

Planning, Performance & Finance Committee

Tue 25 October 2022, 14:00 - 16:30

Virtual Via Teams



Agenda

14:00 - 14:00
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

For Noting

1.3. Declarations of Interest

Chair

For Noting

14:00 - 14:00
0 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 23 August 2022

Chair

For Approval

2.1.1 Unconfirmed Minutes 23.8.22 PPF Committee 26 October 2022.pdf (14 pages)

2.1.2. Unconfirmed In Committee Minutes of the Meeting held on 23 August 2022

Chair

For Approval

2.1.2 Unconfirmed In Committee Minutes 23.8.22 PPFC 25 October 2022.pdf (2 pages)

2.1.3. Unconfirmed Extra Ordinary In Committee Minutes of the Meeting held on 20 September

Chair

For Approval

2.1.3 Unconfirmed Minutes of the Extra Ordinary PPF In Committee 20.9.22 PPF Committee 25 October 2022.pdf (2 pages)

2.1.4. Business Continuity & Emergency Preparedness Response & Recovery Policy

Director of Strategy & Transformation

For Approval

2.1.4 EPRR Policy Cover Report PPF Committee 25 October 2022.pdf (3 pages)

 2.1.4a Draft 2022 EPPR Policy PPF Committee 25 October 2022.pdf (17 pages)

2.1.5. Committee Self Effectiveness Survey Outcome and Action Plan

Director of Governance

For Approval

 2.1.5 Outcome of Committee Self Effectiveness Survey PPF Committee 25.10.2022 Final Draft.pdf (5 pages)

 2.1.5a CTM IM Scrutiny Toolkitv7(inc all-Wales additions) APPROVED 23.2.22.pdf (21 pages)

2.2. Items for Noting


2.2.1. Month 5 & 6 Monitoring Returns to Welsh Government

Director of Finance


For Noting


 2.2.1a M5 Monitoring Returns PPF Committee 25 october 2022.pdf (4 pages)

 2.2.1b Month 5 - CTM ULHB - Monitoring Tables 2022-23 PPF Committee 25 October 2022.pdf (4 pages)

 2.2.1c Annex A - Monitoring Return Narrative M05-23.pdf (21 pages)

 2.2.1d M6 Monitoring Returns PPF Committee 25 October 2022.pdf (4 pages)

 2.2.1e Month 6 - CTM ULHB - Monitoring Tables 2022-23 PPF Committee 25 October 2022.pdf (4 pages)

 2.2.1f Annex A - Monitoring Return Narrative M06-23.pdf (21 pages)

2.2.2. Action Log

Chair

For Noting

 2.2.2 Action Log PPF Committee 25 October 2022 v1.pdf (15 pages)

14:00 - 14:00 3. MAIN AGENDA

0 min

3.1. Matters Arising Not Previously Considered on the Action Log

Chair

14:00 - 14:00 4. GOVERNANCE

0 min

4.1. Organisational Risk Register

Director of Governance

For Discussion/Review

 4.1a -Organisational Risk Register Sept 2022 - PPF October 22 Cover Paper.pdf (4 pages)

 4.1b - Master Organisational Risk Register September 22 - PPF Committee Oct 22.pdf (2 pages)

14:00 - 14:00 5. IMPROVING CARE

0 min

5.1. Delivery of Planned Care Recovery Programme

Chief Operating Officer

For Discussion/Review

 5.1 Planned Care Recovery PPF Committee 25 October 2022.pdf (7 pages)

5.2. Delivery of Six Goals for Emergency Care - Presentation

Chief Operating Officer

For Discussion/Review

 5.2 Presentation 6 Goals UEC Programme PPF Committee 25 October 2022.pdf (9 pages)

5.3. Integrated Performance Dashboard

Executive Directors

For Discussion/Review

 5.3 Integrated Performance Dashboard PPF Committee 25 October 2022.pdf (36 pages)


5.4. Annual Plan 2022-23 Progress Report

Director of Strategy & Transformation


For Discussion/Review


 5.4 Annual Plan 2022-23 PPF Committee 25 October 2022.pdf (5 pages)

 5.4.1 Appendix 1 20220914 CTMUHB Weight Management Programme Report 2022-2023.pdf (45 pages)


 5.4.2 Appendix 2 - NHS Performance Framework - 2022-2023 - Qualitative Reporting - Template - Smoking Cessation.pdf (6 pages)


 5.4.3 Appendix 3 - Schools in reach Proforma CTM August 2022.pdf (9 pages)

 5.4.4 Appendix 4 NHS Performance Framework - 2022-2023 - Qualitative Reporting - Template - Dementia Care and Access.pdf (13 pages)

 5.4.5 Appendix 5 Learning Disabilities Improving Lives Programme 1st April 2022 to 31st August 2022 Reporting.pdf (9 pages)

 5.4.6 Appendix 6 - 2022-23 Q2 Qualitative Reporting Decarbonisation Action Plan CTMUHB - FINAL.pdf (7 pages)

 5.4.7 Appendix 7 NHS Performance Framework - 2022-2023 - Qualitative Reporting - Template.._ (003).pdf (4 pages)

 5.4.8 Appendix 8 NHS Performance Framework - Apr-Aug 2022-2023 - Qualitative Reporting - - Value Based Health and Care.pdf (8 pages)

5.5. Integrated Medium Term Plan (IMTP) 2023-2026

Director of Strategy & Transformation

For Discussion/Review

 5.5 IMTP 2023-26 Planning Cycle PPF Committee 25 October 2022.pdf (5 pages)

5.6. Stroke Action Plan Progress Report

Director of Therapies & Health Sciences

For Discussion/Review

 5.6 Stroke Services Progress Report PPF Committee 25 October 2022.pdf (19 pages)

5.7. Bridgend Transition Progress Report

Director of Strategy & Transformation

For Discussion/Noting

 5.7 Bridgend Transition Update PPF Committee 25 October 2022.pdf (5 pages)

 5.7.1 Appendix 1 Bridgend Transition PPF Committee 25 October 2022.pdf (1 pages)

14:00 - 14:00
0 min

6. SUSTAINING OUR FUTURE

6.1. Month 6 Finance Report

Director of Finance

For Discussion/Review

14:00 - 14:00
0 min


7. OTHER MATTERS

7.1. Committee Highlight Report to Board

Chair

7.2. Committee Forward Plan

Chair

 7.2 Forward Work Plan PPF Committee 25 October 2022.pdf (2 pages)

7.3. Any Other Urgent Business

Chair

7.4. How Did We Do Today?

Chair

7.5. Date and Time of Next Meeting

Chair

20th December 2022 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON
23 AUGUST 2022, AS A VIRTUAL MEETING WHICH WAS HELD
VIA MICROSOFT TEAMS**

PRESENT

Mel Jehu	-	Independent Member (Chair)
Nicola Milligan	-	Independent Member
Carolyn Donoghue	-	Independent Member
Ian Wells	-	Independent Member
Patsy Roseblade	-	Independent Member

IN ATTENDANCE

Linda Prosser	-	Executive Director of Strategy & Transformation
Sally May	-	Executive Director of Finance & Procurement
Gethin Hughes	-	Chief Operating Officer
Stuart Morris	-	Director of Digital
Elizabeth Beadle	-	Assistant Director of Transformation, Strategic and Operational Planning
Cally Hamblyn	-	Assistant Director of Governance and Risk
Paul Dalton	-	Internal Audit and Assurance
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Stuart Morris, Director of Digital and Elizabeth Beadle, Assistant Director of Transformation, Strategic & Operational Planning.

1.2.0 APOLOGIES FOR ABSENCE

Apologies were received from Georgina Galletly, Director of Corporate Governance and Wendy Penrhyn-Jones, Head of Corporate Governance and Board Business.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 28 JUNE 2022

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.1.2 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 28 JUNE 2022

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.1.3 TRANSPORT, TRAVEL AND CAR PARKING POLICY

A query was raised in advance of the meeting in relation to the following typographical errors:

- Page 24 of 28 refers to the Integrated Locality Groups – this will need to be changes in light of the new structure. This has now been amended to 'the organisation'.
- Page 6 of 28, paragraph 2.3, third line should read as 'the' and not 'he'. This has been amended.
- Page 19 of 28, third paragraph from the bottom of the page ends with a question mark and should be a full stop. This has been amended.
- Page 21 of 28 – second table, first line should read as 'Ensuring' and not 'Ensure'.

P. Roseblade referred to the Policy and advised that whilst it referred to environmental rules and decarbonisation, there was very little practical process contained within the policy that would help with the green agenda and only a small reference to electric vehicles which was disappointing and hopefully moving forward that would change.

S. May advised that the policy was trying to cover a range of things from not only environmental but also practical matters such as who can drive a company car and when, however, it might be worth simplifying this and there were other things that they could do for a greener sustainability plan and something that one of the groups could pick up.

G. Hughes, in response, advised that he agreed with the points made by P. Roseblade and they were currently working through the all Wales approach to decarbonisation of the transport fleet and looking to move to full electric battery (EB) by 2026. He confirmed that there was work ongoing under the Director of Strategy & Transformation's work-stream on decarbonisation and also with regard to the work in relation to Prince Charles Hospital where they were installing more electrical car charging points. G. Hughes advised that it was a challenge to do this work quickly and to do as much as possible and he confirmed that he would be happy to explore this further with the facilities team, with a view to also breaking the policy down into component parts for the next iteration.

C. Hamblyn advised that in recognising the points raised by the Committee the policy could be approved but the review date shortened in order that the ongoing developments with the greener plans could be recognised and incorporated.

Resolution: The Policy was **APPROVED** subject to the amendments and it was **AGREED** that the review date should be brought forward to a suggested date of August 2023, to allow the work currently undertaken to be reflected within the policy.

2.2 FOR NOTING

2.2.1 OUTCOME OF THE COMMITTEE SELF-EFFECTIVENESS SURVEY

The Chair advised that due to the limited responses received to date that the Committee Effectiveness Survey would be deferred to the next meeting. The Chair encouraged Members to complete the survey, if they had not already done so, by the 10th September 2022.

Resolution: The Committee **AGREED** to defer the item to the October 2022 meeting and Members to complete the Survey by the 10th September 2022.

2.2.2 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

A question was raised by an Independent Member in advance of the meeting and responded to as follows:

Question:

I still find these monitoring reports very confusing even though I have been through them in detail with the Deputy Director of Finance. I do not think they give us what we need and it would be

very easy to miss risks given the amount of detail. I know these are being reviewed and it would be good to have an update on that.

Response:

The Monitoring Reports are provided for information as per Welsh Government guidance. The information provided is consistent with the main finance report but is set out in the format required by Welsh Government.

Resolution: The Committee **NOTED** the Monitoring Returns for Months 3 & 4.

3.0 MAIN AGENDA

3.1.0 ACTION LOG

The Action log was **RECEIVED**. The following queries were raised:

- Action 5.2.0 - N. Milligan raised a query on 5.2.0 in relation to the staff engagement survey that was marked as complete. However, she advised that she was not entirely sure that it had been completed. In response, it was agreed that this would be considered under the Integrated Performance Dashboard section of the agenda.
- Action 5.2.0 - I Wells advised that he also had a query with regard to the progress of the Stroke Action Plan. G. Hughes advised that at the last Board Meeting Stroke had been discussed in detail along with the collective concerns around stroke performance. He advised that Lauren Edwards, Executive Director of Therapies and Health Sciences, was pulling together a deep dive on Stroke and this would be going to the Board and the relevant assuring Committees. He also advised that they would touch upon some of the tactical activities under the Integrated Performance Dashboard. G Hughes also noted that the Executive Leadership Group were also having regular discussions on the Stroke performance.

Resolution: The Action Log and update was **NOTED**.

3.2.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There were none.

4.0 GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

C. Hamblyn presented the report that outlined the high-level organisational risks that had been assigned to the Committee, and highlighted the management actions being taken to manage or mitigate these high-level risks.

C. Hamblyn acknowledged that some Members would have received the entire Organisational Risk Register at Audit & Risk Committee on the 22nd August 2022. She advised that the focus continued to be on ensuring that updates and reviews were undertaken timely and effectively. It was noted that there would be a period of transition as risks were aligned to the new Operating Model.

N. Milligan commented that it was pleasing and reassuring to see a demonstrable shift with the Organisational Risk Register moving in the right direction with timely updates reflected in the mitigating actions.

M. Jehu echoed N. Milligan's comments and extended his thanks on behalf of the Committee to the team. C. Hamblyn advised that she would feedback the comments to risk leads.

Resolution: The report was **NOTED**.

5.0 IMPROVING CARE

5.1.0 RESET OF THE 2022-23 PLANNED CARE RECOVERY PROGRAMME

G. Hughes provided a presentation to the Committee on the overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work.

N. Milligan referred to the insourcing for scrub staff in theatres and queried how the recovery staff nurses were being managed to be able to care for patients post operatively and was there enough staff to recover all of the patients and maintain the increase in theatre lists moving forward. G. Hughes advised that a significant number of staff at Prince Charles Hospital had been looking after the inpatient colorectal cases and therefore this impacted the day case activity, however, there was a commitment to ensure that day surgery activity was also a focus and teams were working to

achieve the right balance of this across the service. In terms of staffing, it was acknowledged that overall staffing levels were as required, however, it was noted that there was further capacity required for Theatre staff. G Hughes reassured the Committee that the ongoing challenges faced by the Health Board were being closely monitored.

C. Donoghue queried the timescale for the insourcing of staff and was there any activity alongside this in terms of recruitment and building up resilience in the system. G. Hughes, in response, advised that the Health Board was working with external companies as part of the procurement process to provide support for the orthopaedic and gynaecology reconfiguration. In terms of recruitment, he advised that there was a national shortage of theatre scrub staff, however, part of the Health Board strategy moving forward and aligning to the new Operating Model should allow a review of the theatres and provide more flexibility. In terms of timescales he advised that they were looking towards the end of the year.

C. Donoghue referred to the mobile endoscopy unit and commented that it was pleasing to see this now up and running. She added that it had been very much delayed and queried at what point they would expect to start seeing an impact from that. G. Hughes advised that they were seeing the waits for urgent referrals decreasing, however, the overall volume was not decreasing which was going to be their next area of focus. He advised that they were also looking at other solutions through the Charitable Funds to bring the trans-nasal endoscopy (TNE) online and this could be done anywhere without an endoscopy room which should then free up capacity.

I Wells referred to prostate and in particular the reference to the blockage with pathology and queried whether there would be outsourcing and movement to get an All Wales system where patients could be moved around to share capacity and resources. G. Hughes advised that currently there were differential waiting times for pathology across Wales and differentials also from where the specimen comes from in the body which was challenging. He advised that strategically their alignment was with Cardiff & Vale UHB, however, the Chief Executive was leading a pan South East Wales review of pathology. G Hughes highlighted that there were other challenges as the laboratories were not fit for purpose for a modern pathology service and that there was limited physical space to employ more staff. There was also an increase in the sub specialisation of tests and the amount of work required to undertake this.

G. Hughes advised that the biggest enabler would be electronic pathology which would allow samples to be moved around Wales smoothly, however, this was not in place at the moment. S. Morris, in response, advised that currently they were using the all Wales Laboratory Information Management System (LIMS) which was not the same as digital pathology. There was a digital pathology programme, however, like many programmes in Wales at the moment funding for those was currently challenging. He advised that there was a procurement exercise ongoing at the moment for when the LIMS system comes to end of its contract in 2025.

P. Roseblade referred to ophthalmology and the reduction in 'Follow Up Patients Not Booked' (FUNB), and advised that it was pleasing and encouraging to see the level 4 patients being seen more quickly. She suggested that it would be helpful for the Committee to have a review of the detailed action plan and progress on ophthalmology at a future meeting. G. Hughes confirmed that this would be brought to the October or December 2022 meeting.

M. Jehu referred to the ongoing pressures on staff with the planned care recovery activity and queried what was being done in terms of support for staff in these challenging times. G. Hughes advised that there were real challenges for staff in the planned care areas and that was why a decision was made to bolster the workforce. He advised that the Health Board sought to obtain as much feedback as possible from staff and it was hoped that the new Operating Model would bring teams closer together and help to alleviate some of the areas that were frustrating staff. G. Hughes welcomed feedback from Independent Members following any suggestions and feedback they receive from staff on their IM Walk-arounds.

Resolution: The presentation was **NOTED**.

Action: Update on progress with regard to the Ophthalmology Action Plan to be brought to a future meeting of the Committee.

5.2.0 **WINTER PLANNING**

L. Prosser provided a verbal update on the winter planning process.

Members **NOTED** that the Health Board had received advance notice of the Welsh Government requirements for the winter plan but not a formal written request for submission of winter plans as yet. Once received this would need to be received by this Committee and signed off by the Board for submission to Welsh Government.

Members were advised that the Health Board had received an update on the six goals for urgent emergency care which would be combined into the refreshed winter plan and reported to the Board at their September 2022 meeting.

G. Hughes advised that work was ongoing with Local Authority partners as part of the 1000 Beds Plan which was to create an additional 1000 beds for winter in the acute sector by increasing capacity and changing pathways within the acute hospital model. There were a number of initiatives within the three Local Authority areas as well as plans to increase the stroke capacity at Ysbyty Cwm Cynon to enable stroke rehabilitation patients to move from the Princess of Wales Hospital.

S. May updated the Committee on the current financial position in relation to winter planning. Members **NOTED** that there was no indication that the Health Board would receive additional monies for winter and therefore were not planning for this assumption. Members were advised that it was imperative that the Health Board makes the best use of any ring fenced funds if received.

Resolution: The verbal update was **NOTED**.

5.3.0 INTEGRATED PERFORMANCE DASHBOARD

L. Prosser presented the report providing the Committee with a summary update on performance against a number of key quality and performance indicators.

The following queries were raised on the Integrated Performance Dashboard and L Prosser agreed to raise them with the relevant function outside the meeting and share the response with the Committee via email:

- I Wells referred to Bowel Screening and noted that the current performance was 59.1% of the 60% target. He advised that he would be interested to understand the comparison of the targets both pre and post Covid-19.
- P. Roseblade referred to page 9 of the report and in particular the percentage of staff who reported that their line Manager took a positive interest in their health and wellbeing and queried why there was only one marker captured and no data for 2021-22, and sought assurance on when this data would be available within the Performance Dashboard.
- P. Roseblade referred to page 13 and advised that it was pleasing to note that medication errors were on a downward

trajectory. However, she noted that there was a serious medication error which was described as a catastrophic reaction to an unknown allergy and queried if the allergy was unknown, why was that described as a medication error.

- N. Milligan referred to stroke on page 19 where it stated that there was no significant improvement, however, when looking at the chart on page 6 this differed as it was showing a decrease, therefore clarification was required on what the actual data was saying.
- N. Milligan referred to page 9 and the overall staff engagement score and advised that the presentation of the data was stating 71% performance based on a 10% response to the 2020 NHS survey. She queried whether this should either be presented as 71% of the 10% of staff who responded said that they felt engaged or that 7.1% of staff felt engaged and that the messaging within the data need to be clearer. M. Jehu advised that this had also been discussed at the People & Culture Committee on the use of data based on information that might not be completely factual.

N. Milligan referred to the action plan on stroke and queried when this would be implemented and what the timeframes were. G. Hughes, in response, confirmed that a detailed report would be brought back to the Committee.

C. Donoghue referred to the percentages on exit interviews, PDR compliance, recruitment process and incidents relating to attitude and behaviour metrics and advised that it was disappointing that there was not much traction and trends showing in the high numbers that related to attitudes and behaviour and queried whether there was a trend. C. Hamblyn advised for assurance purposes that this activity was scrutinised and monitored through the People & Culture Committee via the Workforce Metrics report and the report that went to the last meeting would be shared for information.

N. Milligan confirmed that the task and finish group had been reviewing the forms for exit interviews aligning some of the questions to reflect the all Wales questionnaire.

M. Jehu referred to pages 6 and 7 which outlined that mental health services would be enabled by digital and would be better supported and sought clarification on the improvement activity in this areas. S. Morris, in response, confirmed that the roll out of the Welsh Community Care Information System had been challenging and had

not as yet gone live with any of the health modules, however, Aneurin Bevan UHB had now gone live. The social care modules had been implemented for the local authorities and there would need to be further discussions with them on the preferred direction of travel.

S. Morris advised that the organisations data and information sharing could be further improved as there was still a reliance on paper based practices. He confirmed that they were working on a path to implement something aside from this with a number of local innovation APPS and looking to implement a co-ordinated and centralised approach to using digital solutions right across the organisation.

Resolution: The report was **NOTED**

- Action: Comparison of bowel screening targets both pre and post Covid-19 would be queried offline with colleagues in public health.
- Action: Query the critical vaccination rate to prevent outbreaks, i.e. is the 95% rate that would provide 'herd immunity' offline with colleagues in public health.
- Action: To query with Workforce & OD Colleagues outside of the meeting the percentage of staff who report that their line manager takes a positive interest in their Health & Wellbeing. Only one marker captured and no data for 21-22 and when would that be available and reported upon within the Integrated Performance Dashboard.
- Action: To query with Patient Care & Safety colleagues the serious medication error described as a catastrophic reaction to an unknown allergy.
- Action: Clarify with the Performance Team the Stroke Performance data.
- Action: Query with the Workforce and OD team the overall staff engagement percentage scores.

5.4.0 SOUTH EAST WALES PLANNING COLLABORATIVE

L. Prosser presented the report that provided an update on progress with the development of the South East Wales Collaborative.

C. Donoghue commented that it was pleasing to see the work being undertaken on this and advised that sometimes one of the challenges with collaborations is how success was measured across each individual Health Board and queried whether that had happened at a Welsh Government level as yet. L. Prosser advised that they were trying to be quite overt with regard to the principles

for the collaboration, for example, treating people in turn and according to need. She advised that they were developing an agreement in the form of a Memorandum of Understanding (MoU).

P. Roseblade commented that she applauded the work outlined in the report however, it did not appear that there would be a smoothing out of waiting lists. L. Prosser advised that this was covered off in the first bullet point of the report under the guiding principles. P. Roseblade in response, advised that she would have preferred it to be more clearly stated.

M. Jehu requested that the point made by P. Roseblade should be relayed back to the Collaborative. L. Prosser advised that she would take the comments back to the next round of negotiations and the development of the MoU and seek to strengthen this in the next iteration.

N. Milligan referred to the report talking about bringing together talent and extra resources and queried whether staff would be expected to move around other Health Boards. L. Prosser confirmed that this was quite likely and advised that some surgeons had already started doing some work in other theatres. N. Milligan, in response, queried whether there would be a consultation with staff on this. L. Prosser confirmed that there would be.

P. Roseblade queried clinical liability if staff were working on different sites. L. Prosser provided assurance that this is all being worked through to ensure that appropriate indemnity arrangements are in place.

Resolution: The report was **NOTED**

Action: To feedback to the Collaborative the comments to strengthen the guiding principles in regard to smoothing out of waiting lists.

5.5.0 NEVILL HALL HOSPITAL – SATELLITE RADIOTHERAPY UNIT

L. Prosser provided a verbal update on the progress in relation to the development of the Business Case for a Radiotherapy Unit in Nevill Hall Hospital, advising that it is an evolving situation.

P. Roseblade commented that given the current financial pressures for both Health Boards and Welsh Government for revenue and capital, it would be challenging for the Health the Board to commit to signing off a Business Case for such a huge amount of money when the activity forecasting had not materialised so far as what was originally planned when taking account of the pandemic which clearly would affect it and could that be modelled out.

L. Prosser assured the Committee that these queries were being explored on a National Basis and would be addressed before a Business Case was presented to the Board for approval.

M. Jehu suggested that an extra ordinary meeting of the Committee was convened in September prior to the Board Meeting receiving the Business Case.

Resolution: The verbal update was **NOTED**

Action: Governance Team to liaise with Planning Team with regard to the arrangements for an extra ordinary meeting of the Committee.

6.0 SUSTAINING OUR FUTURE

6.1.0 MONTH 4 FINANCE REPORT

S. May presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of the Health Board as at Month 4.

P. Roseblade referred to the Covid response costs that were reported at the last meeting to be £550k and had now doubled to £1m and queried whether that was £550k each month of Covid response costs that are taken out that were not in the current plan. S. May advised that there was considerable variance in what Health Boards were describing as Covid response costs and the Health Board was an outlier due to their costs being low, however, they were in the spotlight due to the non-balanced core plan and advised that she would be happy to share the figures offline if that would be helpful.

P. Roseblade queried the purchasing of energy costs and was there a way around the recent decision made in relation to Prince Charles Hospital. S. May advised that it was tracking below the All Wales prices contract when the deal had been agreed in May 2022 but had since then escalated and the risk would be next whether it was looking any better by May 2023.

P. Roseblade referred to annual leave accrual and queried whether Welsh Government had funded that initially. S. May advised that it was quite marginal and had grown last year and was partly funded by the Health Board. S. May highlighted that the Health Board needed to understand the forthcoming annual leave position and that this was being explored with Directors of Workforce in relation

to what the proposed policy would be at the year-end in relation to the amount of leave that could be carried over.

P. Roseblade referred to the possible overspend of £9.4m in relation to Prince Charles Hospital and queried the extent of the risk if realised. S. May advised that they were working to reduce this whilst recognising that there was limited flexibility in the capital position.

C. Donoghue made reference to the Monitoring Returns to Welsh Government and advised that they were difficult to follow and were also duplicated in the Finance Reports and queried whether there was a need for the Committee to have sight of them. S. May confirmed that the Health Board was required to ensure that there was Board visibility on what was being reported to the Board and also to Welsh Government.

C. Donoghue queried the agency spends and advised that costs had not decreased as expected in Month 3 and 4 following the closure of Ysbyty Seren and the report indicated there was more analysis to be done on this to understand why. S. May advised that there had been an initial decrease in one month but it had now increased. Staffing of the wards was very challenging and there had also been delays with the processing of invoices within the nurse bank offices.

N. Milligan referred to agency spends and queried whether the Operational Manager for unscheduled care was employed via an agency. G. Hughes advised that they did not currently have an Operational Director for unscheduled care but that this role was currently in the recruitment process. He confirmed that they were endeavouring not to use agency staff for any length of time and only for short term resource whilst going through substantive recruitments.

Resolution: The Committee **NOTED** the report.

Action: Covid-19 cost figures to be shared offline.

6.2.0 EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY – MID YEAR REPORT

L. Prosser presented the report that provided the Committee with an update on the work undertaken to date as at mid-year 2022.

Resolution: The Committee **NOTED** the report.

7.0.0 OTHER MATTERS

7.1.0 HIGHLIGHT REPORT TO BOARD

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting.

7.2.0 FORWARD WORK PLAN

The Chair asked Members of the Committee if they had any items that they would like to include for future meetings to let the Governance Team know. The Chair advised that as agreed at the meeting Stroke and Ophthalmology would be added to the plan for future meetings.

Resolution: The Committee **NOTED** the Forward Work Plan

Action: Stroke and Ophthalmology reports to be added to the Forward Plan.

7.3.0 ANY OTHER URGENT BUSINESS

There was none.

7.4.0 HOW DID WE DO TODAY?

The Chair advised that if anyone had any comments to feedback they could do that outside of the meeting if they so wished.

Members felt that they had achieved their objectives today and fully scrutinised the reports. The meeting had ran slightly over, however, there were important issues requiring scrutiny. The Chair thanked everyone for their candour and the questions raised which were insightful and appropriate.

7.5.0 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next full meeting of the Committee was scheduled to be held on the 25 October 2022 at 2:00 pm.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE 'IN COMMITTEE'
HELD ON 23 AUGUST 2022, AS A VIRTUAL MEETING WHICH
WAS HELD VIA MICROSOFT TEAMS**

PRESEN

Mel Jehu	-	Independent Member (Chair)
Carolyn Donoghue	-	Independent Member
Nicola Milligan	-	Independent Member
Ian Wells	-	Independent Member
Patsy Roseblade	-	Independent Member

IN ATTENDANCE

Linda Prosser	-	Director of Strategy & Transformation
Sally May	-	Executive Director of Finance & Procurement
Gethin Hughes	-	Chief Operating Officer
Cally Hamblyn	-	Assistant Director of Governance and Risk
Elizabeth Beadle	-	Assistant Director of Governance and Risk
Paul Dalton	-	Internal Audit Assurance
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Georgina Galletly, Director of Corporate Governance and Wendy Penrhyn-Jones, Head of Corporate Governance and Board Business.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. MAIN AGENDA

2.1.0 CTM STRATEGY FOR 2030

L. Prosser provided a presentation to the Committee on the progress in relation to the CTM Strategy for 2030.

M. Jehu referred to the final slide that referred to the milestones and the launch of immediate proposals and queried whether they would be on track for the internal launch. L. Prosser confirmed that they would be and that a meeting was planned for next week with local authorities to share the messages about the approach.

M. Jehu advised that this should be kept firmly on the agenda for the Committee to ensure that they were fully sighted and receive regular updates.

Resolution: The Committee **NOTED** the report.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

There was none.

3.1.2 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next full meeting of the Committee was scheduled to be held on the 25 October 2022 at 2:00 pm.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE EXTRA ORDINARY
MEETING OF THE PLANNING, PERFORMANCE & FINANCE 'IN
COMMITTEE' HELD ON 20 SEPTEMBER 2022, AS A VIRTUAL
MEETING WHICH WAS HELD VIA MICROSOFT TEAMS**

PRESEN

Mel Jehu	-	Independent Member (Chair)
Carolyn Donoghue	-	Independent Member
Nicola Milligan	-	Independent Member
Ian Wells	-	Independent Member

IN ATTENDANCE

Emrys Elias	-	Health Board Chair (Observing)
Linda Prosser	-	Director of Strategy & Transformation
Sally May	-	Executive Director of Finance & Procurement
Gethin Hughes	-	Chief Operating Officer
Georgina Galletly	-	Director of Governance/Board Secretary
Elizabeth Beadle	-	Assistant Director of Transformation
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Emrys Elias, Health Board Chair and Elizabeth Beadle, Assistant Director of Transformation.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Patsy Roseblade, Independent Member and Cally Hamblyn, Assistant Director of Governance and Risk.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. MAIN AGENDA

2.1.0 Integrated Radiotherapy Solution and Satellite Radiotherapy Centre Full Business Case

The Chair invited L Prosser to present the item, noting that due to related commercial sensitivities contained within the business case, the meeting was being held in private session.

L. Prosser provided a presentation to the Committee on the two Full Business Cases for the Integrated Radiotherapy Solution (IRS) and the Satellite Radiotherapy Centre proposed to be sited at Nevill Hall Hospital to serve the north of the South East Wales region.

The Chair thanked L. Prosser and asked Members if they could confirm that they had read all the papers. This was confirmed by the Committee.

The Committee **NOTED** that the Business Cases had been considered by the Executive Leadership Group at their meeting held on 12th September 2022 where they had approved the recommendation to support and were now before the Committee for endorsement for approval by the Board at their meeting to be held on 29th September 2022.

Resolution: The Committee **ENDORSED FOR BOARD APPROVAL** the Full Business Cases for the Integrated Radiotherapy Solution and the Satellite Radiotherapy Centre.

The Committee further **ENDORSED FOR BOARD APPROVAL** that the Health Board would maintain its support of the Business Case for the Development of the Radiotherapy Satellite Centre on the basis of the conditions specified.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

There was none.

3.1.2 CLOSE OF THE MEETING – DATE AND TIME OF NEXT MEETING:

The next full meeting of the Committee was scheduled to be held on the 25 October 2022 at 2:00 pm.



AGENDA ITEM

2.1.4

PLANNING, PERFORMANCE & FINANCE COMMITTEE

**EMERGENCY PREPAREDNESS RESPONSE AND RECOVERY POLICY
2022**

Date of meeting

26th October 2022

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

Andrew Francis - Civil Contingencies and
Business Continuity Manager

Presented by

Elizabeth Beadle, Assistant Director of
Transformation, Strategic and Operational
Planning

Approving Executive Sponsor

Executive Director of Strategy &
Transformation

Report purpose

FOR APPROVAL

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/group)**

Committee/Group/Individuals

Date

Outcome

CTMUHB Strategic EPRR Group

(07/07/2022)

ENDORSED FOR
APPROVAL

ACRONYMS

Within the Policy

1. SITUATION/BACKGROUND

- 1.1 National Health Service organisations have a duty under the Civil Contingencies Act 2004, to ensure that they have effective Business Continuity Management (BCM) plans that promote effective Emergency Preparedness, Response and Recovery (EPRR).

- 1.2 This Policy sets out the requirements of Care Groups (CG's) and Clinical Service Groups within the Health Board to meet these duties; thus ensuring that the Health Board is compliant with the Civil Contingencies Act 2004 and guidance found within the NHS Wales Emergency Planning Core Guidance 2015.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	Completed 31/08/2022
Informal Consultation with interested parties	Placed on SharePoint Consultation Page
Formal Consultation	All members of the Strategic EPRR Group
Committee – For approval	Strategic EPRR Group now to the Planning Performance and Finance Committee

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.
- 2.3 Strategic managers have been engaged in the consultation through the Strategic EPRR Forum
- 2.4 Organisational values and behaviours have been reflected within the policy.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 In response to the consultation the following amendments have been made:

No objections, amendments or comments received.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Effective Business Continuity Management maintains services through risk analysis and mitigation plans
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Yes
	No adverse outcomes to Equality
Legal implications / impact	Yes (Include further detail below)
	Compliance with the Civil Contingencies Act
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 The Planning, Performance and Finance Committee are asked **APPROVE** the Emergency Preparedness Response and Recovery Policy 2022.
- 5.2 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Business Continuity & Emergency Preparedness Response & Recovery Policy

Document Type:	Non Clinical Standard Operating Procedure
Ref: ST 02	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk)
Author:	Andrew Francis Civil Contingencies and Business Continuity Manager.
Executive Sponsor:	Executive Director for Strategy & Transformation
Approved By:	Management Board (Non Clinical Procedures Only)
Approval / Effective Date:	(TBC)
Review Date:	(TBC)
Version:	1

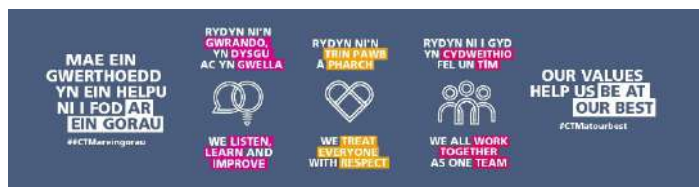
Target Audience:

People who need to know about this document in detail	Executive Directors Chief Operating Officer Deputy Chief Operating Officer Care Group Directors Directors of Operations Clinical Directors Assistant Directors Clinical Service Group Managers Heads of Nursing ILG Facilities Leads Security & Porter Service
--	--

People who need to have a broad understanding of this document	Managers, supervisors of all functions within the Health Board.
People who need to know that this document exists	This policy applies to all staff on all locations across the UHB.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 12/03/2021
	No Impact see Appendix 2
Welsh Language Standard	No
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

CONTENTS

1.	PURPOSE	4
2.	POLICY STATEMENT	4
3.	PRINCIPLES.....	4
4.	SCOPE	5
5.	LEGISLATIVE AND NHS REQUIREMENTS.....	6
6.	PROCEDURE	6
7.	TRAINING IMPLICATIONS.....	6
8.	REVIEW, MONITORING AND AUDIT ARRANGEMENTS	7
9.	MANAGERIAL RESPONSIBILITIES	7
10.	RETENTION OR ARCHIVING	11
11.	NON CONFORMANCE.....	11
12.	EQUALITY IMPACT ASSESSMENT STATEMENT	12
13.	REFERENCES and SUPPORTING DOCUMENTS	12
14.	Appendix 1 Equality Impact Assessment	13

1. PURPOSE

National Health Service organisations have a duty under the Civil Contingencies Act 2004, to ensure that they have effective Business Continuity Management (BCM) plans that promote effective Emergency Preparedness, Response and Recovery (EPRR).

These plans will outline the strategic, tactical and operational approach of the Health Board (HB) or its constituent parts, in its response to and recovery from major incidents and/or the adverse impacts to business continuity events.

The plans will outline how the HB'S constituent Care Groups (CG's) and their Clinical Service Groups (CSG's), respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.

This Policy sets out the requirements of Care Groups (CG's) and Clinical Service Groups within the Health Board to meet these duties; thus ensuring that the Health Board is compliant with the Civil Contingencies Act 2004 and guidance found within the NHS Wales Emergency Planning Core Guidance 2015.

2. POLICY STATEMENT

The Health Board will promote a culture of EPRR that will instil confidence in its stakeholders (staff, patients and customers) in its ability to effectively deal with and recover from disruptive challenges.

3. PRINCIPLES

The Health Board's Care Groups and their Clinical Service Groups are responsible for having a series of EPRR plans and business continuity contingencies that will:

- Set out agreed procedures to respond to unintended incidents that could adversely affecting the normal operating of the Health Board
- Mitigate the impact of such disruptive challenges to the business of the Health Board
- Provide guidance on the recommended methods to rapidly recover the situation back to normal operation

The requirement to develop business continuity plans will arise from the Business Impact Assessments (BIA's) (risk assessments of the impact on 'normal' business) undertaken at a range of levels from National (both UK and Welsh Assembly Governments) through Local Resilience Forum Community Risk Registers to Local Health Board Service Group level risk assessments.

This policy provides a clear commitment to EPPR planning that will ensure that the Health Board:

- Continue to provide critical services to the community;
- Provide better use of personnel and resources at times when both may be scarce;
- Reduce the period of disruption to the organisation;
- Improve the resilience of the organisations infrastructure to reduce the likelihood of disruption;
- Reduce the operational and financial impact of any disruption;

4. SCOPE

This Policy incorporates all activities of the Health Board and its employees. Where the disruption of those activities impact on the wider community the Health Board will engage with the community/its representatives and/or relevant partner agencies.

5. LEGISLATIVE AND NHS REQUIREMENTS

Civil Contingencies Act 2004

NHS Wales Emergency Planning Core Guidance 2015.

Healthcare Standards for Wales, Standard 4

6. PROCEDURE

This Policy is supported by the Guidance for Business Continuity Emergency Preparedness Response & Recovery Planning that sets out the process for Clinical Service Groups/Departments to follow for development of business continuity plans.

In order to ensure consistency across the organisation, BIA's will be undertaken and plans prepared in accordance with the guidance found in the document above.

7. TRAINING IMPLICATIONS

Business Continuity Plans (BCP's) will be most successful when they have been communicated to staff, tested and rehearsed. It is the responsibility of the Directors of Care Groups and Clinical Service Managers who 'own' the plan to ensure that all staff who may use it, are aware of the plans, adequately trained and exercised in their implementation.

Corporate plans will be subjected to regular testing and exercising at least once in a 3 year period. All relevant staff will be trained, by the Clinical Service Group Managers according to their roles and/or role in the case of activation of the BCP. Training Records will be maintained and available for audit by the Service Group Manager.

8. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

The review of Clinical Service Group plans will be for local determination but as a minimum will be reviewed every three years or:

- Following incident debriefs indicate
- When legislation or guidance changes.
- When changes occur within the Care Group/Clinical Service Group that warrant review and/or amendment.

An audit of risk and the presence of suitable BCP's will be completed annually by the Clinical Service Groups/Departments to ensure that any new or emerging risk are considered in either existing BCP's or the development of new BCP's that address the new risk.

An annual external audit will be undertaken via the Healthcare Standards for Wales, Standard 4, through the Welsh Assembly Government Health Emergency Planning questionnaire/inspection.

This will be conducted by the EPRR Manager under the instruction of the Executive Director of Strategy and Transformation in November/December each year for submission to the Welsh Government in January each year.

9. MANAGERIAL RESPONSIBILITIES

The Health Board has in existence formal structures and committees, which set the strategic aims and direction of the organisation and monitor progress.

Health Board

The CTMUHB Health Board is responsible for reviewing the effectiveness of Internal Controls – financial, organisational and clinical. The Board is required to produce statements of assurance

which demonstrate that it is doing its 'reasonable best' to ensure that the Health Board meets its objectives and protects patient, staff, the public and stakeholders against risks to its business.

Chief Executive

The Chief Executive has overall accountability for ensuring an effective Health Board response to business continuity events.

Executive Director of Strategy and Transformation

The Chief executive has delegated responsibility to the Executive Director of Strategy and Transformation for:

- the management structures and systems necessary to implement corporate governance, controls assurance standards including business continuity management;
- for meeting all statutory requirements to manage risks to normal business operations;
- adhering to guidance issued by the Welsh Assembly Government in respect of resilience and business continuity management;
- ensuring that the Health Board receives an annual report on the effectiveness of organisational systems;
- the business continuity policy and procedure are subject to regular reviews in line with the Health Board's policy document, and that measures for implementing the policy are established, maintained and monitored;
- there are sufficient competent people who have the knowledge and training to carry out appropriate business impact assessments;
- ensure systems are in place to audit compliance with legislation and address any deficits identified
- Ensure that legislative requirements are complied with

- Ensure that effective systems are in place to support the effective co-ordination of business continuity management throughout the Health Board
- To Chair the Emergency Preparedness Response and Recovery Group and govern its activities.

Care Group Directors

Directors are instrumental in achieving the requirements of this policy, and are accountable to the Chief Executive (through the Executive Director of Strategy and Transformation) for ensuring implementation of the business continuity policy within their Clinical Service Groups.

Care Group Directors may identify lead managers/clinicians who will co-ordinate business impact assessments and develop the resulting BCP's.

ILG Directors will also ensure that:

- the business continuity policy and procedures are implemented;
- all managers are competent to discharge their business continuity management responsibilities;
- business impact assessments and business continuity/contingency plans are completed and Service Group Plan and Risk registers are maintained;
- any business impact assessments that have a potential corporate impact are communicated to the Board Secretary/Corporate Director;
- the need for additional funding or other resources within the Clinical Service Groups as a result of undertaking business impact assessments is identified and allocated
- reports to the Health Board via the Chair of the Emergency Preparedness Response and Recovery Group in order to confirm that all business risks identified have suitable and

sufficient plans that have been fully and effectively tested and reviewed regularly;

- post incident debriefs are undertaken as/when required and plans are revised as required and learning outcomes communicated to the HB's EPRR Group.

Emergency Preparedness Response and Recovery Group.

The role of the EPRR Group is to co-ordinate and collate information that provide assurance to the Health Board that appropriate arrangements for effective internal preparedness response and recovery are in place. And that identification and management of risks to the Health Boards across all Clinical Service Groups is in appropriately managed.

The EPRR Group will work with CSG's to assist in the audit and reporting of EPPR assurance.

The EPRR Group will work with internal and external Audit and Clinical Governance Committee's in carrying out this role in order to provide assurance to the Board that the CTMUHB has effective systems of internal control.

Line Managers

Line managers, which includes any individual involved in the managerial process ranging from Supervisors to Service Group Manager's. Such roles are instrumental in achieving the requirements of the business continuity policy.

Line managers will, ensure that:

- business impact assessments are undertaken, business continuity/contingency plans are developed, implemented and reviewed and that a ward/department risk register is maintained;

- all staff have knowledge of and understand the business continuity policy and supporting business continuity/contingency plans;
- identify the need for additional funding or other resources, as a result of undertaking business impact assessments are escalated through appropriate managerial pathways.

Host organisations

- Host organisations will be required to meet the requirements of this policy as set out for Care Group Directors and others above.

10. RETENTION OR ARCHIVING

In cases of Police investigations/public enquiries and other legal processes it is often necessary to demonstrate that the policy in place at the time of the incident. The Executive Director of Strategy and Transformation or their nominated manager must ensure that copies of policies and procedures are archived and stored in line with the Health Board Records Management Policy and are made available for reference purposes should the situation arise.

11. NON CONFORMANCE

There is a requirement of all staff to comply with the provisions of this policy and where requested to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate Health Board Human Resources policy.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

Following assessment, no issues have been identified.

13. REFERENCES and SUPPORTING DOCUMENTS

Civil Contingencies Act 2004

Emergency Response and Recovery Non statutory guidance
accompanying the Civil Contingencies Act 2004

NHS Wales Emergency Planning Core Guidance 2015.

CTMUHB Guidance for Business Continuity Emergency Preparedness
Response & Recovery Planning

ISO 22301 2019.

14. Appendix 1 Equality Impact Assessment

Section 1: Preparation

This section must be completed at the beginning of a policy review. For advice on its completion please contact the Equality Team on 01443 744800. For examples of completed EIAs please see the Equality site under Useful Staff Information on SharePoint.

Section 1 – Preparation		
1.	Title of Policy - what are you equality impact assessing? Please state whether it is a new or existing policy?	New Emergency Preparedness response and Recovery Policy
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The purpose of this Procedure is to assist managers and staff to deal with a snow and/or ice severe weather event that impacts on the normal operating (business continuity) of the Health Board. The procedures are designed to minimise the risk to CTUHB's business and its statutory duty to comply with the requirements of the Civil Contingencies Act 2004.
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	The Executive Director of Strategy and Transformation
4.	Who is Involved in undertaking this EqIA? - who are the key contributors and what are their roles in the process?	Civil Contingencies and Business Continuity Manager.
5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA? Is it relevant to the Integrated Medium Term Plan (IMTP)	This documents supports the: Health Boards Compliance with the Civil Contingencies Act 2004 It has an impact on the IMTP and other strategic plans within the UHB.

Section 1 – Preparation		
7.	What might help/hinder the success of the policy? These could be internal or external factors. E.g. training, awareness raising.	Staff not being aware of the policy and failing in their duties to comply with the requirements of the said Act.
8.	Is the policy relevant to “eliminating discrimination and eliminating harassment?”	The procedure provides a structure and process to ensure effective resource management and planning, hence does not directly eliminate discrimination and harassment.
9.	Is the policy relevant to “promoting equality of opportunity?”	The policy is not designed to promote equality of opportunity directly. It does strive to ensure effective management of resources and business continuity planning.
10.	Is the policy relevant to “promoting good relationships and positive attitudes?”	The policy details specific tasks and levels of support in order to support departments in their service delivery hence promotes good working relationships through a clear support structure and defined actions of staff in the business continuity processes and actions.

Section 2. Impact	
Please answer the following Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised.	
Do you think that the procedure impacts on people because of their age? (This includes children and young people up to 18 and older people)	NO
Do you think that the procedure impacts on people because of their caring responsibilities? I.e, would it affect their ability to care for somebody who is primarily dependant on them	NO
Do you think that the procedure impacts on people because of their disability? E.g. sensory loss, physical disability, Learning disability, some mental health issues	NO
Do you think that the procedure impacts on people because of Gender reassignment? This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc	NO

Section 2. Impact	
Do you think that the procedure impacts on people because of their being married or in a civil partnership?	NO
Do you think that the procedure impacts on people because of their being pregnant or having recently had a baby?	NO
Do you think that the procedure impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)	NO
Do you think that the procedure impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs)	NO
Do you think that the procedure impacts on men and woman in different ways?	NO
Do you think that the procedure impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)	NO
Do you think that the procedure impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc)	NO

The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil. The 7 rights that are particularly relevant to healthcare are listed below.

Consider the relevance of your Procedure to these Human Rights and list any available information to suggest the Procedure may interfere with, or restrict the enjoyment of these rights.

The right to life

Whilst this procedure deals with maintaining health care it does not directly relate to the context of a right to life under article 2 of the Human Rights Act

The right not be tortured or treated in an inhuman or degrading way

No specific impact

The right to liberty

No specific impact

The right to a fair trial

No specific impact
The right to respect for private and family life, home and correspondence No specific impact
The right to freedom of thought, conscience and religion No specific impact
The right not be discriminated against in relation to any of the rights contained in the Human Rights Act No specific impact on human rights identified.

Section 3 Outcome Report

Policy Title:	Business Continuity & Emergency Preparedness Response & Recovery Policy
Organisation:	Cwm Taf Morgannwg University Health Board
Name: Title: Department: Date:	Andrew Francis Civil Contingencies and Business Continuity Manager Strategy and Transformation 31/08/2022
Summary of Assessment: Please indicate issues of significant concern and changes that will be made to the procedure accordingly. Please indicate whether these changes have been made.	This procedure provides an operational approach to the effective management of resources in cases of severe weather affecting the ability of staff travel. There are no specific issues of concern identified in relation to equality and diversity. No changes are required.
Please indicate where issues have been raised but the procedure has not been changed and indicate reasons and alternative action taken where appropriate.	Not applicable

Monitoring Arrangements:	Annual review by The Executive Director of Strategy and Transformation or in response to a particular issue.
Review Date: This is usually the same as the procedure review date.	The policy will be reviewed annually by the responsible manager and a date for review will be agreed with the Executive Director.
Signature of all Parties:	Andrew Francis



AGENDA ITEM

2.1.5

PLANNING, PERFORMANCE & FINANCE COMMITTEE
--

OUTCOME REPORT: PLANNING, PERFORMANCE & FINANCE COMMITTEE EFFECTIVENESS SURVEY

DATE OF MEETING	25 October 2022
------------------------	-----------------

PUBLIC OR PRIVATE REPORT	PUBLIC
---------------------------------	---------------

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
--	--------------------------------

PREPARED BY	Kathrine Davies, Corporate Governance Manager
--------------------	--

PRESENTED BY	Georgina Galletly, Director of Governance/Board Secretary
---------------------	--

EXECUTIVE SPONSOR APPROVED	Director of Governance / Board Secretary
---------------------------------------	--

REPORT PURPOSE	FOR NOTING
-----------------------	-------------------

ACRONYMS

1. PURPOSE

- 1.1 The Chair of the Planning, Performance and Finance Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, the Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relating to its activities and performance during 2021/22.
- 1.3 Members should note nine responses were received.



AGENDA ITEM

2.1.5

2. SUMMARY REPORT

Positive Assurance	<p>1. Committee Effectiveness:</p> <p>Members/Attendees:</p> <ul style="list-style-type: none">• In the main were aware that the Committee had approved Terms of Reference in place defining the role of the Committee. Although some new members were unsure as they had not been through a whole year's cycle of business at the time of the survey.• Acknowledged that the Committee had an approved a Cycle of Business.• In the main it was recognised that the Committee approved an Annual Report on its work and performance for each previous year. Although as indicated above new members were unsure as they had not been through a whole year's cycle of business at the time of the survey. <p>2. Committee Business</p> <ul style="list-style-type: none">• It was considered that the Committee are adequately supported by the meeting secretariat.• The Committee was chaired effectively with clarity of purpose and outcome. <p>3. Behaviour, Culture and Values</p> <ul style="list-style-type: none">• The meeting behaviours of Members/Attendees were considered courteous and professional.• The Committee felt that the atmosphere at the meeting was conducive to open and productive debate. <p>4. Training & Development</p> <ul style="list-style-type: none">• There was clear consensus that Members/Attendees considered that they had the skills and knowledge to carry out their role in respect of this Committee.
Areas of Note	1. Committee Effectiveness



AGENDA ITEM

2.1.5

- The Terms of Reference were reviewed at its May 2022 meeting as part of the annual review basis and approved by the Health Board in July 2022.
- The Committee received and approved its Annual Report for 2021-22 at its August 2022 meeting and it was subsequently submitted to the Board in September 2022.
- A Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their February 2022 meeting. This Cycle of Business is routinely updated as required.

2. Committee Business

- The Committee operates the Consent Agenda for routine business consideration. Members are aware that should they consider that any item on the consent agenda requires further assurance and scrutiny, it can be moved to the main agenda for discussion. As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'.
- The Committee has held 'In Committee' private meetings when the subject matter has been commercially sensitive. The minutes of those meetings are published in the 'public' Committee papers to demonstrate the Health Board's commitment to openness and transparency.
- Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are also available as part of the 'public' papers to demonstrate the Health Board's commitment to openness and transparency.

**Areas
Requiring
Further
Consideration**

Committee Effectiveness - Areas for action/improvement were identified as follows:

- The Committee considered whether it met sufficiently frequently to deal with planned matters and if enough time was allowed for questions and discussions. It was recognised in the feedback that the agenda can sometimes be very busy and therefore time afforded to items can be impacted.
- Members of the Committee felt that whilst virtual meetings have been a positive experience overall and that it provided flexibility,



AGENDA ITEM

2.1.5

	<p>feedback reflected that the virtual approach did restrict the opportunity for networking and relationship building.</p> <ul style="list-style-type: none">• The Committee considered whether the boundaries between this Committee and other Committees were clearly defined with adequate cross-referral if required. It was recognised in the feedback that there could be duplication between Committees where the same item is discussed e.g. the Integrated Performance Report, which, on occasion, prompts detailed questions on areas where the relevant Executive Lead is not present and/or where the detail may have already been scrutinised at a more appropriate Committee.• The Committee considered whether they were adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions. Feedback reflected that on the whole the support was very good but could be improved upon by ensuring robust preparedness in advance of meetings.
Action Plan	<p>In response to the areas of improvement identified the following actions are proposed:</p> <ul style="list-style-type: none">• The Chair in conjunction with the Committee Executive Leads will continue to use the Risk Register and Cycle of Business to aid agenda setting ensuring that sufficient time is allocated to allow for robust discussion and items proposed are in alignment with the terms of reference and operating arrangements. This will also help reduce the risk of duplication across Committees.• The Committee could consider meeting face to face during the year to allow for networking and relationship building which is sometimes lost when utilising a virtual format.• In recognising the potential duplication particularly with the Integrated Performance Report, Health Board Officers have agreed that the report received in this Committee will focus primarily on activity and finance as the other areas such as Quality and Workforce continue to be scrutinised at the other Board Committees. The Integrated Performance Dashboard will be brought together in its entirety at the Board meetings with assurance sought from Committee Highlight Reports on the scrutiny that has already been afforded.



AGENDA ITEM

2.1.5

	<ul style="list-style-type: none">The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.
Appendices	Independent Member Scrutiny Toolkit.

3. Recommendation

3.1 The Committee is asked to **NOTE** the report.

INDEPENDENT MEMBER (IM) SCRUTINY & ASSURANCE TOOLKIT



**OUR VALUES
HELP US BE AT
OUR BEST**



**WE LISTEN,
LEARN AND
IMPROVE**



**WE TREAT
EVERYONE
WITH RESPECT**



**WE ALL WORK
TOGETHER
AS ONE TEAM**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

BACKGROUND

- Health Boards are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties.
- Health Boards principle role is to ensure the effective planning and delivery of the local NHS system.
- Board membership comprises of Executive Directors & IMs, who form part of the corporate decision-making body and have equal voting rights.
- IMs are involved at a strategic level - responsibility for operational decisions sits below Board.
- Each organisation has a range of committees which are responsible for providing advice and assurance to the Board on areas within their remit. This is the primary area where scrutiny is focused.

OVERVIEW OF IM SCRUTINY ROLE

- To participate as members of identified Committees and Board with regular attendance, with the expectation that papers will be made available one calendar week before each meeting to allow them to be read ahead of the meeting
- Responsible for supporting the Chair in being clear about the information needed in order to discharge their role, including assurance and scrutiny
- Satisfying themselves of the integrity of financial and quality intelligence, including getting out and about, observing and talking to patients and staff (walkarounds/ambassadorial role).
- Sharing collective responsibility for decisions.

DIVERSE NATURE OF IM ROLE



Strategy



Support



Stretch



Stakeholder



Scrutiny



Safety

The role can change from meeting to meeting as well as during a meeting as the agenda progresses

INDEPENDENT MEMBER FOCUS

Oversight	Insight	Foresight
<p>Assurance and Compliance</p> <p>Systems and processes.</p> <p>Monitor performance and track how things are going. Understanding the risks inherent to the Health Board's activities– risk appetite and tolerance of failures.</p>	<p>What is going on and Why?</p> <p>Pause, step back and look at the big picture.</p> <p>Bring people together – look at the interactions between various parts of the organisation and its partners.</p> <p>Discover the Important things</p> <p>Determine What Indicators Matter.</p> <p>Real-time data driven decision-making.</p>	<p>What could happen in the future? Constant horizon scanning for opportunities and threats.</p> <p>Embrace multiple viewpoints and listen to diverse voices.</p> <p>Clear thinking about “what” must be anticipated or undertaken.</p> <p>Forecasting policy implications</p> <p>Leading for the Future – aligned to the strategic direction</p> <p>Scenario based decision making.</p>

AGENDA PLANNING

- Maximise the use of the Consent Agenda to ensure that adequate time is made on the Main Agenda for **business critical, strategic** matters.
- Agenda planning meetings are key and include both Chairs and Vice-Chairs.
- Consider the length of the meeting – is **adequate time** aligned to each item to allow for appropriate focus on the issue – enabling appropriate challenge to gain assurance?
- Are there a mix of topics on the agenda (strategic / assurance) which balance the remit of the meeting?
- Ensure that each agenda item has a **clear purpose** and **desired outcome**.
- Use the Risk Register, Integrated Performance Dashboard, information gained from walkabouts and staff sessions plus stakeholder feedback, benchmarking and audit reports to steer and plan the agenda to focus on **business critical activity**.

FOCUS OF PAPERS

- Exception based reporting. Report templates are key as they guide to the **purpose** and the **desired outcome**.
- Is it clear why items are being presented? If not, **make this point in the meeting**. Focussed papers help manage the effectiveness of meetings avoiding them running over time.
- Ask yourself **“so what?”**. If this isn't clear, let the presenter know.
- Appropriate challenge leads to assurance – acknowledging that some further actions may be necessary to manage risks
- Minimise duplication – ‘Less is More’ – avoid information overload i.e. **discourage the use of appendices**.
- Encourage visualisation tools by **praising** them when they are used – interactive, presentations, videos.
- Look for consistency across papers – aligned to strategic objectives, consistency of messaging and **praise** when you see this.

REPORT PRESENTERS

- Teeing-up discussion – be clear that you will be taking the paper as read and **seek only new or changed information** from the presenter over that which is covered in the report.
- Ensure a **consistent** approach. Some presenters are more engaging or have a topic that may interest you more – don't get swayed by this, manage the item for the purpose it is there.
- Is there contradictory evidence, are there clear logical explanations showing an improving trend?.
- **Feedback** / request changes if you consider that you are not receiving the right information at the right time in the right way – also use triangulation to help bolster the position – are all the necessary steps being taken to address the position?.

EXECUTIVE COLLABORATION

- Executive portfolio representation in meetings and **integrated executive working** - are the right people in the room? If not, why not? Bring other officers into the discussion to add their perspective on an issue out of their portfolio to add richness to the discussion.
- Encourage Executives to **call upon one another** to share presentations of items as appropriate.
- Consider if it would be helpful to have a meeting with the Executive lead prior to a Board Committee taking place to set out the points which may need further clarification at the Committee?

ROLE OF THE COMMITTEE CHAIR

- Setting the **tone**, tee-up the desired focus of discussion. Keep everyone **focussed** - Adhoc presenters may need support if not familiar with the setting.
- Consider if it would be helpful for the Committee Chair to have a pre-meet with other IMs ahead of the meeting to look at the issues and decide how these are best managed during the meeting?
- Ensure you have read the **Chairs Brief** and that it has been shared with the Vice Chair.
- Managing the Time – **set clear expectations** for presenters on timings. This can be planned at agenda planning stage by including timings on the agenda, and reiterated when introducing the agenda item at the meeting. Do not allow discussions to stray into operational territory.
- Lead by example and consider how other IM's can complement the Chair – **tag team** each other.
- Give the **Vice-Chair** an opportunity to Chair Committees under the guidance of the Committee Chair (at least once per annum)
- Clearly **sum-up the conclusions** of the discussion, suggest SMART objectives be used to measure delivery of **actions**, noting the resolution agreed to ensure everyone is clear on the outcome and next steps

MEETING CULTURE

- Commitment
- Enthusiasm
- Preparedness
- Style of contributions – scrutiny which **constructive**/supportive **challenge**, not criticism/deconstructive feedback.
- Use the right questions for the right circumstances – use powerful questions (e.g. what do we need to do to ensure....)
- Consider whether there are strong personalities influencing items.
- Create the right atmosphere in the room, encouraging **openness** and **transparency** with professionalism
- Adherence to Virtual Meeting Etiquette principles.

IM LISTENING

Passive listening (focusing on encouraging speaker to open up)

- Avoid being judgemental or defensive
- Avoid expressions like 'that's good', 'excellent', 'that's right',
- Instead use responses such as:
 - Tell me more about...
 - Is there something else we could be doing to improve...
 - I'm interested to hear what you think of ...
 - I'd like to hear what you feel about ...

Active listening (to check understanding)

- It seems that you...
- Let me see if I understand you

IM QUESTIONING

- Asking concise, strategic and **purposeful** probing questions to clarify issues. Your role is to **scrutinise** the information presented and **seek assurance** that the Health Board is achieving its strategic objectives.
- Recognise the difference between being reassured and receiving assurance
- Often the most **'obvious' or simple** questions lead to the most insightful answers – remember to ask about the obstacles and risks to delivery and what can be done to support delivery.
- Avoid venturing into the operational detail, remain focussed on the **what, why and when** rather than the 'how'.
- Avoid commentary.
- Use **secondary 'follow-up' questions** to ensure you gain the assurance you need.
- Triangulation of intelligence – seek opportunities to **cross-reference** reports, comments made and different perspectives/contributions.
- Ensure questions are not just confined to the consent agenda.
- **Questions asked on consent agenda** may be worthy of **exploring further** in the main meeting.
- Equitable questioning / contributions are essential, mentor new Members as necessary.

EXAMPLES OF ISSUES TO CONSIDER AND QUESTIONS TO ASK;

Does the management response accurately reflect the audit recommendations?

How do we know that the assurances provided draw appropriate attention to risks, weaknesses and/or areas for improvement which should be addressed?

How is learning shared across the Health Board to avoid duplication and learn lessons?

What assurance is being provided that the recommendations are being implemented, monitored and followed up?

How was this issue escalated to ensure due process was followed?

What sources of secondary or independent evidence could support the perspective set out in the report?

What are the obstacles including risks to delivery and how can actions be supported?

