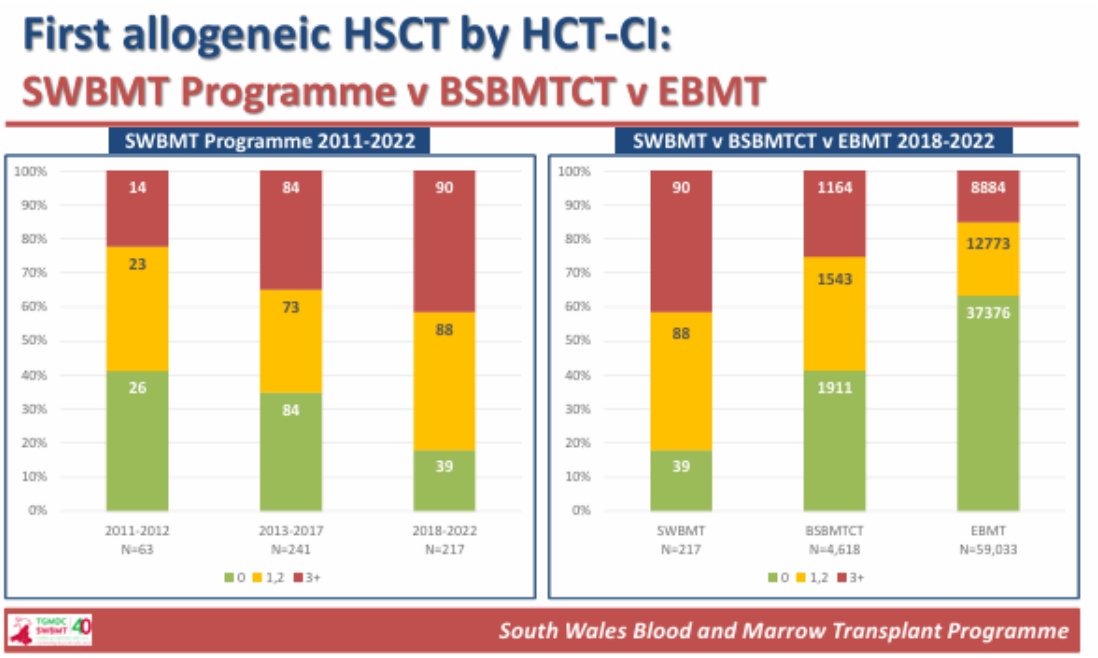


Figure 3. HCT-CI in SWBMT, BSBMTCT and EBMT allogeneic HSCT recipients, 2011-2022

Acute myeloid leukaemia (AML) is the single most common indication for allogeneic HSCT. At our request, the BSBMTCT undertook a comparison of outcomes of patients with AML who received an allogeneic HSCT between 2018 and 2024. The results are summarised in Figure 4.

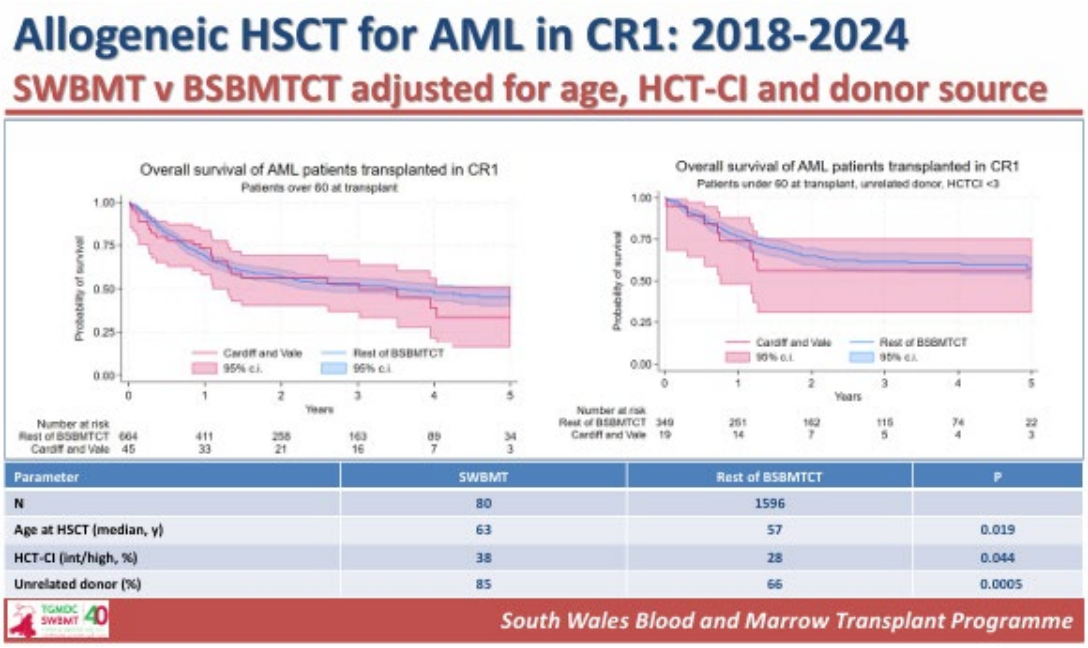


Figure 4. Outcome following allogeneic HSCT for AML in SWBMT and BSBMTCT cohorts, 2018-2024

Note that outcomes were similar despite the SWBMT cohort being older, more comorbid and with greater use of unrelated donors – factors all associated with greater non-relapse mortality. Therefore, should these patients be referred to centres in England, there is a very real possibility they might not be accepted on grounds of age or comorbidity. There is also a theoretical risk of worse outcomes given that centres in England are more accustomed to younger, fitter patients.

5.4 Benchmarking: Comparison with Peer Services

Benchmarking against comparable UK and international JACIE-accredited centres demonstrates that SWBMT is an outlier in terms of workforce investment relative to activity complexity:

- Peer centres operating mixed HSCT and CAR-T portfolios routinely maintain:
  - Funded 24/7 processing on-call rotas for cryopreservation facilities.
  - Higher processing FTE-to-product ratios to manage validation, quality and release requirements.
- Deliberate duplication of advanced practice, CNS and leadership roles to remove single-point dependencies.
- Network-level governance functions (quality, pharmacy, clinical leadership) are typically commissioned explicitly rather than absorbed informally within host organisations.

While SWBMT's activity volumes are broadly comparable to larger UK centres, staffing models and infrastructure investment have not kept pace with the increasing regulatory and operational burden of advanced cellular therapies. This misalignment materially increases organisational risk when compared to peers.

The FACT-JACIE International Standards place explicit emphasis on staffing levels being commensurate with activity volume and complexity, and on the requirement for dedicated, identifiable roles in quality management, processing, clinical governance and pharmacy support. The JACIE Guide to Accreditation is clear that personnel numbers must be determined in accordance with demand and that reliance on informal goodwill or role compression is not acceptable as a control mechanism.

Comparable UK centres delivering mixed HSCT and CAR-T portfolios operate funded 24-hour response arrangements for cryopreservation and cellular product storage. This is reflected in the NHS Blood and Transplant Cellular & Molecular Therapies model, which supports multiple transplant programmes through HTA-licensed, JACIE-accredited facilities with established staffing and on-call arrangements. In contrast, the SWBMT Stem Cell Processing Unit currently relies on informal, unfunded on-call arrangements, a position that has been explicitly challenged by JACIE inspectors.

Overall, while SWBMT activity levels are broadly comparable with other UK centres, staffing and governance investment have not kept pace with the increasing regulatory burden, processing complexity and risk profile associated with CAR-T and advanced cellular therapies.

5.5 Financial and System Impact: Cost Avoidance and Value

Failure to maintain in-house accredited capacity has significant cost implications for NHS Wales.

Cost comparison

A high-level cost comparison has been undertaken against recharges from The Christie NHS FT contract with the NWJCC which provides a BMT and CAR-T programme for North Wales Residents. This is shown below by procedure and an inferred whole programme costs if the South Wales programme baseline was to be purchased at Christie prices.

Procedure	C&V/SB £	Christie £
Auto	34,381	35,238
Allo Sibling	81,783	84,720
Allo MUD	148,845	185,924
CAR-T procedure only	103,529	119,336

Procedure	**Baseline Activity**	**C&V/SB Programme Cost £**	**Christie Equivalent Programme Cost £**	**NHSE Provider Premium £**
Auto	100	3,438,071	3,523,818	85,747
Allo Sibling	15	1,226,742	1,270,800	44,058
Allo MUD	45	6,698,009	8,366,580	1,668,571
CAR-T procedure	15	1,552,935	1,790,040	237,105
Total	**175**	**12,915,757**	**14,951,238**	**2,035,481**

This analysis estimates the programme would have at least a premium of >£2m if purchased from NHS England providers. The combined phase 1 & phase 2 requirements set out in this paper would bring the South Wales BMT Programme to broadly equivalent costs to the Christie.

However, this is likely to be a conservative estimate as the published NHSE guide tariffs are unbundled prices and exclude additional drugs, critical care costs, stem cell harvest and donor costs, etc. The average total costs paid by commissioners for MUD transplants at the Christie in 2023/24 was equivalent to £234k per case. South Wales commissioners are protected from the volatility of these costs for complex cases with the current fixed currency contract and marginal rates for overperformance. NHSE providers apply local determined prices for transplants and costs incurred by the JCC for CAR-T at London providers such as Kings College NHS FT are in excess of £170k for the procedure alone, excluding the pass-through pharmaceutical product which ranges between £166k-£228k.

Donor costs for NHSE transplants are treated as pass through costs from the relevant donor registries and range between £50k to £100k. These are managed through the Welsh Blood Service for the South Wales programme and whilst these have seen an increase in costs due to the demand are still significantly lower than the benchmarked NHSE donor prices.

Maintaining an accredited, resilient SWBMT Programme therefore represents substantial system-level value and avoids:

- High-cost cross-border commissioning
- Inequitable access for Welsh patients
- Loss of capability in a nationally critical service

CAR-T therapies are widely recognised as among the most expensive interventions funded by the NHS. Crucially, CAR-T can only be delivered in JACIE-accredited centres. Loss or restriction of accreditation would therefore result in unavoidable out-of-area referrals, exposing NHS Wales to increased cost, fragmented pathways and inequitable access for Welsh patients. Maintaining accredited in-house capacity represents significant system-level value and aligns with the principles of prudent healthcare and specialised commissioning continuity.

6. Option Appraisal

Option	Summary	Pros	Cons	Recommendation
Option 1 – Do Nothing	No additional investment in workforce	No additional revenue investment. No immediate operational disruption to existing teams or pathways. Avoids short-term recruitment and training pressures on already stretched capacity.	High likelihood of restricted or failed accreditation. Diminished ability to meet future increases in transplant demand and clinical complexity. Reduced staff morale and retention due to sustained pressure and non-compliance. Loss of regional resilience, increasing dependency on external providers. Potential long-term cost escalation through outsourcing and emergency mitigations.	**Not recommended**
Option 2a – Big Bang Uplift (Single-Year Full Investment)	Investment in workforce, as identified by programme to address JACIE deficits. Immediate, in year invesment to all posts across processing, nursing, and clinical support	Rapid compliance with JACIE standards and alignment of service to patient needs and demand Clear and visible commitment to quality, safety and sustainability. Accelerated stabilisation of service performance and workforce gaps. Earlier realisation of benefits related to patient experience, outcomes and flow. Simplified programme management due to a single implementation phase.	Affordability – not included in 26/27 IMTPs. Significant short-term financial pressure with less opportunity to smooth costs. Workforce availability and recruitment timeline. High delivery risk if recruitment timelines slip or posts remain vacant. Increased pressure on training, supervision and clinical leadership capacity. Risk of destabilising existing teams due to scale and pace of change.	**Not recommended**

Option 2b – Phased Uplift of Existing Resource (Preferred)	Targeted minimum investment in Year 1 to address highest risks. Further agreed expansion through 2027/28 IMTP	Affordability – year 2 investment to be included in 27/28 IMTPs. Better alignment with workforce supply, training pipelines and absorption capacity. Enables learning, evaluation and course-correction between phases. Supports safer change management with less operational disruption. Improves staff engagement by embedding new roles gradually. Strengthens programme governance and benefit realisation tracking over time. Reduces overall delivery and financial risk compared with a single-year uplift.	Evidences commitment to address deficits. Full benefits realised over 2–3 years. New team members embedded into programme in a planned way. Reduces risk to delivery by phasing changes Ongoing interim risk exposure until full compliance is achieved. Requirement for sustained leadership focus over multiple years. Potential risk of future funding not being secured if system pressures change.	**Preferred**
Option 3 – Single-Site Model	Consolidation of services on one site	Potential economies of scale for workforce. Potential long-term simplification of governance, staffing and infrastructure. Increased opportunities for service standardisation and critical mass of specialist expertise. May support future innovation and research activity if co-located appropriately.	Capital costs would exceed cost of existing plans. Misalignment with short- to medium-term quality and compliance priorities. Timeline to rework alternative model does not align to JACIE deadline Longer-term deliverability dependent on capital approvals and estate availability. Risk of reduced system resilience from single site model. Complex change management and potential workforce implications. Erosion of West Wales Haematology service in the context of already fragile services. Significant impact on patient travel, access and equity across South Wales.	**Not deliverable in required timescale to maintain JACIE accreditation**

7. The Preferred Option

7.1 Preferred Option

Option 2b describes a phased uplift of resource, prioritising:

- Immediate patient safety and accreditation risks
- Workforce resilience in processing, nursing and quality functions
- Protection of CAR-T and future cellular therapy growth

To mitigate the significant risk of losing accreditation, the preferred option is a targeted minimum investment in Year 1 to address highest risks with further agreed expansion through 2027/28 IMTP.

