Public Finance and Performance Committee
Wednesday 17th June 2026
via MS Teams

14:00	**1. Standing Items**	Rhian Thomas
1.1	Welcome, Introductions & Apologies:	
1.2	Declarations of Interest	
1.3	Minutes from the Finance and Performance Committee meeting – 20.05.2026	
1.4	Actions following the Finance and Performance Committee meeting held on 20.05.2026	
1.5	Chair's Actions since previous meeting	
14:05	**2. Items for Review and Assurance**	
2.1 14:05 *25 mins*	Financial Report – Month 2 Position (including Savings Tracker)	Rob Mahoney
2.2 14:30 *30 mins*	Operational Performance Update (including Endoscopy Pathway Improvements)	Cath Wood
2.3 15:00 *15 Mins*	Productivity & Performance Oversight	Cath Wood
2.4 15:15 10 Mins	BAF - Long Term Finance	Rob Mahoney
15:25	**3. Items for Approval / Ratification**	
	No Items	
15:25	**Items for Information and Noting**	
4.1 *0 Mins*	Monthly Monitoring Return – Month 1	Rob Mahoney
	4. Private Meeting Business:	
	i) Minutes from the previous meeting *ii) Organisational Redesign Brief*	
15:25	**5. Any Other Business**	
15:25	**6. Review and Final Closure**	
7.1	Items to be deferred to Board / Committee and review of any actions to Future meetings.	Rhian Thomas
7.2	To note the date, time and venue of the next Committee meeting: **Wednesday 22nd July 2026 via MS Teams**	

Minutes of the Public Finance & Performance Committee Meeting
20th May 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
David Edwards	DE	Independent Member – Digital
Lorna McCourt	LM	Independent Member – Trade Union
Ceri Phillips	CP	Health Board Vice Chair
Judi Rhys	JR	Independent Member – Third Sector
Steve Riley	SR	Independent Member - University
Rachna Upadhya	RU	Independent Member
In Attendance:		
Jessica Castle	JC	Director of Operations – Specialist Clinical Board
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CPH	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Adam Roberts	AR	Executive Director of Strategic Planning
Catherine Wood	CW	Deputy Chief Operating Officer
Adam Wright	AW	Director of Operational Planning and Performance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Clive Curtis	CC	Independent Member - Community
Suzanne Rankin	SR	Chief Executive Officer
Claire Beynon	CB	Executive Director of Public Health

Ref:	Agenda Item:	Action
FPC 2026/05/1.1	**Welcome, Introductions & Apologies** Rhian Thomas (RT), the Chair of the Committee welcomed everybody to the meeting in English and in Welsh.	
FPC 2026/05/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 2026/05/1.3	**Minutes of the Finance and Performance Meeting held on 22nd April 2026** The minutes of the meeting held on 22nd April 2026 were received and confirmed as a true and accurate record. Catherine Phillips (CPH), Executive Director of Finance asked to amend her initials to avoid confusion with the UHB Vice Chair, Ceri Phillips. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 22nd April 2026 were held as a true and accurate record of the meeting.	

FPC 2026/05/1.4	**Actions following the Finance & Performance Meeting on 22nd April 2026** The Action Log following the meeting held on the 22 April 2026 was received and discussed. **The Finance and Performance Committee resolved that:** A) The Action Log for the Finance and Performance Committee was noted.	
FPC 2026/05/1.5	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 2026/05/2.1	**Financial Report – Month 1 Position (including savings tracker)** Andrew Gough (AG), Deputy Director of Finance (Strategic), introduced the first financial report of 2026–27, reporting a Month 1 deficit of £9.397m, £2.186m adverse to plan. The variance was mainly due to a £2.4m savings shortfall, partly offset by an operational surplus of just over £200,000. He said this was a concerning start to the year, given the Health Board's planned deficit of £86.5m. A key focus was the £42.5m savings programme. At Month 1, only £13.4m of schemes were rated green or amber, leaving a £29.2m gap. A further £17.5m sat in the red pipeline but lacked enough detail and delivery mechanisms to be considered robust or cash-releasing. He said urgent work was needed to progress these schemes and identify further opportunities, with discussions and performance review meetings already underway with Clinical Boards. AG also highlighted emerging operational pressures, including unplanned endoscopy insourcing costs linked to cancer demand, which could create a £1.6m full-year risk if unresolved. He stressed that these pressures needed early action to prevent further deterioration, with relevant teams expected to identify and deliver solutions. AG outlined a £5m financial risk linked to a proposed 2% Joint Commissioning Committee (JCC) efficiency requirement. This had not been included in the reported position as discussions were ongoing and the implementation mechanism remained unclear. However, it was recognised as a potential additional savings requirement and was being actively progressed with the JCC, with arbitration available if needed. The report also noted a reduction of 362 whole-time equivalent posts over the previous 12 months and assumed zero workforce growth in 2026–27. AG cautioned that this alone would not close the savings gap. He also highlighted non-pay growth in secondary care prescribing, continuing healthcare and commissioned services, which were being reviewed ahead of the financial plan resubmission to Welsh Government by 29 May 2026. A recurring theme was the lack of recurrent savings and the risk of a worsening underlying deficit. The Health Board entered the year with an underlying deficit of £68.8m, which was expected to increase without stronger recurring solutions. AG said improving delivery of recurrent savings was a priority for the year ahead.	

	The Committee discussion underscored the seriousness of the position and focused on systemic weaknesses in financial planning and delivery. CPH said the organisation still began each year without a sufficiently detailed and deliverable plan, despite earlier planning. She said the lack of early clarity and detail in savings schemes delayed implementation and led to repeated in-year reactions. She described this as a shared organisational issue and said future plans must land earlier with clear actions from Month 1. Kirsty Williams (KW), UHB Chair, challenged the framing of the current plan, noting that Welsh Government had rejected it and that it should not be treated as an acceptable endpoint. She called for clearer actions to move beyond the current position, including greater transparency on risks such as the JCC requirement. She also questioned why the JCC risk had not been included in the financial position. AG said the risk had been formally recognised and reported but could not be included in the baseline position until implementation details were confirmed. Committee members, including David Edwards (DE), said the current savings approach was too short-term and tactical, with insufficient focus on transformation and recurrent savings. DE said the pace of transformation needed to increase and that the organisation could not afford delay. CPH acknowledged the scale of the challenge and said further work through the plan resubmission would set out how transformation would be accelerated while balancing short-term delivery and longer-term change. Ceri Phillips (CP), UHB Vice Chair, highlighted administrative inefficiencies, particularly continued reliance on postal communications, and said related savings opportunities should be quantified and progressed quickly. AG agreed to provide current postage costs and consider this as a quick-win savings opportunity, noting that although the issue had been recognised before, delivery mechanisms were not yet fully in place. Rachna Upadhya (RU), Independent Member, stressed the need to bring savings delivery earlier into the year and improve transparency on the assumptions underpinning the financial plan. CPH said this would require earlier clarity and detail so savings could be delivered more evenly across the year rather than being backloaded. Further discussion highlighted the importance of clinical engagement and ownership. Steve Riley (SR), Independent Member – University, and Adam Roberts (AR), Executive Director of Strategic Planning, stressed the need to empower Clinical Boards and operational teams to identify and deliver improvements, supported by clear accountability at all levels. This was recognised as key to improving both performance and financial sustainability. **The Finance and Performance Committee resolved that:** A) The reported year to date position is an overspend of £9.397m with a planning deficit of £86.547m was noted. B) The urgent need to derisk the £86.547m deficit plan was noted. C) At month 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) which was noted.	

	D) 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 and was noted. E) Delivery of the deficit plan being contingent on delivery of a full savings programme and confirmation of all expected income streams was noted. F) There were £33.796m of outstanding resource limit allocations and that in due course the UHB expected to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit and was noted.	
FPC 2026/05/2.2	**Operational Performance Update** Catherine Wood (CW), Deputy Chief Operating Officer presented the Operational Performance Update, outlining the organisation's position across urgent and emergency care, planned care, diagnostics, cancer performance, and system productivity. **Urgent and Emergency Care Activity** CW reported that urgent and emergency care activity had remained high over the winter period, with March 2026 activity exceeding February 2026 but remaining comparable to the same period in the previous year. Despite this, the organisation had maintained ambulance handover times at an average of 33 minutes against the 45-minute standard, representing one of the strongest performances in Wales. CW attributed that to operational and clinical decisions, including capacity management within emergency departments. She also highlighted the impact of community alternatives, noting that over 2,500 urgent primary care centre (UPCC) attendances and additional triaged cases had reduced pressure on emergency departments, with utilisation levels reported to be high. **Stroke Performance** CW acknowledged that performance had deteriorated against key standards, despite some improvement compared to the previous year. She confirmed that a stroke summit had been scheduled for 16 June 2026, and that, in advance of that, forensic analysis of individual patient pathways was underway across emergency care, ambulance services, and radiology. It was noted that the work had been undertaken to identify specific constraints within the pathway and inform system-wide solutions, with findings expected to be used to support improvement actions through the summit. **Pathway of Care** CW reported that pathway of care delays remained a significant challenge, with 117 patients delayed and over 8,400 lost bed days recorded in April 2026. While this represented some improvement compared to previous periods, it remained above expected levels. She emphasised that ongoing work with local authority partners, including trusted assessor models and weekly reviews of clinically optimised patients, continued to be progressed, supported by multidisciplinary collaboration. **Cancer Performance** CW noted that performance had improved to 63.2% and was in line with forecast, although it remained below target. Positively, she highlighted that the backlog of patients waiting over 62 days had reduced significantly, and she stressed that prioritising the longest-waiting patients had been clinically appropriate, even where it had impacted reported performance in the short term.	

It was reported that diagnostic waiting times had increased, with the number of patients waiting over eight weeks rising to approximately 7,900. She attributed this primarily to increased demand, particularly within echocardiography following the introduction of the outpatient additionality scheme, as well as issues relating to infrastructure, equipment, and delayed mobilisation of activity. CW identified learning points around the accuracy of demand forecasting and the need to build greater resilience and headroom into diagnostic capacity.

Planned Care
CW outlined that the organisation had experienced an expected increase in long waits following the withdrawal of non-recurrent activity at the start of the financial year. While the Health Board remained on track to eliminate three-year waits within the quarter, she cautioned that, without intervention, the number of patients waiting over 104 weeks would increase significantly over the course of the year.

She confirmed that a workshop with NHS Performance and Improvement colleagues had been arranged for the following day to test revised assumptions and identify further mitigations, particularly in areas such as outpatient transformation and theatre utilisation.

The development of a productivity and efficiency framework was highlighted, which had been designed to introduce a weekly cadence of review meetings across all organisational levels, from ward to Board.

CW explained that the framework focused on comparing planned versus actual delivery, identifying variances, and taking corrective action. This would be supported by a Power BI dashboard to provide visual management and early warning indicators.

She confirmed that initial implementation of this framework was underway and that outcomes and progress would be reported back to the Committee, demonstrating its impact on productivity and efficiency.

During discussion, Committee members raised a number of challenges regarding the clarity, usefulness, and consistency of performance reporting.

RT noted that elements of the report had remained unchanged across multiple months, and CW accepted that feedback, confirming that future reports would be refreshed to provide a more current and dynamic narrative, improving the Committee's ability to scrutinise performance.

KW emphasised the importance of linking performance outputs to planned activity, highlighting that current reporting focused too heavily on outcomes rather than whether planned operational activity had been delivered.

In response, CW confirmed that the new productivity and efficiency framework would address that by explicitly reviewing "what was planned versus what was delivered" at all levels, with Adam Wright (AW), Director of Operational Planning and Performance further confirming that revised reporting formats would be introduced from June 2026 to reflect that approach.

Concerns were also raised regarding data quality and system capability, particularly in relation to theatre utilisation data.

AW advised that data limitations had arisen due to the transition between theatre management systems but confirmed that work was underway to validate data and restore reliable reporting, with improved data expected in the coming weeks.

He also acknowledged that there was broader work required to improve data quality across the organisation, with plans to increase transparency by indicating confidence levels in reported data within future reports.

	Further discussion highlighted system inefficiencies, including appointment processes and patient flow. CP raised the issue of patients receiving appointment notifications after attendance, suggesting inefficiencies in communication systems. CW acknowledged that there were broader issues relating to patients being treated in the wrong place at the wrong time and accepted that this contributed to delays and inefficiencies. She confirmed that further analysis would be undertaken and reported back where required, particularly in relation to understanding the scale of avoidable delays. **The Committee resolved that:** a) The position against key organisational indicators for 2025-26 and the update against the Operational Plan programmes were noted.	
FPC 2026/05/2.3	**Grip & Control Standards** AG presented the Health Board's initial self-assessment against the WG Grip and Control Framework, explaining that the exercise had assessed the organisation's overall discipline, control environment and operational grip, extending beyond finance into workforce, procurement and performance management. He reported that the overall assessment had been mixed. While the organisation had a number of established governance and control processes in place, including financial governance, reporting, and elements of procurement and workforce control, there were material areas where controls were either inconsistently applied, not fully embedded, or lacked sufficient evidence of effective operation in practice. AG emphasised that the key issue was not the existence of policies, but whether they were being applied consistently, escalated appropriately, and translated into operational delivery. The assessment identified five key areas requiring improvement. These included workforce control and reconciliation, where further work was required to improve alignment and oversight across systems; sickness, leave and rostering discipline, where oversight was variable and not consistently linked to operational demand; temporary staffing governance, where no single organisation-wide framework had been fully embedded; organisational escalation and consequence management, where AG noted that issues were not always being acted upon with sufficient pace or ownership; and operational contract management, where procurement processes were robust in principle but required stronger monitoring and local accountability in practice. He explained that the value of the assessment lay in translating those findings into a structured improvement programme, with clear ownership, defined actions, and executive oversight. He confirmed that the next steps would involve review by the Senior Leadership Team (SLT), allocation of Senior Responsible Owners (SROs) for each domain, and the development of a consolidated Grip and Control improvement plan, which would then be monitored through existing governance structures. The Committee welcomed the level of critical self-reflection presented but sought clarity on timescales and governance arrangements. In response, CPH confirmed that an action plan would be developed at pace following the SLT discussion, with the expectation **that this would be brought back to the Committee within the next one to two months.** She indicated that responsibility for developing the action plan would sit collectively across the Executive Team, with Suzanne Rankin, CEO, identified as overseeing executive accountability and holding colleagues to account for delivery.	

	The Committee agreed that the development of the action plan would be added to the Committee action log, with the expectation that CPH, supported by the wider Executive Team, would bring forward the detailed plan setting out actions, ownership, and timescales. It was also recognised that existing workstreams, including internal audit findings and prior control reviews, should be aligned with the improvement plan, avoiding duplication and reinforcing areas already identified as requiring urgent attention. Members noted that many issues in the assessment were longstanding and questioned the organisation's ability to deliver and sustain improvement. CPH acknowledged this and stressed that the focus would now be on implementation and delivery, with the Committee holding the Executive Team to account. Further discussion considered whether oversight of the improvement programme should sit mainly with the Finance and Performance Committee or the Audit Committee. While no decision was reached, members agreed that oversight would need clear alignment within the governance framework, supported by ongoing reporting for visibility and assurance. RU asked what immediate actions could be taken ahead of the full plan. CPH responded that some actions were already underway through existing governance arrangements, including internal audit and operational controls, and that this work aimed to bring them together into a coherent programme. AG added that NHS Performance and Improvement would review the assessment, benchmark it against peers, and provide further assurance on progress. Adam Roberts (AR), Executive Director of Strategic Planning stressed that the Grip and Control programme should be integrated into delivery of the annual plan and wider improvement agenda, rather than treated as a standalone initiative. **The Committee resolved that:** a) The current self-assessment against the Welsh Government framework was noted. b) Whether the assessment gave a fair reflection of current organisational grip and control was reviewed and noted. c) The priority improvement actions set out in the paper were endorsed. d) The need for management ownership and operational follow through was noted and would be required through Management Executive and relevant delivery groups	
FPC 2026/05/2.4	**Annual Plan Quarter 4 Update** AR presented a brief update on the Quarter 4 position in relation to delivery of the 2025–26 Annual Plan. He reported that the organisation had achieved approximately 70% of the actions set out within the plan, noting that this included several areas of progress such as the expansion of leadership and management development programmes, delivery of vaccination initiatives targeting underserved communities, progress on the Clinical Services Plan, and capital investment in schemes such as Llandough Health Park and Parkview. He acknowledged that not all planned actions had been delivered, citing reprioritisation and unavoidable delays as contributing factors. In particular, he highlighted that progress had not been made as expected in reducing sickness absence rates and in developing data-driven workforce demand and capacity planning, both of which remained key areas requiring further focus.	

