Public Finance and Performance Committee
Wednesday 22nd April 2026
via MS Teams

14:00	**1. Standing Items (14:00 – 14:05)**	Rhian Thomas
1.1	Welcome and Introductions:	
1.2	Apologies for Absence:	
1.3	Declarations of Interest	
1.4	Minutes from the Finance and Performance Committee meeting – 18.03.2026	
1.5	Actions following the Finance and Performance Committee meeting held on 18.03.2026	
1.6	Chair's Actions since previous meeting	
14:05	**2. Items for Review and Assurance (14:05 – 15:50)**	
2.1 *30 mins*	Financial Report – Month 1 Position (including Savings Tracker)	Andrew Gough
2.2 *20 mins*	Operational Performance Update	Paul Bostock
2.3 *10 Mins*	UEC - Hospital Flow & Discharge	Paul Bostock
2.4 *10 Mins*	Productivity & Efficiency	Paul Bostock
2.5 *15 Mins*	Board Assurance Framework – Long Term Finance	Andrew Gough
2.6 *10 Mins*	Annual Plan Reporting / Quarterly IMTP	Jonathan Watts
2.7 *10 Mins*	Grip & Control Arrangements	Andrew Gough
15:50	**3. Items for Approval / Ratification (15:50 – 15:50)**	
3.1	Business Case:	
15:50	**4. Items for Information and Noting (15:50 – 15:50)**	
4.1 *0 Mins*	Monthly Monitoring Return – Month 11	Andrew Gough
15:50	**5. Any Other Business**	
15:50	6. Private Agenda	
15:50	**7. Review and Final Closure**	
7.1	Items to be deferred to Board / Committee and review of any actions to future meetings.	Rhian Thomas
7.2	To note the date, time and venue of the next Committee meeting: **Wednesday 20th May 2026 via MS Teams**	

Minutes of the Public Finance & Performance Committee Meeting
18th March 2026
Via MS Teams

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

Chair:		
Rhian Thomas	RT	Independent Member – Capital, Estates & Facilities
Present:		
Judi Rhys	JR	Independent Member – Third Sector
Clive Curtis	CC	Independent Member - Community
Ceri Phillips	CP	Health Board Vice Chair
David Edwards	DE	Independent Member – Digital
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Paul Bostock	PB	Chief Operating Officer
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Rachna Upadhya	RU	Independent Member – General
Suzanne Rankin	SR	Chief Executive Officer
Kirsty Williams	KW	CAV UHB Chair

Ref:	Agenda Item:	Action
FPC 2026/03/1.1	**Welcome, Introductions & Apologies**	
FPC 2026/03/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 2026/03/1.3	**Minutes of the Finance and Performance Meeting held on 18th February 2026** The minutes of the meeting held on 18th February 2026 were received and confirmed as a true and accurate record. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 18th February 2026 were held as a true and accurate record of the meeting.	
FPC 2026/03/1.4	**Actions following the Finance & Performance Meeting on 18th February 2026** The Action Log following the meeting held on the 18th February 2026 was received and discussed. All actions on the forward plan for May 2026. Palliative Care –This will come to an IM meeting. **The Finance and Performance Committee resolved that:** A) The Action Log for the Finance and Performance Committee was noted.	
FPC 2026/03/1.5	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	

FPC 2026/03/2.1	**Financial Report – Month 11 Position (including savings tracker)**
	
	Andrew Gough (AG), the Deputy Director of Finance (Strategic), provided the following summary of the report to the Committee:
	• Reported a month 11 deficit of £51.6m, which is £95k over the planned deficit of £51.5m, indicating the position is back on plan and stable.
	• Expressed confidence in hitting the year-end control total deficit of £56.2m, with no significant changes expected in the final month.
	• Savings programme is overachieving by £600k against a £32m target, but there is an operational deficit of £700k offsetting this surplus.
	• Key operational pressures include:
	• Mental health out-of-area placement costs (noted a reduction from 23 to 9 patients in month 11).
	• Underperformance in specialist contracts (critical care and cardiac services).
	• National Insurance employers uplift pressure.
	• Benefits contributing to the position:
	  o Vaccine price savings.
	  o Effective winter plan management.
	  o Additional radiology research income.
	  o Reduction in substantive headcount by 285 staff since the start of the year.
	  o Lowest overtime levels and near eradication of agency spend.
	• £32.7m of savings schemes are now green, but £5.4m are non-recurrent, increasing the challenge for 26-27.
	• Underlying deficit for 26-27 projected at £68.7m due to non-recurrent savings and operational pressures, compared to £56.2 million if all savings were recurrent.
	• Cash allocations: Able to draw down cash support for the £56.2m deficit and require £17m in working cash support. Outstanding cash allocations of £23.4m were not expected to be an issue.
	• Public sector payments compliance target of 95% achieved, with 96.3% at end of February.
	• Capital resource limit is £62.5m, with no forecast variance; capital plan is finalised and on track.
	• Overall, the report is described as "holding steady," with confidence in meeting the year-end forecast.
	
	Rhian Thomas (RT) the Independent Member – Capital Estates & Facilties / Committee Chair asked AG to clarify if the additional £17m of working cash support related to expenditure costs incurred in 24-25 but paid out in 25-26. She requested a crystal clear explanation of the nature of the additional cash support.
	
	AG Explained that the £17m working cash support was due to the difference in balances between debtors and creditors, and the movement in these throughout the year, not specifically tied to expenditure costs incurred in 24-25 and paid in 25-26. He confirmed that this cash support will not cause pressure this year following correspondence with Welsh Government (WG).
	
	The Finance and Performance Committee resolved that:
	a) The reported year to date position is an overspend of £51.642m and the forecast deficit of £56.2m was noted..
	b) The month 11 operational overspend against plan of £0.712m and the (£0.617m) savings surplus was noted.
	c) The progress was noted against the in year savings target, with £32.674m (102.2%) of green schemes identified at Month 11 against the revised £32m target.
	d) That delivery of the forecast is contingent on delivery of recovery actions and the confirmation of all expected income streams was noted.
	e) The combined recurrent savings shortfall and recurrent operational pressures of 12.3m impacting adversely on a deteriorating underlying deficit being carried into 2026/27 was noted. The underlying deficit moving into 2026/27 is currently assessed at £68.5m which is £12.3m higher that the 2025/26 forecast outturn of £56.2m. This is currently a focus of review and scrutiny.
	f) There are £87.551m of outstanding cash allocations and that Welsh Government has confirmed in writing that it will provide up to £56.2m strategic support in year was noted.	

FPC 2026/03/2.2	**Operational Performance Update** Paul Bostock (PB) – Chief Operating Officer provided the following summary of the report to the Committee:	

- February was challenging, with increased acuity and near business continuity incident; contained within Medicine Clinical Board by reallocating staff and opening extra capacity.
- Avoided corridor care but used treatment rooms as last resort due to high demand.
- Effect demand for services was 4.5% higher than last year, mostly in minor A&E stream.
- Slight improvement in 12-hour EU waiting times; ambulance holds worsened but average ambulance wait was 36 minutes, best in NHS Wales.
- UHB managed 13% of all Welsh EU attendances; 75% of ambulance handovers within 45 minutes over last 12 months.
- Stroke performance dipped; focus on reducing pre-hospital delays, EU delays, and rehab unit length of stay, with follow-up meeting planned.
- Delayed pathways of care reduced again; average delay for discharge-ready patients is 31 days (physical health), 109 days (mental health).
- Top 20 longest hospital stays being reviewed as tail of delays WAs growing; credit given to adult social care for reducing bed days lost.
- Planned care: commitment to have <400 patients waiting over two years by end of March, and none over three years; would be approx.. 370, mainly in spinal, complex general surgery, and ophthalmology.
- Pressure from WG to eradicate >2-year waits by end of Q1, but not able to commit yet.
- Diagnostics backlog: started year with 14,700+ patients waiting >8 weeks; expected to be ~1,000 but will end year at ~6,300 due to unexpected outpatient push, contract delays, and equipment breakdown.
- Endoscopy remained biggest issue; 17 sessions/week short of recurrent capacity, with no line of sight on revenue to fund this.
- Risk that endoscopy backlog will grow again in April, working on right-sizing options for planned care and diagnostics in annual plan.
- Mental health, primary care, and continuing care performing reasonably well, but focus was on diagnostics and cancer.

Judi Rhys (JR) – the Independent Member Third Sector noted issues with CT scanners leading to loss of approx.. 400 procedures and asked if this was due to the machines being old, needing replacement, or insufficient numbers.

PB noted the CT scanner in EU was the busiest in NHS Wales, not particularly old (about four years), but breaks down due to high usage; when it fails, all work is moved to general radiology, impacting planned care and schedules. Infrastructure issues also affect MRI scanners, such as breakdowns due to leaks, causing further disruption.

Susan Lloyd Selby (SLS) – Independent Member Local Authority Noted the positive progress in reducing delayed transfers of care and highlighted that allocation of a named social worker for medical wards is critical, but this support can break down if patients are transferred between hospitals. She questioned whether more could be done to ensure social worker support remains consistent for patients across the hospital estate. Raised concerns about moving bottlenecks, specifically the risk that investing in more outpatient appointments could shift the bottleneck further up the line (now seen in Diagnostics). She asked if, once the Diagnostics bottleneck is resolved, there is planning for potential pressures elsewhere in the system.

Ceri Phillips (CPH) – the UHB Vice Chair mentioned a meeting last Friday with the neurodevelopmental team, referencing the growth in referrals and waiting times. He noted the team had identified actions to address the problem, with one improvement being for primary care to take on more management of patients, as currently, once people become patients, they must come into the hospital for assessment and medication titration. He observed a reluctance from primary care to undertake some of this work and wondered if conversations are taking place to address this issue.

PB stated that everyone agrees the current model is not right and there is a need nationally to change the pathways of care, moving from a medical model to a needs assessment model. He emphasized the importance of agreeing on the right pathway of care and resourcing it appropriately, whether by moving things around or doing the right thing, but was unsure if the pathway is fully established yet. He noted there is willingness to do something different, but roles need to be clarified, especially regarding primary care's involvement. He pointed out that this area is not a target that is measured, so it does not get the same focus and priority as others, but the team is working on it.

CPH noted that there are various entry points for assessment, including people going online to get their assessment and then expecting immediate action. He mentioned a growth area in university students seeking diagnosis and management and wondered to what extent universities can help with diagnosis and management going forward. He stated it was pleasing to see work being done to define the pathway and improve treatment and care.

	PB mentioned that the conversion rate for neurodivergent children waiting for assessment is about 80% **The Committee resolved that:** a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.	
FPC 2026/03/2.3	**Cancer Deep Dive** PB gave an update on the cancer deep dive and noted the following: • 30% increase in referrals to the single cancer pathway since 2021; conversion rate of referrals to confirmed cancer remained at 15–17%, indicating referrals are appropriate. • Performance on the 75% single cancer pathway standard has fluctuated, with recent months in the mid-50% range; no health board in Wales has ever delivered the 75% standard. • More patients with confirmed cancer are being treated each month than before, with step changes visible in the data. • Unpredicted demand growth and population increase in Cardiff and Vale are impacting cancer services. • Increase in skin cancer referrals led to two new consultant appointments; capacity issues have affected performance. • Competing demands for capacity (emergency admissions, planned care, diagnostics, theatres) sometimes limit ability to deliver timely cancer care. • Specific bottlenecks: breast service lost key staff, urology pathway changes temporarily affected performance, and bowel screening Wales requires 9 endoscopy sessions per week, straining capacity. • Endoscopy capacity is divided among bowel screening, surveillance, single cancer pathway, polyp patients, and routine diagnostics; routine colonoscopies have been deprioritized. • Patients from bowel screening Wales often join the cancer pathway late, affecting timely treatment. • Backlog is coming down; patients are being treated in turn, and bottlenecks are understood. • Reasons for breaches in the 62-day standard vary by specialty: breast (not enough seen within 14 days), colorectal (bowel screening delays), skin (volume and first outpatient delays), urology (biopsy pathway). • Milestones are being reinstated: aiming for 85% seen by day 14, 85% diagnosed by day 28, to help deliver 75% treated by day 62. • Expect recovery to mid-60% performance by March and aim for 75% by September, contingent on holding milestones and creating more capacity. • Cancer is prioritized as time-critical care, but there is more national focus on 104-week waits than cancer performance. • Associate Medical Director for Cancer role was disestablished; recruitment underway for a Clinical Director. • High turnover in cancer tracker team; need to make roles more attractive and secure more organizational development support. • Committed to delivering the standard, with ongoing competition for capacity and a need for more transformational planning. JR asked about the interface with Bowel Screening Wales, seeking clarity on what CAVUHB can do to improve the issue, and whether the health board is beholden to Bowel Screening Wales or can influence the situation. She raised the future potential of AI to help with breast radiology issues and questioned whether the shortage of breast radiologists is a UK-wide problem or specific to Cardiff and Vale. She asked about the upper GI issue, specifically why the capsule sponge innovation was not being accelerated in NHS Wales, given its evidence and potential benefits. PB responded with the following points: • Bowel Screening Wales commissions CAVUHB to provide 9 endoscopy sessions per week; the issue is not with Bowel Screening Wales but with the health board's ability to fulfill this requirement due to competing demands on endoscopists. • Ongoing conversations about radiologists, including a recent discussion with the Clinical Director for breast services about recruiting radiologists who can also do general work; he was unsure if there is a national shortage, suggesting the need for a regional solution. • A couple of nurses attended the ask Suzanne session to discuss the capsule sponge innovation, indicating willingness to accelerate its adoption and promising to check for any holdbacks.	

SLS highlighted demographic trends, noting the Vale's aging population and Cardiff's growth in the under-5 population, and asked whether CAVUHB is incorporating these trends into future planning and considering the resource implications for medium to long-term service provision.

The COO described attending an integrated session co-chaired by Ceri, where local authorities presented their plans for population growth and housing, prompting him to question whether CAVUHB was sufficiently linked into these plans. He acknowledged that the health board needs to improve and better join up its work with local authorities, admitting to playing catch up from an operational perspective and not fully understanding how all the pieces fit together.

Catherine Phillip (CP), the Executive Director of Finance explained that CAVUHB is catching up in various ways, currently focusing on understanding existing opportunities and conducting a stock take to assess their position. She emphasized the need to proactively address major housing developments and align health and social care needs with local authority plans, noting that the organization is two years into this process and expects it will take a couple more years to fully align and develop integrated plans.

SLS highlighted that both local authorities have a statutory duty to produce local development plans, which are currently out for consultation. She noted these plans are very detailed regarding projected population growth and locations. Susan raised the key concern from residents about what these developments mean for health provision and questioned how already overstretched health services, especially primary care, will cope with the anticipated growth.

CPH stated that the Regional Partnership Board (RPB) has a role in this work and emphasized the need to move away from relying on the hospital to the same extent, highlighting the importance of determining where treatment and care can be provided for different population groups as growth areas are considered.

PB mentioned that some of this work is playing catch up, especially regarding annual discussions with WG about allocation and population growth. He speculated that perhaps they are a year behind, needing to prove growth before requesting funding, and imagined the process is not as seamless as desired.

Robert Mahoney (RM) – the Deputy Director of Finance (Operational) explained they previously did work on this, including planning around CAVUHB and creating a modelling agent to feed into the consultation, which estimated demand on acute and primary care services in areas of major development. He clarified there is no population growth factor in health allocations and no further allocation; funding is weighted between health boards in Wales, so population projections have no impact on funding. He noted population increase may involve people moving from high-density areas, and actual population growth has been more modest than previously forecast, with displacement rather than net addition.

David Edwards (DE) – Independent Member for Digital stated demographics were important but asked about better screening, improvements in treatments, and how these factors could have a bigger impact on demand and costs, potentially changing the shape of demand in a more dynamic and less predictable way than demographics alone.

PB noted screening programmes are well proven to save lives by identifying cancer sooner, which generally leads to more cost-effective treatment and better patient outcomes. He described screening (breast, bowel, cervical, and upcoming lung screening) as a cost-effective way to identify cancer at an earlier stage and initiate treatment.

DE mentioned that treatments are changing, costs are also changing dynamically, and new treatments are coming online all the time, which affects funding and the dynamics of what needs to be done.

PB stated that advances in diagnosis are already happening in breast cancer, making it more difficult to deliver the 62-day standard due to additional pathology and gene testing. He suggested the 62 day standard may be a blunt instrument but emphasized the need to deliver it before challenging it, and highlighted the importance of looking ahead at how to organize for future developments.

JR commented that there were exciting developments such as genomics that are very expensive but will transform cancer services and emphasized that since 4 in 10 cancers can be prevented, the prevention agenda must not be neglected.