The requested posts directly address:

- Mandatory JACIE quality management requirements
- Workforce resilience and removal of single-person dependencies in critical roles
- Alignment of staffing models to commissioned activity
- Safe staffing, validation and on-call arrangements within the SCPU
- Delivery of consistent services across sites (i.e. prehab)
- Strengthened cross-organisational governance and accountability

This is not service expansion; these roles are required to deliver existing commitments safely and compliantly to meet regulatory and contractual obligations.

7.1.2 Phase 1 Critical Focus (Minimum Commitment)

Site	Area/Role	Staff Group	WTE	Band	Cost (FYE) (TOS)
SCPU	BMS	SCPU	1.00	Band 6	£62,685
SCPU – on-call supplement		£9,500			
Singleton - BMTU	Haematologist	Medical	0.60	Consultant	£128,766
Singleton - BMTU	JCF	Medical	0.50	JCF	£40,428
Singleton - BMTU	HCSW	Nursing	4.40	Band 3	£231,129
Singleton - BMTU	RN	Nursing	8.80	Band 5	£431,634
Singleton - BMTU	CNS	Nursing	1.00	Band 6	£62,685
Total cost - full year effect		£966,827			
-– assume 6 months costs following approval and recruitment.		£483,413			

Year 1 investment seeks to address several critical deficits identified by JACIE during their inspection.

Stem-Cell Processing Unit (SCPU)

- Establish a fully funded processing on-call rota, ensuring 24/7 safe cover
- Recruit additional processing staff to maintain separation of roles and sustain validation, training and processing concurrently. This will reduce processing delays.

Singleton Bone Marrow Transplant Unit (BMTU)

- Provide resilience and succession plans for current single-points-of-failure, i.e. CNS, Programme Director
- Stabilise Singleton inpatient capacity to protect Cardiff activity

The BMTU historically operated on an ad-hoc model built around 30 cases per year, relying on overtime, bank staff, and informal support from the Haematology Day Unit. Although bed capacity increased after the Ward 11 refurbishment, the nursing establishment was never uplifted, leaving the service structurally under-resourced.

Under the current staffing model:

- Only two transplant beds can be reliably staffed at any one time
- A third or fourth bed is often clinically required due to longer inpatient stays, increasing case complexity, and post-transplant complications.
- Bed utilisation reached 95% in 2024/25, causing delays from a target of 6 weeks to up to 12 weeks, affecting outcomes and patient experience.
- Coordination with Cardiff & Vale UHB for stem cell transport requires precise scheduling, which is disrupted by staffing and bed availability constraints.

7.1.3 Phase 2 Expansion - 2027/28 IMTP.

Phase 1 identifies the critical posts where immediate in year investment is required. These do not remediate all deficits raised by JACIE and so a further, phase 2 investment is proposed to address:

- Appropriately commission provider funded at risk posts
- Further develop of nursing roles to enable improved resilience, succession planning and development of nurse led services
- Improved pharmacy resilience to mitigate any risk to throughput
- Ensure workforce aligned with current demand

Site	Area/Role	Staff Group	WTE	Band	Cost
SCPU	BMS	SCPU	1.00	Band 3*	£35,474
SCPU	BMS	SCPU	1.00	Band 7*	£73,756
SCPU	BMS	SCPU	0.10	Band 7	£7,376
UHW	Rehab coach	AHP	1.00	Band 4	£40,326
UHW	Pharmacy Technician	AHP	1.00	Band 5	£50,723
UHW	Physiotherapist	AHP	1.00	Band 6*	£62,685
UHW	Clinical nurse specialist	CNS - uplift	1.00	Band 6	£22,359
UHW	Clinical nurse specialist	CNS - uplift	1.00	Band 7	£42,414
UHW	Clinical nurse specialist	CNS	1.00	Band 7	£73,756
UHW	CAR-T clinical fellow	Medical	1.00	SCF*	£95,787
UHW	BMT Specialist	Medical	1.00	Specialist*	£149,057
Total (FYE)					**£653,713**

**Provider funded posts (£416,759)*

JACIE explicitly recognised the inequity of service provision arising from the absence of a prehabilitation offer within the Singleton Service. Indicative resource requirements and associated costs are set out below, including the establishment of appropriate programme-level governance to ensure safe, consistent delivery. Further development of a networked prehabilitation model will be required to align existing provision across sites, ensure equity of access for all patients irrespective of treatment location, and embed a sustainable approach that meets JACIE expectations and supports future service resilience.

Site	Area/Role	Staff Group	WTE	Band	Cost
Singleton	Co-ordinator	Admin	0.60	Band 4	£24,196
Singleton	Therapy support	AHP	1.00	Band 4	£40,326
Singleton	Occupational Therapist	AHP	0.60	Band 6	£37,611
Singleton	Physiotherapist	AHP	0.60	Band 6	£37,611
Singleton	NMP Pharmacist	AHP	1.00	Band 8a	£84,611
Singleton	Psychologist	AHP	1.00	Band 8a	£84,611
Singleton	Advanced Nurse Practitioners	ANP	2.00	Band 7	£147,512
Singleton	Pharmacy Assistant	AHP	0.20	Band 3	£7,095
Singleton	Pharmacy Technician	AHP	0.15	Band 5	£7,608
Programme	Cross HB Pharmacy Lead	AHP	1.00	Band 8c	£106,647
Programme	Cross HB Psychology Lead	AHP	1.00	Band 8c	£106,647
Total (FYE)					**£684,475**

7.2 Benefits

Quantifiable benefits	Non-quantifiable benefits
JACIE accreditation maintained	Enables further growth and service development for cell and gene therapies
Retention of research and commercial trial activity	Continued access to specialised service in Wales
Workforce cost efficiency	Protection of positive patient outcomes and ecxperience
	Supports work to stablise the wider haematology system across South Wales
	Workforce sustaimability and morale
	Research, innovationa nd reputation
	System assurance and compliance

7.1.1 Benefits tracker

Value Metrics	Data Source	Baseline Position	Expected/ Predicted Realisation	Operational Impact	Financial Impact	Carbon impact	Realisation Date	Current Position
JACIE re-accreditation achieved; HTA licence retained; full scope of BMT and CAR-T activity maintained	JACIE inspection outcome report; HTA licence status; NW-JCC commissioning correspondence	JACIE accreditation at risk following September 2025 inspection	Successful re-accreditation with no enforced service reduction	Continuity of all adult and paediatric transplant and CAR-T services delivered in Wales	Avoidance of recurrent outsourcing costs to NHS England; protection of commissioned income	Reduced patient and staff travel outside Wales compared with out-of-area provision	After July 2026	Deficits identified and subject to acceptable mitigation/ remedial actions
Number of active trials; research income; patient recruitment levels	R&D portfolio reports, grant income records, commercial trial income	>50 trials (20–24); £3.4m grant income; >£200k commercial income (2024/25)	Continued trial participation and income generation	Ongoing access to innovative therapies for Welsh patients	Direct research income retained, indirect cost avoidance for high-cost therapies	Reduced patient travel to trial sites in England	Immediate and ongoing following accreditation	Trial activity ongoing but dependent on HTA/JACIE status
Vacancy rates, variable pay spend, staff turnover	Workforce ESR data, finance reports, recruitment metrics	Fragile specialist workforce with reliance on scarce expertise	Improved retention, reduced locum dependency, stable establishment	Improved service resilience and continuity of specialist expertise	Reduced locum and agency expenditure; lower recruitment costs	Reduced reliance on travelling locum workforce	From 27/28 onwards as workforce stabilises	Workforce pressure acknowledged; mitigation required

7.2 Risk

7.2.1 Risks of Do Nothing

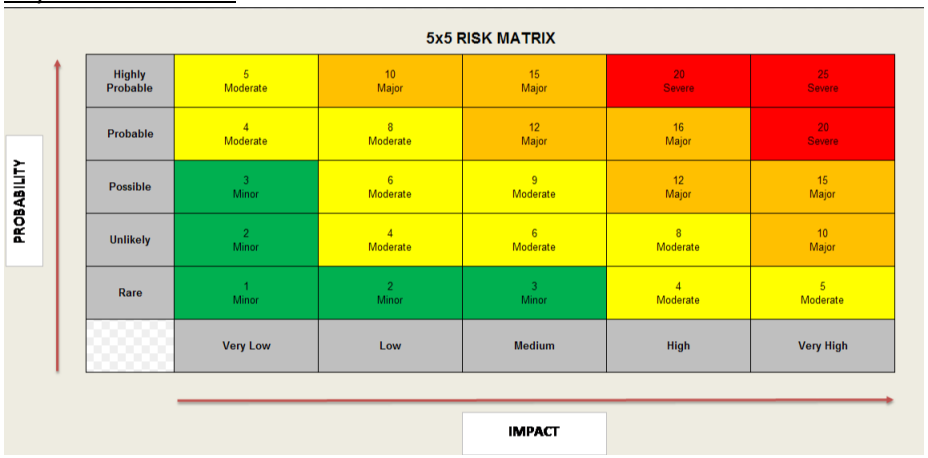
Failure to address the workforce deficits will result in:

- Continued JACIE non-compliance and risk to accreditation
- Material risk to NWJCC-commissioned service continuity
- Reputational damage for both the Programme, Health Boards and NHS Wales
- Reduction or cessation of Welsh transplant activity
- Increased out-of-area spend
- Inability to expand CAR-T and advanced cellular therapies
- Increased likelihood of staff burnout, turnover and service fragility

7.2.2 Risks associated with the Preferred Option (2b)

While Option 2b carries delivery and interim risk, these are considered manageable and proportionate compared with the high operational, financial and reputational risks of non-accreditation or an unfunded “do nothing” position. The phased approach balances affordability with deliverability, provided risks are actively managed.