ASSURANCE 'V' REASSURANCE



Assurance: being assured because the Committee/Board has *reviewed* reliable sources of information (evidence) and *is satisfied* with the course of action



Reassurance: being *told* by the Executive and staff that performance actions are satisfactory

ORGANISATIONAL INSIGHT

- What assurance can you provide that the plans are meaningful and underpinned by robust evidence?
- How do we know that we have an appropriate level of understanding of the purpose and work of the organisation when setting strategy?
- How do we know that the Board has clearly articulated and communicated its risk appetite?
- How do we know we are monitoring performance and quality against the most appropriate standards?
- How does the issue under discussion support the achievements of the Health Board's strategic goals?
- What assurance can you provide that demonstrates that there is effective and accurate budgeting and in-year forecasting?

ORGANISATIONAL INSIGHT

- Triangulate – what has been seen / heard during walkabouts and what appears in reports.
- Ensure **regular contact** and discussion with senior leaders at the organisational level
- Obtain **softer intelligence** outside of the meeting – e.g. site visits
- Where appropriate, consider a **deep-dive** – aligned to key indicators – risk register, integrated dashboard and audit reports (Internal & External), explore stakeholder feedback and benchmarking data.

CROSS-COMMITTEE WORKING

- **Minimise** cross-committee **referrals** to remove unnecessary duplication
- Referring where appropriate:
 - What are you referring?
 - Why are you referring it?
 - What is the outcome that you are anticipating from this referral?
- **Regular catch-ups** with other Committee Chairs

GOVERNANCE FRAMEWORK

- Standing Orders
- Standards of Behaviour Policy (Nolan Principles)
- IM Role Descriptions
- Board Secretary – is a source of advice and support to the Health Board Chair and other Board Members. Has the role of being the guardian of good governance.
- Business Intelligence – scrutiny of service delivery performance reports including the organisational annual report.
- Risk Register & Board Assurance Framework – aid understanding of issues requiring scrutiny.

ESCALATION TO THE BOARD

- The Committee Chair will approve the Highlight Report to the Board following each meeting
- **Focussed updates** – using the Highlight Report Template
- ‘Assurance’ versus ‘Reassurance’
- ‘Cascade’ versus ‘Escalate’
- Where ‘**escalate**’ it will ensure **discussion** on the main agenda **at Board**

@cwmtafmorgannwg

Find us on



**OUR VALUES
HELP US BE AT
OUR BEST**



**WE LISTEN,
LEARN AND
IMPROVE**



**WE TREAT
EVERYONE
WITH RESPECT**



**WE ALL WORK
TOGETHER
AS ONE TEAM**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



AGENDA ITEM

2.2.1a

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 05 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	25 th October 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Thomas, Deputy Director of Finance
Presented by	Sally May, Director of Finance & Procurement
Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Welsh Government	13/09/2022	NOTED

ACRONYMS

WG	Welsh Government
M1 etc	Month 1 etc
PPFC	Planning, Performance & Finance Committee
LHB	Local Health Board

MONTH 05 MONITORING RETURNS TO WELSH GOVERNMENT

1. SITUATION/BACKGROUND

In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the Planning, Performance and Finance Committee (PPFC) with information from the M05 Financial Monitoring Return submission to Welsh Government.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The Health Board, Strategic Health Authority & Trust Monthly Financial Monitoring Return Guidance was issued on 26 April 2022. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2022/23 financial performance, together with the following requirements:

The Day 9 submission to WG must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with , transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M05 Narrative report
Table A - Movement
Tables C, C1, C2 & C3



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M05 Financial Monitoring returns is summarised below:

	M5 Actual	M5 YTD	M5 Forecast	M4 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	2.7	13.4	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.4	2.1	5.0	5.1	5.0
Energy inflation	0.5	2.6	26.6	20.8	11.6
Real Living Wage for Social Care Workers	0.2	1.0	2.4	2.4	2.4
Anticipated funding	(1.1)	(5.7)	(34.0)	(28.3)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	1.1	7.3	14.1	15.1	15.6
Other	0.8	7.4	16.7	15.6	16.7
Anticipated funding	(1.9)	(14.7)	(30.8)	(30.7)	(32.3)
Total	0	0	0	0	0
Grand total	2.7	13.4	26.5	26.5	26.5

The M5 YTD position is a £13.4m deficit. This represents a £2.4m adverse variance compared to 5/12th of the £26.5m Core plan deficit.

This information is consistent with the M05 Finance reports going to Management Board, PPFC and the Board.

It is important to note that M5 internal reporting within the Health Board is reporting a M5 YTD savings shortfall of £0.9m compared to the £0.7m position reported in this Monitoring Return. This is due to a different phasing of the savings target in the Health Board plan where the annual target of £17.3m has been phased equally through M1 to M12.



	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	5.7	5.5
Year to date actual	(6.4)	(6.4)
Year to date Variance	0.7	0.9

The financial plan for 2022/23 also includes planned accountancy gains of £4.5m and unplanned accountancy gains of £0.9m for the HSE provision release

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

The Committee is asked to **NOTE** the contents of the Month 05 Monitoring Returns submitted to Welsh Government for 2022/23.

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 14 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)	-44,500	0	-44,500	-44,500
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-98,911	-936	-97,975	-97,975
3 Planned Expenditure For Covid-19 (Negative Value)	-35,676	-35,676	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	93,159	2,456	90,703	90,703
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	35,676	35,676	0	0
6 Planned Provider Income (Positive Value)	6,430	0	6,430	6,430
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	14,104	7,683	6,422	7,088
9 Planned (Finalised) Net Income Generation	247	0	247	253
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	2,971	0	2,971	10,001
14 Opening IMTP / Annual Operating Plan	-26,500	9,202	-35,702	-28,000
15 Reversal of Planning Assumptions still to be finalised at Month 1	-2,971	0	-2,971	-10,001
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	-119	0	-119	-125
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-3,234	-431	-2,803	-2,603
20 Additional In Year Identified Savings - Forecast	6,442	499	5,943	5,971
21 Variance to Planned RRL & Other Income	0	0		
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-4,919	-4,919		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	4,919	4,919		
25 In Year Accountancy Gains (Positive Value)	5,389	5,389	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 Anticipated Improvement in Recurrent Savings Schemes through the year	0	0	0	0
28 Reverse Accountancy Gain included in IMTP	-4,500	-4,500		
29 Remove COVID Funding Assumption included in IMTP (Income loss & ICT) - as instructed	-2,873	-2,873		
30 Recover COVID Funding Assumption included in IMTP via additional savings/cost reductions	2,666	2,666		
31 New Pressure Provision for Primary Care Out of Hours dispute - Holiday Pay	-800	-800		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36 Forecast Outturn (- Deficit / + Surplus)	-26,500	9,152	-35,652	-34,758
37 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			

	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	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-18,542	-44,500
2	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-41,213	-98,911
3	-5,054	-4,673	-4,409	-2,492	-2,492	-2,497	-2,262	-2,298	-2,296	-2,397	-2,404	-2,402	-19,120	-35,676
4	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	38,816	93,159
5	5,054	4,673	4,409	2,492	2,492	2,497	2,262	2,298	2,296	2,397	2,404	2,402	19,120	35,676
6	536	536	536	536	536	536	536	536	536	536	536	536	2,679	6,430
7	677	-103	60	-226	-260	-194	33	29	88	87	-220	148	0	0
8	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	6,322	14,104
9	0	27	17	22	23	23	23	23	23	23	24	24	88	247
10													0	0
11													0	0
12													0	0
13				330	330	330	330	330	330	330	330	330	660	2,971
14	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-11,042	-26,500
15	0	0	0	-330	-330	-330	-330	-330	-330	-330	-330	-330	-660	-2,971
16													0	0
17													0	0
18	0	-27	15	-11	-12	-12	-12	-12	-12	-12	-13	-13	-34	-119
19	0	-631	-464	-376	-606	99	-144	-215	-218	-197	-237	-245	-2,076	-3,234
20	0	697	434	453	466	1,295	517	516	516	516	516	515	2,050	6,442
21													0	0
22	0	-2,041	-1,961	190	-601	-341	149	253	88	-116	-317	-221	-4,413	-4,919
23													0	0
24	0	2,041	1,961	-190	601	341	-149	-253	-88	116	317	221	4,413	4,919
25	0	0	0	889	0	4,500	0	0	0	0	0	0	889	5,389
26	-154	-146	-109	-171	228	-1,689	-194	-123	-120	864	905	710	-353	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28					-4,500								0	-4,500
29		-555	-277	-247	-247	-247	-217	-217	-217	-217	-217	-215	-1,326	-2,873
30					381	381	381	381	381	381	381	380	0	2,666
31				-800									-800	-800
32													0	0
33													0	0
34													0	0
35													0	0
36	-2,362	-2,871	-2,609	-2,801	-2,709	-2,710	-2,208	-2,208	-2,208	-1,204	-1,204	-1,407	-13,352	-26,500
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Period : Aug 22

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	16	47	47	32	32	32	32	32	32	27	27	27	172	378		378	0			
2		Actual/F'cast	16	349	183	183	183	183	183	183	183	183	185	185	913	2,199	41.53%	2,199	0	199	2,000	2,000
3		Variance	0	303	136	151	151	152	152	152	152	157	158	158	741	1,821	429.98%	1,821	0			
4	Commissioned Services	Budget/Plan	15	15	15	45	45	45	40	40	40	40	40	40	135	422		377	45			
5		Actual/F'cast	15	15	15	15	15	965	197	197	197	197	197	197	74	2,223	3.32%	2,223	0	121	2,102	2,203
6		Variance	0	(0)	(0)	(30)	(30)	920	157	157	157	157	157	157	(62)	1,802	(45.46%)	1,847	(45)			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	210	210	235	235	235	243	244	243	244	244	244	244	889	2,586		796	1,790		
8		Actual/F'cast	0	8	8	(17)	0	428	225	225	225	225	225	226	(0)	1,781	(0.00%)	593	1,188	287	1,494	2,017
9		Variance	0	(201)	(201)	(252)	(235)	193	(17)	(18)	(17)	(18)	(18)	(18)	(889)	(804)	(100.00%)	(202)	(602)			
10	Non Pay	Budget/Plan	396	418	445	442	491	467	346	349	343	343	343	643	2,192	5,025		4,834	192			
11		Actual/F'cast	396	695	565	807	641	669	470	462	455	440	440	741	3,103	6,780	45.77%	6,733	47	3,659	3,121	3,228
12		Variance	0	277	120	365	150	201	124	113	112	97	97	98	911	1,754	41.57%	1,899	(145)			
13	Pay	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	2,932	5,693		5,425	268			
14		Actual/F'cast	340	519	567	407	373	434	354	295	299	276	235	231	2,205	4,328	50.94%	4,328	(0)	3,483	845	1,008
15		Variance	(0)	(312)	(84)	(157)	(174)	(72)	(43)	(103)	(106)	(74)	(115)	(125)	(727)	(1,365)	(24.80%)	(1,096)	(268)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	6,322	14,104		11,809	2,295			
20		Actual/F'cast	766	1,586	1,337	1,395	1,212	2,680	1,430	1,363	1,360	1,322	1,282	1,580	6,295	17,312	36.36%	16,077	1,235	7,750	9,562	10,456
21		Variance	(0)	66	(30)	77	(139)	1,394	373	301	299	319	278	270	(26)	3,208	(0.42%)	4,268	(1,060)			
22	Variance in month		(0.00%)	4.34%	(2.20%)	5.85%	(10.31%)	108.49%	35.24%	28.36%	28.12%	31.77%	27.76%	20.62%	(0.42%)							
23	FY forecast		4.43%	9.16%	7.72%	8.06%	7.00%	15.48%	8.26%	7.87%	7.86%	7.64%	7.40%	9.12%								

Table C1- Savings Schemes Pay Analysis

		Month	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 Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			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	Changes in Staffing	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2	Establishment	Actual/Fcast	0	16	44	43	41	5	1	1	1	1	1	1	144	154	93.38%	154	0	154	0	0
3		Variance	0	16	44	43	41	5	1	1	1	1	1	1	144	154		154	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/Fcast	0	0	0	0	0	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		0	0			
16	Other (Please Specify)	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	2,932	5,693		5,425	268			
17		Actual/Fcast	340	503	522	364	333	429	353	294	298	275	234	230	2,061	4,174	49.38%	4,174	(0)	3,329	845	1,008
18		Variance	(0)	(328)	(129)	(200)	(215)	(77)	(44)	(103)	(106)	(75)	(116)	(126)	(871)	(1,519)	(29.71%)	(1,250)	(268)			
19	Total	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	2,932	5,693		5,425	268			
20		Actual/Fcast	340	519	567	407	373	434	354	295	299	276	235	231	2,205	4,328	50.94%	4,328	(0)	3,483	845	1,008
21		Variance	(0)	(312)	(84)	(157)	(174)	(72)	(43)	(103)	(106)	(74)	(115)	(125)	(727)	(1,365)	(24.80%)	(1,096)	(268)			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

		Month	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 Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			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	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/Fcast	0	0	0	0	0	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		0	0			

Table C3 - Tracker

This Table is currently showing 22 errors

	£'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	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	6,322	14,104	7,683	6,422	666	7,088
	Month 1 - Actual/Forecast	766	889	903	942	745	1,384	914	847	844	806	766	1,064	4,245	10,870	7,251	3,619	866	4,485
	Variance	(0)	(631)	(464)	(376)	(606)	99	(144)	(215)	(218)	(197)	(237)	(245)	(2,076)	(3,234)	(431)	(2,803)	200	(2,603)
	In Year - Plan	0	700	433	445	410	1,047	473	473	473	473	473	472	1,988	5,872	408	5,464	28	5,492
	In Year - Actual/Forecast	0	697	434	453	466	1,295	517	516	516	516	516	515	2,050	6,442	499	5,943	28	5,971
	Variance	0	(3)	1	8	56	248	43	43	43	43	43	43	61	570	91	479	0	479
	Total Plan	766	2,220	1,801	1,763	1,761	2,332	1,531	1,535	1,535	1,476	1,476	1,782	8,310	19,976	8,091	11,886	694	12,580
	Total Actual/Forecast	766	1,586	1,337	1,395	1,212	2,680	1,430	1,363	1,360	1,322	1,282	1,580	6,295	17,312	7,750	9,562	894	10,456
	Total Variance	(0)	(634)	(463)	(368)	(549)	347	(101)	(172)	(174)	(154)	(194)	(202)	(2,015)	(2,664)	(341)	(2,324)	200	(2,124)
Net Income Generation	Month 1 - Plan	0	27	17	22	23	23	23	23	23	23	24	24	88	247	0	247	6	253
	Month 1 - Actual/Forecast	0	0	32	11	11	11	11	11	11	11	11	11	53	128	0	128	0	128
	Variance	0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(34)	(119)	0	(119)	(6)	(125)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	27	17	22	23	23	23	23	23	23	24	24	88	247	0	247	6	253
	Total Actual/Forecast	0	0	32	11	11	11	11	11	11	11	11	11	53	128	0	128	0	128
Accountancy Gains	Total Variance	0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(34)	(119)	0	(119)	(6)	(125)
	In Year - Plan	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	0	0	0
	In Year - Actual/Forecast	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	766	1,547	1,384	1,339	1,373	1,308	1,080	1,085	1,084	1,026	1,027	1,333	6,409	14,351	7,683	6,669	672	7,341
	Month 1 - Actual/Forecast	766	889	935	953	756	1,395	924	857	855	816	776	1,075	4,299	10,998	7,251	3,747	866	4,613
	Variance	(0)	(658)	(448)	(386)	(618)	87	(156)	(227)	(229)	(209)	(250)	(258)	(2,111)	(3,353)	(431)	(2,922)	194	(2,728)
	In Year - Plan	0	700	433	1,334	410	1,047	473	473	473	473	473	472	2,878	6,761	1,297	5,464	28	5,492
	In Year - Actual/Forecast	0	697	434	1,342	466	1,295	517	516	516	516	516	515	2,939	7,331	1,388	5,943	28	5,971
	Variance	0	(3)	1	8	56	248	43	43	43	43	43	43	62	570	91	479	0	479
	Total Plan	766	2,247	1,817	2,673	1,784	2,355	1,553	1,558	1,557	1,499	1,499	1,805	9,287	21,113	8,980	12,133	700	12,833
	Total Actual/Forecast	766	1,586	1,369	2,295	1,222	2,690	1,441	1,374	1,371	1,333	1,282	1,590	7,238	18,329	8,639	9,690	894	10,584
	Total Variance	(0)	(661)	(448)	(379)	(561)	336	(112)	(184)	(186)	(166)	(207)	(215)	(2,049)	(2,784)	(341)	(2,443)	194	(2,249)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – AUGUST 2022

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 August 2022.

The tables attached to this commentary **do not** include the income, expenditure and balances of the Welsh Health Specialised Services Committee (WHSSC) or the Emergency Ambulance Services Committee (EASC) which is being financially managed via WHSSC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2022/23

In accordance with Welsh Government (WG) guidance, our financial plan is set out into three parts:

- Core Plan
- Exceptional Cost Pressures
- Ongoing Covid response costs

Our draft Annual Plan, submitted to WG on 29 April 2022, is as follows:

	Core plan £m	Exceptional items £m	Covid response costs £m
Recurrent deficit as at 31 March 2020	17.6		
Recurrent savings shortfalls 2020/21	16.2		
Forecast recurrent savings shortfalls 2021/22	11.1		
Other recurrent underspends	(0.4)		
Forecast recurrent deficit as at 31 March 2022	44.5	0	0
Planned surplus on Core plan	-18.0		
National insurance changes		5.0	
Energy inflation		11.6	
Real Living Wage for Social Care Workers		2.4	
Ongoing Covid response costs (Programme costs and Other response costs)			32.3
Total	26.5	19.0	32.3

In accordance with Judith Paget's letter dated 14 March, the Health Board is anticipating additional funding from WG for the three Exceptional Cost

Pressures and for its ongoing Covid response costs. The Health Board is seeking to mitigate these costs as far as possible during 2022/23.

1.2 Actual YTD and Forecast 22-23 (Table A)

	M5 Actual	M5 YTD	M5 Forecast	M4 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	2.7	13.4	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.4	2.1	5.0	5.1	5.0
Energy inflation	0.5	2.6	26.6	20.8	11.6
Real Living Wage for Social Care Workers	0.2	1.0	2.4	2.4	2.4
Anticipated funding	(1.1)	(5.7)	(34.0)	(28.3)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	1.1	7.3	14.1	15.1	15.6
Other	0.8	7.4	16.7	15.6	16.7
Anticipated funding	(1.9)	(14.7)	(30.8)	(30.7)	(32.3)
Total	0	0	0	0	0
Grand total	2.7	13.4	26.5	26.5	26.5

The M5 YTD position is a £13.4m deficit. This represents a £2.4m adverse variance compared to 5/12th of the £26.5m Core plan deficit. It is important to note that circa £1.3m of this adverse variance is due to the instruction in the M1 response letter for us to remove any assumed Covid funding for income losses and ICT/home working costs both of which are due to Covid.

As at M5 the key issues to highlight are as follows:

- **Core Plan Forecast** - We are maintaining a forecast Core plan deficit of £26.5m. Please note that the removal of Covid funding for income losses and ICT/home working costs represents a £3m risk to the Core plan. At this stage it is unclear if the HB can deliver an additional £3m of savings to cover the loss of Covid funding assumed in the financial plan and this has been included in our Risk table at Section 3.
- **Exceptional Items** - We are forecasting a £5.8m increase in Exceptional items over M4 which reflects the latest information from NWSSP on energy costs. The annual forecast of £26.6m includes actual costs for 4m and estimated costs for 8m. The forecast costs from NWSSP are showing a significant step up in costs from October 2022:

Month	Cost
	£k
April	1,232
May	1,096
June	1,134
July	900
August	1,006
September	1,232
October	3,582
November	4,147
December	4,720
January	4,829
February	4,699
March	4,671
Total	33,249

- **COVID Programme Costs** - We are forecasting a decrease in COVID programme costs of £1.0m, due to a £1.1m decrease in Mass Vaccination offset by an increase of £0.1m for PPE.
- **Other COVID Response Costs** - We are forecasting an increase in Covid response costs compared to M4 of £1.1m (See Section 1.5). The M4 forecast had assumed that certain costs (eg ED front door testing & additional capacity) would be phased out by the end of Q2. We also highlighted that any significant resurgence of COVID in Q2, Q3 or Q4 would therefore deteriorate the M4 forecast and the estimated risk if these costs could not all be phased out at the end of Q2 was circa £1.2m. This risk was included in our M4 risk table at Section 3.

The M5 forecast assumes that these costs will continue to the end of Q4 and the risk has been removed from the risk table.

- **Key risks and opportunities** - The risks to the M5 position remain significant with a total net risk of £48.1m. This includes £49.2m for Covid and Exceptional items.
- **Annual Leave Accrual** – The opening annual leave accrual of £17.2m was calculated based on the estimated gross salary costs of the estimated amount of leave outstanding at 31 March 2022 (i.e. the accrual was not based on the estimated backfill costs of covering the outstanding leave).

For some staff groups the cost of backfilling leave will exceed the gross salary costs and for some groups the backfill cost will be less/zero. It is important to note that our systems and processes are not able to track the true backfill costs from taking any additional leave c/fwd from 20/21.

As at M5, we have released £0.8m of the accrual to cover the cost of selling back annual leave, reducing the accrual to £16.4m

As at M5, our high level estimate of the closing accrual at the end of 22/23 is circa £7.2m. This is based on the key assumption that the carry forward of annual leave at the end of 22/23 will revert to the normal pre Covid level of 5 days, compared to a maximum of 30 days at the end of 21/22.

This represents a potential release of £10.0m comprising £0.8m for sell back and £9.2m for other reasons including covering backfill costs.

Our M5 forecast assumes a release of £6.0m with a further £4.0m shown as an opportunity. As at M5, we have released £2.5m of the accrual which is 5/12ths of £6.0m. We think this is a prudent approach given the uncertainty surrounding the policy decision re 5 days carry over and the uncertainty regarding the actual annual leave that will be taken in the next 7 months.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B)

	August			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M05 £'000	M04 £'000	Movement £'000
RRL	100,767	102,522	(1,755)	1,226,241	1,218,478	7,763
Donation/Grants	0	0	0	229	229	0
Welsh HBs & NHST	6,719	7,186	(468)	84,766	86,089	(1,324)
WHSSC	980	904	77	11,197	11,120	77
WG Income	(58)	57	(115)	(189)	(74)	(115)
Other Income	3,103	2,935	168	35,581	35,413	168
Income Total	111,511	113,604	(2,093)	1,357,825	1,351,256	6,569
PC Contractor	11,518	12,444	(925)	149,490	149,515	(25)
PC - Drugs	7,569	8,268	(700)	93,585	94,284	(700)
Pay	48,995	50,389	(1,394)	599,803	600,397	(594)
Non Pay	11,801	10,159	1,642	128,796	122,128	6,668
SC - Drugs	3,628	3,671	(43)	43,319	43,363	(43)
H/C Other NHS	20,891	20,967	(76)	252,504	251,380	1,124
Non H/C Other NHS	294	260	33	3,527	3,259	268
CHC & FNC	5,622	5,147	475	59,317	58,842	475
Private & Vol	1,024	1,486	(462)	15,855	16,317	(462)
Joint & Other	166	296	(130)	5,440	5,570	(130)
DEL	2,715	2,715	0	32,608	32,608	0
AME	10	10	0	122	122	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(13)	0	(13)	(41)	(28)	(13)
Cost - Total	114,220	115,813	(1,593)	1,384,325	1,377,756	6,568

The actual expenditure for M5 was £1.6m (1.4%) less than the £115.8m forecast. The most significant In month movements between the M05 forecast and M05 actuals were as follows:

- **Primary Care Contractors - £925k Favourable** – The Movement in the M5 position was mainly attributed to timing differences of enhanced services, these have been phased to future periods.
- **Primary Care Drugs - £700k Favourable** – The movement in the Primary Care Drug position is due to lower than anticipated growth in the June PAR report.
- **Provider Pay - £1,394k Favourable** – The decrease in pay expenditure relates to a broad reduction in underlying pay expenditure.
- **Provider Non-Pay - £1,642k Adverse** – The increase in M5 expenditure is attributed to arrears of payments for Local Authorities.

- **CHC/FNC - £475k Adverse** – The increase in expenditure is mainly related to higher than planned inflationary settlements for providers together with increased placements.
- **Private & Voluntary - £462k Favourable** – The outsourced activity continues to be below anticipated levels.

The year-end forecast expenditure at M5 has increased by £6.57m to £1,384m offset by a corresponding increase in the income forecast. The most significant changes between the M5 and M4 year-end forecasts are as follows:

- **Prescribing - £0.7m Favourable** – reflects the in month movement as noted above.
- **Provider Pay - £0.6m Favourable** – The forecast has been updated to reflect the revised COVID response increase offset by the in month reduction.
- **Provider Non-Pay - £6.7m Adverse** – The latest forecast on energy from NWSSP has increased our forecast by £5.8m (matched with anticipated allocation. The in month increase for Local Authority arrears has also been recognised along with the revised Mass Vaccination forecast.
- **Healthcare Providers - £1.1m Adverse** – The increase in the forecast relates to new allocations for WHSSC. This is matched with an increase in the revenue resource limit.
- **CHC/FNC - £0.5m Adverse** – as noted above the forecast reflects the increased inflationary settlement.
- **Private & Voluntary - £0.5m Favourable** – As noted above, the forecast reflects the lower than anticipated outsourcing activity.

The forecast has been profiled using latest plans and information and will continue to be refined throughout the year.

The profile for Month 6 includes anticipated accountancy gains included in our original IMTP against Pay, Non-Pay and CHC.

1.4 Pay Expenditure (Table B2- Sections A, B&C)

The M5 Pay expenditure was £50.7m and the monthly trend is summarised below.

	M5	M4	M3	M2	M1	M12	M11	M10
	£m	£m	£m	£m	£m	£m	£m	£m
A&C	6.7	6.6	6.8	6.9	7.1	10.7	7.2	7.5
Medical	13.1	12.9	13.6	13.4	12.5	20.6	13.2	13.5
Nursing	15.1	16.5	16.7	16.0	17.5	26.7	17.0	17.5
ACS	6.5	6.8	6.6	6.6	6.8	10.5	6.7	7.1
Other	9.3	8.4	8.5	8.4	8.5	14.2	8.9	8.9
Total	50.7	51.2	52.2	51.3	52.4	82.7	53.0	54.4

The Key issues to highlight are as follows:

- The M12 position included additional pension charges of £24.9m plus an additional annual leave accrual of £3.9m. The M12 cost excluding these one-off items was £53.9m.
- The M1 position reported a slight improvement of £1.3m compared with the previous 3 months, after taking account of the M12 comment above.
- The M2 position was a £1.1m improvement over M1. This was mainly due to a reduction in Registered Nursing premium overtime payments. Conversely, Medical & Dental ADH payments increased but this is not anticipated to continue and will be kept under review.
- The M3 position increased by £0.9m compared to M2. This was mainly due to increased Agency costs.
- M4 Position has improved by £1m compared to M3, this is due to the £2m annual leave accrual release offset by £0.8m of payments for Holiday pay on overtime.
- The M5 expenditure reduced by £0.5m compared to M4, after allowing for the annual leave accrual release of £0.5m and holiday pay on overtime payment of £0.2m, the underlying position improved by £1.4m compared to M4.

The M5 agency expenditure was £4.6m and the monthly trend (excluding accountancy gains) is summarised below.

	M5	M4	M3	M2	M1	M12	M11	M10
	£m	£m	£m	£m	£m	£m	£m	£m
Medical	1.1	1.4	1.7	1.3	1.2	1.4	1.1	1.2
Nursing	2.3	2.4	2.4	2.1	2.6	2.6	2.2	2.6
Other	1.2	1.0	1.0	1.0	0.9	1.5	1.0	1.2
Total	4.6	4.8	5.1	4.4	4.7	5.5	4.3	5.0

Agency costs have remained fairly stable over the first 5 months of 22/23. The average monthly cost over the period M1 to M5 is £4.74m/month. This is consistent with the average of M10 and M11 of 21/22.

1.4 Covid analysis (Table B3)

A summary of the additional revenue costs being classified as Covid is provided below:

	M5 Actual	M5 YTD	M5 Year-end forecast	M4 Year-end forecast	Financial Plan-30 April	Movement between M5 and M4 Forecasts
Programme costs	£m	£m	£m	£m	£m	£m
TTP	0.4	3.3	5.8	5.8	6.5	0
Mass Vaccination	0.5	3.1	6.5	7.6	7.4	(1.1)
PPE	0.3	0.9	1.9	1.8	1.6	0.1
Sub total	1.1	7.3	14.1	15.1	15.6	(1.0)
Other Covid costs:						
Cleaning Standards	0.1	0.6	1.9	1.9	2.3	0
Capacity & Facilities costs	(0.1)	1.7	2.9	2.9	3.0	0
Prescribing costs	0.2	0.9	2.1	2.1	2.1	0
Dental income losses	0.2	1.1	2.5	2.5	2.5	0
Increased workforce costs	0.3	2.5	4.5	3.2	2.6	1.2
Services supporting Covid response:						
Long Covid	0.03	0.2	0.8	0.8	0.8	0
Flu extension	0.03	0.1	1.1	1.1	0.6	0
Discharge support	0.03	0.3	0.3	0.3	0.6	0
Other Covid Response	0.03	0.1	0.6	0.7	2.3	(0.1)
Sub total	0.8	7.4	16.7	15.6	16.7	1.1
Total Covid costs	1.9	14.7	30.8	30.7	32.3	0.1
Anticipated funding	(1.9)	(14.7)	(30.8)	(30.7)	(32.3)	(0.1)
Total	0	0	0	0	0	0

There are no key points to note on the Month 5 In month expenditure position.

The key points to note on the forecast changes between M5 and M4 are as follows:

- Programme costs – The M5 forecast has reduced by £1.0m from M4, with Mass Vaccination reducing by £1.1m, offset by an increase in PPE of £0.1m.
- Other Covid costs – The M5 forecast has increased by £1.1m, with the main cause being the continuation of additional staff costs.

2. Month 3 - Forecast recurrent position (Table A)

The B'fwd recurrent deficit at the end of 21/22 was £44.5m.

As at M5 we are reporting a forecast recurrent deficit at the end of 22/23 of £34.8m (M4: £34.8m). This represents a £6.8m deterioration from the planned recurrent deficit of £28m and is due to the latest recurrent shortfall in savings delivery.

The key risks to the forecast recurrent deficit position are as follows

- Recurrent cost pressures - Our Integrated Locality Groups (ILGs) and Directorates identified bought forward cost pressures of circa £11m at the start of 22/23. These cost pressures were excluded from the financial plan and the risk has been managed in 22/23. However, this may present a risk for the 23/24 financial plan. A full assessment will be undertaken as part of the IMTP planning process for 2023/24.
- Covid response costs and Exceptional costs being incurred in 22/23 may continue into 23/24 - A full assessment will be undertaken as part of the IMTP planning process for 2023/24. Further clarification of the treatment of Covid response costs and Exceptional costs (particularly energy) on the forecast recurrent positions, would be helpful in order to ensure a consistent All Wales.

3. Risk Management (Table A2)

The key financial risks and opportunities for 22/23 are noted in Table A2 and are summarised below:

	Month 5	Month 4	Financial Plan – 30 April	Comment
	£m	£m	£m	
Risks:				
Reduction in assumed Covid funding for income losses and additional costs of home working etc as per WG response to M1 MR submission. Financial plan assumption was £1.5m for each. The M5 actual impact on the Core plan is an overspend of circa £1.3m.	3.0	3.0	0	At this stage it is unclear if the HB can deliver an additional £3m of savings to cover the loss of Covid funding that was assumed in the financial plan. As at M5 this has been shown as a savings target in M12 and will be reviewed on a monthly basis.
The M4 forecast assumed that certain COVID costs (eg ED front door testing & additional capacity) would be phased out by the end of Q2. The risk of these costs continuing in Q3 and Q4 was £1.2m.	0	1.2	0	These costs have now been reflected in the M5 forecast and therefore removed from the risk table.
Potential further reductions in the assumed funding for the following forecast Covid costs at M4: Bed Capacity £2.9m Prescribing £2.1m Workforce Costs £4.5m Discharge Support £0.3m Dental income loss £0.5m Cleaning standards £1.9m	12.2	8.7	0	We are continuing to assume that Covid funding for the following costs is not at risk: Long COVID £0.8m
Potential reductions in the assumed funding for the following forecast Exceptional costs at M5: Energy £26.6m NI ERs £5.0m RWL on Social Care £2.4m	34.0	28.2	0	
Shortfall against planned savings delivery of £17.3m.	0.6	0.9	2.5	The forecast savings at M5 is in line with the target of £17.3. However, the forecast includes Amber schemes of £1.2m. We have included an estimated savings delivery risk of £0.6m.
Winter plan costs exceed the WG allocations for Six goals and RIF.	tbc	tbc	2.5	Further work is being undertaken to finalise the winter plan for 22/23
Non-Pay Inflation exceeds the £4.4m provision made in the plan (4.0%)	1.1	1.1	1.1	This risk is High as inflation is currently exceeding 4%.
Impact of auto-enrolment upon employers' pension costs	1.2	1.2	0	Actual impact will not be known until October 2022

	Month 5	Month 4	Financial Plan – 30 April	Comment
LFERs – potential financial penalty due to delays with the submission of information to the WRP .	tbc	tbc	0	Contingent liability note included within the 21/22 Annual accounts
Planned care recovery- potential risk that the cost of delivering the key ministerial targets will exceed the confirmed funding of £26.1m	tbc	tbc	0	
Primary care prescribing – Growth & Cat M Risk	0	3.0	0	
Risk of new Pay advisory notices leading to increased pay rates and additional costs	tbc	0	0	
Additonal Bank Holiday costs for Queens Funeral	tbc	0	0	
Total risks	52.1	47.3	16.1	
Opportunities:				
Annual leave accrual	-4.0	-4.0	-2.0	A release of £6m has been included in the year end forecast position with a further potential opportunity of £4.0m. Please see Section 1.2 above.
Retention of potential slippage on new MH funding for 22/23 of £3m	tbc	tbc	0	
Total Opportunities	-4.0	-4.0	-2.0	
Total	48.1	43.3	14.1	

The total risk of £48.1m includes £49.2m of risks relating to Covid and Exceptional items.

4. Ring Fenced Allocations (Tables N&O)

The Health Board can confirm that there are no concerns at M5 on any ring-fenced budgets.

We have completed the new template to provide further information on certain Ring-Fenced allocations. As requested in the M4 Monitoring Return response letter, we have provided supporting information for all committed spend detailing why it is categorised as such (fixed e.g., Contracts in place etc).

- Committed, is spend which is considered fixed with no flexibility.
- Uncommitted, is spend where there are either no plans currently in place or plans/intensions are known, but these are not fixed and therefore can be flexed to produce a potential opportunity.

	Total Anticipated Allocation	Committed	Comment
	£m	£m	
Recovery Funding	26.1	23.6	A spend plan has been agreed to fully utilise the allocation. However, some areas of spend in the latter months of the year (eg Outsourcing, WLIs , overtime) could potentially be flexed to produce an opportunity of circa £2.5m, depending on the timing of decisions. However, this would have an adverse impact on patients and performance and could also result in us losing Outsourcing capacity in 23/24.
Value Based Healthcare	2.65	2.3	This includes the original allocation of £2.289m plus an additional In year allocation of £0.357m. A spend plan has been agreed to fully utilise the allocation. However, some areas of spend in the latter months of the year could potentially be flexed to produce an opportunity of circa £0.35m, depending on the timing of decisions.
Regional Integration Fund	22.0	22.0	This includes the original allocation of £20.145m plus an additional In year allocation of £1.864m. Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Urgent Emergency Care (Six Goals)	2.96	2.96	Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Mental Health (SIF)	tbc	tbc	Due to annual leave of key staff, this information will follow asap w/c 19 Sept.
Total	53.7	50.9	

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.4.

6. Saving (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2022/23 includes a £17.3m recurring savings target.

	Month 5			Month 4		
	M5 YTD	22/23	Rec	M4 YTD	22/23	Rec
	£m	£m	£m	£m	£m	£m
Planned savings		14.1			14.1	
Planned income generation		0.2			0.2	
Plans to be finalised		3.0			3.0	
Savings target as at M5	7.1	17.3	17.3	5.4	17.3	17.3
Actual and Forecast Savings	(6.4)	(17.4)	(10.5)	(5.2)	(17.9)	(10.5)
Total	0.7	(0.1)	6.8	0.2	(0.6)	6.8

It is important to note that M5 internal reporting within the Health Board is reporting a M5 YTD savings shortfall of £0.9m compared to the £0.7m position reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the annual target of £17.3m has been phased equally through M1 to M12.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	5.7	5.5
Year to date actual	(6.4)	(6.4)
Year to date Variance	0.7	0.9

The financial plan for 2022/23 also includes planned accountancy gains of £4.5m and unplanned accountancy gains of £0.9m for the HSE provision release.

7. Income Assumptions 2022/23 (Tables D & E)

Table D has been completed and agreed with all other organisations.

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £3.3m, which is consistent with the information provided by NWSSP. This provision has been included as an anticipated allocation adjustment in Table E.

Table E shows the anticipated allocations assumed within our M5 position.

8. Health Care agreements

All of the LTA agreements with other Welsh NHS bodies have been agreed and signed.

9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

9.1 Significant month on month balance sheet movements

Receivables decreased by £11m. This is largely due to the decrease in debtors with the Welsh Risk Pool (4.4m) and WG (4.8m).

Receipts from WG near the end of the month resulted in the cash balance increasing by £2m to £6.2m.

Payables decreased by £9.8m due to a reduction in system creditors.

9.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

In relation to aged receivables, there were four NHS invoices greater than 11 weeks old as at the 31st of August 2022. Payment has since been received for three of these invoices. Confirmation of a payment date for the remaining invoice has been requested.

The analysis of Welsh NHS receivables in Table F includes Welsh NHS and WG invoices.

10. Cash Flow Forecast (Table G)

The Core Plan cash flow forecast shows a shortfall of £26.5m at the end of the financial year. This cash forecast assumes that all Covid response costs and Exceptional cost pressures will be cash funded. Within the forecast this are also significant movements in working balances due to the release of annual leave accrual and other accountancy gains.

If the Covid response costs and Exceptional costs, as well as movements in working balances are not cash funded, the forecast shortfall at the end of the year could increase to circa £65m-£75m. In order to be able to pay

staff, contractors and other unavoidable commitments in March, this would mean restricting creditor payments from Month 10 onwards.

11. Public Sector Payment Compliance (Table H)

An update is not required for this return.

12. Capital Schemes and Other Developments (Tables I &K)

The M5 CRL is £59.9m in line with the CRL issued on the 13th of July 2022. As at M5, £22.2m has been charged against the CRL.

The table below details some of the forecast over and underspends this year.

Scheme	Over/Underspend	Explanation
Bridgend Health and Wellbeing Centre (Sunnyside)	£1.5m slippage	The scheme remains on hold pending an outcome to the tender process to appoint a new contractor. This has been significantly delayed due to a lack of interest in the market and it is expected that a new contractor will not be starting work until at least September 22/23. It is an 18 month scheme and £6.3m planned spend in this current year. £3m of this CRL was returned to WG in the latest month but there are still risks to delivering the remaining £3m in year.
PCH G&FF Floor Phase 2	Up to £8.5m overspend	Current SCP cash flows are indicating that the spend this year will be over the approved CRL. This risk is being shared with Welsh Government and being explicitly discussed with them. The detailed report (Table I/J) is showing a forecast overspend of £1m for this scheme which is the amount of overspend incurred already against the plan. This forecast will be updated when we have more certainty.
POW Fire Enforcement Notice	£0.5-1.5m overspend TBD	The forecast outturn is currently unknown and urgent option appraisal work is under way to determine the way forward. The outcome of this exercise is likely to lead to an increase in fees to get to Business Justification case, which will exceed the current CRL.

In 22/23 we have disposed of 11 Cedar Wood Drive for £215,000. This value will be added to our available spend as per usual WG process.

13. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers.

The M4 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee in October.

14. Authorisation

A handwritten signature in black ink, appearing to be 'P Mears', written over a light blue grid background.

P Mears
Chief Executive

A handwritten signature in black ink, appearing to be 'S May', written on a white background.

S May
Director of Finance

Date: 13 September 2022

Action Points arising from Month 4 Response

Action Point	WG Comment	CTM Response
4.1	I acknowledge that the mitigating actions still to be finalised, which support your outturn position, have reduced by c. £0.600m and now total c. £2.200m. I will look to your next submission for confirmation of further progress.	Mitigating actions deteriorated to £2.7m in M5.
4.2	I acknowledge your revised Covid expenditure forecasts at Month 4. All organisations are again being asked to review the future month data profiles, to ensure the forecast is robust for Month 5.	Noted.
4.2	Movement of Opening Financial Plan to Forecast Outturn (Table A) The narrative confirms that you have released £2.000m of the Annual Leave Accrual into the Month 4 position and that your outturn assumes that a further £4.000m will be released into future months. I also note that you have a further £4.000m recorded as an opportunity with Table A2. All organisations are reminded that the provision should only be released to mitigate the sell back costs or to mitigate any true backfill costs of staff taking back the leave c/f. For clarification, please confirm that these releases are offsetting backfill costs and are not being used to offset Operational pressures.	Please see Section 1.2 above.
4.3	In addition, whilst discussions progress on the Annual Leave Principles for 22/23, organisations are requested to consider if their accrual value contain any possible opportunity (gain) – this may be because new information suggests that the original accrual was perhaps generous or because new information suggests that elements will not require backfill costs to be incurred. For clarification, please confirm if the £4.0m currently reported within Table A2 is your assessment of this 'gain' value.	Please see Section 1.2 above.
2.3	Your response to Action Point 2.3 indicates that the release of Annual Leave Accrual is impacting on the profile recorded within Line 26 'Net In-Year Operational Variance to IMTP/AOP. At Month 4, you are now reporting monthly pressures which are forecast to accumulate to £1.720m by Month 6, which are then offset by monthly favourable variances across the final six months of the financial year. As the value of the pressures and the corresponding profile have changed since Month 3, please clarify what these pressures relate to, how the release of the annual leave is impacting (should be net nil as offset with backfill costs) and provide confirmation whether	The current report is indicating a cumulative £2m adverse variance against the original IMPT plan at M6, which is anticipated to recover in the last 6 months. We remain confident that this plan is robust and achievable.

	the future month favourable variances are supported by finalised or unfinalized plans (finalised plans will need to be described in terms of detail, if they are not incorporated into the Tracker).	
3.3	Please ensure the latest (as per the NWSSP paper shared with NHS Wales 21st July) WRP risk sharing value (£3.316m) is reflected in the applicable tables for Month 5. As this reflects an increased payment, you may wish to consider if this is sufficiently material to include as a movement in Table A along with the mitigating actions.	Tables updated but not a material movement.
3.4	You state that you have 'noted' Action Point 3.4. The narrative continues to draw attention to the "brought forward cost pressures of circa £11m" that were not included in your Plan. You confirmed at Month 2 (AP 1.2) that these were being managed and the associated risk was removed. For clarity, either remove references to this issue, as you have chosen to deal with this outside of Plan and the MMR process; or, build in these specific costs and mitigating actions into the Table A, so that the narrative and tables align.	Removed from Section 1.1.
3.5	In response to Action Point 3.5, you state that an element of the WHSSC favourable movement forms part of a saving scheme (in year - £1.367m- delivering from September) within Table C3. This scheme has been classified as a recurring scheme, and whilst you may be making the assumption that WHSSC deliver savings each year, this is clearly a risk to your future underlying position. Please provide details to clarify and support the recurrent categorisation.	The WHSSC forecast has improved in M5 to £1.9m (excluding planned care recovery). Since the WHSSC ICP is based upon the outturn position for the previous years as the initial baseline, we are confident this will be a recurrent saving to our plan.
3.6	Overview of Key Risks & Opportunities (Table A2) As confirmed in Action Point 3.6, the area described as cleaning standards is not considered a covid-19 programme area (this was funded previously via Covid stability not programme funding). Please therefore include any funding assumption as part of the Covid-19 funding risk.	This has now been updated in the Risk Management table in Section 3 above.
4.3	Pay and Agency (Table B2) I note that forecast agency expenditure has increased by £4.572m since Month 3. As the annual overall pay expenditure has increased by a materially lower value of £1.700m, please clarify what the other pay related movements are that are offsetting a large proportion of this new agency pressure.	There are many factors influencing the overall pay forecast. Although there has been an increase in agency costs, we have experienced reductions in overtime costs and core costs since M3.
3.8	Please confirm the outcome of your 'further analysis exercise' which was being undertaken (initially we had requested to understand the key drivers for the June Agency spend increasing)	Over the first 5 months of 22/23 the average agency expenditure has been

	<p>by c.£0.500m compared to Month 2). As you have also now increased the Agency forecast by £4.572m (which we can see better aligns to the spend trend incurred already this year), our request for clarification now relates to the whole increase.</p>	<p>£4.76m per month, with each month being within less than £100k of this average apart from May & Jun which were £310k under and £370k over respectively. Our analysis has indicated delays in processing of May shifts resulting in lower values in M2 which were subsequently recovered in M3.</p> <p>Our initial plan in M1 had anticipated reduction in agency expenditure as capacity and additional workforce demands from COVID and absence improved. This has not been the case with limited reduction in Capacity and absence rates, hence the recognition of a revised forecast in M4.</p>
<p>4.4a</p> <p>4.4b</p>	<p>Covid-19 Analysis (Table B3)</p> <ul style="list-style-type: none"> • Please provide supporting explanations for the following movements: <p>1) Whilst I acknowledge the positive aspect of the Mass Vaccination costs decreasing by c.£2.000m, it would be helpful to understand the reason.</p> <p>2) PPE increasing by c£0.600m.</p>	<p>1 – The vaccination cost reduction was a result of a revised model for delivery removing the requirement for GP services and extracting our centres from LA premises alongside revised staffing assumptions.</p> <p>2 - The increase in PPE was a direct result of updating our PPE list with the latest NWSSP schedules. A number of new items had been omitted in previous returns.</p>

4.5	I note that you are forecasting a further pressure of c. £0.500m relating to the 'Loss of dental income' above the issued allocation of £1.970m. I assume you are liaising with the Dental Policy Lead on this issue; you are aware that any additional funding assumption, is anticipated at risk.	Dental income is continuing to be monitored and WG dental are aware of our forecast compared to the funding issued.
4.6	<p>Ringfenced Return</p> <p>Thank you for the completion of the new Ring Fenced & Other Template. As discussed at the recent DoFs/DDoFs session, it has become apparent that further clarity on the distinction between the categories, for completion purposes, is required:</p> <ul style="list-style-type: none"> o Committed, is spend which is considered fixed with no flexibility. o Uncommitted, is spend where there are either no plans currently in place or plans\intensions are known, but these are not fixed and therefore can be flexed to produce a potential opportunity. <p>For Month 5, Health Boards are again requested to review the data being presented and to ensure that sufficient supporting information is provided in the narrative i.e., comments are required for all committed spend detailing why it is categorised as such (fixed e.g., Contracts in place etc).</p>	Please see Section 4 above.
4.7a	In addition, specifically for CTM, please can you respond to the below queries at Month 5: 1) The Value Based spend forecast of £2.646m is higher than the opening allocation paper funding amount of £2.289m; therefore, please provide an explanation. If you are including 'in-year' additional funding, please use the in-year section of the Template (there is a spare section and the template is not protected, therefore you can add further sections.	Please see Section 4 above.
4.7b	2) The Regional Integration allocation paper funding is £20.145m, but a higher allocation of £22.009m is being reported. Please provide an explanation.	
4.7c	3) I trust you will be able to complete the Mental Health (SIF) section for Month5. Please consider the inclusion of the Tranche 1 funding (£0.813m -CWHFS 23) and corresponding spend within the return.	
3.1	<p>Savings Tracker (Table C3)</p> <p>Following confirmation that the 'month 1' prescribing schemes remain Amber as you are awaiting Q1 data (received two months in arrears), I trust that you will be in a position to classify these schemes as Green at Month 5. It is acknowledged that there can be reasonable</p>	M3 data received towards the end of M5, the team are working through the data to identify the savings and update in M6.

	circumstances for forecast delivery values to be changed on Green schemes, such as latest prescribing data.	
3.12	Capital Resource Limit (Table I) Acknowledging your response to Action Point 3.12, please ensure that your narrative also (as well as the currently provided overall risk amounts) confirms the schemes and corresponding values that are contributing to any CRL over/under spend position reported in Table I. This provides clarification and assurance that the detail reported in the Capital Tables is correct.	The narrative has been updated to mention the specific overspend being forecast
4.8	Risk and Opportunities (Table A2) I note that both Table A2 and your narrative, continue to quote the unidentified savings required as £3.000m. The latest savings gap as reported in Table A is £2.213m, please review for consistency.	Noted.
4.9	Covid-19 Analysis (Table B3) I note that you have reduced prior month spend within Mass Vaccination area and the corresponding income, by £0.111m. Please ensure corrections are made within current month data only and that any corrections are highlighted and explained in your narrative.	Noted.
3.15	Income and Expenditure (Table D) I look forward to seeing confirmation that the signed AB LTA/SLA documentation has been received at Month 5.	See Section 8 above.
4.10	Statement of Financial Position (Table F) I note that you are reporting a negative current period capital cash balance of £0.692m (your opening balance was a minor £0.085m), please explain this position given that your capital cash drawn down to date (£23.000m) is higher than YTD capital payments (£22.822m).	This was an error. The current period capital cash balance had not been updated with the M4 balance.



AGENDA ITEM

2.2.1d

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 06 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	25 th October 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Thomas, Deputy Director of Finance
Presented by	Sally May, Director of Finance & Procurement
Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Welsh Government	13/10/2022	NOTED

ACRONYMS

WG	Welsh Government
M1 etc	Month 1 etc
PPFC	Planning, Performance & Finance Committee
LHB	Local Health Board

MONTH 06 MONITORING RETURNS TO WELSH GOVERNMENT

1. SITUATION/BACKGROUND

In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the Planning, Performance and Finance Committee with information from the M06 Financial Monitoring Return submission to Welsh Government.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The Health Board, Strategic Health Authority & Trust Monthly Financial Monitoring Return Guidance was issued on 26 April 2022. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2022/23 financial performance, together with the following requirements:

The Day 9 submission to WG must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with , transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M06 Narrative report
Table A - Movement
Tables C, C1, C2 & C3



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M05 Financial Monitoring returns is summarised below:

	M6 Actual	M6 YTD	M6 Forecast	M5 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	1.2	14.6	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.5	2.7	3.1	5.0	5.0
Energy inflation	1.0	3.6	12.3	26.6	11.6
Real Living Wage for Social Care Workers	0.2	1.2	2.4	2.4	2.4
Anticipated funding	(1.7)	(7.5)	(17.8)	(34.0)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	1.2	8.5	14.4	14.1	15.6
Other	1.3	8.6	16.5	16.7	16.7
Anticipated funding	(2.4)	(17.1)	(30.9)	(30.8)	(32.3)
Total	0	0	0	0	0
Grand total	1.2	14.6	26.5	26.5	26.5

The M6 YTD position is a £14.6m deficit. This represents a £1.4m adverse variance compared to 6/12th of the £26.5m Core plan deficit.

This information is consistent with the M05 Finance reports going to Management Board, PPFC and the Board.

It is important to note that M6 internal reporting within the Health Board is reporting a M6 YTD savings overachievement of £1.1m compared to the £1.0m position reported in this Monitoring Return. This is due to a different phasing of the savings target in the Health Board plan where the annual target of £17.3m has been phased equally through M1 to M12.



	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	8.7	8.6
Year to date actual	(9.7)	(9.7)
Year to date Variance	(1.0)	(1.1)

The financial plan for 2022/23 also includes planned accountancy gains of £4.5m and unplanned accountancy gains of £0.9m for the HSE provision release

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

The Committee is asked to **NOTE** the contents of the Month 06 Monitoring Returns submitted to Welsh Government for 2022/23.

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 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)	-44,500	0	-44,500	-44,500
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-98,911	-936	-97,975	-97,975
3 Planned Expenditure For Covid-19 (Negative Value)	-35,676	-35,676	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	93,159	2,456	90,703	90,703
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	35,676	35,676	0	0
6 Planned Provider Income (Positive Value)	6,430	0	6,430	6,430
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	14,104	7,683	6,422	7,088
9 Planned (Finalised) Net Income Generation	247	0	247	253
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	2,971	0	2,971	10,001
14 Opening IMTP / Annual Operating Plan	-26,500	9,202	-35,702	-28,000
15 Reversal of Planning Assumptions still to be finalised at Month 1	-2,971	0	-2,971	-10,001
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	-119	0	-119	-125
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-3,308	-386	-2,922	-2,882
20 Additional In Year Identified Savings - Forecast	6,605	540	6,065	6,131
21 Variance to Planned RRL & Other Income	0	0		
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-4,733	-4,733		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	4,733	4,733		
25 In Year Accountancy Gains (Positive Value)	5,389	5,389	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	2,578	2,578		
27 Anticipated Improvement in Recurrent Savings Schemes through the year	0	0	0	0
28 Reverse Accountancy Gain included in IMTP	-4,500	-4,500		
29 Remove COVID Funding Assumption included in IMTP (Income loss & ICT) - as instructed	-2,873	-2,873		
30	0	0		
31 New Pressure Provision for Primary Care Out of Hours dispute - Holiday Pay	-800	-800		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36 Forecast Outturn (- Deficit / + Surplus)	-26,500	9,150	-35,650	-34,876
37 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			

	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	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-22,250	-44,500
2	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-49,456	-98,911
3	-5,054	-4,673	-4,409	-2,492	-2,492	-2,497	-2,262	-2,298	-2,296	-2,397	-2,404	-2,402	-21,617	-35,676
4	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	46,580	93,159
5	5,054	4,673	4,409	2,492	2,492	2,497	2,262	2,298	2,296	2,397	2,404	2,402	21,617	35,676
6	536	536	536	536	536	536	536	536	536	536	536	536	3,215	6,430
7	677	-103	60	-226	-260	-194	33	29	29	88	87	-220	-46	0
8	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	7,607	14,104
9	0	27	17	22	23	23	23	23	23	23	24	24	110	247
10													0	0
11													0	0
12													0	0
13				330	330	330	330	330	330	330	330	330	990	2,971
14	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-13,250	-26,500
15	0	0	0	-330	-330	-330	-330	-330	-330	-330	-330	-330	-990	-2,971
16													0	0
17													0	0
18	0	-27	15	-11	-12	-12	-12	-12	-12	-12	-13	-13	-46	-119
19	0	-631	-464	-376	-606	181	0	-282	-281	-253	-293	-302	-1,896	-3,308
20	0	697	434	453	466	1,865	443	448	449	448	448	454	3,915	6,605
21		-38	14	175	482	-1,704	-100	177	174	147	188	485	-1,071	0
22	0	-2,041	-1,961	190	-601	-99	100	179	50	-150	-269	-130	-4,512	-4,733
23													0	0
24	0	2,041	1,961	-190	601	99	-100	-179	-50	150	269	130	4,512	4,733
25	0	0	0	889	0	4,500	0	0	0	0	0	0	5,389	5,389
26	-154	-108	-123	-346	-254	1,216	441	441	441	441	441	142	231	2,578
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28						-4,500							-4,500	-4,500
29		-555	-277	-247	-247	-247	-217	-217	-217	-217	-217	-215	-1,573	-2,873
30													0	0
31				-800									-800	-800
32													0	0
33													0	0
34													0	0
35													0	0
36	-2,362	-2,871	-2,609	-2,801	-2,709	-1,239	-1,984	-1,984	-1,984	-1,984	-1,984	-1,989	-14,591	-26,500
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Period : Sep 22

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	16	47	47	32	32	32	32	32	32	27	27	27	204	378		378	0			
2		Actual/F'cast	16	349	183	183	183	183	183	183	183	183	185	185	1,096	2,199	49.85%	2,199	0	199	2,000	2,000
3		Variance	0	303	136	151	151	151	152	152	152	157	158	158	892	1,820	437.48%	1,820	0			
4	Commissioned Services	Budget/Plan	15	15	15	45	45	45	40	40	40	40	40	40	181	422		377	45			
5		Actual/F'cast	15	15	15	15	15	1,461	91	91	92	92	92	92	1,535	2,083	73.67%	2,083	0	121	1,962	1,963
6		Variance	0	(0)	(0)	(30)	(30)	1,416	51	51	52	52	52	52	1,354	1,662	749.81%	1,707	(45)			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	210	210	235	235	235	243	244	243	244	244	244	244	1,125	2,586		2,461	125		
8		Actual/F'cast	0	8	8	(17)	0	687	337	179	179	179	179	179	687	1,918	35.85%	1,918	0	265	1,653	2,053
9		Variance	0	(201)	(201)	(252)	(235)	452	94	(65)	(64)	(65)	(65)	(65)	(437)	(668)	(38.88%)	(543)	(125)			
10	Non Pay	Budget/Plan	396	418	445	442	491	467	346	349	343	343	343	643	2,659	5,025		4,834	192			
11		Actual/F'cast	396	695	565	807	641	617	498	469	469	459	459	766	3,720	6,840	54.38%	6,840	0	3,725	3,115	3,315
12		Variance	0	277	120	365	150	149	152	120	127	116	116	123	1,060	1,815	39.87%	2,006	(192)			
13	Pay	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	3,438	5,693		5,425	268			
14		Actual/F'cast	340	519	567	407	373	384	391	306	306	285	244	240	2,589	4,361	59.36%	4,361	(0)	3,526	835	1,007
15		Variance	(0)	(312)	(84)	(157)	(174)	(122)	(7)	(92)	(98)	(65)	(106)	(116)	(849)	(1,332)	(24.71%)	(1,064)	(268)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	7,607	14,104		13,474	630			
20		Actual/F'cast	766	1,586	1,337	1,395	1,212	3,331	1,500	1,227	1,230	1,198	1,158	1,461	9,626	17,401	55.32%	17,401	(0)	7,836	9,564	10,338
21		Variance	(0)	66	(30)	77	(139)	2,046	442	165	168	195	155	151	2,020	3,296	26.55%	3,926	(630)			
22	Variance in month		(0.00%)	4.34%	(2.20%)	5.85%	(10.31%)	159.18%	41.83%	15.58%	15.81%	19.44%	15.43%	11.55%	26.55%							
23	In month achievement against FY forecast		4.40%	9.11%	7.68%	8.02%	6.96%	19.14%	8.62%	7.05%	7.07%	6.89%	6.65%	8.40%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	16	44	43	41	13	1	1	1	1	1	1	157	163	96.75%	163	0	163	0	0
3		Variance	0	16	44	43	41	13	1	1	1	1	1	1	157	163		163	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14		Actual/F'cast	0	0	0	0	0	0	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	0	0	0			
16	Other (Please Specify)	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	3,438	5,693		5,425	268			
17		Actual/F'cast	340	503	522	364	333	370	390	305	306	284	243	239	2,431	4,198	57.91%	4,198	(0)	3,364	835	1,007
18		Variance	(0)	(328)	(129)	(200)	(215)	(136)	(7)	(92)	(99)	(65)	(107)	(117)	(1,007)	(1,495)	(29.28%)	(1,227)	(268)			
19	Total	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	3,438	5,693		5,425	268			
20		Actual/F'cast	340	519	567	407	373	384	391	306	306	285	244	240	2,589	4,361	59.36%	4,361	(0)	3,526	835	1,007
21		Variance	(0)	(312)	(84)	(157)	(174)	(122)	(7)	(92)	(98)	(65)	(106)	(116)	(849)	(1,332)	(24.71%)	(1,064)	(268)			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

		Month	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 Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			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	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2	Agency/Locums paid at a premium	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/Fcast	0	0	0	0	0	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		0	0			

Table C3 - Tracker

This Table is currently showing 16 errors

	£'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	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	7,607	14,104	7,683	6,422	666	7,088
	Month 1 - Actual/Forecast	766	889	903	942	745	1,466	1,057	780	781	750	710	1,007	5,711	10,796	7,296	3,500	707	4,206
	Variance	(0)	(631)	(464)	(376)	(606)	181	(0)	(282)	(281)	(253)	(293)	(302)	(1,896)	(3,308)	(386)	(2,922)	40	(2,882)
	In Year - Plan	0	700	433	445	410	1,064	478	485	485	485	484	484	3,053	5,954	408	5,546	75	5,621
	In Year - Actual/Forecast	0	697	434	453	466	1,865	443	448	449	448	448	454	3,915	6,605	540	6,065	67	6,131
	Variance	0	(3)	1	8	56	801	(35)	(37)	(36)	(36)	(36)	(30)	863	651	132	519	(8)	510
	Total Plan	766	2,220	1,801	1,763	1,761	2,349	1,536	1,547	1,547	1,488	1,488	1,794	10,659	20,058	8,091	11,968	741	12,709
	Total Actual/Forecast	766	1,586	1,337	1,395	1,212	3,331	1,500	1,227	1,230	1,198	1,158	1,461	9,626	17,401	7,836	9,564	774	10,338
	Total Variance	(0)	(634)	(463)	(368)	(549)	982	(36)	(320)	(317)	(290)	(330)	(333)	(1,033)	(2,658)	(254)	(2,403)	32	(2,371)
Net Income Generation	Month 1 - Plan	0	27	17	22	23	23	23	23	23	23	24	24	110	247	0	247	6	253
	Month 1 - Actual/Forecast	0	0	32	11	11	11	11	11	11	11	11	11	64	128	0	128	0	128
	Variance	0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(46)	(119)	0	(119)	(6)	(125)
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	27	17	22	23	23	23	23	23	23	24	24	110	247	0	247	6	253
	Total Actual/Forecast	0	0	32	11	11	11	11	11	11	11	11	11	64	128	0	128	0	128
	Total Variance	0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(46)	(119)	0	(119)	(6)	(125)
Accountancy Gains	In Year - Plan	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	0	0	0
	In Year - Actual/Forecast	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	766	1,547	1,384	1,339	1,373	1,308	1,080	1,085	1,084	1,026	1,027	1,333	7,717	14,351	7,683	6,669	672	7,341
	Month 1 - Actual/Forecast	766	889	935	953	756	1,477	1,068	790	792	760	720	1,018	5,775	10,924	7,296	3,628	707	4,334
	Variance	(0)	(658)	(448)	(386)	(618)	169	(12)	(294)	(292)	(265)	(306)	(315)	(1,942)	(3,427)	(386)	(3,041)	34	(3,007)
	In Year - Plan	0	700	433	1,334	410	1,064	478	485	485	485	484	484	3,942	6,843	1,297	5,546	75	5,621
	In Year - Actual/Forecast	0	697	434	1,342	466	1,865	443	448	449	448	448	454	4,804	7,494	1,429	6,065	67	6,131
	Variance	0	(3)	1	8	56	801	(35)	(37)	(36)	(36)	(36)	(30)	863	651	132	519	(8)	510
	Total Plan	766	2,247	1,817	2,673	1,784	2,372	1,558	1,570	1,569	1,510	1,511	1,817	11,659	21,194	8,980	12,215	747	12,962
	Total Actual/Forecast	766	1,586	1,369	2,295	1,222	3,342	1,511	1,238	1,240	1,209	1,169	1,471	10,580	18,418	8,726	9,692	774	10,466
	Total Variance	(0)	(661)	(448)	(379)	(561)	970	(48)	(331)	(329)	(302)	(343)	(346)	(1,079)	(2,777)	(254)	(2,522)	26	(2,496)

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD MONITORING RETURNS – SEPTEMBER 2022 FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 September 2022.