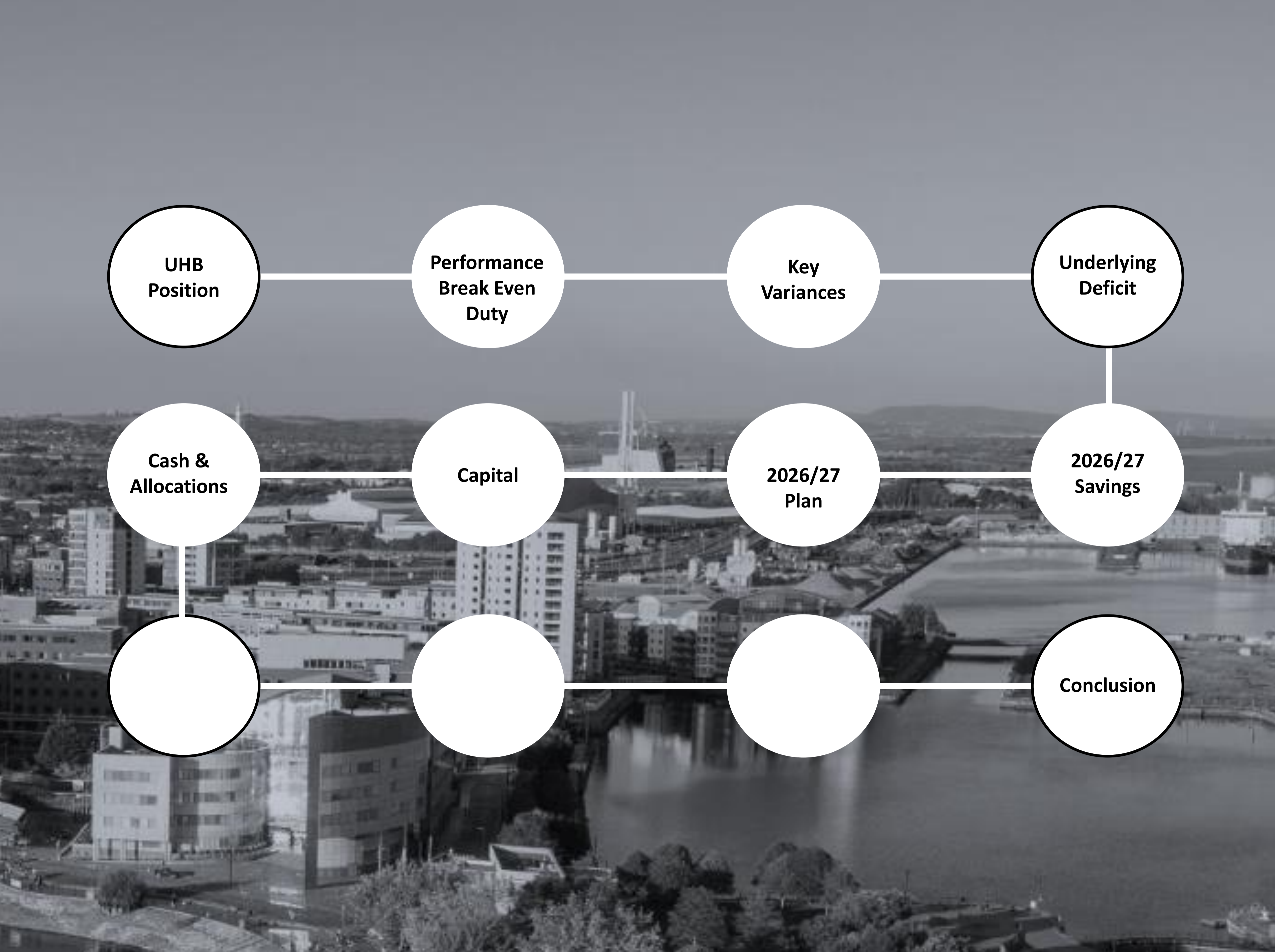
The Committee resolved that:

a) The Committee noted the content of the report.

FPC 2026/03/3.1	**Items for Approval / Ratification** **Newborn screening justification case** CP explained that the space at UHW was vacated by Cardiff University, and the pathology service would like to move into this purpose-built space. The business case is expected to be favourably received by WG, would allow the service to open, and will be managed by Public Health Wales on the CAVUHB site. The case had been to the Capital Management Group, will go to the Board meeting and Value and Benefits Realisation Group, and there was a keenness to secure capital approval. PB thanked CP for explaining the revenue aspect, noted that this is the only lab in Wales that does this testing, and emphasized that the work cannot proceed unless the revenue is signed off by Public Health Wales. CP stated that the operational SRO, Sarah Lloyd, and her team, including the finance business partner, were confident about this work and have the revenue source to back up the capital. **The Committee resolved that:** **a)** The paper and contents of the attached Executive Summary for the Business Justification Case for the UHB to deliver additional All Wales New Born Screening at UHW was noted. b) The Business Justification Case was supported to proceed through the agreed governance process, allowing submission of the document to be submitted to Welsh Government for scrutiny and to seek capital funding approval of £1.21m **c)** The project will not proceed until the UHB receive written confirmation of the revenue support for the delivery of the additional services was noted. d) The procurement undertaken to select the preferred supply chain partner and relevant advisors to deliver the project was noted. It was recommended that the Board approve the following appointments which will be subject to Welsh Government approval of the BJC. I. The intention to award the construction contract to ET&S Construction Ltd at a value of £0.744m inclusive of VAT under the NEC4 Option A contract. II. The intention to award Gleeds Management Services the commission to provide Project Management and Cost Advisor services at a cost of £0.062m inclusive of VAT under the SBS Framework contract.	
FPC 2026/03/4.1	**Monthly Monitoring Return – Month 10** The monthly monitoring return for month 10 was noted. **The Committee resolved that:** a) The monthly monitoring return for month 10 was noted.	
FPC 2026/03/5.0	**Any Other Business** *No further business was raised.*	
FPC 2026/03/7.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 22nd April 2026 via MS Teams**	

Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
Planning Maturity Self Assessment	FPC 19/11/2.3	Present Planning Maturity Self Assessment regularly for Committee review.	Catherine Phillips	Jonathan Watts	19/11/2025	20/05/2026	ON FORWARD PLAN	Added to Forward Plan for May 2026 F&P meeting	Planning Maturity assessment was submitted to WG in November and the UHB awaits feedback. This feedback alongside a mid-year review will inform next F&P discussions in May.
BAF - Decarbonisation & Climate	FPC 19/11/3.2	Present BAF - Decarbonisation & Climate theme in May 2026.	Matt Phillips	Ruth Jordan	19/11/2025	20/05/2026	ON FORWARD PLAN	On Forward Plan for May F&P meeting	
Operational Performance Update	FPC 2026/03/2.2	To report back to the Finance & Performance Committee in April or May on progress with stroke pathway improvements following the summit.	Paul Bostock	Paul Bostock	18/03/2026	20/05/2026	ON FORWARD PLAN	This has been added to the forward plan for F&P on 20th May 2026.	
Cancer Deep Dive	FPC 2026/03/2.3	To check on the progress and any hold-ups regarding the implementation of capsule sponge for upper GI cancer pathway.	Paul Bostock	Paul Bostock	18/03/2026	20/05/2026	ON FORWARD PLAN	This has been added to the forward plan for 20th May 2026.	

CARDIFF & VALE UHB
FINANCE REPORT – MONTH 12


UHB Position
Performance Break Even Duty
Key Variances
Underlying Deficit
Cash & Allocations
Capital
2026/27 Plan
2026/27 Savings
Conclusion

The UHB is reporting a year to date overspend of £56.097m at month 12, which includes a Planning Deficit £56.233m, a Savings Programme surplus of (£0.339m) and an Operational Position deficit £0.202m

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	9,067	9,067	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(4,167)	(3,888)	278	(32,000)	(32,339)	(339)
Operational Variance	0	(510)	(510)	0	202	202
Clinical / Service Board Variance	**4,900**	**4,668**	**(231)**	**56,233**	**56,097**	**(136)**

At Month 12, the UHB reported an overspend of £56.097m, which is £0.136m below plan. This represents an in-month improvement of £0.231m compared to the £0.095m overspend against plan reported at Month 11.

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

Savings delivery and operational pressures were managed and mitigated throughout the year, enabling the UHB to deliver a year-end position of £56.097m, which is within the forecast deficit of £56.233m

This position is £28.470m over and above the £27.627m deficit reported in the previous year.

The UHB is also reporting that it stayed within its Capital Resource Limit and that Creditor payment Compliance met the 95% target.

The Finance Committee is asked to note that the reported financial performance remains provisional, as the draft accounts have not yet been finalised for submission and will be subject to scrutiny by Audit Wales.

In addition to the external audit, the Annual Accounts will be subject to further scrutiny and review at the following meetings:

- **Audit Workshop 19th May.**
- **Board and Audit Committee 23rd June.**

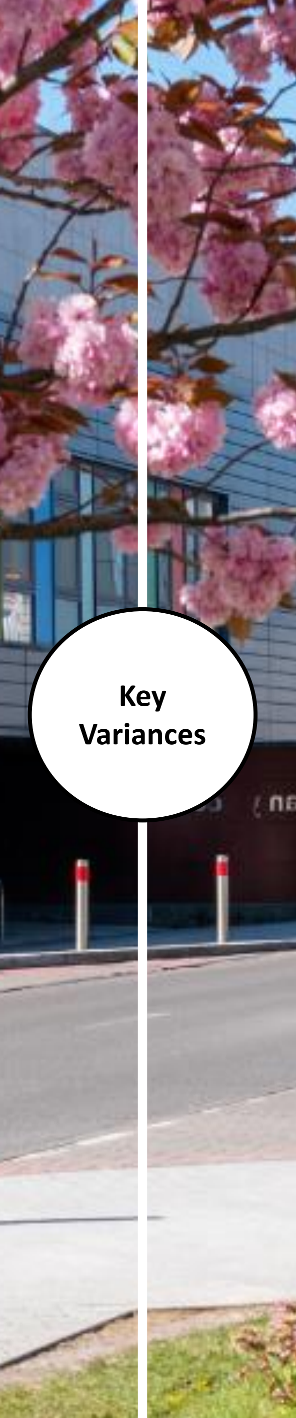
The performance against the 3-year break even duty on revenue since 2019/20 is shown in the Table below:

	surplus/(deficit) £m	surplus/(deficit) £m	financial duty
2019/20	0.058	(36.667)	Fail
2020/21	0.090	(9.724)	Fail
2021/22	0.232	0.380	Pass
2022/23	(26.789)	(26.467)	Fail
2023/24	(16.404)	(42.961)	Fail
2024/25	(27.627)	(70.820)	Fail
2025/26 (provisional)	(56.097)	(100.128)	Fail

The three-year rolling break-even duty was introduced in the 2014/15 financial year, with the first assessment taking place in 2016/17. In addition to the UHB's in-year deficit of £56.097m (draft), the table above shows that the UHB also failed to meet its rolling three-year financial duty in 2025/26.

To achieve compliance, the UHB would have needed to deliver a £44.031m surplus in 2025/26.

Looking ahead, the long-term plan to restore a stable and balanced financial position will require three consecutive balanced years in order to re-commence meeting the rolling financial duty



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	2,765	(268)	(1,547)	**950**	(1,815)
Children & Women	3,247	712	1,350	**5,308**	2,061
Capital, Estates & Facilities	(300)	294	(790)	**(796)**	(496)
Executives	(1,500)	134	191	**(1,176)**	324
Genomics	0	0	(31)	**(31)**	(31)
Medicine	14,869	(108)	(1,759)	**13,002**	(1,867)
Mental Health	7,277	(475)	3,595	**10,396**	3,120
Primary, Community & Intermediate Care	11,345	(1,029)	(3,858)	**6,459**	(4,886)
Specialist	2,844	558	2,843	**6,245**	3,401
Surgery	4,790	876	(318)	**5,348**	558
Sub-Total (Delegated Position)	**45,337**	**693**	**(324)**	**45,707**	**370**
Central Budgets	(8,504)	(1,032)	439	**(9,097)**	(593)
Commissioning	19,400	0	87	**19,487**	87
Sub Total (Non-Delegated Position)	**10,896**	**(1,032)**	**525**	**10,390**	**(507)**
Sub-Total Surplus/Deficit	**56,233**	**(339)**	**202**	**56,097**	**(136)**

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

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

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

The underlying deficit projected for 2025/26 is assessed at £68.759m, which is £12.526m higher than the 2025/26 planned outturn of £56.233m as illustrated in the table below. The drivers of the underlying deficit were outlined to Welsh Government as part of the 2026/27 Financial Plan submission. The reported increase from 2025/26 to 2026/27 is primarily driven by a shortfall in recurrent savings, mental health out of area placements, the shortfall in funding for the 2025-26 Employers NI Increase and the full-year impact of a number of operational pressures experienced across the UHB during the current year.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(32.000)
Additional Recurrent Allocations	(22.767)
Planned Underlying Deficit (ULD) at end of 2025/26	56.233
Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 12	12.526
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	68.759

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

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

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

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

Delivery of the draft outturn is contingent on confirmation of the remaining outstanding Welsh Government allocations as at 15 April 2026, as outlined below:

Unconfirmed Resource Limit Allocations as of 15th April 2026	Resource Limit £'000s	Cash Limit £'000s
DEL Non Cash Depreciation - Baseline Surplus / Shortfall	33	
DEL Non Cash Depreciation - Accelerated	91	
DEL Non Cash Depreciation - IFRS 16 Leases	254	
AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)	(16)	
AME Non Cash Depreciation - Donated Assets	19	
AME Non Cash Depreciation - Impairment Reversals	(55,843)	
Removal of Donated Assets / Government Grant Receipts	(107)	
Health & Social Worker Band 2 & 3 Pay Resolution	5,725	
Total Anticipated Funding	(49,844)	0

Public Sector Payment Compliance

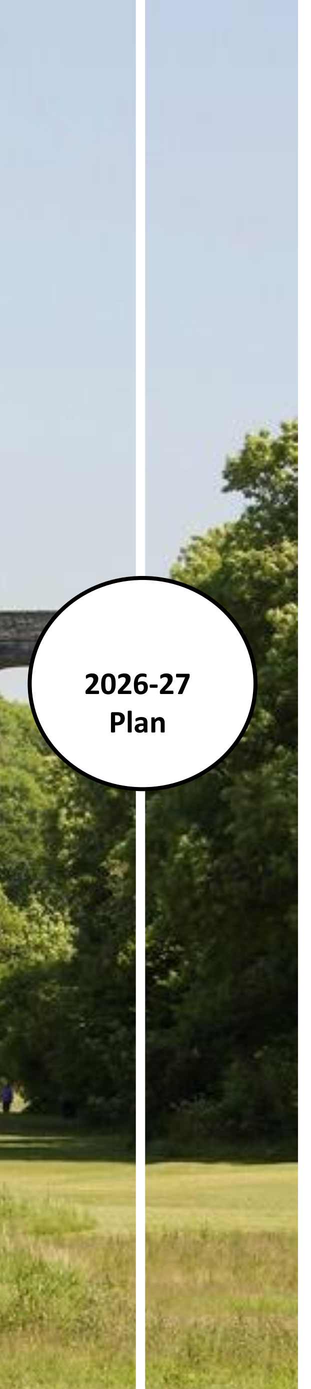
The UHB's public sector payment compliance performance is above the target of 95%. Performance for the year to the end of March was 96.4%.

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

This included:

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

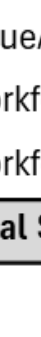
The UHB operated within its Capital Resource Limit, reporting an underspend of £0.289m for 2025/26. As is standard practice, this position remains subject to review by Audit Wales.



	2026-27 Financial Plan £m
2026-27 planned underlying deficit	-56.2
2025-26 recurrent operational pressures	-7.1
2025-26 non recurrent savings delivery	-5.4
Brought forward underlying deficit	**-68.7**
2026-27 Cost Growth	**-20.6**
2026-27 Demand Growth	**-34.1**
Welsh Risk Pool (2025-26 and 2026-27 increase)	**-21.5**
2026-27 Demand / Cost growth	**-76.2**
Deficit before additional allocations	**-144.9**
2025-26 allocation uplift	
Core net allocation uplift 1.11% (including Mental Health)	14.0
Net LTA pass through 1.11%	1.9
Total 2026-27 allocation uplift	**15.9**
Gross Planning Deficit	**-129.0**
2026-27 savings requirement:	
Recover 2025-26 recurrent position	12.5
Deliver minimum recurrent savings	30.0
Cash releasing savings to be delivered	**42.5**
Planned Deficit	**-86.5**

Savings Plan Targets 2026-27

Theme	Scope	Indicative Target £m
Housekeeping / Grip and Control / Non-Recurrent	• 1% target across all areas as a minimum expectation	8
Length of Stay (LoS)	• Reducing emergency LoS to peer median / upper quartile	tbc
	• Bed base reduction	
Theatres productivity	• Improving utilisation GIRFT	tbc
Outpatients efficiency	• Focus on reducing DNA rates	tbc
	• Improving SOS and PIFU rates	
	• Reducing referral rates per 100,000 of population	
Income generation	• Exploring sponsorship and advertising opportunities	2
	• Recovery of overseas patient income	
	• Increase private patient activity	
	• R&D maximisation	
	• Explore further opportunities for VAT efficiency	
Medicines management	• Remove unwarranted variation at primary / secondary care interface	5.8
	• Generic v branded opportunities	
	• National resource Utilisation Group opportunities	
	• Outpatient prescribing	
Continuing Healthcare	• Commissioning – performance management	7.8
	• Joint packages of care review	
	• Step down / new models of working	
	• Cap contract uplifts	
Facilities and Estates	• Reducing the costs of running and maintaining estate	2.1
	• Space utilisation: operating with a maximum of 35% non-clinical floor space	
	• Space utilisation: Unoccupied or underused space to be set at a maximum 2.5%.	
	• Energy: reducing energy consumption	
	• Supply contracts: Achieving value for money from existing contracts, including PFIs	
	• Land management: Identification of surplus land	
Procurement	• Contain and Reduce non-pay expenditure by tactical application of the procurement discipline	4
	• Increasing Clinical Board in the management of the Health Board's supply Chain.	
	• Streamline the variation in product lines contained in the catalogue with clinical support	
	• Reviewing current expenditure control and implement improved systems and processes	
	• Increase clinical Procurement knowledge to challenge variation within a clinical pathway	
Workforce efficiencies - Temporary Pay - Workforce Reshaping	• Variable Pay and Agency Control Framework	9.4
	• Medical Productivity: job planning, rates	
	• Agency price (30% reduction on 2025-26 expenditure)	
	• Agency usage: zero agency usage by 30th September (HCSW, A&CS, Estates & Ancillary)	
	• Sickness and absence	
	• Sustainable workforce models	
Unidentified Savings		3.4
Running Total (£m)		**42.5**