Key: 5x5 risk matrix



7.2.3 Risk Tracker

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score	Mitigating Action	Owner
Risk of partial non-compliance at inspection	A phased approach means that not all required mitigations may be fully embedded by the deadline. There remains a risk that pace of delivery does not meet JACIE expectations for "sufficient credible progress," potentially resulting in conditions, recommendations, or non-accreditation.	5	5	25	Prioritise delivery of all high-risk and mandatory JACIE standards in Phase 1, with clear evidence packs aligned to inspection domains. Establish a oversight group with executive oversight to track progress, risk and assurance.	Programme Director/ Clinical Board Director of Operations
Delivery and implementation risk	Benefits depend on successful recruitment, training and deployment of specialist staff over multiple phases, within a fragile workforce market. Slippage in recruitment timelines, estates works, or enabling infrastructure could delay realisation of benefits. Sustained leadership oversight is required across more than one financial year, increasing exposure to operational drift.	4	3	12	Implement a programme-managed delivery plan with named accountable leads, milestones and dependencies for each phase. Front-load recruitment to hard-to-fill posts and use temporary bridging arrangements where necessary. Escalate delivery risks through established governance.	Clinical Boards / Care Groups
Interim patient safety and resilience risk	Until all phases are complete, the service may continue to operate with tight capacity and limited surge resilience, particularly for CAR-T and complex allogeneic activity.	4	3	12	Define and agree interim surge and prioritisation criteria for transplant and CAR-T activity. Maintain formal contingency arrangements with NHS England centres for exceptional cases while capacity is phased in.	Programme Director

	Increased demand from new NICE-approved indications could exacerbate pressure during the phased period. Risk of continued overflow referrals to England if interim capacity is insufficient.				Closely monitor activity, acuity and adverse events via enhanced clinical and operational dashboards.	
Financial risk across multiple years	Although lower risk than a single-year "big bang," phased investment creates exposure to: ▪ Future funding decisions not being secured in later years. ▪ Cost inflation (pay awards, recruitment premiums) reducing value for money. Failure to complete later phases could leave sunk costs without full benefit realisation.	3	3	9	Secure in-principle multi-year financial commitment linked to phased delivery and benefits realisation. Clearly differentiate non-recurrent pump-prime investment from recurrent baseline costs. Regularly review affordability against emerging pressures (pay awards, inflation) and adjust phasing if required.	Programme/ Clinical Board / NWJCC
Dependency and interdependency risk	Option 2b relies on continued system cooperation, including partner Health Boards, NW-JCC, Welsh Blood Service and specialist laboratories. Delays or changes elsewhere in the system could undermine the intended sequencing of improvements.	4	4	20	Formalise interdependencies through documented agreements with partner Health Boards, NW-JCC, Welsh Blood Service and laboratories. Maintain ongoing engagement with commissioners to ensure alignment with future demand and service specifications.	Programme / CEF Directorate (CAVUHB) / Welsh Government

	There is an ongoing reliance on fragile haematology and scientific workforce interdependencies. There is a reliance on the capital scheme also being prioritised and delivered successfully.				Use system-level governance groups to manage shared risks and dependencies.	
Change fatigue and workforce engagement risk	Extended change over multiple phases may lead to: ▪ Staff fatigue ▪ Reduced morale if pressure remains high in the short term ▪ Risk of attrition before benefits are realised This is particularly relevant in specialist teams already operating under sustained pressure	3	3	9	Implement a clear workforce engagement and communications plan, linking investment to improved safety, sustainability and morale. Phase changes to balance operational pressure and avoid overloading teams. Provide targeted development, supervision and wellbeing support during transition.	Programme / Clinical Board / Care Group

7.3 Total Cost - Resource Implications and Affordability

	Phase 1		Phase 2 (27/28 IMTP)	Phases 1 & 2
	Current Year (PYE) £	**Recurrent FYE £**	**Recurrent FYE £**	**Recurrent FYE £**
TOTAL RECURRENT (not formula driven - complete)	£483,413	£966,827	£1,338,188	£2,305,014
TOTAL NON RECURRENT (not formula driven - complete)	-	-	-	-

Assumed start date	1st October 2026
Funding Source Revenue:	NWJCC
Funding Source Capital:	N/A

Annex a: Workforce implications

Phase 1

Site	Area/Role	Staff Group	WTE	Band	Cost (FYE) (TOS)
SCPU	BMS	SCPU	1.00	Band 6	£62,685
SCPU – on-call supplement					£9,500
Singleton - BMTU	Haematologist	Medical	0.60	Consultant	£128,766
Singleton - BMTU	JCF	Medical	0.50	JCF	£40,428
Singleton - BMTU	HCSW	Nursing	4.40	Band 3	£231,129
Singleton - BMTU	RN	Nursing	8.80	Band 5	£431,634
Singleton - BMTU	CNS	Nursing	1.00	Band 6	£62,685
Total cost - full year effect					£966,827
-– assume 6 months costs following approval and recruitment.					£483,413

Phase 2

Site	Area/Role	Staff Group	WTE	Band	Cost
Programme	Cross HB Pharmacy Lead	AHP	1.00	Band 8c	£106,647
Programme	Cross HB Psychology Lead	AHP	1.00	Band 8c	£106,647
SCPU	BMS	SCPU	1.00	Band 3	£35,474
SCPU	BMS	SCPU	1.00	Band 7	£73,756
SCPU	BMS	SCPU	0.10	Band 7	£7,376
Singleton	Co-ordinator	Admin	0.60	Band 4	£24,196
Singleton	Therapy support	AHP	1.00	Band 4	£40,326
Singleton	Occupational Therapist	AHP	0.60	Band 6	£37,611
Singleton	Physiotherapist	AHP	0.60	Band 6	£37,611
Singleton	NMP Pharmacist	AHP	1.00	Band 8a	£84,611
Singleton	Psychologist	AHP	1.00	Band 8a	£84,611
Singleton	Advanced Nurse Practitioners	ANP	2.00	Band 7	£147,512
Singleton	Pharmacy Assistant	AHP	0.20	Band 3	£7,095
Singleton	Pharmacy Technician	AHP	0.15	Band 5	£7,608
UHW	Rehab coach	AHP	1.00	Band 4	£40,326
UHW	Pharmacy Technician	AHP	1.00	Band 5	£50,723
UHW	Physiotherapist	AHP	1.00	Band 6	£62,685
UHW	Clinical Nurse Specialist	CNS - uplift	1.00	Band 6	£22,359
UHW	Clinical nurse specialist	CNS - uplift	1.00	Band 7	£42,414
UHW	Clinical nurse specialist	CNS	1.00	Band 7	£73,756
UHW	CAR-T clinical fellow	Medical	1.00	SCF	£95,787
UHW	BMT Specialist	Medical	1.00	Specialist	£149,057
Total (FYE)			**£1,338,187**		

VBRG meets on the first Wednesday of every month. In order for cases to be considered at a meeting they must be with the secretariat in Strategy and Planning **by close of play two weeks beforehand.**

For 2025-26 this means:

There is no flexibility without the express permission of the Director of Finance

Business Case Submission Deadline	Circulation of Papers to VBRG	Date of Meeting
19 March 2025	26 March 2025	02 April 2025
23 April 2025	30 April 2025	07 May 2025
21 May 2025	28 May 2025	04 June 2025
18 June 2025	25 June 2025	02 July 2025
23 July 2025	30 July 2025	06 August 2025
20 August 2025	27 August 2025	03 September 2025
17 September	24 September 2025	01 October 2025
22 October 2025	29 October 2025	05 November 2025
19 November 2025	26 November 2025	03 December 2025
17 December 2025	07 January 2026	07 January 2026
21 January 2026	28 January 2026	04 February 2026
18 February 2026	25 February 2026	04 March 2026

RISK ASSESSMENT FORM

Clinical Board:	Specialist Services	**Location of Risk:**	UHW
Directorate:	Haematology	**Date Form Completed:**	30/07/2025

Risk Title
Risk to Wales associated with loss of JACIE accreditation by the South Wales Blood & Marrow Transplant (SWBMT) Programme.

Description of Risk:

Cardiff & Vale University Health Board (CVUHB) is commissioned by NHS Wales Joint Commissioning Committee (NW-JCC) to provide cellular therapy services (BMT and CAR-T) for residents of South Wales, West Wales and South Powys via the South Wales Blood and Marrow Transplant (SWBMT) Programme. JACIE accreditation is standard in Europe for cellular therapies (haematopoietic stem cell transplantation (HSCT) and chimaeric antigen receptor (CAR) T-cell (CAR-T) therapy. These standards mirror the FACT standards in North America and are published as a uniform set of FACT-JACIE standards.

FACT-JACIE standards are validated with data showing that clinical outcomes in accredited centres outperform those of non-accredited centres (Gratwohl *et al.* Use of the quality management system "JACIE" and outcome after hematopoietic stem cell transplantation. *Haematologica*. 2014 May;99(5):908-15; Gratwohl *et al.* Introduction of a quality management system and outcome after hematopoietic stem-cell transplantation. J Clin Oncol. 2011 May 20;29(15):1980-6). Consequently, centres outside of Europe and North America have adopted FACT-JACIE making them truly global standards for cellular therapy programmes. Within the UK, including Wales (and therefore NW-JCC), JACIE accreditation is a prerequisite for commissioning and pharmaceutical companies will only release CAR-T products to JACIE-accredited centres.

The physical facilities of the adult Clinical Programme and Collection Facility on the CVUHB site are non-compliant with JACIE standards due to significant infrastructure and environmental deficiencies. These were noted at two prior JACIE inspections in 2013 and 2019 and there has been no material change since those inspections.

There are a number of individual concerns that are captured in detail separate risk assessments, however to summarise key themes:

Inadequate inpatient infrastructure:

- Lack of ensuite facilities for immunocompromised patients.
- Insufficient isolation rooms with adequate air handling.
- Cramped and outdated ward environments.

Day unit and outpatient deficiencies:

- Lack of triage space and inadequate isolation facilities.
- Patients exposed to nosocomial infections due to shared spaces.

Ambulatory care limitations:

- Limited chair spaces and poor layout.
- Lack of adequate isolation facilities (currently only 1 cubicle) for patients receiving high-risk therapies.

These issues violate specific JACIE standards such as:

- B2.1: Designated inpatient unit with adequate space and air quality
- B2.2: Outpatient care area with infection control and privacy

- B2.3: Ambulatory setting with minimized airborne contamination
- B2.14: Health and safety risks to employees, recipients, donors, visitors and volunteers
- C2.1.1 to C2.3: Apheresis collection areas with proper environmental controls

Should JACIE accreditation be withdrawn at the upcoming JACIE reinspection in September 2025, delivery of CAR-T would not be possible within Wales due to the withdrawal of CAR-T products by pharma and BMT would have to be decommissioned given current commissioning policy. This would have a severe adverse impact on haematological cancer care across the SWBMT Programme catchment area, which accounts for ~80% of the Welsh population. The significance of this is underlined by the fact that for many patients with haematological malignant and non-malignant conditions (such as bone marrow failure syndromes), BMT and CAR-T represent the only means of cure. Patients in Wales would therefore be consigned to suboptimal clinical outcomes, including shortened survival, for conditions that are potentially curable.

Additionally, the SWBMT Programme is licensed by the Human Tissue Authority (HTA) for activities pursuant to the Human Tissue Act 2004 and the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (as amended) [HTA Human Application Licence 11094]. Closure of the SWBMT Programme would invalidate the need for an HTA licence leading to the need for an alternative storage solution for the thousands of cellular therapy products currently cryopreserved within the SWBMT Processing Facility.

Surrender of the HTA licence and the absence of JACIE-accredited facilities would have wider clinical impact, involving all current clinical trials in acute myeloid leukaemia, acute lymphoblastic leukaemia, non-Hodgkin lymphoma, Hodgkin lymphoma, multiple myeloma and bone marrow failure syndromes, since the SWBMT Programme would not be able to support those trials as is currently the case.
Putting research activity into context:

- Over the 5-year period January 2020 to December 2024, (which included the COVID-19 pandemic), the SWBMT Programme participated in over 50 trials, recruiting 587 participants.
- In November 2020, again at the height of the COVID-19 pandemic, the Wales Cellular Therapy Consortium was formed to bring together researchers across a wide range of disciplines to benefit from the excellent clinical database and virtually complete follow-up. Grant income won with research partners between 2021 and 2024 totalled £3.4 million.
- Commercial trial income for financial year 2024/25 alone amounted to £214,287.15.