The tables attached to this commentary **do not** include the income, expenditure and balances of the Welsh Health Specialised Services Committee (WHSSC) or the Emergency Ambulance Services Committee (EASC) which is being financially managed via WHSSC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2022/23

In accordance with Welsh Government (WG) guidance, our financial plan is set out into three parts:

- Core Plan
- Exceptional Cost Pressures
- Ongoing Covid response costs

Our draft Annual Plan, submitted to WG on 29 April 2022, is as follows:

	Core plan £m	Exceptional items £m	Covid response costs £m
Recurrent deficit as at 31 March 2020	17.6		
Recurrent savings shortfalls 2020/21	16.2		
Forecast recurrent savings shortfalls 2021/22	11.1		
Other recurrent underspends	(0.4)		
Forecast recurrent deficit as at 31 March 2022	44.5	0	0
Planned surplus on Core plan	-18.0		
National insurance changes		5.0	
Energy inflation		11.6	
Real Living Wage for Social Care Workers		2.4	
Ongoing Covid response costs (Programme costs and Other response costs)			32.3
Total	26.5	19.0	32.3

In accordance with Judith Paget's letter dated 14 March, the Health Board is anticipating additional funding from WG for the three Exceptional Cost

Pressures and for its ongoing Covid response costs. The Health Board is seeking to mitigate these costs as far as possible during 2022/23.

1.2 Actual YTD and Forecast 22-23 (Table A)

	M6 Actual	M6 YTD	M6 Forecast	M5 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	1.2	14.6	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.5	2.7	3.1	5.0	5.0
Energy inflation	1.0	3.6	12.3	26.6	11.6
Real Living Wage for Social Care Workers	0.2	1.2	2.4	2.4	2.4
Anticipated funding	(1.7)	(7.5)	(17.8)	(34.0)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	1.2	8.5	14.4	14.1	15.6
Other	1.3	8.6	16.5	16.7	16.7
Anticipated funding	(2.4)	(17.1)	(30.9)	(30.8)	(32.3)
Total	0	0	0	0	0
Grand total	1.2	14.6	26.5	26.5	26.5

The M6 YTD position is a £14.6m deficit. This represents a £1.4m adverse variance compared to 6/12th of the £26.5m Core plan deficit. It is important to note that circa £1.6m of this adverse variance is due to the instruction in the M1 response letter for us to remove any assumed Covid funding for income losses and ICT/home working costs both of which are due to Covid.

As at M6 the key issues to highlight are as follows:

- **Core Plan Forecast** - We are maintaining a forecast Core plan deficit of £26.5m.
- **Exceptional Items** - We are forecasting a £16.2m decrease in Exceptional items over M5. This includes a £14.3m reduction on energy costs plus a £1.9m reduction for National Insurance.

The energy forecast reflects the latest information from NWSSP on energy costs and includes the estimated benefit of the Energy Billing Relief Scheme (EBRS) together with estimates from Veolia for the PCH contract. The forecast excludes the recharge to Shared Services estimated to be £1.221m for Laundry and £0.072m for stores.

The annual forecast of £13.3m includes actual costs for 4m (April – July) and estimated costs for 8m:

Month	All Wales	Veolia	Total
	£k	£k	£k
April	883	345	1,228
May	730	361	1,092
June	785	345	1,130
July	794	353	1,148
August	723	332	1,055
September	996	351	1,347
October	1,258	375	1,633
November	1,510	356	1,866
December	1,682	380	2,062
January	1,862	401	2,263
February	1,704	360	2,064
March	1,640	370	2,010
Total cost	14,568	4,330	18,897
Budget	3,949	2,692	6,641
Net cost	10,619	1,638	12,256

- **COVID Programme Costs** - We are forecasting an increase in COVID programme costs compared to M5 of £0.3m. This includes £0.3m for the estimated impact of the pay award.
- **Other COVID Response Costs** - We are forecasting a reduction in Covid response costs compared to M5 of £0.2m. This includes £0.4m for the estimated impact of the pay award offset by £0.6m of other reductions.
- **Key risks and opportunities** - The risks to the M6 position remain significant with a total net risk of £25.8m. This includes a £29.8m funding risk for Covid and Exceptional items plus a further net opportunity of £4.0m.
- **Annual Leave Accrual** – The opening annual leave accrual of £17.2m was calculated based on the estimated gross salary costs of the estimated amount of leave outstanding at 31 March 2022 (i.e. the accrual was not based on the estimated backfill costs of covering the outstanding leave).

For some staff groups the cost of backfilling leave will exceed the gross salary costs and for some groups the backfill cost will be less/zero. It is important to note that our systems and processes

are not able to track the true backfill costs from taking any additional leave c/fwd from 20/21.

As at M6, we have released £0.8m of the accrual to cover the cost of selling back annual leave, reducing the accrual to £16.4m

As at M6, our high level estimate of the closing accrual at the end of 22/23 is circa £7.2m. This is based on the key assumption that the carry forward of annual leave at the end of 22/23 will revert to the normal pre Covid level of 5 days, compared to a maximum of 30 days at the end of 21/22.

This represents a potential release of £10.0m comprising £0.8m for sell back and £9.2m for other reasons including covering backfill costs.

Our M6 forecast assumes a release of £6.0m with a further £4.0m shown as an opportunity. As at M6, we have released £3.0m of the accrual which is 6/12ths of £6.0m. We think this is a prudent approach given the uncertainty surrounding the policy decision re 5 days carry over and the uncertainty regarding the actual annual leave that will be taken in the next 6 months.

- **Dental allocation**

In previous years the Health Board has retained any underspends on the ring fenced dental allocation. The dental position is currently being reviewed for 22/23 and this may be the case again this year. Please can you advise if any underspends in 22/23 are to be retained by the Health Board or returned to WG.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B)

	September			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M06 £'000	M05 £'000	Movement £'000
RRL	109,680	97,586	12,094	1,237,991	1,226,241	11,750
Donation/Grants	22	100	(78)	129	229	(100)
Welsh HBs & NHST	6,947	7,064	(117)	84,648	84,766	(118)
WHSSC	989	904	85	11,282	11,197	85
WG Income	(126)	57	(183)	(373)	(189)	(184)
Other Income	3,776	2,935	841	36,866	35,581	1,285
Income Total	121,288	108,646	12,642	1,370,543	1,357,825	12,718
PC Contractor	12,760	12,714	46	149,536	149,490	46
PC - Drugs	7,649	7,673	(24)	93,561	93,585	(24)
Pay	62,398	48,975	13,423	629,821	599,803	30,018
Non Pay	8,261	9,308	(1,047)	112,445	128,796	(16,351)
SC - Drugs	3,980	3,671	309	43,628	43,319	309
H/C Other NHS	19,725	21,567	(1,842)	250,991	252,504	(1,513)
Non H/C Other NHS	294	294	0	3,527	3,527	(0)
CHC & FNC	2,750	2,647	103	59,419	59,317	102
Private & Vol	1,710	1,486	224	16,079	15,855	224
Joint & Other	209	296	(87)	5,354	5,440	(86)
DEL	2,715	2,715	0	32,609	32,608	1
AME	10	10	(0)	122	122	(0)
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(8)	0	(8)	(49)	(41)	(8)
Cost - Total	122,453	111,356	11,097	1,397,043	1,384,325	12,718

The actual expenditure for M6 was £11.1m (10%) more than the £111.4m forecast. The most significant In month movements between the M06 forecast and M06 actuals were as follows:

- **Provider Pay - £13,423k Adverse**– The increase in pay expenditure mainly relates to the 2022/23 pay award including arrears for months 1 to 5.
- **Provider Non-Pay - £1,047k Favourable** – The decrease in M6 expenditure is attributed to an increase in the accountancy gain of £1.2m compared to forecast.
- **Secondary Care Drugs - £309k Adverse** – The increase in expenditure is mainly related to NICE drugs being higher than planned, partly due to the transfer of rheumatology services from Swansea Bay UHB.
- **Healthcare Services Other NHS - £1,842k Favourable** – Improvements in Swansea Bay NICE Expenditure of £600k, Improvements in commissioner LTA performance £1,100k with Swansea Bay and Cardiff & Vale..

The year-end forecast expenditure at M6 has increased by £12.7m to £1,397m offset by a corresponding increase in the income forecast. The

most significant changes between the M6 and M5 year-end forecasts are as follows:

- **Provider Pay - £30.0m Adverse** – The forecast has been updated to reflect the 2022/23 pay award estimate of £28.3m (Matched with anticipated allocation), £1m for a dispute with middle grade rota compliance, £1m increase in agency expenditure, reduced accountancy gains of £1m compared to forecast less £1.9m reduction in NI (matched with anticipated allocation).
- **Non Pay - £16.3m Favourable** – the latest forecast on energy from NWSSP and Veolia has reduced our forecast by £14.3m (matched with anticipated allocation) together with an increased accountancy gain of £2.2m compared to previous forecast.
- **Healthcare Providers - £1.5m Favourable** – The reduction reflects the in month variance from forecast as above.

The forecast has been profiled using latest plans and information and will continue to be refined throughout the year.

1.4 Pay Expenditure (Table B2- Sections A, B&C)

The M6 Pay expenditure was £64.6m and the monthly trend is summarised below.

	M6	M5	M4	M3	M2	M1	M12	M11	M10
	£m	£m	£m	£m	£m	£m	£m	£m	£m
A&C	8.5	6.7	6.6	6.8	6.9	7.1	10.7	7.2	7.5
Medical	16.3	13.1	12.9	13.6	13.4	12.5	20.6	13.2	13.5
Nursing	19.9	15.1	16.5	16.7	16.0	17.5	26.7	17.0	17.5
ACS	8.9	6.5	6.8	6.6	6.6	6.8	10.5	6.7	7.1
Other	11.0	9.3	8.4	8.5	8.4	8.5	14.2	8.9	8.9
Total	64.6	50.7	51.2	52.2	51.3	52.4	82.7	53.0	54.4

The Key issues to highlight are as follows:

- The M12 position included additional pension charges of £24.9m plus an additional annual leave accrual of £3.9m. The M12 cost excluding these one-off items was £53.9m.
- The M1 position reported a slight improvement of £1.3m compared with the previous 3 months, after taking account of the M12 comment above.
- The M2 position was a £1.1m improvement over M1. This was mainly due to a reduction in Registered Nursing premium overtime

payments. Conversely, Medical & Dental ADH payments increased but this is not anticipated to continue and will be kept under review.

- The M3 position increased by £0.9m compared to M2. This was mainly due to increased Agency costs.
- M4 Position has improved by £1m compared to M3, this is due to the £2m annual leave accrual release offset by £0.8m of payments for Holiday pay on overtime.
- The M5 expenditure reduced by £0.5m compared to M4, after allowing for the annual leave accrual release of £0.5m and holiday pay on overtime payment of £0.2m, the underlying position improved by £1.4m compared to M4.
- The M6 position increased by £13.9m which represents circa 50% of the estimated annual impact of the pay award of £28.3m.

The M6 agency expenditure was £4.9m and the monthly trend (excluding accountancy gains) is summarised below.

	M6	M5	M4	M3	M2	M1	M12	M11	M10
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Medical	1.7	1.1	1.4	1.7	1.3	1.2	1.4	1.1	1.2
Nursing	2.3	2.3	2.4	2.4	2.1	2.6	2.6	2.2	2.6
Other	0.9	1.2	1.0	1.0	1.0	0.9	1.5	1.0	1.2
Total	4.9	4.6	4.8	5.1	4.4	4.7	5.5	4.3	5.0

Agency costs have remained fairly stable over the first 6 months of 22/23. The average monthly cost over the period M1 to M6 is £4.75m/month. This is consistent with the average of M10 and M11 of 21/22.

1.4 Covid analysis (Table B3)

A summary of the additional revenue costs being classified as Covid is provided below:

	M6 Actual	M6 YTD	M6 Year- end forecast	M5 Year- end forecast	Financial Plan- 30 April	Movement between M6 and M5 Forecasts
Programme costs	£m	£m	£m	£m	£m	£m
TTP	0.4	3.8	5.8	5.8	6.5	0
Mass Vaccination	0.7	3.7	6.7	6.5	7.4	0.2
PPE	0.1	1.0	1.9	1.9	1.6	0
Sub total	1.2	8.5	14.4	14.1	15.6	0.3
Other Covid costs:						
Cleaning Standards	0.2	0.8	1.9	1.9	2.3	0
Capacity & Facilities costs	0.2	1.9	3.0	2.9	3.0	0.1
Prescribing costs	0.2	1.1	2.1	2.1	2.1	0
Dental income losses	0.1	1.0	2.0	2.5	2.5	(0.5)
Increased workforce costs	0.4	2.9	4.7	4.5	2.6	0.2
Services supporting Covid response:						
Long Covid	0.05	0.2	0.8	0.8	0.8	0
Flu extension	0.03	0.1	1.1	1.1	0.6	0
Discharge support	0.01	0.3	0.3	0.3	0.6	0
Other Covid Response	0.1	0.2	0.6	0.6	2.3	0
Sub total	1.3	8.6	16.5	16.7	16.7	(0.2)
Total Covid costs	2.5	17.1	30.9	30.8	32.3	0.1
Anticipated funding	(2.5)	(17.1)	(30.9)	(30.8)	(32.3)	(0.1)
Total	0	0	0	0	0	0

There are no key points to note on the Month 6 In month expenditure position.

The key points to note on the forecast changes between M6 and M5 are as follows:

- Programme costs – The M6 forecast has increased by £0.3m from M5 following the implementation of the 2022/23 pay award.
- Other Covid costs – The M6 forecast has decreased by £0.2m, with the main cause being the reduction of Dental Patient Charges of £0.5m offset by pay award costs of £0.4m.

2. Month 6 - Forecast recurrent position (Table A)

The B'fwd recurrent deficit at the end of 21/22 was £44.5m.

As at M6 we are reporting a forecast recurrent deficit at the end of 22/23 of £34.9m (M5: £34.8m). This represents a £6.9m deterioration from the planned recurrent deficit of £28m and is due to the latest recurrent shortfall in savings delivery.

The key risks to the forecast recurrent deficit position are as follows

- Recurrent cost pressures - Our Integrated Locality Groups (ILGs) and Directorates identified bought forward cost pressures of circa £11m at the start of 22/23. These cost pressures were excluded from the financial plan and the risk has been managed in 22/23. However, this may present a risk for the 23/24 financial plan. A full assessment will be undertaken as part of the IMTP planning process for 2023/24.
- Covid response costs and Exceptional costs being incurred in 22/23 may continue into 23/24 - A full assessment will be undertaken as part of the IMTP planning process for 2023/24. Further clarification of the treatment of Covid response costs and Exceptional costs (particularly energy) on the forecast recurrent positions, would be helpful in order to ensure a consistent All Wales.

3. Risk Management (Table A2)

The key financial risks and opportunities for 22/23 are noted in Table A2 and are summarised below:

	Month 6	Month 5	Financial Plan – 30 April	Comment
	£m	£m	£m	
Risks:				
Reduction in assumed Covid funding for income losses and additional costs of home working etc as per WG response to M1 MR submission. Financial plan assumption was £1.5m for each. The M6 actual impact on the Core plan is an overspend of circa £1.6m.	0	3.0	0	As at M6, £2.6m is still to be achieved, the HB is confident that the £2.6m can be achieved by M12 through a combination of additional savings, slippage on investments or further accountancy gains
Potential reductions in the assumed funding for the following forecast Covid costs at M6: Bed Capacity £3.0m Prescribing £2.1m Workforce Costs £4.7m Discharge Support £0.3m Cleaning standards £1.9m	12.1	12.2	0	We are continuing to assume that Covid funding for the following costs is not at risk: Long COVID £0.8m

	Month 6	Month 5	Financial Plan – 30 April	Comment
Potential reductions in the assumed funding for the following forecast Exceptional costs at M6: Energy £12.3m NI ERs £3.1m RWL on Social Care £2.4m	17.7	34.0	0	
Shortfall against planned savings delivery of £17.3m.	0	0.6	2.5	
Winter plan costs exceed the WG allocations for Six goals and RIF.	0	tbc	2.5	
Non-Pay Inflation exceeds the £4.4m provision made in the plan (4.0%)	0	1.1	1.1	
Impact of auto-enrolment upon employers' pension costs	0	1.2	0	.
LFERs – potential financial penalty due to delays with the submission of information to the WRP .	tbc	tbc	0	Contingent liability note included within the 21/22 Annual accounts
Risk of new Pay advisory notices leading to increased pay rates and additional costs	tbc	tbc	0	
Additional Bank Holiday costs for Queens Funeral	tbc	tbc	0	Actual impact will not be known until M7.
Potential reduction in the assumed funding of £28.3m for pay awards	tbc	tbc	0	
Total risks	29.8	52.1	16.1	
Opportunities:				
Annual leave accrual	-4.0	-4.0	-2.0	A release of £6m has been included in the year end forecast position with a further potential opportunity of £4.0m. Please see Section 1.2 above.
Potential retention of slippage on Dental allocation	tbc	tbc	0	
Total Opportunities	-4.0	-4.0	-2.0	
Total	25.8	48.1	14.1	

The risks to the M6 position remain significant with a total net risk of £25.8m. This includes a £29.8m funding risk for Covid and Exceptional items plus a further net opportunity of £4.0m.

4. Ring Fenced Allocations (Tables N&O)

We have completed the new template to provide further information on certain Ring-Fenced allocations. As requested in the M4 Monitoring Return response letter, we have provided supporting information for all committed spend detailing why it is categorised as such (fixed e.g., Contracts in place etc).

- Committed, is spend which is considered fixed with no flexibility.
- Uncommitted, is spend where there are either no plans currently in place or plans/intensions are known, but these are not fixed and therefore can be flexed to produce a potential opportunity.

	Total Anticipated Allocation	Committed	Comment
	£m	£m	
Recovery Funding	26.1	24.2	A spend plan has been agreed to fully utilise the allocation. However, some areas of spend in the latter months of the year (e.g. Outsourcing, WLIs , overtime) could potentially be flexed to produce an opportunity of circa £1.9m, depending on the timing of decisions. However, this would have an adverse impact on patients and performance and could also result in us losing Outsourcing capacity in 23/24.
Value Based Healthcare	2.65	2.3	This includes the original allocation of £2.289m plus an additional In year allocation of £0.357m. A spend plan has been agreed to fully utilise the allocation. However, some areas of spend in the latter months of the year could potentially be flexed to produce an opportunity of circa £0.35m, depending on the timing of decisions.
Regional Integration Fund	22.0	22.0	This includes the original allocation of £20.145m plus an additional In year allocation of £1.864m. Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.

Urgent Emergency Care (Six Goals)	2.96	2.96	Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Mental Health (SIF)	1.21	1.0	The latest forecast is indicating £1.07m of committed expenditure with £0.2m of plans yet to be committed. This uncommitted amount relates to recruitment yet to be appointed.
Total	54.9	52.46	

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.4.

6. Saving (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2022/23 includes a £17.3m recurring savings target.

	Month 6			Month 5		
	M6 YTD	22/23	Rec	M5 YTD	22/23	Rec
	£m	£m	£m	£m	£m	£m
Planned savings		14.1			14.1	
Planned income generation		0.2			0.2	
Plans to be finalised		3.0			3.0	
Savings target as at M6	8.7	17.3	17.3	7.1	17.3	17.3
Actual and Forecast Savings	(9.7)	(17.5)	(10.4)	(6.4)	(17.4)	(10.5)
Total	(1.0)	(0.2)	6.9	0.7	(0.1)	6.8

It is important to note that M6 internal reporting within the Health Board is reporting a M6 YTD savings overachievement of £1.1m compared to the £1.0m position reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the annual target of £17.3m has been phased equally through M1 to M12.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	8.7	8.6
Year to date actual	(9.7)	(9.7)
Year to date Variance	(1.0)	(1.1)

The financial plan for 2022/23 also includes planned accountancy gains of £4.5m and unplanned accountancy gains of £0.9m for the HSE provision release.

7. Income Assumptions 2022/23 (Tables D & E)

Table D has been completed and agreed with all other organisations.

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £3.3m, which is consistent with the information provided by NWSSP. This provision has been included as an anticipated allocation adjustment in Table E.

Table E shows the anticipated allocations assumed within our M6 position.

8. Health Care agreements

All the LTA agreements with other Welsh NHS bodies have been agreed and signed.

9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

9.1 Significant month on month balance sheet movements

Receivables increased by £10.5m. This is largely due to the increase in the debtors relating to RCT FNC and CHC Nursing Home Pooled Budget.

Payables increased by £4.7m due to the increase in HMRC & Pension creditors as a result of the payment of backdated salary increases in September.

The SoFP forecast has been updated to reflect the forecast changes in cash including movements in working balances, which shows the reduction in trade payables (capital and revenue) and provisions. These are further detailed in section 10 below.

9.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

In relation to aged receivables, there were nineteen NHS invoices greater than 11 weeks old as at the 30th of September 2022. Payment has since been received for fifteen of these invoices. Confirmation of payment dates for the remaining invoices has been requested.

The analysis of Welsh NHS receivables in Table F includes Welsh NHS and WG invoices.

10. Cash Flow Forecast (Table G)

The Core Plan cash flow forecast shows a shortfall of £41.7m at the end of the financial year. This reflects the Core Plan Deficit of £26.5m and Movement in Working Balances of £15.2m.

<u>Area</u>	<u>Value £m</u>	<u>Reason</u>
Decrease in Revenue Creditors	£6.6m	Estimated reduction in revenue creditors including write back towards accountancy gains
Decrease in current provision	£0.9m	Reduction due to HSE fine at lower value than provided for.
Reduction in capital creditors	£1.7m	Estimated reduction in year end capital creditors
Release of annual leave accrual	£10.0m	Estimated release of annual leave accrual
WRP Reduction in Debtors	(£4.0)	Potential opportunity for further reduction.
Total*	£15.2m	

* The total prudent estimate of Movement in Working Balances assumes that all other working balances remain unchanged from the previous year. As the estimate is earlier in the financial year than normal, there is potential of significant changes i.e. significant cash changes relating to WRP claim payments and reimbursements

This cash forecast assumes that all Covid response costs and Exceptional cost pressures will be cash funded. In the worst case scenario, if the cash support for Covid response and Exceptional costs were not forthcoming, this could lead to an additional forecast cash shortfall of £29.8m. In order to be able to pay staff, contractors and other unavoidable commitments in

March, at this level, it would mean restricting creditor payments from Month 10 onwards.

During M6 an additional £5m cash was drawn down on 30th September to enable payment of invoices to RCT LA relating to the Pooled Budget arrangement, which had not been part of the original cash forecast.

11. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30-day target for the second quarter of 2022-23 was 92% with a cumulative year-to-date figure of 94.6% (2021-22:94.4%). The 95% target was achieved for August, but not for July and September. The reason for the low percentages has been investigated and systems and processes are being reviewed.

In Quarter 2 NHS compliance increased to 87.2% with a cumulative year-to-date figure of 86.9%. (2021-22:79%).

12. Capital Schemes and Other Developments (Tables I &K)

The M6 CRL is £60.1m in line with the CRL issued on the 16th of September 2022. As at M6, £26.3m has been charged against the CRL.

The table below details some of the forecast over and underspends this year.

Scheme	Over/Underspend	Explanation
Bridgend Health and Wellbeing Centre (Sunnyside)	£2m slippage	The scheme remains on hold pending an outcome to the tender process to appoint a new contractor. This has been significantly delayed due to a lack of interest in the market and it is expected that a new contractor will not be starting work until at least January 22/23 which is still an optimistic timeframe. It is an 18 month scheme and we have £3.3m planned CRL spend in this current year. There are still risks to delivering the £3.3m in year and so we have reflected this risk in table J to show the minimum spend reducing by £2m to 1.3m.

PCH G&FF Floor Phase 2	Up to £6.7m overspend	Current SCP cash flows are indicating that the spend this year will be over the approved CRL by £6.7m. This risk is being shared with Welsh Government and being explicitly discussed with them. The detailed report (Table I/J) is showing a forecast overspend of £3.7m for this scheme which is an estimate of our additional requirement at this point. We will continue to monitor closely and update again next month.
POW Fire Enforcement Notice	£0.5-1.5m overspend TBD	The forecast outturn is currently unknown and urgent option appraisal work is under way to determine the way forward. The outcome of this exercise is likely to lead to an increase in fees to get to Business Justification case, which will exceed the current CRL.

In 22/23 we have disposed of 11 Cedar Wood Drive for £215,000. This value will be added to our available spend as per usual WG process.

13. Other Issues


The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers.

The M4 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee in October.

14. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 October 2022

Action Points arising from Month 5 Response

Action Point	WG Comment	CTM Response																																										
5.1	We have assessed the mitigating actions still to be finalised, which support your outturn position, as c £5.1m. These are analysed as c£2.5m required to mitigate in-year pressures (phased Jan to Mar) and £2.666m (increased by c£0.450m this month) required to mitigate costs moved from Covid to Operational (phased Sept to Mar). I trust you will be able to finalise this gap by the mid-year submission, to eliminate the reported risk.	The HB is confident to achieve the mitigating actions of £2.578m through increased savings, investment slippage and accountancy gains. During M6, the in year deterioration from plan improved by £969k, leaving a deficit of £1.3m from plan.																																										
5.2	I acknowledge you have further revised your Covid expenditure forecast at Month 5 (further details are requested below). Please continue to review and refine your forecast going forward.	Noted																																										
	<p>Movement of Opening Financial Plan to Forecast Outturn (Table A)</p> <p>I note that the Line 26 ‘Net In-Year Operational Variance to IMTP/AOP’ profile on Table A has been revised (see below), with £0.353m of associated pressures contributing to the YTD deficit (which materially increases next month) above the Planned deficit position of £2.310m.</p> <p>I acknowledge that the narrative confirms that you are confident this profile is robust, with deficits being recovered in later months; however, there remains a lack of clarity on the items and assumptions that are incorporated within this profile. Please provide the following supporting information:</p> <table><tr><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>YTD</th><th>In Year Effect</th></tr><tr><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td><td>£’000</td></tr><tr><td>-154</td><td>-146</td><td>-109</td><td>-171</td><td>228</td><td>-1689</td><td>-194</td><td>-123</td><td>-120</td><td>864</td><td>905</td><td>710</td><td>-353</td><td>0</td></tr></table>	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	-154	-146	-109	-171	228	-1689	-194	-123	-120	864	905	710	-353	0	<p>A revised table A has been presented to differentiate the movement in phasing of resource limit and the movement from plan.</p> <p>As at M6 there is a deficit of £1.3m compared to plan, being £1.6m of planned Covid expenditure transferred to Core offset by £0.2m of favourable operational variances.</p>
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																															
-154	-146	-109	-171	228	-1689	-194	-123	-120	864	905	710	-353	0																															

5.3a	1) High level explanation of the non-recurring cost pressures totalling £0.353m which are contributing to the YTD deficit position.	
5.3b	2) Detailed explanation of the pressure areas that are contributing to the material non-recurring adverse variance projected in September of £1.689m.	
5.3c	3) High level explanation of the non-recurring cost pressures forecast in October to December and clarification as to whether these then cease, or if the Jan-Mar surpluses are net of a continuation of the cost pressures.	
5.3d	4) Details of the key favourable items that are being phased into January to March that will fully offset all prior month deficits.	
4.2/4.3	Please continue to provide an update on your Annual Leave Accrual balance each month; further information is to be issued shortly on the Policy. I have assumed that the further £4.0m opportunity would be utilised to offset backfill costs, not yet factored into your outturn (& therefore should be added to the Risk section of Table A2), rather than it being your assessment of any potential 'benefit'; however, I would welcome further clarity.	<p>Awaiting further information on policy.</p> <p>Update provided at Section 1,2.</p> <p>It is important to note that our systems and processes are not able to track the true backfill costs from taking any additional leave c/fwd from 20/21.</p>
5.4	Your narrative states that the b/f cost pressures of c.£11.000m for ILG and Directorates, which you are managing this year, could have an impact on the 23/24 financial plan. This supports my previous concern of managing such a material issue outside of the MMR. If this issue does crystallise, then the impact must be displayed on Table A at the earliest opportunity to ensure a robust c/f underlying deficit position is reported.	Noted.
5.5	Overview of Key Risks & Opportunities (Table A2) As we approach the mid-year stage of this financial year, I trust you will be a position to update the risk relating to inflation (the other risks have been discussed elsewhere in this letter or relate to known national issues).	Noted. Please see Section 3 above.
5.6a	Monthly Positions (Table B3) The August pay spend is c.£1.400m less than forecast, with your narrative explaining that it is due to a broad reduction in underlying pay expenditure. Please provide further details for this reduction and clarify this is a one-off reduction.	The improvement in M5 was a culmination of many small favourable variances across all divisions and staff groups.

5.6b	In addition, please explain the cause of the increase of £0.800m to the March forecast, since last month.	There was no specific cause other than seasonal factors. The increase in the month 12 forecast was driven by the change in assumption that Covid and winter plans are likely continue beyond the original assumptions, together with anticipated impact of year end accruals.
5.7	The narrative also confirms that the CHC spend in August was £0.475m higher than projected last month and is partly due to increased placements. Please provide a supporting explanation for why this does not impact on the future month CHC expenditure values.	The CHC impact in M5 was partly retrospective adjustments, the forecast for M6 onwards reflect the current placements.
5.8	FDU Exceptional Costs Template/Anticipated Income (Table E)/Risk (Table A2) Following the recent confirmation that the NIC increase will end on the 6th November, please update the cost information that you have been providing via the FDU Exceptional Template at Month 6, and revise the anticipated funding (at risk) value accordingly in Table E & A2.	Noted and actioned.
5.9	Covid-19 Analysis (Table B3) I note that the Annual Mass Vaccination spend reducing by c. £1.100m (pay c. £0.600m and non pay c. £0.500m). There was also a slightly higher increase of c.£1.3m reported in 'Increased workforce costs as a direct result of Covid'. Please can you clarify if there is any correlation between the two Pay elements (i.e. have staff moved to the Covid response from Mass Vaccination). If there is no correlation, please can you provide an explanation for the increase of £1.3m. response costs.	There is no correlation between these adjustments, the other covid costs increase was recognising that the planning assumption that certain elements of COVID response schemes would stop following M6 was no longer a likely outcome. This had been identified as risk to the plan in previous months. During M5

		this was deemed more likely and was taken out of risk and included in the forecast.
5.10	Ringfenced Return Thank you for completing the revised Ring-Fenced Template. For Month 6, Health Boards are again requested to review the data being presented and to ensure that sufficient supporting information is provided in the narrative i.e., comments are required for all committed spend detailing why it is categorised as such (fixed e.g., Contracts in place etc).	Noted. Please see section 4 above.
5.11a	In addition, specifically for CTM, please can you respond to the below queries at Month 6: 1) Following the return from leave of key staff, I trust that the Mental Health SIF section will be fully completed at Month 6.	Completed.
5.11b	2) Please confirm where the in-year Value Based Healthcare funding of £0.362m is being reported within anticipated income Table E (it does not appear to be issued at M5).	The additional £362k was not included in our M5 Table B forecast or anticipated allocation. Now reflected in both for M6.
5.11c	3) Within the in-year analysis section, for the Planned Care allocation, please clarify which items have been issued and which ones anticipated via Table E (Note: the schedule is unprotected so lines and explanations can be added).	Planned care issued allocations: OP Transformation £172k Eye Care £73k Anticipated: OP Transformation £172k Eye Care £181k TBC schemes £42k Ringfenced table narrative updated to reflect anticipated amounts.

5.11d	4) It will be helpful to understand your latest intentions for the currently uncommitted Allocations or whether you consider it unlikely that they will be utilised this year (& can be shown as an Opportunity).	The forecast assumption is that uncommitted funds will be utilised by year end.
3.1	Savings Tracker (Table C3) Following confirmation that the 'month 1' prescribing schemes remain Amber as you are working through the Month 3 data (received towards end of July), I trust that you will be able to classify these schemes as Green at Month 6.	Actioned
5.12	Cash Flow (Table G) All Health Boards and SHAs are requested to confirm within the Month 6 narrative, if they require any cash support for the Movement in Working Balances. Any requirement should be reflected in the cash flow as a shortfall in March and should be supported by corresponding SoPF movements in Table F (e.g., payables analysis), with a full supporting working/explanation in the narrative.	Included in narrative
5.13	Please ensure that Line 9, 'Sales of Assets' receipts is updated to reflect the latest corresponding amounts reported via Table K (Capital Disposals). I note that you have a net profit from Disposals, which you should consider including on the dedicated Line 17 on Table A.	Noted

Agenda Item 3.1

ACTION LOG: PLANNING, PERFORMANCE & FINANCE COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 17.10.2022)
2.2.1	August 2022	Committee Effectiveness Outcome Self Survey Agreed to defer to the October 2022 meeting.	DoG	October 2022	Complete On Agenda – October 2022
5.1.0	August 2022	Reset of the 2022-23 Planned Care Recovery Plan Update on progress with regard to the Ophthalmology Action Plan to be brought to a future meeting of the Committee	COO	October 2022	Complete On Agenda – October 2022
5.3.0	August 2022	Integrated Performance Dashboard Comparison of bowel screening targets both pre and post Covid-19 would be queried offline with colleagues in public health	DoPH	October 2022	Complete Bowel screening has increased in each of the CTM local authorities in 2019/20 and 2020/21. Merthyr Tydfil is still the lowest in terms of uptake with 62.6% of those eligible returning a sample. In 2020 there was an intervention carried out to increase the uptake by targeting non-responders in Merthyr practices and South Cynon practices.

Agenda Item 3.1

					<p>A combination of this and the introduction of FIT tests in January 2019 may have been the reason for the increase in uptake.</p> <p>Bowel screening was paused at the start of the Covid pandemic but each area is now above the previous 60% target.</p>
5.3.0	August 2022	Integrated Performance Dashboard Query the critical vaccination rate to prevent outbreaks, i.e. is the 95% rate that would provide 'herd immunity offline with colleagues in public health	DoPH	October 2022	Complete It is 95% for childhood vaccines ie mmr etc. There is no herd rate for flu or covid though.
5.3.0	August 2022	Integrated Performance Dashboard To query with Workforce & OD Colleagues outside of the meeting the percentage of staff who report that their line manager takes a positive interest in their Health & Wellbeing. Only one marker captured and no data for 21-22 and when would that be available and reported upon within the Integrated Performance Dashboard.	DoP	October 2022	In Progress The Wellbeing Survey has been extended until 24 th October. As a high percentage of staff are completing paper copies of this survey rather than using the link or QR code to do it electronically, we will need some time to input the data manually before analysis can occur. So a rough estimate would be November for this data to be ready.

Agenda Item 3.1

5.3.0	August 2022	Integrated Performance Dashboard To query with Patient Care & Safety colleagues the serious medication error described as a catastrophic reaction to an unknown allergy	DoN	September 2022	Completed Response and clarification shared via email 31.8.2022.
5.3.0	August 2022	Integrated Performance Dashboard Clarify with the Performance Team the Stroke Performance data	DoST	September 2022	Completed Response and clarification shared via email 5.9.2022
5.3.0	August 2022	Integrated Performance Dashboard Query with the Workforce and OD team the overall staff engagement percentage scores	DoP	August 2022	Completed Response and clarification shared via email 24.8.2022
5.4.0	August 2022	South East Wales Planning Collaborative To feedback to the Collaborative the comments to strengthen the guiding principles in regard to smoothing out of waiting lists.	DoST	September 2022	Completed This has been raised in a SEW Directors meeting and will inform the approach to be taken.
5.5.0	August 2022	Neville Hall Hospital Satellite Radiotherapy Unit Governance Team to liaise with Planning Team with	DoG	September 2022	Completed Extra Ordinary Meeting held on 20.9.2022. The Committee ENDORSED FOR BOARD APPROVAL

Agenda Item 3.1

		regard to the arrangements for an extra ordinary meeting of the Committee.			<p>the Full Business Cases for the Integrated Radiotherapy Solution and the Satellite Radiotherapy Centre.</p> <p>The Committee further ENDORSED FOR BOARD APPROVAL that the Health Board would maintain its support of the Business Case for the Development of the Radiotherapy Satellite Centre on the basis of the conditions specified.</p>
6.1.0	August 2022	Finance Report Covid response cost figures to be shared offline	DoF	August 2022	Complete Figures shared outside of meeting via email 18.10.22
5.2.0	June 2022	Integrated Performance Dashboard Update on the Action Plan for Stroke to be provided.	COO	August 2022	Complete On Agenda – October 2022
5.2.0	June 2022	Integrated Performance Dashboard To query the filling of staff vacancies via streamlining in relation to diagnostics and therapies.	COO	August 2022	Update (25.10.22) Staffing as well as demand and capacity imbalance remain the main risks within Therapies with a significant number of vacancies. Streamliners have come into post more quickly this year than has been the case in the past and there are a few still

Agenda Item 3.1

					<p>to come in. Some vacancies have been filled via this route but (as you can see is the case with therapy teams across UK), national shortages, delays in approvals and employment processes mean that the Department is often carrying a high vacancy factor.</p> <p>Turning to Pathology and Radiology, Pathology have found the process positive and have appointed a number of Healthcare Scientists. In Radiology, the situation was slightly different in that team no longer take part in the process as they felt that, for them, it was limiting and at the time, didn't allow applications from outside Cardiff University.</p> <p>Within Audiology, there were no actual vacancies at the time this question was asked, however they had identified future need and they did get a member of staff via streamlining which was helpful.</p>
--	--	--	--	--	--

Agenda Item 3.1

5.3.0	June 2022	Review of CAMHS Performance Activity Offline update on assessments within 28 days to be provided	DoPCMH	August 2022	Complete Update shared outside of meeting via email 18.10.22
5.4.0	June 2022	Annual Plan 2022-23 Discussions to be held with Public Health in relation to staff smoking near hospital gates.	DoST	August 2022	Completed Response shared with Committee via email 13.9.2022
6.1.0	June 2022	Finance Report Clarity on the accountancy gain of £4.5m to be provided outside of the meeting	DoF	August 2022	In Progress DoF planning to share the position offline with the Audit & Risk Committee Chair during w/c 15.8.2022. A further update should be available at the time of the meeting.
PREVIOUSLY COMPLETED ACTIONS					
6.1.0	June 2022	Finance Report Provide more detail on progress on the delivery of core savings at the August meeting	DoF	August 2022	Complete Please see detail captured within the Month 4 Finance Performance Report included on the agenda for the 23 rd August 2022.
5.2.0	June 2022	Integrated Performance Dashboard Detail on the Never Event in May 2022 to be provided outside of the meeting.	DoG	June 2022	Complete Detail on the Never Event was circulated to members via email on the 29 th June 2022.
4.1.0	June 2022	Organisational Risk Register	DoG/ADGR	August 2022	Complete The Assistant Director OSS (Facilities) provided a robust

Agenda Item 3.1

		To review Risk 4722 in relation to the Laundry Service			update on the status of risk 4772, which was shared via email with Committee members on the 1 st July 2022. A further copy can be shared upon request to the meeting secretariat.
4.1.0	June 2022	Organisational Risk Register Issues in relation to the target dates and how the risks were rated to be reinforced to the Strategic Leadership Group.	DoG/ADGR	August 2022	Complete The Director of Corporate Governance reinforced this action at the Strategic Leadership Group meeting. The Assistant Director of Governance & Risk has also reiterated the position at the monthly risks leads meeting in July and August.
5.2.0	June 2022	Integrated Performance Dashboard Staff engagement scores – clarity to be sought on what the 71% related to and were engaging on.	DFP	August 2022	Complete This query was raised by the Board and at the People & Culture Committee where it was confirmed that this percentage related to the 2020 NHS Wales responses and is based on the CTM response.
5.1.0	April 2022 `	Performance Dashboard Contract for mobile endoscopy unit to be reviewed.	DoST	April 2022	Completed Response provided and emailed to all Members on 27.04.22

Agenda Item 3.1

5.1.0	April 2022	Performance Dashboard Further detail on Follow Up Patients Not Booked to be received at next meeting.	DoST/COO	June 2022	Completed Contained within the Performance Dashboard.
5.1.0	April 2022	Performance Dashboard Wording to first paragraph on page 37 in relation to Cardiac to be amended.	DoST	June 2022	Completed
5.1.0	April 2022	Performance Dashboard Invitation to be extended to all Members to attend the next Quality & Safety Committee with regard to the Stroke Report.	DoCG	April 2022	Completed Invitation extended for meeting 24 May 2022.
5.1.0	April 2022	Performance Dashboard Detailed review of CAMHS to be received at next meeting.	DoPCMH	June 2022	Completed Report on agenda June 2022 meeting.
5.1.0	April 2022	Performance Dashboard Communication to patients in relation to changes for not being treated at the Spire Hospital to be reviewed.	DoST	June 2022	Completed Update provided at June 2022 meeting.
5.1.3	December 2021	Performance Dashboard A detailed report on stroke performance to be brought to the next meeting of the Committee.	Chief Operating Officer/Stroke Team	January 2022	Completed Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.

Agenda Item 3.1

					Updated April 2022 Due to a report on Stroke being presented at the Quality & Safety Committee and to avoid over duplication of reports between Board Committees, Members of the PPF Committee are invited to attend the Quality & Safety Committee in May 2022 and/or receive a copy of the report.
4.1.0	February 2022	Organisational Risk Register Committee Referral to Mental Health Act Monitoring Committee to consider whether they wished to be sighted on mental health related risks (operational) at their future meetings.	Director of Corporate Governance/Board Secretary	March 2022	Completed Referral made and considered at the MHAMC Meeting held on 2 March 2022. The Committee agreed that there was no relevance in receiving MH operational risks at future meetings as these were reviewed at Audit & Risk Committee and the Health Board.
5.1.0	February 2022	Month 10 Finance Report Discussion with the Director of Corporate Governance/Board Secretary as to whether future face to face Board Development Sessions could be used to take Board Members through the framework of how and when Members are involved in difficult decisions and the challenging choices and	Assistant Director of Governance and Risk/Director of Corporate Governance/Board Secretary	March 2022	Completed This request has been highlighted to the Director of Corporate Governance when planning the items for agendas. Board Development Sessions have also been arranged to provide the opportunity to join virtually and in person.

Agenda Item 3.1

		decision that are having to be made in the Service			
6.1.0	February 2022	Integrated Performance Dashboard Committee Referral to Quality & Safety Committee to review the "Sepsis Six" bundle.	Assistant Director of Governance & Risk	March 2022	Completed Following referral it had been established that the Quality & Safety Committee had discussed the referred item in full at the meeting held in January 2022. The referral was therefore withdrawn.
6.1.0	February 2022	Integrated Performance Dashboard To provide feedback to the Board on the recent session held in regard to equity of services across the ILGs based on the current model.	Assistant Director of Governance & Risk	March 2022	Completed Assistant Director of Governance & Risk escalated to the Chief of Staff and updates have since been provided through IM Briefings and a report received at the Board in March 2022.
6.1.2	February 2022	Deliver of Planned Elective Care Recovery Programme Additional date to be sought for a reconvened meeting of the Committee to receive the item prior to the end of March 2022.	Assistant Director of Governance & Risk/Chief Operating Officer	March 2022	Completed Date confirmed but then cancelled due to the number of apologies received. It was agreed with the Chair that the report be circulated outside of the meeting for review and any questions. This has now been completed.
06/001	June 2021	Integrated Performance Dashboard Recovery Plan for Part 1A Mental Health to be shared with Members once finalised.	Chief Operating Officer/Director of Primary, Community & Mental Health	July 2021	Completed Each ILG will have one where needed – there was one for M&C and they achieved recovery and same for R&TE – Bridgend had not needed one at that time.

Agenda Item 3.1

					Performance reflects the improvement.
08/001	August 2021	Action Log All outstanding updates on the log to be reviewed outside of the meeting with the relevant Executive Lead and updated.	All	October 2021	Completed Outstanding Actions updated and received by the Committee at the October 2021 meeting.
10/001	October 2021	Organisational Risk Register Software issues in relation to Laundry to be queried outside of the meeting.	Director of Finance	December 2021	Complete Capital funding received and orders placed for software and new tank for the 13 stage washer press.
10/002	October 2021	Organisational Risk Register Comments and queries in relation to the register to be raised with the Asst. Director of Governance and Risk outside of the meeting and could also be explored further at the Board Development Session on Risk Appetite on 21 October 2021.	Head of Corporate Governance & Board Business/Asst. Director of Governance and Risk	October 2021	Completed Board Development Session held on risk in October 2021 in conjunction with ILG leads and how the leads were continuing to request that risks were regularly reviewed and the status of risks explained with clearer narratives. Ongoing action which is also highlighted via the monthly risk training sessions. As to the reference to 'no changes to the content of the risk register', this was as the risks had remained unchanged and this would be more accurately referenced in future. Any updates to

Agenda Item 3.1

					risks would be made in red within the report.
10/004	October 2021	Ophthalmology Update DNA rates to be included within future reports to the Committee.	Chief Operating Officer	December 2021	Completed Rates would now be included in future reports to the Committee.
10/005	October 2021	Integrated Performance Dashboard One hour and 15 minute ambulance handover waits to be included in future reports along with baseline and narratives where applicable.	Director of Strategy and Transformation	November 2021	Completed Report amended to reflect comments raised and was circulated to the Committee 16.11.21.
10/009	October 2021	Forward Work Plan Committee agreed to receive a report on mitigating the risks with regard to paediatric nurses rotation and the Emergency Department to the December 2021 meeting.	Chief Operating Officer	December 2021	Completed A detailed reply in the form of a report was produced in response to the query and was circulated to Members of the Committee outside of the meeting. The Chair and IM who had raised the initial query agreed that the item need not come back as part of the main agenda reporting process.
19/164	November 2019	Estates Performance Further report to be received for the Bridgend locality element of the Estate to be presented to the February 2020 meeting of the Committee	Director of Finance	January 2022	Completed Recommended action closed and replaced with new action to review Estate Performance Reporting at the February 2022 meeting that had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward

Agenda Item 3.1

					Plan for the April 2022 meeting.
08/002	August 2021	IMTP Update Committee to be kept updated in terms of governance and assurance on the concerns raised by Welsh Government in relation to the plan and the actions being undertaken.	Director of Strategy & Transformation/Chief Operating Officer/Director of Finance	February 2022	Completed The Board are receiving regular updates. Committee received an update at the December 2021 meeting and further update on the agenda for February 2022.
10/004	October 2021	Overview of Winter Response Planning Update report to be received at next meeting and the CTM plan would be circulated to the Committee outside of the meeting, once finalised.	Chief Operating Officer	December 2021	Completed Report and Plan received by the Committee at the December 2021 meeting.
10/006	October 2021	Performance Dashboard Data on hip fractures for the over 70's which had dropped in percentages to be reviewed outside of the meeting.	Chief Operating Officer	December 2021	Completed Arrangements for orthogeriatricians are under review as part of the recovery and restoration fund. Fundamentally, the absence of orthogeriatricians across the UHB is the cause of the low compliance rate. £395k recurrent funding has been incorporated within the Planned Care Recovery Fund from 22/23 to develop the Orthogeriatrics service and will come forward for approval as part of the IMTP process.
10/008	October 2021	Access to GP Services	Assistant Director of Primary Care	January 2022	Completed

Agenda Item 3.1

		Committee agreed to receive a further update in January 2022			Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
4.1.0	December 2021	Organisational Risk Register Risk 4149 CAMHS to be reviewed with DoCG and an update to be shared with the Committee outside of the meeting	Chief Operating Officer	February 2022	Completed Risks have been reviewed and updated on the Register.
5.1.0	December 2021	Delivery of Elective Planned Care Recovery Programme Check that the reminder system for DNA's had been activated.	Chief Operating Officer	February 2022	Completed Reminder system in place.
5.1.3	December 2021	Performance Dashboard No data available on the % of patients with a positive sepsis screening who received all elements of the 'Sepsis Six' care bundle within 1 hour of positive screening. Query raised about where joint SIs are reported and monitored? – This was particularly in relation to joint SIs involving CTM & WAST for example.	Director of Corporate Governance/Director of Nursing	February 2022	Completed Email response sent to Committee outside of meeting.

Agenda Item 3.1

		Both queries to be reviewed outside of the meeting and response shared with the Committee once received.			
5.1.3	December 2021	Performance Dashboard A detailed report on stroke performance to be brought to the next meeting of the Committee.	Chief Operating Officer/Stroke Team	January 2022	Completed Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
5.1.3	December 2021	Performance Dashboard Further detail on red releases to be provided in the report for the next meeting	Chief Operating Officer	January 2022	Completed Information of red release contained within Performance report for February 2022 meeting.
5.1.4	December 2021	Development of the IMTP 2022-25 Presentation to be shared with Members outside of the meeting.	Director of Strategy & Transformation	December 2021	Completed Presentation shared with Members of the Committee following the meeting.



AGENDA ITEM

4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting

25th October 2022

FOI Status

Public

If closed please indicate reason

Not Applicable

Prepared by

Cally Hamblyn, Assistant Director of Governance & Risk

Presented by

Georgina Galletly, Director of Corporate Governance

Approving Executive Sponsor

Director of Corporate Governance

Report purpose

FOR REVIEW & APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Service, Function and Executive Formal Review

August 2022

RISKS REVIEWED

Executive Leadership Group

12th September 2022

RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED

Audit & Risk Committee

24th October 2022

RISKS REVIEWED

ACRONYMS

Nil

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the risks assigned to the Committee, which have been escalated to the Organisational Risk Register, have been appropriately assessed.



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The risk updates for this period has been impacted by the implementation of the new Care Group Model. The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:

- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Workshop Sept/Oct 22. Realignment to complete by 31.1.2023.
- Central Quality Governance Team to provide a report to Care Groups which will contain all **Datix Legacy Information** for Risk, Incidents, Claims, Complaints etc. The Nurse Directors to then undertake an exercise to align activity/data to Care Group Model – Timeframe for alignment 31.1.2023.

The Assistant Director of Governance & Risk will engage and support this activity as required. Board and Committee Members are therefore asked to afford some flexibility in the review dates of risk whilst this transition is underway.

2.2 The following progress has been made since the last report:

- Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2022 and will continue beyond that date if required. 327 members of staff trained to date.
- Risks on the organisational risk register have been updated as indicated in **red**.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Strategy and Transformation

- Datix ID 5207 – Care Home Capacity. Risk Rated as a 15.

3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED and/or DECREASED during the period

Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.



3.4 DISCUSSION POINTS

Stroke Service

There has been a significant review of the Stroke Services risk this period (Datix ID 4632), which has resulted in linked/related stroke risks being closed or de-escalated as they have been amalgamated into this overarching risk. This risk will be monitored and updated via the Stroke Recovery Group.

Emerging Risks

The Assistant Director of Governance & Risk has been made aware of the following emerging risks in the service that are likely to be escalated to a future Organisational Risk Register return:

- Permanency of service critical staff to support the Covid-19 Vaccination Programme
- The Executive Medical Director is exploring the escalation of a risk relating to Clinical Policies.
- LINC Risks
- Unsupported server operating systems
- Safe transition from paper to digital record

3.5 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

Consequence	5			4772 5207		
	4				4149 4458	4491 4071 5153 5154
	3					
	2					
	1					
CxL		1	2	3	4	5
Likelihood						

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	<p>The purpose of the Organisational Risk Register and risk approach within the Health Board is to:</p> <ul style="list-style-type: none"> • minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management; • ensure that risk management is an integral part of CTMUHB's culture; • maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed



	effectively;
Related Health and Care standard(s)	Governance, Leadership and Accountability Management of risk is integral to all Health and Care Standards.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below. Not required in terms of the Organisational Risk Register.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4491	Chief Operating Officer All Locality Groups	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to meet the demand for patient care at all points of the patient journey	IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey. Then: the Health Board's ability to provide high quality care will be reduced. Resulting in: Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Speciality specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub speciality codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified. Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	The Health Board has established a Planned Care Board, with a full programme of work to address FUNB, demand and capacity and a recovery programme which will include cancer patients; The plans have timescales – which are being monitored, however it is likely that it will take time to reduce waiting times to acceptable levels in the post-covid-19 environment. The PCH Improvement Programme has significantly accelerated a number of mitigating actions designed to improve flow, reduce risk and improve the quality of care in the unscheduled care pathway. Updates on this are provided through the Quality & Safety Committee including specific actions and measures. There is also a PCH Improvement Board that meets monthly with the COO as the SRO. The Health Board is centralising the operational management and decision making around all elective services with the clear aim of increasing and protecting elective activity as we deal with the pressures of the Covid-19 pandemic and winter. This process commenced in late October 2021 and greater clarity will be provided in the next review. The IMTP process will drive the development and prioritisation of these plans ahead of implementation in 2022-2023. Additionally as part of the IMTP Process we will be able to complete robust capacity and demand planning for all surgical specialities for the first time, this will allow us to fully understand our likely trajectory for recovery during 2022-2023 and beyond. Update July 2022 - Risk scoring unchanged. Revised Improvement trajectories for each speciality now in place updated via the Planned Care Recovery Programme Board. The Health Board is working with Cardiff and Vale University Health Board and Swansea Bay University Health Board to support recovery actions in high risk specialities. Update September 2022 - Continue delivery of the Planned Care Recovery Actions. Reconfiguration orthopaedic inpatient operation. Commissioning the insourcing of the workforce to deliver to Theatres. Amalgamation of Health Board wide capacity plans. Significant work ongoing in relation to FUNB which is being captured in the performance reports.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 C4 x L3	↔	11.01.2021	07.09.2022	31.10.2022
5153	Executive Director of Finance & Procurement	Sustaining Our Future	Financial Stability Risk	Failure to achieve financial balance in 2022/23.	IF: The Health Board is not able to plan and deliver changes which enable current run rates of expenditure to align with the available funding for 2022/23 (including funding for Covid response costs and Exceptional items) . Then: The Health Board will not be able to deliver a break-even financial position for 2022/23. Resulting in: Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. The context is that the draft financial plan for 22/23, submitted to WG at the end of April, has three elements : A core plan which has a planned deficit of £26.5m, excluding Ongoing Covid response costs of £32.3m and Exceptional Items of £19.0m. Assumed non-recurring funding for the Covid and Exceptional costs has yet to be confirmed by WG. Delivery of the Core plan is also predicated on the delivery of efficiency savings of £17.3m which is a significant step up in savings compared to recent years.	Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. Routine monitoring arrangements in place. Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.	Further discussions needed with Welsh Government to understand the likely funding position for 22/23. Update September 2022 Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	8.7.22	06.09.2022	31.10.2022
5154	Executive Director of Finance & Procurement	Sustaining Our Future	Financial Stability Risk	Failure to reduce the planned recurrent deficit of £28.0m at the end of 2022/23.	IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2023/24. Then: The Health Board will not be able to develop a break-even financial plan for 2023/24 and deliver it . Resulting in: Potential deficit in 2023/24 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.	Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. Routine monitoring arrangements in place. Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.	Update September 2022 - The M4 YTD position is a £10.6m deficit. This represents a £1.8m adverse variance compared to 4/12/21 of the £26.5m Core plan deficit. The M4 Savings position is forecasting £17.9m of Savings in 22/23 but only £10.5m on a Recurrent basis. (Savings target for 22/23 = £17.3m). The forecast underlying recurrent deficit at 31/3/23 is now £34.8m. This position represents a £6.8m deterioration from the planned recurrent deficit of £28.0m and is due to the forecast shortfall in recurrent savings delivery in 22/23. Further develop the savings planning processes via the Value and Efficiency programme. Financial accountability letters and budget schedules for 22/23 to be issued and signed off . Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	8.7.22	06.09.2022	31.10.2022
4071	Chief Operating Officer All Integrated Locality Groups Linked to RTE 5039 / 4513	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	IF: The Health Board fails to sustain services as currently configured to meet cancer targets. Then: The Health Boards ability to provide safe high quality care will be reduced. Resulting in: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	• Tight management processes to manage individual cases on the cancer Pathway. • Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. • Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk • Harm review process to identify patients with waits of over 104 days and potential pathway improvements. • Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. • All three ILGs are working to maximising access to ASA level 3+4 surgery on the acute sites. • HB working to ensure haematological SACT delivery capacity is maintained. • Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. • Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. • Alternative arrangements for MDT and clinics, utilising Virtual options - Cancer performance is monitored through the more rigours monthly performance review process. each ILG now reports actions against an agreed improvement trajectory. Weekly monitoring led by the Chief Operating Officer to monitor progress. Pathology backlog clearance plan funded and in delivery.	Continue close monitoring of each patient on the pathway to ensure rapid flow of patients through the pathway. Active management of the diagnostic backlog (including endoscopy) and exploration of all options to reduce this. Comprehensive planning for repatriation of theatre and haematology services for when private provision is lost. This also needs to consider options for continuation during a potential second surge. These actions are ongoing and assigned to the EDO, DPC&MH and Medical Director. The Cancer Business Unit remain fully involved in the processes to improve care and that at present they are awaiting feedback from ILGs on their plans for restarting elective and other activity and their demand and capacity assumptions. There was a refocus on this risk post Covid-19 impact and there has been a consistently improving position from February to July. During July there was a slight deterioration which is being addressed and actioned. Each ILG has returned a Cancer Recovery Plan to facilitate monitoring by the COO. This remains ongoing with individual issues addressed as they arise. An Operating Framework has been developed with a tightened Performance Management framework which will be monitored by the COO. Update March 2022, the enhanced monitoring process continues with progress being made in all specialities. There is a lag between the increase in activity which is being evidenced and the impact on the Suspected Cancer Pathway (SCP) which results in overall performance still being depressed. Improvement activity in outpatients and diagnostics is in place and being closely monitored. There is an unmitigated risk within the breast cancer specialty where are RTE ILG continue to develop an improvement plan, however, it is worth highlighting the constrained nature of breast cancer capacity across Wales. Update June 2022 - Score unchanged. Recovery trajectories and associated actions in place for each tumour site to address long waiting times and to improve overall performance against the 62 day standard. In addition there is weekly monitoring led by the Chief Operating Officer to monitor progress. Pathology backlog clearance plan funded and in delivery. Update September 2022 - Score remains unchanged. Recovery actions continue with focus on Urology and Lower GI. Improvements are being recognised in Gynae and Breast Surgery which are currently ahead of plan. Cancer treatments remain higher than pre-Covid levels.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	↔	01/04/2014	07.09.2022	31.10.2022

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4149	Chief Operating Officer Bridgend Integrated Locality Group	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain Child and Adolescent Mental Health Services	If: The Health Board continues to face challenges in the CAMHS Service Then: there could be an impact in maintaining a quality service Resulting in: recruitment challenges, long waiting times and impact to the implementation of the new model of care. Loss of trust and confidence in the services provided by the Health Board. Difficulties remain in recruiting key staff and new model of care being implemented; waiting times for specialist CAMHS and the new neurodevelopmental service remains challenging. Rationale for target score: Increasing demands being placed on the Core CAHMS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff	o Reported local and Network pressures across the CAHMS Network with variable problems dependent on the area of the network. o Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed. o Service Model developed around Core CAHMS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care. o New investment impact being routinely monitored internally via the SMT and via monitoring meetings with the ILG o There has been progress with being able to recruit to vacancies with a number of new appointments made. For CTM UHB, the majority of vacancies have been recruited into. The Swansea Bay locality has had more challenges in recruiting skilled staff and there has been plans in place to recruit to developmental posts to attract more interest and invest in staff training and development. More recently the team have managed to recruit into a number of posts (9 to date) with start dates in the next couple of months and interviews scheduled for HCSW and Band 5 practitioners in next month	o Monthly commissioning meeting discussions taking place across the Network in relation to service pressures and funding. Further discussions with commissioners expected by April 22 regarding service provision - Implementation of the Choice and Partnership Approach (CAPA) with a new service model introduced ensuring the service aligns itself with All Wales Mental Health Measure. All referrals accepted to CAMHS will now receive a Part 1 Mental Health Assessment to determine the level of support required. Performance is being reported and monitored via monthly performance meetings. A number of service reviews in relation to Ty Lliardard undertaken and monitored via Q&S&R Committee. Additional nursing leadership implemented and progress on required action plans and proposed staffing model. Business case being drafted for additional investment to support staffing model by start of March 22. Workshops scheduled with WHSSC to review service specification and gap analysis. First workshop to take place on 15th Feb 22. Community CAMHS in both CTM UHB and Swansea Bay UHB are carrying out WLI via the planned care recovery (PCR) scheme. The additional clinics and dedicated team for assessment and single point of access have helped to reduce waiting times in CTM UHB to approx. 8 weeks but proposal to continue the PCR additional clinics after April 22 to reduce waiting times and improve compliance. The waiting times in Swansea Bay UHB are much longer (average wait is 10 weeks as of Feb 22 but longest wait is 32 weeks). Further work is planned by end of March 22 on capacity and demand and the implementation of a new service model to aim to meet demand. Proposal to continue with the planned care recovery schemes post April-22 to address the backlog. Further recruitment planned for 3x crisis posts and 4 x specialist posts. There has been progress with being able to recruit to vacancies with a number of new appointments made. For CTM UHB, the majority of vacancies have been recruited into. The Swansea Bay locality has had more challenges in recruiting skilled staff and there has been plans in place to recruit to developmental posts to attract more interest and invest in staff training and development. More recently the team have managed to recruit into a number of posts (9 to date) with start dates in the next couple of months and interviews scheduled for HCSW, Band 5 practitioners in next month. Further recruitment planned for 3x crisis posts and 4 x specialist posts. - FACTs service in escalation with WHSSC - draft service specification developed and activity reporting; some resolution to system issues. Outstanding action in escalation around recruitment into the Consultant post (currently service has a locum) and the clinical leadership model. Update June 2022 - risk reviewed and current scoring reflects level of risk in service. Next review due in July 2022.	Planning, Performance & Finance Committee & Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	01/01/2015	17.06.2022	01.07.2022
4458	Chief Operating Officer All Integrated Locality Groups	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches.)	If: the Health Board fails to deliver against the Emergency Department Metrics Then: The Health Boards ability to provide safe high quality care will be reduced. Patients will be waiting in the ambulance rather than being transferred to the Emergency Department. Resulting In: A poor environment and experience to care for the patient. Delaying the release of an emergency ambulance to attend further emergency calls. Compromised safety of patients, potential avoidable harm due to waiting time delays. Potential of harm to patients in delays waiting for treatment.	Senior Decision makers available in the Emergency Department. Regular assessments including fundamentals of care in line with National Policy. Additional Capacity opened when safe staffing to do so. Senior presence at Health Board Capacity Meeting to identify risk sharing. Winter Protections Schemes Implemented within ILG's. Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	The Unscheduled Care Improvement Board will monitor progress on the programme on a monthly basis. Given the decrease in compliance for 12 and 4 hour waits, it is impossible to outline progress at this point. It is anticipated that the work of the Urgent Care Improvement Group will be able to report some improvement in the coming months. BILG update: RCeM audit undertaken. Staffing remains ongoing issues- plans in place and frequently reviewed. ASCU staffing plan agreed at ILG level and ongoing. Surge trolleys in place to cope with additional capacity requirements. Building works progressing and phases complete. X references to ID3826 & ID3585. Update March 2022, significant work continues to be underway in this area. A Local system reset (perfect fortnight) commenced on the 2nd March 2022 with the aim of being a system wide learning event to establish an improved grip across the patient pathway and a set of improvement projects that can be deployed. Further update to be provided at the completion of the event. Within M&C ILG the PCH Improvement Programme continues to deliver improvement with the feedback from the second unannounced Health Inspectorate Wales Visit in January 2022 providing clear evidence of significant improvement in patient safety and experience. Overwhelming demand and activity continues to provide challenging operational context, this is being addressed through joint working with Improvement Cymru and an external provider to deploy a real time flow management process with the specific objective of improving the pace of the patient along the pathway. June 2022 - Six Goals Board established with specific focus on actions to support improvements at the front door. Update September 2022 Update – UEC Six Goals Improvement Programme now commenced – workstream 2 (integrated front door) – rapid mobilisation of other elements of the front door (SDEC, Acute frailty assessment, Hot/rapid access clinics) to facilitate ED de-crowding and timely ambulance offload.	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	↔	04/12/2020	13.09.2022	31.10.2022
4772	Chief Operating Officer Facilities	Improving Care	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Replacement of press software on the 13 & 10 stage CBW presses	If: The 10 & 13 stage Lavatec presses have old software control systems, and are both vulnerable to failure. Following a fault developing and a recent maintenance call out it was identified that the 10 stage press is working intermittently caused by a software problem. Then: If the 10 Stage press control system fails the consequence of not purchasing the software replacement would result in the laundry service being unable to produce to full capacity and reduced to around 55%. If the Stage 10 press control system software fails then it could also impact on the Stage 13 press. The consequence of both presses failing and not purchasing the software replacement would result in the laundry service being unable to process any laundry which will result in all CTMUHB laundry being outsourced to commercial laundries. The costs will be significantly higher than those incurred in-house. Resulting In: •Potential of service failure due to existing system. •Potential of CTM sites being without bedding and linen at existing volumes and turnaround times. •Potential increased costs resulting from having to outsource laundry processing to commercial laundries in the event of equipment failure.	The All - Wales Laundry review continues, and at the current time, it is likely that services will be provided from CTM laundry until at least 2024. After this time, the equipment could be moved and rehoused elsewhere to continue to support CTM and the All-Wales Laundry agenda. Previous IMTP submissions have included as a priority £375K for a replacement automated sorting and roll cage washer/dryer system at the laundry. The software that controls system for the CBW forms an integral part of the current press. Benefits of equipment being replaced: •Reduced risk of service failure and therefore improved confidence in continued production. •Easier to diagnose and put right any mechanical defects. The Laundry is being monitored remotely by the system supplying company. This ensures that we are able to run the system and any problems quickly rectified on the 13 stage CBW. The 10 stage new software has now been installed and updated and all snagging completed. We were in the process of arranging a date for the 13 stage CBW software to be updated when the bolts on the 10 stage sheared, this will be repaired Monday 4th July 2022 we will then arrange for the new software to be updated on the 13 stage. There is a robust contingency plan in place we are able to continue with a normal service until these issues are resolved. We also have the ability to call upon the other L4 region production units. The contingency plan provides for a 5 day full service with ability to call on the other L4 within the All Wales Laundry agreement to produce our linen if needed.	Update September 2022 SON to be submitted and if successful replacement software purchased and installed. Timescale: 30/11/2022. SON approved and funding provided, awaiting installation. Update from Deputy Linen Services Manager that order has been raised to replace. 10 stage press received completed software upgrade. However, since the last review of this risk on the washer the bolts sheared off the press reducing production by 50%. A contractor has been to site to try and carry out repairs but so far have not been able to due to the severity of the problem. The contractor has now gone back to the manufacture on the next steps. Dependent on what the manufacture suggests, it's also lead time and down time of this machine, we are looking at the machine out of service for the next few months leaving the laundry only operating at 50% capacity and limited resilience if the other stage washer fails. Until there is a response received from the contractor, there are no definite answers on parts, costs or timescales. All departments, including Facilities, Estates and NWSP have been informed of the issue. As a contingency the 13 stage press is being monitored and will be upgraded after the 06/09/2022. Based on this update the risk remains as a high risk and will be reviewed in 3 months time or once the repairs have been undertaken and software has been installed. Review Date: 30/11/2022	Quality & Safety Committee Planning, Performance & Finance Committee	15	15 (C5xL3)	5 (C5xL1)	↔	27.07.2021	02.09.2022	30.11.2022
5207	Executive Director of Strategy & Transformation	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm & Statutory Duty / Legislation	Care Home Capacity	If: the rising costs of delivering care in private facilities drives providers to cease trading. Then: there will be a loss of capacity within the system. Resulting in: exacerbated delays in hospital flow, an impact on wait times and increased admission to hospital for displaced patients. Patient experience will be impacted due to increased hospital stays. There will also be a longer term impact on residential care opportunities.	Multi Agency Operational Group established that effectively risk assesses the homes and manages any emergent contractual/ provider/ safeguarding issues, we wonder if this is forward looking enough in the current context. Local Authorities have regular contact with Care Homes to assess any challenges that they are facing and will intervene as appropriate based on risk and circumstances.	Via the Regional Partnership Board and other partnership meetings questions will continued to be escalated to seek assurance. Reports on specific incidents will be taken to Planning, Performance & Finance Committee. Care Providers will continue to engage with Welsh Government to escalate their concerns around the current position.	Quality & Safety Committee Planning, Performance & Finance Committee	15	C5xL3	10 C5xL2	New Risk Escalated August 2022	19.8.2022	19.8.2022	31.10.2022



AGENDA ITEM

5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

PLANNED CARE RECOVERY UPDATE

Date of meeting

(25/10/2022)

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Claire Nelson, Planned Care Recovery Lead

Presented by

Gethin Hughes, Chief Operating Officer

Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Choose an item.