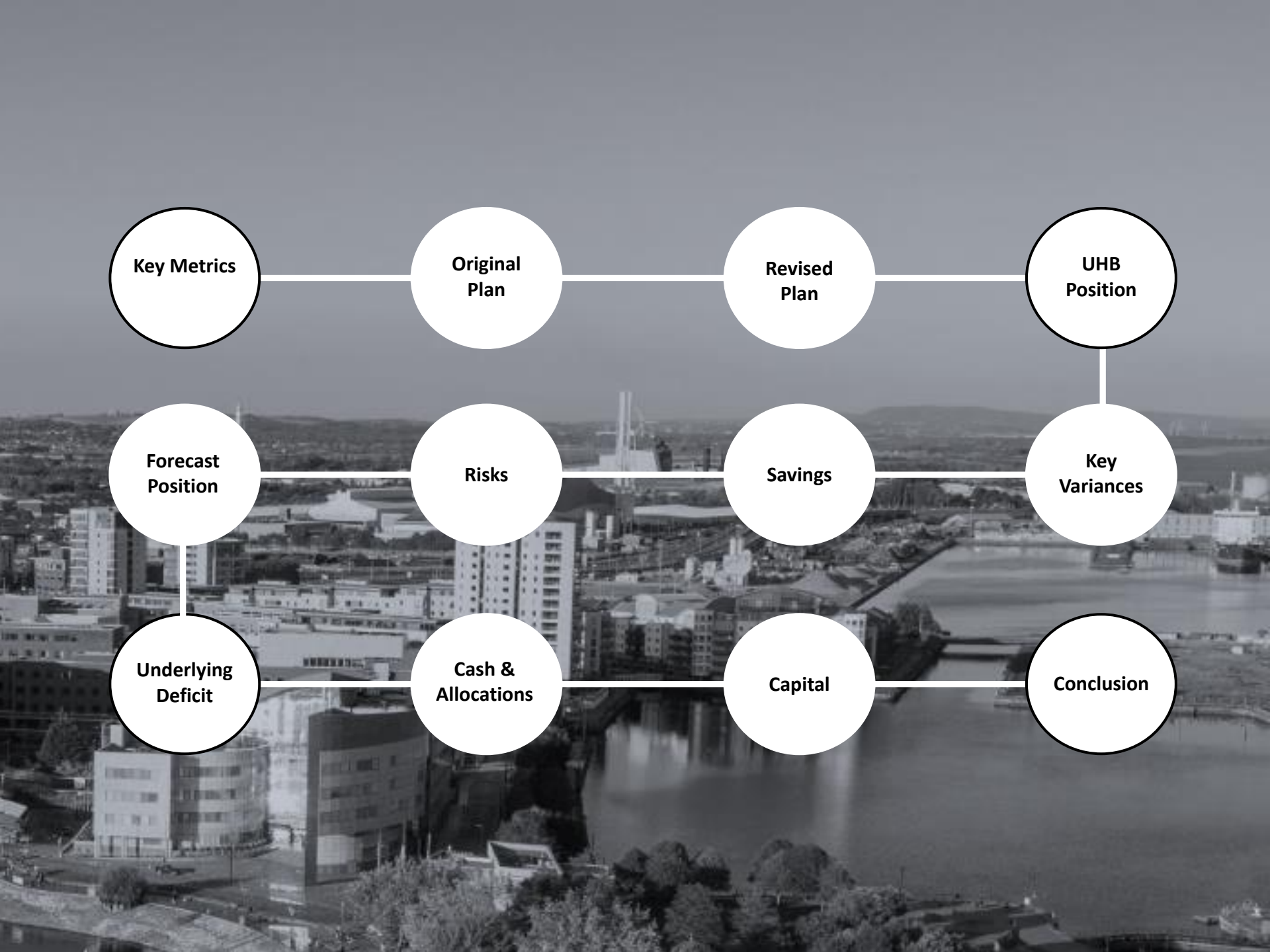
	AR confirmed that the year-end position would be formally submitted to WG in line with required timelines, with no additional actions requested of the Committee beyond noting the report. During discussion, RT raised concerns regarding the timeliness of monitoring and oversight arrangements, noting that reporting frameworks for the new financial year would not be fully in place until several months into the year, which risked perpetuating a pattern of retrospective rather than proactive management. AR acknowledged this concern, recognising that there was a need to strengthen forward planning and monitoring arrangements. **The Committee resolved that:** A) The progress and achievements in delivering the 2025/26 Annual Plan were noted. B) Submission of the Q4 End of Year position to Welsh Government was approved.	
FPC 2026/05/3.1	**South Wales Blood & Marrow Transplant Programme – JACIE Accreditation** Jessica Castle (JC), Director of Operations Specialist Clinical Board presented an update on the JACIE (Joint Accreditation Committee ISCT-Europe & EBMT) accreditation status for the South Wales Blood and Marrow Transplant Programme, outlining the findings of the recent reaccreditation inspection and the actions required to address identified deficiencies. She reported that the Programme had undergone its scheduled reaccreditation inspection in September 2025, with the formal report received in early 2026 confirming that accreditation had been deferred. The report had identified a number of critical areas of non-compliance, primarily relating to infrastructure, workforce capacity, and service resilience. JC explained that infrastructure issues on the University Hospital of Wales site were being progressed separately through a capital programme, led by Capital, Estates and Facilities in conjunction with Welsh Government. In parallel, she noted that paediatric service provision had been identified as an area of concern, due to activity levels falling below recommended thresholds, and confirmed that options were being developed by the Clinical Board and were scheduled to be considered by the Strategic Leadership Team (SLT). The primary focus of the paper presented to the Committee related to workforce gaps across the Programme, including the stem cell processing unit, the Swansea Bay service, and the adult service within Cardiff and Vale. JC outlined that the inspection findings had highlighted insufficient staffing to maintain safe 24/7 cover, fragmented workforce arrangements, reliance on single-post roles, and a lack of resilience across key functions. She emphasised that JACIE inspectors had been explicit that informal or unfunded mitigations were not acceptable, and that sustainable, funded workforce capacity was required to meet accreditation standards. It was confirmed that a Task and Finish Group had been established to develop corrective actions, and that a formal response to JACIE was required by 8 July 2026. The preferred option (Option 2B) set out a two-phase investment approach, with Phase 1 focusing on addressing areas of complete non-compliance within the current financial year, and Phase 2 addressing areas of partial compliance through the 2027–28 planning cycle. JC reported that Phase 1 required approximately £0.5 million in-year funding (six-month cost) and just under £1 million recurrently, while Phase 2 would require additional investment to be progressed through the Integrated Medium Term Plan (IMTP) process.	

	She confirmed that the Phase 1 funding request would be submitted to the Joint Commissioning Committee (JCC) as a matter of urgency, representing the minimum required to maintain accreditation, and that Phase 2 requirements would be incorporated into the 2027–28 IMTP planning process. She also outlined that the case had already been considered through relevant governance groups, including the Regional and Specialised Services Provider Planning group and SLT, and would be formally submitted to JCC in early June 2026. During the discussion, the Committee recognised the significant risks associated with failure to regain accreditation, including the potential loss of nationally commissioned services and wider implications for advanced therapies and specialist provision across Wales. CPH emphasised that the organisation was in a position where failure to present a credible improvement plan would likely result in loss of accreditation, and therefore a robust and proportionate response was essential. She also highlighted that capital and revenue elements needed to be progressed in parallel, with continued engagement required with both WG and JCC. It was noted that the financial implications had not been included within the current year financial plan, and AG confirmed that approval of the proposal would create an additional financial pressure which the organisation would need to mitigate, requiring trade-offs elsewhere within the system. Despite this, the Committee acknowledged that there was no viable “do nothing” option, as failure to act would result in greater financial and service risks. JC that while the approach had been designed to prioritise areas of full non-compliance, the final outcome would depend on JACIE’s assessment of the submitted response, and therefore close monitoring and timely delivery of actions would be critical. Further discussion considered whether the issues identified represented an isolated risk or a wider organisational concern. RT reflected on the need to strengthen early identification of similar risks across other services, noting that this would be an area for further reflection within the Committee’s broader oversight role. **The Committee resolved that:** A) The deferred JACIE accreditation status and the associated quality, operational and financial risks were noted. B) The preferred option of a phased, risk-based revenue investment (Option 2b), prioritising year-one funding for compliance-critical roles was endorsed. C) 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 was supported. D) It was recommended that Phase 2 investment was supported in principle through the 2027/28 IMTP to fully address remaining JACIE requirements and protect long-term sustainability. E) Ongoing assurance was sought that delivery, recruitment and financial impacts were subject to enhanced programme and executive oversight, with regular updates to Finance & Performance Committee.	
FPC 2026/05/3.2	**Provision of Travel and Transport Booking** CPH presented the procurement outcome report for the provision of travel and transport booking services, explaining that the paper had been brought to the Committee due to the financial value and duration of the contract.	

	She advised that the version of the report circulated had not included the final signatories, and acknowledged that this was not the correct version. She confirmed that this was an administrative error rather than an issue with the underlying governance process, and indicated that the correct, fully signed version would be provided to complete the assurance trail. She noted that only one bidder had progressed through the evaluation process, with other bidders either failing to meet requirements or not completing submissions and recognised that this was not an ideal position from a procurement perspective, and confirmed that this would be reviewed to understand the reasons and to inform future procurements, although she emphasised that the process itself had followed appropriate governance. In response to questions, CPH explained that while there was a desire to maximise competition and pursue all-Wales approaches where appropriate, procurement activity remained the responsibility of individual organisations, and therefore opportunities for national procurement would continue to be explored but could not delay current operational requirements. **The Committee resolved that:** The award of this contract for Provision of Travel and Transport Bookings for £2,960,000.00 (£3,552,000.00 inc. VAT) was endorsed to the Board.	
FPC 2026/05/4.1	**Monthly Monitoring Return – Month 12** The monthly monitoring return for month 12 was noted. **The Committee resolved that:** a) The monthly monitoring return for month 12 was noted.	
FPC 2026/05/5.0	**Any Other Business** No further business was raised.	
FPC 2026/05/7.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 20th May 2026 via MS Teams**	

MEETING	Title	Minute Refere	Agreed Action	Executive Lead	Action Lead	Date Assign	Date for Rev	Action Status	Action Update
FINANCE & PERFORMANCE	BAF - Decarbonisation & Climate	FPC 19/11/3.2	Present BAF - Decarbonisation & Climate theme in May 2026.	Matt Phillips	Ruth Jordan	11/19/2025	7/22/2026	ON FORWARD PLAN	On Forward Plan for F&P 22.07.2026.
FINANCE & PERFORMANCE	Endoscopy Pathway Improvements	FPC 2026/04/2.2	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	4/22/2026	6/17/2026	ON FORWARD PLAN	This has been added to the forward plan F&P 17.06.2026. This has been merged in to the Operational Performance Update.
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	4/22/2026	6/17/2026	ON FORWARD PLAN	This is on the foreard plan for F&P 17.06.2026. This has been merged in to the Operational Performance Update.
FINANCE & PERFORMANCE	Planned Care	2026/04/2.3	Paul to bring a more detailed proposal for the cost of delivering the planned care expectations to either F&P or board this month and to bottom out the circa £15m costs.	Paul Bostock	Paul Bostock	4/21/2026	7/22/2026	ON FORWARD PLAN	On Forward Plan for F&P 22.07.2026.
FINANCE & PERFORMANCE	Grip and Control Standards	FPC 2026/05/2.3	Grip & Control Improvement Plan to be developed and returned to Committee - Develop a comprehensive action plan with clear ownership, timelines, and measures.	Catherine Phillips	Andrew Gough	5/20/2026	7/22/2026	ON FORWARD PLAN	On Forward Plan for F&P 22.07.2026.
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/05/2.2	Update reporting format to reflect current positions (remove repetitive/static content) and include planned vs actual delivery to include reporting on productivity and efficiency framework, theatre utilisation data, stroke pathways and other operational areas described in the report.	Paul Bostock	Adam Wright & Catherine Wood	5/20/2026	6/17/2026	ON FORWARD PLAN	Adam Wright has confirmed that revised reporting formats would be introduced from June 2026 to reflect the action approach.
FINANCE & PERFORMANCE	Financial Report – Month 1 Position (including savings tracker)	FPC 2026/05/2.1	Resubmit financial plan incorporating updated assumptions. Deadline 29th May so update to be provided at June 17th F&P meeting.	Catherine Phillips	Robert Mahoney	5/20/2026	6/17/2026	ON FORWARD PLAN	Deadline 29th May so update to be provided at June 17th F&P meeting via month two reporting item.
FINANCE & PERFORMANCE	South Wales Blood & Marrow Transplant Programme – JACIE Accreditation	FPC 2026/05/3.1	Progress urgent funding request to support compliance, Provide full corrective action response addressing non-compliance and Progress infrastructure and workforce requirements in parallel	Paul Bostock & David Fluck	Jessica Castle	5/20/2026	7/22/2026	IN PROGRESS	Update required prior to meeting held on 22nd July 2026 please.
FINANCE & PERFORMANCE	Grip & Control Standards	FPC 2026/05/2.3	Develop Grip & Control Improvement Action Plan and return to Committee and ensure formal oversight and tracking of delivery	Catherine Phillips & Andrew Gough	Andrew Gough	5/20/2026	9/16/2026	ON FORWARD PLAN	Returning to the Committee on 16.09.2026
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/05/2.2	Refresh Operational Performance Report format and content. Update report to remove static/repetitive content, include clearer narrative and current position and introduce “planned vs delivered” view. Introduce revised performance reporting (with improved visuals / Power BI)	Paul Bostock	Adam Wright & Catherine Wood	5/20/2026	6/17/2026	IN PROGRESS	Update required prior to meeting held 17.06.2026 please.
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/05/2.2	Provide update on Productivity & Efficiency Framework implementation - Report outcomes from initial implementation cycle and demonstrate impact - (first feedback expected June/July)	Paul Bostock	Adam Wright & Catherine Wood	5/20/2026	6/17/2026	IN PROGRESS	Update required before meeting on 17.06.2026
FINANCE & PERFORMANCE	Operational Performance Update	FPC 2026/05/2.2	Undertake Stroke pathway improvement work and report outcomes - Complete forensic pathway review and lead improvement actions - Post-summit update expected in subsequent Committee cycle (July)	Paul Bostock	Catherine Wood	5/20/2026	6/17/2026	ON FORWARD PLAN	Will be incorporated into the new Integrated Performance Report from July onwards.
FINANCE & PERFORMANCE	Financial Report – Month 1 Position	FPC 2026/05/2.1	Provide detail on organisational postage expenditure and potential savings at the next Committee meeting by way of verbal update.	Catherine Phillips	Andrew Gough	5/20/2026	6/17/2026	IN PROGRESS	Update to be provided at the Committee meeting on 17.06.2026
FINANCE & PERFORMANCE	South Wales Blood & Marrow Transplant Programme – JACIE Accreditation	FPC 2026/05/3.1	Submit JACIE Phase 1 funding request to Joint Commissioning Committee - Progress urgent funding request to support compliance. Submit full compliance response addressing inspection findings	Catherine Phillips	Jessica Castle	5/20/2026	7/22/2026	IN PROGRESS	Update required prior to Committee meeting on 22.07.2026

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 02


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	M02 2026/7
Return to financial balance and approved IMTP status	A £86.547m underlying deficit is forecast by the end of 2026/27 financial year. Currently reporting a recurrent savings gap of £31.778m after Month 02.	R	→	£86.547m	M02 2026/7
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.324m operational surplus reported at Month 02.	A	→	Operational Spend to be maintained within Budgets	M02 2026/7
Delivery of **recurrent** £42.521m savings target	£14.345m of Green and Amber schemes identified at Month 02, of which £10.743m were recurrent.	R	→	£42.521m	M02 2026/7
Remain within Cash Limit	The UHB will require cash support from Welsh Government (WG) for the 26/27 planned deficit of £86.547m along with likely movements in working capital from the 2025/26 balance sheet.	A	→	To remain within Cash Limit	M02 2026/7

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

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

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

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

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

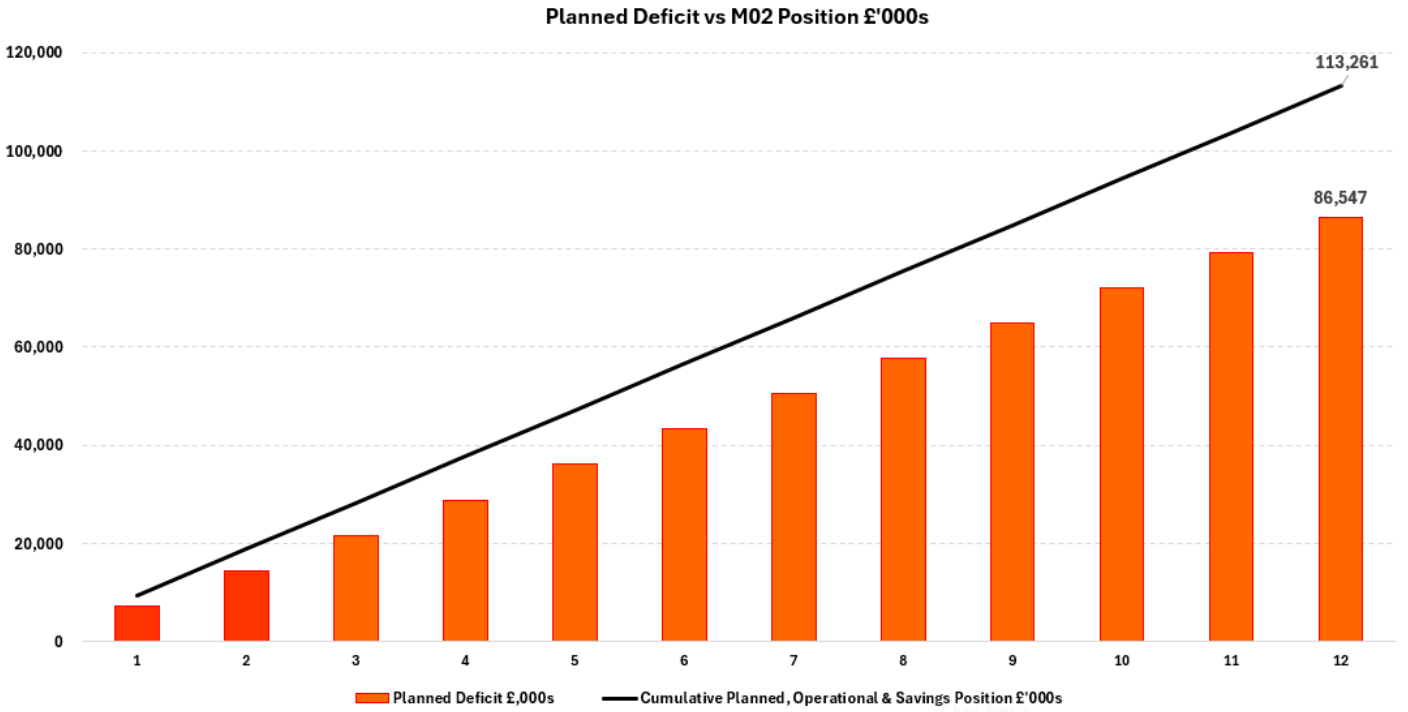
Material recurrent operational pressures recognised in addition to the 2026/27 plan include:

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

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

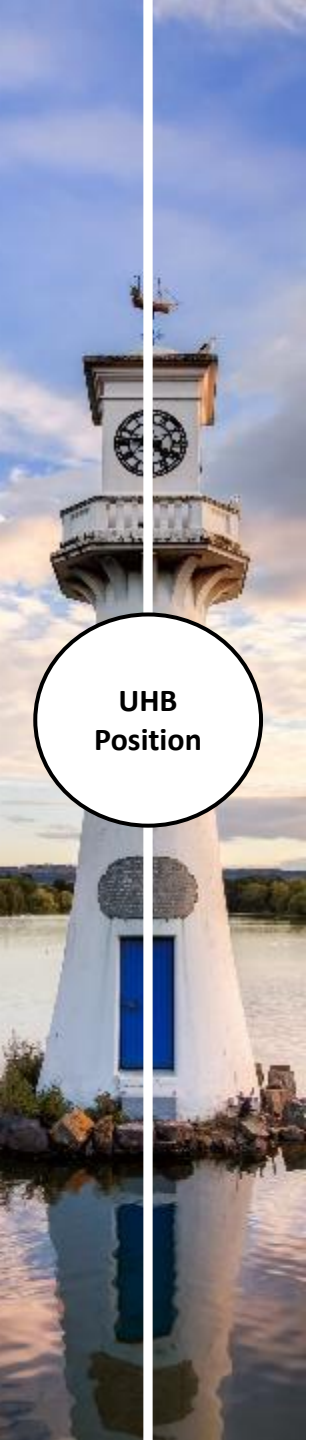
UHB Position

The graph below shows the reported Month 02 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	18,797	28,243	37,690	47,136	56,583	66,029	75,476	84,922	94,368	103,815	113,261
Actual/ Forecast Deficit above Plan £'000s	2,184	4,373	6,607	8,841	11,075	13,309	15,543	17,778	20,012	22,246	24,480	26,714
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 £18.797m at month 02, which includes a Planning Deficit £14.425m, a Savings Programme shortfall of £4.696m and an Operational Position surplus (£0.324m)

	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	10.474	10.477	0.003	21.287	21.287	0.000	129.067	129.067	0.000
Quality Efficiency Improvement Plans - Savings	(3.260)	(0.995)	2.265	(6.862)	(2.166)	4.696	(42.521)	(14.349)	28.172
Operational Variance	0.000	(0.081)	(0.081)	0.000	(0.324)	(0.324)	0.000	(1.458)	(1.458)
Clinical/Service Board Variance	**7.214**	**9.401**	**2.187**	**14.425**	**18.797**	**4.372**	**86.547**	**113.261**	**26.714**

The reported overspend of £18.797m comprises a £14.425m planned deficit (representing two twelfths of the £86.547m outlined in the UHB's Financial Plan) a £4.696m shortfall against the savings plan, partially offset by a (£0.324m) 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 UHB has lodged arbitration papers with Welsh Government against the JCC decision.