Via its HTA licence, the SWBMT Programme currently supports several non-haematological cancer and non-cancer trials, particularly involving advanced therapies. Without an applicable Human Application HTA Licence, trials currently ongoing, in an advanced stage of set-up or under consideration would cease, denying Welsh patients access to ground-breaking therapies currently unavailable on the NHS with loss of the opportunity to benefit from cost avoidance given that these therapies are provided free-of-charge within the clinical trial. Examples include, but are not limited to:

- CARTITUDE-6: A phase III trial of CAR-T v standard-of-care (SOC) for patients with newly diagnosed multiple myeloma. The SOC arm includes therapies not currently available on the NHS. The SWBMT Programme was the first UK centre to open this trial.
- TILVANCE 301: A phase III trial of tumour infiltrating lymphocytes (TILs) with pembrolizumab v pembrolizumab alone for the first line treatment of patients with metastatic malignant melanoma. This trial is in an advanced state of set-up.
- AMELIE: A phase I/IIb trial of autologous skeletal muscle-derived cell microcarrier combination for the treatment of faecal incontinence in women with obstetric anal sphincter injury. This trial is in an advanced state of set-up with the site initiation visit scheduled for September 2025.
- An autologous CAR-Treg trial for patients at risk of developing (or early phase) type 1 diabetes mellitus. Expression of interest declared by Cardiff on behalf of the Type 1 Diabetes UK Immunotherapy Consortium, with the aim of being the main recruitment centre for the UK. The clinical, sociological and financial impact of preventing type 1 diabetes mellitus (and insulin usage) in a primarily young population needs no elucidation.

Score Risk without Current Controls (Initial Risk Score)						
Consequence	**5**	**X**	**Likelihood**	**5**	**=**	**Risk Rating**	**25**

Controls in Place:
Haematology Directorate/Specialist Services Clinical Board
1. **Established Quality Management System (QMS):** Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards.
2. **Multidisciplinary Governance:** Oversight by clinical, laboratory, and quality leads.
3. **Training and Competency Frameworks:** Regular staff training and competency assessments.
4. **Participation in BSBMTCT and EBMT Registries:** Enables benchmarking and outcome tracking.
5. **Clinical Excellence:** Strong clinical outcomes and experienced multidisciplinary teams
6. **Ambulatory Care Model:** Reduces inpatient pressure and improves flexibility.
7. **Weekly Planning Meetings:** Intensive triaging to manage bed capacity and patient risk.
8. **Unscheduled care triage beds:** Separate bedded area to triage and screen unscheduled care admissions prior to admission to haematology ward, reducing risk of nosocomial infection.
9. **Dedicated toilet/shower facilities:** communal facilities designated for use by specific patients to reduce risk of nosocomial infection.
Cardiff & Vale UHB
1. Development of Business Case for new clinical facility for SWBMT Programme
2. Continued engagement with Welsh Government regarding prioritisation of capital allocation for new facility
3. Agreement from WG Capital and Estates team to attend JACIE accreditation visit to provide assurance regarding prioritisation
4. Agreement to provide temporary accommodation to extend the Haematology Day Unit footprint

Score Risk with Current Controls (Current Risk Score)						
Consequence	**5**	**X**	**Likelihood**	**4**	**=**	**Initial Risk Rating**	**20**

	Likelihood				
Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

	1-3	Low risk
	4-6	Moderate risk
	8-12	High risk
	15-25	Extreme risk

Gaps in Controls:
1. **Infrastructure Deficiencies – inpatients:** a. Inadequate isolation facilities and air handling provision b. Lack of ensuite facilities for transplant patients resulting in poor patient experience and increasing risk of nosocomial infections from shared communal areas/facilities c. Overcrowded and outdated ward environment with poor physical fabric
2. **Infrastructure Deficiencies – day care:** a. Inadequate isolation and triage/screening facilities and air handling provision b. Overcrowding and lack of appropriate waiting area

c. Insufficient space for volume of patients
3. **Infrastructure Deficiencies – outpatients:** a. Inadequate isolation facilities and air handling provision b. Overcrowding and lack of appropriate waiting area c. Insufficient space for volume of patients
4. No approved capital scheme to rectify the infrastructure deficiencies
5. Limited mitigation within current clinical facilities at UHW

Assurances:
1. **Previous JACIE Accreditation:** Demonstrates historical compliance.
2. **HTA Licensing:** In place since 2007.
3. **Internal Quality Reports:** Regular reporting to governance boards.
4. **Clinical Outcomes:** Among the best in the UK despite infrastructure issues.
5. **Patient Outcome Monitoring:** Through BSBMTCT, EBMT and internal KPIs.
6. **External Peer Reviews:** Participation in national and international benchmarking.
7. **Prioritisation:** Capital scheme prioritised by both the Health Board and Welsh Government
8. **Capital Scheme:** Strategic outline case submitted to Welsh Government in 2023 – ongoing dialogue with WG who are supportive and have indicated prioritisation of capital scheme.

Gaps in Assurance:
1. **No material improvements since previous inspections and feedback**
2. **No Contingency Plan:** For service continuity if accreditation is lost.
3. **Limited Independent Oversight:** Lack of external validation between accreditation cycles.

Actions Required to reduce risk rating:	**Action Lead**	**Target Completion Date**
Secure agreement of Business Case route for capital scheme	Welsh Government/Director Capital, Estates & Facilities	Q2 2025/26
Secure funding for capital scheme	Welsh Government/Director Capital, Estates & Facilities	Q2 2026/27
Complete infrastructure updates to JACIE standards	Director Capital, Estates & Facilities	Q2 2027/28
Implement interim infection control mitigations – e.g. reduce day centre overcrowding	Director Capital, Estates & Facilities	Q2 2025/26

Notepad:

Considering all of the information you have on the controls and assurances how would you rate the risk when the actions are completed (Target Risk Score):						
Consequence	**5**	**X**	**Likelihood**	**2**	**= Target Risk Rating**	**10**

Main Risk Type: ***please tick one only***				
Clinical Care/Quality	Communication/PR	Compliance with Standards	Corporate Governance	Estates

Financial	Health & Safety	Information Governance	Infection Control	Legal
Safeguarding	Security	Social Care	Strategic	*Other – please specify:*

Signature of Assessor
Date of Assessment
Risk Owner
Signature of Clinical Board Director
Date

Appendix 1 – JACIE Standards

JACIE Standard	Requirement	Unmet Issue
B2.1	Designated inpatient unit with appropriate location, space, and design to minimize airborne microbial contamination	Inadequate isolation rooms, lack of ensuite facilities, outdated infrastructure
B2.2	Designated outpatient care area with infection control, isolation, and privacy	Cramped outpatient clinics, no triage or isolation, exposure to nosocomial infections
B2.3	Ambulatory care area with appropriate space and design to minimize airborne contamination	Poor layout, limited isolation, inadequate air handling
B2.14	Minimize risks to health and safety of employees, recipients, donors, visitors, and volunteers	Exposure to infection, lack of hygiene facilities, overcrowding
C2.1.1	Collection area with adequate space and design to minimize airborne microbial contamination	Apheresis area lacks proper isolation and air handling
C2.1.2	Defined areas to prevent mix-ups, contamination, or cross-contamination	Shared spaces for donor apheresis (progenitor cell, MNC and MNC for CAR-T

JACIE Standard	Requirement	Unmet Issue
		manufacture harvesting) and therapeutic apheresis
C2.1.4	Suitable space for confidential donor examination and evaluation	No dedicated private space for donor evaluation
C2.2	Adequate lighting, ventilation, and access to sinks and toilets	Limited facilities in day unit and ambulatory care
C2.3	Controlled environmental conditions to protect safety and comfort	Poor infection control and patient comfort in shared areas

Report Title:	Provision of Travel and Transport Bookings			Agenda Item no.	3.2
Meeting:	Finance & Performance	Public	X	Meeting Date:	20.05.26
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Catherine Philips, Director of Finance				
Report Author (Title):	Claire Salisbury – Deputy Director of Procurement Services and Executive Procurement Lead for C&V				

Main Report
Background and current situation:

CVUHB is seeking a professional provider to manage all aspects of travel and transport logistics. The provider will be responsible for booking and coordinating national and international travel, arranging local transport within the UK, and offering responsive support throughout the travel process. The service must be efficient, cost-effective, and fully compliant with CVUHB's travel policies.

Scope of Work

The appointed provider will oversee the full range of travel logistics, including booking international and domestic flights for authorised travellers. They will also arrange train and coach travel for journeys within the UK, and coordinate airport transfers, hotel-to-venue shuttles, and other local transport needs.

All travel must be planned in accordance with CVUHB's policies, ensuring value for money and accommodating any special requirements. These may include accessibility needs, dietary considerations during transit, and baggage allowances for medical or research equipment.
The provider will offer a dedicated point of contact for travel-related queries, including last-minute changes or cancellations. They will work closely with CVUHB staff to manage travel approvals, documentation, and itinerary planning. Clear and consolidated travel itineraries must be provided to all travellers in advance.
In the event of travel disruptions, the provider will be expected to respond promptly, offering re-booking options and alternative arrangements to minimise any impact on CVUHB's operations.

Output Required:
The appointed provider will be expected to deliver a range of outputs that ensure transparency, efficiency, and ease of coordination across all travel activities. For every individual and group journey, the provider must produce comprehensive travel itineraries that clearly outline all segments of the trip, including departure and arrival times, transport modes, accommodation details, and any relevant instructions or contact information.

In addition to itineraries, the provider must supply formal booking confirmations for all flights, train journeys, and local transport arrangements. These confirmations should be timely, accurate, and accessible to both the traveller and relevant CVUHB administrative staff.

To support financial oversight and demonstrate value for money, the provider must maintain a documented record of all travel-related costs. This should include a breakdown of expenses per trip, as well as any savings achieved through negotiated rates, group bookings, or policy-compliant alternatives. These records will be used to monitor budget adherence and inform future travel planning.

Service Overview:

The scope of the contract includes:

- Booking and coordination of international and domestic flights
- Train and coach travel within the UK
- Local transport arrangements such as airport transfers and hotel-to-venue shuttles
- Provision of travel documentation and consolidated itineraries
- Support for special requirements including accessibility and dietary needs
- Real-time assistance for travel disruptions and rebooking

.

Strategic Fit and Performance:

The contract was intended to support CVUHB's strategic goals, including enabling international research collaboration, supporting educational academies, and ensuring smooth mobility for staff and partners.

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

Service Disruption Risk

Without a formally contracted travel management provider, CVUHB would lack a consistent and reliable mechanism for arranging national and international travel. This could result in:

- Delays or cancellations in staff, clinical, academic, and research travel
- Reduced ability to respond to urgent or last-minute travel requirements
- Increased pressure on internal teams to arrange travel on an ad-hoc basis
- This would directly impact clinical services, education programmes, and research collaboration.

Financial Control and Value-for-Money Risk

In the absence of a capped, managed contract:

- Travel bookings may revert to fragmented, off-contract purchasing
- Inconsistent pricing and loss of negotiated rates may occur
- Departments may incur higher costs due to lack of aggregated spend leverage
- This increases the risk of budget overspend, poor financial forecasting, and reduced cost transparency.

Risk to Staff Safety and Duty of Care

A contracted travel provider ensures:

- Real-time support during travel disruptions
- Coordination of re-booking during emergencies or geopolitical events
- Visibility of staff travel locations for duty of care purposes

Without this, CVUHB's ability to support staff during incidents (e.g. travel cancellations, health emergencies, extreme weather events) would be significantly reduced

Recommendation:

The Finance & Performance Committee are requested to:

- **ENDORSE** to the Board, the award of this contract for **Provision of Travel and Transport Bookings** for **£2,960,000.00 (£3,552,000.00 inc. VAT).**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	X	Integration		Collaboration		Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk:
Included in Procurement Outcome Report and Board Paper
Safety:
Included in Procurement Outcome Report and Board Paper
Financial:
Included in Procurement Outcome Report and Board Paper
Workforce:
Included in Procurement Outcome Report and Board Paper
Legal:
No
Reputational:
Included in Procurement Outcome Report and Board Paper
Socio Economic:
Included in Procurement Outcome Report and Board Paper
Equality and Health:
Included in Procurement Outcome Report and Board Paper
Decarbonization:
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau Gwasanaethau Caffael

Shared Services Partnership Procurement Services

PROCUREMENT OUTCOME REPORT

PROVISION OF TRAVEL AND TRANSPORT BOOKINGS

CAV-FTS-61017

Agreement Type ***Framework/Contract***	Contract
Brief Agreement Description	There is a requirement for a professional provider to manage all aspects of travel and transport logistics. The provider will be responsible for booking and coordinating national and international travel, arranging local transport within the UK, and offering responsive support throughout the travel process.
Contract Term	Five years with the option to extend for a further three years in annual tranches (5+1+1+1)
Contract Dates ***Initial Term & Extension Option***	**Initial Term**: 1st June 2026 – 31st May 2031 **Extension 1:** 1st June 2031 – 31st May 2032 **Extension 2:** 1st June 2032 – 31st May 2033 **Extension 3:** 1st June 2033 – 31st May 2034
Planned / Unplanned	Planned
No. of Tenders Issued	1
No. of Tenders Received	5
Annual Value of Current Agreement	£343,211.25 (£411,853.50 inc. VAT)
Annual Value of New Agreement	Capped value of £370,000.00 (£444,000.00 inc. VAT)
Total Value of New Agreement ***Including Extensions***	**Initial 5-year term:** £1,850,000.00 (£2,220,000.00 inc. VAT) **Optional 3-year extension:** £1,110,000.00 (£1,332,000.00 inc. VAT) **Contingency** – The cap value of £370,000.00 includes a contingency of £25,000.00 (£30,000.00 inc. VAT) per annum **Total contract value (Including Extensions)** £2,960,000.00 (£3,552,000.00 inc. VAT).
Savings / Increase	Increase of £26,788.75 per annum to allow for any inflation due to fuel prices rising. Pricing capped at £370,000.00 per annum.
Lead Body LHB or Trust	Cardiff and Vale UHB

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Impact of Change	Risk Identified - High

1. Product / Market Overview

Cardiff and Vale University Health Board (CVUHB) is one of the largest and most complex NHS organisations in Wales. It serves a population of approximately 500,000 people across Cardiff and the Vale of Glamorgan. The Health Board delivers over 110 specialist services, ranging from acute hospital care to community-based health and wellbeing programmes.