ACRONYMS

FUNB

Follow ups not booked

PPF

Planning, Performance and Finance

1. SITUATION/BACKGROUND

- 1.1 This report provides an update on Planned Care recovery in terms of how the Health Board is performing against the Welsh Government ministerial measures pertinent to 2022/23 and the steps being taken to improve performance against them.

- 1.2 The key ministerial measures for 2022/23 are:
- Eliminating waits of over 52 weeks for new outpatient appointments by the end of December 2022
 - Eliminating waits of over 104 weeks across all stages of waiting list by March 2023
- 1.3 Chief Executives were also requested by Welsh Government on 20th September to focus on four specific areas which support the ministerial measures:
- Return to at least 100% of pre-Covid activity levels, prioritising specialties with the largest cohorts on long waiting patients
 - Ensure that all patients at outpatient stage 1 waiting over 156 weeks have an appointment by the end of October 2022
 - All patients waiting over 104 weeks to be booked into the next available slots
 - Allocate at least 60% of activity to cohort patients at Outpatient and Treatment stages (excluding high areas of Urgent Suspected Cancer).

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Returning to pre-Covid activity levels

The below tables show the activity levels from April-August 2022 compared to pre-Covid activity levels for new outpatients and inpatient/day-cases. It shows that for a number of specialties the pre-Covid activity levels for both outpatients and inpatients/daycases are not being achieved. There are a variety of reasons for this, some of which are understood such as Consultant vacancies and shortage of theatre staff resulting in a reduced number of theatre sessions being available to specialties. Where clinic templates are showing as being reduced during Covid and not reinstated to full capacity despite covid restrictions being lifted, these are being worked through with Clinical Service Groups.

Table 1: New outpatient activity levels 2022 to pre Covid averages



Spec_name	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Aug-19toFeb-20_avg	Aug as % of pre-covid
Rheumatology	432	573	661	506	455	323	141%
Thoracic Medicine	445	534	433	475	552	302	183%
Dermatology	757	855	876	740	814	778	105%
Cardiology	647	740	587	624	583	727	80%
Endocrinology	179	224	219	215	211	293	72%
Gastroenterology	232	359	324	303	341	380	90%
GENERAL MEDICINE	355	472	410	411	390	400	98%
Urology	561	647	611	528	533	762	70%
Breast	312	284	405	367	406	444	105%
Trauma & Orthopaedic	450	490	477	390	490	717	68%
ENT	651	935	733	883	811	1078	75%
OPHTHALMOLOGY	506	638	585	618	629	974	65%
GYNACEOLOGY	1271	1529	1459	1292	1463	1495	98%
ORAL & MAXILLO FACIAL SURGERY	262	340	314	235	284	412	69%
GENERAL SURGERY	589	687	695	764	999	949	105%
Orthodontics	44	43	39	32	50	62	81%
Anaesthetics	28	23	34	49	26	57	46%
Haem (clinical)	58	72	72	72	115	117	99%
Nephrology	12	24	19	36	24	39	62%
Paediatrics	576	737	810	727	732	552	133%
Paediatric Neurology	3	4	0	0	8	8	103%
Care of the Elderly	83	113	92	103	59	82	72%
Other	4990	4083	3964	4174	4154	4576	91%
Total	13443	14415	13819	13544	14189	15522	91%

Table 2: Inpatient and day-case activity levels 2022 to pre Covid averages

Spec_name	Inpatients and Daycase elective activity (Core + Additional)						Aug as % of pre-covid
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Aug-19toFeb-20_avg	
Thoracic Medicine	20	21	18	21	22	19	113%
Dermatology	3	0	15	30	19	35	54%
Cardiology	90	80	99	85	57	104	55%
Gastroenterology	732	971	904	877	792	1173	68%
GENERAL MEDICINE	24	23	15	29	23	31	75%
Urology	284	318	326	313	334	457	73%
Breast	56	66	81	80	72	107	67%
Trauma & Orthopaedic	224	271	267	209	199	460	43%
ENT	94	114	75	114	138	216	64%
OPHTHALMOLOGY	198	233	244	190	197	355	55%
GYNACEOLOGY	144	147	156	130	166	260	64%
ORAL & MAXILLO FACIAL SURGERY	25	49	37	27	49	88	56%
GENERAL SURGERY	146	188	230	152	217	319	68%
Dental specs	4	7	6	6	5	10	49%
Anaesthetics	9	12	14	22	26	34	78%
Paediatrics	40	41	25	1	8	35	23%
Total	2094	2541	2516	2289	2324	3764	62%

2.2 Stage 1 Outpatients Over 156 week position

The below table shows the current number of patients waiting over 156 weeks as of the end of October 2022. Through focused work by Clinical Service Groups it is anticipated that all patients aside from Dermatology, ENT and Ophthalmology will be seen. Validation of the patients waiting from both an administrative and clinical perspective has been undertaken and in specialties including Cardiology and Oral Maxillo Facial Surgery, additional clinics are scheduled. The Chronic Pain patients have all been referred to the Wellness Improvement Service (WISE) following a series of discussions between clinical leads and the WISE team.



Table 3: Number of patients waiting over 156 weeks at outpatient stage 1

Specialty	No. waiting >156 weeks at outpatient stage
Dermatology	856
ENT	307
Pain	241
Ophthalmology	164
Cardiology	78
Oral Surgery	35
Rheumatology	31
Restorative Dentistry	9
Lower GI	7

*5 further specialties are reporting <5 patients waiting over 156 weeks.

There is also a focus to validate and where required set surgery dates for the number of patients waiting over 156 weeks at the treatment stage (4).

Table 4: Number of patients waiting over 156 weeks at treatment stage 4

Specialty	No. waiting over 156 weeks at treatment stage 4
Gynaecology	241
Oral Surgery	41
ENT	212
General Surgery	133
Lower GI	20
Ophthalmology	30
Orthopaedics	349
Pain	16
Urology	150

*2 further specialties are reporting <5 patients waiting over 156 weeks.

2.3 Treat in Turn

Treat in turn reports are being produced weekly for Clinical Service Groups (although the information is always available and updated daily on the QLIK Information system) to highlight which patients prioritised as routine as showing have a date in turn (in green) and outside of the >104 week cohort of patients (in red). The intention is to improve efficiencies within existing capacity, allocating all the routine capacity available to cohort patients, alongside increasing capacity with additional schemes where required.



Table 5: Number of patients with a To Come In Date showing within and outside of >104 week cohort as of 12/10/2022

Speciality	Cohort		Not Cohort
	Without TCI	With TCI	With TCI
Gynaecology	731	6	5
Paediatrics	<10		6
Oral Surgery	140	13	15
Cardiology	<10		33
Dermatology	10	2	38
Gastroenterology			33
General Medicine	<10		1
Respiratory Medicine			
Rheumatology			
ENT	610	11	16
General Surgery	569	42	57
General Surgery Breast	34		
Lower GI	89	1	
Ophthalmology	123	21	194
Orthopaedics	1461	50	141
Pain	277	4	2
Urology	513	2	12
	4564	152	553

2.4 Updating of Patient Access Policy

The Patient Access Policy for Planned Care has been updated as although a Cwm Taf Morgannwg Health Board wide policy was produced in June 2020, it provided a strategic overview to managing patient access to Planned Care rather than the operational rules for managing referral to treatment waiting times as set out by Welsh Government. It was evident from reviewing the waiting lists that the rules were not being applied consistently across the Health Board.

The revised Policy along with a quick guide to managing waiting lists in terms of what constitutes a reasonable offer, what to do following a patient that 'Could not Attend' or 'Did not Attend' is shortly to go out for consultation.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 An approach has been made to Welsh Government for additional funding for both Ophthalmology solutions that are being worked up and insourcing theatre staff to increase surgical capacity across a number of specialties including Gynaecology, Oral Maxillo-Facial Surgery and

General Surgery in order to reduce the number of patients waiting over 104 weeks for treatment.

- 3.2 The above information and waiting list modelling and profiles that have been produced from October until March 2023 show that without a number of additional high volume schemes, the Health Board will not be able to achieve the Ministerial Measures for 2022/23 across a number of specialties.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	<p>There are potential unknown harms to patients whilst they remain on a waiting list for a long period of time.</p> <p>There could be potential further harm to patients if capacity remains static. Waiting times will continue to increase in some areas where demand outweighs capacity and additional activity and growth in skillset for a sustainable workforce will be required.</p>
Related Health and Care standard(s)	Timely Care
	Also, Effective Care, Safe Care, Staff and Resources, Governance, Leadership and Accountability.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	<p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p> <p>This is not a policy or relating to withdrawing of a service.</p>
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care



5. RECOMMENDATION

- 5.1 The Planning, Performance and Finance Committee is asked to **NOTE** the Planned Care Recovery update.



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Six Goals Programme Overview – 18th October 2022

Six Goals Programme Board (Urgent & Emergency Care)

Goal 1: Coordination, planning and support for people at greater risk of needing UEC

Goal 2: Signposting, information and assistance

Goal 3: Clinically safe alternatives to admission

Goal 4: Rapid response in crisis

Goal 5: Optimal hospital care and discharge practice from the point of admissions

Goal 6: Home first approach and reduce risk of readmission

Workstream 1: Attendance Avoidance (UEC Goals 1,2 & 3)
Chair/Vice Chair – Neil Elliott/Dr Owen Weeks/Sarah Bradley

111/111#2
Navigation Hub (Second Point of Access)
High Intensity Frequent Attenders
Urgent Primary Care
Community Frailty (falls, integrated crisis response/virtual ward)
Enhanced care home support
MIU resilience

Workstream 2: Integrated Front Door (UEC Goals 2,3,4 & 6)
Chair/Vice Chair: Dr Anthony Gibson/Rob Foley (Interim) Unscheduled Care Director (TBC)

SDEC (surgical and medical)
Acute Frailty – SDEC/Assessment unit
Ambulance handover/offload
ED /acute assessment (med/surg)
Direct referral pathways
MH Crisis Response
Hot / rapid access clinics
D2RA Pathway 1

Workstream 3: Acute Hospital Flow & Discharge (UEC Goal 5)
Chair/Vice Chair: Richard Hughes/Rob Foley

SAFER relaunch/Red2Green implementation
One List App
Consistent board rounds/Electronic whiteboards
Optimise discharge lounges
"Doing tomorrow's work today"
Robust escalation action cards/procedures
Accurate EDDs
Improved clarity re: medically optimised
Site/bed management processes
LLOS review process
Vascular/Stroke/NIV pathway

Workstream 4: Integrated Discharge (UEC Goal 6)
Chair/Vice Chair: David Allison/Jacqueline Davies/Julia Wilkinson

D2RA implementation – right sizing community services
Development of e-TOC referral form
CLD community hosps
SAFER/Red2Green in community hosps
Community hosp D2RA electronic whiteboard solution
Supported discharge management
Review of referral management (SPOA)

Integrated Data & Performance Dashboard Sub-group

Navigation Hub T&F Group

Community Frailty T&F

High Intensity Frequent Attenders T&F Group

ED T&F

SDEC T&F Group

Acute medicine T&F Group

One List App Project Group

NIV Pathway Resilience T&F Group

Bed Management /flow T&F

D2RA Pathway 1 T&F Group

D2RA Pathway 2 T&F Group

D2RA Pathway 4 T&F Group

Urgent Primary Care T&F Group

MIU T&F Group

Hot clinics T&F Group

Acute frailty T&F Group

D2RA Pathway 1 (front door) Group

Stroke Pathway Resilience T&F Group

Ward flow and discharge T&F Group

Vascular Pathway T&F Group

Supported integrated discharge T&F Group

D2RA referral mgt T&F Group

D2RA NEW Pathway 3 T&F Group

Integrated Resource (Workforce) Sub-group

Integrated Commissioning Sub-group



GIG
CYMRU
NHS
WALES

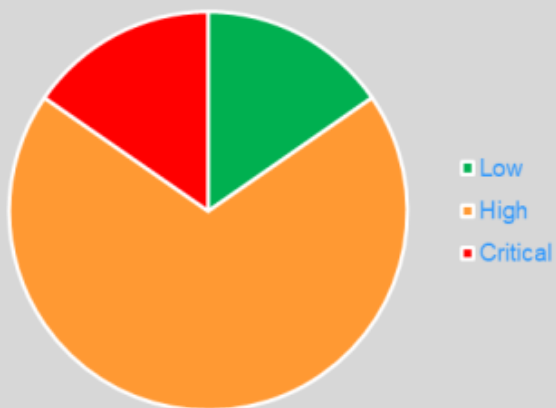
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Six Goals Programme Overview – 18th October 2022

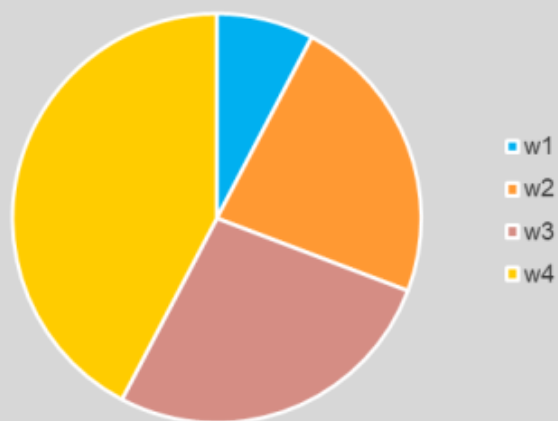
Programme Health

Name	Project Health	Progress	Risks	Scope	KPIs/Benefits
Overview					
Workstream 1					
Workstream 2					
Workstream 3					
Workstream 4					

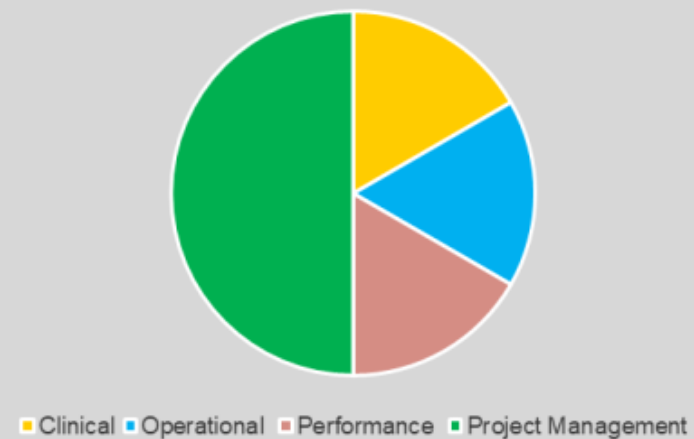
Risks/Issues



Progress



Resource





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Programme Highlight Report – 18th October 2022

ACTIONS TAKEN THIS REPORTING PERIOD

RAG



Status Update		RAG
WORKSTREAM 1	<ul style="list-style-type: none"> Navigation Hub – implementation plan draft in progress including a set up of delivery workstreams (Digital, Pathways, Workforce/Facilities) – mobilisation and prioritisation of plans with launch date Monday 5th December 	
	<ul style="list-style-type: none"> MIU – gap analysis in progress: service provision, workforce, access for patients (pathways) 	
WORKSTREAM 2	<ul style="list-style-type: none"> SDEC: <ul style="list-style-type: none"> Self-assessment of current provision and gap analysis on all 3 sites completed Therapies Investment Paper approved (Front door discharge / Acute Frailty Assessment) Draft Wales SDEC Standards and Measures sent out for review and sign off 	
	<ul style="list-style-type: none"> ED: <ul style="list-style-type: none"> ED Internal Professional Standards agreed (nearing final draft) ED Immediate Release SOP – Approved on the basis that 2 trolleys to be ring-fenced 	
	<ul style="list-style-type: none"> Acute Medicine: <ul style="list-style-type: none"> KPIs circulated for review and sign off Feedback on Acute Medicine physical locations and review opportunities to improve received Definition of Acute Medicine for review and sign off 	
	<ul style="list-style-type: none"> Acute Frailty: <ul style="list-style-type: none"> Acute Frailty definitions for review and sign off 	
	<ul style="list-style-type: none"> Hot Clinics: <ul style="list-style-type: none"> Review documentation for standards and KPIs 	
WORKSTREAM 3	<ul style="list-style-type: none"> One List – testing phase across 11 nominated wards – full roll out across unscheduled care wards agreed to be completed by end of October 	
	<ul style="list-style-type: none"> NIV Pathway: <ul style="list-style-type: none"> Self-assessment against national standards and best practice, to include workforce and equipment completed 	
	<ul style="list-style-type: none"> Bed Management & Flow: <ul style="list-style-type: none"> Agreed 'Rhythm of the Day' for wards across 3 sites 	
	<ul style="list-style-type: none"> Stroke: <ul style="list-style-type: none"> Main risks and priorities agreed and action plans to address in progress of formulation 	
	<ul style="list-style-type: none"> Ward Flow & Discharge: <ul style="list-style-type: none"> Planned full implementation of Red2Green by end of November – currently part of One List App testing and incorporated to e-Whiteboards phase 2 roll out 	
WORKSTREAM 4	<ul style="list-style-type: none"> D2RA: <ul style="list-style-type: none"> D2RA launch planned for 5th December Review and realignment of D2RA bed specification, One List App, e-Whiteboards and e-ToC in relation to D2RA model changes which will go live nationally by end of October 	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Programme Highlight Report – 18th October 2022

Assessment of actions to be completed as discussed and agreed in September 22

RAG



Status Update		
PROGRAMME OVERVIEW	Finalise communication and engagement plan with Comms leads for CTM UHB and RPB to ensure consistent delivery of information to all groups of staff across health and social care	
	Finalise Data Dashboard for Urgent & Emergency Care	
WORKSTREAM 1	Finalise membership of Task & Finish Groups: Urgent Primary Care, Community Frailty and High Intensity Frequent Attenders and commence delivery of group objectives	
	Finalise Frailty Model approach and subsequent implementation via Community Frailty and Frailty SDEC	
	Formulation of High Intensity Frequent Attenders service model and delivery plan	
	Finalise operating model for Navigation Hub (Second Point of Access) and service arrangements	
WORKSTREAM 2	Acute Frailty Model to be reviewed and gap analysis completed for all 3 sites	
	ED - professional standards to be signed off	
	ED – Option Appraisal review for Paediatric Area in RGH	
	Acute Medicine – KPI summary to be reviewed and signed off	
	Acute Medicine – Length of Stay reset to be reviewed	
WORKSTREAM 3	Relaunch of SAFER	
	Bed Management & Flow - SMOG needs to be reviewed and standardised as part of the group objective. Need to agree consistency how rota is managed, what level of support is required.	
	Bed Management & Flow – Escalation Plans and related protocols to be reviewed and standardisation principles agreed	
	Formulation of Self Administration of Medicines Policy across CTM to support delivery of D2RA Pathways and Supported Discharge	
	NIV Pathway – complete gap analysis across all 3 sites against national standards and best practice – produce final summary report to inform improvement and standardisation plan	
	One List – produce evaluation report of testing phase across 11 identified wards and formulate full roll out plans across CTM	
	One List (and e-ToC) – finalise Data Sharing Agreement with Local Authorities	
	Commence group work for Vascular Pathway and Stroke w/c 17 th October 2022	
WORKSTREAM 4	Review Residential reablement pathway work – align with Pathway 3	
	Collect all existing referral documents for 3 rd sector organisations supporting pathway 0 and draft single electronic referral form	
	Undertake demand and capacity review for Pathway 2 using national right sizing community services tool	
	Pathway 2 – review current home care workforce resource and utilisation across all health and social care elements – identify flexing opportunities and true workforce gaps	



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Programme Highlight Report – 18th October 2022

RISKS & ISSUES

RAG



	Risks/Issues	Description	Mitigation	RAG Sep 22	RAG October 22
PROGRAMME OVERVIEW	Organisational Structure Change	Structural changes have resulted in slow progress with T&F groups Focus and traction of some groups has decreased and objectives have not been achieved in a timely manner (groups not following or adhering to national standards and guidance)	6 Goals ITT continue to oversee planning and coordination of proposed plans to ensure appropriate escalation to Programme Board and SLG. 6 Goals ITT produced a simple summary of definitions (as per national standards and guidance) for review and sign off in T&F groups to regain a focus of work and achieve defined objectives.		
	Funding	Current provision of government funding is limited in scope and funding is not recurrent.	6 Goals UEC programme plans to effectively utilise available funding (SDEC, UPCC) and identifies other resource requirements and access other available funds (RIF).		
	Work Breakdown Structure	Significant number of Task & Finish groups and associated meetings requires input from clinical/nursing staff which may in result impact on group Quoracy and decision making process	T&F group meetings have been effectively staggered and planned, and membership includes representation across workforce groups to ensure that the ask is equally distributed across.		
WORKSTREAM 1	Navigation Hub	No definite plan in place for implementation of Navigation Hub service will cause launch delays for D2RA pathways, implementation of e-ToC and will have adverse effect on other tasks and objectives i.e. improvement of flow, provision of ring- fenced beds for NIV and Stroke patients	Contingency plan in progress to include prioritisation of set up of 'Backdoor' Navigation Hub virtually to enable centralised management of e-ToC referrals and discharge support to enable launch of D2RA pathways and support for flow and discharge processes		
		Finance – lack of definite clarity regarding capital and revenue funding required for a set up of Navigation Hub to support front and back door.	Funding options are being explored and following completion of implementation plan for Navigation Hub, business case will be produced.		
		IT Infrastructure - digital group conversation focused mainly on front door element of Navigation Hub.	Contingency plan and phased approach will enable enactment of digital systems to support implementation of 'Backdoor' service within Navigation Hub. The elements of this work are already being undertaken with IT colleagues to implement system supporting processing of e-ToC to allow supported and integrated discharge.		
		Location – proposed location for Navigation Hub has not been assessed therefore no clear confirmation re suitability and potential work required to ensure space arrangement to meet service and team needs	Review of proposed space to be arranged (RCT and CTM), risk and need assessment to be produced following the visit. Contingency plan in progress to include prioritisation of set up of 'Backdoor' Navigation Hub virtually to enable centralised management of e-ToC referrals and discharge support to enable launch of D2RA pathways and support for flow and discharge processes		
		Workforce – lack of detailed demand and capacity modelling, therefore no clarity regarding workforce requirement to set up front and back door support within Navigation Hub	Analysis of discharge data (backdoor demand) in progress, capacity options under review – consideration for use of existing resources supporting discharge processes.		





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Programme Highlight Report – 18th October 2022

RISKS & ISSUES

RAG



	Risks/Issues	Description	Mitigation	RAG Sep 22	RAG October 22
WORKSTREAM 2	ED	Patient flow inhibits implementation of Red Release by WAST	Risk Assessment re red release to assess what is realistically achievable in order to implement parts of the policy and highlight risks that are preventing full implementation and provide mitigations for each		
		Workforce insist on using Retinue for Head Hunting and not producing sufficient results	This will be addressed within Integrated Workforce Sub-group and appropriate assessment will be carried out to provide alternative methods for recruitment.		
WORKSTREAM 3	NIV Stroke Ward Flow & Discharge	Lack of ring-fenced beds for NIV and Stroke patients	Implementation of Navigation Hub,D2RA will support improvement of flow and subsequently enable provision of ring-fenced beds for NIV and Stroke patients		
		No MDT approach to ward rounds to enable effective discharge process	Consideration of alternative roles i.e. physician associate and addressing lack of nursing staff in ward rounds via task & finish group		
WORKSTREAM 4	D2RA	EWB systems are 'clunky' with individual log-ons but there's currently no other way to assign accountability without compromising speed. Therefore, should an incident arise there is no clear audit trail.	Issue to be raised with IT subgroup to see if a work around can be introduced. Discussions to be held around whether a risk assessment/ risk benefit analysis needs to be carried out.		
		Risks associated with resource capacity: - Having sufficient resource to implement service redesign and changes - Service redesign changes will require different approach to workforce modelling Recruitment - difficulties recruiting in the community setting	Mitigation – Teams reviewing workforce working practices to see if/how they can work differently to maximise capacity. - If staffing changes the integrated workforce sub group will address any potential workforce issues within the programme		





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Programme Highlight Report – 18th October 2022

PRIORITY PLAN FOR NEXT 6 WEEKS (WINTER PRESSURES MOBILISATION) – LAUNCH DATE 5TH DECEMBER 2022

Description	Level of Urgency
1) Navigation hub 2) Medical SDEC all 3 sites 3) Acute frailty assessment offer all 3 sites 4) Discharge lounges at PCH and RGH 5) Launch of pre-emptive boarding SOPs	
6) Winter surge beds (phase 1) 7) Relaunch of SAFER/R2G, board round scripts (acute) 8) 'New' supported discharge team 9) New bed management processes/resources – full capacity protocol, bed management/escalation protocol, hospital wide escalation action cards 10) Launch of UEC data dashboards 11) Hot clinics 12) SW@H at Bridgend	
13) D2RA pathways 1, 2 and 3 – all enabling processes and resources (including therapy resource refocus and implementation of self med) 14) Phase 2 E-whiteboards – all sites 15) E-referral forms 16) 3 NIV units across sites	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Programme Highlight Report – 18th October 2022

ESCALATIONS/ENDORSE FOR DECISIONS

	Action Required
WORKSTREAM 1	<ul style="list-style-type: none"> Escalate decision making for membership of groups to enable progression. Venue and Infrastructure for Navigation Hub to be formalised including resources required to make fit for purpose and operational.
WORKSTREAM 2	<ul style="list-style-type: none"> CTM Immediate Release Protocol – Agreement sought to approve a SOP that ring-fenced 1 x Resus and 1 x Majors space for an interim 4 week period pending a review of the situation and 3 rapid improvement actions
WORKSTREAM 3	<ul style="list-style-type: none"> Funding request for network plugs to enable installation of e-Whiteboards across acute wards in CTM and subsequent improvement in flow management (paper included for executive consideration and approval)
WORKSTREAM 4	<ul style="list-style-type: none"> Pathway 2 will have resource gaps to meet demand – need to identify funding resources Need decisions re: allocation of therapy resources within CTM to drive effective pathway 3 in community beds Supported Discharge Team resource insufficient (Nursing/Therapies) – need to identify funding resources Formal launch of D2RA pathways dependant upon development, testing and launch of phase 2 electronic whiteboards and electronic referral forms Recognising through winter, will be using Pathway 3 capacity to bridge Pathway 2 – reducing capacity. Need winter scheme for 2 WTE band 5 pharm techs to support self med at YCC and YCR

Updates following 6 Goals Programme Board 18th October 2022:

- Changes to D2RA Model will be signed of at national level by end of October 2022. All required changes have already been made and approved via Task & Finish Groups to align with the national requirement.
- Workstream 1 – attendance avoidance – now in progress
- One List App will be fully rolled out across unscheduled care wards in CTM by end of October, which will support national data reporting requirement (1000 beds)
- Navigation Hub – service delivery agreed to be split into 2 phases:
 - 1) Phase 1 – ‘backdoor’ discharge support
 - 2) Phase2 – ‘front door’ demand and flow support



AGENDA ITEM

5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting

25/10/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Jose Roper, Senior Performance Monitoring Officer

Presented by

Linda Prosser, Executive Director of Strategy and Transformation

Approving Executive Sponsor

Linda Prosser, Executive Director of Strategy and Transformation

Report purpose

FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Strategic Leadership Group

19/10/22

Choose an item.

ACRONYMS

AMU

Acute Medical Unit

C.difficile

Clostridium difficile

CAMHS

Child and Adolescent Mental Health Services

CTM

Cwm Taf Morgannwg

CTP

Care and Treatment Plan

CYP

Children and Young People



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToC	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
LRI's	Locally Reportable Incidents
LPMHSS	Local Primary Mental Health Support Service
MDT	Multidisciplinary Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
NPT	Neath Port Talbot
ONS	Office for National Statistics
OoH	Out of Hours
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PADR/PDR	Personal Appraisal and Development Review
p-CAMHS	Primary Child and Adolescent Mental Health Services
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMO	Programme Management Office
POW	Princess of Wales
PSPP	Public Sector Payment Performance
PTR	Putting Things Right
PU's	Pressure Ulcers
QIA	Quality Impact Assessment
QIM	Quality Improvement Measures
RCS	Royal College of Surgeons
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIOF	Single Integrated Outcomes Framework
SIs	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
WAST	Welsh Ambulance Service NHS Trust
WCP	Welsh Clinical Portal
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

- 1.1 This report sets out the Health Board's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the Health Board.
- 1.2 This report aims to highlight the key areas that the Health Board is concentrating on. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.

Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecard indicates that the Health Board is presently compliant with two of its twenty nine performance measures and is making progress towards delivering a further two. There remains twenty five measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

The Quadruple Aim metrics have been endorsed by Welsh Government (Strategic Scorecard), continuing into 2022/23 and incorporating the Ministerial Priorities: <https://gov.wales/nhs-wales-performance-framework-2022-2023>

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Executive Management Scorecard is shown below. The measures selected are operational and outputs based; they allow for earlier detection of change in metrics that affect our impact and outcomes.

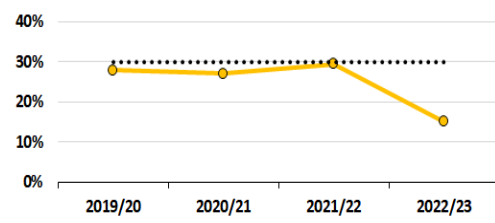
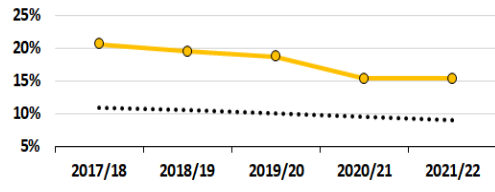
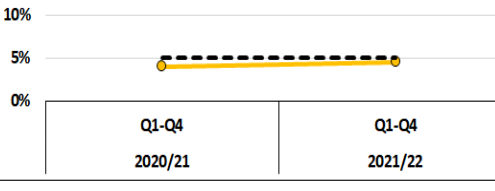
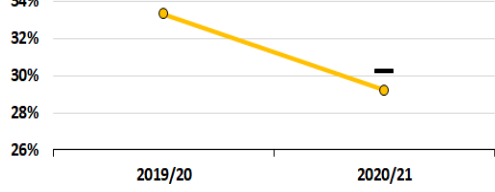
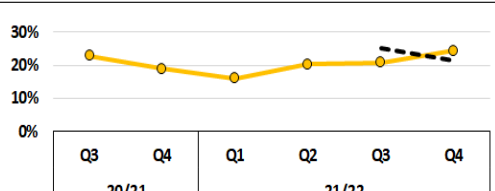
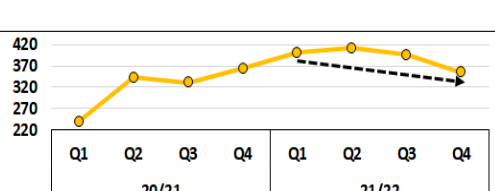
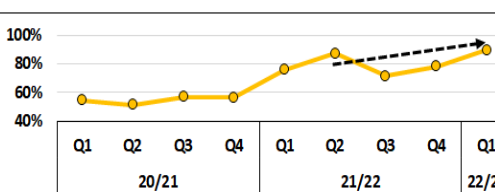
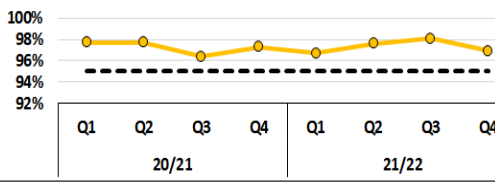
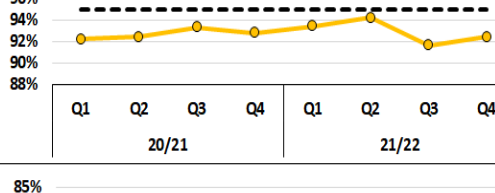
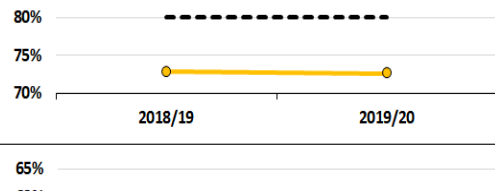
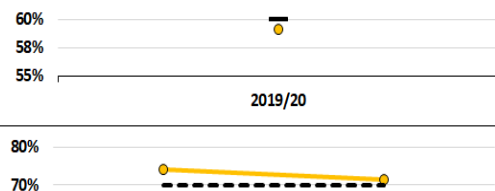
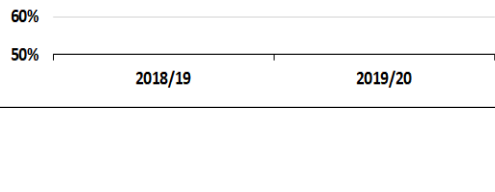


FINANCE					QUALITY							
Month 5		Variance from Plan			Indicators		Sep-22	Aug-22	Target	RAG		
		Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	63.8%	56.8%	75%	●		
		£m	£m	£m	£m		Aug-22	Jul-22	Target	RAG		
Pay		-2.9	0.6		TBC	Single Cancer Pathway	46.0%	47.9%	75%	●		
Non-Pay		2.9	-1.7			Thrombolysis for Eligible Stroke Patients within 45 Minutes	14.3%	18.2%	100%	●		
Income		0.4	2.6				Apr - Sep 22	Apr - Aug 22	Target	RAG		
Efficiency Savings		0.2	0.9				Cumulative rate of bacteraemia cases per 100,000 population - E.coli	85.57	80.08	67 per 100,000 pop.	●	
Allocations		0.0	0.0		6.8	Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	37.24	38.18	20 per 100,000 pop.	●		
Planned Deficit		2.2	11.0			Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	27.49	25.46	25 per 100,000 pop.	●		
Total		2.8	13.4			26.5	34.8		Sep-22	Aug-22	Target	RAG
						Total number of Nationally Reportable Incidents	2	9	TBC			
					Number of Formal Complaints Received	88	82					
					Number of Compliments Received	80	24					
					Falls Causing Harm (Moderate/Severe/Death)	17	27					
					Hospital Acquired Pressure Ulcers (Grade 3/4)	5	11					
					Total number of instances of hospital acquired pressure ulcers	120	119					
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	9	8					
					Total number of instances of Community Healthcare acquired pressure ulcers	105	96					
					Number of Never Events in Month	0	0	0	●			
PERFORMANCE					PEOPLE							
Indicators		Sep-22	Aug-22	Target	RAG	Indicators		Sep-22	Aug-22	Target	RAG	
A&E 12 hour Waiting Times		1,835	1,811	Zero	●	Turnover		13.22%	13.06%	11%	●	
Ambulance Handover Times within 15 mins		19.0%	26.0%	Annual Improvement	●	Exit Interview by Leaver		0.00%	0.74%	60%	●	
RTT 52 Weeks		38,632	37,286	Zero	●			Aug-22	Jul-22	Target	RAG	
Diagnostics >8 Weeks Waits		15,585	15,315	Zero	●	Sickness Absence Rate (in month)		7.1%	8.2%	4.5%	●	
FUNB - Patients Delayed over 100% for Follow-up Appointment		30,822	30,246	19,606 by 2023	●	Sickness Absence Rate (rolling 12 month)		7.8%	7.9%		●	
		Aug-22	Jul-22	Target	RAG	Return to Work Compliance		44.0%	44.4%	85%	●	
Mental Health Part 1a - CAMHS		14.9%	8.5%	80%	●			Sep-22	Aug-22	Target	RAG	
Mental Health Part 1b - CAMHS		32.3%	40.4%	80%	●	Fill Rate Bank		36.7%	32.8%	90%	●	
Admission to Stroke Unit within 4 hrs		9.5%	14.3%	SSNAP Average 38.3%	●	Fill Rate On-contract Agency (RNs)		35.1%	36.7%		●	
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour		Jun-22	May-22	Target	RAG	PDR		57.5%	55.6%	85%	●	
		89.8%	90.4%	90%	●	Statutory and Mandatory Training - All Levels		60.7%	60.3%		●	
Delayed Discharges waiting for packages of care rate		Sep-22	Aug-22	All Wales Average	RAG	Statutory and Mandatory Training - Level 1		68.1%	67.7%	90%	●	
(D2RA/bypassing D2RA) per 100,000 population (at census date)		19.8	20	14.0	●	Job Planning Compliance (Consultant)		38.0%	39.0%		●	
						Job Planning Compliance (SAS)		35.0%	33.0%	100%	●	
						Direct Engagement Compliance (M&D)		67%	66%		●	
						Direct Engagement Compliance (AHPs)		95%	92%	100%	●	
						RN Shift Fill by Off-contract		692.5	1070.0	0 Hours	●	



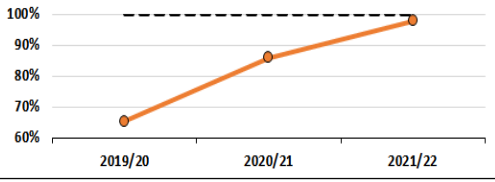
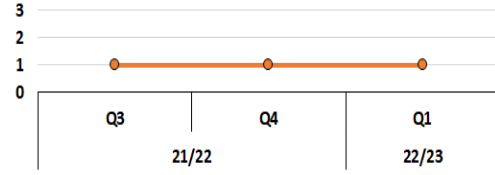
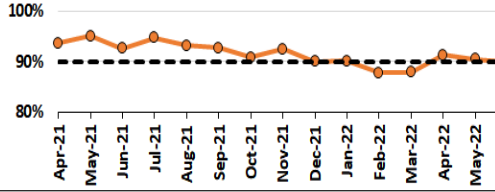
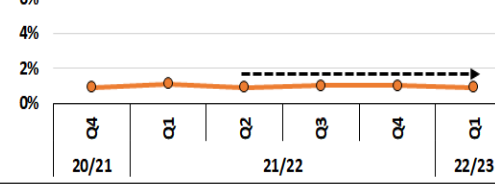
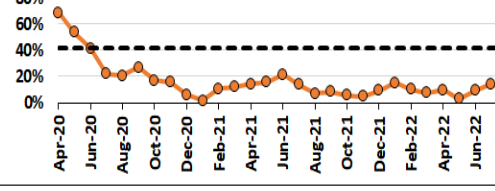
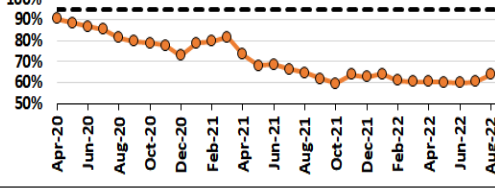
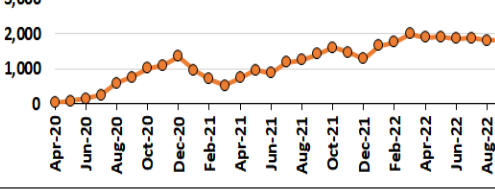
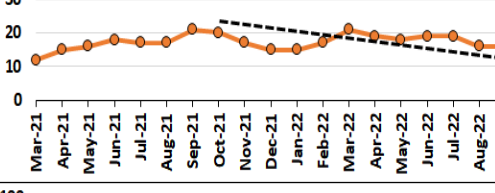
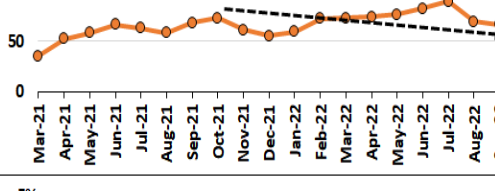
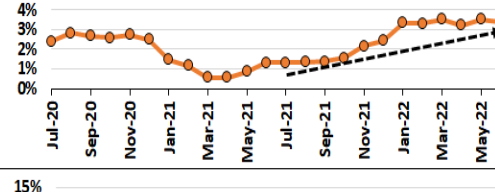
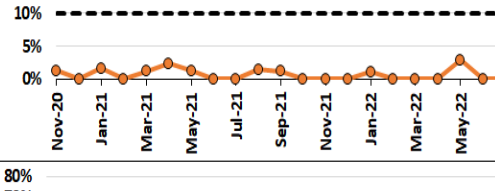
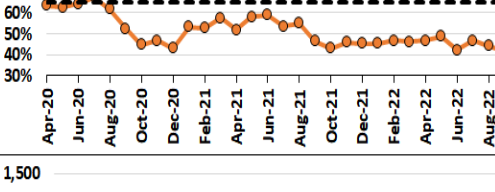
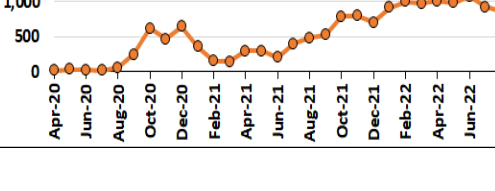
FINANCE					QUALITY				
Month 5	Variance from Plan				Indicators	Sep-22	Aug-22	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	63.8%	56.8%	75%	●
	£m	£m	£m	£m		Aug-22	Jul-22	Target	RAG
Pay	-2.9	0.6		TBC	Single Cancer Pathway	46.0%	47.9%	75%	●
Non-Pay	2.9	-1.7			Thrombolysis for Eligible Stroke Patients within 45 Minutes	14.3%	18.2%	100%	●
Income	0.4	2.6				Apr - Sep 22	Apr - Aug 22	Target	RAG
Efficiency Savings	0.2	0.9			Cumulative rate of bacteraemia cases per 100,000 population - E.coli	85.57	80.08	67 per 100,000 pop.	●
Allocations	0.0	0.0		6.8	Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	37.24	38.18	20 per 100,000 pop.	●
Planned Deficit	2.2	11.0			Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	27.49	25.46	25 per 100,000 pop.	●
Total	2.8	13.4	26.5	34.8		Sep-22	Aug-22	Target	RAG
					Total number of Nationally Reportable Incidents	2	9		TBC
					Number of Formal Complaints Received	88	82		
					Number of Compliments Received	80	24		
					Falls Causing Harm (Moderate/Severe/Death)	17	27		
					Hospital Acquired Pressure Ulcers (Grade 3/4)	5	11		
					Total number of instances of hospital acquired pressure ulcers	120	119		
					Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	9	8		
					Total number of instances of Community Healthcare acquired pressure ulcers	105	96		
					Number of Never Events in Month	0	0	0	●
					PEOPLE				
					Indicators	Sep-22	Aug-22	Target	RAG
					Turnover	13.22%	13.06%	11%	●
					Exit Interview by Leaver	0.00%	0.74%	60%	●
						Aug-22	Jul-22	Target	RAG
					Sickness Absence Rate (in month)	7.1%	8.2%		●
					Sickness Absence Rate (rolling 12 month)	7.8%	7.9%	4.5%	●
					Return to Work Compliance	44.0%	44.4%	85%	●
						Sep-22	Aug-22	Target	RAG
					Fill Rate Bank	36.7%	32.8%		●
					Fill Rate On-contract Agency (RNs)	35.1%	36.7%	90%	●
					PDR	57.5%	55.6%		●
					Statutory and Mandatory Training - All Levels	60.7%	60.3%	85%	●
					Statutory and Mandatory Training - Level 1	68.1%	67.7%		●
					Job Planning Compliance (Consultant)	38.0%	39.0%	90%	●
					Job Planning Compliance (SAs)	35.0%	33.0%		●
					Direct Engagement Compliance (M&D)	67%	66%	100%	●
					Direct Engagement Compliance (AHPs)	95%	92%		●
					RN Shift Fill by Off-contract	692.5	1070.0	0 Hours	●

2.2 The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim are shown below.

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure		Target	Key: — Trend --- Target Desired Position	Latest Position	
Weight Management	Percentage of babies who are exclusively breastfed at 10 days old <i>(please note that the data for 2022/23 is provisional & locally sourced and will be subject to change with formal publication)</i>	Annual Improvement		15.0%	Apr-Sep 2022
	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	An annual reduction towards a 5% prevalence rate by 2030		15.4%	2021/22
Smoking	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.5%	2021/22
	Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data of 2020-21		29.2%	2020/21
Diabetes	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	A quarterly improvement of 2.5% against a baseline of 2020-21 (21.5%)		24.4%	Q4 2021/22
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend		Reduction achieved against Qtr 1 21/22 354.5	Q4 2021/22
Substance Misuse	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend		Improvement achieved against Qtr 2 21/22 89.7%	Q1 2022/23
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%		96.9%	Q4 2021/22
Vaccinations	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%		92.4%	Q4 2021/22
	Percentage of eligible people aged 25-49 who have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%		72.60%	2019/20
Screening	Percentage of eligible people who have participated in the bowel screening programme within the last 2.5 years	60%		59.1%	2019/20
	Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	70%		71.40%	2019/20



Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Performance Measure		Target	Key: — Trend --- Target Desired Position	Latest Position	
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q1 2022/23
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		89.8%	Jun-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		Improvement not achieved against Qtr 2 21/22 0.9%	Q1 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	38.3% (SSNAP Quarterly Average)		9.5%	Aug-22
	% 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	95%		65.9%	Sep-22
	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	Zero		1,835	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		12 month reduction achieved 16	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker			12 month reduction achieved 66	
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month improvement trend		12 month improvement achieved 3.4%	Jun-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Jul-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		42.0%	Sep-22
	Number of ambulance patient handovers over 1 hour	Zero		995	

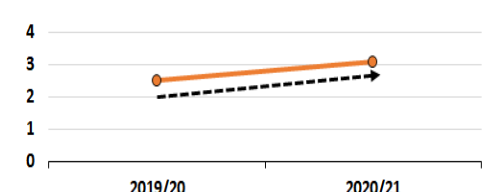
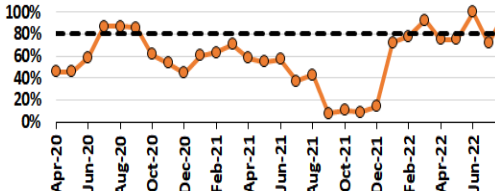
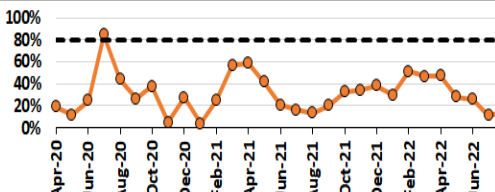
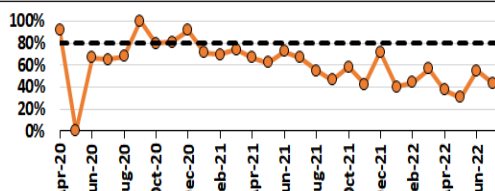
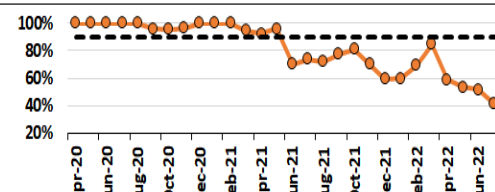
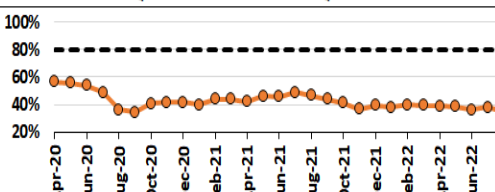
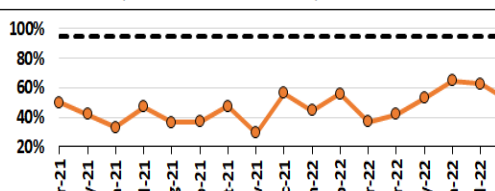
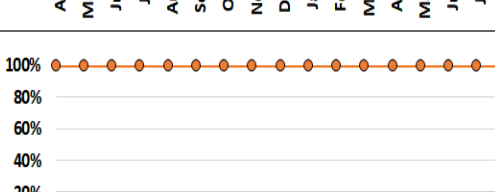
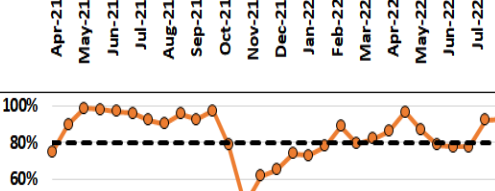
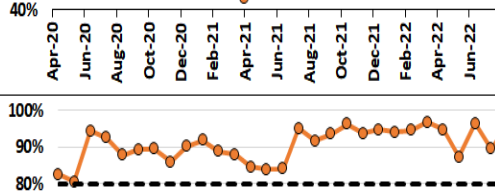
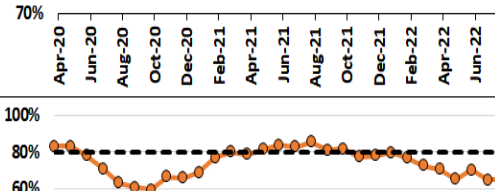
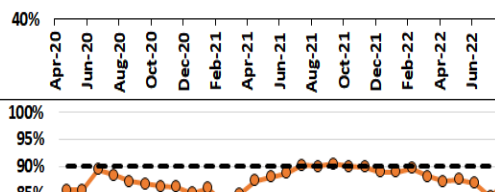


Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

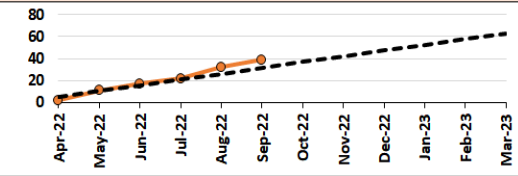
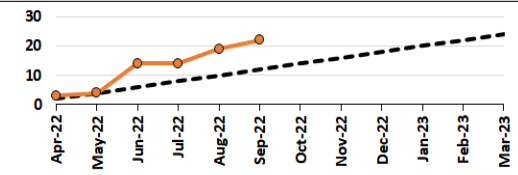
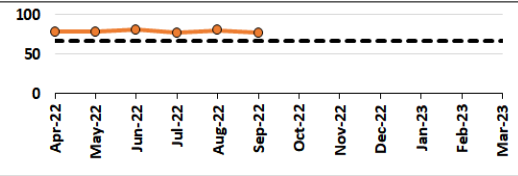
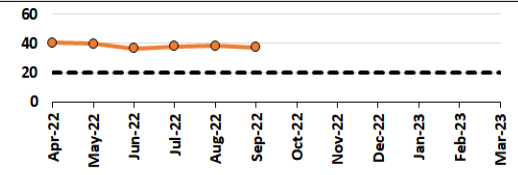
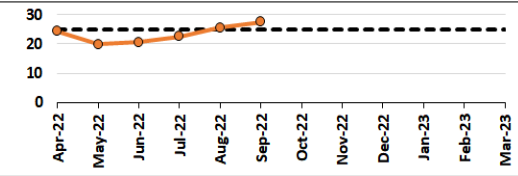
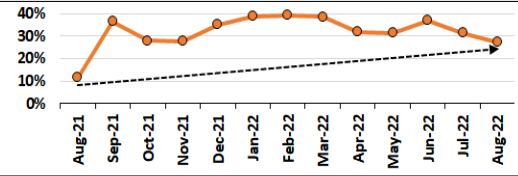
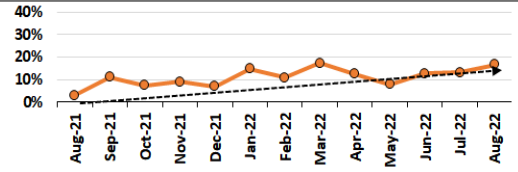
Performance Measure	Target	Key: Trend Target Desired Position	Latest Position	
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		71.1%	Jul-22
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		46.0%	Aug-22
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,402	Sep-22
Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		12 month reduction not achieved 15,585	
Number of patients waiting more than 14 weeks for a specified therapy			12 month reduction not achieved 1,602	
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by 31 December 2022		21,414	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	<=19,606 by 2023		30,822	
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		61.1%	Aug-22
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by 2023		13,019	Sep-22
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		Improvement trajectory not achieved 52,284	
% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		Improvement trajectory not achieved 46.9%	



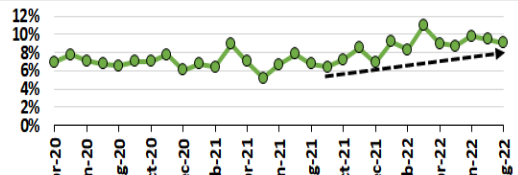
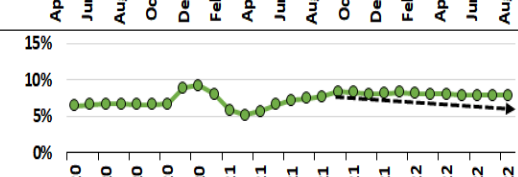
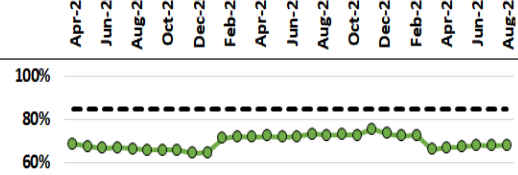
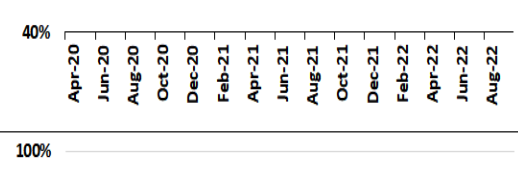
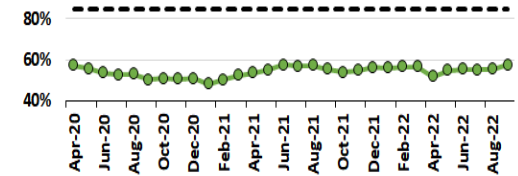
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Performance Measure		Target	Key: — Trend --- Target Desired Position	Latest Position	
Mental Health	Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		Annual reduction not achieved 3.08	2020/21
	% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			100.0%	Aug-22
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		14.9%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			32.3%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		41.9%	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		34.7%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		51.0%	
	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	100%		100.0%	
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			92.8%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		96.4%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			64.6%	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		84.3%	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

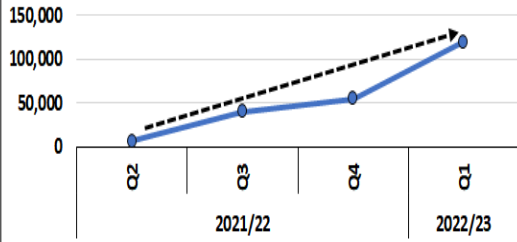
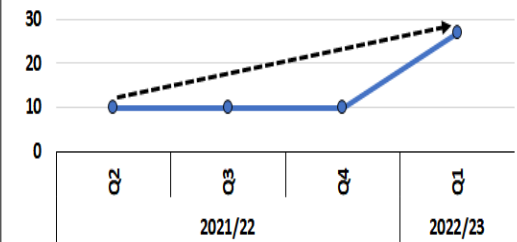
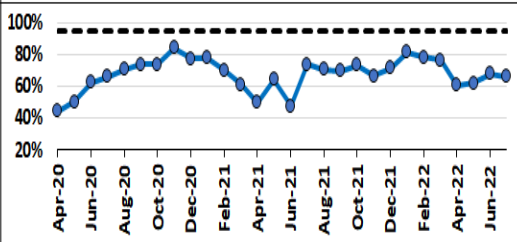
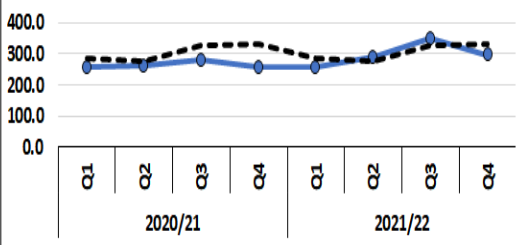
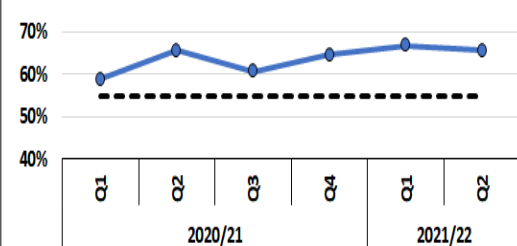
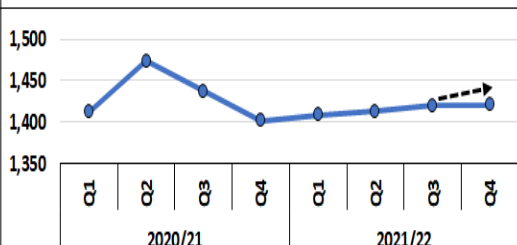
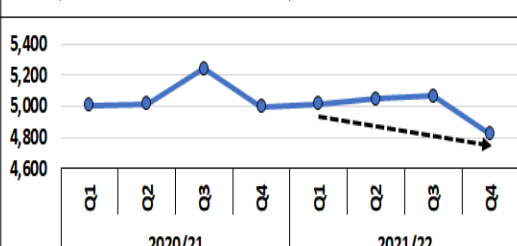
	Measure	Target	Key: —●— Trend - - - Target Desired Position	Latest Position	
Hospital Infection Control	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	63		39	Cumulative Numbers Apr to Sep 2022
	Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	24		22	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		77.15	Cumulative Rate Apr to Sep 2022
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		37.24	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		27.49	
	% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22		Reduction not met 27.3%	Aug-22
	% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22		Reduction not met 16.5%	

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

	Performance Measure	Target	Key: —●— Trend - - - Target Desired Position	Latest Position	
Staff Resources	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		Reduction trend not achieved 9.1%	Aug-22
	% of sickness absence rate of staff	12 Month Reduction Trend		Reduction trend achieved 7.8%	
Training & Development	% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		68.1%	Sep-22
	% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		57.5%	
Staff Engagement	% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement		56.1%	2020



Quadruple 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

Performance Measure		Target	Key: ● Trend --- Target Desired Position	Latest Position					
De-carbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	<table><tr><td>2018/19</td><td>Target by 2025</td></tr><tr><td>90,124</td><td>75,704</td></tr></table>	2018/19	Target by 2025	90,124	75,704	90,124	2018/19
2018/19	Target by 2025								
90,124	75,704								
New Ways of Working	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 Quarter Improvement Trend		Improvement achieved against Qtr 2 21/22 119,725	Q1 2022/23				
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust			Improvement achieved against Qtr 2 21/22 27					
	% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target		66.2%	Jul-22				
Clinically Effective Prescribing	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	A quarterly reduction of 5% against a baseline of 2019-20		295.1	Q4 2021/22				
	% of secondary care antibiotic usage within the WHO Access category	55%		65.7%	Q2 2021/22				
	Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		Reduction not achieved against Qtr 3 21/22 1,421	Q4 2021/22				
	Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		Reduction achieved against Qtr 1 21/22 4,823					

2.3 Access

Detailed analysis is provided in the following section of this report, but in summary, the main themes of the Access Scorecard are:

2.3.1 Urgent Care:

During September, just under 66% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with around a fifth of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 14,635 attendances over the course of the month, 6.5% lower than the equivalent period last year.