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

1. Year to date operational pressures in medical endoscopy, mental health Out of Area (OoA) patients and specialist medical locum use.

2. A £28.176m in year shortfall against the £42.521m savings target.
    - The current red pipeline totals £21m.
    - If 100% of this pipeline converted to cash-releasing schemes within the year, a residual gap of c.£7m would remain.
    - Following Clinical Board performance reviews: Only 40% of the red pipeline is assessed as deliverable in-year, equivalent to:£8.4m (40% of £21m)
    - Therefore, if this £8.4m is delivered, the remaining gap would be:£28.176m – £8.4m = £19.776m

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

Key Variances

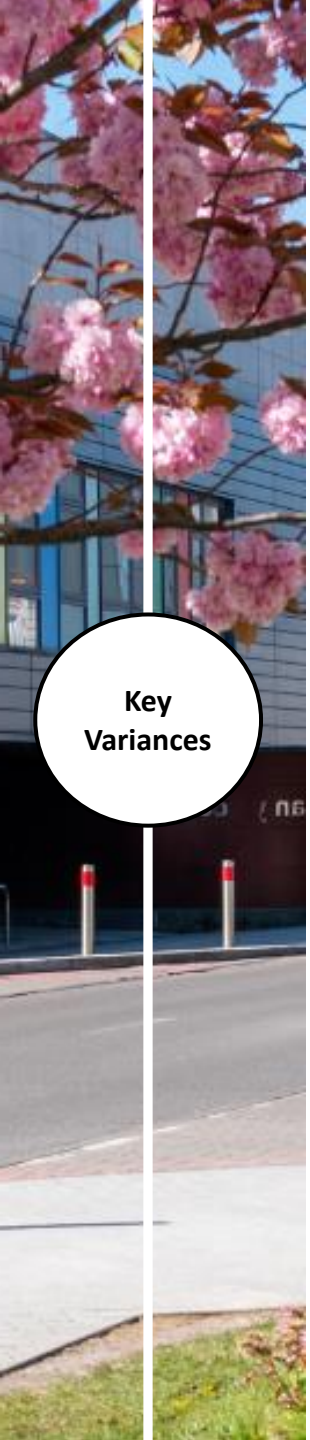
The table below summarises the in-month and cumulative performance of the UHB by its major expenditure groups:

	Income	Pay	Non Pay	Total
In-Month	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(56,709)	89,544	88,643	**121,479**
(Income)/Expenditure	(56,246)	89,995	97,130	**130,879**
Variance	**463**	**450**	**8,487**	**9,401**
Cumulative	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Budget	(114,105)	178,741	177,812	**242,447**
(Income)/Expenditure	(113,617)	178,938	195,922	**261,243**
Variance	**488**	**198**	**18,111**	**18,797**

A number of operational pressures continued into month 02 which in turn have been offset by pay vacancies.

The following operational issues were reported at month 02 in 2026/27:

- Income – A Year to date deficit of £0.488m is reported primarily driven by a reduction in Dental Patient Charge Income following contract reform.
- Pay – specialist medical locum pressures are reported in month.
- Non Pay – A £0.405m overspend relating to endoscopy insourcing and £0.232m for Mental Health Out of Area Patients are reported for the Year to Date . Excluding these issues, the majority of the remaining overspend is attributable to the underlying planning deficit and a shortfall in savings delivery.



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

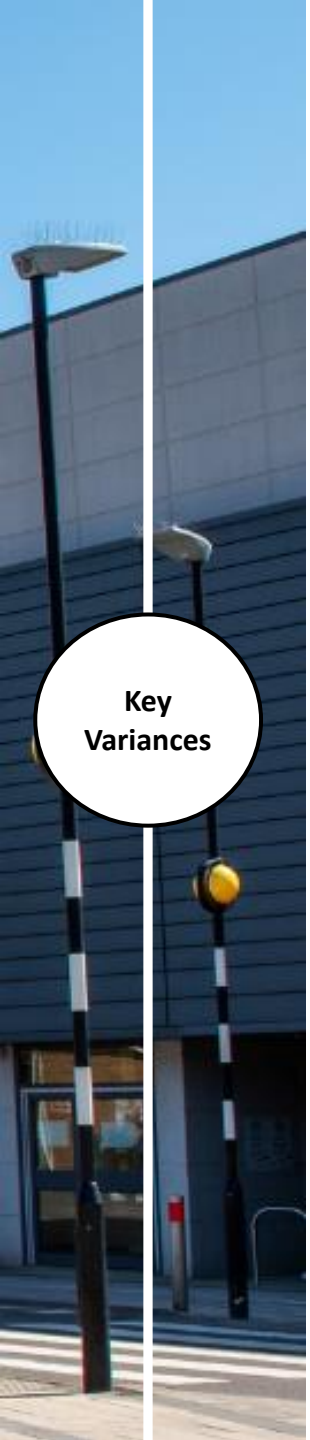
Business Unit	Deficit Control Total/Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	637	448	(110)	**974**	337
Children & Women	783	1,108	13	**1,903**	1,121
Capital, Estates & Facilities	(340)	427	(242)	**(155)**	184
Executives	(226)	280	(249)	**(195)**	31
Genomics	0	0	(1)	**(1)**	(1)
Medicine	2,505	195	374	**3,075**	569
Mental Health	1,650	402	384	**2,436**	785
Primary, Community & Intermediate Care	1,261	217	(442)	**1,036**	(225)
Specialist	682	828	196	**1,706**	1,024
Surgery	371	591	(351)	**612**	241
Sub-Total (Delegated Position)	**7,323**	**4,496**	**(429)**	**11,391**	**4,068**
Central Budgets	2,823	200	106	**3,128**	305
Commissioning	4,279	0	(0)	**4,279**	(0)
Sub Total (Non-Delegated Position)	**7,102**	**200**	**106**	**7,408**	**305**
Sub-Total Surplus/Deficit	**14,425**	**4,696**	**(324)**	**18,797**	**4,372**

Operational Pressures

The table/chart below summarises the key 2026/27 Operational pressures as at month 02:

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Endoscopy Insourcing and Recruitment Outside of Plan	405	1,066
Mental Health Out of Area Placements	232	2,765
Specialist Medical Locum Usage	322	0
Surgery High Wet AMD Out of Area Activity	(314)	0
Pay Vacancies across the Health Board	(969)	(3,831)
Sub-Total Surplus/ Deficit	**(324)**	**0**

- 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.
- Mental Health out of area patients (29 patients at month 2, highest level of bed days recorded at 535, an additional 11 patients in month)
- It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.547m planned deficit. Any continuation of unplanned cost pressures beyond March 2027 is not currently reflected as a deterioration in the underlying deficit position, on the basis that appropriate mitigating actions are expected to be identified.



Key Variances

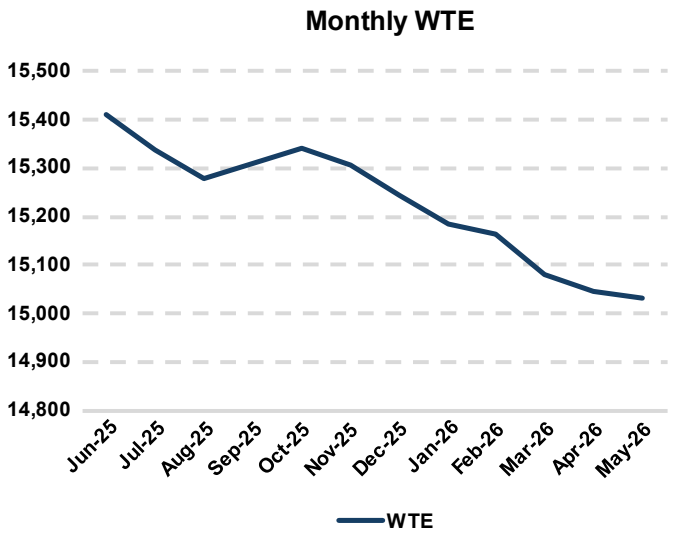
The table/chart below summarise the 2025/26 & 2026/27 Pay expenditure run rates at month 02 for all staffing groups (split by fixed and variable expenditure) :

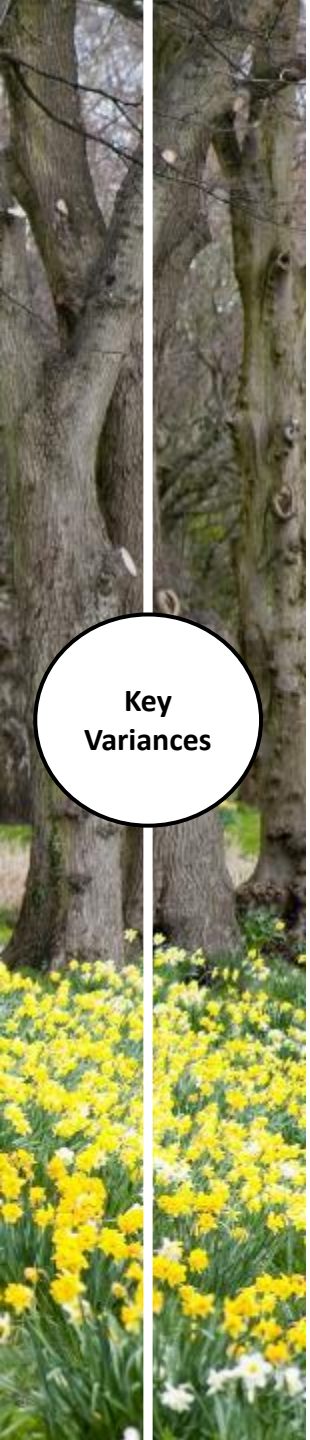
Staffing Group	2025/26 YTD (£m)	2026/27 YTD (£m)	2026/27 vs 2025/26 Growth (£m)	2026/27 vs 2025/26 Growth (%)
Additional Clinical Services	6,266	6,434	**168**	**2.7%**
Management, Admin & Clerical	20,644	21,581	**937**	**4.5%**
Medical and Dental	45,571	48,532	**2,961**	**6.5%**
Nursing (Registered)	47,756	51,472	**3,716**	**7.8%**
Nursing (Unregistered)	14,441	14,865	**424**	**2.9%**
Other Staff Groups	25,194	27,195	**2,002**	**7.9%**
Scientific, Prof & Technical	7,786	8,486	**700**	**9.0%**
Total	**167,658**	**178,565**	**10,907**	**6.5%**

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 378 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 May, WTEs in post have declined, returning to the trend observed prior to the onboarding period.

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





Key Variances

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

Non Pay Group	2025/26 YTD (£m)	2026/27 YTD (£m)	Growth (£m)	Growth (%)
Clinical Services & Supplies	21,242	20,864	(378)	-1.8%
Continuing Healthcare	19,648	21,822	2,173	11.1%
Drugs / Prescribing	44,765	44,204	(562)	-1.3%
Healthcare Provided Services	47,965	50,960	2,995	6.2%
Other Non Pay & General Supplies and Establishment Expenses	17,597	18,656	1,059	6.0%
Premises & Fixed Plant	8,775	9,602	828	9.4%
Primary Care Contractors	27,005	29,815	2,810	10.4%
Total	**186,998**	**195,922**	**8,925**	**4.8%**

The UHB reported **£195.922m** of Non Pay expenditure for May 2026 which is an increase of 4.8% on the same period in the previous year. The large part of the increase is driven by expenditure in the following areas:

- Price and demand in Continuing Healthcare (CHC)
- Healthcare Provided Services. Additional Commissioning costs including Mental Health Out of area Placements and JCC under Healthcare Provided Services. (£1.0m of the YTD additional cost relates to the 2025/26 pay award and increase in National Insurance Employers costs where the UHB has received additional funding from Welsh Government to cover)
- The increase in premise & plant costs is primarily driven energy costs.
- Primary Care contracts (including Welsh Government funded contractual uplifts for 2025/26 and 2026/27 GMS and 2025/26 for Dental & Pharmacy).
- The reduction in non-clinical supplies expenditure reflects a non-recurrent adjustment linked to a research grant, with a corresponding reduction in the assumed income recovery from the sponsor.
- The reduction in drug expenditure relates to Paediatric Outpatient Clinics and GP prescribing where a full review is expected at Month 3 to reflect the availability of a complete 2025/26 dataset.

Savings

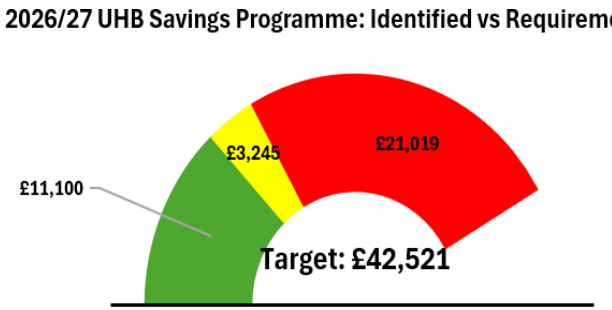
At Month 02, the UHB has identified £14.345m (33.7%) of green and amber savings to deliver against the revised £42.521m savings target. Red schemes of £21.019m were also identified and continue to be reviewed for progression to Green/Amber where possible.

The forecast delivery against green and amber schemes is £14.345m at the end of month 02, which is 33.7% of the £42.521m savings target.

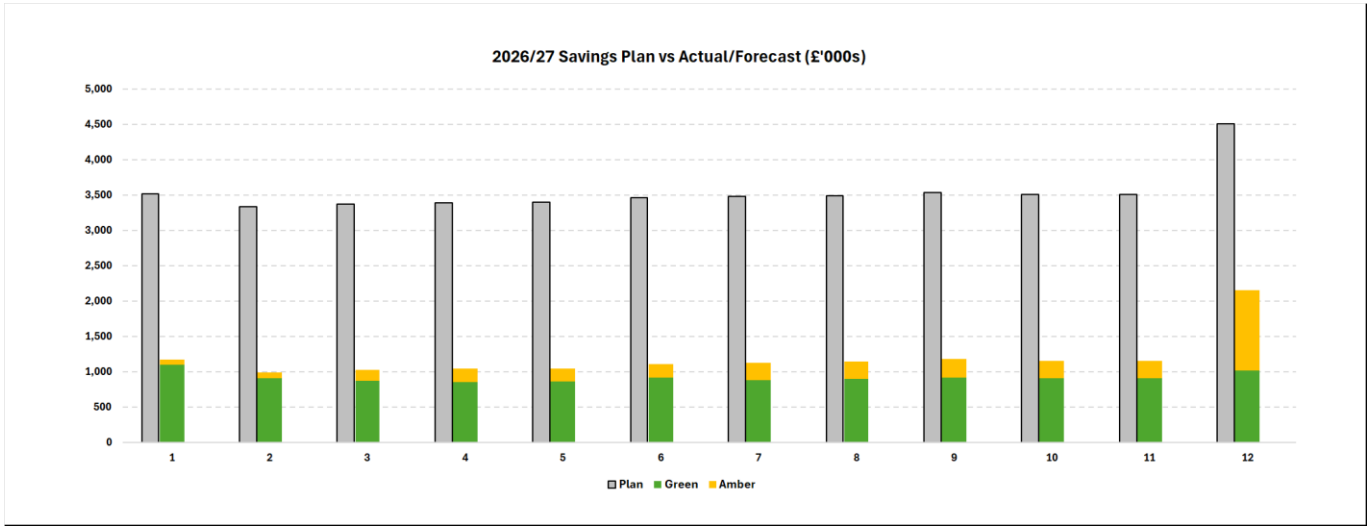
Further action is required to meet the recurrent targets and the UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk. £10.743m of recurrent savings were identified at month 02 leaving a gap of £31.778m against the £42.521m recurrent target.

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

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



£14,345



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	1,280	950	**2,230**
Children & Women	7,419	218	553	**771**
Capital, Estates & Facilities	2,889	327	0	**327**
Executives	3,038	158	0	**158**
Genomics	-	0	0	**0**
Medicine	3,214	2,041	0	**2,041**
Mental Health	3,975	916	655	**1,571**
PCIC	3,011	1,680	27	**1,707**
Specialist	7,960	2,040	950	**2,990**
Surgery	6,099	2,440	110	**2,550**
Total Surplus/Deficit	**42,521**	**11,100**	**3,245**	**14,345**

The £21.019m 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 £7.157m meaning further schemes need to be identified at pace.

Risks

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

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

Forecast Position

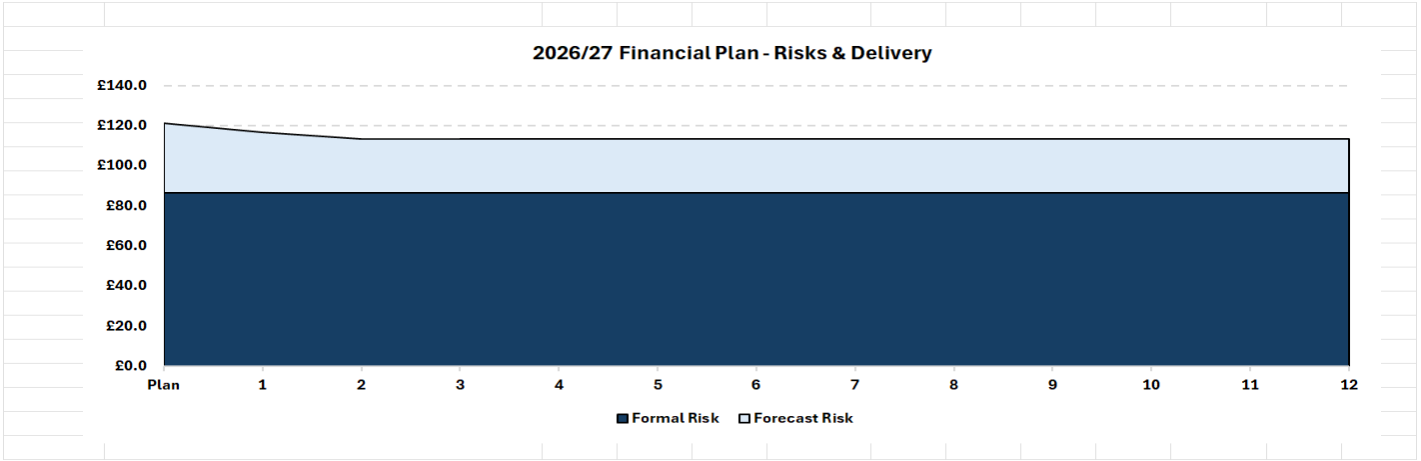
Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m, was submitted to the Welsh Government at the end of March 2026.