2026/27 Savings plan and Progress

Savings Plan Progress 2026-27

2026-27 Cash Releasing In-Year Plans

Clinical/Service Board	Recovery of 25-26 Recurrent Pressures £'000	26-27 Savings Requirement £30m £'000	Total 26-27 Target £'000	Green £'000	Amber £'000	Total Green & Amber £'000	Shortfall against Target £'000	Red £'000	Total Savings Identified Cash Releasing £'000
Capital Estates and Facilities	1,158	1,731	**2,889**	150	0	**150**	2,739	65	215
Children and Women	4,197	2,588	**6,785**	76	553	**629**	6,156	1,545	2,174
Clinical Diagnostics and Therapeutics	1,872	3,044	**4,916**	622	906	**1,528**	3,388	778	2,306
Corporate Executives	435	1,403	**1,838**	105	0	**105**	1,733	0	105
Medicine	(85)	3,299	**3,214**	387	0	**387**	2,827	2,035	2,422
Mental Health	1,733	2,242	**3,975**	884	706	**1,590**	2,385	1,040	2,630
Primary, Community and Intermediate Care	(3,846)	7,491	**3,645**	1,201	480	**1,681**	1,964	1,302	2,983
Specialist Services	3,531	4,429	**7,960**	1,395	750	**2,145**	5,815	2,638	4,783
Surgery	2,326	3,773	**6,099**	1,222	89	**1,311**	4,789	543	1,854
Central	1,200	0	**1,200**	0	0	**0**	1,200	0	0
Total Savings Position	**12,521**	**30,000**	**42,521**	**6,042**	**3,484**	**9,526**	**32,996**	**9,946**	**19,472**

2026-27 Cash Releasing In-Year Plans

Theme	Green £'000	Amber £'000	Total Green & Amber £'000	Red £'000	Total Savings Identified Cash Releasing £'000
Continuing Healthcare	884	375	**1,259**	1,318	2,577
Facilities and Estates / Service Reconfiguration	254	600	**854**	1,260	2,114
Grip and Control	491	238	**729**	612	1,341
Income Generation	319	160	**479**	300	779
Medicines Management	3,145	472	**3,617**	2,628	6,245
Other Digital Benefits	0	0	**0**	51	51
Procurement	592	1,082	**1,674**	800	2,474
Reducing Length of Stay	0	0	**0**	630	630
Value/Clinical Variation	0	0	**0**	95	95
Workforce - Temporary Pay	0	200	**200**	250	450
Workforce Restructuring	357	357	**714**	2,002	2,716
Total Savings Position	**6,042**	**3,484**	**9,526**	**9,946**	**19,472**

The UHB's draft financial plan of a £58.2m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations. Following the submission of the plan, Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided the UHB with sufficient assurance to increase planned savings delivery by £2m which in turn has reduced the forecast 2025/26 deficit position to £56.2 million.

The reported month 12 position is £0.136m below plan.

At Month 12 the Committee are requested to:

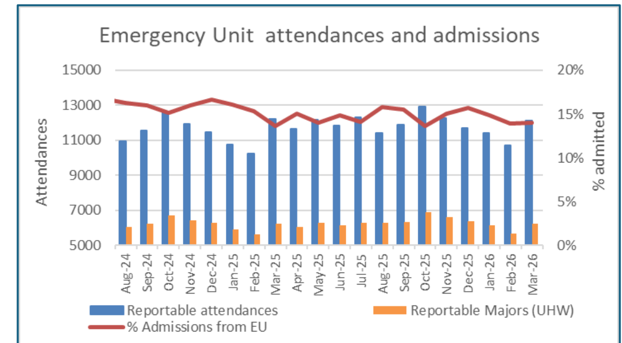
- **NOTE** the reported year to date position is an overspend of £56.097m against the planned deficit of £56.233m.
- **NOTE** the month 12 operational overspend against plan of £0.202m and the (£0.339m) savings surplus.
- **NOTE** the outturn against the in year savings target, with £32.339m (101.1%) of green schemes identified at Month 12 against the revised £32m target.
- **NOTE** that delivery of the draft outturn is contingent on confirmation of the remaining outstanding Welsh Government allocations which totalled a net reduction of (£49.844m) at the15th April 2026.
- **NOTE** the combined recurrent savings shortfall and recurrent operational pressures of £12.5m, which are adversely impacting the deteriorating underlying deficit being carried into 2026/27. The underlying deficit entering 2026/27 is currently assessed at £68.7m, which is £12.5m higher than the 2025/26 forecast outturn of £56.2m.
- **NOTE** the Draft 2026/27 Planned Deficit of £86.5m and progress against the 2026/27 Savings Plan.

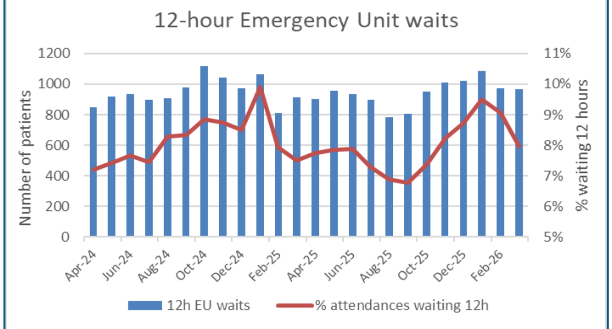
CARDIFF & VALE UHB OPERATIONAL PERFORMANCE REPORT – April 2026

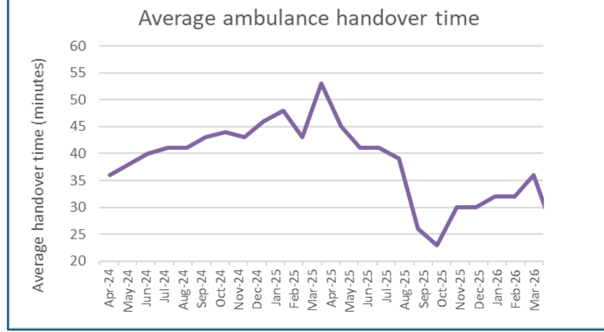
Urgent and Emergency Care
Out of hospital and EU
Flow and discharge
Planned Care
Primary and Community
Mental Health
Productivity and efficiency

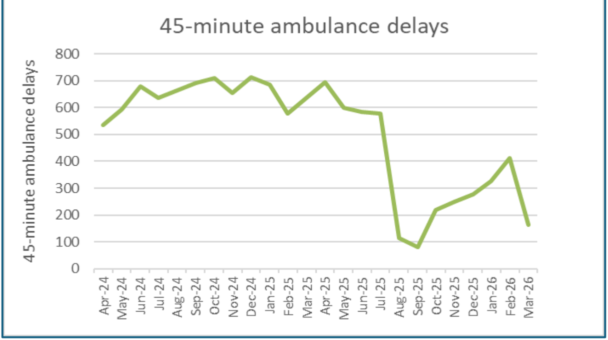
Urgent and Emergency Care – Out of Hospital and Front Door

- In March attendances at the Emergency Unit increased from those in February and were comparable with March ‘25. The number of Majors attendances was increased from February. The proportion of patients admitted via EU increased to 14% but is reduced when compared to March ’25
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%.
- Following periods of sustained operational pressure, the number of patients wating 12 hours or more in EU reduced but remained high, the proportion of attendances resulting in a 12 hour wait reduced to 7.9%. The number of patient that waited 24 hours in the EU footprint reduced to 31
- The number of 1-hour ambulance holds reduced in March – c4% of conveyances waited >1h at UHW. In line with the Ministerial Advisory Group recommendations, we have moved our operational focus to reducing and eliminating 45-minute ambulance holds. This has included ringfencing majors capacity to facilitate timely handovers. Despite operational pressures in month, 45-minute holds reduced as did the average handover time



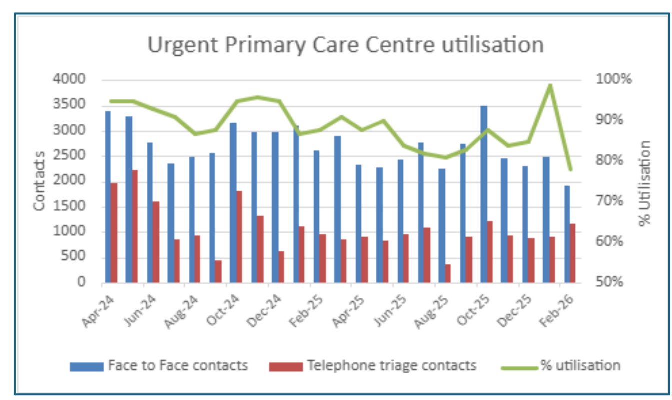






Urgent and Emergency Care – Out of Hospital and Front Door

- In February, 1,918 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 1,157 patients triaged by telephone. In February 78% of the available slots were utilised
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year two and a half million appointments have been offered across Cardiff and the Vale, fewer than as this point last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in February reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

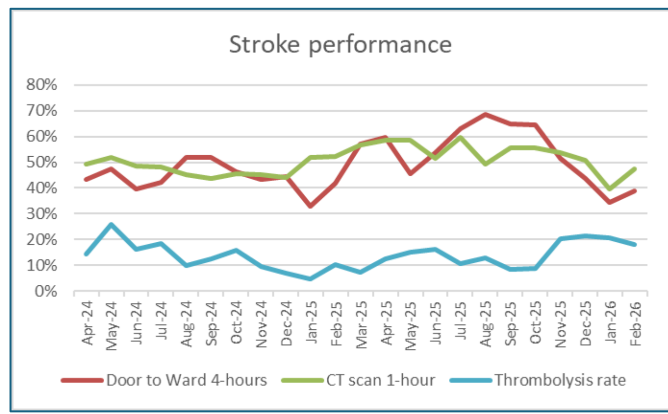


GMS activity	February 2026	Year to date 25/26
Calls to GP Surgeries	272,139	3,423,811
Digital requests to GP practices	77,243	907,620
GP appointments offered	196,695	2,645,848
Items issued via presciption	689,563	7,984,368

Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

- The most recent data from February showed an increase in compliance with the Door to Ward standard for Stroke patients, although it remains lower than through last year, reflecting pressure on the emergency unit and patient flow. In February 47.3% of patients received their CT scan within 1-hour and 14.5% within 20 minutes, an increase from January. The thrombolysis remains improved at 18.2% in February

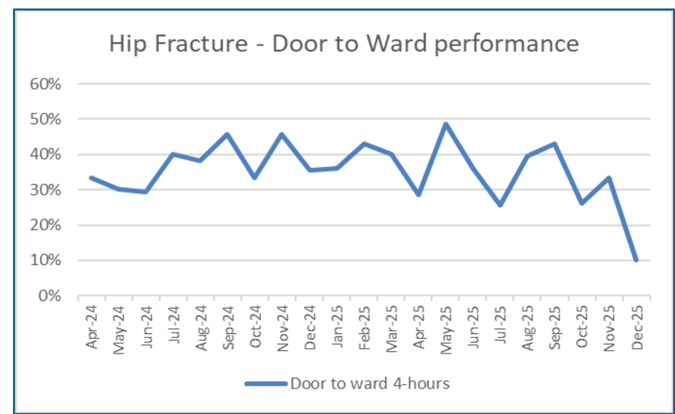


- Time to needle was improved from this time last year, but no patients met the 30-minute standard
- There were 3 thrombectomies in February

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	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%	34.4%
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%	20.0%
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%	62.9%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	20.6%	18.2%	12.3%
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%	3.9%
Thrombecomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	5.9%	5.5%	3.6%
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%	68.7%

Hip fracture

- In December, 10% of Hip Fracture patients were admitted directly to the ward within 4-hours. This represents a reduction in performance from November, but our average of 30% remains significantly above the national average of 9.9%. The National Data Set is undergoing validation – our internal data shows breaches reduced in January and February compared to December

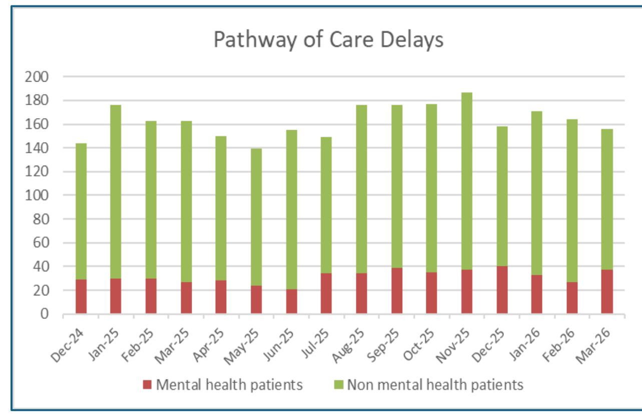


Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays reduced in March to 156. Non-Mental Health delays reduced to 119 with an average length of stay since becoming clinically optimised of 32 days. Mental Health delays increased to 37, but with an average length of stay since becoming clinically optimised reducing to 93 days.

- We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 7,209 bed days were lost in March, similar to last month but reduced by c3,100 from the same month last year

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

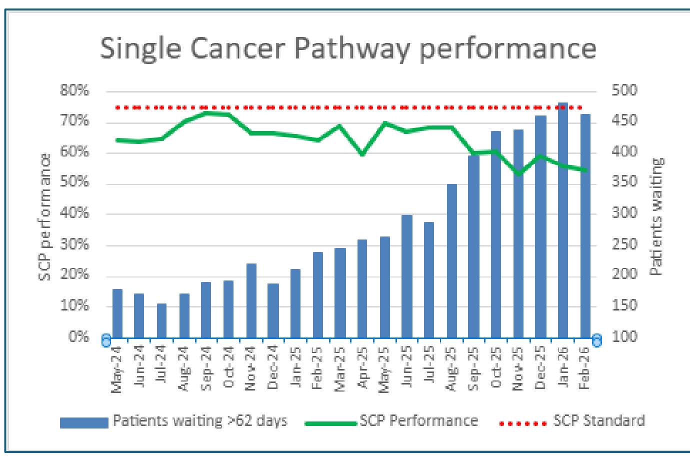


Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	27
Awaiting Social Worker allocation	12
Awaiting joint assessment	9
Patient/family care home choice	9
Awaiting completion of best interest decision	8
Awaiting care home manager (Nursing) to visit and provide outcome	7

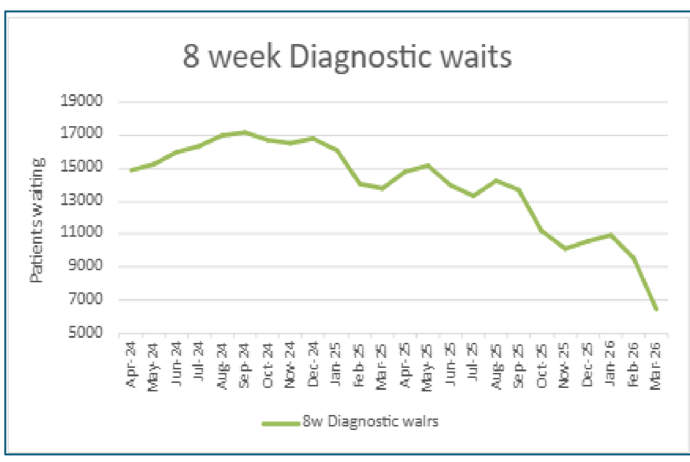
Top 6 reasons for MH delays	Number of delays
Awaiting supported living availability	6
Awaiting funding decision CHC/FNC	5
Awaiting care home manager (Residential) to visit and provide outcome	4
Awaiting completion of best interest decision	2
Awaiting Dementia nurse availability	2
Identifying specialist bed	2

Planned Care, Cancer and Diagnostics

- As forecast, our Single Cancer Pathway compliance remained reduced at 54.5% in February, as we continue to treat patients from the increased backlog of 62 waits. In February we saw 6 tumour sites meet the SCP standard of 75%. We have seen the backlog of patients waiting 62 days reduce from over 500 in January to 335 this week



- Diagnostic 8-week waits reduced in March 2026 to 6,432. We have seen continued reductions in Endoscopy and Radiology, with Cardiology improving from February. As discussed last month we are above our intended trajectory, largely as a result of increased outpatient activity from the national insourcing contract, delays with outsourced providers and scanner downtime. We have plans to deliver 0 patients waiting over 8-weeks for MRI by the end of Q1 and NOUS by the end of Q2. Information around the recurrent capacity gaps in Endoscopy is being taken to Board