The CTM 15 minute ambulance handover compliance fell to its lowest level at 19%, whilst the 60-minute compliance increased by seven points to 66.3%, the highest level seen since December 2021.





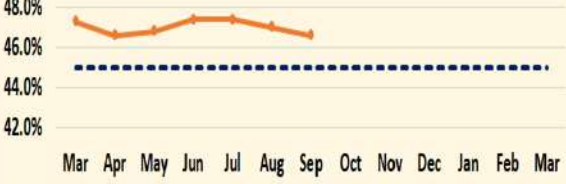




2.3.2 Stroke Care:

Performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that performance in August remains at similar levels to those observed in the past 6 months, with the variance being natural rather than special cause in nature.

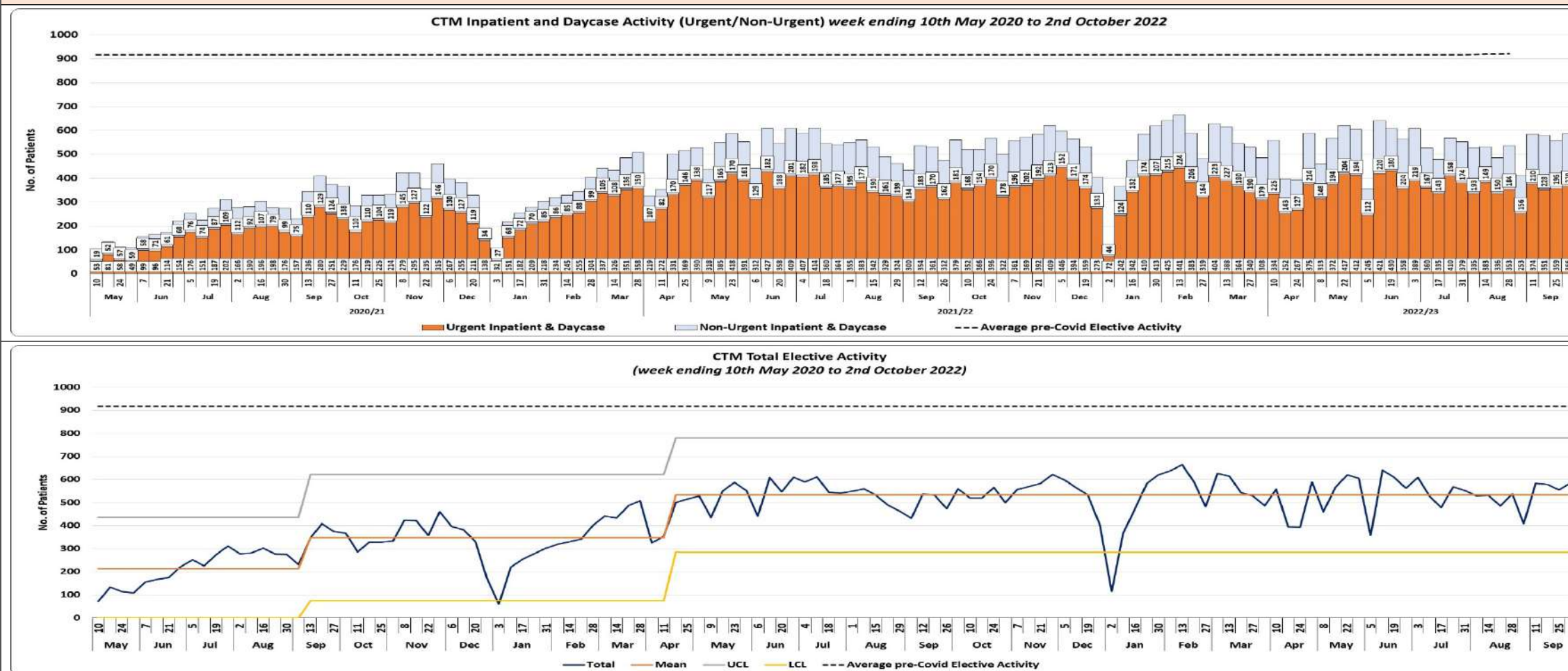
2.3.3 Planned Care & Cancer Care:

The CTM performance against the health board's trajectories for access to planned care and cancer care (shown on the following page), indicates that we remain behind where we should be in regards to treatments and new outpatient productivity and waiting times, but are improving ahead of trajectory for follow up outpatient management.



ACCESS TO TIMELY PLANNED CARE	Measure	Target / Delivered	Progress against our plans (IMTP) 2022/23								Key:	Better than Forecast	Same as Forecast	Worse than Forecast	Key:  Actual  IMTP	
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2023	13,925	13,918	10,751	10,643	10,347	9,816	9,324	8,960	8,634	8,386	8,151	7,959	7,807	
		Actual	13,885	13,439	12,968	12,441	12,449	12,667	13,019							
	Number of patients waiting more than 52 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	33,849	34,089	29,724	30,230	29,877	29,305	28,908	28,748	29,193	29,811	30,488	31,264	32,104	
		Actual	33,849	34,089	34,694	35,320	36,504	37,286	38,632							
	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	
		Actual	47.3%	46.6%	46.8%	47.4%	47.4%	47.0%	46.6%							
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	19,330	19,579	21,842	22,161	21,631	20,884	20,266	19,684	19,311	19,076	18,866	18,719	18,601	
		Actual	18,965	19,040	19,454	19,684	20,637	21,291	22,081							
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	28,736	29,311	29,897	30,495	31,105	31,727	32,361	31,552	30,764	29,994	29,245	28,513	27,801		
	Actual	28,845	29,123	29,147	29,412	30,024	30,275	30,822								
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	3,046	2,946	2,846	2,746	2,646	2,546	2,446	2,346	2,246	2,146	2,046	1,946	1,846		
	Actual	3,169	3,306	3,435	3,366	3,281	3,390	3,402								
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	50.0%	52.0%	45.0%	50.0%	56.0%	58.0%	60.0%	66.0%	68.0%	69.0%	71.0%	73.0%	74.0%		
	Actual	47.4%	52.0%	45.2%	50.0%	47.9%	46.0%									

Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



“Top-10” Specialties with highest volumes of treatments carried out within Internal Capacity

Elective Activity - Top 10 September 2022	Average Elective	Pre-covid Weekly	Variance	% Variance
General Surgery	125	176	-51	-29.0%
General Medicine	86	150	-64	-42.7%
Urology	72	53	19	35.8%
Gastroenterology	59	53	6	11.3%
Ophthalmology	54	49	5	10.2%
Gynaecology	32	62	-30	-48.4%
Trauma & Orthopaedic	67	116	-49	-42.2%
ENT Surgery	32	52	-20	-38.5%
Cardiology	19	24	-5	-20.8%
Oral Surgery	14	21	-7	-33.3%

The table above details the average weekly “Top Ten” specialties that have carried out the highest volumes of elective activity during September compared to the average pre-Covid levels. As can be seen, current elective activity is almost 36% higher in Urology and around 10% higher in Gastro & Ophthalmology. Alternatively activity levels are around 40% less in T&O, General Medicine, ENT & Gynaecology. Oral Surgery & General Surgery around a third less than the pre-Covid average.

How are we doing?

As per the charts above, the average number of weekly elective treatments delivered in September currently stands at 576; an increase in activity of over 10% on the average for the previous month (521). In regards to the WG indicator, elective treatments continue to be less (around 37%) than the pre-Covid weekly average (918).

Since the start of the last financial year (2021/22) to date, CTM have sent 1,992 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,304 (on average 72 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of September 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	783	94	551	103	35	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	78	29	49	0	0	0
SPIRE - General Surgery	93	15	51	11	15	1
NUFFIELD - Orthopaedics	395	104	243	9	2	37
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	191	50	115	9	9	8
NUFFIELD - Ophthalmology	344	65	221	11	25	22

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Whilst we work on maximising our existing capacity across all elements of the patient pathway from outpatients through to diagnostics and surgery on a sustainable basis, we are working with independent providers on outsourcing opportunities to provide short term additional capacity to address our backlogs. The COO continues to lead weekly performance meetings with specialties, with the purpose of optimizing practices and enabling improvements to be realised. In addition, the meetings include monitoring of general efficiencies such as Treat in Turn and maximising capacity through using PIFU, SOS and text remind to reduce DNAs and improving day case rates. The Recovery plan incorporates:

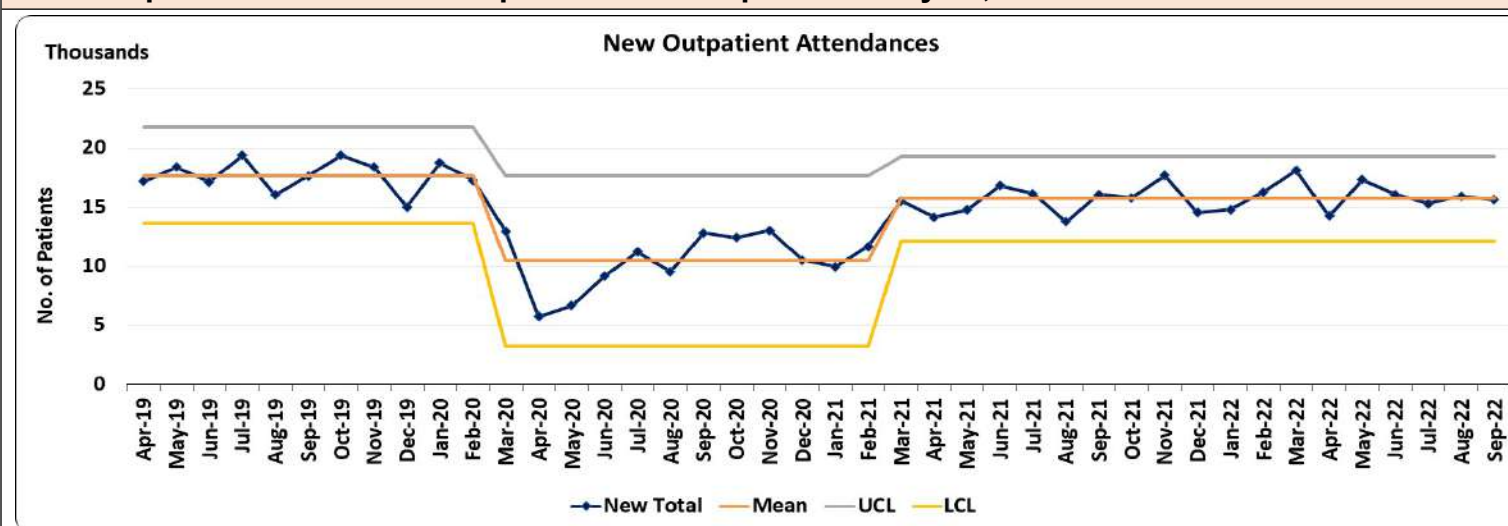
- supporting all specialties to meet the ministerial priorities
- improving productivity with the intention that as a UHB activity will increase from 42% of pre-Covid levels to 71% by March 2023
- continuing with the schemes already approved for additional elective activities i.e. outsourcing to independent providers and ensuring this is delivered at the commissioned levels where funding becomes available as existing schemes come to an end, prioritising the re-investment.
- Re-designing a number of high volume pathways to transform the way in which care is delivered i.e. restructuring of Orthopaedic surgical capacity across hospital sites, targeted work on improving the DC rates

What are the main areas of risk?

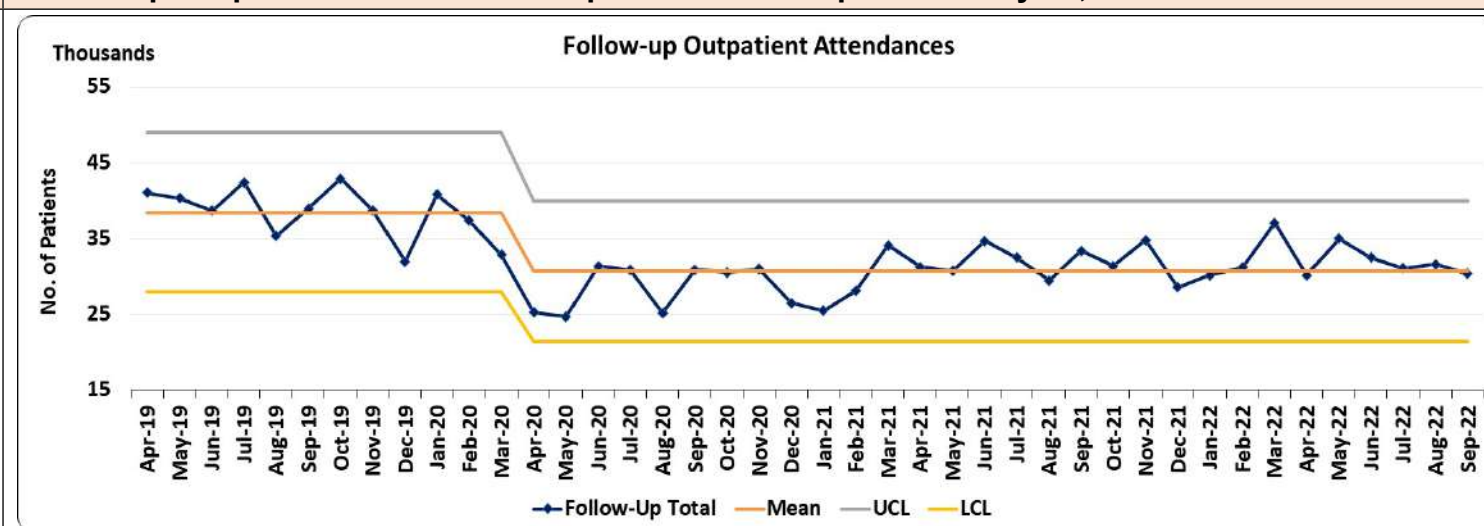
- There are a number of specialties without clear plans to make improvements to their IP/DC elective position as their capacity is predominantly being used for cancer cases. These include ENT, Gynaecology and Urology.
- Ophthalmology and Orthopaedics are areas of risk from a pure volume perspective with >5,000 patients awaiting a cataract.
- Availability of ‘elective bed capacity’. Currently POW only has 9 beds identified for elective care although plans to reinstate the Day Unit are being implemented. This risk is heightened by the Winter forecast that has identified that the organisation has a 100 bed shortage going in to the Winter, and that this excludes the potential for covid and influenza to increase the bed requirement by a further 200 at the peak
- Ability to safely staff the requisite number of theatre sessions. A number of pre-Covid theatre sessions have not been reinstated.

Resetting Cwm Taf Morgannwg – Outpatient Attendances – to 2nd October 2022

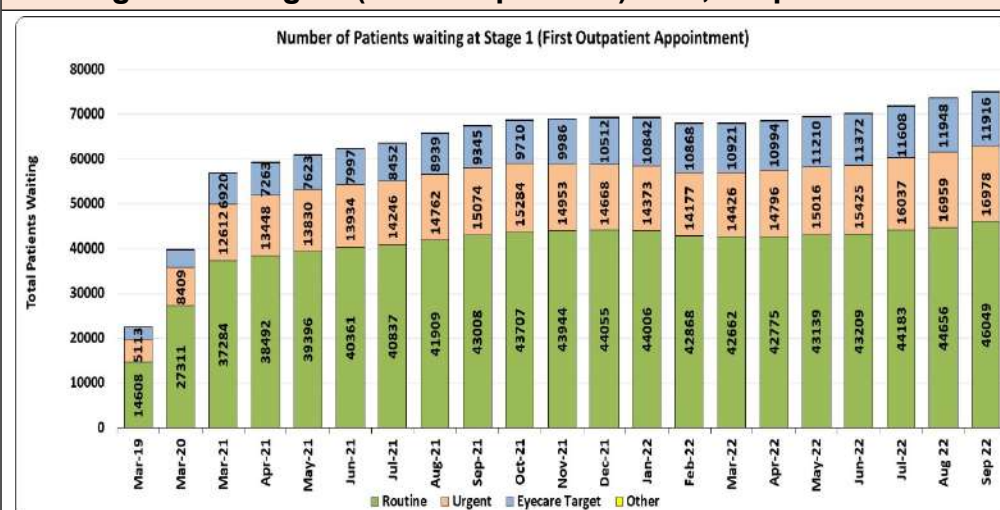
New Outpatient Attendances September 2022 – provisionally 15,610



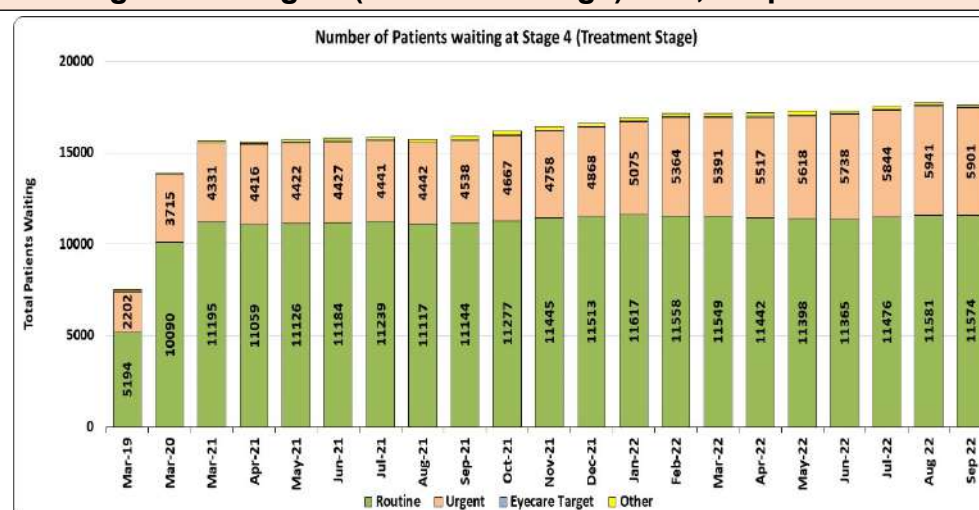
Follow-up Outpatient Attendances September 2022 – provisionally 30,336



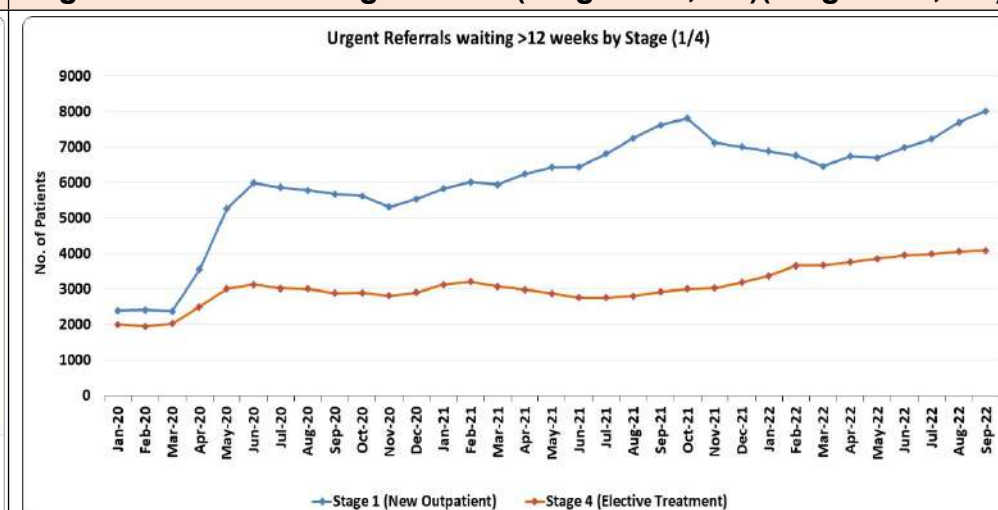
Waiting times Stage 1 (New Outpatients) - 74,974 patients



Waiting times Stage 4 (Treatment Stage) – 17,592 patients



Urgent referrals waiting >12 wks (Stage 1 – 8,028)(Stage 4 – 4,103)



How are we doing?

As at the end of September 2022, there were 74,974 patients awaiting a new outpatient appointment, of which, 16,978 (22.6%) patients were categorised as urgent and 11,916 (15.9%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of just over 11% (7,528) on the 67,446 patients waiting at the end of the equivalent period last year.

Additionally, there were 17,592 patients who were awaiting treatment and of these, 5,901 (33.5%) were categorised as clinically urgent, a small reduction (0.7%) on the August position of 5,941.

What actions are we taking & when is improvement anticipated?

Use of WISE for Pain Management patients: It has been agreed that the Health Board's Wellness Improvement Service (WISE) will be the initial intervention for Pain Management Stage 1 referrals. If following the Wellness Programme they still require the intervention of the Pain Management Consultants, they will be transferred.

Additional clinics: To reduce the number of patients waiting >156 weeks for a first appointment by the end of October, specialties including Cardiology and Oral Surgery are undertaking additional clinics. Ophthalmology are working up a proposal for super Saturdays from now until Christmas where those patients who once seen are shown to require a cataract operation can receive their pre-assessment at the same time and surgery the following week.

Virtual opportunities: Dermatology has one of the longest backlogs for stage 1 outpatients and is exploring the options for virtual support from independent providers.

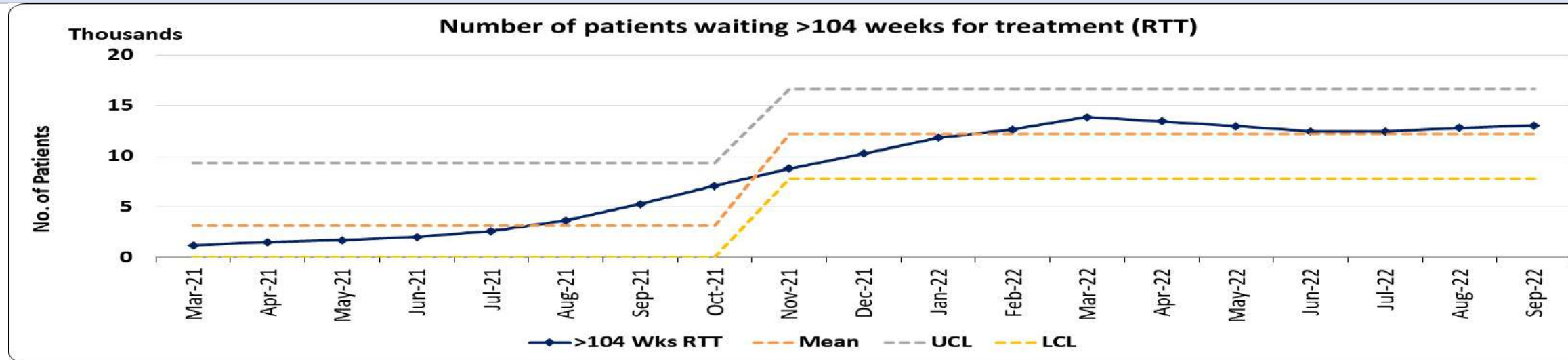
Stage 1-52+ Week Validation: The external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 and 104 weeks has been delayed from commencing work at the beginning of September to October. Whilst this has been delayed, Clinical Service Groups have been tasked with focusing on the patients waiting > 156 weeks

What are the main areas of risk?

The main areas of risk in terms of meeting the WG priority of no patients waiting over 52 weeks by the end of December are in Ophthalmology, Orthopaedics, ENT, Urology, Cardiology and Dermatology. These specialties all have patients waiting over 156 weeks for a first appointment. We are working through plans with these specialties and revising trajectories so that we can advise what the position the HB hopes to reach in these specialties by the end of December.

Referral to Treatment Times (RTT) – September 2022 (Provisional Position) – Total Open Pathways 120,566

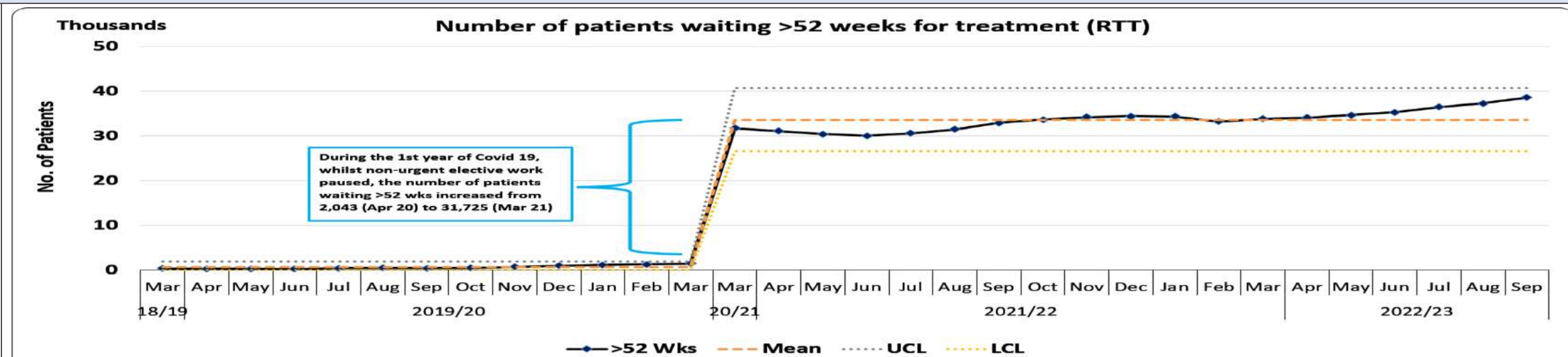
Number of patients waiting >104 weeks (13,019) Target - Improvement Trajectory towards a national target of Zero by 2023



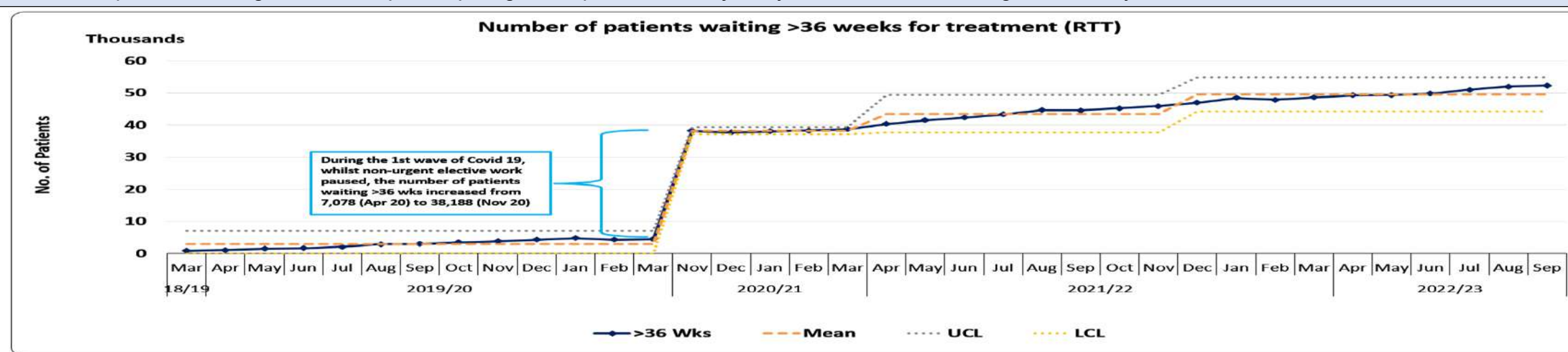
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for treatment at the end of September is 13,019, which as it currently stands is an increase of 1.7% (221) from the reported August position.

Number of patients waiting >52 weeks (38,632)

The provisional position across the Health Board for patients waiting over 52 weeks for treatment at the end of September is 38,632, which as it currently stands is a rise of around 3.6% (1,346) from the August reported position.



Number of patients waiting >36 weeks (52,284) Target – Improvement Trajectory towards a national target of Zero by 2026

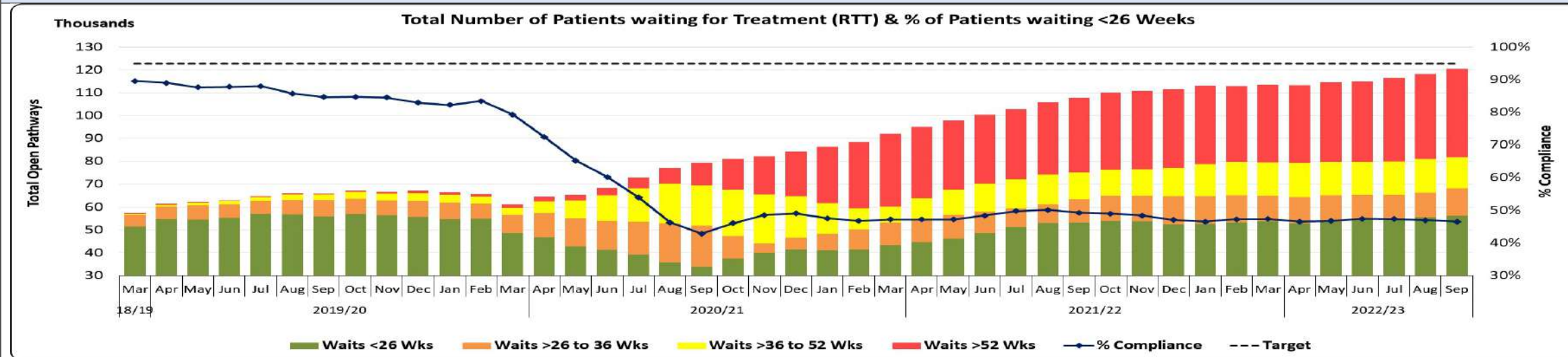


The number of patients waiting over 36 weeks at the end of September, across Cwm Taf Morgannwg, is a provisional position of 52,284 patients, which is an increase of 0.6% (320) from August (N.B. includes the 38,632 patients waiting over 52 weeks).

RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT) – September 2022 (Provisional Position) – Total Open Pathways 120,566

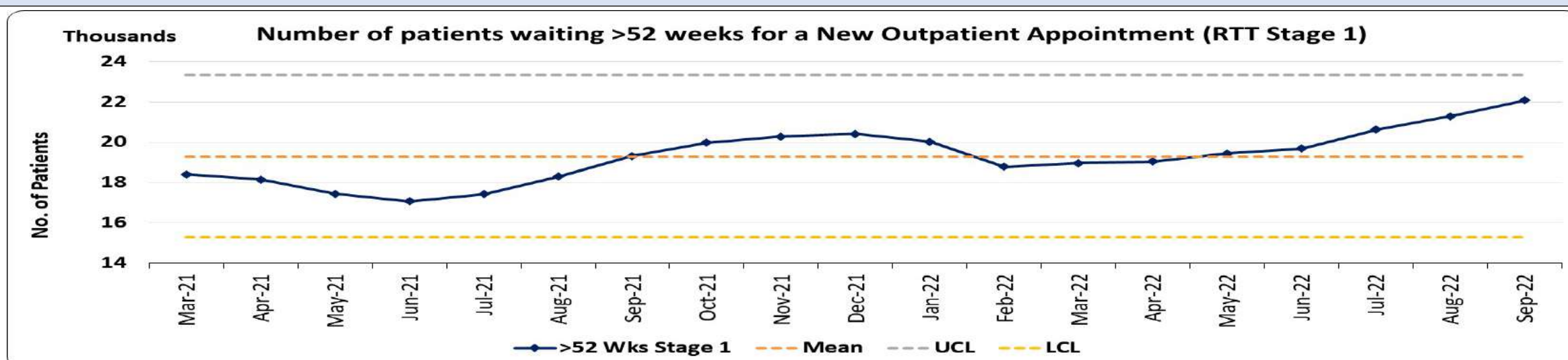
% of patients waiting less than **26 weeks (46.6%)** Target – Improvement Trajectory towards a national target of 95% by 2026



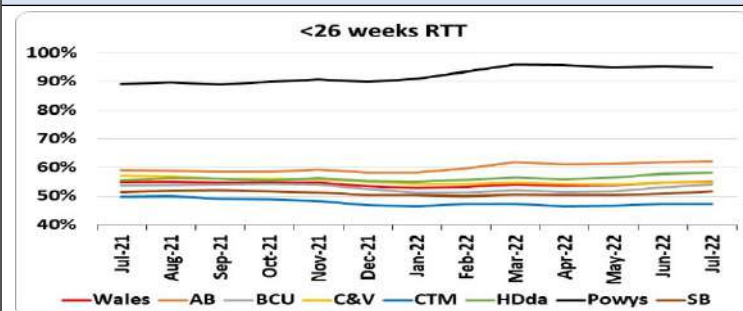
In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for September across Cwm Taf Morgannwg is a provisional 46.6%.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (22,081)** Target - Improvement Trajectory towards eliminating over 52 week waits by October 2022

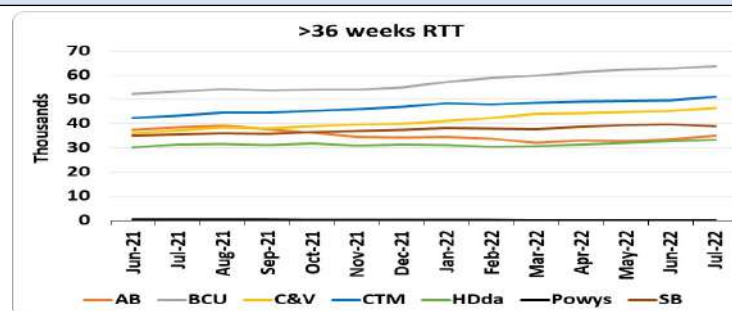
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of September is 22,081, which as it currently stands is a rise of 3.7% (790) from the August reported position.



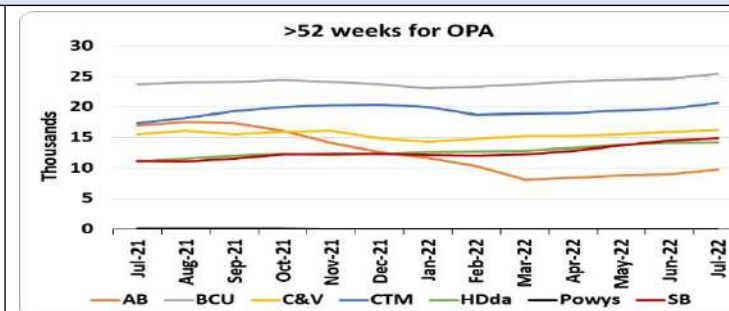
How do we compare with our peers?



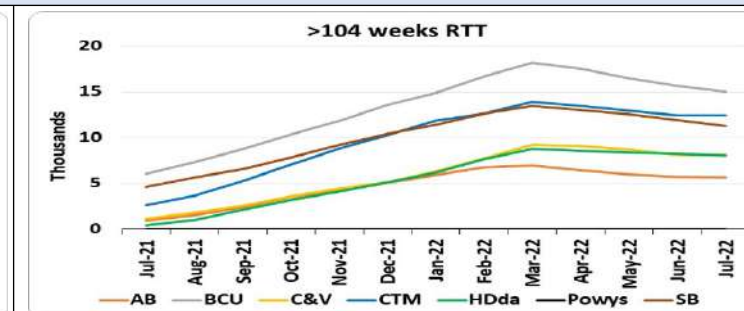
Status as at July 2022		
Health Board	Compliance	Rank
Powys	95.0%	1st
AB	62.1%	2nd
HDda	58.3%	3rd
C&V	55.0%	4th
BCU	54.2%	5th
SB	51.7%	6th
CTM	47.4%	7th



Status as at July 2022		
Health Board	Compliance	Rank
Powys	92	1st
HDda	33,258	2nd
AB	34,998	3rd
SB	38,946	4th
C&V	46,553	5th
CTM	51,011	6th
BCU	63,754	7th



Status as at July 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	9,783	2nd
HDda	14,168	3rd
SB	14,904	4th
C&V	16,235	5th
CTM	20,637	6th
BCU	25,379	7th



Status as at July 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	5,677	2nd
HDda	8,036	3rd
C&V	8,100	4th
SB	11,280	5th
CTM	12,449	6th
BCU	15,015	7th

RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT) – September 2022 (Provisional Position)

Specialty Breakdown – September 2022 (Provisional Position)

Total number of open pathways per specialty - September 2022 (provisional)						
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks	Total Open Pathways
Anaesthetics	429	17.4%	143	234	1664	2470
Cardiology	3161	58.5%	669	625	945	5400
Care of the Elderly	7	100.0%	0	0	0	7
Dermatology	4330	47.6%	838	844	3085	9097
Endocrinology	197	84.2%	23	14	0	234
Gastroenterology	1892	51.6%	371	463	941	3667
General Medicine	1744	67.9%	291	242	293	2570
Nephrology	136	78.6%	21	11	5	173
Respiratory Medicine	1343	68.1%	223	203	203	1972
Rheumatology	794	48.8%	130	143	561	1628
Sport and Exercise Medicine	13	100.0%	0	0	0	13
Thoracic Medicine	531	78.7%	70	58	16	675
Diagnostics	5606	51.9%	1225	1164	2810	10805
Therapies	2447	77.6%	153	145	409	3154
ENT	4622	37.3%	1166	1547	5055	12390
Ophthalmology	5616	37.5%	1545	2029	5778	14968
Oral Surgery	1701	50.4%	317	416	943	3377
Orthodontics	188	56.6%	32	43	69	332
Restorative Dentistry	55	28.9%	13	25	97	190
Gynaecology	4026	54.1%	815	812	1783	7436
Paediatric Neurology	1	100.0%	0	0	0	1
Paediatrics	2167	87.6%	207	58	42	2474
Haematology (Clinical)	131	100.0%	0	0	0	131
General Surgery	3961	39.2%	1139	1319	3688	10107
Trauma & Orthopaedic	5596	37.9%	1535	1868	5783	14782
Urology	3049	40.9%	720	838	2849	7456
Breast Surgery	619	48.4%	90	139	430	1278
Colorectal	1832	48.5%	352	412	1183	3779
Total	56194	46.6%	12088	13652	38632	120566

How are we doing?

At the end of September 2022, the provisional position for the over 52 week waiting list saw volumes increase by 3.6% on the previous month, bringing the total to 38,632. Compared to the position at the end of September 2021; the current position represents an increase of just over 17.3% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally with a significant urgent waiting list in many specialties. Weekly performance meetings are in place with specialties

In addition to the continuing programmes for 2021/22, initiatives include:

- Ensuring that general efficiencies are in place through the weekly performance meetings including understanding why a number of specialties are unable to return to pre-Covid levels in both outpatients and inpatients/day cases and how these issues can be resolved. Treat in turn is also being implemented across the HB with patients transferring from different hospital sites.
 - In parallel, solutions for additional capacity is being put in place across the patient pathway with the target of clearing the stage 1 over 156 week waits by the end of October in all bar three specialties.
 - Pathway improvement programme to increase the proportion of activity that can be safely and effectively undertaken as day case procedures. This work has been supported by Grant Thornton.
 - Funding of additional diagnostic capacity to improve waits within the Cancer pathway and routine elective care.
-
- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated from November through insourcing with independent providers, but at increased costs if provided in house.
 - Recruitment; delays in approval to recruit to existing posts within the structure that have become vacant and new posts. The Scrutiny Panel is adding further delays to an already protracted process.
 - Staff fatigue / willingness to support additional capacity: Additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
 - WPAS issue does not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which results in losses in productivity, over-reporting and potentially adverse outcome for our patients.

Diagnostics & Therapies – September 2022 (Provisional Position)

Number of patients waiting >8 weeks for Diagnostics – Target Zero

Number of patients waiting >14 weeks for Therapies – Target Zero

Number of patients waiting >8 weeks for a Diagnostic Endoscopy
Target - Improvement Trajectory towards national target of Zero by March 2026

Total >8 weeks 15,585

Total >14 weeks 1,602

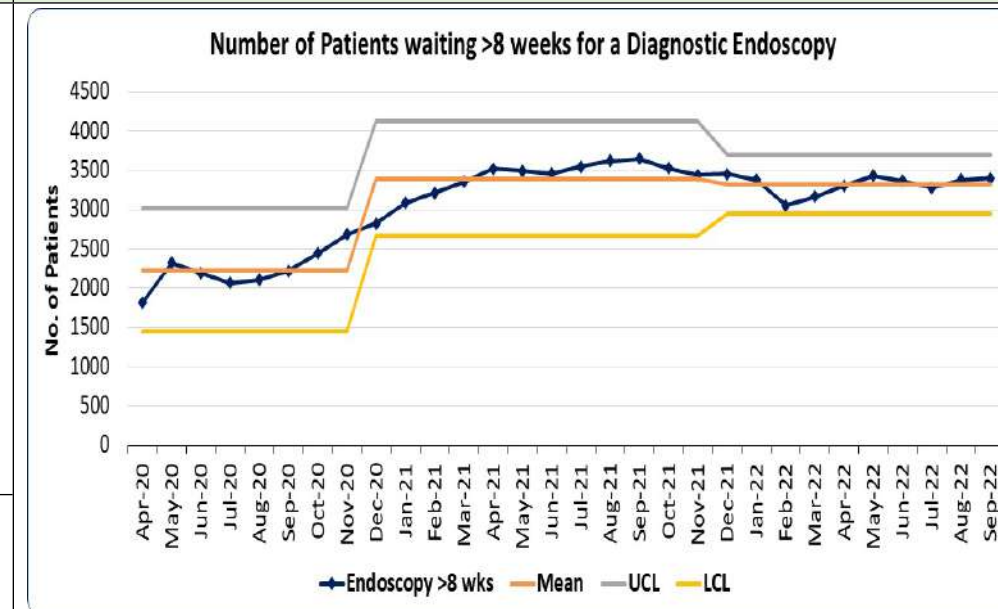
Total >8 weeks 3,402

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology	Echo Cardiogram	453
Cardiology Services	Cardiac CT	105
	Cardiac MRI	6
	Diagnostic Angiography	100
	Stress Test	59
	DSE	85
	TOE	21
	Heart Rhythm Recording	204
	B.P. Monitoring	2
Bronchoscopy		3
Colonoscopy		790
Gastroscopy		893
Cystoscopy		482
Flexi Sig		1234
Radiology	Non-Cardiac CT	361
	Non Cardiac MRI	805
	NOUS	9513
	Non-Cardiac Nuclear Medicine	2
Imaging	Fluoroscopy	33
Physiological Measurement	Urodynamics	183
Neurophysiology	EMG	119
	NCS	132
Total		15585

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,500	14,284
2022/23	15,437	15,579	15,363	15,080	15,315	15,585						

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	6
Audiology	165
Dietetics	1345
Occupational Therapy	42
Physiotherapy	20
Podiatry	0
Speech & Language	24
Total	1602

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,265	1,570	1,795	1,602						



How are we doing?

Diagnostics: Provisionally, at the end of September, 15,585 patients had been waiting in excess of 8 weeks for a diagnostic procedure. This represents an increase of 1.8% (270) from the reported position in August. This rise is due in part to an increase in the number of patients waiting in excess of 8 weeks for Echocardiogram, up from 357 in August to 453 breaching patients in September. The NOUS service continues to have the highest volume of breaching patients with 9,513 currently waiting over 8 weeks for a scan.

Therapies: There are provisionally 1,602 patients breaching the 14 week target for therapies in September, a decrease of 193 (10.8%) on the reported position for August. This improvement can be attributed, in part, to the fall in the number of breaching patients for Audiology which currently stands at 165 (328 in August).

The Dietetic service accounts for almost 85% of the total patients waiting beyond the 14 week target for therapies and currently stands at 1,345 breaching patients.

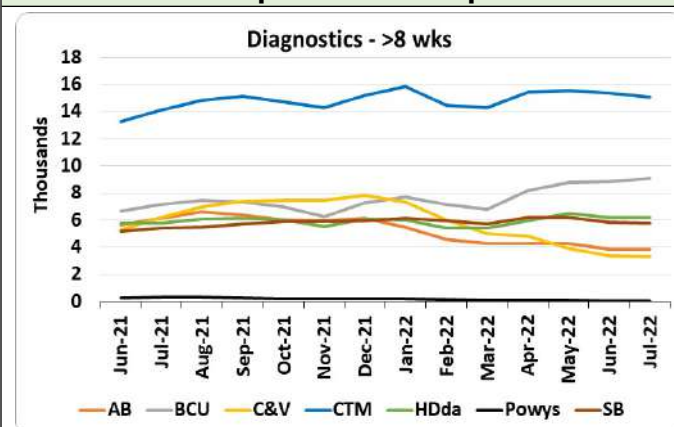
What actions are we taking & when is improvement anticipated?

- Established structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and put remedial actions in place.
- Weekly tracker implemented to monitor performance.
- Validation of US, MR, CT waiting lists ongoing.
- Realigning patient bookings around clinical priority.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Work around staffing rosters to enable operation of the 2nd MR scanner at RGH.
- Additional staff funded for the additional Mammography machine in the new Breast Unit.
- Work ongoing in streamlining the Cancer Prostate and Stroke Pathway.
- Additional patient lists are running to reduce waiting times.
- Demand and Capacity of services commenced.
- Discussions held around potential additional capacity through insourcing/outsourcing.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outsourcing request to be considered by Board once cases for MRI and CT are also complete.

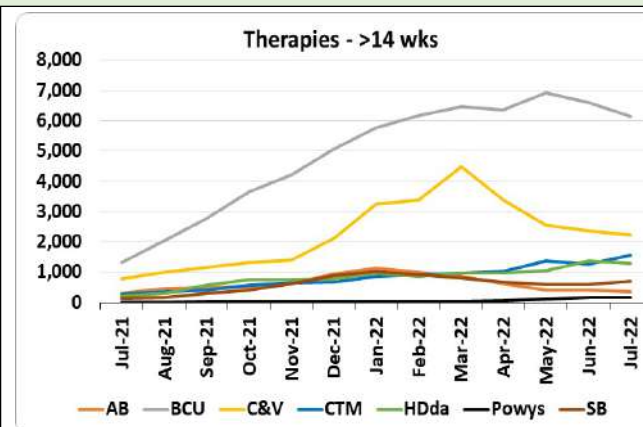
What are the main areas of risk?

- Current vacancies being held at scrutiny panel.
- Limited staff numbers coming through via the staff bank.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Cardiopulmonary diagnostic services need additional staff to address the backlog.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.

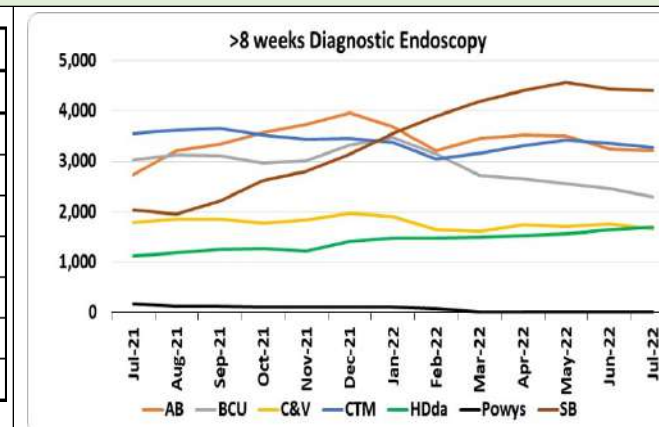
How do we compare with our peers?



Status as at July 2022		
Health Board	Compliance	Rank
Powys	22	1st
C&V	3,297	2nd
AB	3,882	3rd
SB	5,804	4th
HDda	6,223	5th
BCU	9,078	6th
CTM	15,080	7th



Status as at July 2022		
Health Board	Compliance	Rank
Powys	179	1st
AB	371	2nd
SB	714	3rd
HDda	1,286	4th
CTM	1,570	5th
C&V	2,238	6th
BCU	6,151	7th

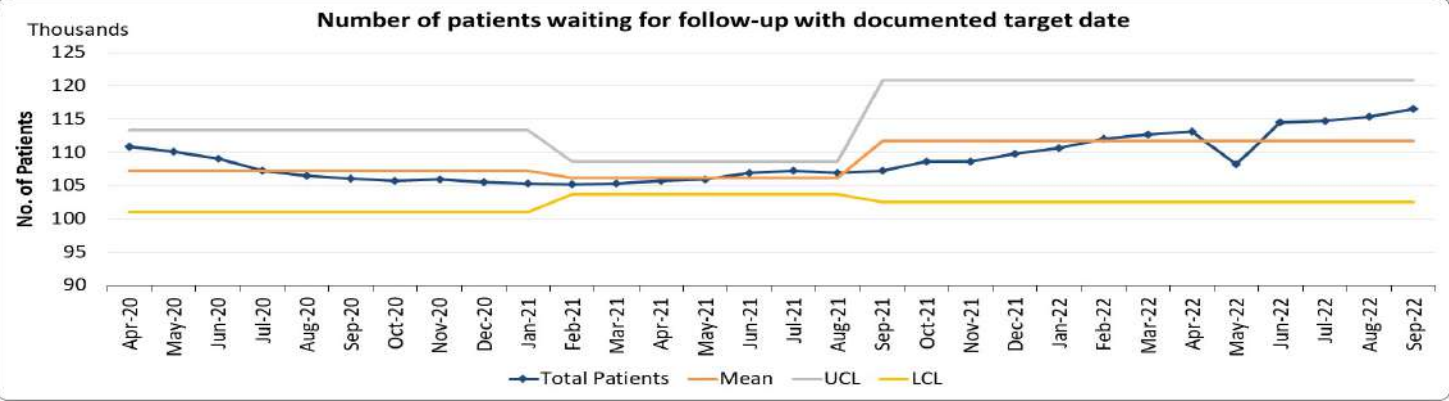


Status as at July 2022		
Health Board	Compliance	Rank
Powys	7	1st
C&V	1,666	2nd
HDda	1,703	3rd
BCU	2,306	4th
AB	3,212	5th
CTM	3,281	6th
SB	4,407	7th

Follow-up Outpatients Not Booked (FUNB) – September 2022 (Provisional Position)

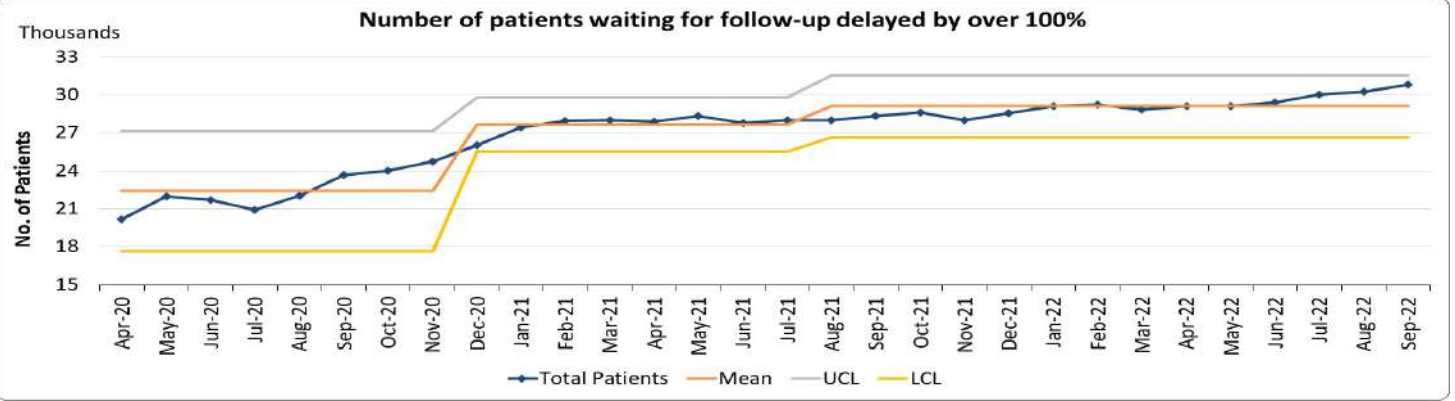
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
12	76,521	40,000	116,533

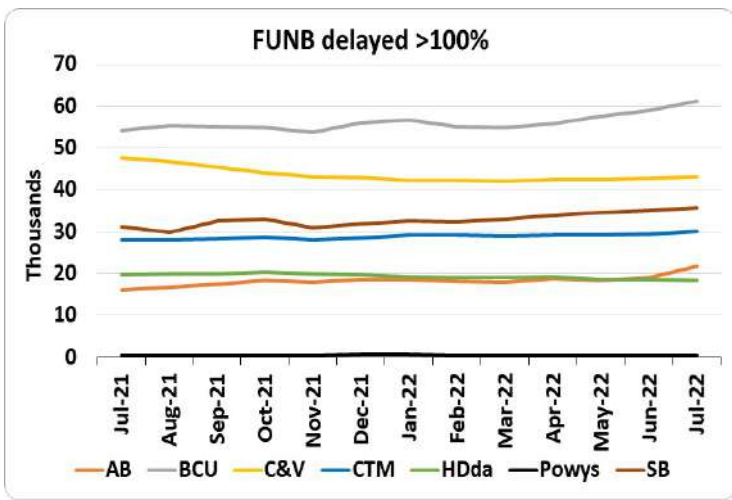


Number of patients waiting for a Follow-up delayed over 100% - Target – A reduction of 30% by March 2023 against a baseline of March 2021 (<=19606 by 2023)

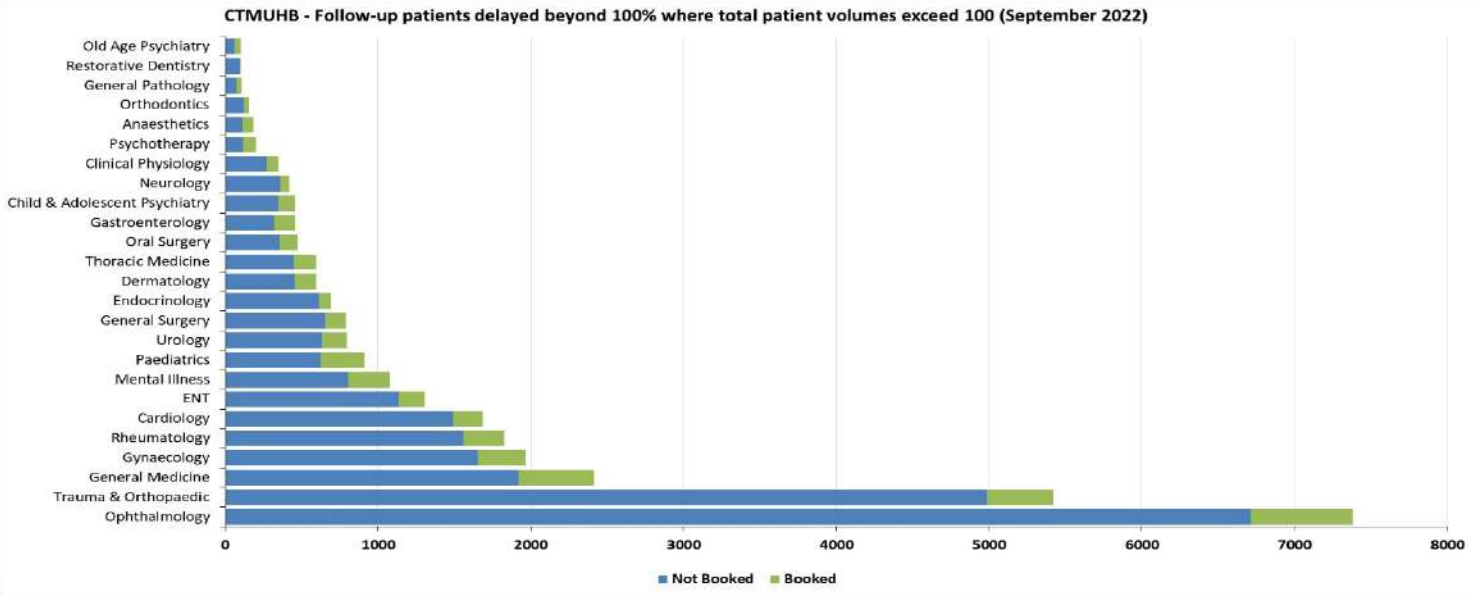
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
26,197	4,625	30,822	26.4%



How do we compare with our peers?



Status as at July 2022		
Health Board	Compliance	Rank
Powys	502	1st
HDda	18,257	2nd
AB	21,650	3rd
CTM	30,024	4th
SB	35,659	5th
C&V	43,243	6th
BCU	61,177	7th



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of September provisionally stands at 116,533 and of those patients waiting, 30,822 have seen delays of over a 100% past their target date, representing an increase of just under 9% on the equivalent period last year.

The number of patients without a documented target date stands at 12.

What actions are we taking & when is improvement anticipated?

Clinical validation of follow ups not booked (FUNB) in Ophthalmology and Orthopaedics was undertaken during Covid in Bridgend with significant numbers identified as not requiring follow up and suitable for discharge. Due to the volume of patients, they have not yet been removed from the waiting list and work is taking place with the Informatics for a digitalized solution.

An Outpatient Transformation Programme Board is in place which is focused on the following:

- Validation for 2022/23 as described previously
- SOS/ PIFU Pathway Projects which are looking to be rolled out across all specialties in 2022/23, unless there are clinical exceptions.

Targeted work on reducing the number of follow ups not booked across specialties has reduced the number of years that FUNBs are reported as waiting by five years. This work is continuing.

What are the main areas of risk?

There has been very little significant movement in terms of the overall number of patients waiting for a follow up, currently equating to 116,521 patients (76,521 not booked & 40,000 booked). Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialties across the health board with figures currently at 29,677 for those two specialties, of which around 43% (12,799) are delayed beyond 100% of their target date.

Outpatient activity levels continue to be below pre-Covid levels with the provisional September figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 15,610; which as it currently stands is around a 14% reduction on the Pre-Covid average (19/20) of 18,186, and is almost 3% lower than attendances during the same period last year.
- Total Follow-up Patients seen: 30,336; almost a 25% reduction on the Pre-Covid average (19/20) of 40,500, and a 9% reduction on the equivalent period last year.