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

At Month 02, the UHB's savings tracker reported a£28.172m shortfall of green and amber schemes against target. An operational surplus of £1.458m was recorded.
The resulting £26.714m risk to the achievement of the plan is illustrated below:

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

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



Underlying Deficit

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

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

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

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

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

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.758
Demand and cost growth and unavoidable investments	54.729
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Quality Improvement Programme - savings	(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 02	31.778
Forecast Underlying Deficit (ULD) at end of 2026/27 without further identification of Savings & Actions	118.325

Cash & Allocations

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

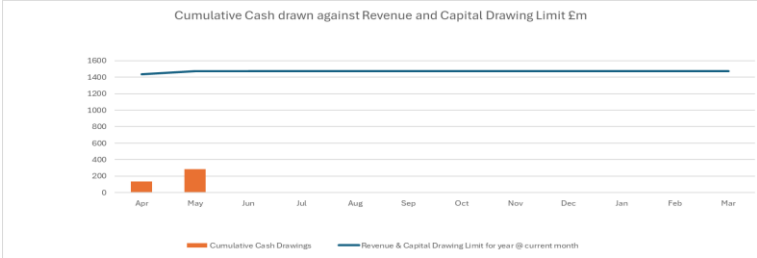
In due course, the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

The UHB monthly monitoring returns to Welsh Government identifies assumed cash allocations yet to confirmed. The value of unconfirmed drawing and resource limit allocations at month 02 was £25.421m & £34.391m respectively as outlined opposite.

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

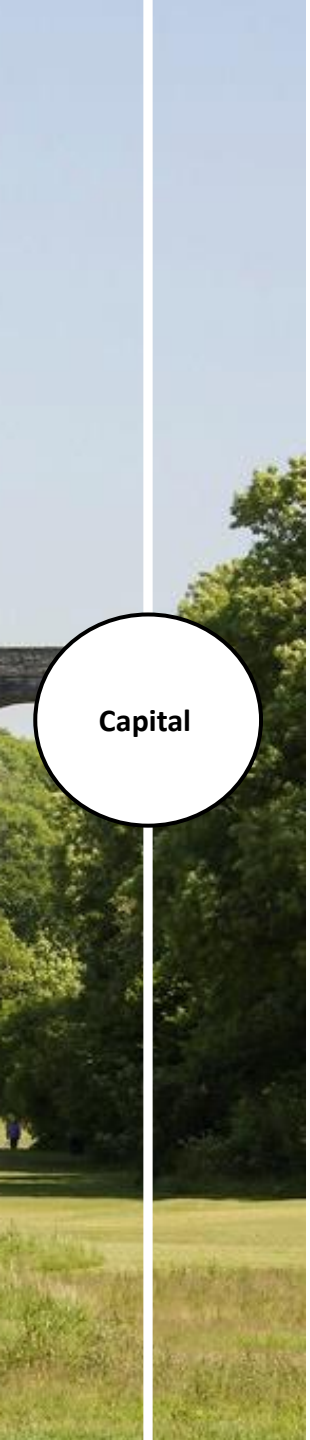
Unconfirmed Drawing and Resource Limit Allocations as of 31st May 2026	Drawing Limit £'000s	Resource Limit £'000s
2026-27 AFC & Real Living Wage Pay Award	27,164	27,164
Depreciation, Impairments And IFRS 16		8,970
Vertex (JCC)	6,894	6,894
Substance Misuse	3,008	3,008
ATMPS (JCC)	1,944	1,944
ESR & ESR Helpdesk	1,925	1,925
Consultant Clinical Excellence Award / Consultant Impact Award	1,652	1,652
GP IM&T Refresh Programme	1,633	1,633
Neurodivergence Improvement Programme	1,000	1,000
Prevention And Early Years	838	838
AWTTC Voluntary Scheme for Branded Medicines Pricing (VPAG)	797	797
ePMA	686	686
Immunisation Funding - Varicella	533	533
ePMA Business Case Contingency	516	516
A2A Sanctuary	475	475
Integration And Rebalancing Capital Fund (IRCF)	450	450
Individual Placement & Support In Primary Care - Recurrent Impact To Be Removed	400	400
Digital Eyecare Programme	355	355
ESMCP Wast Resources	309	309
MH Advocacy Funding	306	306
GMS Disp Doctors / PADMS & List Sized Funding	271	271
TSW Funding	213	213
Womens Health Hubs	200	200
Budvidal - HMP Prison Cardiff Costs	175	175
Short breaks for Carers	172	172
Consultant Allied Health Professional dor Dementia	161	161
Childhood Immunisation Programme Changes	131	131
Strengthening Community Nursing	117	117
All Wales Pharmacogenomics Lead Post	96	96
Planned Care Transformation Fund Optometry Community Pathways	92	92
Health Equity Wales Funding 2026/27	33	33
Childhood Immunisation Programme Changes - GMS	23	23
All Wales International Recruitment	16	16
Welsh Risk Pool	(27,164)	(27,164)
Total Anticipated Funding £'000s	**25,421**	**34,391**

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



Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of May was 97.4% for the year to date.



Capital

The UHBs approved Capital Resource Limit issued by Welsh Government as at the 21st May was £35.757m.

This included

- **£16.842m** discretionary funding
- **£18.905m** for specific projects
- IFRS 16 lease capital funding to be confirmed

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

2026/7 Capital Programme (£m)	M2 Ytd Actual	21st May CRL
All Wales Schemes		
Lift Refurbishment and Upgrade, UHW	0.011	2.854
Pentyrch Branch Surgery Development 2024-26	0.006	0.762
Haematology Day Centre Extension, University Hospital of Wales	0.000	1.089
TEF - Fire	0.000	0.362
TEF - Infrastructure	0.004	2.552
TEF - Decarbonisation	0.073	0.329
TEF - Mental Health	0.097	0.261
TEF - Infection Prevention Control	0.000	0.448
TEF - Decontamination	0.000	0.603
Demolitions at University Hospital of Wales	0.034	0.386
Diagnostic Investments 2026-27	(0.000)	3.731
Electrical Infrastructure, Tertiary Tower Block at UHW	0.078	0.310
Estates & Equipment End of Year Funding 2025-26	0.000	0.813
Mental Health Quality and Safety Schemes	0.146	0.388
Hospital Helicopter Landing Site Schemes 2025-26	0.000	0.111
End of Year Funding - January 2026	0.087	0.649
UHW Ward Block Roof Replacement	0.000	2.801
Mental Health Quality and Safety Schemes 2026-27		
Discretionary		
IM&T:	0.106	1.000
Equip	0.003	1.000
Stat comp	0.195	2.800
Other	0.233	12.042
Total	**1.072**	**35.291**

Conclusion

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

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

At Month 02 the Committee are requested to:

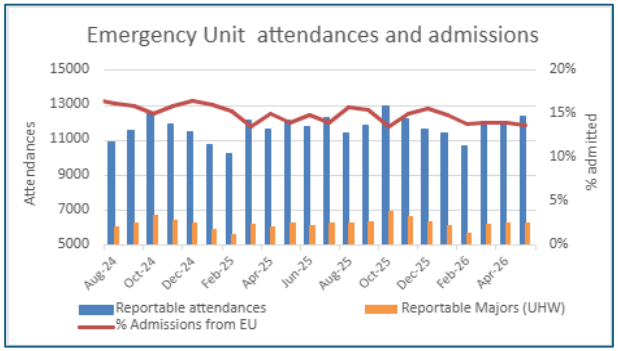
- **NOTE** the reported year to date position is an overspend of £18.797m with a planning deficit of £86.547m.
- **NOTE** There is an urgent need to derisk the £86.547m deficit plan.
- **NOTE** that at month 2 there is adverse variance against plan of £4.372m, as a result of the £4.696m savings deficit and an operational surplus against plan of (£0.324m).
- **NOTE** there is a gap of £28.176m against the £42.521m in year savings target, with £14.345m (33.7%) of green and amber schemes identified at Month 2
- **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 £34.391m of outstanding resource limit allocations and that in due course the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit,

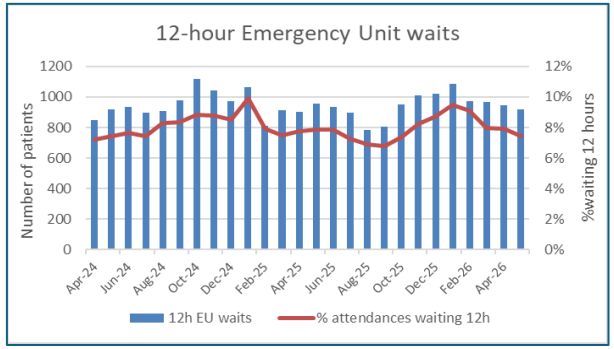
CARDIFF & VALE UHB
OPERATIONAL PERFORMANCE REPORT
– June 2026

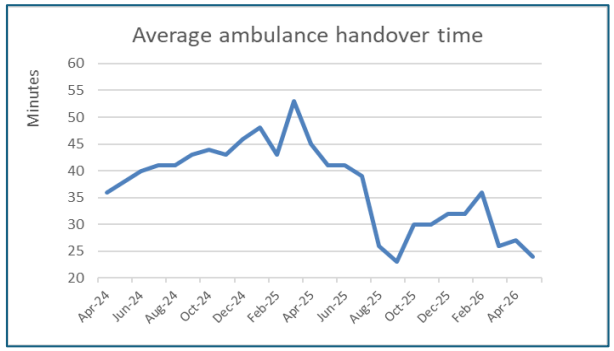

Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

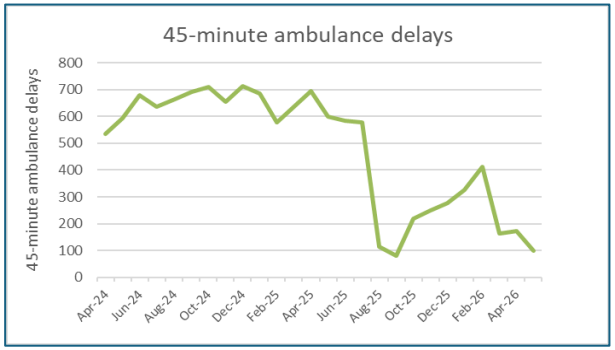
Urgent and Emergency Care – Out of Hospital and Front Door

- In May attendances at the Emergency Unit increased from those in April and were increased from May ‘25. The number of Majors attendances was also increased from April. The proportion of patients admitted via EU reduced to 13.7% and was reduced when compared to May ’25
- Overall urgent and emergency care demand remains increasing year on year, in line with our forecast
- The number of patients waiting 12 hours or more in EU reduced but remained high. The proportion of attendances resulting in a 12 hour wait reduced to from 7.9% to 7.4%, against the targeted intervention de-escalation requirement of 7%
- The number of patient that waited 24 hours in the EU footprint reduced again to 7 in May
- The number of 1-hour ambulance holds reduced in May, <2% of conveyances waited >1h at UHW. Average handover time and 45-minute delays also reduced. The overall position improvement in performance since February is reflective of the continued implementation of improved front door processes



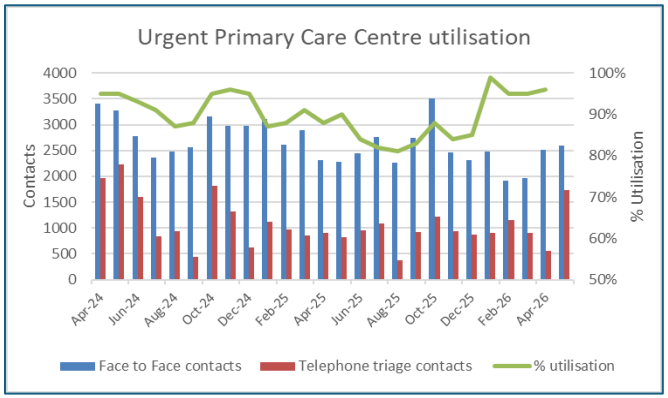






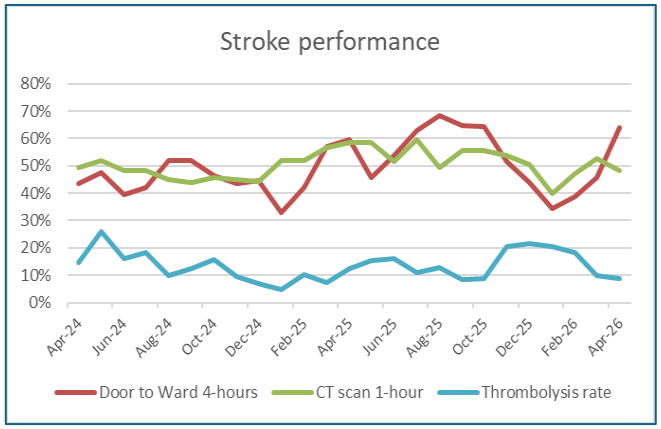
Urgent and Emergency Care – Out of Hospital and Front Door

- In May, 2,590 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 1,738 patients triaged by telephone, both increased from April.
- In 25/26 there were over 3.7 million calls to GP surgeries, with over 2.8 million appointments offered. Last year saw over 8.7 million items issued via prescription
- Nearly 224,000 appointments were offered in April 2026, slightly reduced from the same month last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased, this has continued in 2026, with nearly 4000 more digital requests received in April 2026 compared to April 2025



GMS activity	April 2026	Full year 25/26
Calls to GP Surgeries	258,234	3,712,437
Digital requests to GP practices	77,178	984,673
GP appointments offered	223,936	2,886,008
Items issued via presciption	680,881	8,722,346

Urgent and Emergency Care – Hospital Flow and Discharge

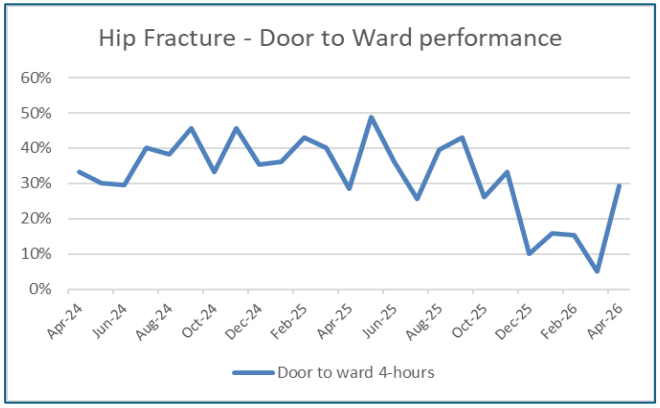


Stroke

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

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

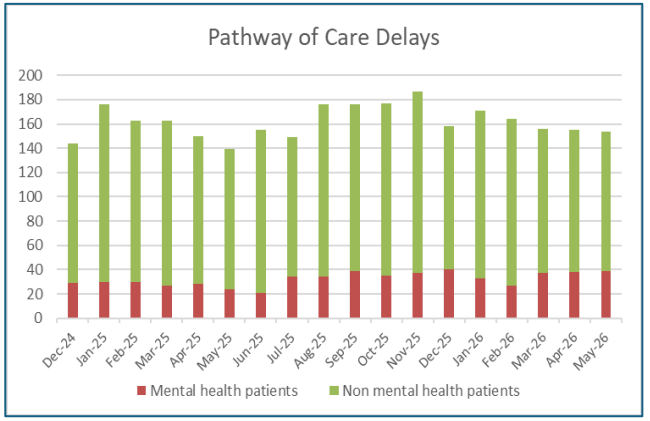
- There were 2 thrombectomies in April
- A follow-up MDT session is planned for June to review process and the strategic plan



Hip fracture

- In April, 29.4% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an increase in performance from March, and our average of 27% remains significantly above the national average of 10.6%. Work is underway to review and improve hip fracture length of stay which will provide an opportunity for improving outcomes and bed utilisation

Urgent and Emergency Care – Hospital Flow and Discharge



- Total Pathway of Care Delays reduced in April to 154. Non-Mental Health delays reduced to 115 with an average length of stay since becoming clinically optimised of 36 days. Mental Health delays increased to 39, but with an average length of stay since becoming clinically optimised reduced to 106 days. The total number of delays is above our de-escalation requirement of 128

- In total 8,211 bed days were lost in May, reduced from last month and reduced by c500 from the same month last year. We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process, including use of the trusted assessor model

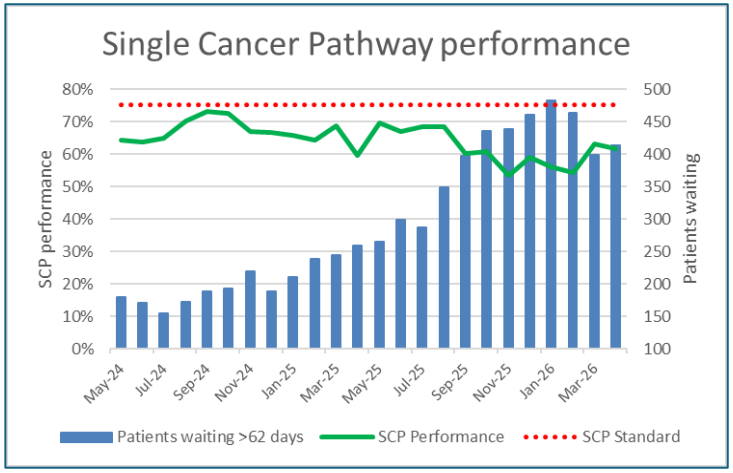
- We continue with our top 20 longest staying patient meetings, chaired by the COO or Director to review themes and ensure actions to enable discharge are progressed. This month we have seen a reduction in the number of patients delayed waiting for assessment by social care and those awaiting best interest meeting decision

Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	20
Awaiting joint assessment	9
Awaiting care home manager (Residential) to visit and provide outcome	9
Awaiting completion of best interest decision	8
Patient / family disputing and/or delaying to move to any stage of care / next stage of discharge	7
Home unsafe and requires attention	7

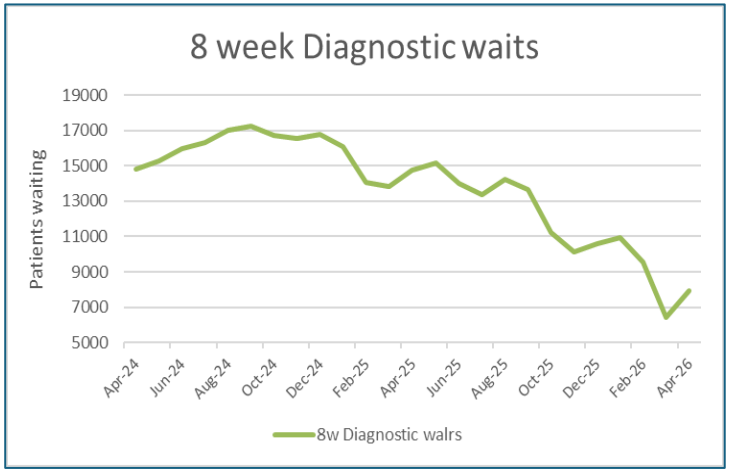
Top 6 reasons for MH delays	Number of delays
Awaiting joint assessment	5
Identifying residential home	5
Identifying dementia nursing home	5
Identifying specialist bed	4
Awaiting supported living availability	4
Awaiting care home manager (Residential) to visit and provide outcome	3

Planned Care, Cancer and Diagnostics

- As forecast, our Single Cancer Pathway compliance reduced by 1.5% to 61.7% in April, as we continue to treat patients from the increased backlog of 62 waits. In April we saw 3 tumour sites meet the SCP standard of 75%. The number of patients waiting 62 and 104 days for treatment remains reduced from the peak in January