Beyond its core healthcare responsibilities, CVUHB plays a vital role as a tertiary care provider, offering advanced medical services that are not available in local hospitals. It is also a major contributor to clinical research, participating in national and international studies that help shape the future of healthcare. In addition, CVUHB works closely with Cardiff University to support the education and training of healthcare professionals, making it a key academic partner in the region.

To support its wide-ranging activities including research collaborations, educational academies, and specialist clinical programmes, CVUHB requires a reliable and well-coordinated travel and transport service. This service must ensure smooth and cost-effective travel for staff, students, researchers, and visiting professionals, both within the UK and internationally.

Service Requirement

CVUHB is seeking a professional provider to manage all aspects of travel and transport logistics. The provider will be responsible for booking and coordinating national and international travel, arranging local transport within the UK, and offering responsive support throughout the travel process. The service must be efficient, cost-effective, and fully compliant with CVUHB's travel policies.

Scope of Work

The appointed provider will oversee the full range of travel logistics, including booking international and domestic flights for authorised travellers. They will also arrange train and coach travel for journeys within the UK, and coordinate airport transfers, hotel-to-venue shuttles, and other local transport needs.

All travel must be planned in accordance with CVUHB's policies, ensuring value for money and accommodating any special requirements. These may include accessibility needs, dietary considerations during transit, and baggage allowances for medical or research equipment.

The provider will offer a dedicated point of contact for travel-related queries, including last-minute changes or cancellations. They will work closely with CVUHB

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staff to manage travel approvals, documentation, and itinerary planning. Clear and consolidated travel itineraries must be provided to all travellers in advance.

In the event of travel disruptions, the provider will be expected to respond promptly, offering re-booking options and alternative arrangements to minimise any impact on CVUHB's operations.

Output Required:
The appointed provider will be expected to deliver a range of outputs that ensure transparency, efficiency, and ease of coordination across all travel activities. For every individual and group journey, the provider must produce comprehensive travel itineraries that clearly outline all segments of the trip, including departure and arrival times, transport modes, accommodation details, and any relevant instructions or contact information.

In addition to itineraries, the provider must supply formal booking confirmations for all flights, train journeys, and local transport arrangements. These confirmations should be timely, accurate, and accessible to both the traveller and relevant CVUHB administrative staff.

To support financial oversight and demonstrate value for money, the provider must maintain a documented record of all travel-related costs. This should include a breakdown of expenses per trip, as well as any savings achieved through negotiated rates, group bookings, or policy-compliant alternatives. These records will be used to monitor budget adherence and inform future travel planning.

Service Overview:
The scope of the contract includes:

- Booking and coordination of international and domestic flights
- Train and coach travel within the UK
- Local transport arrangements such as airport transfers and hotel-to-venue shuttles
- Provision of travel documentation and consolidated itineraries
- Support for special requirements including accessibility and dietary needs
- Real-time assistance for travel disruptions and rebooking

Strategic Fit and Performance:
The contract was intended to support CVUHB's strategic goals, including enabling international research collaboration, supporting educational academies, and ensuring smooth mobility for staff and partners.

2. Procurement Process

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An open competitive Find a Tender Service (FTS) process was undertaken in accordance with the Health Board's Standing Financial Instructions and the Procurement Act 2023. The procurement approach was proportionate to the value and risk of the contract and designed to attract suitably experienced providers with expertise in travel and transport bookings.

A Tender Notice was published on the 3rd October 2025 under the identifier **2025/S 000-062269** on Sell2Wales to inform suppliers of the Tender. Five submissions were received. Following a comprehensive evaluation of the qualification, technical, and commercial stages, City Travel (UK) Ltd were identified as the most suitable supplier.

Tenders were assessed against the pre-defined evaluation criteria set out in the tender documentation, applying a weighting of 60% to price and 40% to technical quality. The quality assessment focused on relevant experience, credibility and robustness of the proposed methodology, understanding of the local and national policy context, approach to stakeholder engagement, and ability to deliver within the required timescales. Price was assessed for affordability, transparency and overall value for money.

The tender evaluation methodology was broken down as follows:

Stage	Criteria	Weighting
1	Qualification	Pass/Fail
2	Technical	40%
3	Commercial	60%

3. Evaluation

Evaluation Panel(s)

Name	Title	Organisation
Iliass Dadda	Senior Procurement Business Manager	NWSSP
Helen James	Assistant Head of Operational Procurement	NWSSP

Qualification

Upon the closing date, five tender submissions were received, all suppliers were issued clarifications regarding their acid ratio scores, and to provide further details of insurance. City Travel returned their qualification clarifications and proceeded to the next round.

Cool Cab Transfers and DJ Travel pulled their tender submissions, whereas Bam Travel Ltd and Newport Travel Solutions were issued Outcome Letters informing them that

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	they would not proceed to the Technical round, due to failure to submit their clarifications by the given date.
Technical & Commercial Scores	Stage 2, Technical evaluation was made up of questions that were specific to the services required, as laid out in the specification. The responses were scored, totalling to an overall weighting of 40%, with 10% of that overall weighting going to Social Value. The outcome is demonstrated as follows:

		City Travel (UK) Ltd
Question	**Evaluation Weighting**	**Weighted Score**
1.1	5%	4%
1.2	5%	4%
1.3	5%	3%
1.4	5%	4%
1.5	5%	4%
1.6	5%	4%
2. Social Value		
2.1	3%	1.8%
2.2	3%	2.4%
2.3	4%	2.4%
TOTAL	**40**	**29.6%**

4. Price Benchmarking Information

The prices submitted were assessed against the approved budget and evaluated in the context of the scope of the requirement, the complexity of the services. One compliant bid was received. The highest-scoring bid, submitted by City Travel (UK), proposed the following costs:

Description	National Fee (Exc. VAT)	National Fee (Inc. VAT)	International Fee (Exc. VAT)	International Fee (Inc. VAT)
Road Travel	£10.00	£10.00	£10.00	£10.00
Water Travel	£10.00	£10.00	£10.00	£10.00

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Rail Travel	£10.00	£10.00	£10.00	£10.00
Accommodation / Hotels	£15.00	£18.00	£15.00	£18.00
Air Travel – Short/Medium Haul	£25.00	£25.00	£30.00	£30.00
Air Travel – Long Haul	£40.00	£40.00	£40.00	£40.00
Visa/Paperwork Support	£15.00	£15.00	£15.00	£15.00

From analysing the current contract spend per booking, it was determined that these proposed costs are in line with the prices we have paid in previous years.

Current Contract Value:

The current contract for travel and transport services held by Cardiff and Vale University Health Board (CVUHB) has an estimated annual value of £345k. This figure is based on data extracted from the Oracle "All Orders Raised" report and reflects the total expenditure processed through formal purchase orders. It does not include any travel-related spend made via purchasing cards; however, such expenditure is understood to be minimal and therefore does not significantly impact the overall contract value or associated risk. Supporting financial data and transaction breakdowns are available in **Appendix 2 – CVUHB Travel and Transport Spend.**

CV UHB	**25/26 Financial Year Expenditure**
2025	£268,730.69
2026	£74,480.56
Total:	£343,211.25

Total contract Value:

While the current travel management contract with CityTravel includes fixed booking fees across various categories, it is important to note that these fees account for only a small portion; approximately 20% of the total annual spend of £345k.

Anticipated Contract Value:

Based on an estimated annual spend of £345,000.00, the total anticipated value of the proposed travel and transport contract for Cardiff and Vale University Health Board (CVUHB) is projected at £2.4 million over the full potential contract term. This figure is calculated as follows:

- **Initial 5-year term:** £1,850,000.00 (£2,220,000.00 inc. VAT)
- **Optional 3-year extension:** £1,110,000.00 (£1,332,000.00 inc. VAT)

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- **Contingency** – The cap value of £370,000.00 includes a contingency of £25,000.00 (£30,000.00 inc. VAT) per annum

This valuation provides a clear financial framework for procurement planning, governance approvals, and ongoing contract management. It also ensures transparency and compliance with public sector procurement thresholds and reporting requirements.

5. Financial Implications

The funding for travel and transport services across Cardiff and Vale University Health Board (CVUHB) does not currently sit within a single, centralised budget. Instead, each department or clinical board is responsible for covering its own travel costs from within its allocated budget. This decentralised funding model reflects the diverse and programme-specific nature of travel requirements across the organisation.

While this approach allows departments to retain control over their own expenditure, it can also lead to fragmented processes, inconsistent policy application, and administrative inefficiencies particularly in areas such as invoicing, reporting, and spend analysis.

To address this, CVUHB may wish to explore the option of centralising the contract under a single clinical board, such as Corporate Services, with a single cost code used for all invoicing. Under this model, individual departments would be cross-charged internally based on their usage. This would offer several benefits, including:

- Improved financial oversight and consolidated reporting
- Streamlined invoicing and reconciliation processes
- Greater leverage in supplier negotiations through aggregated demand
- Enhanced policy compliance and governance

This model would also support the implementation of a standardised travel policy and enable more effective contract management. A decision on the preferred funding structure should be made in consultation with Finance, Procurement, and key stakeholders across the Health Board.

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6. Sustainable Procurement

This contract supports economic activity through efficient, compliant travel management, reducing waste and cost. It Encourages sustainable travel choices reducing environmental impact and promoting resource efficiency, supports equal access to development and collaboration opportunities across the Health Board and encourages responsible procurement practices aligned with environmental and social governance standards.

7. Risks and Mitigations

Risks:

- Sudden geopolitical events (e.g. border closures, civil unrest, or diplomatic tensions affecting travel routes).
- Emerging global health threats (e.g. a new pandemic or outbreak that disrupts international travel).
- Technological failures (e.g. major airline booking system crashes or cyberattacks affecting travel infrastructure).
- Natural disasters (e.g. volcanic eruptions, earthquakes, or extreme weather events impacting transport).
- Regulatory changes (e.g. abrupt visa policy shifts or new compliance requirements for international travel).

Mitigations:

Budget constraints and cost control:
Travel must be booked within allocated budgets and demonstrate value for money. This includes using approved suppliers, securing competitive rates, and avoiding unnecessary expenses.

Policy & regulatory compliance:
All travel must adhere to CVUHB's internal travel policies, SFIs, Procurement Act 2023, including approval workflows, booking procedures, and documentation requirements.

Accessibility and special requirements:
Some travellers may require wheelchair access, mobility assistance, dietary accommodations, or additional baggage allowances. These needs are known and must be factored into travel planning.

Approval and documentation processes:
Travel requests must go through defined approval channels, and all necessary documentation (e.g. visas, insurance, itineraries) must be prepared and submitted in advance.

Coordination with internal teams:
Travel arrangements often involve collaboration with CVUHB departments, programme leads, and administrative staff to ensure alignment with schedules and operational needs.