Emergency Unit Waits – September 2022 (Provisional Position)

Number of Attendances

14,635

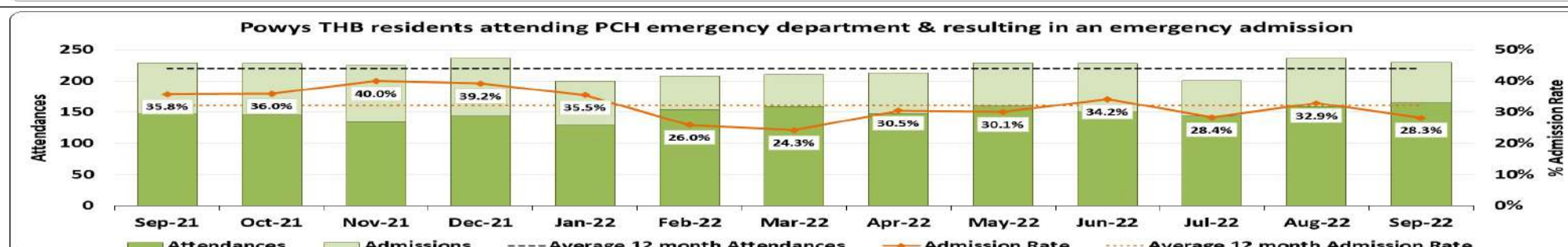
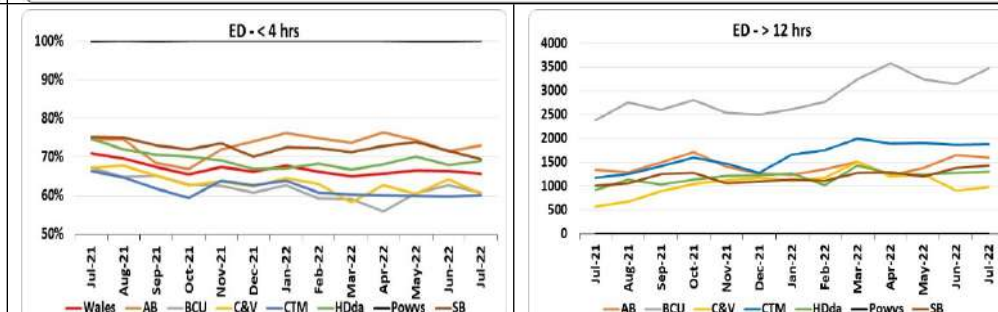
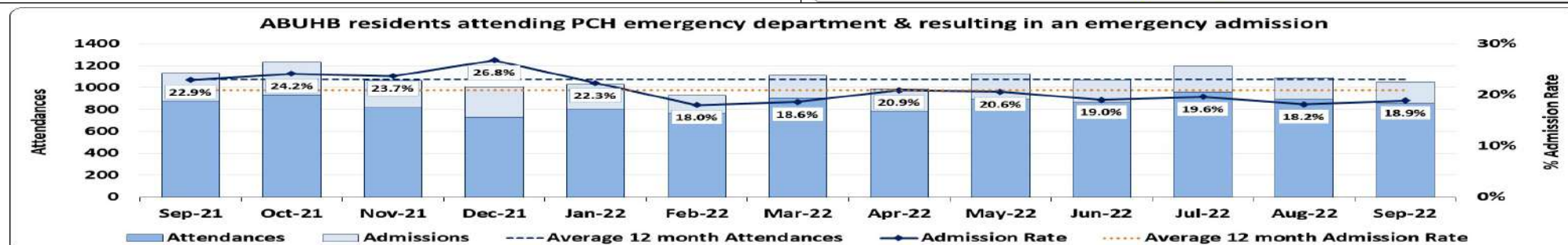
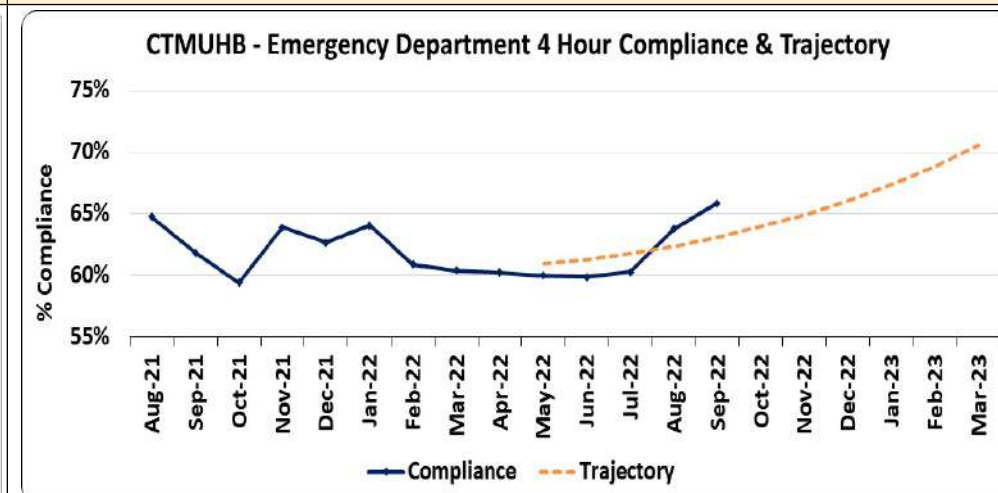
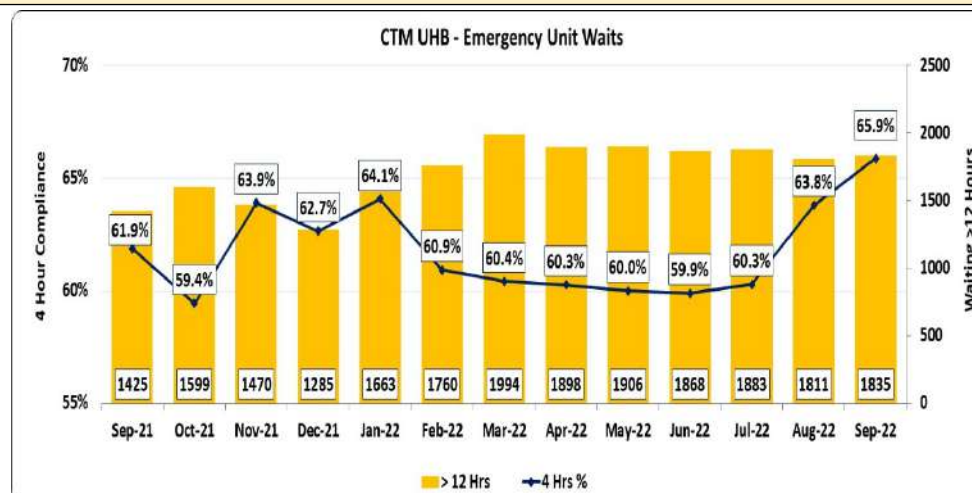
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

65.9% were seen within 4 hours (Waiting >4 hrs 4,994)

Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero

12.5% of patients were waiting over 12 hours (1,835)

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Sep-21	5086	51.6%	686	5219	74.5%	270	4914	55.8%	469	15650	61.9%	1425
Oct-21	5129	52.0%	640	5075	69.6%	325	4900	54.7%	634	15353	59.4%	1599
Nov-21	4739	53.2%	603	4703	74.7%	325	4485	61.2%	542	14258	63.9%	1470
Dec-21	4485	55.3%	541	4564	72.1%	310	4211	58.5%	434	13464	62.7%	1285
Jan-22	4503	55.7%	753	4608	73.9%	403	4242	58.1%	507	13788	64.1%	1663
Feb-22	4351	55.3%	753	4362	69.1%	429	3997	53.5%	578	13135	60.9%	1760
Mar-22	5259	50.4%	964	5104	69.3%	417	4798	57.4%	613	15672	60.4%	1994
Apr-22	4750	57.1%	824	4681	68.0%	534	4452	51.7%	540	14298	60.3%	1898
May-22	5119	57.5%	767	4972	68.1%	491	4947	51.2%	648	15455	60.0%	1906
Jun-22	4942	57.6%	722	5013	66.9%	564	4752	51.1%	582	15162	59.9%	1868
Jul-22	5285	53.7%	872	4991	68.9%	428	4915	55.5%	583	15580	60.3%	1883
Aug-22	5016	59.0%	817	4881	69.2%	422	4660	60.7%	572	14891	63.8%	1811
Sep-22	4805	59.1%	766	4802	70.1%	547	4661	65.8%	522	14635	65.9%	1835



Status as at July 2022			Status as at July 2022		
Health Board	Compliance	Rank	Health Board	Compliance	Rank
Powys	100.0%	1st	Powys	0	1st
AB	73.1%	2nd	C&V	984	2nd
SB	69.4%	3rd	HDda	1,309	3rd
HDda	68.9%	4th	SB	1,439	4th
BCU	60.9%	5th	AB	1,603	5th
C&V	60.6%	6th	CTM	1,883	6th
CTM	60.2%	7th	BCU	3,478	7th

How are we doing?

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, improved to 66%. Whilst this is well below desired standards, it demonstrates improvements are being made.

As per the table above, the UHB continues to experience challenges at PCH, with compliance similar to last month at around 59%. Improvements were observed this month at POW in both the 4 (65.8%) and 12 hour (522 breaches) compliance with RGH remaining reasonably stable at 70.1% for the 4 hour compliance, but recording a 30% increase in the number of patients breaching 12 hours, bringing the total to 547 during September. The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments continues to be in the region of 12.5% of the total attendances, bringing the overall total of breaching patients to 1,835 compared to the WG minimum standard of zero.

What actions are we taking & when is improvement anticipated?

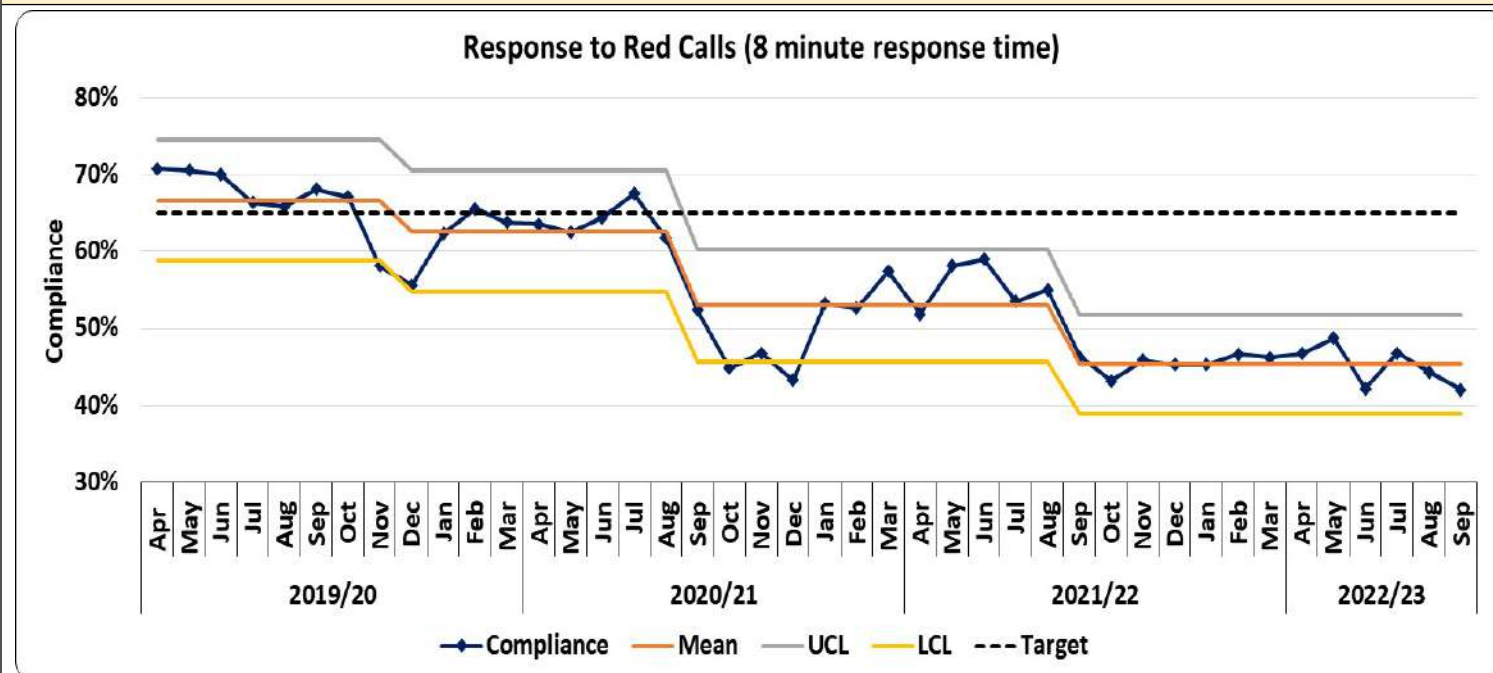
- Complete resetting of the governance structure is ongoing
- 6 Goals for Urgent and Emergency Care Programme, with 24 task and finish groups, fully established with priorities aligned to the implementation of D2RA Pathways and enabling efficient discharge processes to support improvements of flow.
- Improving the Trauma Service
- CTM Escalation Plans including Full Capacity Protocol, Escalation Cards and Pre-emptive Boarding under review to formulate a standardised approach across CTM UHB – Bed Management and Flow Task & Finish Group to complete by end of October 2022
- Data Sharing Agreement with Local Authorities in progress to enable effective data input and information transfer across patient pathways (One List and e-ToC)

What are the main areas of risk?

- Significant risk in social care capacity and funding
- D2RA Pathway 2 will have resource gaps to meet demand – need to identify funding resources
- Need decisions re: allocation of therapy resources within CTM to drive effective D2RA pathway 3 in community beds
- Supported Discharge Team resource insufficient – need to identify funding resources
- Seasonal demand plus exceptional covid and influenza demand, exacerbated by the challenges in social care may result in significant inefficiencies to care delivery, flow and consequently detriment to patient care, safe staffing levels and staff morale.

Emergency Ambulance Services – Response to Red Calls & Red Release Requests - September 2022

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance August 2022 – 42.0%



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% (Please note that the data represents WAST Operational area)												
Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Sep-21	91	48	52.7%	268	115	42.9%	159	77	48.4%	518	240	46.3%
Oct-21	95	48	50.5%	355	145	40.8%	173	76	43.9%	623	269	43.2%
Nov-21	91	43	47.3%	342	157	45.9%	160	72	45.0%	593	272	45.9%
Dec-21	94	48	51.1%	327	149	45.6%	186	78	41.9%	607	275	45.3%
Jan-22	69	39	56.5%	277	124	44.8%	160	66	41.3%	506	229	45.3%
Feb-22	74	41	55.4%	242	110	45.5%	147	65	44.2%	463	216	46.7%
Mar-22	78	43	55.1%	319	139	43.6%	155	73	47.1%	552	255	46.2%
Apr-22	82	49	59.8%	267	118	44.2%	145	64	44.1%	494	231	46.8%
May-22	95	53	55.8%	287	140	48.8%	139	61	43.9%	521	254	48.8%
Jun-22	80	35	43.8%	299	124	41.5%	169	72	42.6%	548	231	42.2%
Jul-22	106	43	40.6%	314	152	48.4%	172	82	47.7%	592	277	46.8%
Aug-22	83	41	49.4%	248	108	43.5%	136	58	42.6%	467	207	44.3%
Sep-22	97	52	53.6%	281	109	38.8%	150	61	40.7%	528	222	42.0%

How are we doing?

Response to Red Calls:

Response times during September to life-threatening calls, fell slightly to 42.0% in comparison to the previous month (44.3%), and remaining well below the compliance threshold of 65%. As can be seen in the chart above, there has been no significant change since September of last year with the performance trend demonstrating natural variation with average response times for CTMUHB for the past 12 months equating to 45.2%.

The Welsh average for September saw half of emergency responses arriving at the scene within 8 minutes, a similar position to August and has remained below target since August 2020.

There was a 13% increase in the volume of Red Calls during September (528) compared to the previous month, as shown in the top right table. Volumes remain higher than pre-Covid levels (currently 52% higher) which averaged 347 per month, with the average pre-Covid response times just under the compliance threshold at 64.7%.

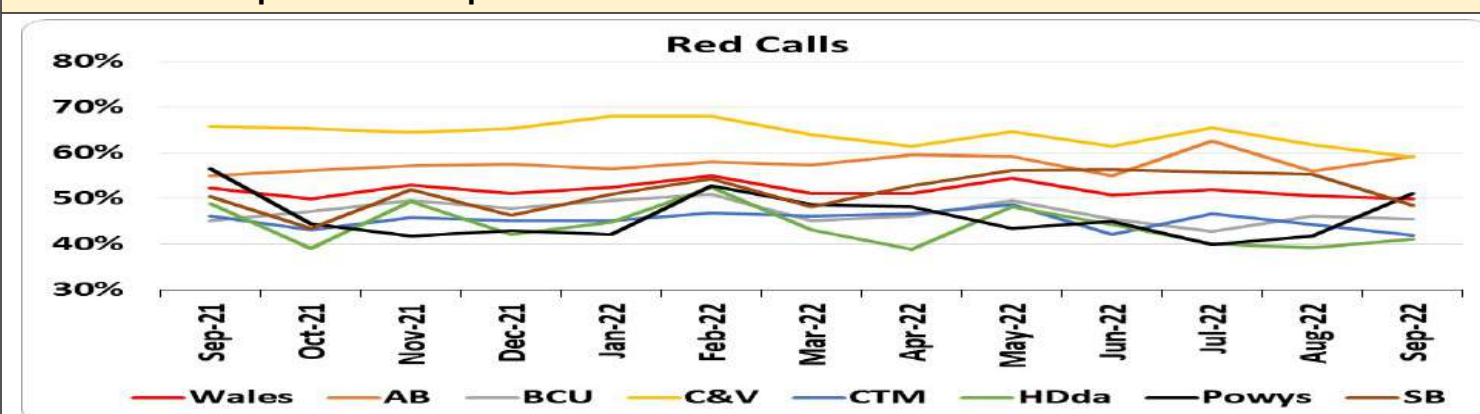
Immediate Vehicle Release Requests

Period	PCH			RGH			POW		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-22	12	10	83.3%	11	9	81.8%	12	1	8.3%
Feb-22	17	13	76.5%	8	3	37.5%	18	2	11.1%
Mar-22	12	5	41.7%	13	10	76.9%	11	2	18.2%
Apr-22	12	7	58.3%	11	4	36.4%	10	3	30.0%
May-22	15	13	86.7%	11	5	45.5%	12	5	41.7%
Jun-22	14	11	78.6%	15	10	66.7%	25	8	32.0%
Jul-22	20	13	65.0%	10	9	90.0%	31	7	22.6%
Aug-22	23	7	30.4%	24	15	62.5%	47	4	8.5%
Sep-22	15	6	40.0%	17	9	52.9%	24	1	4.2%

Immediate Release Requests (shown above) received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 56 during September. The ED services were able to support affirmatively 16 (28.6%) of those requests.

Red Calls – Red Release Standard Operating Procedure approved 10th October 2022 via Emergency Department T&F Group with review period set up at 4 weeks.

How do we compare with our peers?



Status as at September 2022		
Health Board	Compliance	Rank
AB	59.3%	1st
C&V	59.1%	2nd
Powys	51.2%	3rd
SB	48.6%	4th
BCU	45.5%	5th
CTM	42.0%	6th
HDda	41.2%	7th

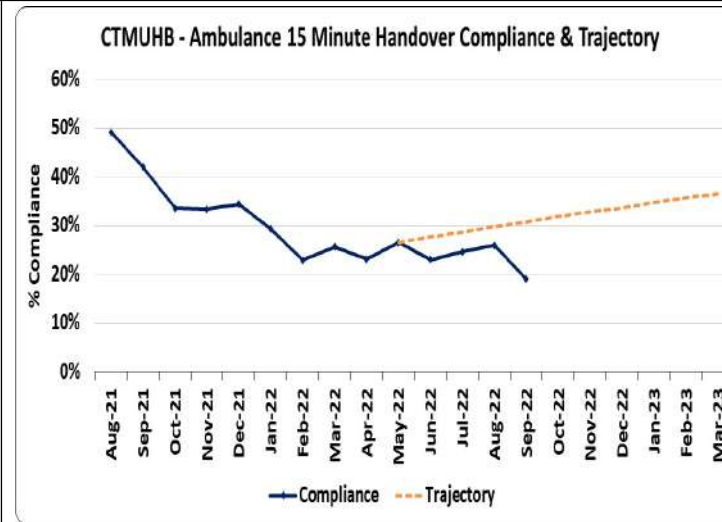
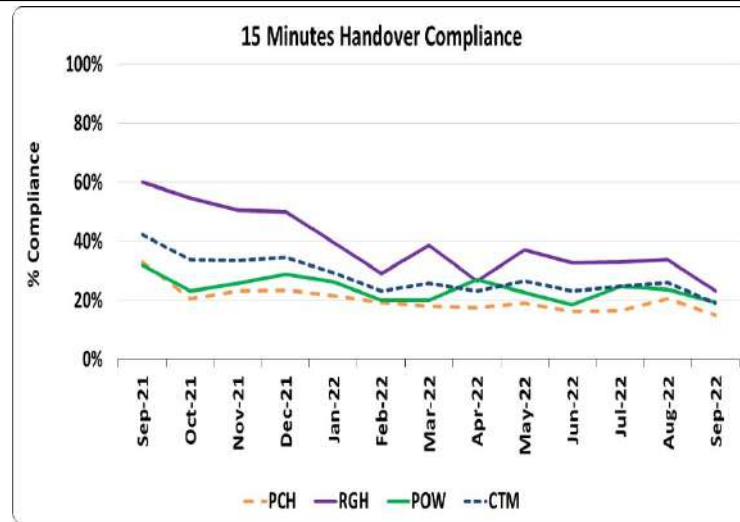
Emergency Ambulance Services - Handover Compliance – September 2022

Number of ambulance handovers within 15 minutes – Target Improvement

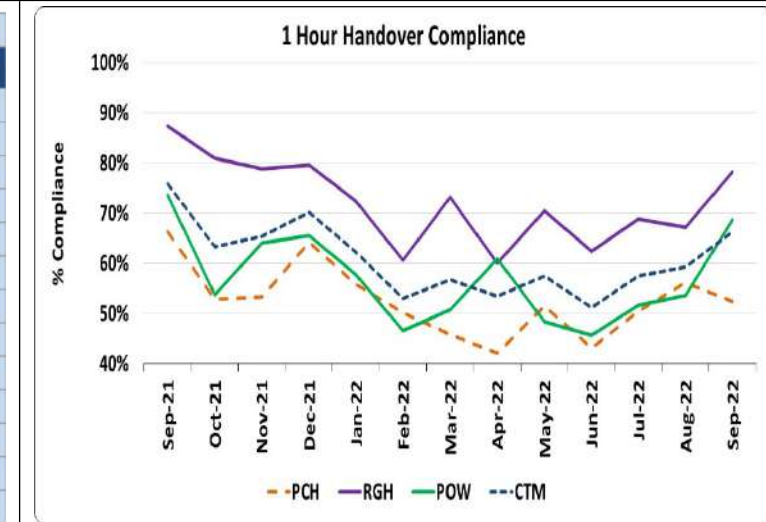
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,107 of which 401 handovers were within 15 minutes (19.0%)

995 handovers were over 1 hour (66.3% of handovers were within 1 hour)



	PCH			RGH			POW			CTM		
Period	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Sep-21	778	32.8%	66.3%	772	60.0%	87.3%	639	31.8%	73.6%	2189	42.1%	75.8%
Oct-21	794	20.5%	52.8%	781	54.7%	80.9%	571	23.1%	53.8%	2146	33.6%	63.3%
Nov-21	806	23.1%	53.3%	810	50.5%	78.8%	697	25.7%	64.0%	2313	33.5%	65.5%
Dec-21	841	23.3%	64.2%	853	49.9%	79.6%	663	28.7%	65.5%	2357	34.5%	70.1%
Jan-22	855	21.5%	55.8%	875	39.5%	72.3%	714	26.2%	57.7%	2444	29.3%	62.3%
Feb-22	780	19.2%	50.1%	776	29.0%	60.6%	590	20.0%	46.6%	2146	23.0%	52.9%
Mar-22	840	18.0%	45.8%	787	38.5%	73.2%	635	20.0%	50.7%	2262	25.7%	56.7%
Apr-22	836	17.3%	42.1%	770	26.5%	60.0%	571	27.0%	60.9%	2177	23.1%	53.4%
May-22	841	19.0%	51.5%	840	37.1%	70.5%	639	22.5%	48.4%	2320	26.6%	57.5%
Jun-22	777	16.2%	43.1%	845	32.5%	62.4%	593	18.4%	45.7%	2215	23.0%	51.2%
Jul-22	796	16.3%	50.4%	790	32.9%	68.9%	596	24.7%	51.7%	2182	24.6%	57.4%
Aug-22	808	20.5%	56.1%	748	33.7%	67.1%	568	23.6%	53.5%	2124	26.0%	59.3%
Sep-22	761	14.8%	52.4%	756	23.1%	78.3%	590	19.2%	68.6%	2107	19.0%	66.3%



How are we doing?

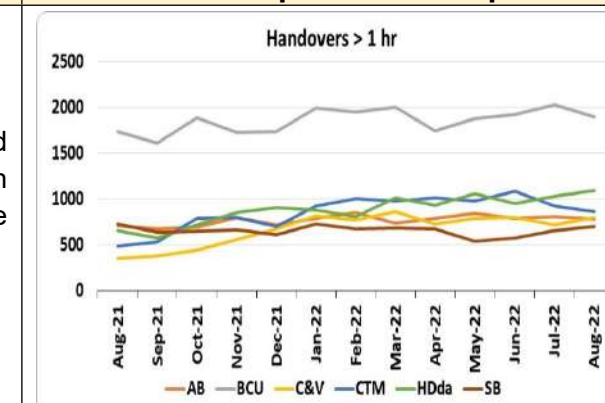
During September the 15 minute handover compliance fell to the lowest level of just 19%, whilst the compliance of handovers within 1 hour improved to 66.3%.

The number of Ambulance conveyances were at similar levels to the previous month, bringing the total to 2,107. The volume is around 4% lower than the volume seen in the comparable period of 2021.

What actions are we taking & when is improvement anticipated?

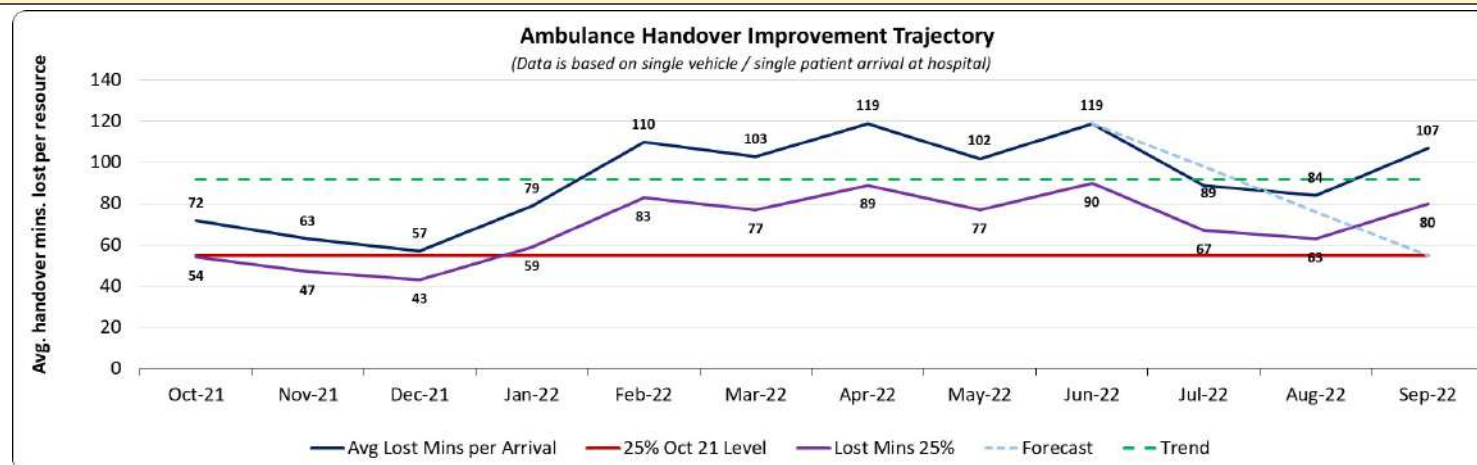
- Complete resetting of USC governance structure - ongoing
- Implementation of D2RA (as page 27)
- Improving the trauma service
- CTM Escalation Plans including Full Capacity Protocol, Escalation Cards and Pre-emptive Boarding under review to formulate a standardised approach across CTM UHB – Bed Management and Flow Task & Finish Group to complete by beginning of October 2022

How do we compare with our peers?



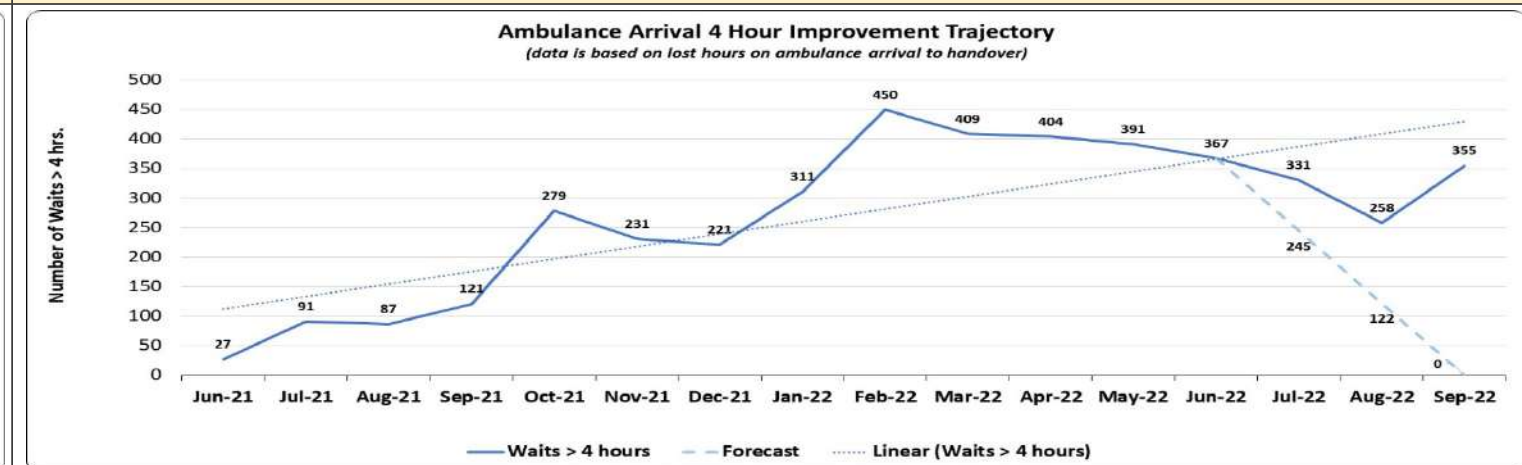
Status as at August 2022		
Health Board	Compliance	Rank
SB	706	1st
AB	782	2nd
C&V	804	3rd
CTM	865	4th
HDda	1,094	5th
BCU	1,898	7th

Ambulance Handover Improvement Trajectory



The graph above shows indicates that the UHB has yet to achieve the improvements in handover times we aspire to deliver this year. The observed average handover rates took an average 107 minutes in September (navy blue line), which is above the 12 month average of 91 minutes (green dashed line) and above the light blue line which represented a straight line trajectory to achieve our local ambition of reducing times to 75% of the previous year's position.

Ambulance Arrival 4 Hour Improvement Trajectory



The graph above shows the current level of ambulance waiting outside Emergency Departments over 4 hours. Based on the previous data from June 2021 the current trend line is showing an upwards trend. Reducing this level to 0 ambulance waits over 4 hours by September 2022 is shown as a dashed line.

Reduction Scale 367 :

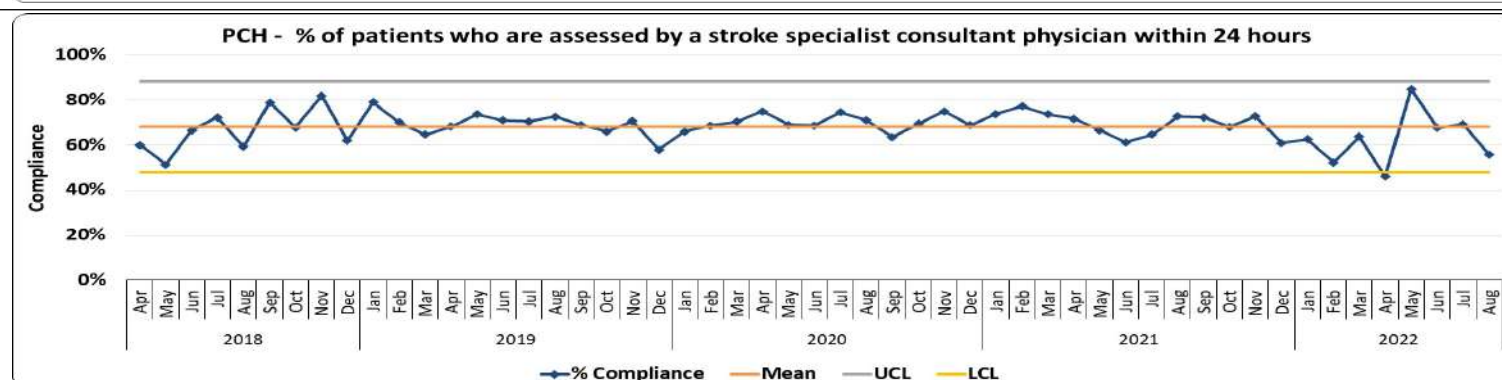
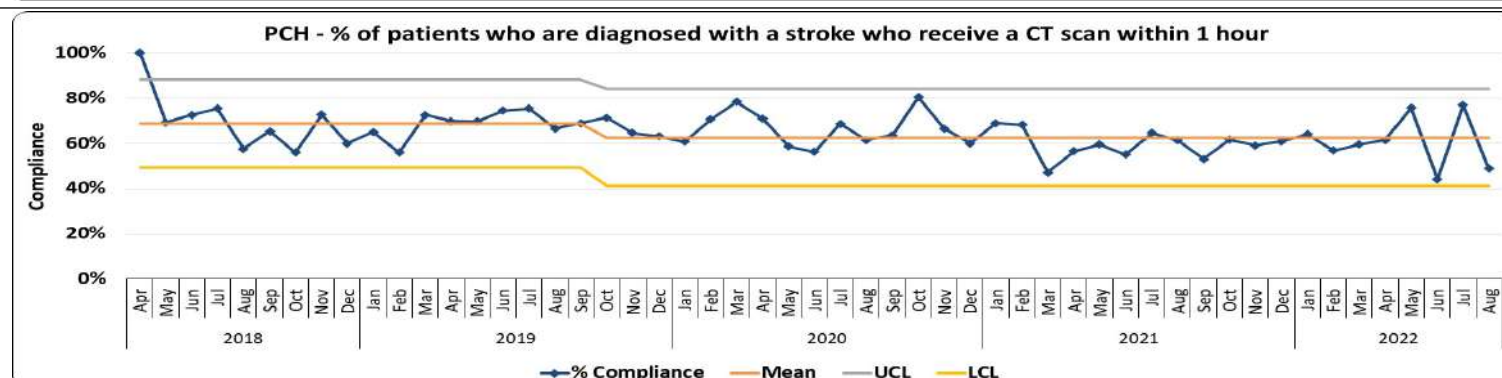
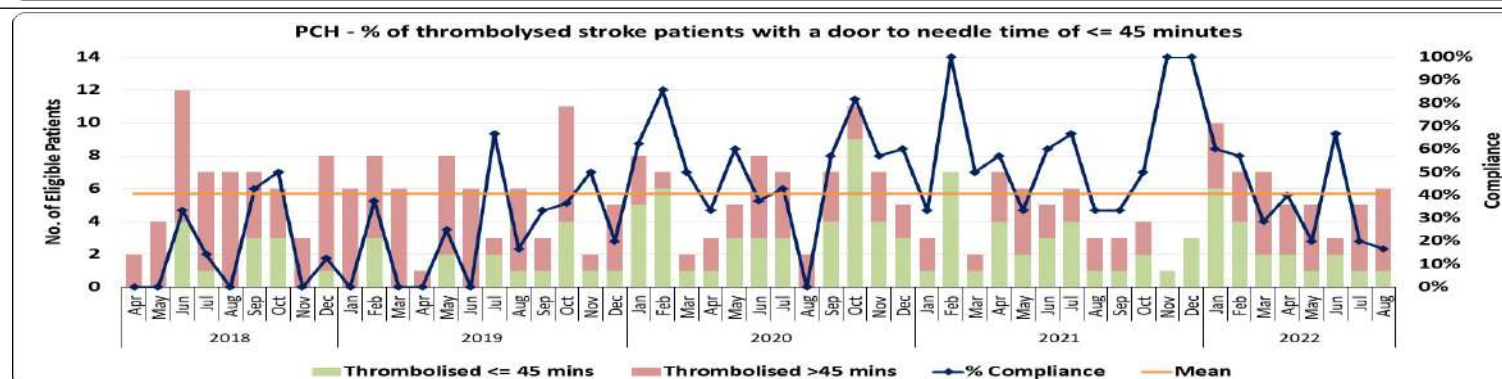
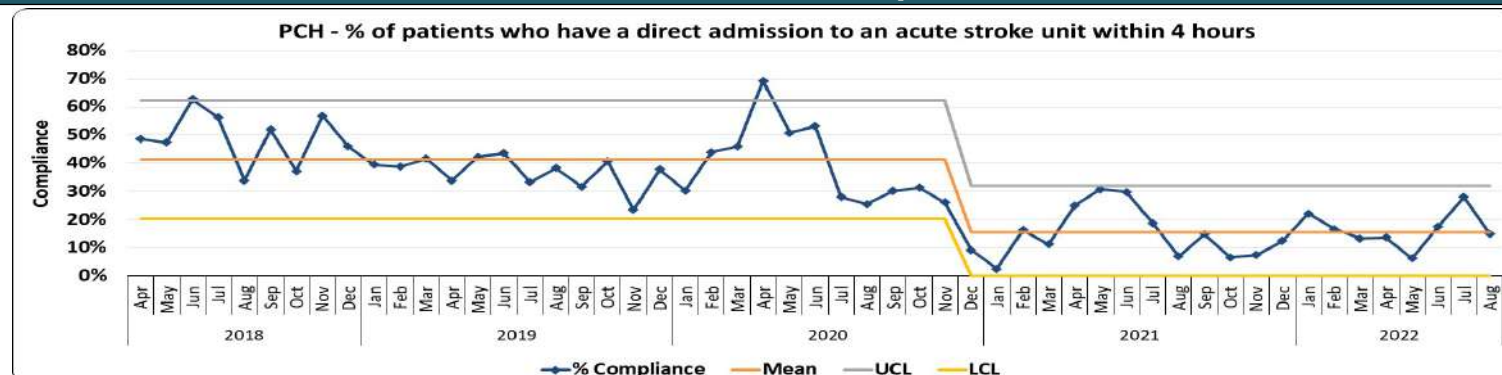
- June – July 2022 66.8% (245)
- July – August 2022 49.8% (122)
- August – September 2022 100% (0)



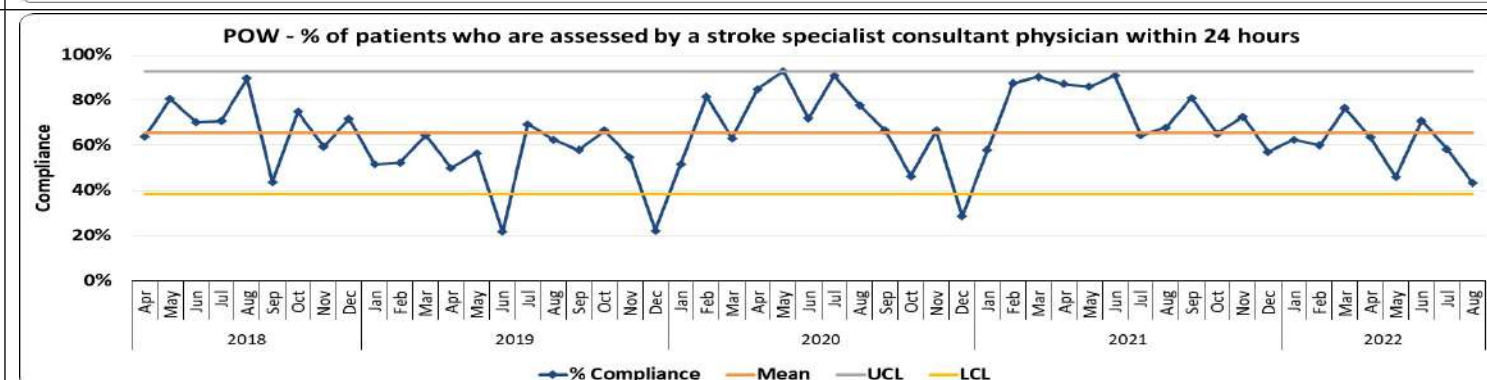
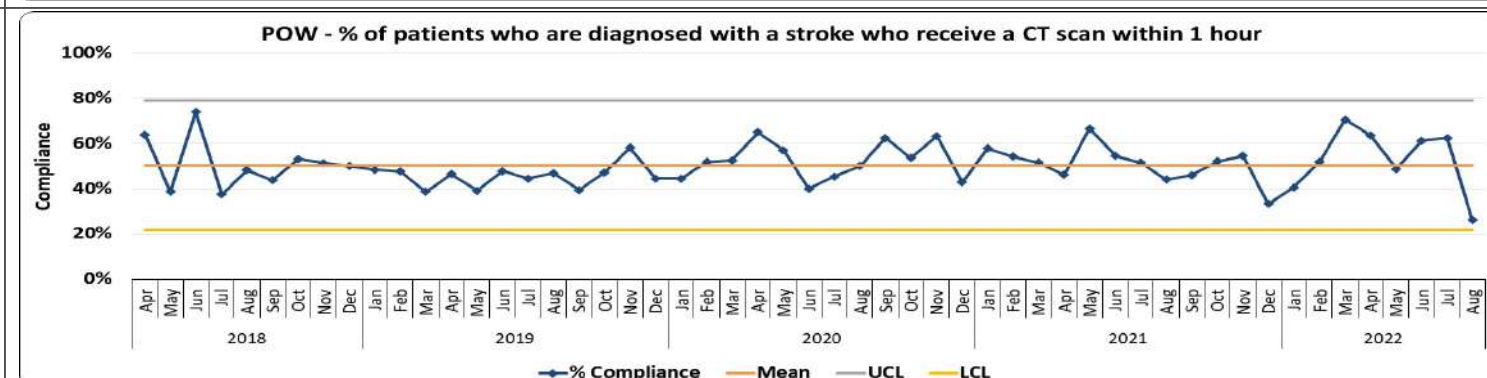
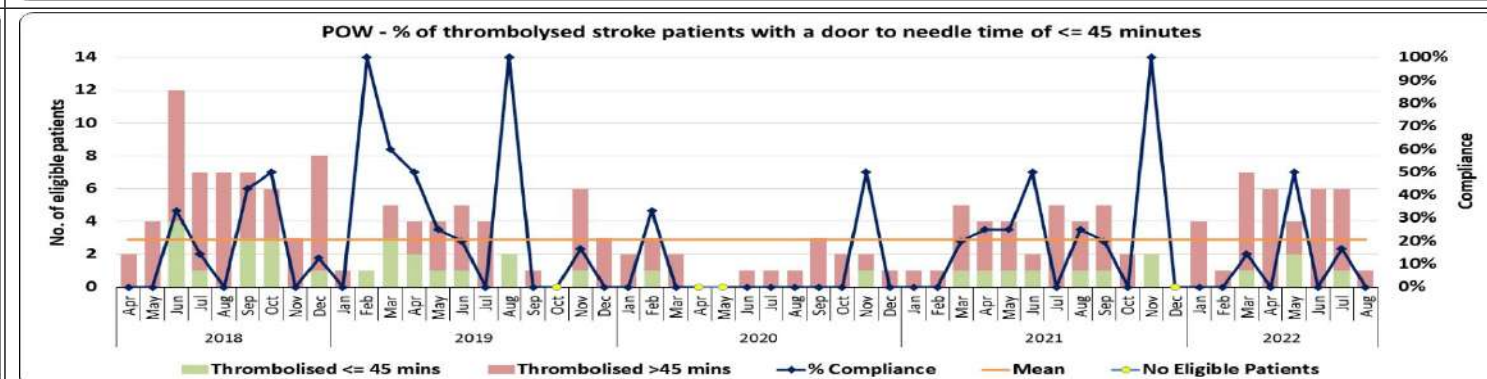
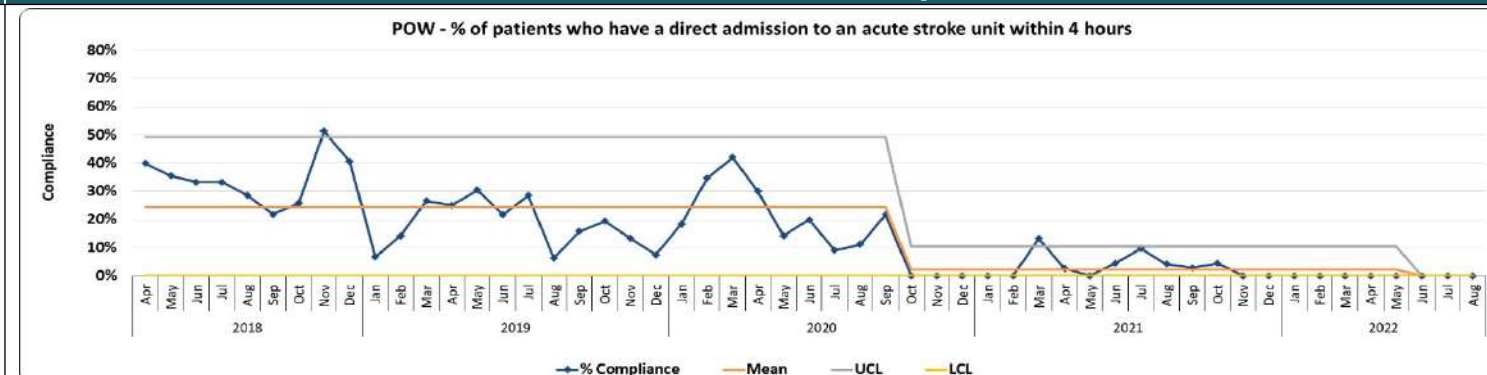
Stroke Quality Improvement Measures (QIMs) – August 2022

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
15.0%	0%	9.5%	16.7%	0%	14.3%	48.8%	26.1%	40.9%	55.8%	43.5%	51.5%

Prince Charles Hospital



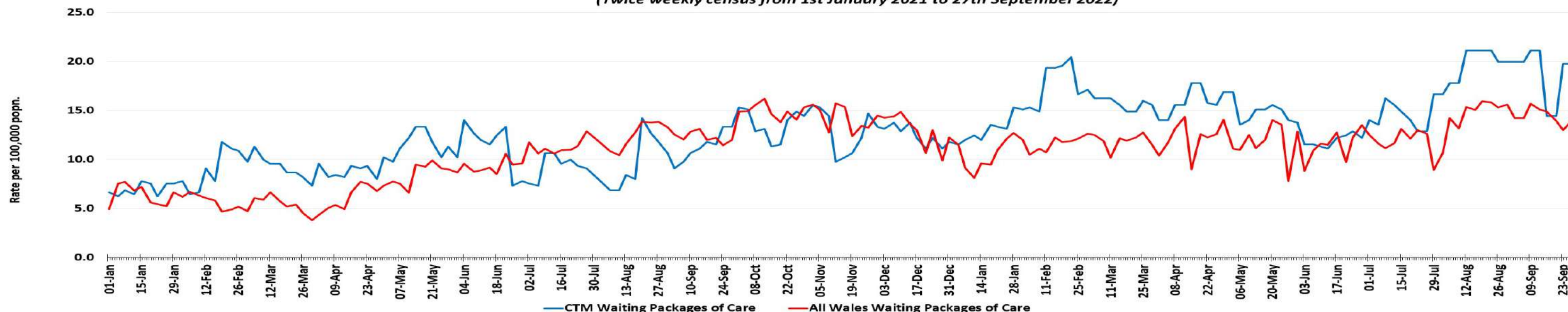
Princess of Wales Hospital



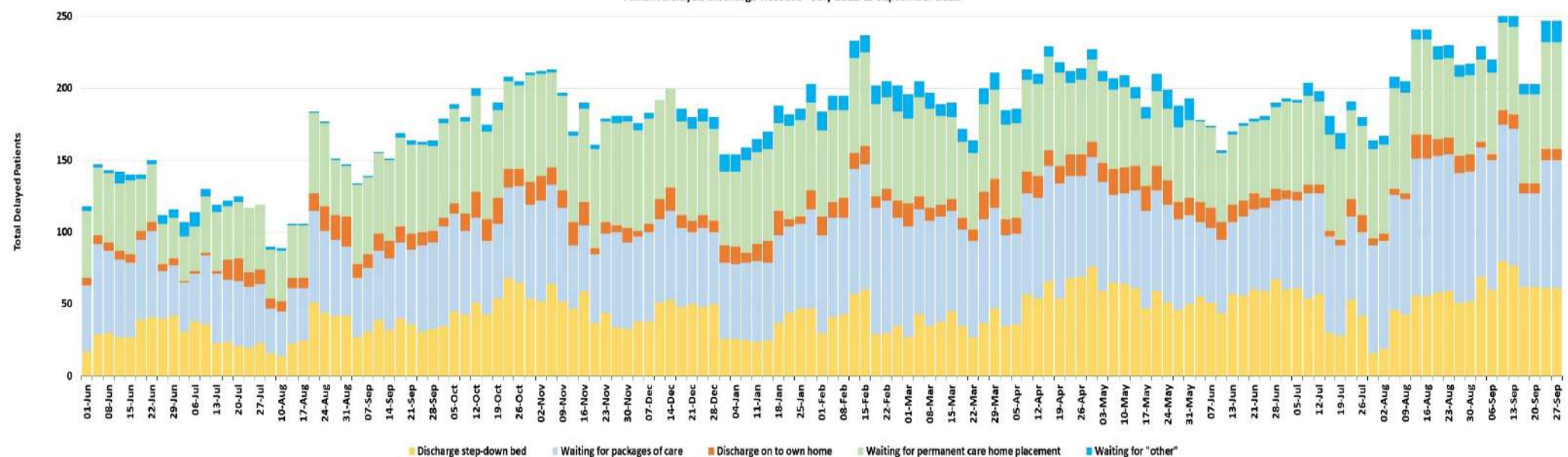
Stroke QIMS continued on the next page...

How are we doing?	August 2022 stats:																																																									
<p>Across all four metrics, stroke performance remains at low levels of compliance. During August 9.5% (6 out of 63 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Only 1 of the 7 eligible patients were thrombolysed within 45 minutes (14.3%) and 40.9% of patients (27 out of 66 diagnosed patients) had a CT scan within an hour. There were just over half (51.5%), 34 out of the 66 stroke patients seen by a specialist stroke physician within 24 hours of arrival at the hospital.</p> <p>Key factors contributing to poor performance against stroke care standards include:</p> <ul style="list-style-type: none">5-day/week service model for medical and therapy provision.Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation beds impact on length of stay and flow of stroke patients through the Princess of Wales hospitalDemand for acute beds and the absence of ring-fenced stroke beds impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.	<table><tr><th colspan="2">Stroke QIMs - August 2022</th><th>PCH</th><th>POW</th><th>CTM</th></tr><tr><td rowspan="3">% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours</td><td>Total admissions</td><td>40</td><td>23</td><td>63</td></tr><tr><td>No. of patients within 4 hours</td><td>6</td><td>0</td><td>6</td></tr><tr><td>% Compliance</td><td>15.0%</td><td>0.0%</td><td>9.5%</td></tr><tr><td rowspan="3">% of thrombolysed stroke patients with a door to needle time of <= 45 mins</td><td>Total thrombolysed</td><td>6</td><td>1</td><td>7</td></tr><tr><td>No of patients within 45 mins</td><td>1</td><td>0</td><td>1</td></tr><tr><td>% Compliance</td><td>16.7%</td><td>0.0%</td><td>14.3%</td></tr><tr><td rowspan="3">% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour</td><td>Number diagnosed</td><td>43</td><td>23</td><td>66</td></tr><tr><td>No. of patients within 1 hour</td><td>21</td><td>6</td><td>27</td></tr><tr><td>% Compliance</td><td>48.8%</td><td>26.1%</td><td>40.9%</td></tr><tr><td rowspan="3">% of patients who are assessed by a stroke specialist consultant physician within 24 hours</td><td>Total admissions</td><td>43</td><td>23</td><td>66</td></tr><tr><td>No. of patients within 24</td><td>24</td><td>10</td><td>34</td></tr><tr><td>% Compliance</td><td>55.8%</td><td>43.5%</td><td>51.5%</td></tr></table>	Stroke QIMs - August 2022		PCH	POW	CTM	% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	40	23	63	No. of patients within 4 hours	6	0	6	% Compliance	15.0%	0.0%	9.5%	% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	6	1	7	No of patients within 45 mins	1	0	1	% Compliance	16.7%	0.0%	14.3%	% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	43	23	66	No. of patients within 1 hour	21	6	27	% Compliance	48.8%	26.1%	40.9%	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	43	23	66	No. of patients within 24	24	10	34	% Compliance	55.8%	43.5%	51.5%
Stroke QIMs - August 2022		PCH	POW	CTM																																																						
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	40	23	63																																																						
	No. of patients within 4 hours	6	0	6																																																						
	% Compliance	15.0%	0.0%	9.5%																																																						
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	6	1	7																																																						
	No of patients within 45 mins	1	0	1																																																						
	% Compliance	16.7%	0.0%	14.3%																																																						
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	43	23	66																																																						
	No. of patients within 1 hour	21	6	27																																																						
	% Compliance	48.8%	26.1%	40.9%																																																						
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	43	23	66																																																						
	No. of patients within 24	24	10	34																																																						
	% Compliance	55.8%	43.5%	51.5%																																																						
What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																																																									
<p>The CTM Stroke Strategy Group has agreed an integrated action plan with a number of short, medium and long term actions, some of which have resource implications. Progress is being made in a number of areas:</p> <ul style="list-style-type: none">Recruitment process underway as part of CTM Consultant Recruitment Drive. The CSG are working with medical staffing agencies to aid the recruitment of a Locum Consultant following the resignation of Consultant Stroke Physician at Prince Charles Hospital. Discussions continue at pace with C&V UHB regarding the establishment of a C&V/CTM Stroke rota.Regional developments with Cardiff and Vale UHB continue to progress, with the first meeting of the South Central Regional Programme Board taken place on 27th September. Programmed Board terms of reference in place and engagement underway with NHS Collaborative over timelines for national programme. The shared CTM/C&V UHB stakeholder event is scheduled for 26th October.Stroke Pathway Task and Finish Group initial meeting held on 21/09/22. Review of priorities and risks undertaken, nominated leads being identified and priority actions being progressed at pace (stroke access beds, single-bedded rehab site for CTM, workforce modelling).Successful VBHC bid to deliver stroke prevention programme: optimal management and targeted case finding of atrial fibrillation and hypertension in primary care. Initial scoping meeting held and recruitment to key posts underway.	<p>The intended impact of the short-term actions, along with the long-term aims, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy for progressing towards a SSNAP rating of ‘A’.</p> <p>The main risks to this are the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the 4 hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of the system.</p> <p>In POW the ongoing staffing challenges within the therapy services are effecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.</p> <p>The inability to access ESD and a specialist bedded rehab unit for POW patients impact on outcomes, length of stay, and flow. Expanding these services to support all localities across CTM requires additional or re-allocation of resource.</p>																																																									

Intercensal Delayed Discharge Patients Waiting for Packages of Care (from D2RA Pathway & bypassing D2RA at census date (rate per 100,000 population)
(Twice weekly census from 1st January 2021 to 27th September 2022)

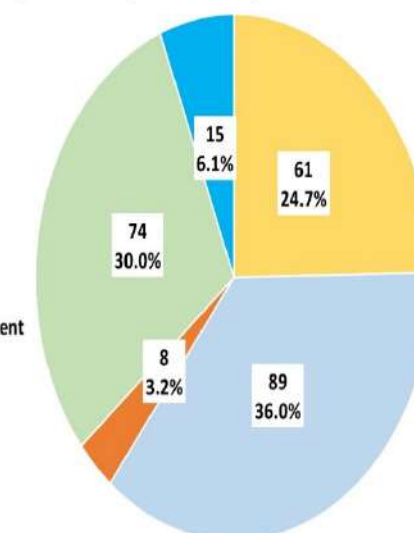


Patient Delayed Discharge Reasons - July 2021 to September 2022



Reasons for Patient Delays at census point 27th September 2022

- Discharge step-down bed
- Waiting for packages of care
- Discharge on to own home
- Waiting for permanent care home placement
- Waiting for "other"



How are we doing?

The top chart indicates that the current rate of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways) is at a similar high level to that seen at the end of February this year c.90 individuals. This equates to approximately 20.0 delays per 100,000 population, and as it currently stands is just over 41% higher than the national rate which is 14.0 per 100,000 population (please note that the all Wales data may be subject to change due to late data submissions by other health boards).

The bottom charts show the total number of patients currently awaiting their next stage of care, presently there are 247 individuals in this predicament. The reasons for patients experiencing a delay in the transfer of their care are detailed in the chart bottom right.

What actions are we taking & when is improvement anticipated?

The high number of patients waiting care packages across all localities continues. This is a national issue and WG have a strategic workstream looking at this. Internally CTM are working with all three Local Authorities to try and address this or find alternatives. There is perceived to be no easy solution to this and as such the environment is considered to present a significant risk to patient experience, outcomes and effective care delivery especially as we move towards the winter months.

- D2RA Implementation as described on page 27 (Emergency Dept. waits)
- One List App testing phase commenced – 2nd week in progress on 11 nominated wards with full roll out scheduled for end of October
- Implementation of Phase 2 e-Whiteboards system across CTM by the end of November 2022 to inform effective management of flow including internal and external delays
- Implementation of electronic Transfer of Care (e-ToC) by end of November 2022
- Set up of Navigation Hub (2nd Point of Access) to support admission avoidance and discharge from inpatient care – scoping in progress (capital/space/workforce/digital)
- Review of 3rd Sector provision across CTM patch and formulation of appropriate commissioning plans
- 1000 Beds and Partnership plans to provide additional capacity in community (D2RA bridging beds)

What are the main areas of risk

Provision for individuals who are elderly and have mental illnesses remains limited in the independent sector and is impacting on our discharges. Sadly, some of these individuals are extremely complex and there are limited options available.

Our Care Home placements continue to be problematic due to Covid restrictions across the patch.

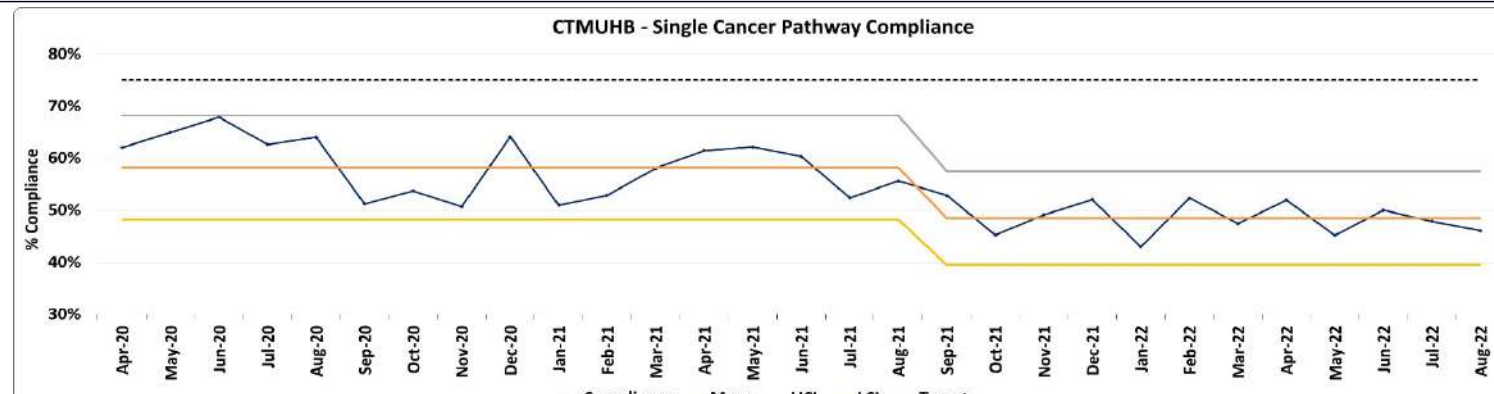
Main risks are associated with resource capacity and recruitment. To mitigate, teams are reviewing alternative ways of workforce modelling. This is being worked through the Integrated Workforce Sub-group, first meeting took place on 7th October to discuss current workforce gaps (awaiting detailed report), winter schemes, bridging beds and required staffing levels and alternative roles to support integrated discharge teams and navigation hub, i.e. Discharge Liaison Practitioner.