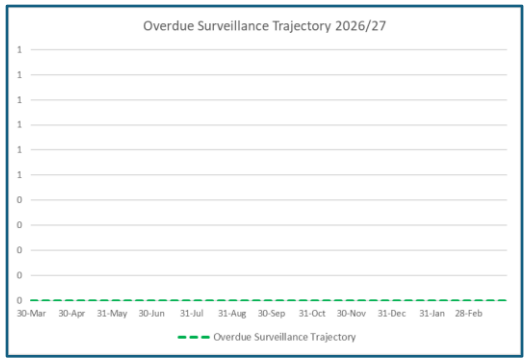
- Diagnostic 8-week waits increased in April 2026 to 7,913. We have seen continued reductions in non-obstetric ultrasound, but small increases in Endoscopy, CT and MRI. The greatest increase this month was from Echo waits, where we continue to see the impact of the additional outpatient activity in Q4 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. Endoscopy capacity continues to be a challenge, more detail is presented in the next slide. May's validated position is not available at the time of writing and will be updated verbally at Committee

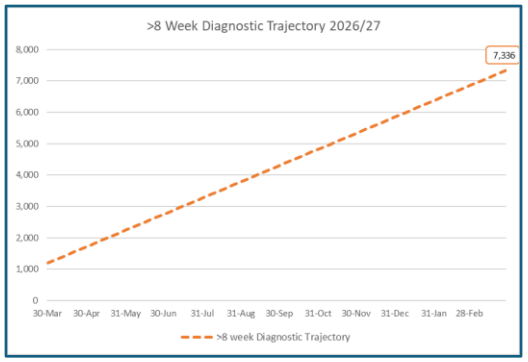


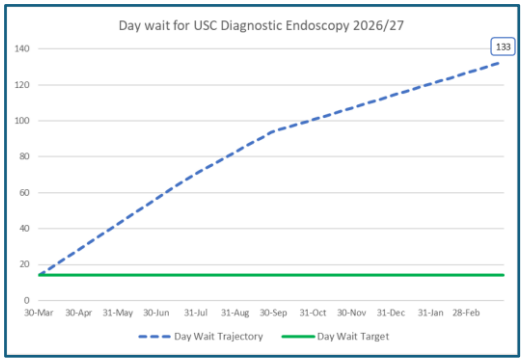
Planned Care

Diagnostics

Endoscopy Trajectories for 2026/27 – Surveillance, Diagnostics & USC without insourcing provider







31st March 2027 forecast position: 9491

- 8 Week Diagnostics - 7336 patients waiting over 8 weeks
- Plus USC - 2,155 patients waiting over 8 weeks
- Days wait for USC will be higher than 62 days by July 26, and 133 days by 31/03/27

Assumptions

- Prioritising surveillance - as the highest risk cohort of patients.
- No additional solutions for 2026/27
- DNA rate of 2%CNA rate of 11% (within 24 hours of appointment)

Core Capacity (lists)	Apr-26	Aug-26	Oct-26
Surveillance	13	13	13
USC	22	25	32
8 week	0	0	0

Diagnostics

Endoscopy plan 26/27

Developing and implementing a comprehensive productivity and efficiency plan with NHSP&I Team

Initial focus on:

Clinical Vetting: increase of 2.5 additional sessions per week

Capsule Sponge Programme: introduction of two sessions per week to reduce demand on conventional endoscopy

DNA/CNA Reduction: targeted actions including improved booking systems, enhanced patient information, and awareness initiatives

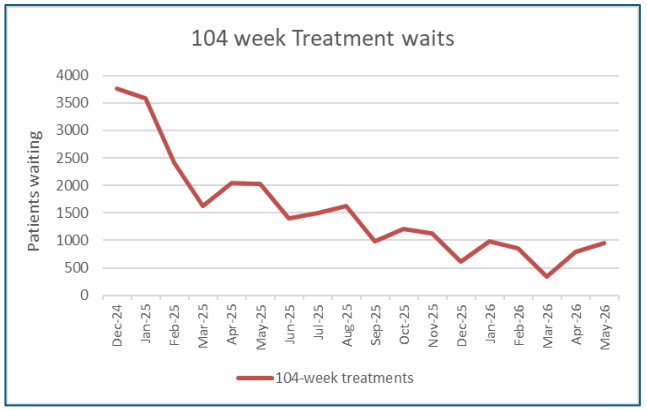
Planned Care, Cancer and Diagnostics

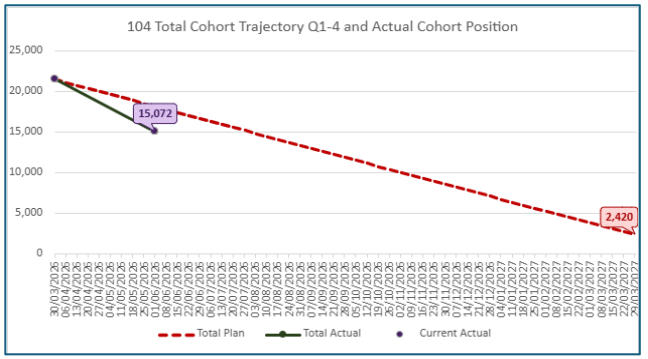
- Following delivery of our commitment to Welsh Government at the end of March; April and May saw an increase in 2-year waits in line with our forecast. The largest increases were seen in Dermatology, General Surgery and Orthopaedics. We continue to work with colleagues from NHS P&I on our delivery plan as we look to go further on our commitment through productivity and efficiency gains.

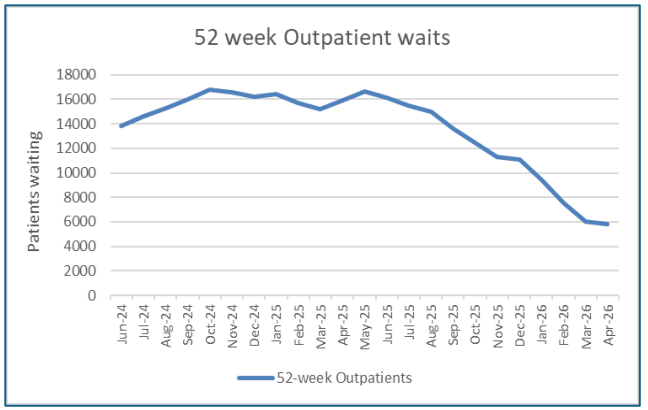
- We have committed to no more than 2,240 2-year waits by March 2027. The cohort is monitored daily and tracking reported weekly

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

- Following the reduction in 52-week waits in March, April saw a further small reduction to <5800 patients, the lowest since September 2020. Validated May data is not available at the time of reporting; a verbal update will be given in committee. Our focus this year is on efficient use of outpatient resources, including increased use of SOS/PIFU, booking reviews of clinics with high DNAs, validation of uncashed clinics and focus on activity in line with EBIW guidelines (formerly Interventions not normally undertaken)





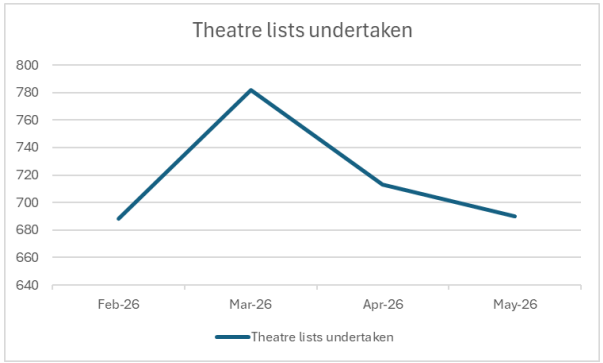


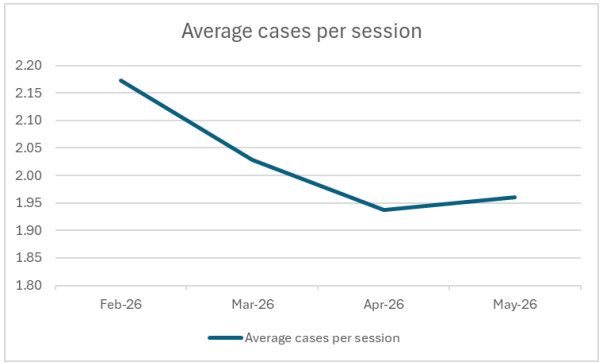
Planned Care, Cancer and Diagnostics

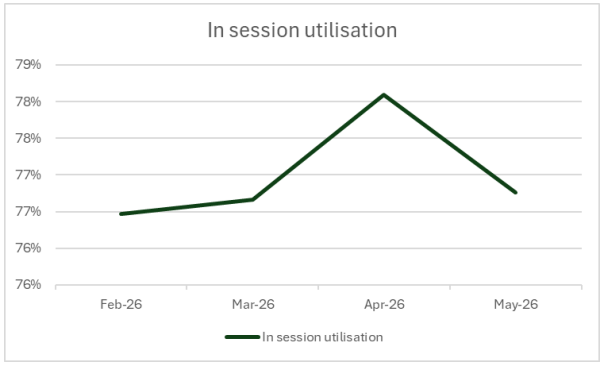
Theatres efficiency

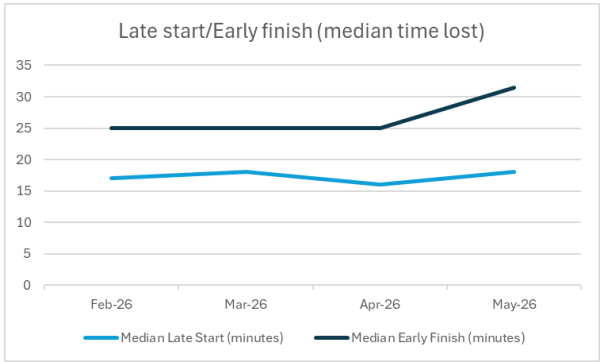
Following the migration of Theatre Management System and a period of data validation, the Theatres Team are able to provide provisional performance information across our Theatres estate. This is management information and we will continue to validate with input from Theatres, Ops and Digital colleagues

A dashboard is being developed to show performance metrics, down to theatre and consultant level, including volume of list, cases per session, utilisation, late stars, early finishes



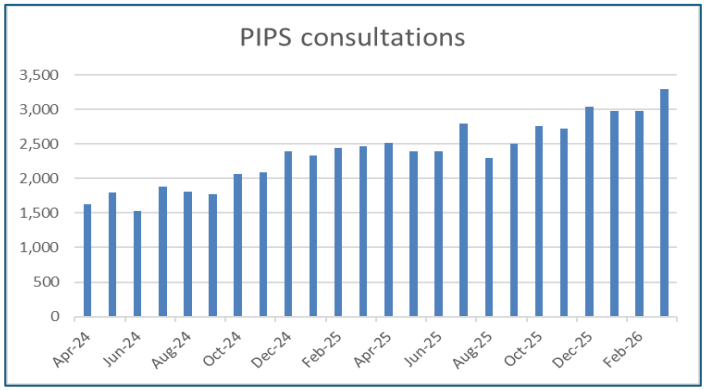






Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access through 25/26.
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 3,289 consultations delivered in March 2026, the highest to date in C&V. April data can be updated in Committee

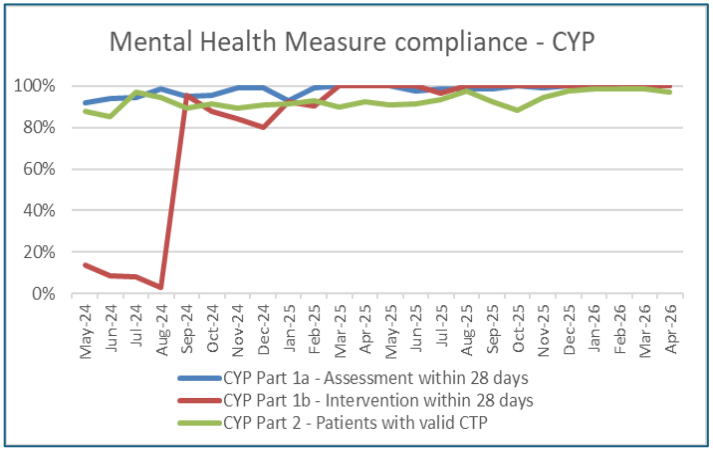


- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. Including DNs, wound healing service, continence service, Safe@Home and CRT/VCRS. District Nursing contacts exceeds the number of visits to EU on a monthly basis, and we have increased weekend capacity from 24/25 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services, linking this with our emerging community by design agenda

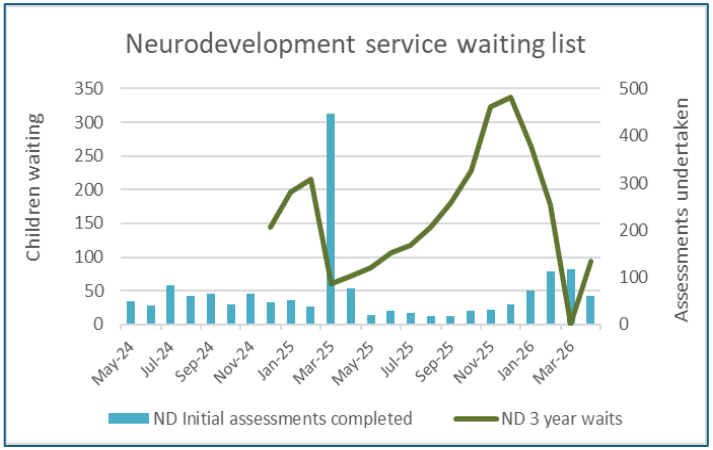
Community activity	Apr-26	YTD 26/27	Monthly av. 25/26
Disctrict Nurse visits to patients	18,162	18,162	17,234
Patients supported by Safe@Home	51	51	75
Patients supported by CRT/VCRS to avoid admission	31	31	39
Patients supported by CRT/VCRS with early discharge	101	101	107

Mental Health – Children and Young People

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



- Following the end of additional non-recurrent assessment capacity in 2025/26, April saw an increase in the total waiting list for Neurodevelopment service to 4,957 children, including some waiting over 3-years. The Health Board is assessing options for utilising the £1m WG funding to reduce this through 2026/27. Key actions for this year include increased digitisation, further pathway development and continued engagement with education

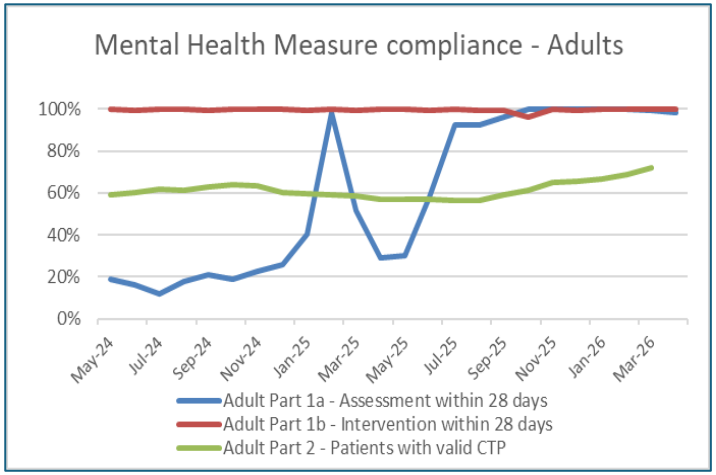


Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan

Mental Health – Adults and Older people

- For adult and older people's mental health services, April saw Part 1a compliance maintained over 98%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in April. Part 2 remained below standard in March, but has improved in line with our trajectory, increasing to >70%. The validated April position will be updated verbally at Committee. 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. Total contacts reduced in May compared to April and May last year



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

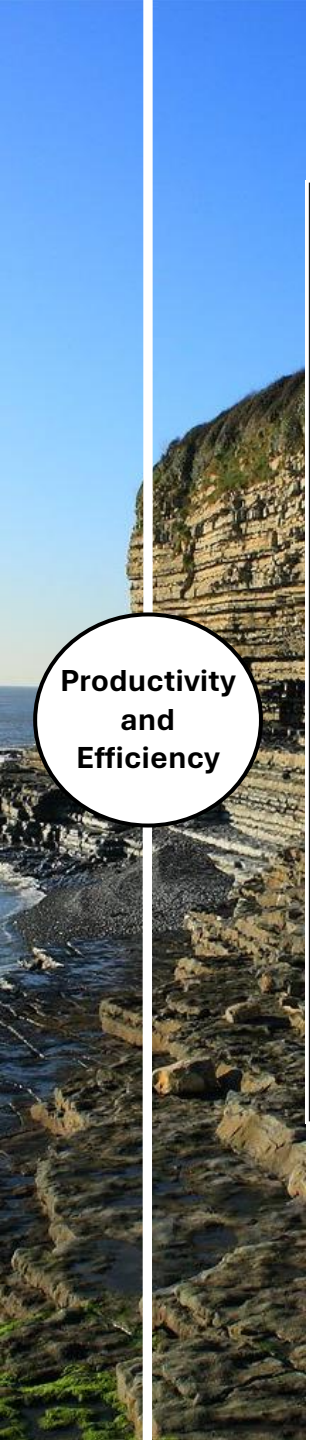
	May-26	26/27 year to date	25/26 Average
Crisis Service team	1620	3070	1573
MH Headroom	431	935	519
Community Veterans Service	106	189	78
Young Onset Dementia Service	168	340	189

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

Operational performance metrics for TI

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

	Criteria	Measure	Baseline	De-escalation	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
			Jul-25	Requirement	UHB Performance												
Planned Care	1) 60% performance maintained against the SCP target	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	68.4%	60.0%	61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%	61.7%
	2) 100% of open outpatient pathways to be waiting less than 52 weeks.	% of open pathways waiting less than 52 weeks for a new outpatient appointment	81.0%	100.0%	80.5%	79.6%	80.3%	81.0%	81.3%	83.9%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%	89.5%
	3) 100% of open pathways to be waiting less than 104 weeks	% of open pathways waiting less than 104 weeks for referral to treatment	99.1%	100.0%	98.8%	98.8%	99.1%	99.1%	99.0%	99.4%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%	99.6%
	4) 80% of open pathways to be waiting less than 52 weeks.	% of open pathways are waiting less than 52 weeks for referral to treatment	78.5%	80.0%	78.0%	77.3%	78.1%	78.5%	78.5%	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%	83.6%
	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	TBC
	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%	TBC
	7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks.	% of patients waiting less than 8 weeks for diagnostic test	47.0%	80.0%	42.4%	39.9%	45.2%	47.0%	43.4%	43.6%	52.0%	54.5%	53.9%	51.9%	57.3%	66.1%	61.8%
	8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	18.7%	80.0%	17.6%	13.3%	18.0%	18.7%	17.4%	20.3%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%	49.2%
	9) 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - NOUS	40.4%	80.0%	33.9%	34.3%	38.2%	40.4%	38.6%	38.8%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%	60.5%
		% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	64.9%	80.0%	66.3%	56.2%	68.0%	64.9%	52.6%	47.7%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%	76.4%
	10) 85% of patients waiting for therapies to be waiting less than 14 weeks.	% patients waiting less than 14 weeks for therapy	93.8%	85.0%	95.8%	94.9%	94.9%	93.8%	92.8%	91.8%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%	92.8%
UEC	1) Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline).	Ambulance handovers over 1 hour	317	223	462	390	363	317	36	39	147	149	168	181	273	73	87
	2) Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board.	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.2%	7.0%	7.7%	7.8%	7.8%	7.2%	6.8%	6.7%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%	7.9%
		% of patients waiting 12 hours or more in ED - UHW	7.7%	7.0%	8.1%	8.2%	8.3%	7.7%	7.2%	7.1%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%	8.4%
	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	TBC
	4) Continuous reduction in delayed pathways of 5% (based on agreed baseline)	Number of pathways of care delays	149	128	150	139	155	149	176	176	177	187	158	171	164	156	155
Mental Health	1) 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	92.4%	80.0%	29.6%	30.4%	58.0%	92.4%	92.5%	95.9%	100.0%	99.9%	100.0%	100.0%	100.0%	99.5%	98.5%
	2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	99.7%	65.0%	100.0%	100.0%	99.6%	99.7%	99.0%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%
	3) 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	56.6%	80.0%	57.2%	57.1%	56.8%	56.6%	56.6%	59.1%	61.3%	65.2%	65.3%	66.5%	62.7%	71.9%	TBC