Disruption protocols:
While the specific disruptions may vary, the need for a process to manage delays, cancellations, and re-booking is a known requirement.

8. Recommendations

Based on the foregoing, it is recommended that the contract for the **Provision of Travel and Transport Bookings** is awarded to **City Travel (UK) Ltd** for **£2,960,000.00 (£3,552,000.00 inc. VAT).**

9. Contract Management

The management of the contract will be undertaken by the Cardiff and Vale Health Board to ensure that it is being fulfilled to the requirements as per the specification.

The Cardiff and Vale UHB departments who will be utilising this contract in conjunction with the Procurement Department who will ensure that the value of the contract is not breached. If any breach should be foreseeable the Procurement Department will ensure provision is made for compliance to Procurement Regulations and Health Board Financial Instructions.

10. Approvals Process & Next Steps

- Internal approval from the Directorate Manager, Director of Operations and Delivery, and the Head of Finance for Capital Estates and Facilities.
- Internal approval of RFA from Procurement and Director of Finance.
- Award of contract.

11. Working Group Members

Name	Title	Organisation
Iliass Dadda	Senior Procurement Business Manager	NWSSP
Helen James	Assistant Head of Operational Procurement	NWSSP
Lily Prance	Procurement Business Manager	NWSSP
Lowri Crossman	Procurement Business Officer	NWSSP

12. Contact Information

If you have any issues you wish to discuss, please do not hesitate to contact:

Prepared by	
Name:	Lowri Crossman
Contact Details:	Lowri.crossman@wales.nhs.uk
Date:	23rd April 2026
Reviewed by	
Signed:	*Lily Prance*
Name:	Lily Prance
Role:	Procurement Business Manager
Date:	23rd April 2026
Procurement Approval	
Signed:	Helen James
Name:	Helen James
Role:	Assistant Head of Operational Procurement
Date:	23rd April 2026

12. Approvals

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED …….

PRINT NAME …….

TITLE …….

DATED …….

CONFIDENTIAL

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED …….

PRINT NAME …….

TITLE …….

DATED …….

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REQUEST FOR APPROVAL - PROCUREMENT

PBM Approval	Lily Prance
AHOP Approval	Helen James

To: Suzanne Rankin, Chief Executive

From: Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead - C&V

Reference:- CS/LC CAV-FTS-61017 RFA 26-27 [7]

Could you please arrange for the under mentioned Contract Recommendation to be approved on the understanding that it complies with Standing Orders and EC Regulations and the total cost indicated is not exceeded.

Signed:- **Date:-**

Print Name:- Claire Salisbury

1	Contract Title	Provision of Travel and Transport Bookings
2	Contract Period	1st June 2026 - 31st May 2031
2a	Extension Period (if applicable)	Extension Option 1: 1st June 2031 - 31st May 2032 Extension Option 2: 1st June 2032 - 31st May 2033 Extension Option 3:1st June 2033- 31st May 2034
3	Procurement Route	Open Find a Tender Service (FTS) with 5 responses
4	Current Contractor	City Travel
5	Total Value of Current Contract	£343,211.25 plus VAT = £411,853.50 per annum
6	Value of Proposed New Contract	Annual Value: £370,000.00 plus VAT = £444,000.00 Initial 5-year term: £1,850,000.00 (£2,220,000.00 inc. VAT) Optional 3-year extension: £1,110,000.00 (£1,332,000.00 inc. VAT) Contingency – The cap value of £370,000.00 includes a contingency £25,000.00 (£30,000.00 inc. VAT) per annum Total contract value (Including extension option): **£2,960,000.00 (£3,552,000.00 inc. VAT).**
7	% Increase/Decrease in Contract Value	7.81%
	[a] Increase	Increase
	[b] Reason for Cost Pressure/Avoidance	Increase of £26,788.75 per annum to allow for any inflation. Pricing capped at £370,000.00 per annum.
8	Recommended Contractor[s]	City Travel (UK) Ltd
9	Budget/Financial Source: [Directorate/Funding]	Executives - Corporate Executives
10	The following supporting documentation is attached	
	(a) Procurement Report	Attached
	(b) Single Tender Action	Not Applicable

(c) Additional information if necessary

	The Chair is asked to take urgent action in respect of contract approval	Not Applicable - Board approval
11	Expenditure Exceeds £1m (Ministerial Approval)	Applicable
12	Supporting Document for IM's and Chair (attached by Head of Risk and Regulation with Chair's Action docusign approval process)	

APPROVAL

Expenditure £25,000 to £500,000

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed ..... Dated .....

Print Name .....

Finance Director

Expenditure £500,000 to £1,000,000

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed ..... Dated .....

Print Name .....

Chief Executive

Compliance (in respect of Chair's Action)

I confirm I have reviewed the information contained in this request and it accords with the process for approval of such expenditure.

Signed ..... Dated .....

Print Name .....

Director of Corporate Governance

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed ..... Dated .....

Print Name .....

Independent Member

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed ..... Dated .....

Print Name .....

Independent Member

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed ..... Dated .....

Print Name .....

Chair

Contract award approved at LHB Board on ..... **Minute No.** .....

Comments:

Report Title:	Draft Finance & Performance Committee Annual Report 2025/26				Agenda Item No:	3.3	
Meeting:	People & Culture Committee	Public	x		Meeting Date:	20.05.2026	
		Private					
Status:	Assurance		Approval	x	Information/Noting		
Lead Executive Title:	Director of Corporate Governance						
Report Author Title:	Corporate Governance Officer						

Main Report

Background and Current Situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

The purpose of the Annual Report is to provide Members of the Finance & Performance Committee with the opportunity to discuss the attached draft annual report before being submitted to the Board for approval on 28 May 2026.

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

The Committee achieved an overall attendance rate of 74.34% from the period 1 April 2025 to 31 March 2026 and met on five occasions during the year.

The attached Annual Report 2025/26 of the Finance & Performance Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

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

a) Finance & Performance Committee Annual Report

Recommendations:

a) **NOTE** the contents of the report
b) **ENDORSE** the report to the Board for approval

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	x

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	x	Involvement	x

Quality Impact Assessment Completed?

Please place an “x” in the below boxes where relevant				
Yes	x	No	x	N/A

Impact Assessment Please place an “x” in the below boxes where relevant
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: Yes
As per 10.2.2 of the Health Board Standing Orders: *“Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established”.*
Reputational: No
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: No

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

/

Annual Report of the Finance & Performance Committee 2025-26

1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance & Performance Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

In addition to the Chair of the Committee, the Committee membership is a minimum of two other Independent Members. The meetings are also attended by the Executive Director of Finance (Executive Lead for the Committee), Chief Executive, Chief Operating Officer, Executive Director of Nursing, Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met 11 times during the period from 1st April 2025 to 31st March 2026. This is in line with its Terms of Reference. The Finance & Performance Committee achieved an attendance rate of 74.34% (80% is considered to be an acceptable attendance rate) during the period 1st April 2025 to 31st March 2026 as set out below:

Attendance	16/04/2025	21/05/2025	18/06/2025	23/07/2025	17/09/2025	22/10/2025	19/11/2025	21/01/2026	18/02/2026	18/03/2026	Percentage	
John Union	☑	☑	☑	☑	☑						100.00%	
Rhian Thomas	☐	☑	☑	☑	☑	☑	☑	☑	☐	☑	80.00%	*Chair from October 2025*
David Edwards	☑	☑	☑	☑	☑	☑	☑	☐	☐	☑	80.00%	
Ceri Phillips	☑	☑	☑	☑	☑	☑	☐	☑	☐	☑	80.00%	
Rachna Upadhya	☑	☑	☑	☐	☑	☑	☑	☑	☑	☐	80.00%	
Clive Curtis			☐	☑	☑	☑	☐	☑	☑	☑	75.00%	
Mike Jones	☑	☑	☑	☑	☑	☐	☑				85.71%	
Steve Riley	☐	☐	☑	☐	☐	☐	☑	☐	☑	☐	30.00%	
Susan Lloyd-Selby	☐	☑	☑	☑	☑	☐	☐	☐	☐	☑	50.00%	
Sara Moseley	☐	☑	☑	☑	☐						60.00%	
Judi Rhys						☐	☑	☑	☑	☑	80.00%	
Catherine Phillips	☐	☑	☑	☑	☑	☑	☐	☑	☑	☑	80.00%	
Paul Bostock	☑	☑	☐	☐	☐	☑	☑	☑	☑	☑	70.00%	
Matt Phillips	☐	☑	☑	☑	☑	☑	☑	☑	☑	☑	90.00%	
Suzanne Rankin	☐	☐	☐	☐	☐	☐	☐	☑	☑	☐	20.00%	
Charles Janczewski	☑	☑	☑	☑	☐						80.00%	*Left the UHB on 01st October 2025*
Kirsty Williams						☑	☐	☑	☑	☐	60.00%	

4.0 WORK UNDERTAKEN

During the financial year 2025/26, the following standing items were considered and reviewed at each Finance Committee:

- Finance Report Update (including tracker)
- Operational Performance Update
- Board Assurance Framework (bi-monthly)

An extract from the Monthly Finance Monitoring Returns submitted to Welsh Government was also noted at each Committee Meeting.

The following items were considered periodically at the Finance committee during the financial year 2025/26:

- Planned Performance Dashboard
- RPB Quarterly Update
- Rapid Planning Event Report
- Annual Plan Reporting Framework
- Enabling Actions & Ministerial Advisory Group (MAG) Update
- Rapid Planning Event December 2024: Findings Report
- RPB Update
- Accountable Officer Letter
- Annual Plan / Quarterly IMTP
- Targeted Intervention

The following business cases were approved by the committee during 2025/26:

- Community Diagnostic Hub
- LHP OBC & South East Wales Regional Orthopaedic Plan
- Park View Wellbeing Hub
- Llantrisant Health Park – FBC Community Diagnostics Hub & OBC Orthopaedic
- UHW Ward Block Roof Replacement

5.0 REPORTING RESPONSIBILITIES

The Committee has reported to each Board meeting by presenting a summary report of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee. In addition, the finance dashboard which is reviewed at Committee meetings is included within the Performance Report which is submitted to each Board meeting.

6.0 OPINION

The Committee is of the opinion that the Finance Committee Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Rhian Thomas

Committee Chair

Report Title:	Monthly Monitoring Return – Month 12				Agenda Item no.	4.1	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	20th May 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 (2025) 023 - 2025/26 NHS Wales Financial Monitoring Return
Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.

A copy of the March 2025/26 MMR is attached.

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

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

Recommendation:

The Board/Committee are requested to:

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

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

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?

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

Impact Assessment:

Risk: No

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

Safety: No

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

Financial: Yes

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

Workforce: No

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

Legal: No

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

Reputational: No

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

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

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

Equality and Health: No

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

Decarbonisation: No

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

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

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

Welsh Language: Yes/No

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

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Finance and Performance Committee	Date: 20th May 2026

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE TWELVE MONTH PERIOD ENDED 31st MARCH 2026

INTRODUCTION

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

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

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

The draft plan assumed that:

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

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

Table 1: 2025/26 Draft Plan

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

The financial monitoring returns have been prepared within the framework of the UHB's revised Draft Financial Plan, which included a planning deficit of £56.233m for 2025-26. This report details the financial position of the UHB for the period ending 31st March 2026.

A full commentary has been provided to cover the tables requested for the month 12 financial position.

At month 12 the UHB is reporting an overspend of £56.098m, £0.136m under plan.

The underspend of £56.098m is comprised of £0.202m of operational deficit and the planned deficit of £56.233m as set out in the UHB's Accountable Officer letter relayed on the 30th of June 2025 offset by a (£0.339m) surplus against savings.

Pressure on Achievement of Savings

At month 12, the UHB had delivered £32.339m (101%) of in year savings against the £32m savings target.

A number of the schemes delivered were only non recurrent and this led to a £5.4m shortfall against the £32m recurrent target.

Pressure on Operational Position

The main drivers of the operational deficit include: -

- Mental Health Out of Area Placements
- The shortfall in funding for the 2025-26 Employers NI Increase.
- a shortfall in the delivery of activity against the JCC SLA.