Single Cancer Pathway (SCP) – August 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75%
Compliance 46.0%

Single Cancer Pathway compliance trend

CTMUHB - SCP % Treated Without Suspensions - August 2022				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	6	9	15	40.0%
Upper GI	7	12	19	36.8%
Lower GI	15	19	34	44.1%
Lung	15	11	26	57.7%
Sarcoma	0	2	2	0.0%
Skin (exc BCC)	34	10	44	77.3%
Brain/CNS	1	0	1	100.0%
Breast	20	27	47	42.6%
Gynaecological	3	6	9	33.3%
Urological	16	43	59	27.1%
Haematological	15	16	31	48.4%
Other	2	2	4	50.0%
Total	134	157	291	46.0%

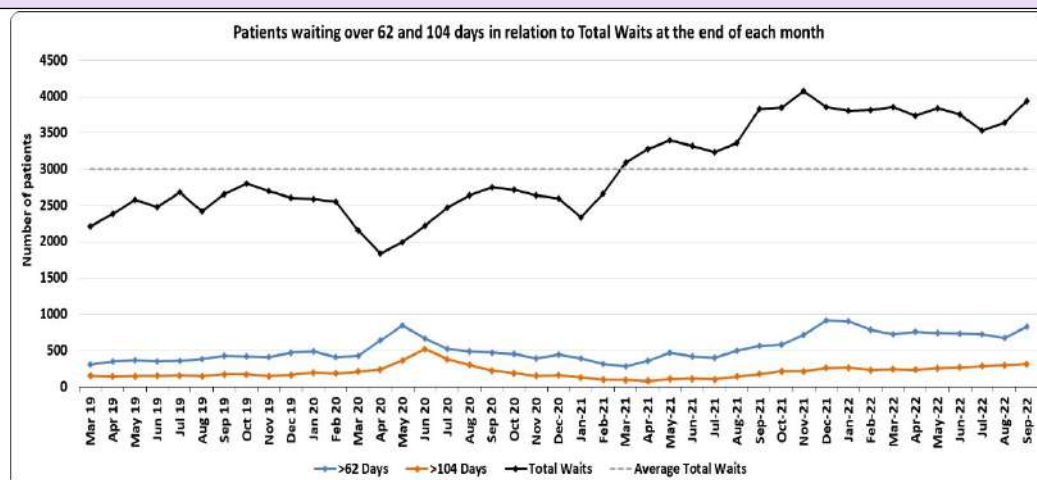


Performance for August fell slightly to 46.0% from the previous reported position of 47.9% with predicted performance for September currently at 53.5%. With the exception of Skin and Brain, no other tumour sites have achieved the current SCP target, however Gynaecology is ahead of target trajectory. Of greatest concern is the increasing number of patients suspected as having 'urgent' forms of cancer waiting to be seen, diagnosed and treated. As per the left hand chart below, the number has increased to nearly 4000, well above the 2500 to 2750 that was recorded pre-covid and which could reasonably be used as the desired position for sustainably achieving the standards.

Delays at first outpatient and diagnostic stages continue to be the most significant factor for patient breaches.

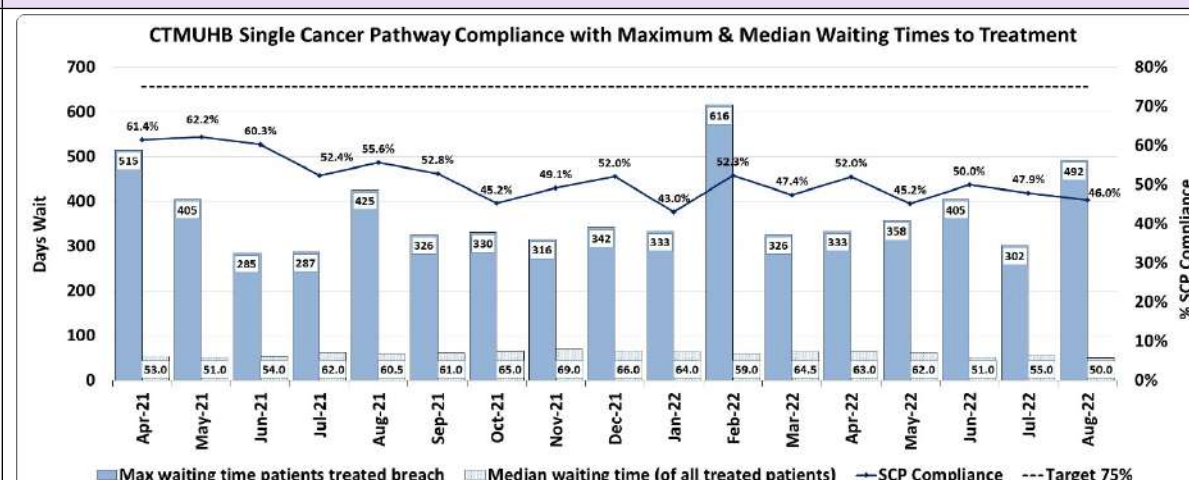
Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 3rd October 2022

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	15	3	5
Upper GI	56	9	40
Lower GI	164	42	68
Lung	15	1	3
Sarcoma	1	1	0
Skin (exc BCC)	73	5	12
Brain/CNS	2	0	0
Breast	20	2	7
Gynaecological	54	10	30
Urological	72	25	128
Haematological	5	3	5
Other	3	2	2
Grand Total	480	103	300

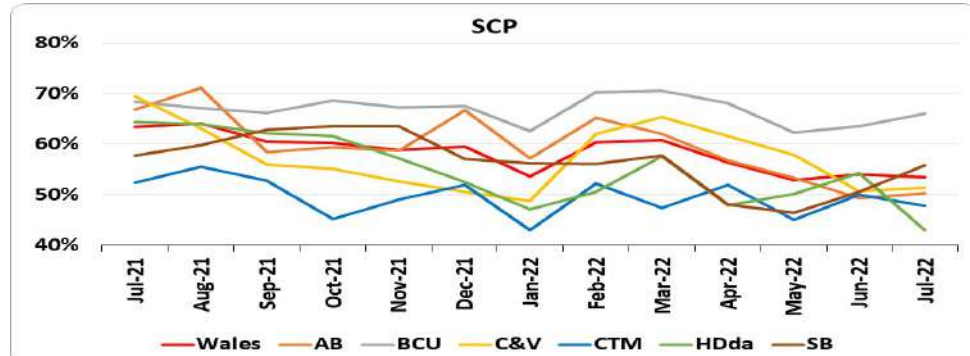
As at the 3rd October 2022, the number of patients waiting over 62 days stands at 883 and around a third of those patients (300) are waiting over 104 days.



How are we doing & how do we compare with our peers?

What actions are we taking & when is improvement anticipated?

What are the main areas of risk?

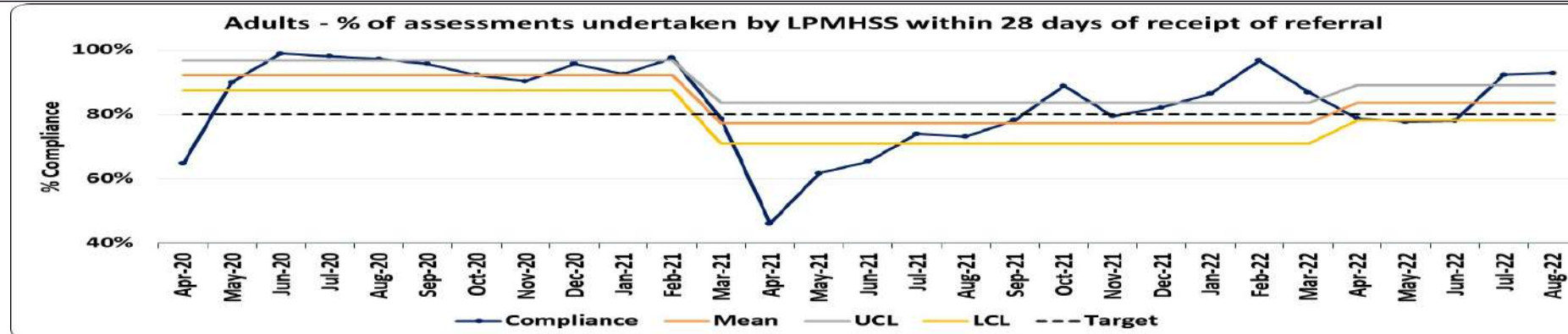


Status as at July 2022		
Health Board	Compliance	Rank
BCU	66.1%	1st
SB	55.9%	2nd
C&V	51.4%	3rd
AB	50.4%	4th
CTM	47.9%	5th
HDda	43.0%	6th

- Breast recovery plans continue, with noted improvements across all stages of the SCP in relation to total volumes.
- Breast unit launch planned for October 2022.
- Super Saturday clinics to assist clearing head & neck outpatient backlog
- Focus specifically on reducing backlog.
- Outsourcing of LAPB procedures (Local Anaesthetic Perineal Biopsy) agreed with start from 14th October
- Additional 1st OP and surgical lists created in September to clear backlog in skin
- One stop Gynaecology service commenced 26th September 2022
- CtheSigns launched

- Performance challenges for Lower and Upper GI, Gynaecology, Head & Neck and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 83% of all patients on the active SCP are at 1st outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked
- Delays in pathology, endoscopy and radiology continue, however improvement noted in total volumes.
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (92.8%) - Target 80%



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days.

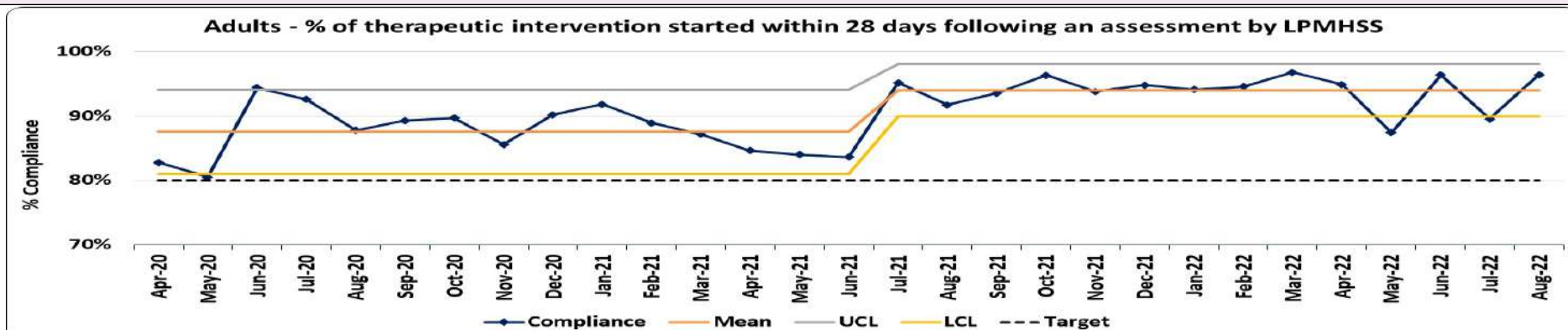
The adult mental health services compliance for August remained stable at 92.8%, having been relatively static at around 78% during the first quarter of 2022/23.

The number of referrals reduced further by around 14% during August compared to the previous month, bringing the total to 540. Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals for 2020/21 equating to 662 per month, average for 2021/22 being 823 and thus far for 2022/23, averaging 646 per month.

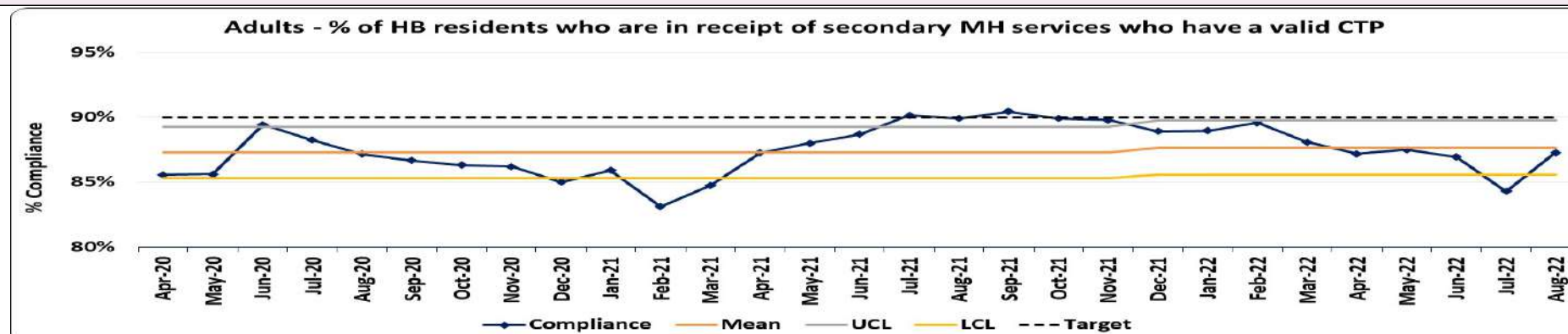
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (96.4%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS was at the same level as July (96.4%) with compliance continuing to remain above the 80% target for the adult services.

The total number of adult interventions during the month were 306, with the pre-Covid average being 333 per month. The total adult interventions commencing within 28 days during August amounted to 295 patients.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (87.3%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month improved during August to 87.3% compared to the previous month and remains within normal variation.

As seen in the chart to the left, compliance has remained just under the target threshold since April 2020, with the exception July and September 2021.

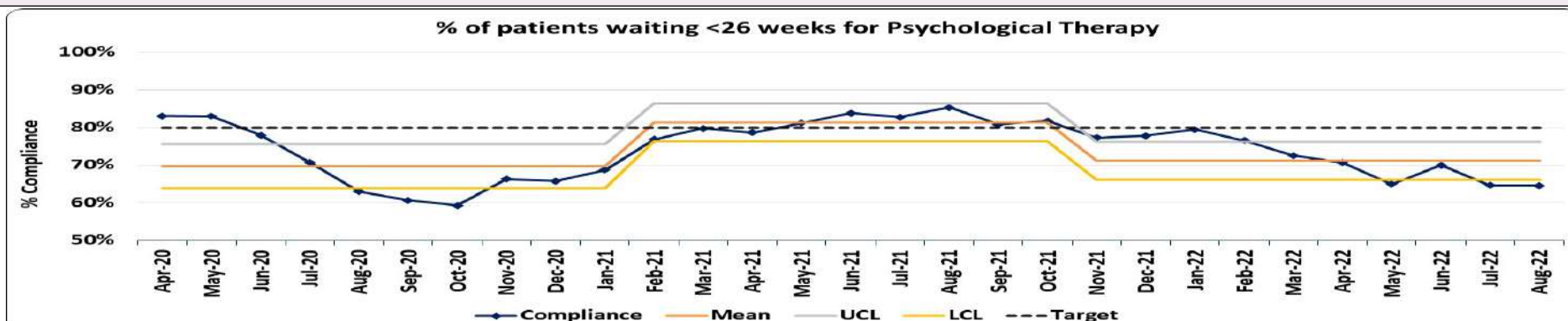
Part 3: There were no outcome of assessment reports sent during August.

% of patients waiting less than 26 weeks to start a Psychological Therapy (64.6%) - Target 80%

Psychological Therapies compliance during August remained almost static, with just under 65% of patients waiting less than 26 weeks and continuing to remain below the 80% compliance threshold.

The total number of patients waiting to start a psychological therapy, as at the end of August, equates to 864, which represents an increase of around 47% on the number of patients that were waiting at the end of August 2021 (586).

Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.



Adult Mental Health Services continued on the next page...

How are we doing and what actions are we taking?

Part 1a. compliance has slightly improved on the previous month from 92.3% to 92.8%. All areas of the Health Board are above target.

Part 1b. compliance continues to stay above target at 96.4%. All areas are above target.

Part 2 compliance for both Adult and Older Adult Services combined have improved to 87.3%, although it is below the target threshold of 90%. Adult Services saw an improvement 83.6% to 85.5% as did the and Older Adult Services from 85.2% to 87.3%.

Psychological Therapies - those patients who are waiting less than 26 weeks for a psychological therapy has increased from 542 to 558 and those who are waiting longer than 26 weeks has increased from 296 to 306 for the same period. This currently stands at 35% of the waiting list which is above the 20% tolerance.

When is improvement anticipated and what are the main areas of risk?

Part 1a. compliance continues to be a significant challenge for all areas with a reduction in staffing levels due to absences contributing to fluctuations in performance.

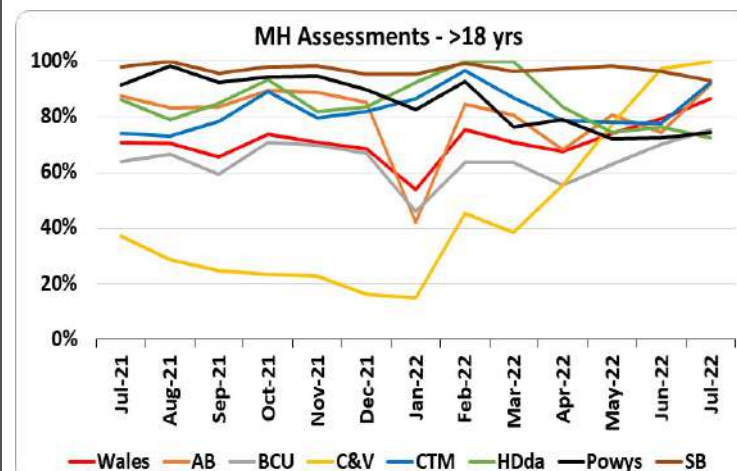
Part 1b. compliance continues to remain above target.

Part 2 compliance remains just below target. Close monitoring of compliance to continue to support teams in reaching the recommended target.

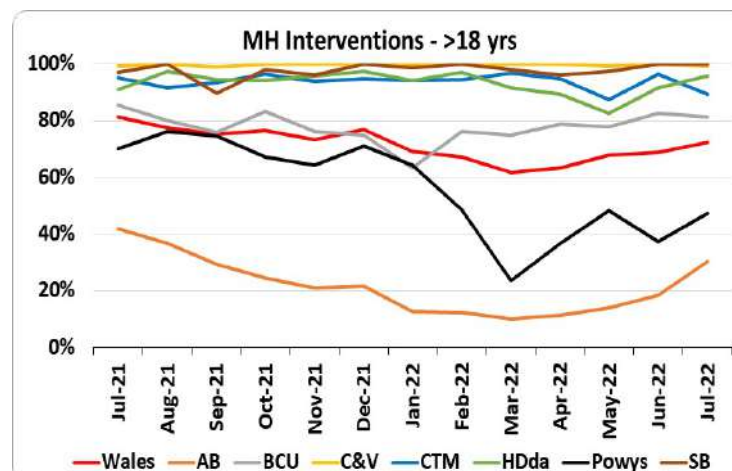
Psychological Therapies - improvements are dependent on support for the Recovery Plan to address the discrepancy between the demand of this service and the capacity available, whilst undertaking process redesign to ensure a right-sized system of care. A Programme Manager has been appointed to lead on this piece of work and is now in post. The Recovery Plan is identified as a priority for mental health. Work is being completed in LPCMHSS to ensure any outsourcing offers a 'like for like' in terms of quality and experience for service users.

The impact of Covid-19 continues to be the biggest risk to compliance improvements in the Mental Health Measures for Parts 1 & 2.

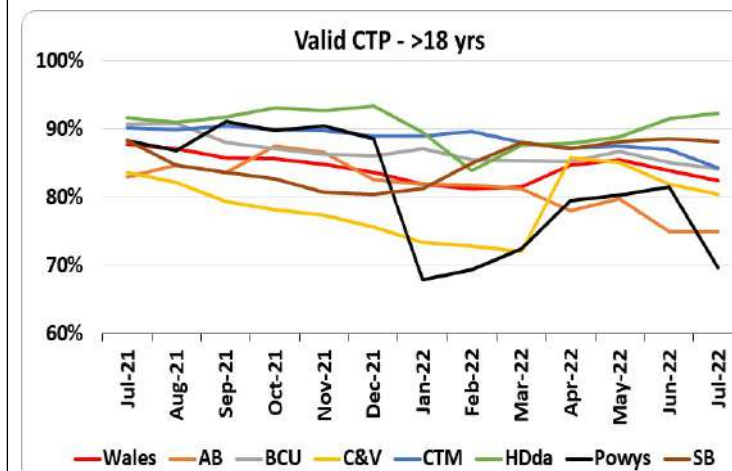
How do we compare with our peers?



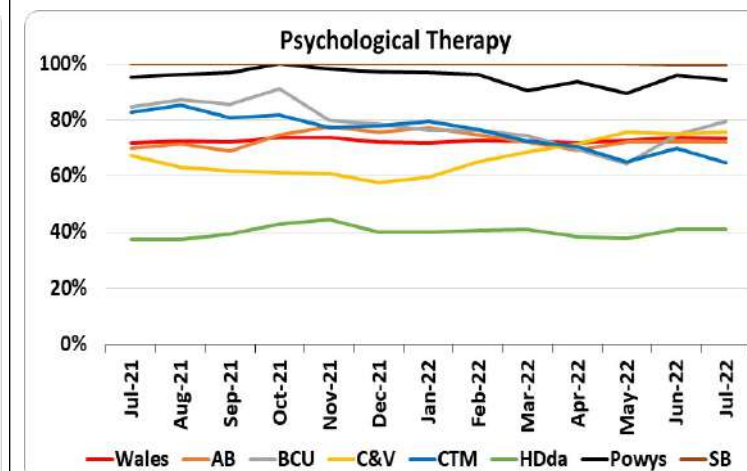
Status as at July 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	93.1%	2nd
CTM	92.2%	3rd
AB	91.9%	4th
BCU	75.3%	5th
Powys	74.2%	6th
HDda	72.3%	7th



Status as at July 2022		
Health Board	Compliance	Rank
SB	100.0%	1st
C&V	99.3%	2nd
HDda	95.7%	3rd
CTM	89.5%	4th
BCU	81.4%	5th
Powys	47.4%	6th
AB	30.2%	7th



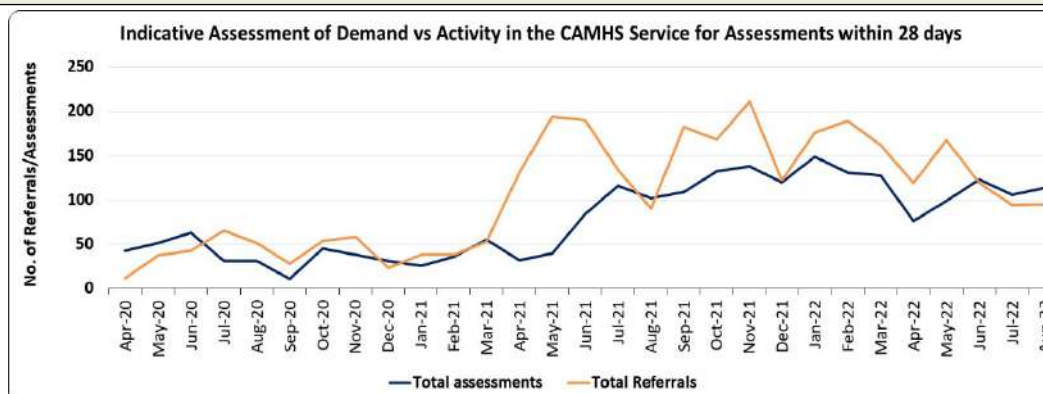
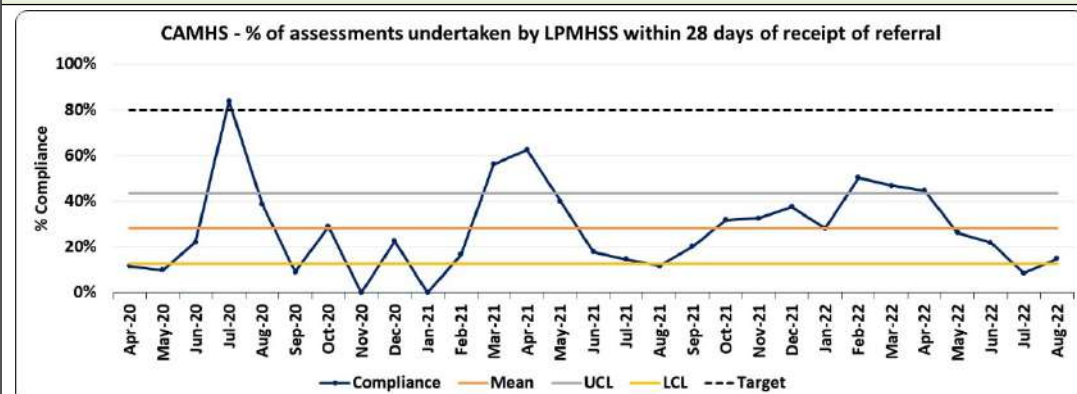
Status as at July 2022		
Health Board	Compliance	Rank
HDda	92.3%	1st
SB	88.2%	2nd
CTM	84.3%	3rd
BCU	84.1%	4th
C&V	80.4%	5th
AB	75.0%	6th
Powys	69.7%	7th



Status as at July 2022		
Health Board	Compliance	Rank
SB	99.8%	1st
Powys	94.3%	2nd
BCU	79.4%	3rd
C&V	75.7%	4th
AB	72.0%	5th
CTM	64.7%	6th
HDda	40.9%	7th

CTM Child & Adolescent Mental Health Services (CAMHS) – August 2022

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (14.9%) - Target 80%



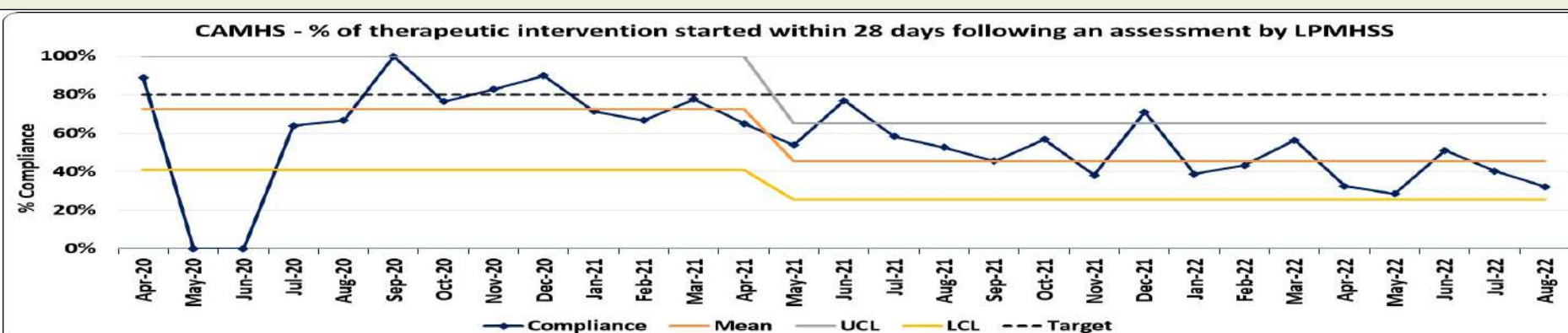
Compliance during August remained low with just 14.9% of assessments undertaken within 28 days of referral and remaining well below WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2nd left from June 2022, but further progress needs to be made in order to achieve the desired compliance.

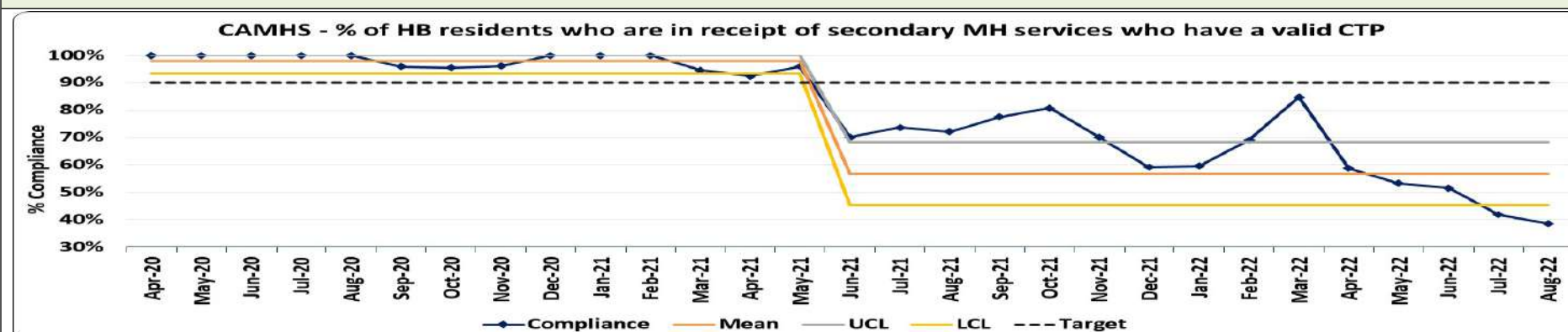
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (32.3%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell further this month to just under a third of the 65 interventions for August commencing within 28 days.

Compliance continues to remain well below the 80% threshold and the last time the target was met was in December of 2020 (90%).



% of HB residents who are in receipt of secondary MH services who have a valid CTP (38.7%) - Target 90%



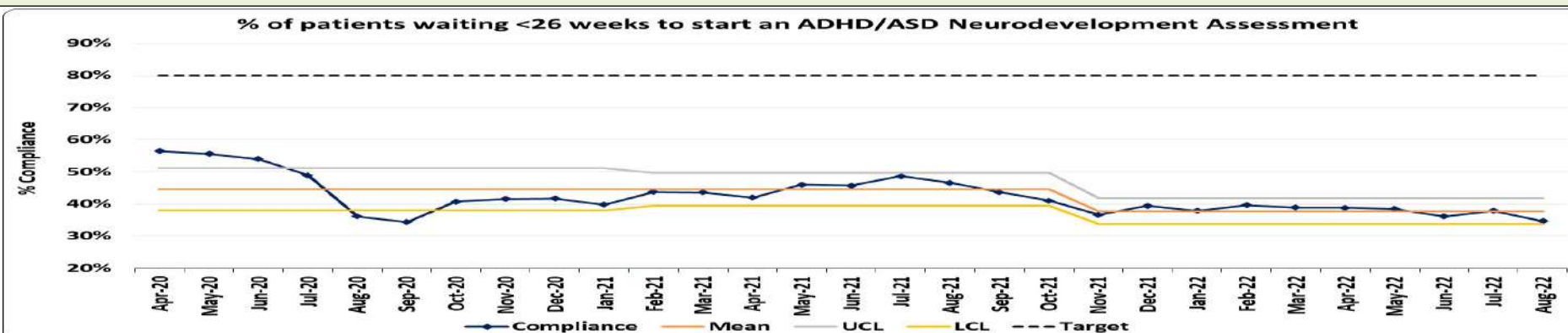
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month also fell further to 38.7% from 41.9% in the previous month and continues to remain below the set target (90%). The last time compliance was achieved was May 2021.

Part 3: There were no requests for a CAMHS assessment under Part 3 of the Mental Health Measure during August.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (34.7%) - Target 80%

The chart to the right highlights that nothing is changing significantly in the compliance against the 26 week target for Neurodevelopment services with compliance remaining low at 34.7% for August and continues to be well below the target threshold of 80%.

Additionally, the total waiting list volume continues to grow and now stands at 1,608 patients, just over 70% higher than the equivalent period last year.



CAMHS continued on the next page...

How are we doing and what actions are we taking?

Demand has reduced slightly during August 22 in line with seasonal demand. The acuity of the presentations of the CYP still remains high and evidenced by the increasing number of CYP requiring Part 2 in the service. There has been an expected slight decrease in the demand for crisis over the summer school holidays. The crisis service has extended to providing 24 hours cover on a Friday; Saturday; Sunday; Monday and a Tuesday as staffing levels increase with positive feedback from EDs on the impact on increasing discharges overnight and young people requiring less admissions.

The Rapid Intervention Service for Eating Disorders continues to experience similar level of referrals, although we are consistently seeing increasing level of clinically urgent patients. The demand has been on a sustained trajectory since October 2021. The Team are working on pathways with Paediatric colleagues and ensuring that all referrals are screened within 48 hours. The service aims to meet the NICE guidance whereby young people should be seen within 2 weeks of referral for assessment. More recently we have had funding approved to support additional medical time in the service alongside some additional nursing time.

The Community CAMHS team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. There has been a backlog of patients waiting to be seen over 28 days across all areas which corresponds with the lower performance in July and August as the service also saw a decrease in the number of referrals and patients who were deemed urgent alongside focusing on seeing the longest waiters first. We are progressing plans to consider alternative ways to run the groups in each locality with input from third sector organisations.

Patients presenting with higher levels of need and risks are being identified and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service (increasing to over 300 CYP) and further work is taking place to ensure these patients are allocated a care co-ordinator and have a valid CTP. Some detailed project work is being undertaken to put in place improvements and also identify the capacity gap in the service.

The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect and the team has met with GPs to discuss the service and referrals. With confirmation of funding from the Mental Health Service Improvement Funds the service is recruiting into a further 2 posts to support the development of liaison with primary care.

The In-Reach Service/Whole Schools Approach has been implemented from beginning of September and there is staff working within their cluster schools as planned. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

When is improvement anticipated and what are the main areas of risk?

Improvements: an improvement action plan and revised trajectories have been developed in order to improve compliance for all Mental Health Measures targets. This is being reviewed with the service team leads and senior staff on a fortnightly basis. Actions from this work include; movement of resources to areas of longest waits and supporting clinicians with identifying discharge plans as well as identifying ways to increase capacity by reducing non-clinical work as well as working with third sector partners.

Staffing has continued to be moved in some localities to support demand and waiting times and to increase capacity for assessments as well as interventions. This is reflected in the last few months with increasing number of assessments and reduction in the waiting list. Additional WLI have commenced to support additional capacity to target both the waiting times for assessment and the waiting times for intervention.

Whilst there has been a decline in the performance against the mental health measure, this is due to a reduced rate of urgency over the summer period (and aligns with lower demand) although the service has made a significant improvement in the number of patients on the waiting list for CAMHS, reducing from over 300 patients to now just under 200 patients. This is the lowest the waiting list has been in over a year. As a result we expect to see improvement in the number of patients being seen in 28 days into the Autumn period as there are now less patients waiting longer than 28 days for assessment. Average waiting time is now around 3.3 weeks

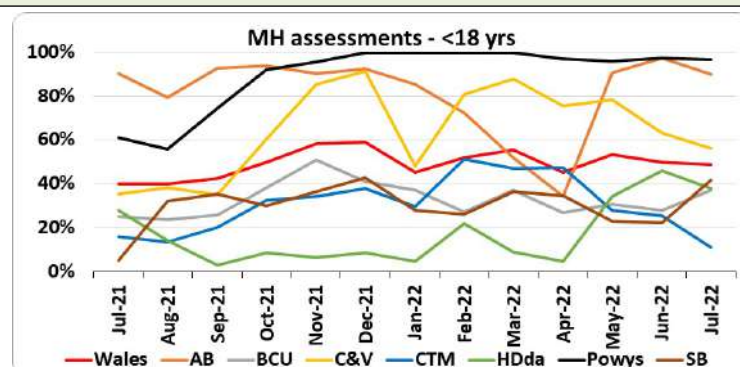
Plans have been implemented to improve Part 2 compliance. All CYP will be initially regarded as an eligible patient in receipt of secondary care and requiring a CTP. There has been an significant increase in number of identified CYP on Part 2 of the measure but recognition that there needs to be an increase in the number of patients with a valid CTP. Actions have been identified to support this area, including reducing non-clinical time and undertaking an analysis of numbers in each areas to determine the capacity gap.

The implementation of the groups across all sector areas will provide additional capacity and a different way of working which will support performance improvement in Part 1a. and Part 1b. The first groups have commenced, with some good evaluation and other groups in each locality are being developed. We are working with 3rd sector organization Mental Health Matters and have started discussions with Mind Cymru to consider roll out of some further groups to support those waiting as well as support patients deemed suitable for discharge. The service has had confirmation of funding from the Mental Health Service Improvement Funding in September and has progressed recruitment into these posts with interviews scheduled in October to support additional capacity into the Winter when demand increases.

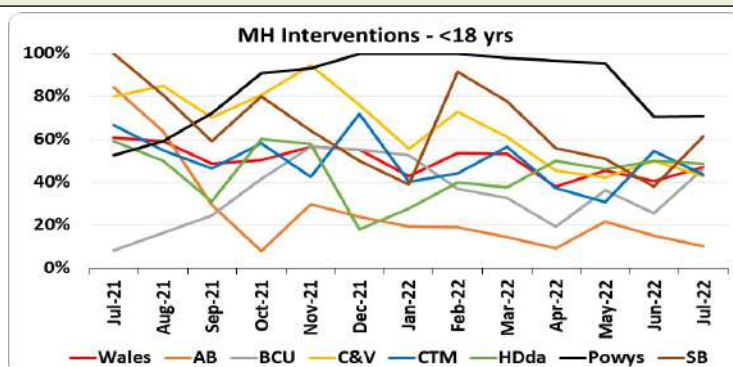
Main areas of risk

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

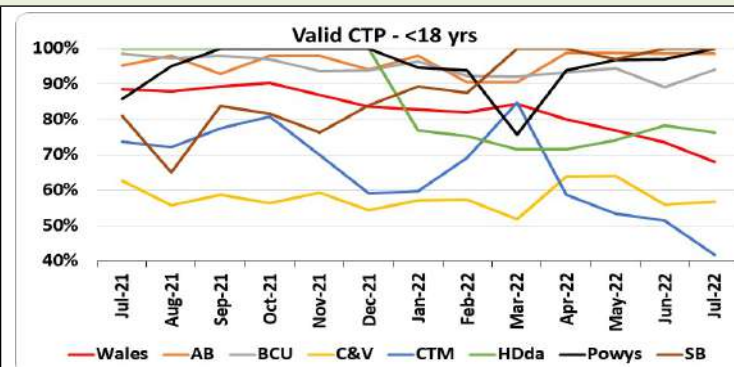
How do we compare with our peers?



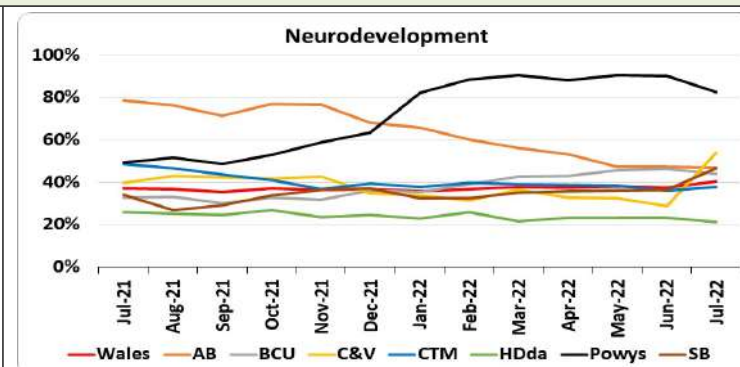
Status as at July 2022		
Health Board	Compliance	Rank
Powys	96.8%	1st
AB	90.1%	2nd
C&V	56.1%	3rd
SB	41.6%	4th
HDda	37.7%	5th
BCU	37.0%	6th
CTM	11.0%	7th



Status as at July 2022		
Health Board	Compliance	Rank
Powys	71.0%	1st
SB	61.5%	2nd
HDda	48.6%	3rd
BCU	46.5%	4th
CTM	43.6%	5th
C&V	42.9%	6th
AB	10.3%	7th

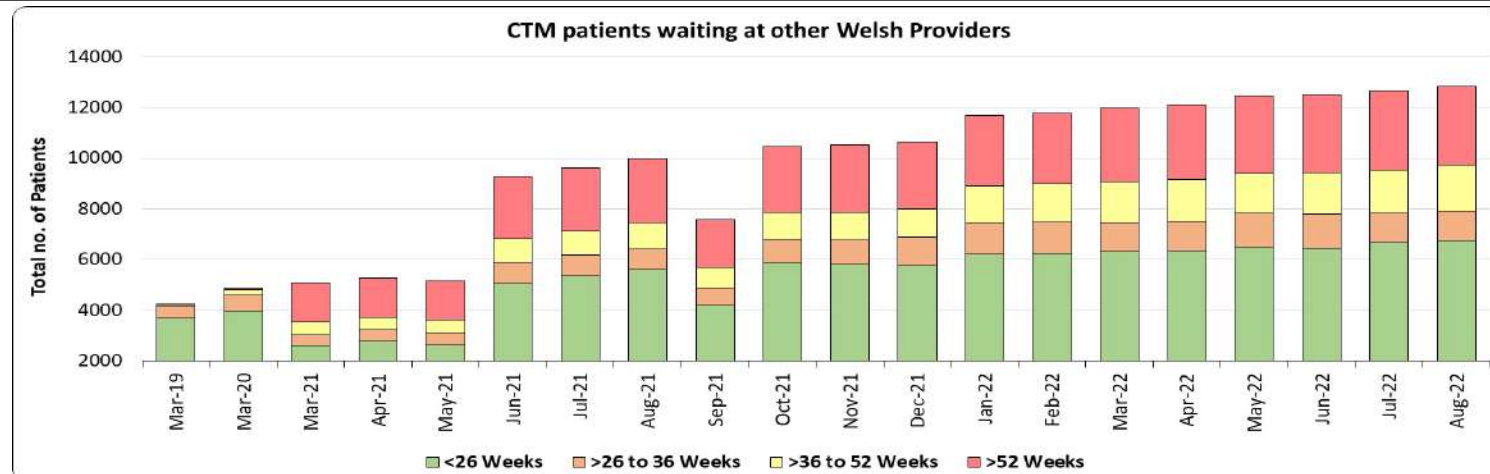


Status as at July 2022		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	100.0%	2nd
AB	98.6%	3rd
BCU	94.1%	4th
HDda	76.3%	5th
C&V	56.9%	6th
CTM	41.9%	7th



Status as at July 2022		
Health Board	Compliance	Rank
Powys	82.5%	1st
C&V	53.9%	2nd
AB	47.2%	3rd
SB	46.8%	4th
BCU	44.2%	5th
CTM	37.9%	6th
HDda	21.5%	7th

CTM Residents Waiting for Treatment at other Welsh Providers – **Please note that w.e.f. from June 2021, Swansea Bay UHB have applied a LHB residents code to their waiting list submission that has had the impact of revealing an increase in the number of CTM residents waiting for treatment at SB that were previously regarded as being their own residents. This does not affect the management of the patients as they have been reported on SB waiting lists and will continue to do so until the patients are treated. Please note that 50% of the CTM patients on the SB waiting list were submitted with an incorrect LHB code, resulting in a temporary reduction in the number of patients displayed for September 2021.*



Using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards. The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting for treatment at three specific Welsh providers together with a specialty breakdown of the number of patients waiting.

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in August is 4,889 of which 3,086 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 239 and there are just 2 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB		
Referral to Treatment Times (RTT)		
Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	201	724
Ophthalmology	82	240
Clinical Immunology & Allergy	44	161
General Surgery	37	68
Gynaecology	21	49
ENT	21	40
Urology	21	40
Oral Surgery	13	34
Paediatric Surgery	20	27
Dental Medicine Specialties	10	25
General Medicine	19	20
Dermatology	18	17
Neurology	609	7
Cardiology	14	5
Gastroenterology	12	4
Paediatric Dentistry	6	4
Restorative Dentistry	1	4
Neurosurgery	7	3
Pain Management	1	3
Clinical Oncology	0	2
Paediatrics	14	2
Rheumatology	0	1
Anaesthetics	3	0
Cardiothoracic Surgery	2	0
Clinical Pharmacology	1	0
Orthodontics	5	0
Paediatric Neurology	1	0
Grand Total	1183	1480

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	73	39
Cardiology	117	28
Physiological Measurement	19	14
Radiology	200	14
Imaging	4	0
Neurophysiology	1	0
Total	414	95

Therapies		
Service	Total Waits	>14 wks
SALT	4	1
Dietetics	8	0
Occupational Therapy	6	0
Physiotherapy	28	0
Podiatry	1	0
Total	47	1

CTMUHB Patients waiting at Aneurin Bevan UHB		
Referral to Treatment Times (RTT)		
Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	11	56
Urology	20	55
ENT	12	24
Ophthalmology	13	15
Oral Surgery	7	7
General Surgery	9	4
Orthodontics	3	2
Cardiology	3	0
Dermatology	2	0
Endocrinology	1	0
Gastroenterology	2	0
Gynaecology	1	0
Grand Total	84	163

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	22	15
Radiology	16	1
Cardiology	2	0
Physiological Measurement	1	0
Total	41	16

Therapies		
Service	Total Waits	>14 wks
Audiology	3	1
Dietetics	1	0
Physiotherapy	15	0
Total	19	1

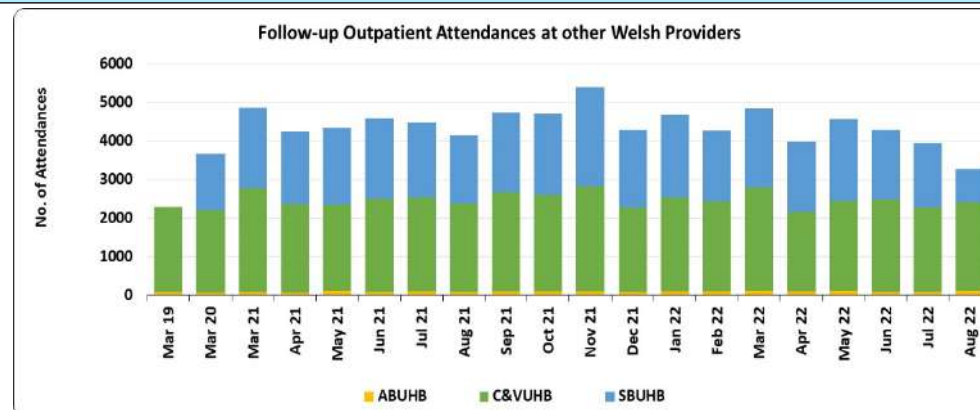
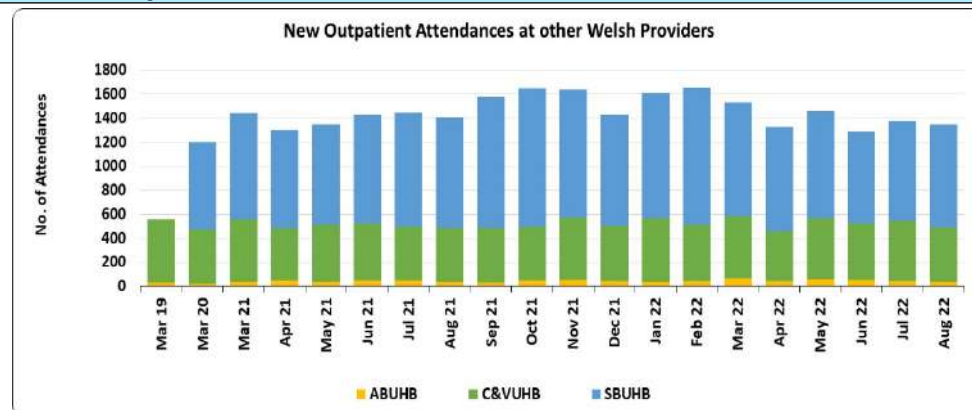
CTMUHB Patients waiting at Swansea Bay UHB		
Referral to Treatment Times (RTT)		
Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	186	552
Plastic Surgery	83	220
Trauma & Orthopaedics	51	215
General Surgery	52	147
Gynaecology	53	123
Orthodontics	32	101
ENT	5	23
Ophthalmology	9	16
Urology	3	16
Gastroenterology	11	15
Dental Medicine Specialties	3	7
Cardiothoracic Surgery	2	3
Paediatrics	4	3
Clinical Haematology	2	1
Neurology	18	1
Allied Health	19	0
Cardiology	2	0
Grand Total	535	1443

Diagnostics		
Service	Total Waits	>8 wks
Neurophysiology	165	72
Endoscopy	38	32
Cardiology	90	24
Total	293	128

Therapies		
No patients waiting for a therapy		

CTM patients waiting at specific health boards (RTT)						
August 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Total Patients	% waiting	Total Patients	% waiting	Total Patients	% waiting
<26 Weeks	3436	50.8%	292	47.9%	3005	55.4%
>26 to 36 Weeks	663	9.8%	70	11.5%	442	8.1%
>36 to 52 Weeks	1183	17.5%	84	13.8%	536	9.9%
>52 Weeks	1480	21.9%	163	26.8%	1443	26.6%
Total Waiting	6762		609		5426	
% of Total Waiting	52.7%		4.7%		42.2%	

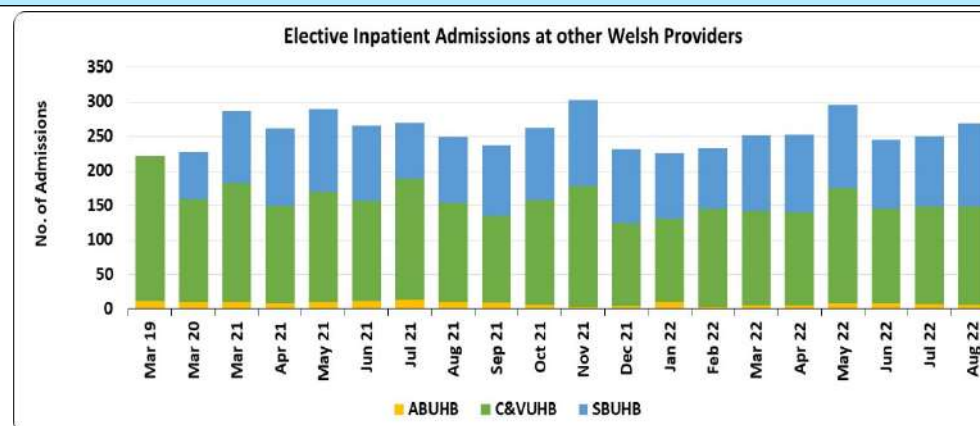
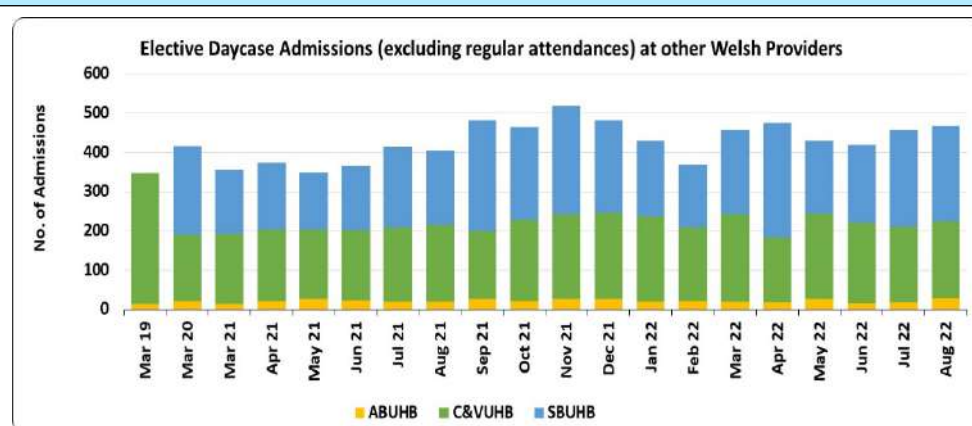
CTM Outpatient Attendances at other Welsh Providers



The August 2022 position (reported at September WHSSC meeting) continues to show marginal change from the previous reported positions overall with some marked improvement in Cardiac Surgery.

52-week waiters for Cardiac Surgery in Cardiff and Vale UHB reduced in July and in August; there were no patients waiting more than 52 weeks and two patients waiting up to 51 weeks. This is following improvement action (WLI). Swansea Bay reports that it is on track for the new outpatient targets in Cardiac Surgery, however there remain long waits for treatment albeit small volumes.

The volume of CTMUHB residents with over 52-week waits for Neurosurgery reduced by one and the list remains relatively stable.



Cardiff and Vale reports an anticipated increase in Paediatric Surgery elective activity for quarter four. During August there was a marginal improvement in over 52-week waits.

Plastic Surgery new outpatient activity is at contracted volumes, however elective and emergency activity remains significantly below contracted levels. The UHB reports a gap of 23 new appointments per month to address the >52 week waits by December 2022. There is an ongoing challenge of elective cancellations due to lack of beds and theatre capacity remains below pre-COVID-19 levels. (31 sessions pre COVID - currently 15.5 sessions). The number of CTMUHB residents with over 52-week waits increased further during August 2022.

2.4 Finance update – Month 5

At the time of writing this report the Month 6 Finance update is not available, however the Month 5 position is as follows:

The M5 YTD position is a £13.4m deficit. This represents a £2.4m adverse variance compared to 5/12th of the £26.5m Core plan deficit. It is important to note that circa £1.3m of this adverse variance is due to the instruction in the M1 response letter for us to remove any assumed Covid funding for income losses and ICT/home working costs both of which are due to Covid.

As at M5 the key issues to highlight are as follows:

- **Core Plan Forecast** - We are maintaining a forecast Core plan deficit of £26.5m. Please note that the removal of Covid funding for income losses and ICT/home working costs represents a £3m risk to the Core plan. At this stage it is unclear if the HB can deliver an additional £3m of savings to cover the loss of Covid funding assumed in the financial plan and this has been included in our Risk table.
- **Exceptional Items** - We are forecasting a £5.8m increase in Exceptional items over M4 which reflects the latest information from NWSSP on energy costs. The annual forecast of £26.6m includes actual costs for £4m and estimated costs for £8m. The forecast costs from NWSSP are showing a significant step up in costs from October 2022.
- **COVID Programme Costs** - We are forecasting a decrease in COVID programme costs of £1.0m, due to a £1.1m decrease in Mass Vaccination offset by an increase of £0.1m for PPE.
- **Other COVID Response Costs** - The M5 forecast assumes that certain COVID related costs will continue to the end of Q4, this was previously reported as a risk, the risk has now been removed from the Risk table.
- **Annual Leave** - Our M5 forecast assumes a release of £6.0m with a further £4.0m shown as an opportunity. As at M5, we have released £2.5m of the accrual which is 5/12ths of £6.0m.

- **Key risks and opportunities** - The risks to the M5 position remain significant with a total net risk of £48.1m. This includes £49.2m for Covid and Exceptional items.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2 The following issues/risks have been identified in relation to the **Quality** quadrant:
- Post pandemic recovery and increased demand and pressures of unscheduled care, patient flow and discharge difficulties for patients requiring ongoing support, continues to have considerable and ongoing consequences on the experience of patients and the ability of the HB to provide continuity around its core business.
 - The proposals in relation to a changed operating model presents challenges in ensuring the quality, patient safety and people's experience agenda remains well led and managed throughout.
 - Ensuring robust implementation of the RLDatix system, alignment to the new operating model and progressing the ambition to develop an IT infrastructure to ensure up-to-date high quality data that is readily accessible, enables triangulation and is meaningful.
 - Gaining health board wide assurance of the breadth of UHB services, especially during a period of significant change in its operations.

Actions to address these issues and risks are in place in the improvement action plans relating to the targeted intervention areas. Beyond this, the Health Board requires an ambitious pursuit of quality and safety in all it does to provide excellence in service delivery to the population of CTM.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.



Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Not yet assessed
	Yes (Include further detail below)
Resource (Capital/Revenue £/Workforce) implications / Impact	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
	Improving Care

5. RECOMMENDATION

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.



AGENDA ITEM

5.4

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ANNUAL PLAN 2022-23 UPDATE ON DELIVERABLES

Date of meeting

25/10/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Elizabeth Beadle, Assistant Director of Transformation

Presented by

Linda Prosser, Executive Director of Strategy and Transformation

Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Choose an item.

ACRONYMS

CTM

Cwm Taf Morgannwg University Health Board

IMTP

Integrated Medium Term Plan

PPF

Planning, Performance and Finance

WG

Welsh Government

1. SITUATION/BACKGROUND

- 1.1 For 2022-2023 Cwm Taf Morgannwg University Health Board (CTM) identified that it would not be possible to submit a financially-balanced three year Integrated Medium Term Plan (IMTP) and consequently developed an Annual Plan.
- 1.2 The Annual Plan was submitted to Welsh Government (WG) and the Health Board received formal notification from Welsh Government on 13th July 2022 that the Annual Plan would be subject to ongoing monitoring via the Performance Framework and Integrated Quality Planning and Delivery (IQPD) meetings between Welsh Government (WG) and Health Board officials.
- 1.3 This report provides an update on progress in relation to the development of the level 2/3 weight management service, a brief summary of key quantitative performance highlights in the Performance Framework 2022-23 and details of the recent qualitative reporting submission process.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 **Annual Plan 2022-23 Progress Update – Weight Management Pathway**

- 2.1.1 A priority action in the 2022-23 Annual Plan was the implementation of the Health Board's level 2/3 weight management service for adults with an enhanced level 1 offer (Food Wise).
- 2.1.2 This work programme is progressing well. The level two service has commenced and recruitment is largely completed across the multi-disciplinary team.
- 2.1.3 Key metrics have been identified to measure progress with implementation and service process and outcome measures. Further details are available in the formal submission for Welsh Government (please refer to section 2.3 below).

2.2 **Welsh Government Performance Framework**

- 2.2.1 The Welsh Government Performance Framework sets out the expectations for organisations to report on delivery against both quantitative and qualitative measures.

- 2.2.2 The Integrated Performance Report provides the Health Board's Performance against the Welsh Government Performance Framework and other key deliverables for the organisation on a monthly basis.
- 2.2.3 Key points to note from the September 2022 report included confirmation that the Health Board is presently compliant with two of the twenty nine performance measures and is making progress towards delivering a further two. There remain twenty five measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.
- 2.2.4 The report further highlighted that been good progress during July 2022 in the Adult Mental Health Services measures. Part 1a of the Mental Health Measure has seen an upswing in compliance to 92.3% having been relatively static during the first quarter of 2022/23 at around 78%.

2.3 **Welsh Government Qualitative Reporting:**

- 2.3.1 The Health Board is required to report to Welsh Government bi-annually providing qualitative submissions on a suite of nine areas.
- Progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway **(Appendix 1)**
 - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy **(Appendix 2)**
 - Progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites (Reported via Six Goals)
 - Progress to develop a whole school approach to CAMHS in reach services **(Appendix 3)**
 - Progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis **(Appendix 4)**
 - Progress against the priority areas to improve the lives of people with learning disabilities **(Appendix 5)**
 - Progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan **(Appendix 6)**
 - Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme **(Appendix 7)**

- Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes (**Appendix 8**)

2.3.2 The first submission was provided by the Health Board in September 2023, covering the reporting period for quarters one and two of 2022-23. All nine reports are appended to this report.

2.3.3 The Health Board will be required to provide a further submission covering the second reporting period from September 2022 to March 2023 in April 2023. Monitoring and review for this period will inform the development of the three-year IMTP.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Work programmes continue to deliver improvement in service delivery measures.

3.2 The qualitative reporting requirements have been met and progress is being made in the areas supported by the qualitative reporting templates. The full submissions are provided for information.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	The annual plan covers the requirements of all Healthcare Standards.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	The IMTP is a strategic document and does not specifically make changes to any policies and services. Any requisite changes will be supported by a full EIA, where required.
	There are no specific legal implications related to the activity outlined in this report.



Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The PPF Committee is asked to **NOTE** the Annual Plan 2022-23 Update.

Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation	CTMUHB	Allocation	£439,000	Date of Report	14 th September 2022	Report Prepared By	Gary Howell, Head of Nutrition and Dietetics, Dan Clayton, Principle Public Health Practitioner and Hannah Crocker, Project Lead, Life Sciences Hub Wales
---------------------	--------	-------------------	----------	-----------------------	---------------------------------	---------------------------	---

The Deputy Minister for Mental Health, Wellbeing and Welsh Language agreed funding of £6.5m to support the delivery of Healthy Weight: Healthy Wales, which included £2.9m to deliver Pathway Transformation Plans. The Children and Families Pathway is one in a series of documents laying out the components, standards and guidance to support the development and delivery of weight management services across Wales. The pathway sets out the key elements and principles underpinning the planning, commissioning and delivery of weight management services for the population of Wales.