Productivity and Efficiency

	Measure	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	Trend
Outpatients	% DNAs - New appointments	5%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.0%	8.7%	9.4%	10.0%	8.9%	9.9%	8.7%	
	% DNAs - Follow-up appointments	5%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	8.7%	9.3%	8.5%	8.5%	8.7%	
	% outpatients on See on Symptoms pathway	20%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	4.3%	4.4%	4.2%	4.2%	4.4%	
	% outpatients on Patient Initiated FU pathway		0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	1.2%	1.6%	1.6%	1.6%	1.4%	
Endoscopy	% room utilisation	90%	78%	88%	81%	87%	71%	72%	66%	79%	66%	72%	75%	73%	73%	
	% utilisation (activity points available)	95%	87%	89%	87%	90%	89%	87%	87%	89%	87%	85%	86%	89%	91%	
Theatres	Average turnaround time (minutes)	10	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3			15.3	15.5	15.5	
	% of theatre session utilisation	95%	79%	83%	80%	81%	80%	83%	82%	78%						
	% in session utilisation	85%	80%	79%	80%	78%	77%	79%	79%	78%			76%	77%	78%	
	<24 hour elective cancellations	N/A	237	229	281	287	220	238	329	287	344	323	316	369	303	
Waiting list	Total RTT waiting list volume	N/A	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	146,215	142,532	135,990	131,170	131,864	
Inpatient	Delayed pathways of Care - Mental Health	217	28	24	21	34	34	39	35	37	40	33	27	37	38	
	Delayed Pathways of Care - non-Mental Health		122	115	134	115	142	137	142	150	118	138	136	119	117	
	7 day LOS on Acute Wards (snapshot)	<40%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	56.8%	56.1%	58.2%	58.3%	54.6%	
	21 day LOS on Acute Wards (snapshot)	<20%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	27.9%	29.8%	33.5%	30.2%	26.6%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	9.9	9.3	9.9	9.8	8.9	
Urgent and Emergency	Reportable attendances	N/A	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	11,681	11,397	10,701	12,114	11,938	
	Reportable Majors attendances	N/A	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	6,372	6,154	5,655	6,227	6,256	
	Reportable EU admissions	N/A	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	1,834	1,697	1,485	1,703	1,682	
	SDEC attendances	N/A	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	1,864	1,951	1,808	2,042	1,946	

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

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

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

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

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

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

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

Cardiff and Vale
Integrated Performance Report

2026/27

June 2026

Section 2: Cardiff and Vale Performance Report

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

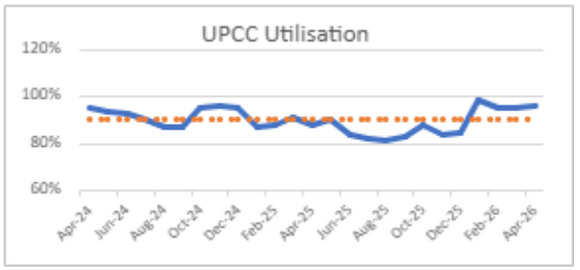
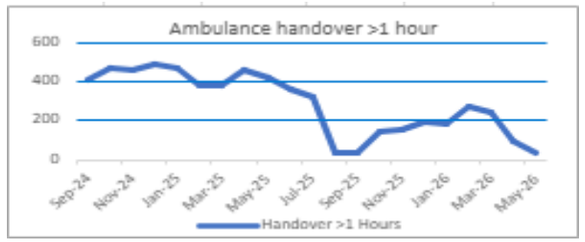
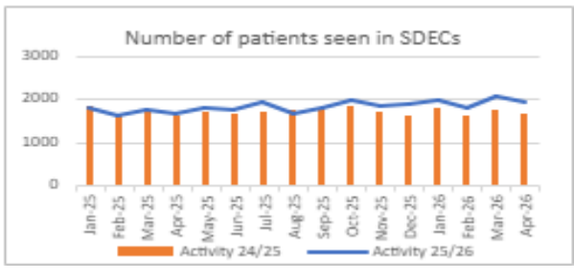
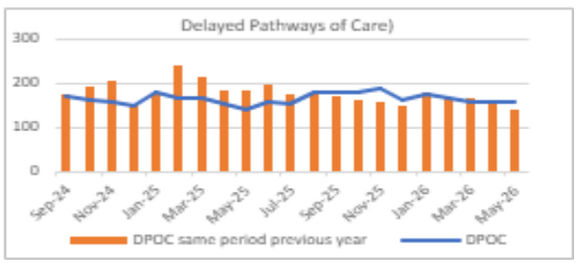
Detail on what is included under each quadruple aim is provided below.

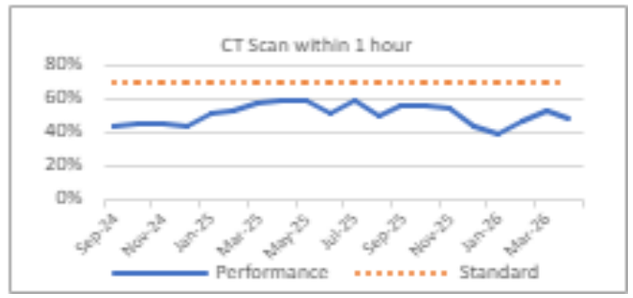
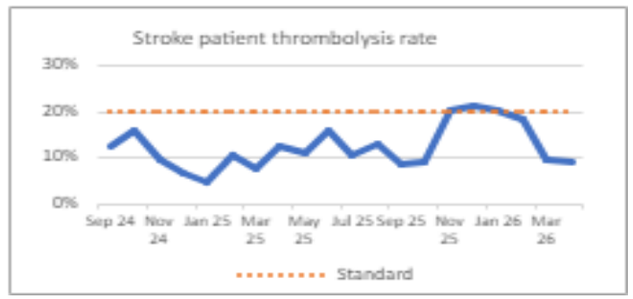
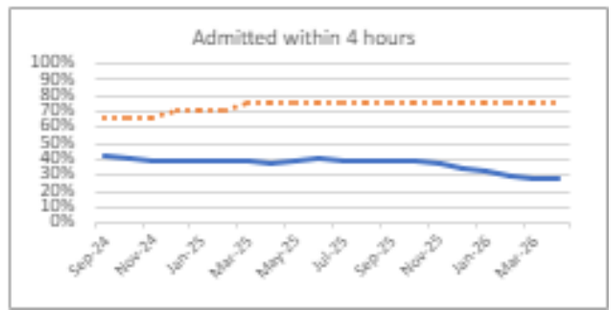
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

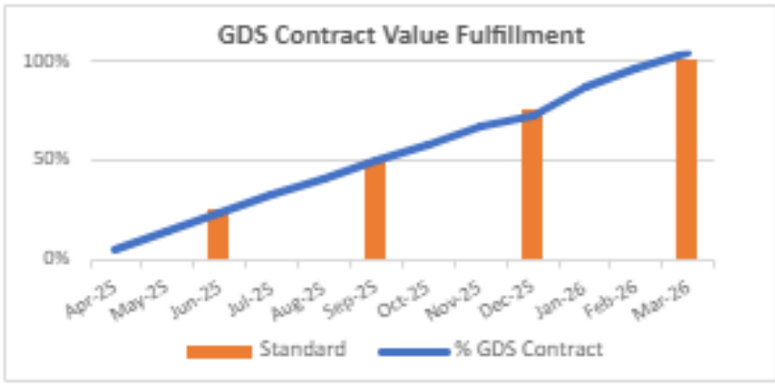
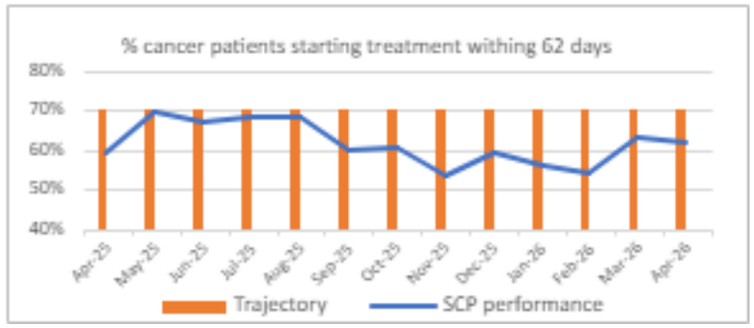
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

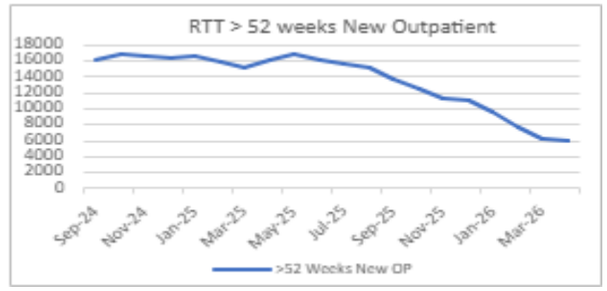
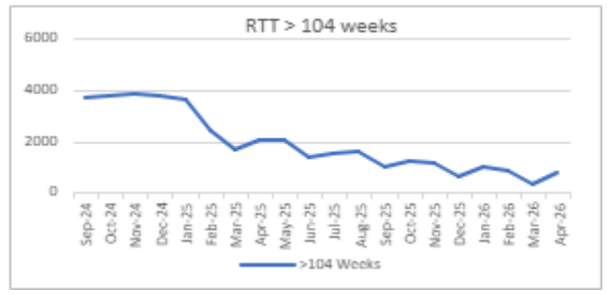
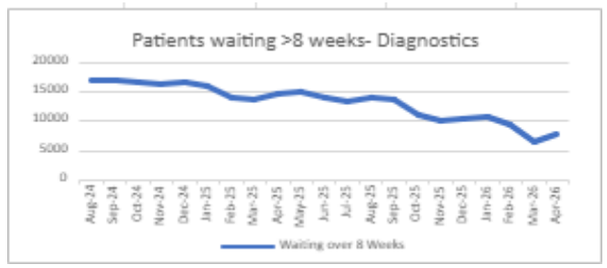
Return to Main Menu

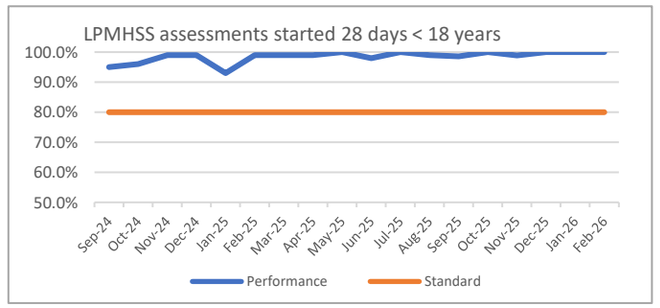
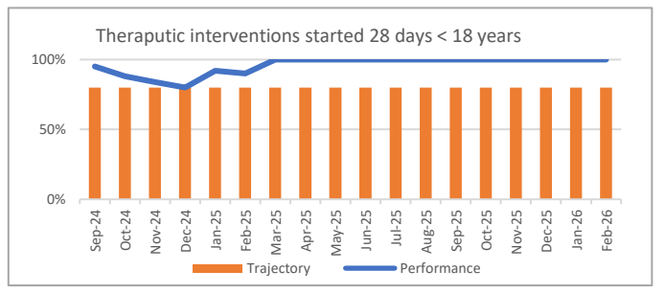
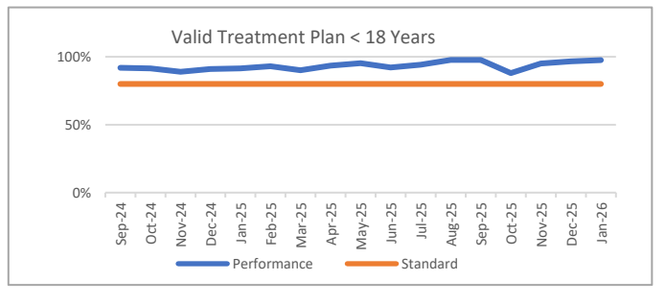
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

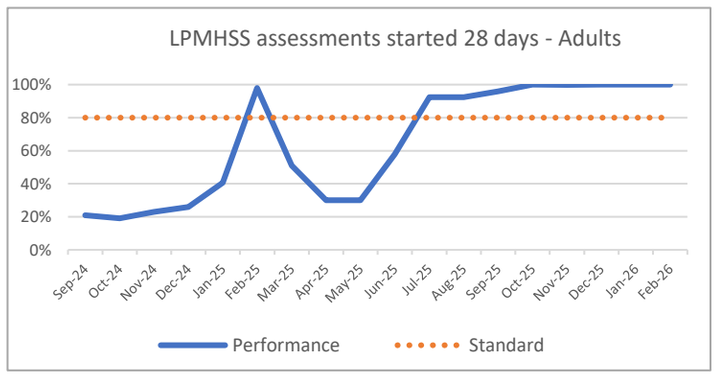
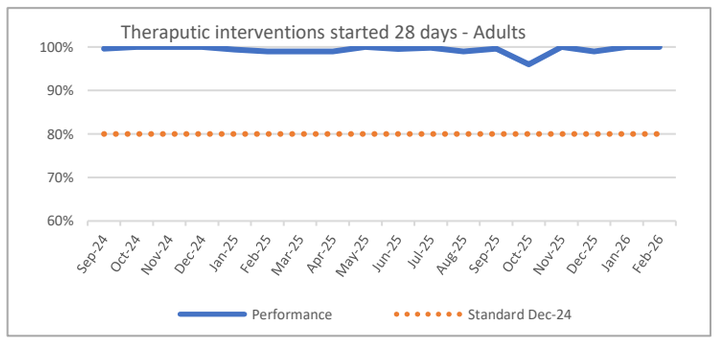
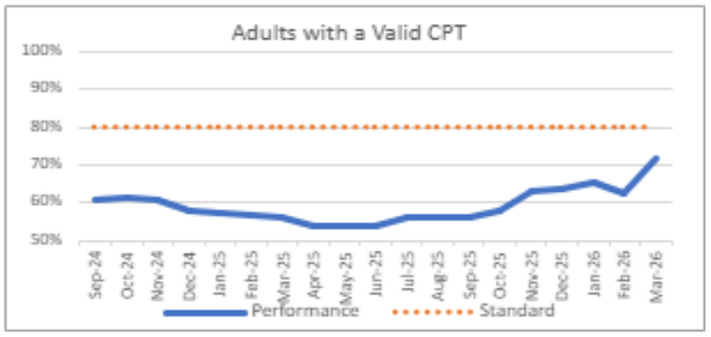
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In April utilisation was 96%, this is above our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting	Apr-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 May we reported zero 2-hour ambulance delays, despite operation pressures in-month. In May we reported 31 1-hour ambulance delays, a decrease from April In May lost minutes per arrival increased to 9, this is 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 March we reported a decrease in patients waiting 12-hours in EU compared to January. This equates to 92% of attendances waiting less than 12-hours and below our ambition for Q4 **SDEC units** In April we reported a reduction in activity compared to March, but an increase from April 2025 activity.	May-26 May-26 Apr-26	0 2-hour delays Above standard 31 1-hour delays Below standard 11 minutes lost/arrival Above standard 92% patients <12h Below standard 1,946 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of May 55.3% of patients in acute beds had a LOS of >7 days, 31.0% >21 days – a deterioration in 7d LOS from April. See paper for POCD update **Pathway of Care Delays –** In May 2026 the number of POCDs was 156, a decrease from April	May-26 May-26	55.3% >7d Above standard 31.0% >21d Above standard 154 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 April 48.2% of patients were received their CT scan within 1 hour of arrival at EU, a decrease from March **Thrombolysis – 20% thrombolysis rate** In April 8.9% of stroke patients were thrombolysed, a decrease from March 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 April 63.8% of patients were admitted directly to the Stroke Unit within 4 hours. An improvement from previous months, despite operational pressures in the EU Further details provided in the accompanying paper.	Apr-26	48.2% CT Below standard 8.9% Thrombolysis Below standard 63.8% 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 April our annualised compliance showed 27% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.6%.	Apr-26	27.0% (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 February100% 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 104.7% 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 104.7% 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 April 61.7% of patients received their first definitive treatment within 62 days. This is below our ambition.	Feb-26	61.7% 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 again from March **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 has increased in line with our forecast following the ceasing of additional activities which were funded non-recurrently for 25/26	Apr-26	5,790 patients Below standard 782 patients Above 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, An increase from March additional details are discussed in the accompanying paper **Therapies – National standard of zero 14 week waits** In April 782 patients were waiting over 14 weeks for therapies, A decrease from March. Breaches are concentrated in OT and Dietetics and team are working to bring the specific services back into balance.	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 in child health	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 62.3% 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
	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	TBC	70%	TBC	TBC
	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%
	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%
	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%
	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%
	Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	TBC	End of qtr on end qtr improvement	TBC	TBC

TBC measures will be updated in line with national performance framework reporting – available July 2027

pr	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
	Median emergency ambulance response time to purple: arrest category calls	Apr-26	Expected target range 6-8 minutes	**07:54** At standard	Jan-26: 00:07:01; Feb-26: 00:06:55; Mar-26: 00:07:19; Apr-26: 00:07:54
	Median emergency ambulance response time to red: emergency category calls	Apr-26	Expected target range 6-8 minutes	**07:34** Above standard	Jan-26: 00:08:44; Feb-26: 00:08:30; Mar-26: 00:08:41; Apr-26: 00:08:34
	Number of ambulance patient handovers over 45 minutes	Apr-26	0	**172** Above standard	Jan-26: 326; Feb-26: 413; Mar-26: 163; Apr-26: 172
	Percentage of ambulance patient handovers within 15 minutes	Apr-26	80%	**19.2%** Below standard	Jan-26: 15.42%; Feb-26: 16.07%; Mar-26: 15.46%; Apr-26: 19.20%
	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	95%	**61.8%** Below standard	Jan-26: 60.1%; Feb-26: 59.2%; Mar-26: 60.8%; Apr-26: 61.8%
	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	0	**945** Above standard	Jan-26: 1083; Feb-26: 972; Mar-26: 967; Apr-26: 945
	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-26	75%	**61.7%** Below standard	Jan-26: 56.1%; Feb-26: 54.4%; Mar-26: 63.2%; Apr-26: 61.7%

TBC measures will be updated in line with national performance framework reporting – available July 2027

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
	Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	Mar-26	95%	**66.2%** Below standard	Dec-25: 67.73% | Jan-26: 66.44% | Feb-26: 67.70% | Mar-26: 66.24%
	Number of patients waiting more than 8 weeks for a specified diagnostic	Apr-26	0	**7,913** Above standard	Jan-26: 10925 | Feb-26: 9544 | Mar-26: 6432 | Apr-26: 7913
	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
	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Apr-26	0	**1812** Above standard	Jan-26: 1677 | Feb-26: 1821 | Mar-26: 1823 | Apr-26: 1812
	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Apr-26	0	**487** Above standard	Jan-26: 611 | Feb-26: 582 | Mar-26: 523 | Apr-26: 487
	Number of patients waiting more than 26 weeks for a new outpatient appointment	Apr-26	0	**21,487** Above standard	Jan-26: 29060 | Feb-26: 24279 | Mar-26: 21865 | Apr-26: 21487
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Apr-26	Reduction of at least 25% on March 2026 baseline	**29,682** Below standard	Dec-25: 28065 | Jan-26: 28267 | Feb-26: 28268 | Mar-26: 29682
	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
	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%
	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-26	80%	**73.8%** Below standard	Dec-25: 75.6% | Jan-26: 75.6% | Feb-26: 73.8% | Mar-26: 70.4%

TBC measures will be updated in line with national performance framework reporting – available July 2027

Report Title:	Productivity & Performance Oversight				Agenda Item No:	2,3	
Meeting:	F&P		Public	X	Meeting Date:	17/06/2026	
			Private				
Status **(please only tick one)**	Assurance		Approval		Information/Noting		X
Lead Executive Title:	Chief Operating Officer						
Report Author Title:	Director of Operational Planning and Performance						

Main Report
Background and Current Situation:

A revised approach will be implemented to overseeing and improving performance and productivity within clinical boards. This approach will be lead from the directorate teams and escalate up to an Executive oversight Board.