Following confirmation of an adverse Month 5 position, the UHB undertook detailed reviews ("deep dives") across all clinical boards to understand key issues, assess risks, and gain assurance on the actions required to deliver within the agreed deficit control totals. Additional measures were subsequently approved to stabilise and recover the financial run rate.

The recurrent impact of operational pressures in 2025/26 has been assessed at £7.1m

BACKGROUND

The Board noted the position and submitted a draft financial plan, which included a forecast deficit of £58.2m, to the Welsh Government at the end of March 2025. Following this submission, the Welsh Government requested that the UHB set out further actions to reduce the forecast deficit. In response, the UHB confirmed that ongoing progress in identifying savings provided

sufficient assurance to increase the planned savings target by a further £2m. As a result, the forecast deficit for 2025/26 was reduced to £56.2m

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 12 for which the following should be noted:

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

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

The underlying deficit projected for 2025/26 is currently assessed at £68.7m, which is £12.5m higher than the 2025/26 forecast outturn of £56.2m. The reported increase from 2025/26 to 2026/27 is primarily driven by a shortfall in recurrent savings, mental health out of area placements and the full-year impact of a number of operational pressures experienced across the UHB during the current year. All underlying deficit drivers are being reviewed and where possible, actions being taken to address.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

The UHB's provisional year-end position is a £56.098m deficit, which remains subject to External Audit scrutiny and review. The UHB does not anticipate any risks that would materially impact the reported year-end position.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B and Table 2 below confirm the year-to-date deficit of £56.098m, consistent with the analysis set out in the annual operating plan (Table A).

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

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	9,067	9,067	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(4,167)	(3,888)	278	(32,000)	(32,339)	(339)
Operational Variance	0	(510)	(510)	0	202	202
Clinical/Service Board Variance	**4,900**	**4,668**	**(231)**	**56,233**	**56,098**	**(136)**

The month 12 surplus of £56.098m comprised of the following:

- £56.233m planned deficit
- (£0.339m) CRP surplus
- £0.202m adverse operational variance against plan.

The operational pressures reported are largely offset by operational underspends across service areas, as summarised below:

Table 3: Operational Pressures for the period ended 31st March 2026

Operational Pressure	Operational Variance YTD £'000
Mental Health Out of Area Placements (OOA)	2,910
Specialist Services Activity Related Underperformance	1,400
Employers National Insurance	1,550
Vaccines	(1,300)
Winter	(951)
CD&T Activity	(840)
Prescribing	(500)
Pay Underspend	(2,269)
Total Surplus/(Deficit)	**0**

Further detail in relation to table 3 is provided below:

- Mental Health OOA. Operational pressures continue. The impact and utilisation of the additional DTOC capacity will continue to be reviewed.
- Specialist services underperformance. Cardiac services performance was below target and below 2024/25 levels.

- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines. Combined vaccine expenditure is projected to be below budget.
- Additional winter capacity was deployed only when deemed essential.
- CD&T Activity. Additional radiology and research income has been recovered this year.
- GP prescribing costs are below forecast, driven mainly by favourable tariff changes and the impact of medicines-management switches
- Pay vacancies, combined with enhanced scrutiny of variable pay, have partially offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less Than Full Time (LTFT) posts, and sickness. The UHB recorded an increase in WTE nursing staff during September and October, driven by the onboarding of student nurse streamliners. In November, December, January, February and March WTEs in post declined, returning to the trend observed prior to the onboarding period.

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals.

Table B2 – Movements from Opening Expenditure Plan

Following submission of the draft financial plan, Welsh Government has confirmed a number of additional resource limit assumptions as oulined in table B2. The main changes relate to depreciation and impairments, notional superannuations costs, additional costs arising from changes in Employer NI rates and threshold values, confirmation of DPIF programme funding, additional planned care funding, the impact of the Real Living Wage increase on Bands 2 and 3, and the pay awards implemented in August 2025.

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.621m in month.

Agency Costs have reduced from an monthly average of £0.480m in 2024/25 to £0.441m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

The UHB recorded expenditure on Additional Clinical Services and Estates categories in March as follows:

- Additional Clinical Services - £0.070m – Providing specialist cover for high-acuity patients, primarily within Mental Health services.

- Estates -£0.025m – maintenance invoices.

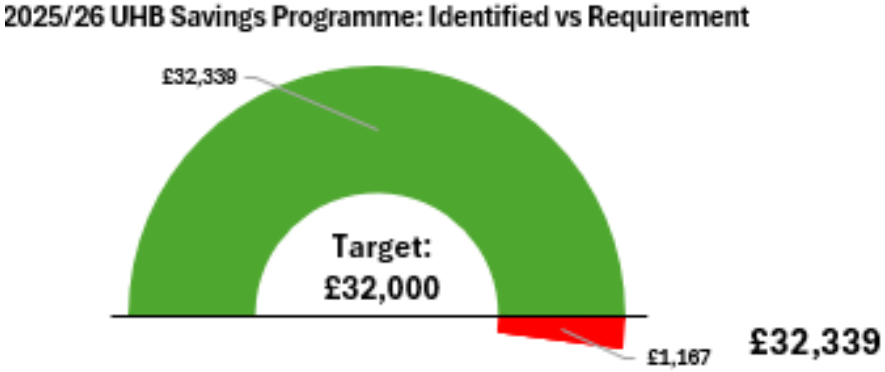
Savings Programme 2025-26 (TABLE C, C1, C2, C3 & C4)

The delivery against green schemes is £32.339m at month 12, which is 101.1% of the £32m savings target.

The savings identified against the £32m recurrent target are £5.4m short of the target. This is turn has led to an increase to the UHBs underlying deficit moving into 2026/27.

Red schemes of £1.167m were identified**.** The reported surplus of £0.339m against the £32.0m savings target offset ongoing operational pressures. Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes



Under Welsh Government MMR rules, amber schemes that do not transition to green within three months must be removed from the Table C3 tracker. At month 12, a total of 28 amber schemes continue to be reported in Table C3 to maintain consistency with the opening plan. None of these schemes delivered savings in 2025/26.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

Year Agreement of Balances are reflected in the draft outturn.

INCOME ASSUMPTIONS 2025/26 (TABLE E)

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

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

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of March was £1.653m.

Welsh Government provided strategic cash support of £16m to fund the UHB's 2025/26 planned deficit of £56.2m.

In addition, a further £7m was issued to support movements in revenue working capital arising from the 2024/25 balance sheet position.

The UHB remained with its 2025/26 Cash Limit as set by Welsh Government.

BALANCE SHEET (TABLE F)

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

Property, plant & equipment has increased by £75m since the start of the year. This is due to the combined impact of capital expenditure, annual indexation and monthly depreciation charges.

Overall trade and other debtors increased by £20m to £318m since the start of the year.

The carrying value of trade creditors has increased by £28m to circa £289m over the year.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB achieved its Public Sector Payment Performance target with 96.4% being achieved cumulatively for the year.

Performance for the month to the end of March for NHS invoices was 82.30%. The UHB acknowledges the opportunity to further improve this measure and is working internally and with NWSSP to enhance the score.

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

The UHBs approved capital resource limit for 2025/26 was £62.250m in line with the confirmed allocation received from Welsh Government on the 18th of March 2026.

This included:

- £14.317m discretionary funding
- £45.559m for specific projects
- £5.374m relating to IFRS 16 lease capital funding

The UHB operated within its Capital Resource Limit, reporting an underspend of £0.289m for 2025/26. As is standard practice, this position remains subject to review by Audit Wales.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of March 2026 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. 10 invoices between 11 and 17 weeks were outstanding. 5 of the invoices have since been paid and the other 5 were agreed as part of the NHS Wales Agreement of Balances Process.

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure at quarter 4 is reported on tables N & O.

Reported 2025/26 GMS and Dental Expenditure exceed the ring fenced allocations confirmed by Welsh Government.

RINGFENCED ALLOCATIONS (TABLE P)

Expenditure against Ringfenced Allocations is broadly in line with allocations.

IFRS 16 (TABLE Q)

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

The CAME dilapidations figure of £0.599m in Table Q reflects the amount included in the Final IFRS16 return.

OTHER ISSUES

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

CONCLUSION

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

Savings delivery and operational pressures were managed and mitigated throughout the year, enabling the UHB to deliver a year-end position of £56.098m, which is within the forecast deficit of £56.233m

This position is £28.471m over and above the £27.627m deficit reported in the previous year.

- The reported year-end position is an overspend of £56.098m against the planned deficit of £56.233m. The position includes an operational overspend of £0.202m against plan and a (£0.339m) savings surplus.

- The combined recurrent savings shortfall and recurrent operational pressures of £12.5m, which are adversely impacting the deteriorating underlying deficit being carried into 2026/27. The underlying deficit entering 2026/27 is currently assessed at £68.7m, which is £12.5m higher than the 2025/26 forecast outturn of £56.2m.

…….
SUZANNE RANKIN
CHIEF EXECUTIVE

28th April 2026

…….
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE

28th April 2026

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

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-59,900	0	-59,900	-59,900
2	Cost Pressures (Negative Value)	-51,100	0	-51,100	-51,100
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,297	0	20,297	20,297
4	Other Income Uplift / (Reduction)	2,471	0	2,471	2,471
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	22,185	6,184	16,001	20,891
7	Planned (Finalised) Net Income Generation	2,063	312	1,751	2,150
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	7,751	0	7,751	8,959
12	**Opening IMTP / Annual Operating Plan**	**-56,233**	**6,496**	**-62,729**	**-56,232**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-7,751	0	-7,751	-8,959
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	210	805	-594	-111
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,696	-249	-4,446	-6,230
17	Additional In Year Identified Savings - Forecast	10,945	5,233	5,712	9,906
18	Variance to Planned RRL	-1	-1		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0	0	0
20	In Year Accountancy Gains	1,632	1,632	0	0
21	Unplanned Spend Reductions	10,007	10,007	0	0
22	Unplanned Cost Pressures	-10,211	-6,645	-3,566	-7,133
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	Planned Expenditure - Timing, Profiling and Confirmation	0	0	0	0
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**-56,098**	**17,277**	**-73,375**	**-68,759**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-59,900	-59,900
2	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-51,100	-51,100
3	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	20,297	20,297
4	206	206	206	206	206	206	206	206	206	206	206	206	2,471	2,471
5	1,432	853	391	14	135	39	-396	-266	-367	-435	-422	-977	0	0
6	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	22,185	22,185
7	54	71	133	190	175	190	201	216	201	216	201	216	2,063	2,063
8													0	0
9													0	0
10													0	0
11		523	1,023	689	689	689	689	689	689	689	689	689	7,751	7,751
12	**-4,853**	**-4,853**	**-4,353**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,687**	**-56,233**	**-56,233**
13	0	-523	-1,023	-689	-689	-689	-689	-689	-689	-689	-689	-689	-7,751	-7,751
14													0	0
15	0	8	4	115	-26	80	-15	-77	-51	-11	-38	221	210	210
16	0	0	-204	-808	-392	-165	-521	-427	-545	-582	-601	-450	-4,696	-4,696
17	0	259	650	1,609	704	803	1,144	1,111	1,051	1,119	1,121	1,375	10,945	10,945
18			-489	-1,012	726	395	-192	82	232	751	298	-792	-1	-1
19	2,589	3,002	-7,155	-521	-521	-521	3,128						0	0
20	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632
21	189	3,015	296	804	521	1,446	-1,717	512	1,423	1,074	907	1,536	10,007	10,007
22	0	-2,133	-117	-894	-2,273	-1,727	-227	-417	224	-1,137	-540	-970	-10,211	-10,211
23	0	523	-523	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	2,066	-2,067	0	0	0	0	0	0	0	0	0	0	0
26	-4,021	-7,167	11,189										0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**-6,096**	**-5,803**	**-3,317**	**-5,956**	**-6,637**	**-4,034**	**-3,776**	**-4,591**	**-3,041**	**-4,161**	**-4,230**	**-4,456**	**-56,098**	**-56,098**