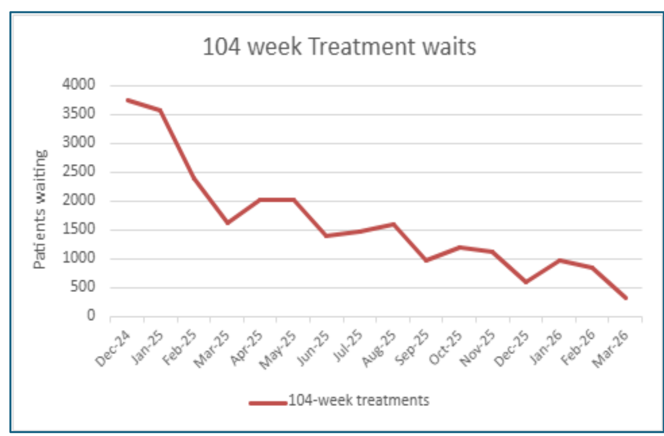
Planned Care, Cancer and Diagnostics

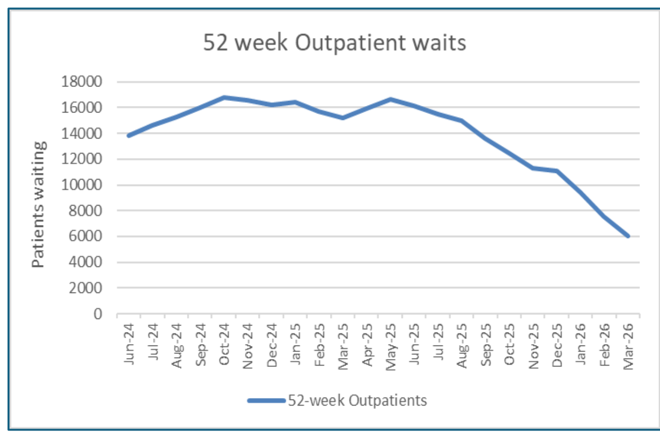
- At the end of March 2026, we delivered our commitment to Welsh Government, to reduce the volume of long waiting patients. At year end we reported 335 patients waiting 2-years for treatment, below our commitment, the lowest number of 2-years waits since April 2021

- We also reported zero 3-year waits at the end of March for the first time since January 2021

- The delivery of our commitments to reducing long waits and delivery has required significant non-recurrent funding and has been achieved thanks to the hard work and commitment of our clinical and operational colleagues

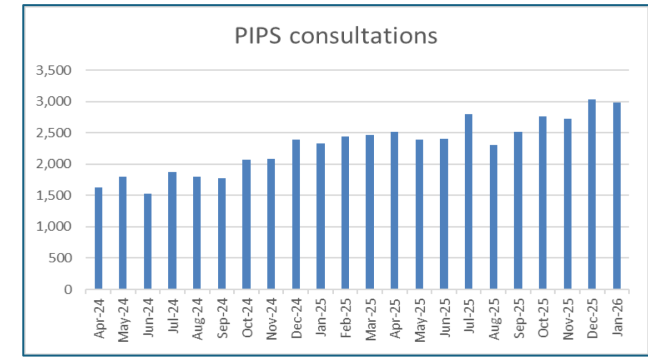
- The UHB has also delivered our commitments as part of the national outpatient insourcing work. An additional 22k outpatient appointments were delivered though the national contract, with an additional 9k through C&V schemes. The total number of patients waiting over 52 weeks for a new outpatient appointment fell again in March to 6064, the lowest number since October 2020



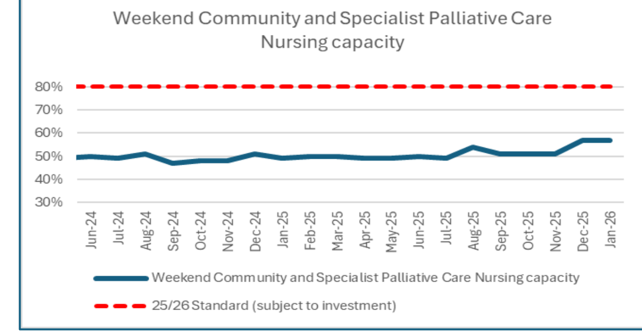


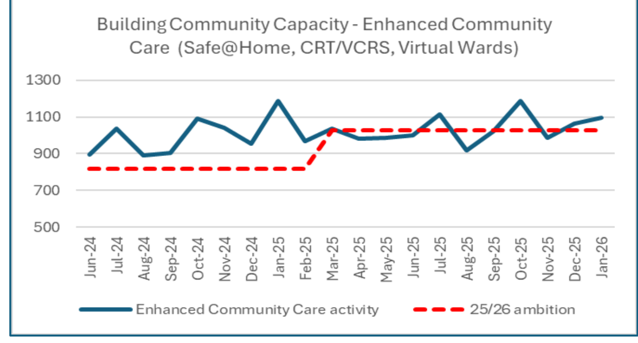
Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,982 consultations delivered in January 2026
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services



Community activity	Feb-26	Year to date 25/26
Disctrict Nurse visits to patients	15,578	189,018
Patients supported by Safe@Home	71	821
Patients supported by CRT/VCRS to avoid admission	30	439
Patients supported by CRT/VCRS with early discharge	124	1,179

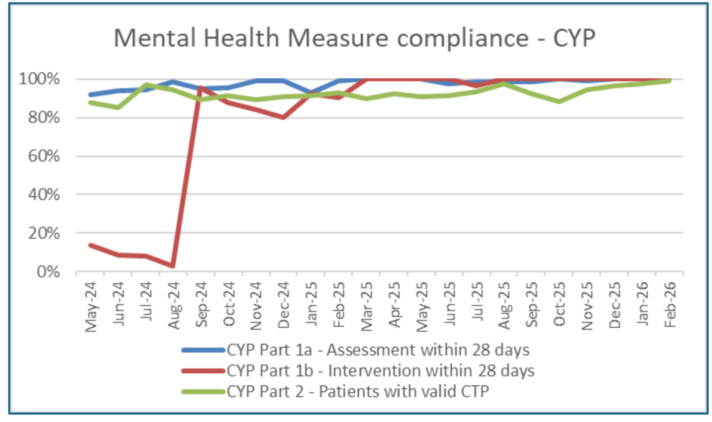




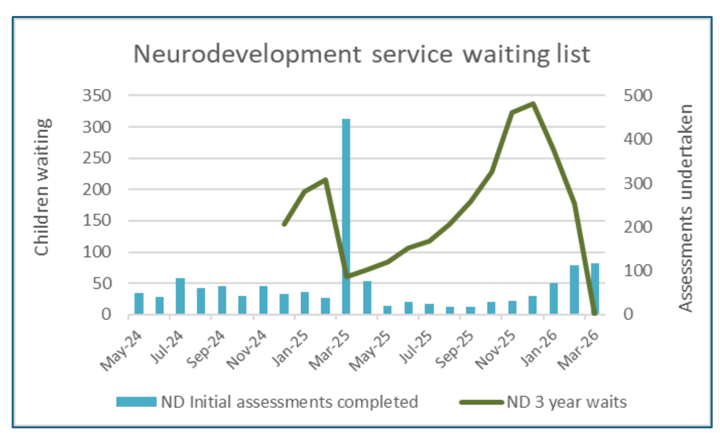
Mental Health – Children and Young People

Mental Health

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



- In March we delivered on our commitment to eliminate 3-year waits for ND assessment. Despite 341 referrals, the overall waiting list also reduced. In total there are 4,758 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average. Planning for 26/27 is being presented to Committee in a separate paper

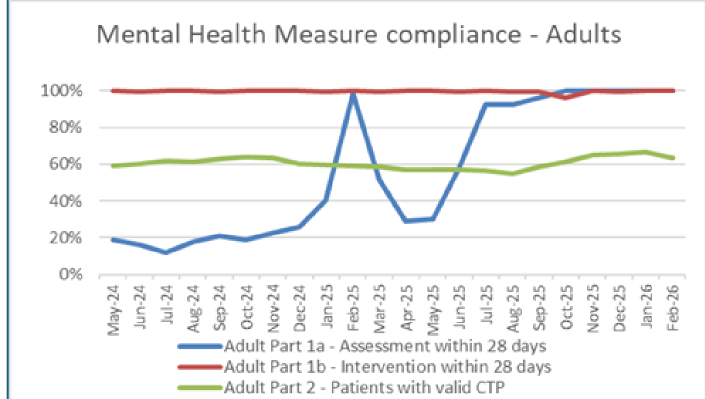


Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan

Mental Health – Adults and Older people

- For adult and older people's mental health services, February saw Part 1a compliance maintained over 99%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in February. Part 2 remains below standard but has improved in line with our trajectory, increasing to >60% since October. The health board has developed an improvement trajectory with the clinical teams – this is being updated currently, and we continue to work closely with colleagues from NHS P&I. We now have dedicated resource overseeing the management of CTPs

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



Community Mental Health services	Mar-26	25/26 Year to date
Direct Client Contact	14082	171187
Indirect Client Contact	10730	138631
Total Contacts	24812	309818

Service	Mar-26	25/26 Year to date
Crisis Service team	1676	18876
MH Headroom	448	6226
Community Veterans Service	92	939
Young Onset Dementia Service	208	2269

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

Targeted Intervention

	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
			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%
Planned Care	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%
Planned Care	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%
Planned Care	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%
Planned Care	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
Planned Care	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%
Planned Care	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%
Planned Care	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%
Planned Care	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%
Planned Care		% 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%
Planned Care	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%
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
UEC	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%
UEC		% 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%
UEC	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
UEC	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
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%
Mental Health	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%
Mental Health	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%

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

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

Recommendation:
The Board/Committee (*delete as appropriate*) are requested to: a) **NOTE** the year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes.

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

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

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

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

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

Cardiff and Vale
Integrated Performance Report

2025/26

April 2026

Report Contents

1. Cabinet Secretary Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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

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

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

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

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

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

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	<160	Yes	Q4	156 Mar-25	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception **National standard/ambition:** Increase **Reporting period:** Monthly	>2,185	Yes	Q2	2,982 Jan-26	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care **National standard/ambition:** 80% **Reporting period:** Monthly	>51% Increase from 24/25	No	Q4	57% Dec-25	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care **National standard/ambition:** Meet and exceed 24/25 requirement where possible (24/25 baseline) **Reporting period:** Monthly	1,038 20% increase from 24/25	Yes	Q1	1094 Jan-26	Hyperlink to section

Performance Key: Meeting standard / trajectory off target/trajectory

Section 1: Cabinet Secretary Priorities

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

Performance Key: Meeting standard / trajectory off target/trajectory

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	**Measure:** Reduce the number of ambulance patient handovers over 1 hour **National standard/ambition:** Zero **Reporting period:** Monthly	<400	No	Q4	77 Mar-26	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** Reduce compared to 24/25 towards zero **Reporting period:** Monthly	<750	Yes	Q4	965 Mar-26	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment **National standard/ambition:** Zero **Reporting period:** Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	335 Mar-26	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) **National standard/ambition:** 12m improvement trend towards 80% by March 2026 **Reporting period:** Monthly	75%	No	Q4	54.5% Feb-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition:** Zero **Reporting period:** Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	6,432 Mar-26	Hyperlink to section

Performance Key: Meeting standard / trajectory off target/trajectory

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.

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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 January utilisation was 99%, 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 **Community visits – 95% of face-to-face visits within 8 hours** Q1 to date 94% compliance with 8-hour standard	Jan-26 Aug-25	99% utilisation Above standard 94% Below standard	UPCC Utilisation
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 March we reported 6 2-hour ambulance delays, despite operation pressures in-month. In March we reported 77 1-hour ambulance delays, a decrease from February and below our commitment of <365 In March lost minutes per arrival increased to 11, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper **ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3** In 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 March we reported an increase in activity compared to February, and an increase from March 2025 activity.	Mar-26 Mar-26 Mar-26	77 2-hour delays Above standard 77 1-hour delays Below standard 11 minutes lost/arrival Above standard 92% patients <12h Below standard 2042 SDEC attends Below standard	Ambulance handover >1 hour (Trajectory; Handover >1 Hours) EU more than 12 hours (Trajectory; 12 hours in EU) Number of patients seen in SDECs (Activity 24/25; Activity 25/26)
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of February 58.9% of patients in acute beds had a LOS of >7 days, 32.0% >21 days – a deterioration in 7d LOS from January. See paper for POCD update **Pathway of Care Delays – <160 delayed patients each month** In March 2026 the number of POCDs was 156, a decrease from January	Mar-26 Mar-26	58.3% >7d Above standard 30.2% >21d Above standard 156 Below standard	Delayed Pathways of Care) (DPOC same period previous year; DPOC)

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 February 47.3% of patients were received their CT scan within 1 hour of arrival at EU, an increase from January **Thrombolysis – 20% thrombolysis rate** In February 18.2% of stroke patients were thrombolysed, a decrease from January 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 February 38.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were impacted by operational pressures within the Emergency Unit Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and recruitment has taken place to embed changes to the acute pathway – we continue to bring multidisciplinary colleagues together for stroke summits to review the pathways across services	Feb-26	47.3% CT Below standard 18.2% Thrombolysis Below standard 38.8% Door-to-ward Below standard	CT Scan within 1 hour (80%, 60%, 40%, 20%, 0%; Sep-24 to Feb-26; Performance, Standard) Stroke patient thrombolysis rate (30%, 20%, 10%, 0%; Sep 24 to Feb 26; Standard) Direct admission to stroke unit within 4 hours (100%, 80%, 60%, 40%, 20%, 0%; Sep-24 to Feb-26; Performance, 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 January our annualised compliance showed 30.3% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.1%.	Feb-26	27.1% (Annualised) Below standard	Admitted within 4 hours (100%–0%; Sep-24 to Feb-26)

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In June 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information		100% At standard	
	GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 2025 98.5% of the contract value had been delivered. So far in 25/26 (data to January) 87% of the contract value has been delivered	Jan-26	73% At standard (Apr-25 – Jan-25)	GDS Contract Value Fulfillment Standard / % GDS Contract
	Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In February 100% of practices were providing CCPS services, providing 2,982 PIPS consultations		2,982 Above standard	
	Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2	Jan-26	100% Above standard	
Cancer	**Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4** In February 54.5% of patients received their first definitive treatment within 62 days. This is below our ambition. More detail is discussed in the accompanying paper	Feb-26	54.5% Below standard	% cancer patients starting treatment withing 62 days Trajectory / SCP performance

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 February there were 7,477 patients waiting 52 weeks for their first outpatient appointment. This is improved from January, additional actions are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In March there were 335 patients waiting 104 weeks for treatment. This is reduced from February and is delivers the trajectory shared with Welsh Government for Q4.	Feb-26	7,477 patients Below standard 355 patients Below standard	RTT > 52 weeks New Outpatient (Trajectory, >52 Weeks New OP, Standard Sep-24) RTT > 104 weeks (Trajectory, >104 Weeks, Standard Dec-24)
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In February 9,544 patients were waiting over 8 weeks for a specified diagnostic, A decrease from January. Improvement in the radiology position this month, with NOUS waits also notably reduced. **Therapies – National standard of zero 14 week waits** In February 942 patients were waiting over 14 weeks for therapies, An increase from January. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services	Feb-26	9,544 patients Diagnostics Above standard 942 patients Therapies Above standard	Patients waiting >8 weeks - Diagnostics (Trajectory, Waiting over 8 Weeks) Patients waiting >14 weeks - Therapies (Waiting over 14 Weeks, Standard Q3)

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 February there were 0 patients waiting over 52 weeks for a new outpatient appointment	Feb-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 **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 **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In February 98% of patients had a valid Care and Treatment Plan, above our ambition	Mar-26	100% Part 1a Above standard 100% Part 1b Above standard 98% Part 2 Above standard	LPMHSS assessments started 28 days < 18 years 100.0% 90.0% 80.0% 70.0% 60.0% 50.0% Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26 Performance Standard Theraputic interventions started 28 days < 18 years 100% 50% 0% Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26 Trajectory Performance Valid Treatment Plan < 18 Years 100% 50% 0% Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Performance 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 100% of patients received their assessment within 28 days. Referrals to the service remain high.	Mar-26	100% Part 1a Above standard	LPMHSS assessments started 28 days - Adults
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	Theraputic interventions started 28 days - Adults
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In February 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	Feb-26	62.3% Part 2 Below standard	Adults with a Valid CPT

NHS Wales Performance Framework Measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** At standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Feb-26	Improvement compared to the same month in the previous year	**44.2%** Above standard	Nov-25: 45.0%; Dec-25: 44.8%; Jan-26: 43.8%; Feb-26: 44.2%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Feb-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**96.2%** Above standard	Apr-25 to Nov-25: 66.9%; Apr-25 to Dec-25: 73.0%; Apr-25 to Jan-26: 87.1%; Apr-25 to Feb-26: 96.2%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jan-26	Increase compared to the same month in the previous year	**2982** Above standard	Oct-25: 2755; Nov-25: 2723; Dec-25: 3035; Jan-26: 2982
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Mar-26	80%	**100%** Above standard	Nov-25: 98.9%; Dec-25: 100.0%; Jan-26: 100.0%; Feb-26: 100.0%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Mar-26	80%	**100%** Above standard	Nov-25: 100.0%; Dec-25: 100.0%; Jan-26: 100.0%; Feb-26: 100.0%
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Mar-26	80%	**100%** Above standard	Nov-25: 99.8%; Dec-25: 100.0%; Jan-26: 100.0%; Feb-26: 100.0%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Mar-26	80%	**100%** Above standard	Nov-25: 100.0%; Dec-25: 99.0%; Jan-26: 100.0%; Feb-26: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	**50%** Below standard	Mar-25: 50%; Apr-25: 51%; May-25: 50%; Jun-25: 50%
20.	Median emergency response time to amber calls	Feb-26	12 month reduction trend	**01:06:59** Above standard	Nov-25: 01:44:47; Dec-25: 01:55:43; Jan-26: 02:07:24; Feb-26: 01:06:59

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NHS Wales Performance Framework Measures

Return to Section Menu

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Jan-26	15 minutes or less	**4** Below standard	Oct-25: 5 Nov-25: 5 Dec-25: 5 Jan-26: 4
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jan-26	60 minutes or less	**64** Above standard	Oct-25: 82 Nov-25: 78 Dec-25: 73 Jan-26: 64
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Mar-26	Improvement compared to the same month in the previous year, towards the national target of 95%	**60.8%** Below standard	Dec-25: 57.3% Jan-26: 60.1% Feb-26: 59.2% Mar-26: 60.8%
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Mar-26	Reduction compared to the same month in the previous year, towards the national target of zero	**967** Above standard	Dec-25: 1019 Jan-26: 1083 Feb-26: 972 Mar-26: 967
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Feb-26	12 month improvement trend towards a national target of 80% by 31 March 2026	**54.4%** Below standard	Oct-25: 60.7% Nov-25: 53.3% Dec-25: 59.0% Jan-26: 56.1%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Feb-26	0	**9,544** Below standard	Nov-25: 10138 Dec-25: 10592 Jan-26: 10925 Feb-26: 9544
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Feb-26	100%	**62.48%** Below standard	Nov-25: 57.40% Dec-25: 58.67% Jan-26: 59.02% Feb-26: 62.48%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Feb-26	0	**942** Above standard	Nov-25: 896 Dec-25: 874 Jan-26: 910 Feb-26: 942
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Feb-26	0	**1,821** Above standard	Nov-25: 1384 Dec-25: 1606 Jan-26: 1677 Feb-26: 1821

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Nov-25	Dec-25	Jan-26	Feb-26
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Feb-26	0	**7,477** Above standard	11281	11049	9435	7477
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Feb-26	Reduction compared to the same month in the previous year	**28,268** Below standard	26146	28065	28267	28268
32.	Number of patients waiting more than 104 weeks for referral to treatment	Feb-26	0	**861** Above standard	1126	622	994	861
33.	Number of patients waiting more than 52 weeks for referral to treatment	Feb-26	Month on month reduction towards the national target of zero by 30 June 2025	**24,279** Above standard	30964	30286	29060	24279
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Feb-26	80%	**17.3%** Below standard	17.0%	15.9%	15.8%	17.3%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Feb-26	80%	**73.8%** Below standard	78.1%	75.6%	75.6%	73.8%

Report Title:	Operational Performance Standards – Options to Deliver			Agenda Item No:	2.3
Meeting:	Finance and Performance Committee	Public	x	Meeting Date:	22/4/26
		Private			
Status **(please only tick one)**	Assurance		Approval		Information/Noting x
Lead Executive Title:	COO				
Report Author Title:	Director of Operational Planning and Performance				

Main Report
Background and Current Situation:

Following the submission of the Cardiff and Vale Annual Plan 2026/27 there was a request from Board to provide an interim position on options to deliver the ministerial performance standards for some key delivery expectations. The specific standards requested were:

- 104-week Referral to Treatment Waits
- 8-week Diagnostics Waits
- 3-year Neurodevelopment Assessment Waits (Children)
- 95% Coding Completeness

In addition, there was a request to include an update on our organisational main effort of reducing length of stay.