Delivery of this programme will facilitate performance improvements and provide clarity on potential organisational choices for areas across planned and urgent care.

The included slides provide a summary of the approach.

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

- Improving performance and productivity is a key priority for the Health Board.
- A robust and consistent structure is key to delivery
- The revised approach provides a foundation for improvement and will be developed throughout the year

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

Performance and Productivity slides.

Recommendations:

a) Note the revised approach to performance and productivity.

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

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

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

Prevention		Long Term		Integration		Collaboration		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	

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: No risk assessments
Process aims to reduce risk associated with long waiting times, safety and reduce efficiency.
Safety: No
Financial: Yes
Delivering improved performance and productivity provides opportunity for improved financial performance.
Workforce: Yes
Improved efficiency will improve working life for teams, reduce duplication and improve satisfaction.
Legal: No
Reputational: No
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: No

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

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

Performance and Productivity Board

Catherine Wood
Deputy Chief Operating Officer

Background

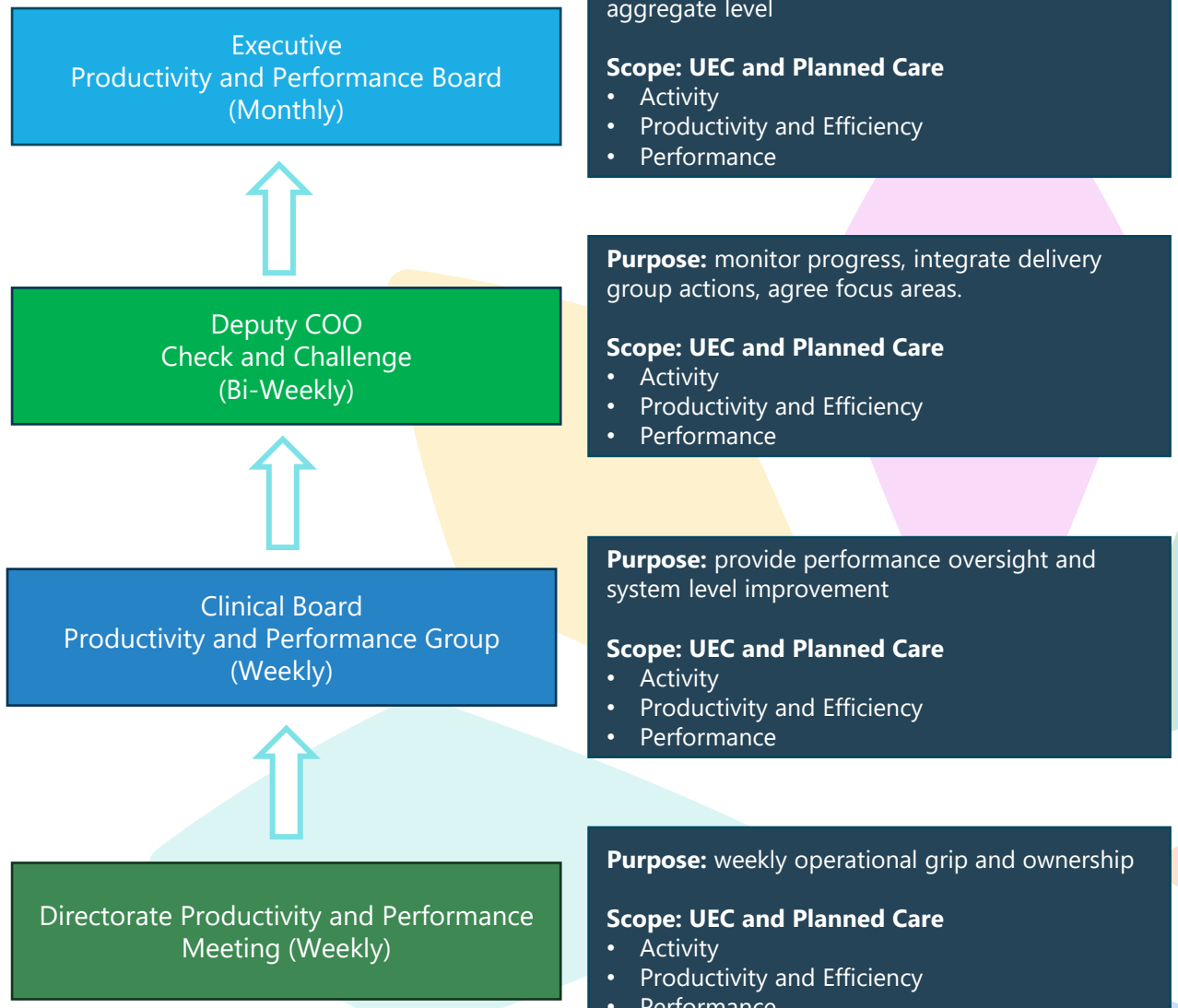
- A revised operational performance and productivity structure is being implemented for 2026/27.
- Previous iterations have failed to deliver consistent oversight that facilitates directorate level grip alongside Clinical Board and Executive level assurance
- Aim – implement an operational productivity and performance framework which puts in the place a standardised approach to improvement in all Directorates and Clinical boards.
- Key to the revised plan is to empower our teams to monitor, own and deliver against agreed activity and performance standards. Feeding in delivery of best practice and national expectations – Enabling Actions, CIN Optimisation/GIRFT, Ministerial Advisory Group.
- Many operational performance and productivity measures are a key component of quality

Approach

- Weekly Directorate and Clinical Board meetings to review key performance measures across Planned Care, Cancer, Diagnostics and Urgent and Emergency Care

- Bi-Weekly Deputy COO Forum – pulling together key issues and opportunities from clinical boards and integrating improvment programmes (theatres, outpatients, length of stay)

- Executive Led Performance and Productivity Board monthly



Secondary Care Measures

	Planned Care	Urgent and Emergency Care
Activity	**Planned vs. Actual – split by core and additional** Outpatients – new and follow up IP/DC Diagnostics	**Planned vs. Actual** ED attendances; Admissions; SDEC attendances; Discharges; Safe@Home
Productivity, Efficiency and Quality	**Outpatients –** DNA/CNA; overbooking; validation; FUNB; clinic utilisation; SOS/PIFU/Discharge; uncashed clinics; treat in turn/cohort; new to follow up **IP/DC –** Theatre Utilisation; Late Starts; Early Finishes; Cancellations; BADCS; DOSA; treat in turn/cohort; enabling actions / HVLC / GIRFT **Diagnostics -** DNA/CNA; overbooking; validation; clinic utilisation; treat in turn/cohort **Cancer –** 14 day; 28 day; 62 day	7-day re-attendance rate 28-day readmission rate High risk patient attendance Length of stay by speciality/ward Discharges before midday by speciality/ward DALS completion Clinically optimised / MFFD Stroke Trauma
Performance	**Single Cancer Pathway –** 62 day %, 62- and 104-day backlog **Outpatients** – 52 weeks and 100% follow up delays **RTT** – 52 and 104 weeks **Diagnostics** – 8 weeks **Therapies** – 14 weeks	4- and 12-hour waits Pathway of Care Delays Time to Clinical Decision Maker Bed occupancy
	Performance and Productivity Dashboard	

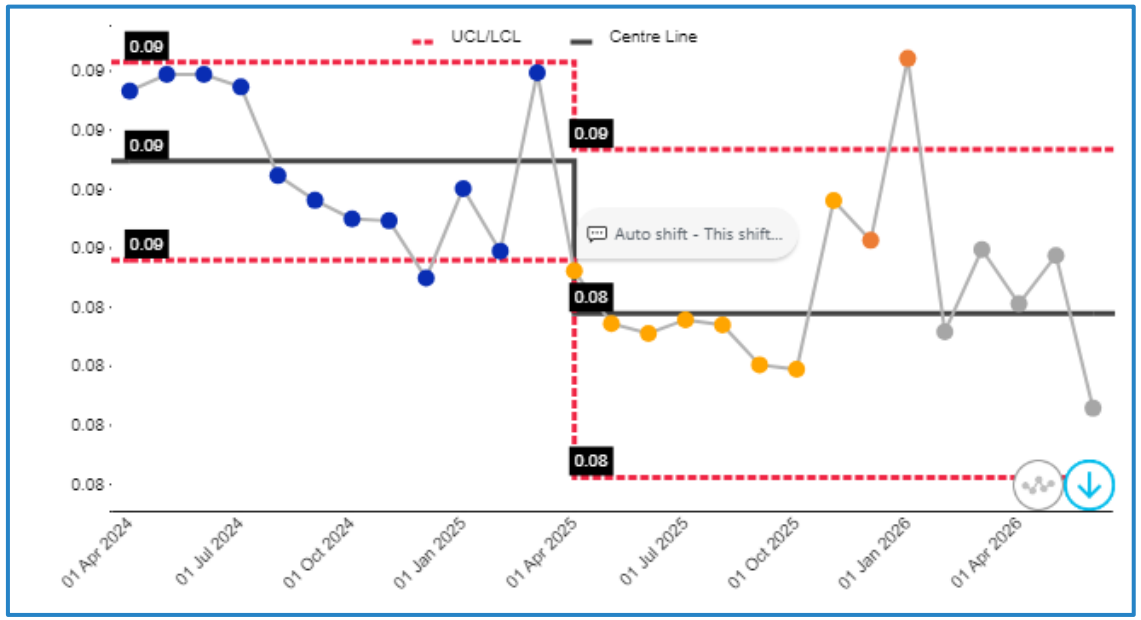
Red = June
Blue = ASAP

Dashboard Examples

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

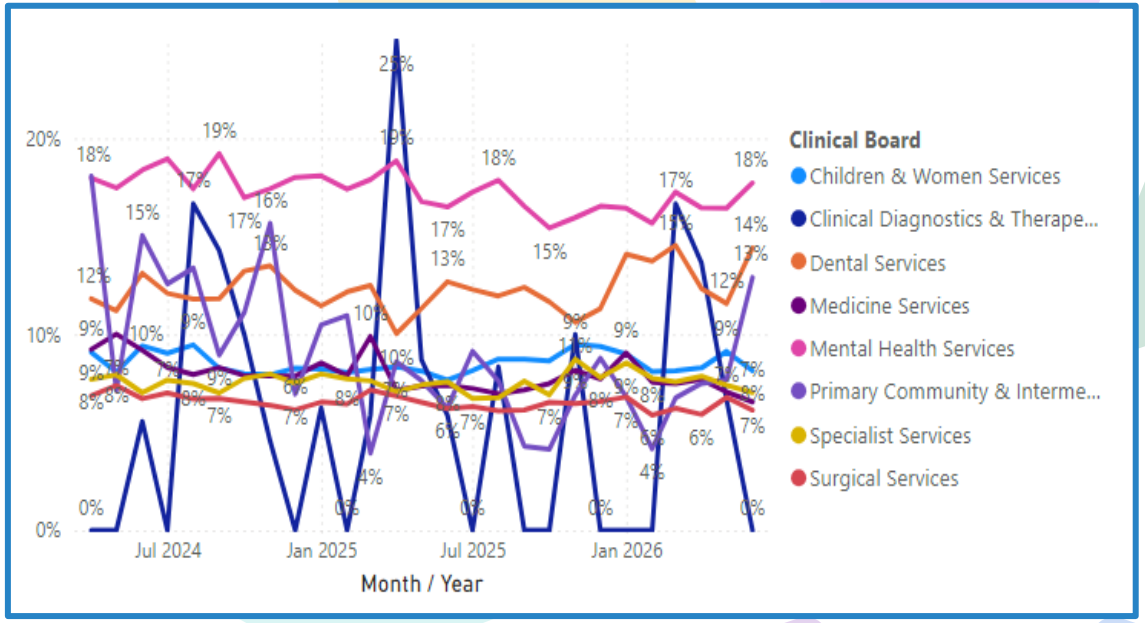
UHB	Sector	Area	Measure Group	Measure	Previous Month	Previous Value	Latest Month	Latest Value	% Change	More Detail
C&V	Planned Care	Productivity & Efficiency	DaT	DaT DNA %	May 2026	11.4%	June 2026	10.3%	-1.10%	
C&V	Planned Care	Productivity & Efficiency	DaT	DaT Hospital Cancellations %	May 2026	51.4%	June 2026	51.5%	0.09%	
C&V	Planned Care	Productivity & Efficiency	DaT	DaT Patient Cancellations %	May 2026	48.6%	June 2026	48.5%	-0.09%	
C&V	Planned Care	Productivity & Efficiency	DaT	DaT Uncashed Slots	May 2026	438	June 2026	174	-60.27%	
C&V	Planned Care	Productivity & Efficiency	OP	OP DNA %	May 2026	8.6%	June 2026	8.1%	-0.52%	
C&V	Planned Care	Productivity & Efficiency	OP	OP Hospital Cancellations %	May 2026	71.5%	June 2026	68.3%	-3.11%	
C&V	Planned Care	Productivity & Efficiency	OP	OP Patient Cancellations %	May 2026	28.5%	June 2026	31.7%	3.11%	
C&V	Planned Care	Productivity & Efficiency	OP	OP Uncashed Slots	May 2026	1,618	June 2026	1,004	-37.95%	
C&V	Planned Care	Productivity & Efficiency	RTT	IP 104 Booked Q1 %	May 2026	30.1%	June 2026	29.2%	-0.93%	
C&V	Planned Care	Productivity & Efficiency	RTT	OP 52 Booked Q1 %	May 2026	13.8%	June 2026	11.1%	-2.66%	
C&V	Planned Care	Productivity & Efficiency	SOS/PIFU	Into PIFU %	May 2026	1.4%	June 2026	1.2%	-0.22%	
C&V	Planned Care	Productivity & Efficiency	SOS/PIFU	Into SOS %	May 2026	4.1%	June 2026	3.5%	-0.68%	
C&V	Planned Care	Performance	RTT	OP 52 Week Breaches	May 2026	5,739	June 2026	6,424	11.94%	
C&V	Planned Care	Performance	RTT	RTT 104 Week Breaches	May 2026	956	June 2026	1,302	36.19%	
C&V	Planned Care	Activity	DaT	DaT Follow Up	May 2026	9,287	June 2026	2,709	-70.83%	
C&V	Planned Care	Activity	DaT	DaT New	May 2026	8,053	June 2026	2,366	-70.62%	
C&V	Planned Care	Activity	IP	Elective Admissions	May 2026	920	June 2026	365	-60.33%	
C&V	Planned Care	Activity	IP	Elective Admissions DC	May 2026	2,652	June 2026	1,022	-61.46%	
C&V	Planned Care	Activity	IP	Elective Admissions RDA	May 2026	1,665	June 2026	479	-71.23%	
C&V	Planned Care	Activity	OP	OP Follow Up	May 2026	36,064	June 2026	10,160	-71.83%	
C&V	Planned Care	Activity	OP	OP New	May 2026	10,450	June 2026	2,969	-71.59%	
C&V	Urgent & Emergency	Activity	ED	SDEC Attendances	May 2026	2,238	June 2026	666	-70.24%	
C&V	Urgent & Emergency	Activity	IP	Discharges (Emergency Admission)	May 2026	5,994	June 2026	1,623	-72.92%	
C&V	Urgent & Emergency	Activity	IP	Emergency Admissions	May 2026	6,028	June 2026	1,652	-72.59%	

Dashboard Example - DNAs



SPC chart showing improvement in DNA rates from April 2025

DNA rates by clinical board



Go-live plan

- Directorate and Clinical Board meetings underway
- Dashboard (phase 1) delivered
- 24th June – Executive Performance and Productivity Board

Next Steps

- Development of approach for Primary and Community Care and Mental Health – Q2.

- Integration of governance within Performance Management Framework – Q2

- Dashboard development group in place:
  - Improved visualisation
  - Additional measures
  - Trajectory monitoring
  - Planning for further drill down

Report Title:	Monthly Monitoring Return – Month 1				Agenda Item no.	4.1	
Meeting:	Finance and Performance Committee		Public	x	Meeting Date:	17th June 2026	
			Private				
Status:	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of Finance						
Report Author:	Deputy Director of Finance						

Background and current situation:

SITUATION

WHC (2026) 022 - 2026/27 NHS Wales Financial Monitoring Return Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A, Table A2 and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.

A copy of the April 2026/27 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: 17th June 2026

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE ONE MONTH PERIOD ENDED 30 APRIL 2026

INTRODUCTION

The Health Board submitted an annual plan to the Welsh Government at the end of March 2026. The annual plan incorporated: -

- Brought forward underlying deficit of £68.7m
- 2026/27 Demand and cost growth and unavoidable investments of £54.7m.
- An increased contribution of £21.5m to the Welsh Risk Pool.
- Additional Allocations of £14.0m
- Pass-through funding on Long Term Agreements of £1.9m (1.11%)
- A £42.5m Savings Target.

This results in a 2026/27 plan deficit of £86.5m.

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

Table 1: 2026/27 Plan

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

The financial monitoring returns have been prepared within the framework of the UHB's Annual Plan, which includes a planning deficit of £86.547m for 2026-27. This report details the financial position of the UHB for the period ending 30th April 2026.