Cardiff & Vale ULHB

Period : Mar 26

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	10,103	10,103		0	430			
2		Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,189	1,160	1,123	11,391	11,391	100.00%	11,391	0	3,629	7,763	12,132
3		Variance	0	76	237	161	238	137	227	184	42	29	(2)	(39)	1,288	1,288	*12.75%*	11,391	-430			
4	Non-Pay	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	7,211	7,211		6,050	1,161			
5		Actual/F'cast	437	506	806	977	544	722	928	887	672	695	643	1,655	9,472	9,472	100.00%	9,472	0	5,945	3,526	4,230
6		Variance	0	164	247	211	72	208	134	239	137	160	108	580	2,260	2,260	*31.34%*	3,421	-1,161			
7	Primary Care - Drugs & Appliances	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	1,107	1,107		1,107	0			
8		Actual/F'cast	73	73	73	687	87	175	395	395	460	494	564	518	3,994	3,994	100.00%	3,994	0	674	3,320	5,368
9		Variance	0	0	0	600	0	88	298	298	363	382	452	406	2,887	2,887	*260.86%*	2,887	0			
10	Secondary Care Drugs	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	992	992		992	0			
11		Actual/F'cast	49	100	103	108	190	176	186	189	189	191	188	203	1,872	1,872	100.00%	1,872	0	440	1,432	1,546
12		Variance	0	18	18	23	105	90	99	103	103	104	101	117	879	879	*88.64%*	879	0			
13	CHC/FNC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	2,458	2,458		1,546	912			
14		Actual/F'cast	59	59	86	(23)	66	334	126	126	126	126	126	126	1,336	1,336	100.00%	1,336	0	480	856	856
15		Variance	0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(1,122)	(1,122)	*(45.64%)*	-210	-912			
16	Primary Care Contractor	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	103	103		103	0			
17		Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	21	155	155	100.00%	155	0	0	155	220
18		Variance	0	0	0	0	0	0	9	9	9	9	9	9	52	52	*50.44%*	52	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	30	30		30	0			
20		Actual/F'cast	3	3	3	3	3	3	6	3	3	3	3	3	34	34	100.00%	34	0	0	34	34
21		Variance	0	0	0	0	0	0	4	0	0	0	0	0	4	4	*13.17%*	4	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	15	15	15	15	15	15	15	15	15	15	15	15	180	180		180	0			
26		Actual/F'cast	15	15	15	15	15	15	15	15	15	15	15	15	180	180	100.00%	180	0	0	180	180
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	22,185	22,185		10,008	0			
35		Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,718	3,663	28,433	28,433	100.00%	28,433	0	11,167	17,266	24,567
36		Variance	0	258	446	802	312	637	622	684	506	537	520	925	6,249	6,249	*13.17%*	18,425	0			
37	Variance in month		0.00%	24.52%	30.69%	45.21%	18.70%	36.46%	28.66%	33.75%	23.59%	24.44%	23.65%	33.78%	28.17%							
38	In month achievement against FY forecast		3.57%	4.61%	6.68%	9.06%	6.96%	8.39%	9.83%	9.54%	9.32%	9.61%	9.56%	12.88%								

Cardiff & Vale ULHB

Period : Mar 26

Table C1- Savings Schemes Pay Analysis

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings
1		Budget/Plan		314	347	427	488	677	662	740	742	972	1,011	1,012	1,012	8,403	8,403	0	180			
2	Pay - General & Substantive	Actual/F'cast		314	422	668	674	937	811	920	885	965	1,006	975	946	9,525	9,525	9,525	0	2,603	6,921	10,558
3		Variance		0	76	241	186	261	149	180	143	(7)	(5)	(37)	(66)	1,121	1,121	9524.787572	(180)			
4		Budget/Plan		32	100	117	117	117	117	117	117	117	117	117	117	1,300	1,300	0	250			
5	Pay - Variable	Actual/F'cast		32	100	112	92	94	105	164	158	165	150	151	144	1,467	1,467	1,467	0	1,025	442	1,175
6		Variance		0	0	(4)	(25)	(23)	(12)	47	41	48	33	34	27	167	167	1,467	(250)			
7		Budget/Plan		33	33	33	33	33	33	33	33	33	33	33	33	400	400	0	0			
8	Pay - Agency	Actual/F'cast		33	33	33	33	33	33	33	33	33	33	33	33	400	400	400	0	0	400	400
9		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	400	0			
10		Budget/Plan		379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	10,103	10,103	0	430			
11	Total	Actual/F'cast		379	556	814	799	1,065	949	1,117	1,076	1,163	1,189	1,160	1,123	11,391	11,391	11,391	0	3,629	7,763	12,132
12		Variance		0	76	237	161	238	137	227	184	42	29	(2)	(39)	1,288	1,288	11,391	(430)			

Table C2- V&S Saving Categories

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1		Budget/Plan		379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	10,103	10,103
2	Workforce	Actual/F'cast		379	556	814	799	1,065	949	1,117	1,076	1,163	1,215	1,160	1,123	11,417	11,417
3		Variance		0	76	237	161	238	137	227	184	42	54	(2)	(39)	1,313	1,313
4		Budget/Plan		122	134	138	153	153	153	164	164	164	178	178	178	1,881	1,881
5	Medicines Management	Actual/F'cast		122	153	156	782	264	337	578	582	647	682	749	718	5,771	5,771
6		Variance		0	18	18	629	111	185	414	418	483	504	571	540	3,890	3,890
7		Budget/Plan		454	379	571	778	484	527	807	660	547	547	547	1,087	7,389	7,389
8	Procurement & Non-pay	Actual/F'cast		454	544	793	974	541	719	919	873	659	657	629	1,642	9,405	9,405
9		Variance		0	164	222	196	57	193	112	213	112	109	82	554	2,015	2,015
10		Budget/Plan		59	59	142	170	170	220	273	273	273	273	273	273	2,458	2,458
11	CHC	Actual/F'cast		59	59	86	(23)	66	334	126	126	126	126	126	126	1,336	1,336
12		Variance		0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(1,122)	(1,122)
13		Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Pathway	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
16		Budget/Plan		0	0	25	25	25	25	25	25	25	25	25	25	250	250
17	Other - Commissioning	Actual/F'cast		0	0	50	33	33	33	33	33	33	33	33	33	350	350
18		Variance		0	0	25	8	8	8	8	8	8	8	8	8	100	100
19		Budget/Plan		0	0	0	9	10	12	12	12	12	12	12	12	103	103
20	Other - Primary Care	Actual/F'cast		0	0	0	9	10	12	21	21	21	21	21	21	155	155
21		Variance		0	0	0	0	0	0	9	9	9	9	9	9	52	52
22		Budget/Plan		1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	22,185	22,185
23	Total	Actual/F'cast		1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,718	3,663	28,433	28,433
24		Variance		0	258	446	802	312	637	622	684	506	537	520	925	6,249	6,249

Cardiff & Vale ULHB

Mar 26

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	22,185	22,185	6,184	16,001	4,890	20,891
	Month 1 - Actual/Fore	1,014	1,052	1,250	965	1,275	1,582	1,650	1,601	1,598	1,615	1,597	2,288	17,489	17,489	5,934	11,555	3,107	14,661
	Variance	0	(0)	(204)	(808)	(392)	(165)	(521)	(427)	(545)	(582)	(601)	(450)	(4,696)	(4,696)	(249)	(4,446)	(1,783)	(6,230)
	In Year - Plan	539	444	839	1,490	720	876	1,344	1,257	1,210	1,308	1,173	1,612	12,813	12,813	5,895	6,918	3,320	10,238
	In Year - Actual/Forec	0	259	650	1,609	704	803	1,144	1,111	1,051	1,119	1,121	1,375	10,945	10,945	5,233	5,712	4,194	9,906
	Variance	(539)	(186)	(190)	120	(16)	(74)	(200)	(146)	(159)	(189)	(52)	(237)	(1,869)	(1,869)	(663)	(1,206)	874	(332)
	Total Plan	1,554	1,497	2,292	3,263	2,388	2,624	3,516	3,284	3,354	3,505	3,371	4,350	34,998	34,998	12,079	22,919	8,210	31,129
	Total Actual/Forecast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,718	3,663	28,433	28,433	11,167	17,266	7,301	24,567
	Total Variance	(539)	(186)	(393)	(688)	(409)	(239)	(721)	(573)	(704)	(771)	(653)	(687)	(6,564)	(6,564)	(912)	(5,652)	(909)	(6,562)
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	2,063	2,063	312	1,751	399	2,150
	Month 1 - Actual/Fore	54	71	83	72	109	128	88	103	108	146	110	158	1,230	1,230	312	918	678	1,596
	Variance	0	0	(50)	(118)	(66)	(62)	(113)	(112)	(93)	(70)	(91)	(58)	(833)	(833)	0	(833)	279	(554)
	In Year - Plan	102	110	64	133	40	142	88	37	45	258	56	262	1,335	1,335	906	429	87	516
	In Year - Actual/Forec	0	8	54	233	40	142	97	36	43	59	53	279	1,044	1,044	805	239	119	358
	Variance	(102)	(102)	(10)	100	(0)	0	10	(1)	(2)	(199)	(3)	17	(291)	(291)	(101)	(190)	32	(158)
	Total Plan	155	181	198	323	215	332	289	253	245	474	257	478	3,398	3,398	1,218	2,180	486	2,666
	Total Actual/Forecast	54	79	138	305	149	270	186	139	150	205	162	436	2,273	2,273	1,117	1,157	797	1,954
	Total Variance	(102)	(102)	(60)	(18)	(66)	(62)	(103)	(114)	(95)	(269)	(94)	(41)	(1,125)	(1,125)	(101)	(1,023)	311	(712)
Accountancy Gains	In Year - Plan	0	0	474	0	0	1,032	0	0	0	0	0	0	1,506	1,506	1,506	0	0	0
	In Year - Actual/Forec	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632	1,632	0	0	0
	Variance	0	0	0	126	0	0	0	0	0	0	0	0	126	126	126	0	0	0
Total	Month 1 - Plan	1,068	1,124	1,586	1,963	1,842	1,938	2,373	2,243	2,345	2,413	2,399	2,954	24,248	24,248	6,496	17,752	5,289	23,041
	Month 1 - Actual/Fore	1,068	1,123	1,333	1,037	1,384	1,711	1,739	1,704	1,706	1,760	1,707	2,446	18,719	18,719	6,246	12,472	3,785	16,257
	Variance	0	(0)	(254)	(926)	(458)	(227)	(634)	(539)	(638)	(652)	(692)	(508)	(5,529)	(5,529)	(249)	(5,280)	(1,504)	(6,784)
	In Year - Plan	641	554	1,378	1,622	760	2,050	1,432	1,294	1,255	1,566	1,229	1,873	15,654	15,654	8,307	7,347	3,407	10,754
	In Year - Actual/Forec	0	267	1,178	1,969	744	1,976	1,241	1,147	1,094	1,178	1,174	1,654	13,620	13,620	7,669	5,951	4,313	10,264
	Variance	(641)	(287)	(200)	346	(16)	(74)	(191)	(148)	(161)	(388)	(55)	(220)	(2,034)	(2,034)	(638)	(1,396)	906	(490)
	Total Plan	1,709	1,678	2,964	3,586	2,602	3,988	3,804	3,538	3,599	3,979	3,628	4,827	39,902	39,902	14,803	25,099	8,696	33,795
	Total Actual/Forecast	1,068	1,390	2,511	3,006	2,128	3,687	2,980	2,851	2,800	2,938	2,880	4,100	32,339	32,339	13,916	18,423	8,098	26,521
	Total Variance	(641)	(288)	(453)	(580)	(474)	(301)	(824)	(687)	(800)	(1,040)	(747)	(728)	(7,563)	(7,563)	(887)	(6,676)	(598)	(7,274)

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	3,411	3,552	0	**6,963**	494	0
Scheduled Care	4,011	3,089	0	**7,100**	217	0
Unscheduled Care	0	125	0	**125**	0	0
Mental Health	764	911	0	**1,675**	0	0
Community Services	988	414	0	**1,402**	0	0
Primary Care	213	2,739	0	**2,951**	0	0
Commissioned Services - CHC	0	610	0	**610**	0	0
Commissioned Services - Specialised Services	0	1,212	0	**1,212**	373	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	1,401	2,073	0	**3,474**	666	600
Non Clinical Support	34	0	0	**34**	0	0
Executive / Corporate Areas	544	2,053	0	**2,597**	523	1,032
Total	**11,366**	**16,776**	**0**	**28,143**	**2,273**	**1,632**