This enclosed presentation provides an overview of the current position in advance of a more detailed update and proposals being submitted to Board in May.

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

See accompanying presentation

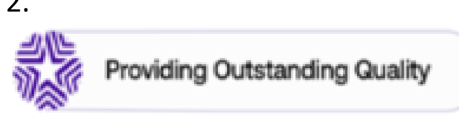
Appendices (please list any appendices that will accompany this report. Do **not** embed)

2.3a - 2.3a - Annual Plan - operational delivery options Apr 26

Recommendations:

a) The Finance and Performance Committee is asked to **NOTE** the potential options contained within the presentation and provide recommendations on further progress and next steps.

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

1.		2. 	

3. Delivering in the Right Places		4.	

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

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

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes/No (delete as appropriate)
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: Yes/No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Financial: Yes/No
Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: Yes/No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: Yes/No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance*
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the

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

Options for delivering key performance standards

Paul Bostock
Chief Operating Officer

Background

- As requested at March Board, this presentation gives a view on the what our potential options are to deliver the ministerial performance standards for some key delivery expectations. The specific standards requested were:

  - 104-week Referral to Treatment Waits
  - 8-week Diagnostics Waits
  - 3-year Neurodevelopment Assessment Waits (Children)
  - 95% Coding Completeness

- In addition, there was a request to include an update on our organisational main effort of reducing length of stay.

- This presentation provides an overview of the current position in advance of a more detailed update and proposals being submitted to Board in May.

104 Weeks

104-Week RTT Waits – Current Position

Performance Measure	Framework	Standard	C&V Latest Performance	C&V Annual Plan Commitment 26/27
Number of patients waiting more than 104 weeks for referral to treatment	De-escalation Criteria and Key Delivery Expectation	0	335	4082

- There were 335 patients waiting over 104 weeks at the end of March 2026. 0 patients were waiting greater than 3-years.

- There are 22,446 patients who will breach 104 weeks by the end of March 2027, if not treated.
  6,858 New Outpatients
  7,150 Follow-up cycle patients
  8,459 Inpatient / Day Case waiting list patients

- Recurrent demand and capacity challenges exist in some core specialties, and three scenarios are being worked through for delivery in 2026/27.

104-Week RTT Waits - Option 1

Option assumptions:
1. Baseline core capacity only
2. Built in productivity schemes
3. No additional capacity schemes
4. 28% validation rate (all stages)
5. Historical conversation rate to treatment

Forecast March 2027 position – 4100 patients

Plan represents a significant worsening of the current position due to removal of 25/26 additional schemes and ongoing recurrent capacity deficits.

104 Q1 Cohort		Total 104 Cohort	Validation	104 Cohort Core Capacity + Productivity	Final 104 Position
3. Outpatient Waiting List	DERMATOLOGY	1,720	482	280	958
	OPHTHALMOLOGY	1,290	361	604	325
	SPINES	1,028	288	639	101
	Summary	6,872	1,900	3,588	1,384
5. In Follow-Up Cycle	SPINES	711	284		427
	Summary	7,566	7,139	0	427
4. Inpatient/Daycase Waiting List	ENT	1,441	403	625	413
	GASTRO/ ENDOSCOPY	720	202	0	478
	ENDOSCOPY GSURG	81	23	0	58
	GENERAL SURGERY	2,099	568	781	750
	GYNAECOLOGY	664	186	319	159
	OPHTHALMOLOGY	521	146	257	118
	ORTHOPAEDICS	2,472	692	1,579	201
	SPINES	542	120	311	112
	Summary	9,805	2,700	4,776	2,289
Number of RTT 104 wks breaches		**Total 104 Cohort**	**Validation**	**104 Cohort Core Capacity**	**Final 104 Position**
		22,782	11,739	8,364	4,100

104-Week RTT Waits - Option 2

Option assumptions:
1. Baseline core capacity
2. Built in productivity schemes
3. Plus, additional capacity schemes
4. 28% validation rate (all stages)
5. Historical conversation rate to treatment

Forecast March 2027 position:

a) 303 - plan represents a maintenance of the current position, supported by productivity gains and additional schemes - £5.83m

b) 0 – requires delivery of a further 303 additional general surgery and spinal cases, plans in development, estimated cost £3-4m.

Total to deliver 0 = £8.8 - £9.8m.

104 Q1 Cohort		104 WLI	104 Outsource	104 Insource	104 Locum	104 Additional Scheme Capacity	104 Position	Additional Scheme Detail
3. Outpatient Waiting List	DERMATOLOGY			336	550	**886**	**0**	**Insource and Locum - £0.3m**
	OPHTHALMOLOGY	54	223			**277**	**0**	**WGOS and WLI - £0.04m**
	SPINES	73				**73**	**0**	**WLI - £0.02m**
	Summary	**127**	**223**	**336**	**550**	**1,236**	**0**	
5. In Follow-Up Cycle	SPINES	**135**	322			**457**	**0**	**Outsoruce and WLI - £0.18m**
	Summary	**135**	**322**	**0**	**0**	**457**	**0**	
4. Inpatient/Daycase Waiting List	ENT	140	231			**371**	**0**	**WLI and Outsource - £1.2m**
	GASTRO/ ENDOSCOPY	76		430		**506**	**0**	**WLI and Insource - £0.4m**
	ENDOSCOPY GSURG			58		**58**	**0**	
	GENERAL SURGERY	283	261			**544**	**161**	**WLI and Outsource - £1.9m**
	GYNAECOLOGY	71	88			**159**	**0**	**WLI and Outsource - £0.5m**
	OPHTHALMOLOGY			107		**107**	**0**	**Insource - £0.2m**
	ORTHOPAEDICS	12	100			**112**	**0**	**WLI and Outsource - £0.9m**
	SPINES		126			**126**	**142**	**Outsource - £0.3m**
	Summary	**582**	**806**	**595**	**0**	**1,983**	**303**	
Number of RTT 104 wks breaches		**104 WLI**	**104 Outsource**	**104 Insource**	**104 Locum**	**104 Additional Scheme Capacity**	**104 Position**	
		844	**1,351**	**931**	**550**	**3,676**	**303**	**£5.8m**
Complex Surgery Plan	GENERAL SURGERY	142					**0**	**See next slide for details - estimate cost £3-4m**
	SPINAL SURGERY	161					**0**	
							0	**£8.8-9.8m**

104-Week RTT Waits – Complex Surgery Plan

- 303 patients – spines and general surgery
  - Spines - equivalent to 91-all day main theatre sessions
  - General Surgery- equivalent to 56-all day main theatre sessions
  - Total of 3-4 all-day theatre lists per week for 46 weeks

- Planning underway to confirm deliverability of:
  - Additional surgical and support workforce required
  - Additional bed capacity – through LOS plan
  - Theatre list staffing and non-pay costs
  - Laminar Airflow availability
  - Post Anaesthetic Care Unit requirements

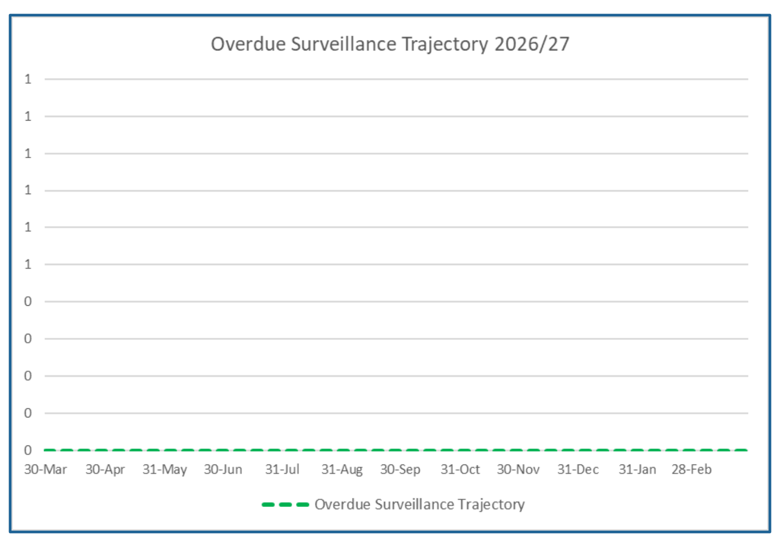
- Full proposal to be shared with Board in May

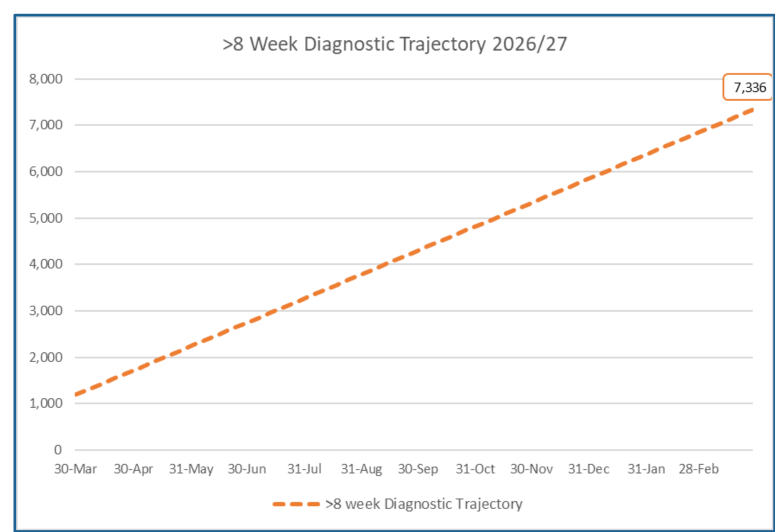
8-Week Diagnostics

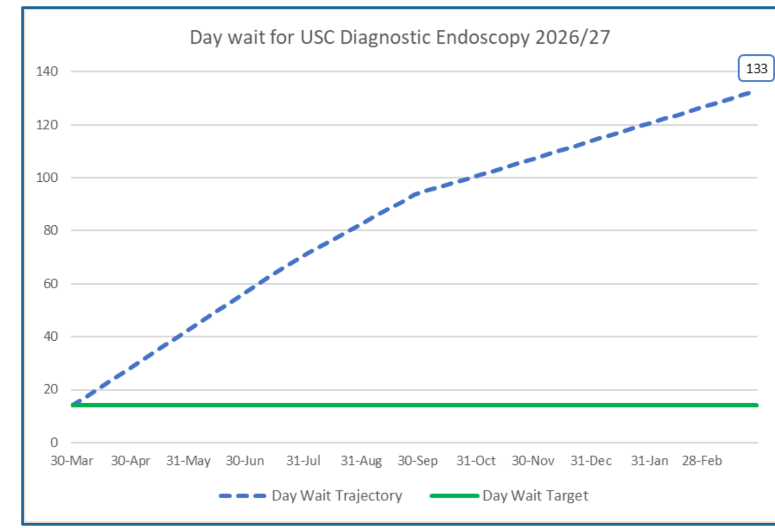
Diagnostics and Therapies Performance
Key Delivery Expectations and De-escalation Criteria

Performance Measure	Framework	Standard	C&V Latest Performance	UHB Commitment 26/27
Number of patients waiting more than 8 weeks for a specified diagnostic	Key Delivery Expectation	0	6432	Original forecast 9500 patient over 8 weeks. Revised to 11334
% of patients waiting for a diagnostic test to be waiting less than 8 weeks	De-escalation Criteria	80%	52%	
% of patients waiting for a diagnostic endoscopy waiting less than 8 weeks	De-escalation Criteria	80%	39%	Original March 2027 forecast = 5000 patients over 8 weeks. This has increased to 9491 following further analysis
% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks	De-escalation Criteria	80%	NOUS = 51.3% MRI = 69.8%	**80% performance** will be achieved through continued delivery of core and additional activity in NOUS and MRI

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
- 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
- Average weekly demand from Jan to Dec 2025, Diagnostics, USC and Surveillance (provided monthly by Information dept.)
- 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

8-Week Wait Option

Option assumptions:
1. Baseline core capacity
2. Built in productivity schemes
3. Plus, additional capacity schemes

Forecast March 2027 position:

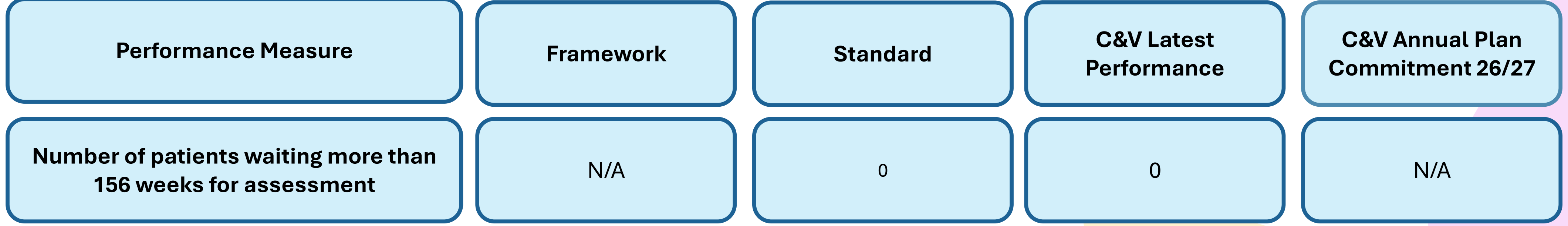
a) 0 - plan delivery of 0 patients waiting over 8 weeks by March 27, estimated cost to deliver - **£5.4m**

b) 80% within 8 weeks (TI criteria) – Further analysis required. High risk approach given the uncertainty on the fluctuations in demand. Low risk to remove delivery of Cardiac MRI from plan and still achieve 80%

8 week diagnostics - 0		Q4 Backlog	Q1-4 Cohort	Total Cohort	Cohort Core Capacity	Funded Additional Scheme	Outsource	Insource	Internal schemes	Additional Scheme Capacity	Final 104 Position
Diagnostics	Endoscopy	1,200	17,486	**18,686**	**9,377**			9,491		**9,491**	**0**
	NOUS	2,650	45,262	**47,912**	**25,650**	25,941				**0**	**0**
	MRI	637	35,192	**35,829**	**26,830**	8,999				**0**	**0**
	CT	308	81,900	**80,330**	**79,025**	1,305				**0**	**0**
	ECHO	878	11,187	**12,065**	**10,500**			1,700		**1,700**	**0**
	Cardiac MRI	125	858	**983**	**840**		143			**143**	**0**
	Summary	**5,798**	**191,885**	**197,683**	**152,222**	**36,245**	**143**	**11,191**	**0**	**11,334**	**0**

Neurodevelopment

Neurodevelopment – Current Position



Performance Measure	Framework	Standard	C&V Latest Performance	C&V Annual Plan Commitment 26/27
Number of patients waiting more than 156 weeks for assessment	N/A	0	0	N/A

- There were 0 patients reported waiting over 156 weeks at the end of March 2026. This position was delivered through additional capacity which was funded by a combination of Welsh Government and Regional Partnership Board slippage.

- There are 1492 children who will be breach 156 week wait for assessment, if not seen by the end March 2027.

Neurodevelopment – Context

- WG have provided non-recurrent funding each year over which underpins our core capacity (we have used this funding to recruit recurrently).