A full commentary has been provided to cover the tables requested for the month 1 financial position.

At month 1 the UHB is reporting an overspend of £9.397m, £2.186m over plan.

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.

BACKGROUND

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 recognises the combined recurrent savings shortfall and recurrent operational pressures totaling £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.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN and UNDERLYING POSITION (TABLE A & A1)

Table A sets out the financial plan and latest position at month 1 for which the following should be noted:

- The UHB's initial £42.521m 2026/27 savings target is reported on lines 6,7 & 11.
- Assumed LTA inflation of £1.893m (1.11%) to the UHB from other Health Boards (line 4).
- The brought forward underlying deficit is £68.7m as outlined in the financial plan.

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

The underlying deficit projected for 2026/27 is currently assessed at £86.7m. This assume the 2026/27 plan is fully delivered on a recurrent basis.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

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

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

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

  C&V UHB has written to NWJCC confirming that the reduction in funding prevents agreement of the 2026-27 LTA. The UHB has commenced arrangement of the necessary meetings between the respective Directors of Finance and Chief Executives, per the NHS Wales arbitration process.

- The risk of £0.516m in respect of ePMA aligns with the contingency fund identified in the original Business Case.

- The UHB is reporting a material shortfall of £29.160m against its £42.5m savings target and this is quantified as a risk of £20.399 m. on the basis 50% of the £17.522m red pipeline schemes will be converted to green delivery year.

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

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B and Table 2 below confirm the year-to-date deficit of £9.397m, consistent the analysis set out in the annual operating plan (Table A).

The UHB's Annual Plan includes a deficit of £86.547m. At month 1, the UHB is reporting an overspend against the plan, primarily driven by a £29.158m shortfall against the £42.521m savings target. The UHB is pressing all budget holders to continue developing and implementing savings programmes to support the delivery of the plan.

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

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	10,814	10,814	0	10,814	10,814	0
Quality Efficiency Improvement Plans - Savings	(3,603)	(1,171)	2,431	(3,603)	(1,171)	2,431
Operational Variance	0	(246)	(246)	0	(246)	(246)
Clinical / Service Board Variance	**7,211**	**9,397**	**2,186**	**7,211**	**9,397**	**2,186**

The month 1 deficit of £9.397mm comprised of the following:

- £7.211m planned deficit (one twelfth of the £86.547m planning deficit)
- £2.431m CRP deficit
- (£0.246m) surplus operational variance against plan.

The operational surplus of £0.246m is primarily driven by the following 2 issues:

- Endoscopy insourcing £0.145m deficit against plan
- Various staff pay underspends including April reduced annual leave £0.391m surplus

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

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

Table B2 – Movements from Opening Expenditure Plan

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

Table 3 – Movement in Resource Limit Assumptions following submission of the MDS as at 30th April 2026

Movement in Resource Limit Assumptions following submission of the MDS as at 30th April 2026	£'000s	£'000s
Total WG Agreed Revenue Resource Limit / Income as per allocation paper		1,474,776
Sub Total RRL Further Funding Assumptions not in allocation paper		43,544
Resource Limit Assumptions per MDS £'000s		1,518,320
Movement in Resource Limit Assumptions following submission of the MDS		
2026-27 AFC & Real Living Wage Pay Award	26,608	
Non Cash Depreciation & Impairments	(37,661)	
Planne Care Transformation Fund Optometry Community Pathways: Funding Extension for 2026 27	92	
Stengthening Community Nursing: Neighbourhood District Nursing (NDN) Development 2026 27	117	
Womens Health Hubs	200	
ESR & ESR Helpdesk	1,925	
Movement in Resource Limit Assumptions following submission of the MDS		(8,720)
Total Resource Limit Assumptions at Month 1		1,509,600

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.482m in month which are £0.041m higher than the average recorded in 2025/26

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

- Additional Clinical Services - £0.091m – Primarily providing specialist cover for high-acuity patients, primarily within Mental Health services.
- Administrative and Clerical - £0.077m – Providing specialist cover for Clinical Coding Vacancies.

Savings Programme 2026-27 (TABLE C, C1, C2, C3 & C4)

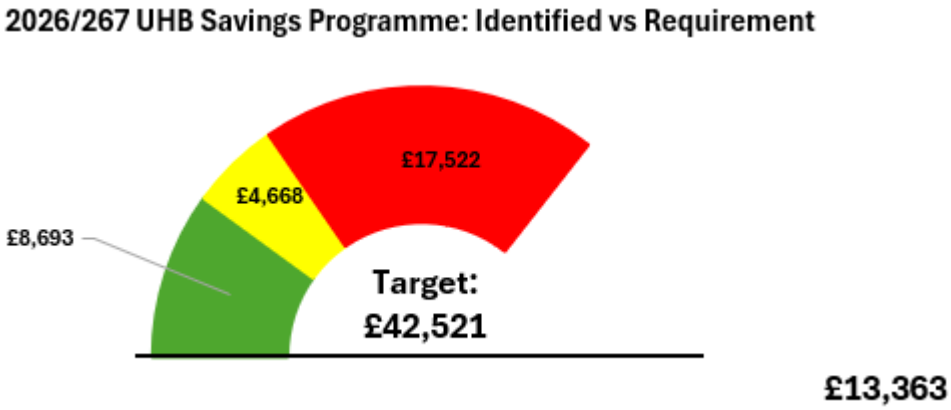
At month 1, the UHB had forecast green and amber savings £13.363m (31.4%) of in year savings against the £42.521m savings target.

A number of the schemes are non recurrent and the full year effect of recurrent schemes is £8.764m which is a £33.757m shortfall against the £42.521m recurrent target.

In-year red schemes totalling £17.522m are identified, of which £16.285m are assessed as recurrent.

Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes



INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

NHS organisations are expected to have concluded discussions and signed contracts (Long Term Agreements and Service Level Agreements) between each other by May 14th, 2026.

The UHB has concluded and agreed all Long Term Agreements (LTAs) with other Welsh NHS LHBs for 2026-27 with the exception of JCC. All agreements remain subject to formal Board sign off.

INCOME ASSUMPTIONS 2026/27 (TABLE E)

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

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

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

The UHBs confirmed Revenue Resource Limit as of May 1st, 2026, was £1,475.805m with a further £33.796m of assumed allocations as detailed at Table 4 below:

Table 4 – Unconfirmed in year Resource Limit Allocations anticipated on 30tf April 2026

Unconfirmed Resource Limit Allocations as of 30th April 2026	£'000s
2026-27 AFC & Real Living Wage Pay Award	26,608
A2A SANCTUARY	475
ALL WALES PHARMACOGENOMICS LEAD POST	96
ALLOCATION UPLIFT - INVEST 2 SAVE	(1,826)
ARRP	109
ATMPS (JCC)	1,944
AWTTC VOLUNTARY SCHEME FOR BRANDED MEDICINES PRICING (VPAG)	797
CHILDHOOD IMMUNISATION PROGRAMME CHANGES	131
CHILDHOOD IMMUNISATION PROGRAMME CHANGES - GMS	23
CONSULTANT ALLIED HEALTH PROFESSIONAL FOR DEMENTIA	131
CONSULTANT CLINICAL EXCELLENCE AWARD / CONSULTANT IMPACT AWARD	2,049
DEPRECIATION, IMPAIRMENTS AND IFRS16	13,570
DIGITAL EYECARE PROGRAMME	355
EPMA	516
ESMCP CONTROL ROOM	116
ESMCP WAST RESOURCES	38
ESR & ESR HELPDESK	1,925
GP IM&T REFRESH PROGRAMME	1,225
HOSPICE SUPPORT	0
INDIVIDUAL PLACEMENT & SUPPORT IN PRIMARY CARE - RECURRENT IMPACT TO BE REMOVED	400
INTEGRATION AND REBALANCING CAPITAL FUND (IRCF)	450
NEIGHBOURHOOD DISTRICT NURSING (NDN) DEVELOPMENT 2026 27	117
NEURODIVERGENCE IMPROVEMENT PROGRAMME	793
PCIC_MTHS 1-12 BUDVIDAL - HMP PRISON CARDIFF COSTS	175
PLANNED CARE TRANSFORMATION FUND OPTOMETRY COMMUNITY PATHWAYS	92
PREVENTION AND EARLY YEARS	838
Removal of Donated Assets / Government Grant Receipts	(500)
SUBSTANCE MISUSE	3,008
TABLE B2 - MENTAL HEALTH SERVICES (TABLE 2 COLUMN 8)_111 PRESS 2	(76)
TSW FUNDING	213
VERTEX (JCC)	6,894
VSM PAY AWARD	74
WELSH RISK POOL	(27,164)
WOMENS HEALTH HUBS	200
Total Anticipated Funding£'000s	**33,796**

AGED WELSH NHS DEBTORS (TABLE M)

On the 30th of April 2026 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. 3 invoices between 11 and 17 weeks were outstanding. 1 of the invoices is on a scheduled payment run, the 2 other amounts relate to credit notes which will be allocated to future payments in due course.

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.

In the absence of the Director of Finance and/or Chief Executive the MMR narrative will be signed off by Andrew Gough or Rob Mahoney for the Director of Finance and the Chief Operating Officer – Paul Bostock in the absence of the Chief Executive.

CONCLUSION

The UHB submitted a financial plan at the end of March 2026 which included a forecast deficit of £86.5m. 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 reported month 1 position is £2.186m above the plan primarily due to the shortfall in the identification and the delivery of savings.

In summary

- The reported year to date position is an overspend of £9.397m with a forecast deficit of £86.547m.
- 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).
- 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

……..
SUZANNE RANKIN
CHIEF EXECUTIVE

14th May 2026

……..
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE
14th May 2026

Cardiff & Vale ULHB **Period :** **Apr 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)	-68,759	0	-68,759	-68,759
2	Cost Pressures (Negative Value)	-76,190	0	-76,190	-76,190
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	13,981	0	13,981	13,981
4	Other Income Uplift / (Reduction)	1,900	0	1,900	1,900
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	12,637	4,493	8,143	8,416
7	Planned (Finalised) Net Income Generation	450	450	0	0
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	29,434	0	29,434	34,105
12	**Opening IMTP / Annual Operating Plan**	**-86,547**	**4,943**	**-91,491**	**-86,547**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-29,434	0	-29,434	-34,105
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	0	0	0	0
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	277	90	187	348
17	Additional In Year Identified Savings - Forecast	0	0	0	0
18	Variance to Planned RRL	-1	-1		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0		
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	391	391	0	0
22	Unplanned Cost Pressures	-1,065	-1,065	0	0
23	Planned Mitigations Yet To Be Finalised	29,158	0	29,158	33,757
24	Unplanned Additional Required Mitigations Yet To Be Finalised	675	675	0	0
25	Other	0	0	0	0
26		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)**	**-86,547**	**5,033**	**-91,580**	**-86,547**

	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	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-5,730	-68,759
2	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-6,349	-76,190
3	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	13,981
4	158	158	158	158	158	158	158	158	158	158	158	158	158	1,900
5	-114	186	136	100	92	27	115	105	69	95	95	-906	-114	0
6	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,033	12,637
7	172	26	31	31	24	24	24	24	24	24	24	24	172	450
8													0	0
9													0	0
10													0	0
11	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	2,453	29,434
12	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,212**	**-7,213**	**-7,212**	**-86,547**
13	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-2,453	-29,434
14													0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	-32	-32	-17	-22	-18	-18	66	66	71	71	71	71	-32	277
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	55	232	217	-39	7	7	-76	-76	-82	-82	-82	-81	55	-1
19													0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	391	0	0	0	0	0	0	0	0	0	0	0	391	391
22	-145	-260	-260	0	-50	-50	-50	-50	-50	-50	-50	-50	-145	-1,065
23	0	2,651	2,651	2,651	2,651	2,651	2,651	2,651	2,651	2,651	2,651	2,651	0	29,158
24	0	61	61	61	61	61	61	61	61	61	61	61	0	675
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26													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	**-9,396**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-7,014**	**-9,396**	**-86,547**

Cardiff & Vale ULHB

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This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END £'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare		
2	Out of Area Mental Health Placements		
3	Primary Care Drugs		
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk		
6	Joint Commissioning Committee - Contract Performance	(5,000)	Medium
7	ePMA - £516k contingency funding 26/27 as per original WG Business Case assumed	(516)	Medium
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18	**Benefits Assumed in the Forecast Outturn at Risk (Negative Values):**		
19	Under delivery of Amber Schemes included in Outturn via Tracker		
20	Non Delivery of Planned Mitigations Yet To Be Finalised		
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised	(20,399)	Medium
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back		
24			
25			
26			
27	**Total Risks**	(25,915)	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28			
29			
30			
31			
32			
33			
34			
35	**Total Further Opportunities**	0	
36	**Current Reported Forecast Outturn**	(86,547)	
37	**Worst Case Outturn Scenario**	(112,462)	
38	**Best Case Outturn Scenario (Opportunities Only)**	(86,547)	

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	179	165	124	143	143	141	123	123	123	123	123	123	179	1,634		766	868			
2		Actual/F'cast	179	165	124	143	143	141	123	123	123	123	123	123	179	1,634	10.97%	766	868	933	701	801
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
4	Non-Pay	Budget/Plan	512	357	419	395	395	406	326	326	337	326	326	1,312	512	5,435		3,603	1,832			
5		Actual/F'cast	454	298	376	348	352	363	366	366	382	371	371	1,357	454	5,404	8.40%	3,579	1,825	3,371	2,033	2,148
6		Variance	(58)	(58)	(43)	(47)	(43)	(43)	40	40	46	46	46	46	(58)	(31)	*(11.41%)*	-25	-7			
7	Primary Care - Drugs & Appliances	Budget/Plan	97	97	97	100	100	101	101	101	101	101	101	101	97	1,195		789	406			
8		Actual/F'cast	122	122	122	125	125	126	126	126	126	126	126	126	122	1,495	8.13%	1,089	406	0	1,495	1,504
9		Variance	25	25	25	25	25	25	25	25	25	25	25	25	25	300	*25.88%*	300	0			
10	Secondary Care Drugs	Budget/Plan	163	178	203	198	213	268	278	288	313	298	298	313	163	3,014		2,658	356			
11		Actual/F'cast	164	179	204	199	214	269	279	289	314	299	299	314	164	3,022	5.44%	2,658	364	280	2,742	2,952
12		Variance	1	1	1	1	1	1	1	1	1	1	1	1	1	8	*0.72%*	0	8			
13	CHC/FNC	Budget/Plan	82	82	82	124	124	124	124	124	124	124	124	124	82	1,359		884	475			
14		Actual/F'cast	82	82	82	124	124	124	124	124	124	124	124	124	82	1,359	6.03%	884	475	0	1,359	1,359
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,033	12,637		8,701	0			
35		Actual/F'cast	1,001	846	907	938	957	1,022	1,017	1,027	1,069	1,043	1,043	2,044	1,001	12,913		8,976	3,938	4,583	8,330	8,764
36		Variance	(32)	(32)	(17)	(22)	(18)	(18)	66	66	71	71	71	71	(32)	277		275	3,938			
37	Variance in month		(3.12%)	(3.67%)	(1.87%)	(2.29%)	(1.81%)	(1.70%)	6.90%	6.83%	7.12%	7.31%	7.31%	3.60%	(3.12%)							
38	In month achievement against FY forecast		7.75%	6.55%	7.02%	7.26%	7.41%	7.91%	7.88%	7.96%	8.28%	8.07%	8.07%	15.83%								

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Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings
1		Budget/Plan	179	165	124	121	121	118	101	101	101	101	101	101	179	1,434	766	668			
2	Pay - General & Substantive	Actual/F'cast	179	165	124	121	121	118	101	101	101	101	101	101	179	1,434	766	668	733	701	801
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4		Budget/Plan	0	0	0	22	22	22	22	22	22	22	22	22	0	200	0	200			
5	Pay - Variable	Actual/F'cast	0	0	0	22	22	22	22	22	22	22	22	22	0	200	0	200	200	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Pay - Agency	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10		Budget/Plan	179	165	124	143	143	141	123	123	123	123	123	123	179	1,634	766	868			
11	Total	Actual/F'cast	179	165	124	143	143	141	123	123	123	123	123	123	179	1,634	766	868	933	701	801
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

Cardiff & Vale ULHB

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Table C2 Summary

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,033	12,637	4,493	8,143	272	8,416
	Month 1 - Actual/Forecast	1,001	846	907	938	957	1,022	1,017	1,027	1,069	1,043	1,043	2,044	1,001	12,913	4,583	8,330	434	8,764
	Variance	(32)	(32)	(17)	(22)	(18)	(18)	66	66	71	71	71	71	(32)	277	90	187	162	348
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	1,033	878	924	960	975	1,040	952	962	998	972	972	1,973	1,033	12,637	4,493	8,143	272	8,416
	Total Actual/Forecast	1,001	846	907	938	957	1,022	1,017	1,027	1,069	1,043	1,043	2,044	1,001	12,913	4,583	8,330	434	8,764
	Total Variance	(32)	(32)	(17)	(22)	(18)	(18)	66	66	71	71	71	71	(32)	277	90	187	162	348
Net Income Generation	Month 1 - Plan	172	26	31	31	24	24	24	24	24	24	24	24	172	450	450	0	0	0
	Month 1 - Actual/Forecast	172	26	31	31	24	24	24	24	24	24	24	24	172	450	450	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	172	26	31	31	24	24	24	24	24	24	24	24	172	450	450	0	0	0
	Total Actual/Forecast	172	26	31	31	24	24	24	24	24	24	24	24	172	450	450	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	1,205	905	955	991	999	1,063	975	985	1,021	995	995	1,996	1,205	13,087	4,943	8,143	272	8,416
	Month 1 - Actual/Forecast	1,173	872	938	969	981	1,046	1,041	1,051	1,092	1,066	1,066	2,067	1,173	13,363	5,033	8,330	434	8,764
	Variance	(32)	(32)	(17)	(22)	(18)	(18)	66	66	71	71	71	71	(32)	277	90	187	162	348
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	1,205	905	955	991	999	1,063	975	985	1,021	995	995	1,996	1,205	13,087	4,943	8,143	272	8,416
	Total Actual/Forecast	1,173	872	938	969	981	1,046	1,041	1,051	1,092	1,066	1,066	2,067	1,173	13,363	5,033	8,330	434	8,764
	Total Variance	(32)	(32)	(17)	(22)	(18)	(18)	66	66	71	71	71	71	(32)	277	90	187	162	348

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	768	1,865	0	**2,634**	442	0
Scheduled Care	531	6,659	0	**7,191**	197	0
Unscheduled Care	0	0	0	**0**	0	0
Mental Health	147	24	0	**171**	0	0
Community Services	54	112	0	**166**	0	0
Primary Care	20	1,521	0	**1,541**	0	0
Commissioned Services - CHC	0	1,400	0	**1,400**	0	0
Commissioned Services - Specialised Services	0	0	0	**0**	0	0
Other Commissioned Services	0	0	0	**0**	0	0
Clinical Support	0	0	0	**0**	120	0
Non Clinical Support	0	0	0	**0**	0	0
Executive / Corporate Areas	169	316	0	**485**	0	0
Total	**1,690**	**11,897**	**0**	13,587	**759**	**0**