- For 26/27 WG have indicatively allocated £1m, non-recurrently, to maintain 3-year waits (ideally move towards 2-years)

- There are currently over 1000 children being followed up for ADHD medicines, this will increase significantly this year due to the additional assessments delivered. Our ability to undertake new assessments is continually balanced against the increasing number of children requiring medication titration, stablisation and follow up.

- We have a significant productivity improvement plan - part delivered in 25/26 and will contribute to 26/27 plans

- Longer term national work is underway which will be central to moving away from a medical model, towards a needs-based model. This is the only way to sustainably maintain waiting lists in the long term.

Neurodevelopment – Option 1 (preferred)

Summary of Option

1. Utilises WG funding recurrently thereby committing the UHB to £1m on the presumption that the funding is available from WG in future years
2. Requires an additional £293k non-recurrently in 26/27 to deliver the 3-year position
3. Substantive recruitment undertaken – delivers a more sustainable and consistent service
4. Outsourcing will be used in-year to provide capacity until recruitment complete
5. Includes delivery of 34% productivity and efficiency gains to core capacity
6. Forecast 3-year waits:
    1. 0 by March 2027
    2. 0 by March 2028
    3. 51 by March 2029

	2026/27		2027/28		2028/29	
	Activity	cost	Activity	cost	Activity	cost
3 year cohort	1,492		1,407		1,960	
Core Capacity (inc original NDIP funded posts)	537	£ 271,489	537	£ 318,028	537	£ 318,028
Remaining 3-year gap	**955**		**870**		**1,423**	
Efficiencies						
Consultant job planning to maximise ND activity	90		117		117	
ND practitioners - pathway efficiencies	95		125		125	
Total efficiencies	**185**		**242**		**242**	
Remaining 3-year gap after internal efficiencies	**770**		**628**		**1,181**	
Proposed Substantive Recruitment						
ND Practitioners (5 WTE)	450	£ 199,520	840	£ 342,035	840	£ 342,035
Consultant - ADHD medicines titration	21	£ 184,250	39	£ 167,000	39	£ 167,000
Independent prescribers (2WTE) - ADHD follow up		£ 68,407		£ 136,814		£ 136,814
Admin support (2 WTE)		£ 39,554		£ 67,806		£ 67,806
Set up costs		£ 15,000				
Outsourcing	299	£ 514,878				
Total additional activity and cost	**770**	**£ 1,021,609**	**879**	**£ 713,655**	**879**	**£ 713,655**
Total Cost		**£ 1,293,098**		**£ 1,031,683**		**£ 1,031,683**
In year gap / (surplus) for 3 year cohort	**0**		**(251)**		**302**	
End of year 3-year wait poisition	**0**		**(251)**		**51**	

Neurodevelopment – Option 2

Summary of Option

1. Uses WG funding non-recurrently - thereby limiting potential UHB financial impact to the £318k which is already committed
2. Requires the use of agency staff to deliver activity – internal teams have indicated a continuation of previous approach is not supported
3. Introduces risks in relation to availability of high-quality agency staff
4. Includes delivery of 34% productivity and efficiency gains to core capacity
5. Forecast 3-year waits:
    1. 299 by March 2027
    2. 927 by March 2028
    3. 2108 by March 2029

	2026/27		2027/28		2028/29	
	Activity	Cost	Activity	Cost	Activity	Cost
3 year cohort	1,492		1,407		1,960	
Capacity (inc original NDIP funded posts)	537	£ 271,489	537	£ 318,028	537	£ 318,028
Remaining 3-year gap	**955**		**870**		**1,423**	
Efficiencies						
Consultant job planning to maximise ND activity	90		117		117	
ND practitioners - pathway efficiencies	95		125		125	
Total efficiencies	**185**		**242**		**242**	
Remaining 3-year gap after internal efficiencies	**770**		**628**		**1,181**	
Proposed use of agency staff						
ND Practitioners (5 WTE)	450	£ 399,041				£ -
Consultant - ADHD meds titration	21	£ 255,000				£ -
Admin support (2 WTE)		£ 79,107				
Total additional activity and cost	**471**	**£ 733,148**	**0**	**£ -**	**0**	**£ -**
Total Cost		**£ 1,004,637**		**£ -**		**£ -**
In year gap / (surplus) for 3 year cohort	**299**		**628**		**1,181**	
End of year 3-year wait poisition	**299**		**927**		**2,108**	

Coding Compliance

Productivity

- A significant hike in productivity in the past 2½ years
- Cases per FTE increased by **16%** for the period
- Equivalent to an extra 18,000 capacity (cases) or 2.5 FTE

Performance
95% target

- 6% increase in coding completeness: 81% (24/25) vs 75% (23/24)
- Achieved despite an additional 8,795 episodes of care
- Episodes coded within 1 month static over the period ~ 60%

Quality

- % of errors corrected in 35 days improved from very low base
- ~59% (25/26) vs ~10% (24/25)
- National audits - most quality markers met, though some dips

Productivity

Productivity: Av. Cases per Day (line) & Total Coded per Month (Area)

Period	Av. Cases Per FTE per Day	%age Change Since Sep 23
Jan 2022 – Sep 2023	34	-
Oct 2023 – Mar 2026	40	**+ 16%**
Apr 2025 – Mar 2026	43	**+ 26%**

Achieved by:

- An improved team culture fostered through resonant leadership
- Exploiting digital opportunities
- Improved monitoring mechanisms
- Smart and adaptive allocation of workloads

1 = a high degree of overtime given Oct and Nov 2022 to code low complexity cases recorded on single sheet forms – the Maternity Ledger

2 = Clinical Coding Transferred into CD&T in September 2023

Performance

% Coded Within 1 Month of Discharge - 95% target

1 = Clinical Coding Transferred into CD&T in September 2023

Year	Total Episodes	Coded Episodes	Uncoded Episodes	Percentage Coded
2022/23	119,788	87,845	31,943	73.33%
2023/24	151,042	113,804	37,238	75.35%
2024/25	159,815	129,460	30,355	81.01%

Summary

- Primary metric has been coding completeness for FYRs
- For 26/27, this will transition to % of episodes coded within 1 month of discharge
- Work on 25/26 backlog will largely cease after mid-Apr 26
- Key episodes of care will be coded e.g. for mortality data requirements

Quality

Code Type (target)	**23/24**	**24/25**	**25/26**
Primary Diagnosis (90%)	91.56%	88.21%	71.00%[1]
Secondary Diagnosis (80%)	92.07%	91.31%	88.36%
Primary Procedure (90%)	96.72%	92.01%	84.69%[1]
Secondary Procedure (80%)	91.65%	85.52%	81.75%

1 = 25/26 audit narrow in scope (endoscopic urinary system procedures). Key finding relates to re-training and support a single member of the team

% Corrected In 35 Days Or Under - 90% target

1 = Clinical Coding Transferred into CD&T in September 2023

Plans:

- Recruit into a trainer role
- Explore annex 21 to develop more senior clinical coders, expanding internal training capacity
- Semi-automation of error data to simplify and improve the correction process
- Enhance clinical engagement via ‘Coding Compacts’; Stroke, Vascular and Cardio-Thoracic

2026/27 Options

- Forecast 26/27-year end position without intervention is 75% compliance
- Decision made to cease coding 25/26 activity from end of April. This diverts resource to managing 26/27 workload and increases forecast % compliance by 9% (84%)
- Options to further increase this to deliver the 95% target by uplifting resources through temporary staff initially and permanent recruitment in Q3.

Length of Stay

Length of Stay: Adult Bed Base Movements

Adult Bed Base - Reduction in Bed Base

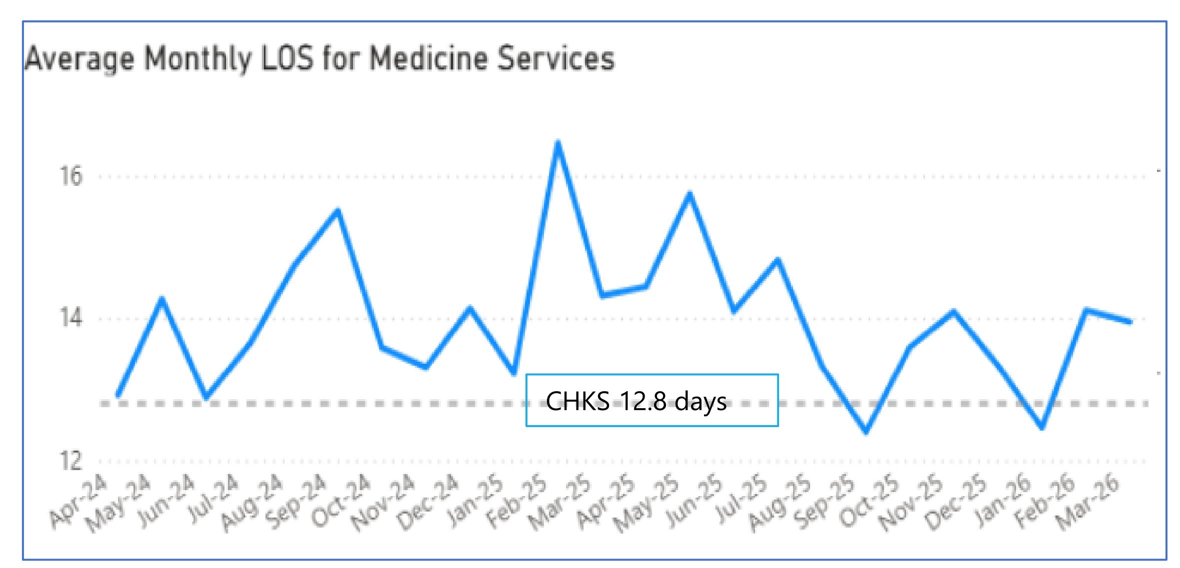
UHB Bed Base	Pre-Covid (2020)	Jan-24		Jul-24		Jan-25		Jul-25		Now		% change over one year	% Change from Pre-Covid	
Total Bed Base	1315	1425	↑	1386	↓	1372	↓	1301	↓	1245	↓	-4%	-1%	↓

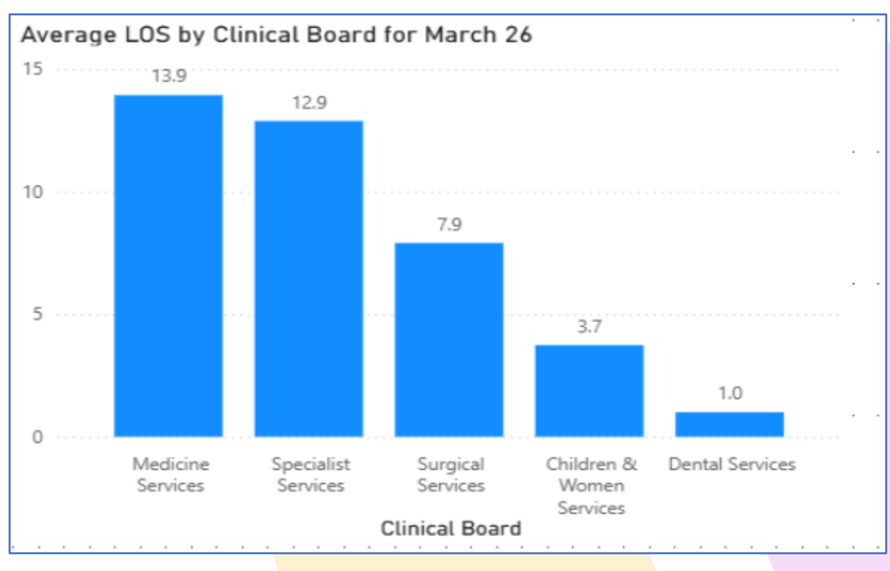
Medicine Clinical Board Bed Base	Pre-Covid (2020)	Jan-24		Jul-24		Jan-25		Jul-25		Now		% change over one year	% Change from Pre-Covid	
Acute Beds (UHW)	65	92	→	92	→	92	→	92	→	92	→	0%	42%	↑
Inpatient Beds (UHW)	199	221	↑	202	↓	202	→	198	↓	198	↑	0%	-1%	↑
Inpatient Beds (UHL)	254	217	→	217	↓	227	↑	184	↑	184	→	0%	-28%	↓
Inpatient Beds (Both UHW and UHL)	453	438	↑	419	↓	429	↑	382	↑	382	↑	0%	-16%	↓
Community Beds (Barry and St Davids)	90	114	→	95	↓	95	→	90	→	90	→	0%	0%	→
Transitional Beds / IACU	0	67	↑	70	↑	54	↓	54	→	0	↓	-100%	→	
Medicine Clinical Board Total Beds	608	711	↑	676	↓	670	↓	618	↓	564	↓	-10%	-7%	↓

- Bed programme for previous years has delivered a reduction in capacity as per above table
- 2025-2026 delivered reduction of 54 beds (4% of health board adult beds and ~10% of medicine beds)
- This reduction released £4.6mil as part of saving schemes

Note – this excludes temporary winter capacity

Length of Stay: Performance





- Length of stay measured against median CHKS benchmark shows we have only hit target twice in the last year.
- Following Board discussion in May we are progressing with plans to reduce LOS to peer mean and assessing options for moving towards upper quartile

Length of Stay: 2026-2027 Actions

- As part of the UEC improvement programme the schemes have been split into the following:

2026-2027 (Current plan - equivalent 67 beds)

- Strengthen multi-disciplinary processes on wards through implementation of PRISM recommendations ~**37 beds**
- Supportive and palliative care model **30 beds** (note – saving used to fund social bond)

2026-2027 (Potential opportunity leading into 2027/2028)

- Right-sizing of medical model for which prioritises "front door flow" and builds on the acute model of care looking to avoid admissions into inpatient setting – bed equivalent reduction **43 *beds*** *(summit 16th April to review options and agree actions)*

2027- onward

- Admission avoidance through enhancement of HRAC cluster work **75 beds**
  - Reallocation of resources to further develop cluster & safe at home model
- Virtual smart wards/hospital – **TBC beds**
  - Disinvestment & Investment modelling between secondary care and community care
- 7- day medical model of care "Continuity and consistency – **TBC beds**
  - Support needed for cultural shift and workforce planning
- Review of key clinical pathways benchmarked against best practise – **TBC beds**
- One medical take – Review of services in Llandough **– TBC beds**

Report Title:	Monthly Monitoring Return – Month 11			Agenda Item no.	4.1	
Meeting:	Finance and Performance Committee	Public	x	Meeting Date:	22nd April 2026	
		Private				
Status:	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of Finance					
Report Author:	Deputy Director of Finance					

Background and current situation:

SITUATION

WHC (2025) 023 - 2025/26 NHS Wales Financial Monitoring Return Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.

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

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

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

Recommendation:

The Board/Committee are requested to:

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

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

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?

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

Impact Assessment:
Risk: No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: Yes
Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: No - ***Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES]***
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)
Equality and Health: No
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: No
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. *These include:* • *A focus upon preventing ill health in our population* • *Saving energy or increasing throughput.* • *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions* • *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.* • *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.* • *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.* *Does the subject matter of your paper risk any of the above not being achieved?*

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

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Finance and Performance Committee	Date: 22nd April 2026

WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE ELEVEN MONTH PERIOD ENDED 28th FEBRUARY 2026

INTRODUCTION

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

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

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

The draft plan assumed that:

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

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

Table 1: 2025/26 Draft Plan

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

This represents the draft financial plan of the Health Board.

The financial monitoring returns have been prepared within the framework of the UHB's revised Draft Financial Plan, which includes a planning deficit of £56.233m for 2025-26. This report details the financial position of the UHB for the period ending 28th February 2026.

A full commentary has been provided to cover the tables requested for the month 11 financial position.

At month 11 the UHB is reporting an overspend of £51.642m, £0.095m off plan. The month 11 position represents an in-month improvement of £0.456m against the £0.551m overspend against plan reported at month 10.

The overspend of £51.642m is comprised of £0.712m of operational deficit and the planned deficit of £51.547m (11 twelfths of the revised £56.233m 2025/26 planned deficit set out in the UHB's Accountable Officer letter relayed on the 30th of June 2025) offset by a (£0.617m) surplus against savings.

The sustained reduction in overspend against plan over the past five months provides strong assurance that the UHB will achieve the forecast deficit of £56.2m.

BACKGROUND

The Board noted the position and submitted a draft financial plan, which included a forecast deficit of £58.2m, to the Welsh Government at the end of March 2025. Following this submission, the Welsh Government requested that the UHB set out further actions to reduce the forecast deficit. In response, the UHB confirmed that ongoing progress in identifying savings provided sufficient assurance to increase the planned savings target by a further £2m. As a result, the forecast deficit for 2025/26 was reduced to £56.2m

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

Table A sets out the draft financial plan and latest position at month 11 for which the following should be noted:

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

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

The underlying deficit projected for 2025/26 is currently assessed at £68.5m, which is £12.3m higher than the 2025/26 forecast outturn of £56.2m. There is

a granular analysis and understanding of the underlying deficit. The reported increase from 2025/26 to 2026/27 is primarily driven by a shortfall in recurrent savings, (underlying drivers being growth in the cost of Continuing healthcare, prescribing and commissioning costs), mental health out of area placements and the full-year impact of a number of operational pressures experienced across the UHB during the current year. All underlying deficit drivers are being reviewed and where possible, actions being taken to address.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects a review of the risks identified in the financial plan and these will continue to be reviewed on a monthly basis. The table outlines the identified risk, which has been assessed as having a low likelihood.

- The net risk relating to JCC has been removed in month 11.
- Red Savings schemes of £1.152m are recognised as an opportunity, however, they are not expected to deliver material savings in year.

It is assumed that no further risk remains in relation to the Welsh Risk Pool, and that coverage will be provided for the additional Band 2 and Band 3 pay costs, which are estimated at £5.725m for 2025/26 based on the payment in February.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B and Table 2 below confirm the year-to-date deficit of £51.642m, consistent with the analysis set out in the annual operating plan (Table A).

Table 2: Summary Financial Position for the period ended 28th February 2026

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	7,367	7,367	0	79,171	79,171	0
Quality Efficiency Improvement Plans - Savings	(2,778)	(2,810)	(32)	(27,624)	(28,241)	(617)
Operational Variance	0	(424)	(424)	0	712	712
Clinical/Service Board Variance	**4,589**	**4,133**	**(456)**	**51,547**	**51,642**	**95**

The month 11 deficit of £51.642m comprised of the following:

- £51.547m planned deficit
- (£0.617m) CRP surplus
- £0.712m adverse operational variance against plan.

The £56.2m forecast deficit is profiled flat.

The UHB is continuing to manage the operational pressures reported at Month 11, to ensure delivery of its planned deficit position of £56.233m

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

Table 3: Operational Pressures for the period ended 28th February 2026

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Mental Health Out Of Area Placements (OOA)	2,752	3,002
Specialist Services Activity Related Underperformance	1,900	1,950
Employers National Insurance	1,421	1,550
Vaccines	(917)	(1,000)
Winter	(917)	(1,000)
CD&T Activity	0	(840)
Prescribing	(340)	(1,200)
Pay Underspend	(3,804)	(2,462)
Sub-Total Surplus/Deficit	**95**	**0**

Further detail in relation to table 3 is provided below:

- Mental Health OOA. Operational pressures have abated in month, with 9 patients placed out of area at the end of February. The impact and utilisation of the additional DTOC capacity will continue to be reviewed.
- Specialist services underperformance. Cardiac services year-to-date performance remains below target and below 2024/25 levels.
- The Employers NI Gap is the difference between confirmed funding and the allocation to delegated budgets.
- Vaccines. Combined vaccine expenditure is projected to be below budget.
- Additional winter capacity is deployed only when deemed essential.
- CD&T Activity. Additional radiology and research income has been recovered this year.
- GP Prescribing costs fell in month, primarily due to tariff changes and medicines management switches.
- Pay vacancies, combined with enhanced scrutiny of variable pay, have partially offset pressures on medical staffing, where additional costs are being incurred to cover vacancies, Less

Than Full Time (LTFT) posts, and sickness. The UHB recorded an increase in WTE nursing staff during September and October, driven by the onboarding of student nurse streamliners. In November, December, January and February WTEs in post declined, returning to the trend observed prior to the onboarding period.

The forecast increase in Month 12 expenditure primarily reflects the confirmation of fixed asset impairments, the settlement of SLA outturns with other NHS bodies, and the review of major provisions. In addition, the UHB is expecting an increase in GMS expenditure in Month 12 relating to the correction of the global sum figure for 2025/26, as outlined in the Welsh Government letter dated 10 March 2026.

The UHB financial plan has been established at a Clinical Board level with each Board working towards an agreed control total based on the following:

- Underlying Deficit b/f to 2025-26
- Cost Growth
- Demand/Volume Growth
- Commissioning pressures
- Allocation of 1.77% Welsh Government Uplift against assessed Growth and Pressures
- Quality Improvement Programmes (savings)

Executive Performance Reviews with the UHB's Clinical Boards focus on proactively identifying and addressing emerging planning and operational pressures. At the same time, the UHB remains committed to tracking progress against savings plans and pursuing further improvement opportunities through weekly Senior Leadership Team meetings and dedicated financial summits, aimed at reducing risk within the draft financial plan.

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals. Further measures were approved to arrest and recover the financial run rate and the UHB's saving tracker is now reporting a £0.674m on year surplus of green and amber schemes against the £32m in year target.

As previously outlined, the following additional actions have been identified to halt and recover the deteriorating operational position across all delegated budgets:

- Board-approved vacancy freeze from 1 August.
- Continuation of the enhanced centralised vacancy scrutiny process, which has been in place for over 10 months and has stabilised

workforce growth, delivering a reduction of 326 whole-time equivalents since the start of the financial year.
- Only utilising additional winter capacity if absolutely necessary - plan agreed and in place.

All controls need to remain in place to deliver both the in-year position and close the recurrent gap.

Table B2 – Movements from Opening Expenditure Plan

Following submission of the draft financial plan, the UHB has reviewed and reassessed its resource limit assumptions, as outlined in Table 4 below. The main change relates to the June and November 2025 non-cash return for depreciation and impairments. In addition, there are £16.7m of additional costs arising from changes in Employer NI rates and threshold values, alongside confirmation of DPIF programme funding, additional planned care funding, the impact of the Real Living Wage increase on Bands 2 and 3, and the pay awards implemented in August 2025.

Table 4 – Additional Resource Limit adjustments since initial plan (Confirmed and Anticipated)

Additional Resource Limit Allocations	£'000s
Depreciation, Impairments and IFRS12	73,497
PAY AWARD 2025_26 CONFIRMED	38,312
Planned Care	21,016
Employers NI increase	16,697
Health & Social Worker Band 2 & 3 Estimate tbc	5,725
2025-26 GMS Pay and Expenses Agreement	5,470
Digital Priority Investment Fund	3,775
NCL	2,407
2025_26 Dental Pay Uplift of 4%	1,538
Hospice At Home Funding	1,029
2025_26 Pharmacy Pay Uplift of 4%	973
PLANNED CARE - PHASE 3 - OUTPATIENTS - SOUTH WALES PROCUREMENT	826
Planned Care Transformation Fund	699
CAMHS In-Reach Funding	622
Genomics (C&V / JCC)	578
VPAG	564
Immunisation Programme Changes	548
Individual Placement & Support in Primary Care	440
GP IM&T Refresh Programme	408
New Medical Training Posts 2017 to 2024	356
ESMCP CRS MDVS ARRP	347
WOMEN'S HEALTH - Pathfinder Establishment (Women's Health Hubs)	300
Consultant Clinical Excellence Award / Consultant Impact Award	253
Optometry Pay Uplift	240
GMS Global Sum/PSP List Adjustment	210
Short Breaks for Carers	172
Neighbourhood District Nursing	137
VT LTA Adjustment -Historic Pay Award 2025-26	110
Dementia Action Plan	100
All Wales Pharmacogentics Post	96
Climate Emergency National Programme	90
VSM PAY AWARD	74
DoLS / MCA / Advocacy (MH)	64
2025-26 GMS DIispensing/PADMS Uplift	61
Save a Life Cymru (JCC)	61
CLIMATE FOCUSSED SPREAD AND SCALE ACADEMY	53
Children's Speech, Language and Communication (SLC)	44
Consultant Allied Health for Dementia	30
REMOVAL OF IFRS-16 LEASES (REVENUE)	30
DEL NON CASH DEPRECIATION - IFRS 16 LEASES	19
All Wales International Recruitment	7
Learning Disabilities Policy	(4)
A2A Sanctuary	(28)
ESMCP WAST RESOURCES	(38)
Shingles Vaccination Programme (GMS & HCHS)	(85)
AME NON CASH DEPRECIATION - IFRS 16 LEASES (PEPPERCORN)	(85)
JCC English Contracting Income	(110)
MOD St Athan Funding LAZURITE team additional reception site for EPs	(281)
Welsh Risk Pool	(343)
Invest to Save	(347)
INDIVIDUAL´┐¢PLACEMENT´┐¢& SUPPORT IN PRIMARY CARE	(400)
Removal of Donated Assets / Government Grant Receipts	(521)
Real Living Wage (RLW) Social Care	(2,513)
Pay award funding 2024-25	(14,817)
Total Movement in assumed Resource Limit following MDS Submission £'000s	**158,407**

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.460m in month.

Agency Costs have reduced from an monthly average of £0.480m in 2024/25 to £0.425m in 2025/26 as a result of enabling actions taken to manage down UHB agency usage.

The UHB recorded expenditure on Additional Clinical Services, Administrative and Clerical and Estates categories in February as follows:

- Additional Clinical Services - £0.039m – Providing specialist cover for high-acuity patients, primarily within Mental Health services.
- - £ 0.030m – mostly clinical coders.
- Estates -£0.001m – miscoded maintenance invoices to be corrected in month 11.

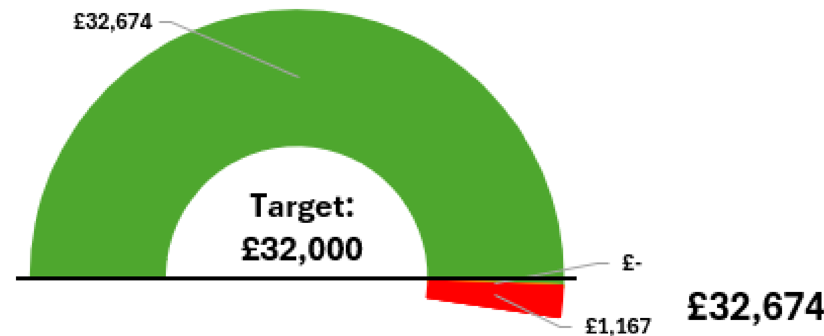
Savings Programme 2025-26 (TABLE C, C1, C2, C3 & C4)

The forecast delivery against green schemes is £32.674m at month11, which is 102.2% of the £32m savings target.

Further action is required to meet the recurrent target and the UHB continues to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate ongoing risks on a recurrent basis. The shortfall in recurrent savings, combined with operational pressures experienced during the year, is projected to increase the underlying deficit by approximately £12.3m if further recurrent schemes are not identified in the final month of the year.

Red schemes of £1.167m are identified and continue to be reviewed for progression to Green/Amber where possible. These schemes are unlikely to produce material savings in the final month of the year.
The reported surplus of £0.591m against the £32.0m savings target is helping to offset ongoing operational pressures. Graph 1 below outlines progress in the identification of Savings Schemes.

Graph 1 – Progress in the Identification of Savings Schemes



Under Welsh Government MMR rules, amber schemes that do not transition to green within three months must be removed from the Table C3 tracker. At month 11, a total of 27 amber schemes continue to be reported in Table C3 to maintain consistency with the opening plan. At present, none of these schemes are forecast to deliver any savings in 2025/26.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

INCOME ASSUMPTIONS 2025/26 (TABLE E)

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

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

The UHB assumes that additional resources will be provided as part of the in-year settlement for Band 2 and 3 Health and Social Care Workers. This unconfirmed resource limit adjustment is reflected in Table E. The assumed allocation of £5.759m is an estimate at this stage and will be confirmed following processing of payroll data.

Anticipated allocations for Planned Care initiatives will be reviewed and re-assessed following the return of the Month 11 Planned Care Recovery Template.

The UHB is currently gathering information to validate Planned Care HBS Insourcing Diagnostic activity. The current financial forecast assumes that funding will cover all associated costs, with confirmation expected in due course. This work is being undertaken internally because HBS has not provided patient-level activity data, as required by the SOP issued by Welsh Government for this tariff-based funding stream. Although this has been challenging, progress is being made within certain diagnostic groups.

The UHBs confirmed Revenue Resource Limit as of March 4th, 2026, was £1,566.4m with a further £22.0m of assumed allocations as detailed at Table 5 below:

Table 5 – Unconfirmed in year Resource Limit Allocations anticipated on 28th February 2026

Unconfirmed Resource Limit Allocations as of 28th February 2025	Resource Limit £'000s	Cash Limit £'000s
DEL Non Cash Depreciation - Accelerated	724	
DEL Non Cash Depreciation - Impairment	1,321	
DEL Non Cash Depreciation - IFRS 16 Leases	254	
AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)	(16)	
Removal of IFRS-16 Leases (Revenue)	(3,743)	(3,743)
Health & Social Worker Band 2 & 3 Estimate tbc	5,725	5,725
PLANNED CARE - PHASE 3 - OUTPATIENTS - SOUTH WALES PROCUREMENT	3,011	3,011
PLANNED CARE - PHASE 5 - 104 WEEK WAITSPHASE 5 PLAN	2,842	2,842
PLANNED CARE - PHASE 4 - DIAGNOSTICS - 8 WEEK DIAGNOSTICS	2,134	2,134
PLANNED CARE - PHASE 3 - OUTPATIENTS - LOCAL 50K PLAN	1,860	1,860
PLANNED CARE - PHASE 2 - CATARACTS - CATARACTS	998	998
PLANNED CARE - PHASE 3 - OUTPATIENTS - DERMATOLOGY MOPS	744	744
PLANNED CARE - PHASE 3 - OUTPATIENTS - OVERHEAD/PATIENT TRANSPORT	270	270
PLANNED CARE - PHASE 3 - OUTPATIENTS - MOS PROCEDURE AND DECONTAMINATION	240	240
PLANNED CARE - PHASE 4 - DIAGNOSTICS - ENDOSCOPY ADMIN COSTS	40	40
PLANNED CARE DIAGNOSTIC 8 WEEK WAITS	33	33
PLANNED CARE - PHASE 4 - DIAGNOSTICS - PLAIN FILM - ORTHOPAEDICS	15	15
PLANNED CARE - PHASE 4 - DIAGNOSTICS - PLAIN FILM - ORAL SURGERY	7	7
Vertex (JCC)	1,910	1,910
ATMPs (JCC)	1,388	1,388
Consultant Clinical Excellence Award / Consultant Impact Award	1,001	1,001
Women's Health - Pathfinder Establishment (Women's Health Hubs)	268	268
Dols / MCA / Advocacy (MH)	233	233
Planned Care Transformation Fund	226	226
Planned Care Transformation Fund	28	28
Buvidal - HMP Cardiff Costs	175	175
Genomics (C&V / JCC	145	145
VSM PAY AWARD	74	74
CLIMATE FOCUSSED SPREAD AND SCALE ACADEMY	53	53
Strategic Cash Support		47,133
Revenue Working Balances Request		7,000
Total Anticipated Funding	21,958	73,808

In addition to the resource limit adjustments the UHB is current assuming the following drawing limit only adjustments:

- Strategic Cash Support £47.133 (£56.233m less £9.100m confirmed)
- Revenue Working Balances request £7.0m
- Capital Working Balances request £10.0m

The level of unconfirmed allocation (£22.0m) will present a cash management risk to the UHB if it remains outstanding into the second half of March.

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of February was £11.012m.

The increase in the carrying value of Cash balances at Month 11 reflects the timing of creditor payment runs at the end of the month.

The outstanding confirmation of cash allocations is a cause for concern for the UHB alongside its strategic and working cash requirement. As outlined in Table 6, the current assessment indicates a potential cash shortfall of £86.1m at year-end, prior to the drawdown of outstanding cash allocations, working capital and strategic support from Welsh Government.

Table 6 – Summary of Potential Cash Shortfall at Year End

Summary of Potential Cash Shortfall at Year End	£'000s
Outstanding allocations (includes additional band 2 &3 payroll costs)	23,418
Strategic Support	47,133
Working capital requirement prior year liabilities paid in 2025-26 - Revenue	7,000
Working capital requirement prior year liabilities paid in 2025-26 - Capital	10,000
Total £'000s	**87,551**

The UHB acknowledges receipt of the Welsh Government letter dated 29 January 2026 regarding the provision of Strategic Cash Support for 2025–26. It is noted that the funding will be available for drawdown from 17 March 2026, following completion of the Senedd supplementary budget process and that this approach ensures that the level of support released aligns with the actual cash requirement rather than the forecast position.

The working capital cash request is estimated at £17m and the UHB will continue to review the movement in its working balances cash for Capital and Revenue in the final month of the year.

BALANCE SHEET (TABLE F)

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

The reduction in Property, plant & equipment is predominately a result of the posting of DV - Revaluation impairments in month. These are partially offset by capital purchases combined with the impact of monthly depreciation charges.

The carrying value of Trade and Other receivables is in line with the Month 10 reported figures. The movement in the amounts disclosed as Current and Non-Current is the result of a reclassification of WRP payment amounts and dates.

The increase in the carrying value of Trade and Other Payables is predominately a result of the timing of the payments of debts. The movement in the amounts disclosed as Current and Non-Current Provisions reflects a reclassification of the WRP payment amounts and dates.

The forecast balance sheet reflects the University Health Board's latest non-cash estimates and anticipated capital funding.

It also accounts for the 2024/25 capital programme being heavily weighted towards Month 12, resulting in a high level of capital creditors carried forward into 2025/26. In response to an audit risk query, efforts are underway to complete capital works earlier in the financial year, with a forecast reduction in capital creditor levels (c.£10m). Movements in other accruals—totaling around £6 million across various areas of the UHB, have also been incorporated. Additionally, the successful resolution of an ongoing claim has enabled the forecasted release of a £1 million provision. These Statement of Financial Position (SoFP) changes are reflected in the accompanying cash working capital requirements in Table E.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the 30 day target of 95%. Performance for the month to the end of February was 96.3%.

Performance for the month to the end of February for NHS invoices was 81.60%. The UHB acknowledges the opportunity to further improve this measure and is working internally and with NWSSP to enhance the score.

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

Of the UHB's approved Capital Resource Limit, 40% has been expended to date. Despite significant planned expenditure in Month 12, all projects are still expected to be delivered in line with the CRL.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 3rd March 2026 - £62.516m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 28th of February 2026 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than

17 weeks. 8 invoices between 11 and 17 weeks were outstanding. 3 of the invoices have since been paid, 1 has been cancelled and a further 2 have been validated for payment. Payment of the remaining 2 invoices is being pursued.

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure at quarter 3 is reported on tables N & O. Forecast additional expenditure relating to 2025/26 GMS and Dental settlements which were confirmed in December will be reviewed for the month 12 quarterly update.

RINGFENCED ALLOCATIONS (TABLE P)

Expenditure against Ringfenced Allocations is forecast broadly in line with allocations.

IFRS 16 (TABLE Q)

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

The CAME dilapidations figure of £0.595m in Table Q reflects the amount included in the November 2025 IFRS16 return.

OTHER ISSUES

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

CONCLUSION

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

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB currently has a draft financial plan for 2025-26 which aims to deliver financial stability and ensure that the underlying position is maintained. The plan includes a revised savings target of £32.0m.

- the reported year to date position is an overspend of £51.642m and a forecast deficit of £56.2m.
- At Month 11, the operational overspend against plan is £0.712m, partially offset by a year-to-date surplus of (£0.617m) against the savings target.
- £32.674.m (102.2%) of green schemes are identified at Month 11 against the £32m in year savings target.
- Delivery of the forecast is contingent on the confirmation of all expected income streams.
- There is a potential £87.5m cash shortfall at year end prior to confirmation of outstanding cash allocations and strategic support by Welsh Government.
- The underlying deficit moving into 2026/27 is currently assessed at £68.5m which is 12.3m higher that the 2025/26 forecast outturn of £56.2m. This is currently a focus of review and scrutiny.

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PAUL BOSTOCK ON BEHALF OF SUZANNE RANKIN, CHIEF EXECUTIVE

12th March 2026

……………………………………..
CATHERINE PHILLIPS EXECUTIVE DIRECTOR OF FINANCE

12th March 2026

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

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-59,900	0	-59,900	-59,900
2	Cost Pressures (Negative Value)	-51,100	0	-51,100	-51,100
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	20,297	0	20,297	20,297
4	Other Income Uplift / (Reduction)	2,471	0	2,471	2,471
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	22,185	7,272	14,912	20,891
7	Planned (Finalised) Net Income Generation	2,063	418	1,645	2,150
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	7,751	0	7,751	8,959
12	**Opening IMTP / Annual Operating Plan**	**-56,233**	**7,690**	**-63,924**	**-56,232**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-7,751	0	-7,751	-8,959
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	407	744	-337	-217
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,652	-304	-4,347	-5,585
17	Additional In Year Identified Savings - Forecast	11,038	5,556	5,483	9,217
18	Variance to Planned RRL	-1	-1		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0	0	0
20	In Year Accountancy Gains	1,632	1,632	0	0
21	Unplanned Spend Reductions	10,295	10,295	0	0
22	Unplanned Cost Pressures	-10,969	-10,097	-872	-6,772
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26	Planned Expenditure - Timing, Profiling and Confirmation	0	0	0	0
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**-56,233**	**15,515**	**-71,748**	**-68,548**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-4,992	-54,908	-59,900
2	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-4,258	-46,842	-51,100
3	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	1,691	18,606	20,297
4	206	206	206	206	206	206	206	206	206	206	206	206	2,265	2,471
5	1,432	853	391	14	135	39	-396	-266	-367	-435	-422	-977	977	0
6	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	19,446	22,185
7	54	71	133	190	175	190	201	216	201	216	201	216	1,847	2,063
8													0	0
9													0	0
10													0	0
11		523	1,023	689	689	689	689	689	689	689	689	689	7,062	7,751
12	**-4,853**	**-4,853**	**-4,353**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,686**	**-4,687**	**-51,547**	**-56,233**
13	0	-523	-1,023	-689	-689	-689	-689	-689	-689	-689	-689	-689	-7,062	-7,751
14													0	0
15	0	8	4	115	-26	80	-15	-77	-51	-11	-38	418	-10	407
16	0	0	-204	-808	-392	-165	-521	-427	-545	-582	-601	-406	-4,246	-4,652
17	0	259	650	1,609	704	803	1,144	1,111	1,051	1,119	1,121	1,469	9,569	11,038
18			-489	-1,012	726	395	-192	82	232	751	297	-791	790	-1
19	2,589	3,002	-7,155	-521	-521	-521	3,128						0	0
20	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632
21	189	3,015	296	804	521	1,446	-1,717	512	1,423	1,074	907	1,824	8,471	10,295
22	0	-2,133	-117	-894	-2,273	-1,727	-227	-417	224	-1,137	-540	-1,728	-9,241	-10,969
23	0	523	-523	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	2,066	-2,067	0	0	0	0	0	0	0	0	0	0	0
26	-4,021	-7,167	11,189										0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**-6,096**	**-5,803**	**-3,317**	**-5,956**	**-6,637**	**-4,034**	**-3,776**	**-4,591**	**-3,041**	**-4,161**	**-4,230**	**-4,590**	**-51,643**	**-56,233**

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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 / *YTD variance as %age of YTD*	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	8,941	10,103		0	430			
2		Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,189	1,160	1,263	10,268	11,531	89.05%	11,531	0	4,408	7,123	12,530
3		Variance	0	76	237	161	238	137	227	184	42	29	(2)	101	1,327	1,428	*14.84%*	11,531	-430			
4	Non-Pay	Budget/Plan	437	342	558	766	471	514	795	648	535	535	535	1,075	6,136	7,211		6,050	1,161			
5		Actual/F'cast	437	506	806	977	544	722	928	887	672	695	643	1,605	7,817	9,421	82.97%	9,421	0	5,887	3,534	4,359
6		Variance	0	164	247	211	72	208	134	239	137	160	108	530	1,680	2,210	*27.38%*	3,371	-1,161			
7	Primary Care - Drugs & Appliances	Budget/Plan	73	73	73	87	87	87	97	97	97	111	111	111	995	1,107		1,107	0			
8		Actual/F'cast	73	73	73	687	87	175	395	395	460	494	564	565	3,476	4,041	86.03%	4,041	0	667	3,374	5,436
9		Variance	0	0	0	600	0	88	298	298	363	382	452	453	2,481	2,934	*249.25%*	2,934	0			
10	Secondary Care Drugs	Budget/Plan	49	82	85	85	85	85	87	87	87	87	87	87	905	992		992	0			
11		Actual/F'cast	49	100	103	108	190	176	186	189	189	191	188	205	1,668	1,873	89.06%	1,873	0	441	1,432	1,549
12		Variance	0	18	18	23	105	90	99	103	103	104	101	118	763	881	*84.27%*	881	0			
13	CHC/FNC	Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	2,185	2,458		1,546	912			
14		Actual/F'cast	59	59	86	(23)	66	334	126	126	126	126	126	126	1,210	1,336	90.59%	1,336	0	1,120	216	216
15		Variance	0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(974)	(1,122)	*(44.60%)*	-210	-912			
16	Primary Care Contractor	Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	91	103		103	0			
17		Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	21	134	155	86.61%	155	0	0	155	220
18		Variance	0	0	0	0	0	0	9	9	9	9	9	9	43	52	*47.63%*	52	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	28	30		30	0			
20		Actual/F'cast	3	3	3	3	3	3	6	3	3	3	3	3	31	34	92.64%	34	0	0	34	34
21		Variance	0	0	0	0	0	0	4	0	0	0	0	0	4	4	*14.36%*	4	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	15	15	15	15	15	15	15	15	15	15	15	15	165	180		180	0			
26		Actual/F'cast	15	15	15	15	15	15	15	15	15	15	15	15	165	180	91.67%	180	0	0	180	180
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	19,446	22,185		10,008	0			
35		Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,718	3,801	24,770	28,571	92.64%	28,571	0	12,524	16,048	24,523
36		Variance	0	258	446	802	312	637	622	684	506	537	520	1,063	5,324	6,387	*14.36%*	18,563	0			
37		Variance in month	0.00%	24.52%	30.69%	45.21%	18.70%	36.46%	28.66%	33.75%	23.59%	24.44%	23.65%	38.82%	27.38%							
38		In month achievement against FY forecast	3.55%	4.59%	6.65%	9.01%	6.93%	8.35%	9.78%	9.49%	9.27%	9.57%	9.51%	13.30%								

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1		Budget/Plan	314	347	427	488	677	662	740	742	972	1,011	1,012	1,012	7,391	8,403	0	180			
2	Pay - General & Substantive	Actual/F'cast	314	422	668	674	937	811	920	885	965	1,006	975	1,019	8,579	9,598	9,598	0	2,671	6,927	12,063
3		Variance	0	76	241	186	261	149	180	143	(7)	(5)	(37)	6	1,188	1,194	9597.649427	(180)			
4		Budget/Plan	32	100	117	117	117	117	117	117	117	117	117	117	1,183	1,300	0	250			
5	Pay - Variable	Actual/F'cast	32	100	112	92	94	105	164	158	165	150	151	211	1,322	1,533	1,533	0	1,337	196	467
6		Variance	0	0	(4)	(25)	(23)	(12)	47	41	48	33	34	94	139	233	1,533	(250)			
7		Budget/Plan	33	33	33	33	33	33	33	33	33	33	33	33	367	400	0	0			
8	Pay - Agency	Actual/F'cast	33	33	33	33	33	33	33	33	33	33	33	33	367	400	400	0	400	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	400	0			
10		Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	8,941	10,103	0	430			
11	Total	Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,189	1,160	1,263	10,268	11,531	11,531	0	4,408	7,123	12,530
12		Variance	0	76	237	161	238	137	227	184	42	29	(2)	101	1,327	1,428	11,531	(430)			

Table C2- V&S Saving Categories

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1		Budget/Plan	379	480	577	639	827	812	890	892	1,122	1,161	1,162	1,162	8,941	10,103
2	Workforce	Actual/F'cast	379	556	814	799	1,065	949	1,117	1,076	1,163	1,215	1,160	1,263	10,293	11,556
3		Variance	0	76	237	161	238	137	227	184	42	54	(2)	101	1,352	1,453
4		Budget/Plan	122	134	138	153	153	153	164	164	164	178	178	178	1,703	1,881
5	Medicines Management	Actual/F'cast	122	153	156	782	264	337	578	582	647	682	749	767	5,053	5,820
6		Variance	0	18	18	629	111	185	414	418	483	504	571	589	3,350	3,939
7		Budget/Plan	454	379	571	778	484	527	807	660	547	547	547	1,087	6,302	7,389
8	Procurement & Non-pay	Actual/F'cast	454	544	793	974	541	719	919	873	659	657	629	1,591	7,763	9,354
9		Variance	0	164	222	196	57	193	112	213	112	109	82	504	1,461	1,965
10		Budget/Plan	59	59	142	170	170	220	273	273	273	273	273	273	2,185	2,458
11	CHC	Actual/F'cast	59	59	86	(23)	66	334	126	126	126	126	126	126	1,210	1,336
12		Variance	0	0	(56)	(192)	(104)	114	(147)	(147)	(147)	(147)	(147)	(147)	(974)	(1,122)
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Pathway	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16		Budget/Plan	0	0	25	25	25	25	25	25	25	25	25	25	225	250
17	Other - Commissioning	Actual/F'cast	0	0	50	33	33	33	33	33	33	33	33	33	317	350
18		Variance	0	0	25	8	8	8	8	8	8	8	8	8	92	100
19		Budget/Plan	0	0	0	9	10	12	12	12	12	12	12	12	91	103
20	Other - Primary Care	Actual/F'cast	0	0	0	9	10	12	21	21	21	21	21	21	134	155
21		Variance	0	0	0	0	0	0	9	9	9	9	9	9	43	52
22		Budget/Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	19,446	22,185
23	Total	Actual/F'cast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,718	3,801	24,770	28,571
24		Variance	0	258	446	802	312	637	622	684	506	537	520	1,063	5,324	6,387

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Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	1,014	1,053	1,453	1,773	1,667	1,748	2,172	2,027	2,144	2,197	2,198	2,738	19,446	22,185	7,272	14,912	5,979	20,891
	Month 1 - Actual/Forecast	1,014	1,052	1,250	965	1,275	1,582	1,650	1,601	1,598	1,615	1,597	2,332	15,201	17,533	6,968	10,565	4,741	15,306
	Variance	0	(0)	(204)	(808)	(392)	(165)	(521)	(427)	(545)	(582)	(601)	(406)	(4,246)	(4,652)	(304)	(4,347)	(1,237)	(5,585)
	In Year - Plan	539	444	839	1,490	720	876	1,344	1,257	1,210	1,308	1,173	1,612	11,201	12,813	6,249	6,564	3,576	10,140
	In Year - Actual/Forecast	0	259	650	1,609	704	803	1,144	1,111	1,051	1,119	1,121	1,469	9,569	11,038	5,556	5,483	3,734	9,217
	Variance	(539)	(186)	(190)	120	(16)	(74)	(200)	(146)	(159)	(189)	(52)	(143)	(1,632)	(1,775)	(694)	(1,081)	158	(923)
	Total Plan	1,554	1,497	2,292	3,263	2,388	2,624	3,516	3,284	3,354	3,505	3,371	4,350	30,648	34,998	13,522	21,476	9,555	31,031
	Total Actual/Forecast	1,014	1,311	1,899	2,575	1,979	2,385	2,794	2,712	2,649	2,734	2,718	3,801	24,770	28,571	12,524	16,048	8,476	24,523
	Total Variance	(539)	(186)	(393)	(688)	(409)	(239)	(721)	(573)	(704)	(771)	(653)	(549)	(5,878)	(6,426)	(998)	(5,428)	(1,079)	(6,508)
Net Income Generation	Month 1 - Plan	54	71	133	190	175	190	201	216	201	216	201	216	1,847	2,063	418	1,645	505	2,150
	Month 1 - Actual/Forecast	54	71	83	72	109	128	88	103	108	146	110	205	1,072	1,277	358	919	571	1,490
	Variance	0	0	(50)	(118)	(66)	(62)	(113)	(112)	(93)	(70)	(91)	(11)	(775)	(786)	(60)	(726)	66	(660)
	In Year - Plan	102	110	64	133	40	142	88	37	45	258	56	235	1,073	1,308	906	402	114	516
	In Year - Actual/Forecast	0	8	54	233	40	142	97	36	43	59	53	428	765	1,193	805	389	49	438
	Variance	(102)	(102)	(10)	100	(0)	0	10	(1)	(2)	(199)	(3)	194	(308)	(115)	(101)	(13)	(65)	(78)
	Total Plan	155	181	198	323	215	332	289	253	245	474	257	451	2,920	3,371	1,324	2,047	619	2,666
	Total Actual/Forecast	54	79	138	305	149	270	186	139	150	205	162	633	1,837	2,470	1,162	1,308	620	1,928
	Total Variance	(102)	(102)	(60)	(18)	(66)	(62)	(103)	(114)	(95)	(269)	(94)	183	(1,084)	(901)	(162)	(739)	1	(738)
Accountancy Gains	In Year - Plan	0	0	474	0	0	1,032	0	0	0	0	0	0	1,506	1,506	1,506	0	0	0
	In Year - Actual/Forecast	0	0	474	126	0	1,032	0	0	0	0	0	0	1,632	1,632	1,632	0	0	0
	Variance	0	0	0	126	0	0	0	0	0	0	0	0	126	126	126	0	0	0
Total	Month 1 - Plan	1,068	1,124	1,586	1,963	1,842	1,938	2,373	2,243	2,345	2,413	2,399	2,954	21,294	24,248	7,690	16,557	6,484	23,041
	Month 1 - Actual/Forecast	1,068	1,123	1,333	1,037	1,384	1,711	1,739	1,704	1,706	1,760	1,707	2,537	16,273	18,810	7,326	11,484	5,312	16,796
	Variance	0	(0)	(254)	(926)	(458)	(227)	(634)	(539)	(638)	(652)	(692)	(417)	(5,021)	(5,438)	(365)	(5,073)	(1,172)	(6,245)
	In Year - Plan	641	554	1,378	1,622	760	2,050	1,432	1,294	1,255	1,566	1,229	1,846	13,781	15,627	8,661	6,966	3,690	10,656
	In Year - Actual/Forecast	0	267	1,178	1,969	744	1,976	1,241	1,147	1,094	1,178	1,174	1,897	11,966	13,864	7,992	5,871	3,784	9,655
	Variance	(641)	(287)	(200)	346	(16)	(74)	(191)	(148)	(161)	(388)	(55)	51	(1,814)	(1,763)	(669)	(1,094)	93	(1,001)
	Total Plan	1,709	1,678	2,964	3,586	2,602	3,988	3,804	3,538	3,599	3,979	3,628	4,800	35,074	39,875	16,352	23,523	10,174	33,697
	Total Actual/Forecast	1,068	1,390	2,511	3,006	2,128	3,687	2,980	2,851	2,800	2,938	2,880	4,435	28,239	32,674	15,318	17,356	9,096	26,451
	Total Variance	(641)	(288)	(453)	(580)	(474)	(301)	(824)	(687)	(800)	(1,040)	(747)	(366)	(6,835)	(7,201)	(1,034)	(6,167)	(1,079)	(7,246)

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	3,430	3,564	0	6,994	676	0
Scheduled Care	4,099	3,089	0	7,188	217	0
Unscheduled Care	10	125	0	135	0	0
Mental Health	764	911	0	1,675	0	0
Community Services	1,010	339	0	1,349	0	0
Primary Care	213	2,803	0	3,015	0	0
Commissioned Services - CHC	0	610	0	610	0	0
Commissioned Services - Specialised Services	0	1,212	0	1,212	414	0
Other Commissioned Services	0	0	0	0	0	0
Clinical Support	1,401	2,073	0	3,474	666	600
Non Clinical Support	34	0	0	34	0	0
Executive / Corporate Areas	544	2,050	0	2,595	496	1,032
Total	**11,506**	**16,775**	**0**	**28,281**	**2,470**	**1,632**