Reporting Schedule: The Adult and Children's Weight Management Pathways timetable for funding and reporting is detailed below:

- Submission of Draft Plan – 30 April 2022
- Peer Review of Plan – 18 May 2022
- Final Sign Off of Plans – 30 June 2022
- Interim Report – 14 September 2022
- Final Report – 14 April 2023

Progress against the organisation's plan is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

To be completed by Welsh Government on receipt of Monitoring Form

Total allocation	£
Total spend	£
Total agreed	£
Total reimbursement	£

Update on the actions implemented during the current operational year to advance the development of the AWWMP in the health board's day to day activities

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Planning						
1. Ethos of Healthy Weight: Healthy Wales is embedded into service change/transformational programmes and service delivery plans	1.1: Ensure that Healthy Weight: Healthy Wales is a core priority in the HB's CTM2030 strategy for creating health in our population.	<p>RISK 1.1: There is a risk that without strong governance arrangements the ethos and implementation of the strategy will not be met.</p> <p>ACTION 1.1: Establish governance arrangements for WMS linking into CTM Healthy Weights group and Public Health and Primary Care Oversight Group.</p> <p>TIMELINE 1.1: September 2022</p>	<p>1.1: Weight management services are a core priority in the CTM2030 strategy in creating health and improving care (Please see Appendix 1). Strengthening of the WMS governance structure was undertaken to support service implementation, following funding allocation. (Please see Appendix 2).</p> <p>WMS is part of wider "CTM Health Weights" (wider determinants) strategy group. WMS reporting is via the Public Health and Primary Care Oversight Board chaired by the Exec Director of Public Health.</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	1.2: Align CTMUHB weight management service (WMS) pathways with other HWHW initiatives throughout the health board.	<p>R1.2: There is a risk that patients on other pathways who would benefit from the WMS may be overlooked without alignment of services.</p> <p>A1.2: Aim to have single access point for WMS and members of the implementation board who are involved in other work within health board to ensure alignment.</p>	<p>Healthy people, healthy settings, developing leadership, enabling change and healthy environment are all keen themes within the CTM 2030 strategy and the HB values and behaviours.</p> <p>1.2: Members of the Implementation Board are engaged in work to align the WMS to other work within the HB, such as All Wales Pre-diabetes programme, local pre-diabetes programme, Fatty Liver pathway development, R&D group, diabetes education and WISE (Wellness Improvement Service) for example. The weight management</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	<p>1.3: Ensure systems in place for continual development of the service.</p> <p>1.4 Ensure that Make Every Contact Count (MECC) is adopted throughout the health board</p>	<p>T1.2: December 2022</p> <p>R1.3: There is a risk that we could miss key opportunities to include novel innovations/transformational programmes into the service that would benefit patients.</p> <p>A1.3: Meet regularly with key R&D, academic and industry partners to discuss the service and research opportunities.</p> <p>T1.3: October 2022.</p> <p>R1.4: There is a risk that we won't be treating patients holistically to maximise</p>	<p>service also reports to CTMUHB's Value Based Health Care board to ensure alignment and realisation of benefits.</p> <p>1.3: Included key stakeholders in the continual development of the weight management service via multi-professional steering group and established WMS R&D group.</p> <p>1.4: Working closely with the LPHT MECC lead to develop a weight specific programme delivered to priority health</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	1.5: Ensure sufficient psychological support is embedded into the WMS.	<p>patient outcomes at every contact.</p> <p>A1.4: Working closely with local public health team MECC lead to develop training programme for staff.</p> <p>T1.4: On-going.</p> <p>R1.5: There is a risk that some patients will require psychological support to support their weight management as obesity is linked to a range of psychological triggers.</p> <p>A1.5: Recruitment of highly specialist psychologist to inform service development.</p> <p>T1.5: September 2022.</p>	<p>board staff (primary care, outpatients) as well as wider delivery to local authority staff. This will ensure that non-stigmatising, empathetic behaviour change conversations can take place with all patient groups and residents in CTM.</p> <p>1.5: A highly specialist psychologist has been recruited to ensure all parts of our pathway are psychologically informed and dignified for service users and patients. In many cases there is a need for specialist psychologically informed support through a skilled team of professionals to support positive lifestyle change.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
		T2.1.2: December 2022.				
2. Progress against Level 2 services 2.2 Adults	2.2.1: Undertake process of discovery with health boards across Wales to support the implementation of the CTM WMS. Explore service set up, pathways, group interventions, workforce core competencies and resource required.	<p>R2.2.1: There is a risk that inefficiencies observed by the other health boards during set up could be repeated by CTMUHB.</p> <p>A2.2.1: Collaborative and preventative conversations between health boards to discuss services and lessons learned.</p> <p>T2.2.1: September 2022</p>	<p>2.2.1: Meetings with other health boards service managers to understand their requirements and lessons learned. Collaborative working and learning from each other. Engagement with CAVUHB, ABUHB, HDUHB and BCUHB to date. Following each meeting the information gathered is shared with our WMS team and discussed at the implementation group. This information is now being used to influence the WMS delivery plan for CTMUHB. Strong working relationships with other WMS have been developed.</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	2.2.2: Establish workforce for CTMUHB L2/3 weight management service.	<p>R2.2.2: There is a risk that the start of the service would be delayed due to issues with staff recruitment.</p> <p>A2.2.2: Improve attractiveness of job descriptions and options for hybrid working offered to incentivise staff.</p> <p>T2.2.2: Please see timelines for recruitment in following box and Appendix 3.</p>	<p>2.2.2: Across the Level 2/3 service we have successfully recruited to:</p> <ul style="list-style-type: none"> - project support officer - 3x dietitians - 2x dietetic assistants <p>We are actively recruiting to:</p> <ul style="list-style-type: none"> - Service manager (second time of advertisement, interviews planned for w/c 26th September 2022). - Physiotherapist (interview planned for end of September 2022) - 2x administrators (interview planned for end of September 2022). - 2x dietitians (interviews w/c 26th September 2022). 			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	2.2.3: Validate Adult WMS waiting list.	<p>R2.2.3i: There is a risk that the number of patients on the waiting list will outweigh the capacity of the new WMS service, as there are currently 894 patients on the WMS waiting list.</p> <p>A2.2.3i: New waiting list validation process established and implemented.</p> <p>T2.2.3i: September 2022.</p> <p>R2.2.3ii: There is a risk that the admin processes could cause delays as there is currently limited admin capacity to undertake the validation process.</p> <p>A2.2.3ii: We have advertised additional admin posts and offered additional admin time to therapies admin staff.</p>	<p>2.2.3: New waiting list validation process agreed and commenced. Letters sent to patients to establish if they still require WMS and to identify preferences of service delivery (face to face or virtual). To support patients with the virtual groups we have linked with NHS virtual volunteers who support patients to get online.</p> <p>Also established weekly highlight reports/dashboard on validation process to track numbers of validation letters sent and patient responses.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	<p>2.2.4 Standardise outcomes within CTM WMS multi-disciplinary team.</p> <p>2.2.5: Develop single point of access, referral criteria, pathways and design interventions to meet the needs of our population.</p>	<p>T2.2.3ii: September 2022.</p> <p>R2.2.4: There is a risk that poor reporting of minimum data set will lead to an uncoordinated approach to outcomes and benefits.</p> <p>A2.2.4: Development of a WMS outcomes framework including process around reporting and alignment into current HB digital systems.</p> <p>T2.2.4: October 2022.</p> <p>R2.2.5: There is a risk that the start of the service will be delayed due to this being a new service and all pathways, referral criteria and patient information needs to be developed and refined through quality</p>	<p>2.2.4: WMS outcome framework being developed to support the reporting of the WG minimum data set and the collection of PROMS and PREMS. This will ensure a coordinated approach across the service and by each professional group. This work is being supported by the HB's VBHC team. Further work is required to establish digital integration of outcomes framework once this is established.</p> <p>2.2.5: Networking with other WMS, leading to sharing of information. Understanding of their mistakes in implementation and lessons learned has</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
		<p>improvement process, which will take time.</p> <p>A2.2.5: We have met with other HBs to understand their service configurations, pathways, referral criteria and group interventions. Reviewing this information and establishing the local procedures are the priorities of the newly appointed clinical lead dietitian and psychologist.</p> <p>T2.2.5: November 2022</p>	<p>helped refine our own implementation.</p> <p>Digital options for single point of access are being developed via MS forms. Clinical psychologist post commenced 6th September 2022 and we have negotiated early start for clinical lead dietitian (started 1 day week 26th Aug 2022) who will review the other HB information and develop local procedures. They will also review the emotional regulation offer for L1/L2 services and the CAVUHB "Eating for Life" programme. Met with CTM stakeholders such as primary care directorate, WISE (Wellness Improvement</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	2.2.6 Commence level 2 WMS groups (virtual and face to face).	<p>R2.2.6i: As per risk 2.2.3 and</p> <p>R2.2.6ii: There is a risk that there will be a delay to the L2 service delivery as we will need to develop group content, patient information, pathways etc. prior to the implementation of the service both virtually and face to face. This programme will also need to be tested and validated to meet the L2 offer.</p> <p>A2.2.6ii: Agreement with CAVUHB to utilise their 'Eating for life' programme to ensure short timeframe</p>	<p>Service), Liver MDT and Staff Wellness Service (WM service) to ensure alignment of services, collaboration and development of integrated pathways.</p> <p>2.2.6: Collaborative working with CAVUHB WMS to ensure quicker implementation of service, through the use of 'Eating for Life' programme. Tailoring of service planned upon recruitment of professional service manager, WM specialists and feedback from patients.</p> <p>Through waiting list validation, patient can choose mode of delivery (face to face or virtual) to meet</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	2.2.7: Secure project management support for L2/3 WMS implementation.	<p>from recruitment to service delivery.</p> <p>T2.2.6ii: August 2022.</p> <p>R2.2.7: There is a risk that without coordinated project management support and in the absence of the service manager (due to recruitment difficulties) the implementation of the L2/3 WMS would be piecemeal and will not deliver at the pace that is required for our population.</p> <p>A2.2.7: Project management support secured from Life Sciences Hub Wales for the implementation of the L2/3 adult WMS.</p> <p>T2.2.7: July 2022</p>	<p>their needs, including support to help digital inclusion.</p> <p>2.2.7: Due to recruitment issues with the service manager post we identified the need for senior project management support. With the support of the UHB's Project Management Office we have secured project management support from Life Sciences Hub Wales to develop an implementation plan and support its implementation.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	2.2.8: Develop communications plan for L2/3 WMS.	<p>R2.2.8: There is a risk that poor communication of service to health professionals and service users will result in the service not reaching desired target population, or poor referrals with lack or limited information.</p> <p>A2.2.8: Develop communication plan to cover launch of service, how to refer and single point to access. Engage with CTM communications team.</p> <p>T2.2.8: October 2022</p>	2.2.8: Working with stakeholders to engage with service design and ensure pathway alignment. Communication plan to be developed in October 2022 and meet with CTM comms team to discuss plans, social media presence and how best to communicate new service information.			
<p>2. Progress against Level 2 services</p> <p>2.3 Maternity</p>	2.3.1: Continue to deliver Bump Start service for those with BMI > 40.	<p>R2.3.1: There is a risk that there will be no dietetic workforce to support the delivery of Bump Start.</p> <p>A2.3.1: Develop business case for dietetic support for Bump Start and to ensure on-going quality assurance of nutritional component of service.</p>	2.3.1: This service has been running for 7 years, and is provided by public health midwives. BMI > 40 accounts for 8.2% of the population in CTMUHB and 93% were referred (reasons for non-referral include late	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
		<p>limitations of the BMI inclusion criteria.</p> <p>A2.3.2: Review BMI inclusion criteria and impact on service demand and capacity.</p> <p>T2.3.2: December 2022.</p>	<p>11% of pregnant population and is provided by community midwives. 89% were referred to the service. Average weight gain during pregnancy was 7 kg, low birth rate was 7.3% (2.6% were full term babies). Further outcomes and acceptability of the service is about to be audited. Quality improvement within maternity supporting development of service. Breastfeeding rates have increased from 46% (20-21) to 50% (21-22). Continue to align maternal weight management support with adult weight management offer and Children and families pilot in Merthyr (PIPYN).</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
3. Progress around Level 3 services	3.1.1: Establish Children's weight management implementation group in line with weight management governance structure.	As per section 2.1.1	As per section 2.1.1	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.
3.1 Children and Young People	3.1.2: Establish business case for children's WMS.	As per section 2.1.2	As per section 2.1.2			
	3.1.3: Ensure the most vulnerable children with high complexity are offered weight management advice.	R3.1.3: There is a risk that the number of patients requiring unfunded dietetic services may out-weigh the service capacity. The current dietetic offer to children with highly complex needs is not part of a formal pathway or MDT but is based on individual clinical need. A3.1.3: On-going monitoring of referral numbers into dietetic 1:1 clinics. T3.1.3: On-going.	3.1.3: In the absence of a formal Level 2/3 Children's weight management service, 1:1 dietetic led services are offered to a small subset of children referred with the most urgent need. Assessment of need is based on individual referrals. Between June and Aug 2022, 50 referrals have been received and either seen by dietetics or signposted to first line advice or HENRY.			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Planning						
3. Progress around Level 3 services 3.2 Adults	<p>In addition to the progress outlined in level 2 adult service (section 2.2) the following describes specific activity targeted at level 3.</p> <p>3.2.1: Establish workforce for Level 3 weight management service.</p>	<p>R3.2.1: There is a risk that the start of the service will be delayed due to issues with staff recruitment.</p> <p>A3.2.1: Improve attractiveness of job descriptions and options for hybrid working offered to incentivise staff. Work with medical directorate regarding job planning of consultant lead post and nurse post. Work with primary care directorate for GPwER post.</p> <p>T3.2.1: Please see timelines for recruitment in following box and Appendix 3.</p>	<p>3.2.1: In addition to the staff described in 2.2.2 Level 2 adult service, we have successfully recruited to the psychology lead (6th Sept 22).</p> <p>We are actively recruiting to:</p> <ul style="list-style-type: none"> - 0.2 WTE Secondary care consultant lead – Adding 0.2 wte to existing job plans is proving difficult therefore in decision with medical directorate they are advertising a 0.6 wte diabetes role which will allow job planning of Diabetes and 	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
			<p>Endocrine consultant to support WMS lead post. Currently out to advert (closing on 29th Sept 22).</p> <p>- GPwER – Working with primary care directorate to develop the expression of interest and GPwER scope and job roles prior to advertising.</p> <p>- 0.2 wte Band 7 nurse, discussions are ongoing with medical directorate around this role and how best to utilise. We are exploring the option of combining this within an existing diabetes nurse post.</p> <p>- Physiotherapist role. Currently exploring internal expressions of interest to scope physiotherapy service</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	3.2.2: Develop appropriate pathways for the use of weight loss medication	<p>R3.2.2: There is a risk that the pathway and number of referrals for Saxenda will be inappropriate as the number of patients eligible to receive weight loss medication Saxenda is unknown in CTM and there is currently no local pathway for its use.</p> <p>A3.2.2: Recruit to secondary care consultant to provide oversight of pathway development.</p> <p>T3.2.2: November 2022</p>	<p>needs. Interviews planned for end of September 2022.</p> <p>3.2.2: Engaged with medical directorate, executive director of public health to expedite job planning and recruitment to secondary care consultant. Engaged with other health boards, pharmacy and Novonordisk around Saxenda pathway. Currently exploring option of GPwER prescribing (learning from ABUHB experience) if unable to recruit to secondary care consultant.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	3.2.3: Undertake L3 service location appraisal.	<p>R3.2.3: There is a risk that the location of the service may not be the most appropriate for this patient group.</p> <p>A3.2.3: Early discussions and involvement of Health & Safety team to ensure appropriateness and maintain patient dignity and safety.</p> <p>T3.2.3: July 2022.</p>	3.2.3: Location confirmed for Level 3 MDT service. Newly refurbished bariatric space in Dewi Sant Hospital & designated time in new outpatients clinic space in St Marks building on RGH site. Met with Health and Safety team regarding clinic space. All equipment purchases are supported by health and safety team to ensure patient dignity and safety.			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Planning						
<p>4. Comments/updates on Level 1 and Level 4</p> <p>4.1 Children & Young People Level 1 Weight Management Service Update</p>	<p>4.1.1: Continue planning and development of Children and Families Pilot Merthyr (PIPYN) and its referral pathway and criteria.</p> <p>4.1.2: Delivery of a range of evidence based services through Public Health Dietetics / Nutrition Skills for Life: - 2x Community Food and Nutrition Skills for the Early Years - 2x Community Food and Nutrition Skills for schools - Healthy Snack Award</p>	<p>R4.1.1: There is a risk that the service will outweigh the capacity of the dietetic and school staff.</p> <p>A4.1.1: Additional funding approved by WLGA to pilot dietetic coordination in Merthyr.</p> <p>T4.1.1: from September 2022.</p> <p>R4.1.2: There is a risk that there will be insufficient staff as recruitment to key roles has been problematic.</p> <p>A4.1.2: Local public health team resource has been utilised to support programme implementation.</p> <p>T4.1.2: from September 2022.</p>	<p>4.1.1: Steering group met and TOR developed. Recruitment of family support workers and administrative staff. Family engagement questionnaires produced.</p> <p>4.1.2: Delivery of a range of evidence based services through Public Health Dietetics / Nutrition Skills for Life and Community Food and Nutrition Skills for Schools. Continued to try to recruit and to be flexible within the roles. Utilise underspend to recruit ex-head teacher to support planning of the programme.</p>	<p>Please see Welsh Government quarterly return for Children's and Families.</p>		

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	4.1.3: Increase knowledge, referrals and uptake of HENRY.	<p>R4.1.3: There is a risk of low level engagement with the programme from both referrers and families.</p> <p>A4.1.3: In-house awareness sessions developed to be delivered to health and wider key stakeholders. Additional sessions added to the service offering (virtual, face to face, 1:1 and evening sessions) to increase uptake for working families.</p> <p>T4.1.3: On-going.</p>	<p>4.1.3: Between September 2021 and June 2022, 5 cohorts of 'HENRY – Raise, Engage, Refer' have been delivered to 51 partners from health and social care professions. Each consists of two online sessions.</p> <p>LPHT HENRY Awareness programme created – 36 professionals currently on waiting list for this. This training will now be delivered on-going to health and social care staff.</p> <p>New Standard Operating Procedures developed for HENRY Waiting Lists to manage referrals and parent contact.</p> <p>Webpage and SharePoint page being created for HENRY.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
			<p>Social media post on Healthy Start Healthy Future reaching over 10,000 views/interactions.</p> <p>KPI agreed for all referred families to be contacted to discuss HENRY programme.</p> <p>Please see Appendix 4 for parent survey overview.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Planning						
<p>4. Comments/updates on Level 1 and Level 4</p> <p>4.2 Adults Level 1 Weight Management Service Update</p>	<p>4.2.1: Delivery of a range of evidence based services through Public Health Dietetics / Nutrition Skills for Life</p>	<p>R4.2.1: There is a risk that the cost of venues in communities may be too high for the budget and recruitment and retention of dietetic staff.</p> <p>A4.2.1: Key relationship building with stakeholders in leisure facilities to enhance partnership engagement. Wider advertisement of dietetic workforce in light of national workforce shortages.</p> <p>T4.2.1: December 2022</p>	<p>R4.2.1: Launch of level 1 website content and electronic self-referral system for self-booking. Dietetic triage of patients implemented Delivery of a range of evidenced based services through Public Health Dietetics /Nutrition Skills for Life:</p> <ul style="list-style-type: none"> - 2x Level 2 Community Food and Nutrition Skills - 10x Foodwise (72 patients) - 10x Get cooking (starting Sept 22) <p>Marketing & Comms plan developed to enhance community and partnership engagement.</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	<p>4.2.2: Roll out of All Wales Diabetes Prevention programme and local CTMUHB pre-diabetes brief interventions. Ensure pathways into WMS.</p> <p>4.2.3: Re-establish the Joint Care Programme (JCP) to pre-pandemic levels of referral and uptake.</p>	<p>R4.2.2: There is a risk of delays to the programme due to short term funding, general recruitment delays as well as recruitment and retention of registered dietetic staff.</p> <p>A4.2.2: Restructure of public health dietetics team and wider advertisement of dietetic workforce in light of national workforce shortages.</p> <p>T4.2.2: Sept 22</p> <p>R4.2.3: There is a risk of low patient engagement due to lack of referrals from other HCP's into Level 1 services.</p> <p>A4.2.3: Wider communications plan being developed alongside self-referral option.</p> <p>T4.2.3: September 2022.</p>	<p>4.2.2: Restructuring and recruitment of dietetic staff on a permanent basis. Engaged local clusters, implementation groups established. Learning from AWDPP and local CTM pre-DM work. Monthly CPD and supervision provided by dietetic staff with direct referral into Foodwise.</p> <p>4.2.3: Launch of level 1 website content and electronic self-referral system for self-booking. JCP also accepts referrals from primary and secondary care. Dietetic triage of patients implemented. Equipment purchased to support roll out</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Planning						
	<p>4.2.4: Develop level 1 local content to feed into NHS Healthy Weight website</p> <p>4.2.5 Align the new CTMUHB staff "Healthy Lifestyle" course to the HB weight management service.</p>	<p>R4.2.4: CTM local content will not be available on an All Wales NHS platform.</p> <p>A4.2.4: Develop local level 1 content.</p> <p>T4.2.4: Sept 22.</p> <p>R4.2.5: There is a risk the new staff healthy lifestyle course will not be aligned to the HB WMS offer, the HWWH pathway and therefore not benefit from the expertise and pathways of the service.</p>	<p>and community engagement work Roll out of JCP pan CTMUHB. BMI referral criteria reduced to $\geq 25\text{kg/m}^2$ - September 22 to align AWWMP.</p> <p>4.2.4: Local content fed into central public health team.</p> <p>4.2.5: 10 week Healthy Lifestyle course developed by CTMUHB wellbeing service with support from public health dietetics. 4 courses completed since Jan 2022. Staff Wellbeing</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
	4.2.6: Align adult WMS pathways with Wellness Improvement Service (WISE).	<p>A4.2.5: Engage staff wellbeing services and align pathways and service criteria with HWHW. Establish if offer is L1 or L2.</p> <p>T4.2.5: October 2022</p> <p>R4.2.6: There is a risk that WM pathways will not align between WISE and the new WMS.</p> <p>A4.2.6: Ensure WISE are represented within the implementation group. Collaborate with WISE and Primary Care services to align pathways and service criteria with HWHW. Establish if offer is L1 or L2 and need for triage. Explore option for WMS waiting list.</p> <p>T4.2.6: Oct 2022</p>	<p>lead is stakeholder on WMS implementation group. Further work required to align pathways for each service, but good collaboration between services has been demonstrated. Please see Appendix 5 for overview.</p> <p>4.2.6: The Wellness Improvement Service (WISE), developed by the Primary Care team of CTMUHB, will be offering patients from the pre-diabetes and cardiovascular risk programmes opportunities to utilise Second Nature as an additional weight management programme for patients. Primary Care are represented on the Implementation</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Planning						
			Group to ensure dovetailing of services and appropriate referral for patients. Initial meeting between WMS and WISE has taken place and pathway is being developed.			
4. Comments/updates on Level 1 and Level 4 4.3 Level 4	4.3.1 No Level 4 service available as this is a WHSCC commissioned service provided by Swansea Bay UHB.	N/A	N/A	N/A	N/A	N/A

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Standards						
5. Each Health Board publishes a strategic weight management pathway development plan, agreed with Welsh Government. The plan should set out: an assessment of need to inform priorities for action; a phased development plan; a description of services at each level of the All Wales Weight Management Pathway for adults, children and those with specific needs e.g. pregnant women.	5.1: Submit the strategic weight management pathway development plan to WG.	<p>R5.1: Funding is the main risk to the expansion of the weight management service to include children and young people. Currently the fixed term WG funding and recurrent HB funding has been prioritised towards the development of an adult integrated service. Prior to 2022 there was no historic investment for WMS in CTMUHB.</p> <p>A5.1: Business case development for Children and Young People's WMS. Additional resource from LPHT secured to support the development of the business case.</p> <p>T5.1:Dec 2022</p>	<p>5.1: Many aspects of the pathway development plan have progressed in the recent months including:</p> <ul style="list-style-type: none"> - Establishing recurrent HB funding - Agreeing hosting of service within dietetics - Establishing the governance structure and internal reporting for the service - Securing external project management support from Life Sciences Hub Wales for development of L2/3 adult WMS implementation plan. - Several key roles have been recruited into as described above and on-going recruitment continues at pace. - Received recognition from steering group to deliver on the implementation plan. 	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			<ul style="list-style-type: none"> - Validation process of WMS waiting list established and ongoing. - Support provided for digital inclusion to support hybrid offer - Commenced Level 2 adult groups. - Base for service agreed as Keir Hardie Health Park and staff moved into office space. - Working with stakeholders and networks to learn from others, to establish lessons learned and implement at pace. 			
6. Health Boards can demonstrate how services in the strategic weight management pathway development plan will meet the needs of the population and reduce inequalities in outcomes. Health Boards should be able to demonstrate that services are: accessible; targeted to specific needs where appropriate and;	6.1: Develop business case for Children and young people weight management service to be considered by the health board.	<p>R6.1: There is a risk that the business case development will be delayed due to limited resource and availability of staff.</p> <p>A6.1: Secure LPHT resource, recruit to</p>	6.1: Established new governance structure including a Children and young person's implementation group, which will provide focus on this aspect of the service.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
that monitoring of service uptake considers equity of access for vulnerable groups. Health Boards should report annually on service capacity at each level of the pathway.	6.2: Develop multi-stakeholder steering group to support delivery of the development plan	<p>service manager post, galvanise support for Children's WMS with clinicians and stakeholders.</p> <p>T6.1: December 2022</p> <p>R6.2: There is a risk that there is disconnect between the strategic direction of the organisation (CTM2030), HWHW, the delivery of the WMS and other services.</p> <p>A6.2: Engagement from wider stakeholders and development of WMS steering group.</p> <p>T6.2: Sept 22</p>	6.2: Steering group established with deputy director of public health as chair. Wide ranging multi stakeholder representation. Further work required on engagement of external stakeholders and patient feedback and co-production events.			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	<p>6.3: Hybrid adult service offer to support efficiencies in service delivery and patient choice.</p> <p>6.4: Service to be delivered as close to the persons home as possible</p>	<p>R6.3: There is a risk that the lack of patients' digital skills may prevent them taking up the option of virtual appointments / programmes.</p> <p>A6.3: Engaged with NHS digital volunteers to support digital inclusion prior to appointments.</p> <p>T6.3: Sept 2022 and ongoing.</p> <p>R6.4: There is a risk that there will be a lack of suitable accommodation in community venues.</p> <p>A6.4: Scope local venues. Currently central location within HB with good public transport links, with aims to identify</p>	<p>6.3: Digital inclusion questions added to validation letters. Offer of additional support to get online provided. Engaged with NHS digital volunteers to support patients prior to appointments / groups.</p> <p>6.4: Scoping of suitable community venues for L2 adult service is currently underway. In addition a list of commonly used venues and contact details has been developed. Working with therapies services to establish wider accommodation need for community</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	6.5: Planned activity around seldom heard groups to increase service engagement	<p>additional locations throughout HB to accommodate those living further afield</p> <p>T6.4: October 2022</p> <p>R6.5: There is a risk that seldom heard groups will not have equitable access to service provision.</p> <p>A6.5: Data collection on demographics essential to describing population.</p> <p>T6.5: Ongoing</p>	<p>venues, work with leisure partners on availability of venues. Level 3 service will be based in Dewi Sant hospital where the lymphedema service is co-located, environment is bariatric friendly and has been reviewed by health and safety.</p> <p>6.5: Referral population data reports need to be developed and evaluated. Monitoring of service uptake and will consider equity of access for vulnerable groups. Collaborative working with HBs VBHC team to identify any under-represented groups. We have developed a piece of qualitative research with Promo-Cymru to understand</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			the enablers and barriers to attendance for patients who are overweight / obese and are also pre-diabetic. A series of interviews and workshops will take place to inform service delivery across pre-diabetes and weight management community deliver.			
7. People with higher body weights are treated with dignity and respect and do not feel stigmatised due to a lack of appropriate equipment or facilities. This includes patient transport and emergency services.	7.1: Review outpatient locations and equipment available to ensure dignity and respect is maintained.	R7.1: There is a risk that patients will not be treated with dignity and respect due to the setup of outpatient clinics. A7.1: Review outpatient locations and equipment with regards to dignity and respect and ensure HB values and behaviours are maintained. T7.1: Sept 22	7.1: Planned location of Level 3 service (Dewi Sant) has bariatric friendly equipment and facilities. Worked with Health & Safety department early in planning process. H&S training planned for staff regarding adverse events with bariatric patients. Bariatric weighing scales being purchased for clinic areas. L3 service in Dewi sant will be for those who have a degree of	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			independency when it comes to transport, however online/home visits are being discussed for those unable to get to the service in person. The HB values and behaviours of treating everyone with respect will be embedded within the team as well as opportunities for training and education including MECC.			
8. Planning, commissioning, evaluation and delivery of services actively engages with and involves people living with overweight and obesity.	8.1: Develop robust evaluation process for the L2/3 adult WMS.	R8.1: There is a risk that there will be a lack of patient engagement in PROMs and PREMS. A8.1: Develop and implement an outcomes framework including PROMS and PREMS to support ongoing service improvements through patient outcomes and feedback. Good patient understanding	8.1: Engagement with VBHC service to support PROMS/PREMS. Following recruitment to key posts the outcomes framework is a key priority for development. Further work will be required in this area once outcomes framework has been agreed by the service.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	8.2: Develop a process for patient experience and patient stories including the co-production of services.	<p>of the need for PROMS/ PREMS and patient feedback. Simple easy process that's not too onerous should be developed.</p> <p>T8.1: Outcomes framework to be developed by Oct 22.</p> <p>R8.2: There is a risk that a lack of patient co-design, co-production and feedback will result in the adult L2/3 services not meeting the needs of the population and the desired health outcomes.</p> <p>A8.2: Develop a process of co-production, patient stories and patient feedback.</p> <p>T8.2: Dec 22</p>	8.2: Further work in this area is required. Need to engage with CTM's Head of public engagement and involvement to ensure the adult WMS used patient experience data and patient stories to improve quality of service delivery. Current work underway as described in 6.5 with Promo Cymru.			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
9. The Weight Management Pathway in the local area is managed and co-ordinated. Services delivering elements of the pathway have a clear understanding of roles and responsibilities and mechanisms to facilitate movement of individuals within the pathway in a seamless manner as needs change.	9.1: Establish a single point of access for adult weight management services.	<p>R9.1: There is a risk of duplication or omission of service offerings due to multi-disciplinary team approach to weight management service.</p> <p>A9.1: Single point of access to weight management service being developed. Professional service manager is being recruited to oversee the service and assist with collaboration between departments.</p> <p>T9.1: November 2022.</p>	<p>9.1: Active recruitment for professional service manager on-going (with difficulties previously described in sections 2.2.2 and 3.2.1).</p> <p>Established multi-stakeholder implementation group that meet on a monthly basis.</p> <p>Through the steering and implementation groups, clear roles and responsibilities have been developed, agreed and documented in the Terms of Reference.</p> <p>Collaboration with improvement team to develop single point of access into pathway.</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWWH	Prevention fund investment into pathway L 1&2
Standards						
10. Protocols informed by the All Wales Child Protection Procedures (2008) are followed when childhood obesity is a cause for professional concern, regarding wellbeing and risk of harm	10.1: Embed the All Wales Child Protection Procedures (2008) across the service.	<p>R10.1: There is a risk that children within the services will be at a risk of harm.</p> <p>A10.1: Ensure safeguarding processes are in place and work in partnership with safeguarding leads when developing new service.</p> <p>Safeguarding is part of all staffs mandatory training.</p> <p>T10.1 Ongoing</p>	10.1: Establish Children and young person's implementation group. All staff undertake mandatory child protection training once recruited. Supervision and training opportunities will be available for all staff members.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.
11. Staff working within the Health Board receive training to enable them to offer compassionate, psychologically informed care that avoids stigma and discrimination. All staff are able to engage in supportive conversations with patients regarding weight management in line with Level 1 of the pathway.	11.1: Develop training and education to ensure compassionate, psychologically informed care is core to service delivery.	<p>R11.1: There is a risk that a lack of training opportunities for staff could result in sub-optimal care, resulting in poorer outcomes for our population.</p> <p>A11.1: Embed Health Board values across the service. Review training needs of staff with</p>	11.1: This area requires further work as the workforce is currently coming into post. Work is ongoing to establish suitable training around healthy weight and core competencies for the workforce.	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
		<p>psychologist (started 6/9/22). Review capacity of training provision. Ensure staff undertake MECC training as part of induction. Develop core psychologically informed competencies into service. Ongoing supervision and training updates will be required.</p> <p>T11.1: Dec 2022</p>				
<p>12. The Health Board adopts a continuous improvement approach to service quality and outcomes using the minimum dataset and other mechanisms including patient stories. The Health Board submits returns to Welsh Government in line with the minimum services standards and actively encourages participation in national audit and review.</p>	<p>12.1: Establish and embed the outcomes framework (includes minimum dataset, PROMS & PREMS) and develop a performance dashboard to enable continuous service improvement, service feedback and reporting to WG.</p>	<p>R12.1i: There is a risk that there will not be enough capacity of the CTM digital team to support the development of the performance dashboard.</p> <p>A12.1i: Early engagement with CTM digital team.</p> <p>T12.1.1i: Oct 2022</p>	<p>12.1: Outcomes framework in development by clinical lead dietitian and psychologist. Engaged with local VBHC team. Following recruitment of the wider team we will work on incorporating minimum data set into outcomes framework (PROMS & PREMS).</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>	<p>Please see Appendix 3.</p>

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
	12.2: Develop a culture of R&D across the weight management service.	<p>R12.1ii: There is a risk that staff will not be able to identify areas for improvement and have the skills and knowledge to implement change.</p> <p>A12.1ii: Engage with iCTM (HB QI department) on training and support for service.</p> <p>T12.1ii: Sept 2022</p> <p>R12.2: There is a risk that without an ethos of R&D, patients will not have access to the most evidence based treatments resulting in poorer outcomes.</p> <p>A12.2: Engage with R&D colleagues and academic partners to establish WMS research group.</p>	<p>Further work is required to engage with digital leads regarding integration of outcomes.</p> <p>Met with iCTM who have agreed training for WMS workforce once recruited. Staff will be supported to undertake service evaluations and QI projects.</p> <p>12.2: Met with R&D department and academic partners to establish WMS Research group. Terms of Reference are being established and first formal meeting due in Oct 2022. Also recruited staff with research experience to help embed this culture across the</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
		T12.2: Oct 2022	service. Training and education opportunities will be mapped for the service once workforce is recruited to.			
13: Weight management services share their learning with colleagues within and beyond weight management services.	13.1: Participate in national weight management meeting and contribute to the wider WM agenda both within CTM and nationally.	<p>R13.1.1: There is a risk that by not participating in the national network or sharing learning internally, the CTM WMS will not; be up to date on strategic direction, be able to influence policy and guidance and will not benefit from the wider experts in the WM field. This will result in poorer outcomes for our population.</p> <p>A13.1.1: Engage in national WM network. Engage with local networks and groups to demonstrate the impact of the WMS.</p>	<p>13.1: Actively engaged in national peer review and all Wales meetings. Outside of these meetings we have undertaken shared learning opportunities with HB across Wales (see section 2.2.1).</p> <p>Governance and reporting agreed, which has a wide range of stakeholders. Aligned reporting of WMS to the HB's Public Health and Primary Care Oversight Board. This allows oversight by the Exec director of PH and Primary Care Director and alignment to other initiatives across the HB such as</p>	Please see Appendix 3.	Please see Appendix 3.	Please see Appendix 3.

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
		T13.1.1: Ongoing	<p>diabetes prevention (both the local diabetes prevention programme and the AWDPP), WISE and staff wellbeing programme.</p> <p>Invited to participate in the L3 specialist interest group supported by Novonordisk.</p> <p>PH Dietetic lead is the chair of the All Wales Public Health Dietitians Group.</p> <p>Staff and operational managers engaged in national developments around DM prevention and obesity.</p> <p>The CTM WM services plans to share our learning and actively engage in the network across Wales.</p> <p>Engaged with stakeholders around the development of an integrated WM pathway and establish</p>			

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into pathway L 1&2
Standards						
			CPD sessions on weight management. On-going collaboration between health boards WMS service leads and Life Sciences Hub Wales.			

Relevant Strategies and Guidance

AWWMP Guidance <https://gov.wales/adult-weight-management-pathway-2021>

<https://gov.wales/weight-management-pathway-2021-children-young-people-and-families>

Weight Management Standards <https://gov.wales/weight-management-services-standards>

Welsh Government Healthy Weight: Healthy Wales Strategy <https://gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>

Delivery Plans <https://gov.wales/healthy-weight-healthy-wales-delivery-plan-2020-2022>

Welsh Government 'A Healthier Wales' <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

The Following Appendices are available on request:

Appendix 1: CTMUHB Unified Transformation Portfolio

Appendix 2: CTMUHB WMS Governance Structure

Appendix 3: CTMUHB WMS Finance Information September 2022

Appendix 4: HENRY Parent Survey Overview

Appendix 5: Staff Wellbeing Healthy Lifestyle Overview

Help Me Quit in Hospital Smoking Cessation Services and Reducing Smoking During Pregnancy

Organisation		Date of Report		Report Prepared By	
--------------	--	----------------	--	--------------------	--

Health Boards are expected to be working to develop/have in place plans to:

1. Implement Help Me Quit in Hospital smoking cessation services
2. Reduce smoking during pregnancy

The Tobacco Control Strategy, 'A Smoke-free Wales' and 'Towards a Smoke-free Wales Delivery Plan 2022 to 2024' set out the Welsh Government's commitment and actions to achieve a Smoke-free Wales by 2030.

Implement Help Me Quit in Hospital smoking cessation services

The provision of effective smoking cessation services is essential in supporting our smoke-free ambitions for Wales and hospital smoking cessation services have been shown to increase long term quit rates. The delivery plan has an action to:

- *Implement a systematic Help Me Quit in Hospital smoking cessation service in Wales utilising learning from Canada's Ottawa Model for Smoking Cessation and adapting this for Wales with the additional inclusion of a prehospital stage in the programme.*

The details of the Help Me Quit in Hospital service are being developed and co-ordinated by Public Health Wales and supported by money from the Prevention and Early Years Fund.

Reduce smoking during pregnancy

In 2021, 15% of women were recorded as smokers at their initial assessment, increasing the risk of complications with pregnancy and birth (such as low birth weight, premature birth and stillbirth). National guidance is in place to support pregnant smokers by recommending that all pregnant people are asked about their smoking status at antenatal appointments and referred to appropriate smoking cessation services for ongoing support. The delivery plan has an action to:

- *Increase the percentage of smoke-free pregnancies by looking at initiatives to reduce smoking in pregnancy and optimise smoking cessation provision for all pregnant people across Wales. Work with maternity services to ensure that all pregnant women have their smoking status recorded and appropriate referrals made to smoking cessation services. Promote a smoke-free preconception period.*

The action is supported by money from the Prevention and Early Years Fund.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales. Please provide a copy of necessary plans & documents with the report.

Help Me Quit in Hospital Smoking Cessation Services

An update on the actions planned and implemented during the current operational year to advance the development of Help Me Quit in Hospital smoking cessation services

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board has established mechanisms for the overall project management of Help Me Quit in Hospital and leadership to support implementation in all relevant service areas and sites.			
Service Development & Planning The health board has an agreed delivery infrastructure and plan to implement the Help Me Quit in Hospital pathway and model locally, with necessary staff and resources in place for its effective delivery.			
Joint Working The Help Me Quit in Hospital model and service is fully integrated and supported both within the health board and with the national programme and meets agreed minimum service standards.			
Monitoring Plans for consistent monitoring and reporting are in place in line with national minimum dataset and used to inform service improvement.			

Evidence Checklist: Help Me Quit in Hospital smoking cessation services

Please provide a copy of the necessary plans and documents.

General: The health board leads the development, implementation and monitoring of the Help Me Quit in Hospital service. The service is integrated with existing smoking cessation services and best meets the needs of the population.	
	Questions to consider when completing the reporting template
Risks to Delivery	<ul style="list-style-type: none"> • Does the planned service complement the NHS Wales Planning Framework 2022-2025 and targets? • Have the needs of the population been fully assessed and the service planned accordingly? • Are there processes in place for joint working within the health board and with the national programme? • Are the necessary financial resources in place? • Are there sufficiently skilled staff to plan and deliver the services? • Are the necessary pathway and prescribing processes planned for?
Leadership and Co-ordination	<ul style="list-style-type: none"> • Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning? • Are the necessary commitments and agreements in place at executive levels within the health board?
Service Development and Planning	<ul style="list-style-type: none"> • Has a needs assessment of the population been undertaken/is planned? • Is there a plan with timeline in place for the establishment of the service, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation? • Are there plans in place to ensure that the services and information is accessible, including differing language, culture and communication needs? • Are there plans in place to communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Joint Working	<ul style="list-style-type: none"> • Is the health board's service linked with and complementary to the development of the national programme? • How will the service be fully integrated with existing services and processes (including prescribing) in the health board? • How will the service development include working with patient groups to understand how best to set up the programme locally? • Are there plans in place within the health board to support patients across the system including processes for sharing and receiving information and best practice?
Monitoring	<ul style="list-style-type: none"> • How will the implementation of the service be monitored, including referrals, outcomes and patient satisfaction?

Reducing Smoking During Pregnancy

An update on the actions planned and implemented during the current operational year to support a reduction in the percentage of women smoking during pregnancy is requested.

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board leadership and organisational policies are committed to reducing the number of people smoking during pregnancy and to supporting suitable maternal smoking cessation services.			
Service The health board's maternal smoking service complies with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support and is evaluated to ensure effective delivery.			
Staffing and Resources Necessary staff and resources are in place, for example smoking cessation specialists and are embedded within maternity and health visiting services so that all pregnant smokers are supported with cessation services.			
Monitoring Systems for consistent collection, recording and evaluation of data are in place (including the identification of smokers, referrals & take up of cessation, as well as maternal outcomes and service user satisfaction) and service improvements are taken following evaluation.			

Evidence Checklist: Reducing smoking during pregnancy

Please provide a copy of the necessary plans and documents.

General: The health board has a comprehensive service in place to identify and support smokers with smoking cessation throughout the preconception, antenatal and postnatal periods. The service is integrated with existing maternity and smoking cessation services and best meets the needs of the population.

Questions to consider when completing the reporting template

Risks to Delivery	<ul style="list-style-type: none">• Does the service complement the NHS Wales Planning Framework 2022-2025 and targets?• Have the needs of the population been fully assessed and the service planned accordingly?• Are there processes in place for joint working within the health board?• Are the necessary financial resources in place?• Are there sufficiently skilled staff to deliver the services?• Are the necessary pathway (including consistent referral to opt out cessation services) and prescribing processes provided for?
Leadership and Co-ordination	<ul style="list-style-type: none">• Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning?• Is the objective of addressing maternal smoking fully integrated within the health board with all elements supporting a reduction of maternal smoking prevalence?• Are the necessary commitments and agreements in place at executive levels within the health board?
Service	<ul style="list-style-type: none">• Has a needs assessment of the population been undertaken?• Does the service provided conform with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support (including cessation support for other family members)? If not currently, what improvements are needed and how will they be achieved?• Are all elements of the services (including hospital and community based services) integrated and complementary and do they provide seamless support at transition stages? If not currently, what improvements are needed and how will they be achieved?• Did the service design include working with patient groups to understand how best to set up the programme locally? Are there opportunities for improvement to ensure the service is delivered in a way that best meets the needs of the population?

	<ul style="list-style-type: none"> • Is the service fully integrated with other services and processes (including referral and prescribing) in the health board? Are there policies and processes which need to be introduced/amended to improve integration of the service in the organisation including processes for sharing and receiving information and best practice? • How do you evaluate your service based on evidence collected directly from service users and how are you assured the services you provide are effective and focused on reducing maternal smoking rates?
Staffing and Resources	<ul style="list-style-type: none"> • What are the staffing and resourcing levels available (WTE) and how have you assessed if it is appropriate to suitably support the population? • Is the service and information provided accessible, including in terms of differing language, culture and communication needs? • Does the service communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Monitoring	<ul style="list-style-type: none"> • How is the implementation of the service monitored, including the identification of smokers, referrals and take up of cessation, as well as outcomes and service user satisfaction? How does the monitoring support service improvements and a reduction in the number of people smoking in pregnancy? • How do you achieve a learning culture which delivers service improvements, for example peer reviews? • How are health board leaders made aware of service outcomes?

Relevant strategies, guidance and data

A smoke-free Wales and Towards a smoke-free Wales Delivery Plan 2022 to 2024: <https://gov.wales/tobacco-control-strategy-wales-and-delivery-plan>

NICE guideline NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence (2021):

<https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence-in-pregnant-women>

Models for Access to Maternal Smoking Cessation Support:

<http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20MAMSS%20Report%20E%2003.17.pdf>

The National Survey for Wales: <https://gov.wales/national-survey-wales>

NHS smoking cessation services: <https://gov.wales/nhs-smoking-cessation-services>

Maternity and birth statistics: <https://gov.wales/maternity-and-birth-statistics>

Whole School Approach to CAMHS In Reach Services

Organisation	CAMHS	Date of Report	30/08/2022	Report Prepared By	Christina Morgan
--------------	-------	----------------	------------	--------------------	------------------

Following the allocation of funding to progress the development of the Whole School Approach, there is a requirement to evaluate the delivery of the scheme in your area. Please utilise your initial request submissions to determine whether delivery and spend to date is comparable to your anticipated position.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales. Please provide a copy of necessary plans & documents with the report.

	Annual Submission	Delivery to Date
Total spend to date		£206,677 (staff costs and travel)
Period of claim		April 2022 to August 2022
Staff (please list each member of staff in post, by band and per local authority to and their whole time equivalent i.e. 0.4 Band 5)	CAMHS Crisis Liaison Nurse B7 1 wte Emotional Wellbeing Team Lead B7 1 wte CAMHS In-Reach Emotional Wellbeing Team Lead B7 1 wte Assistant Psychologist B5 0.87 Outpatient Supervisor B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Assistant Psychologist Emotional Wellbeing Practitioner B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Emotional Wellbeing Practitioner B5 0.87 Staff Nurse B5 0.87 Emotional Wellbeing Practitioner B5 0.87	All in post

	Staff Nurse B5 0.87 Support Secretary/Admin 22.5 hours	
Other costs incurred to date (please list i.e. staff training)	Laptops and phones for each individual. Awaiting costs for non-pay	
Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year		
	Update 1 April 2022 – 31 August 2022	Update 1 September 2022 – 31 March 2023
1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?	We continue to be part of the Whole School Approach (WSA) pilot rolled out within CTM, working closely with regional commissioners and Nest/Nyth. Planning has focussed on co production of the service in collaboration with Local Authority and Education colleagues. All pilot schools have attended 'meet and greets' with their specified locality teams with information and wellbeing days arranged and well attended for school clusters. The teams have also received expressions of interest from non-pilot schools to be involved in the next cohort and have agreed with the healthy schools lead on Nest. Team leads and Operational Manager continue to attend many strategic meetings with statutory and third sector services, in order to map, plan, implement and review the current services into schools and the wider community, with a mapping exercise underway lead by education and supported by CAMHS in reach . Regular co-production meetings with partners have been organised and well attended with the view to foster collaborative service development and working relations.	

	Multi agency, collaborative and strategic Emotional Wellbeing meetings are planned throughout the year for ongoing development and monitoring of services in relation to children and young people's emotional mental health needs. These panels are across the RCT/ Bridgend localities with sub groups addressing local need.	
--	---	--

	Update 1 April 2022 – 31 August 2022	Update 1 September 2022 – 31 March 2023
<p>2. How have you ensured service development as part of an integrated, whole-system, regional approach?</p> <p>Developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed?</p>	<p>The triumvirate Nest/ WSA /In reach leads have been working closely together with relevant regional stakeholders to ensure a collaborative approach. In-reach has been part of the WSA pilot from the initial implementation in line with the NEST framework.</p> <p>The process takes into consideration the “No wrong door” approach and enables “access to specialist advice and trusted adults. WSA have carried out mapping exercise within schools to identify needs/ gaps. This has included meeting with several other service providers across England and Wales to secure our understanding of what is currently being provided and what is required.</p>	

Following scrutiny and evaluation of this information, the In reach team have been able to design the service that best meets the needs of our Children and Young people within education, which involves tailoring the bespoke interventions. In addition, co-production meetings have taken place with stakeholders in SCAMHS, to develop pathways for stepping up and stepping down CYP.

The In reach team will ensure there is regular evaluation via the pilot work to monitor and ensure they are delivering appropriate services and able to offer timely access to children and young people.

As from the 5th September each locality will have a team of In reach staff placed within the pilot schools providing f2f input with children, young people and their families along with the school staff. This direct access will ensure timely and appropriate response within the educational environment. All schools as yet to be included in the pilots will also have access to advice, psychoeducation, consultation, training and bespoke pieces of work as and when requested, through their allocated Team lead or Emotional wellbeing Practitioner.

Planned input will be in line with the current need highlighted within the WSA mapping and regional agencies.

<p>3. What supervision process does your service provide to school staff? Please outline what and how.</p>	<p>Our service aims to provide consultation to all school staff in relation to the emotional wellbeing and mental health of its children, young people and their families. Future plans in discussion with stakeholders is to set up multidisciplinary forums within schools for all key agencies to be able to have input and overall decision making regarding the children they are concerned about.</p> <p>The school in reach team have co-produced with local authority, guidance for school staff around seeking support for their own emotional health needs. Multidisciplinary forums will continue to be discussed within each school following the 5th September.</p>	
<p>4. How have you ensured that the role of a CAMHS In-reach practitioner will not be diluted (by, for example, supplementing core sCAMHS or by stretching their time too thinly across too many staff and/or schools or through pressure to work directly with children and young people)?</p>	<p>There are approximately 5 staff for each locality with an allocated team lead. The team leads predominantly offer consultation, training and liaison for each secondary school enabling the dissemination of support and information to a wider audience, with the rest of the Emotional wellbeing practitioners offering input into the primary schools.</p> <p>The service has “piggy backed” the whole school approach pilot and will be rolled out initially to 40 schools addressing the gaps/needs of the schools in a timely manner. However, all schools will have access to the In reach service.</p>	

	<p>There is a multitude of disciplines within the In reach team, predominantly with different qualifications and backgrounds than those required to work within SCAMHS therefore limiting the opportunity to supplement.</p>	
<p>5. How do you continue to ensure the Welsh language offer is strengthened through for example, Welsh speaking practitioners and ensuring the translation of written material?</p>	<p>Careful recruitment of staff into the In reach service has enabled us to employ Welsh speakers, whilst all communication and written material has been disseminated in English and Welsh medium.</p> <p>Correspondence continues to be disseminated in English and Welsh with added members of school in reach currently learning welsh through the health board.</p>	
<p>6. Recruitment of highly skilled and experienced staff to provide training and advice is important. However, this is demonstrated as challenging. How are you ensuring appropriate provision? Have you utilised alternative methods where recruitment/ retention of appropriate staff has produced difficulties?</p>	<p>Significant thought went into the person specification of the role whilst recruiting, enabling opportunities for those that had positions relevant to the in-reach role. We have recruited a diverse group of staff with extensive and broad range of skills and experience; this enhances the creativity and vigour of planning and implementation of the service. The individual's induction has been robust with training provided by external and internal sources, including local authority, education, CAMHS, Psychological services and external training providers. Staff have shadowed staff in all teams, had training in Mental Health first aid, DBT, CBT, ALNET,</p>	

	<p>NEST and continue to attend in-house training delivered by CAMHS staff. Team leads utilise and disseminate relevant webinars. Training and development are ongoing.</p> <p>All staff are in post. Staff Co- production and engagement has been key to the planning and delivery of the service. Staff continue to show motivation, creativity and hold a responsibility for the success of the service.</p>	
--	--	--

Monitoring and Evaluation

Public Health Wales, should already provide a national coordination role, including a National Forum for the sharing of good practice, etc. for the service across Wales. They will work with you to develop a nationally agreed data collection set. Please explain how you have met the following questions and intend to continue doing so.

	Update 1 April 2022 – 31 August 2022	Update 1 September 2022 – 31 March 2023
<p>7. You will work with partners to ensure that there is robust monitoring and evaluation of the effectiveness of action to support pupil and staff mental health and well-being and the initial targets you propose to measure progress (together with timescales).</p>	<p>Linked with the WSA and Nest rollout being part of the initial rollout and collaborative implementation. Small task and finish group formed (within team) to look at evaluation and performance measurement. Data collation has been developed within the confines of specific roles. Monthly stats has been agreed with daily data being recorded. Staff, pupil and family evaluation documentation is the current task and finish group topic.</p> <p>Data monitoring has been formalised and embedded into the Quality Safety and Patient Experience group. Database is on sharepoint in order to reduce contemporaneous note taking and ease of access for resources for schools.</p>	

	Staff attend Regional partners MDT meetings for monitoring and evaluation on a regular basis.	
8. The In-reach Service is closely linked to and has potential to strengthen how Health Boards fulfil their statutory duties under the ALNET Act in terms of provision of help and support for learners. Does your In-reach plan continue to align with your planning in relation to the ALNET Act? What processes do you use to work closely with the DECLO for the LHB in continuing the development and delivery of plans and services to allow those statutory duties to be met?	<p>The team continue to attend all ALNET training and monthly meetings with the DECLO, all relevant parties are aware of our statutory duties. We are currently involved in discussions relating to the act, and approach to any patients requiring input and will include the In reach team liaising with Schools to understand their needs. Currently the CAMHS triage teams are dealing with the Local authority requests.</p> <p>Help and support for learners will be paramount to the in-reach input within schools therefore the act will be part and parcel of daily continuity.</p> <p>Continue to meet with DECLO monthly with the overall s65/s20 and PCP meetings being the responsibility of our SPOA service.</p> <p>However, staff will continue to attend ALNET training in light of providing emotional health input within schools.</p>	
9. Use this line to add any further information you may feel useful and which has not been included above e.g. risks/ corrective actions	In order to open up opportunities for evaluation and service development the team are planning set up/ links with a CAMHS Youth Board. This will enable co - participation of young people and enable further evaluation and service co-production. Team are currently liaising	

	<p>with Youth board participation members to engage their thoughts, advice and support on the roll out of the service. This would enable the service to be co-produced and informed by our service users.</p> <p>Youth Boards have engaged and progress is being made towards a dedicated CAMHS Youth Board.</p> <p>The Inreach service are also planning to establish a formal link with HB safeguarding in order to safeguard and protect those vulnerable CYP within education that have experienced a sudden death of someone close.</p>	
--	--	--

Dementia Care (Learning and Development in Line with the Good Work) and Access to Timely Diagnosis

Organisation	CTMUHB	Date of Report	September 2022	Report Prepared By	
--------------	--------	----------------	----------------	--------------------	--

As outlined in the '[Good Work – Dementia Learning and Development Framework](#)' all staff who work for NHS Wales need to have a good awareness of dementia and the issues that surround it so that they can support people with dementia to live well. NHS organisations are required to evidence the actions that have been implemented to deliver and record training at an informed, skilled and influencer level.

Individuals are diagnosed early so that the individual and their families can plan for the future, access support services and start treatment at an appropriate point.

Responses should consider the relevant [Dementia Care Standards](#). Specifically **standard 17** for learning and development and supporting diagnosis - **standards 3-6**.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales.

Dementia Care (Learning and Development in Line with the Good Work)

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
Informed Level			
Training delivered at an informed level. <i>Focusing on Dementia Friends training programme and essential communication skills.</i>	Update at 31 August 2022		
	Dementia Care Training - Level 1 - Goodwork Framework - Informed Level - 48 Dementia Care Training - Level 2 - Goodwork Framework - Informed Level - 93	Staff availability to undertake training	Noncompliance with mandatory training is flagged to managers in order to support direct action where appropriate

	Update at 31 March 2023		

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
Skilled Level			
Actions to identify staff groups that require training at a skilled level.	Update at 31 August 2022		
	<p>We have developed a specific work stream to lead on the implementation of the learning and development All Wales Dementia Care standard.</p> <p>Alongside the creation of a specific learning and workforce development work stream we have established links with other areas to explore training needs for staff. This has included working with the hospital charter work stream to identify where there are opportunities for cultural change.</p> <p>There are dementia modules of training that are mandatory for staff to complete and this is monitored through our ESR system.</p>		<p>The work stream will be requesting quarterly updates on progress against good work to enable hot spots and pinch points to be identified and discussions around support required to be held at a senior level with issues escalated to the Dementia Steering group and integrated adult board.</p>
	Update at 31 March 2023		

Training delivered at a skilled level. <i>Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion & contribution.</i>	Update at 31 August 2022		
	Dementia Care Training - Level 3 - Goodwork Framework - Skilled Level – 39 Further detail on compliance figures can be found in appendix B below.	Covid has had a tremendous impact on our ability to release staff to attend training.	We have arranged a learning and development hackathon for front line skilled staff (further details below) to help inform the development of a workforce plan for CTM.
	Update at 31 March 2023		
Mechanisms to record the completion of training at a skilled level. <i>Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and carers.</i>	Update at 31 August 2022		
	Training for all staff is recorded through our electronic systems and compliance reports against mandatory training is scrutinised and flagged to managers. Feedback and evaluation in incorporating into our training mechanisms in order to support analysis of the efficacy of what is delivered.		We are exploring dementia care mapping as a means to evidence the impact of training on the culture and care provided
	Update at 31 March 2023		

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
--	-----------------------------------	----------------------------------	---------------------------

Influencer Level			
Actions to identify staff groups that require training at an influencer level.	Update at 31 August 2022		
	<p>As part of the VIPS pilot we identified a series of wards / ward managers/influencers to implement this pilot.</p> <p>Influencers are involved in the work of the dementia steering group and link directly to the work stream surrounding this area. Regular highlight reports are provided to the dementia board to ensure they continue to be informed on developments.</p>		<p>As a continuation of the work of the hospital charter we are identifying opportunities to develop dementia care mapping in CTM and to utilise the care fit for VIPS platform to make systematic change to our sites and the provision of dementia care within these inpatient settings.</p> <p>We are also exploring opportunities to feed in the work for a series of hackathons with people with a lived experience, carers, staff and managers to senior leaders within CTM in support of the development of our workforce plan.</p>
	Update at 31 March 2023		
Training delivered at an influencer	Update at 31 August 2022		

level. <i>Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and; quality assurance & improvement.</i>	<p>As part of the workforce and learning work stream we will be seeking to identify steps that need to be undertaken to ensure that we are compliant with the requirements under good work for training for influencers</p> <p>Awareness raising of our existing services and techniques employed in other health settings are to be shared with influencers at the learning and development hackathon and through our knowledge exchange programme with Imperial College London.</p> <p>Further detail on compliance figures can be found in appendix B below.</p>		<p>We have arranged a learning and development hackathon for managers/influencers (further details below) to help inform the development of a workforce plan for CTM.</p>
	Update at 31 March 2023		
Mechanisms to record the completion of training at an influencer level. <i>Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and their carers.</i>	Update at 31 August 2022		
	<p>We are currently exploring dementia care mapping as a means to demonstrate cultural change within our settings.</p>	<p>Demonstrating the impact of training outside of quantitative records can prove challenging and has been flagged as an area of development for the learning and workforce work stream.</p>	<p>The work on evaluating the success of training is ongoing and will be further developed along with the action plan of the workforce and learning work stream.</p>

	Update at 31 March 2023		
Provide detail on any delivery of integrated learning and development, particularly with social care.	<p>Within CTM we are hosting a range of engagement, coproduction and training opportunities for staff. We have arranged a learning and development hackathon and partnered with people with a lived experience (Lleisiau dementia) and Imperial College London to deliver a session to staff (skilled level) and managers (influencer level) gathering their experiences together to inform the work of the work stream 5a from the All Wales Dementia Care standards. This session is a collaborative approach between health and social care and includes representatives from both areas. The intention is that we will use this creative approach to</p> <p>Our regional social care work force development teams are active members of our 5a work stream and they are working with social care providers to raise awareness of the good work framework and to support providers and commissioners in its implementation. A series of training sessions are currently being provided by SCDWP and SCW on this area.</p> <p>The Dementia Steering group has agreed to support further resource into the in house dementia training team (who utilise the Teepa Snow model of person centred support) and have agreed to fund dementia care mapping training for staff to ensure that we are able to appropriately map whether the training undertaken has positively impacted service delivery.</p> <p>Care fit for VIPS is being rolled out across the health board and we are exploring site specific roll out in the first instance supported by additional training resource (referenced above) and monitored by an improvement group which is tasked with implementing positive change across the site as a whole. Work around the new D2RA models will support this approach.</p>		
If you have a regional, integrated learning and development plan for dementia. Please provide a hyperlink.	This is something we are considering developing in response to the requirement from the All Wales Dementia Care Pathway of standards and we are currently working on priority setting in support of this piece of work.		

Access to Timely Diagnosis of Dementia

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
What actions are you taking to support timely diagnosis of dementia? Please consider how this work aligns with the relevant Dementia Care Standards when responding.	Update at 31 August 2022		
	<p>CTM has fully developed its MAS work stream in response to the All Wales Dementia Care Standards. Within the MAS work stream 3 subgroups have been created to address specific standards under the following headings:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emotional Support and skills <input type="checkbox"/> Accessibility and Data <input type="checkbox"/> Assessments and Intervention <p>Each sub group has created its own priorities for development and implementation and a number of small projects have been identified in support of this including work around standardising paperwork and cross referencing MAS and GP registers linked to READ codes. Consideration of the different styles of communication needed has also been flagged alongside the need to work closely with Swansea Bay health board as the provider of our LD support.</p> <p>Work stream 5b (measurements) is working to support the MAS services across CTM to standardise and streamline their data collection processes in support of the revised data set released by Improvement Cymru. This continues to be a work in progress but positive steps have</p>	<p>Inconsistency in approach across the MAS services in Merthyr Tydfil and RCT.</p> <p>No MAS service in Bridgend</p>	<p>There is a focus on improving data consistency across CTM ensuring that what is recorded is the same across all MAS and other memory services.</p> <p>There is exploratory work ongoing in relation to the need for a MAS service to be developed within Bridgend.</p> <p>Current distribution of resources is being explored and a number of additional services have been funded to support improvement in MAS services as a whole.</p> <p>Psychology is currently exploring opportunities to support in this area. A number of psychologist have undertaken enhanced training which would enable them to support with diagnosis.</p>

	<p>been taken to ensure that the data provided is comparable across the regional footprint.</p> <p>The Dementia Steering group has agreed to fund some additional allied health professional resource into the MAS service to support individuals through their dementia journey and has also agreed to pilot an ANP in MAS to assess whether this approach will aid diagnostic levels.</p> <p>Internally reconfiguration approaches to support individuals with a mild cognitive impairment are being explored alongside improvements in data collection to ensure when/if these individuals begin to develop dementia diagnosis is expedited and early interventions and lifestyle changes implemented to help delay the severity of the condition as much as possible.</p> <p>Hub models are being pursued across the region with varying levels of speciality ranging from a dementia hwb model in Bridgend to more generic hubs in community settings such as Cynon Linc in Aberdare closely aligned to memory services to support individuals in settings closer to home.</p> <p>All areas of development are directly linked to the All Wales Dementia Care Pathway of Standards.</p>		<p>A trial of MCI groups in each locality is being arranged to ensure that people are offered support post diagnosis. It is anticipated that this pilot will also highlight ways to improve standardisation of READ codes, recall rates and a systematic approach to track conversion rates.</p> <p>We are currently exploring capacity to roll out the EPP Cymru Dementia Syllabus across CTM linked to the WISE programme and the living well dementia group.</p>
--	--	--	---

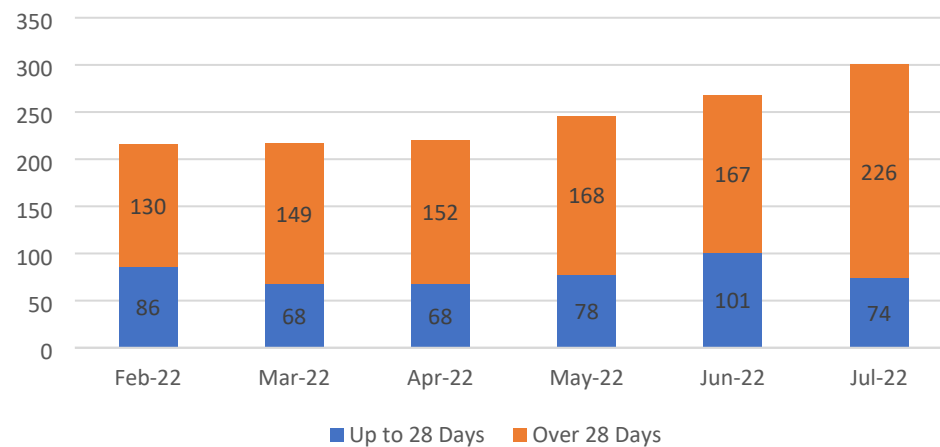
	Data on wait times within MAS can be found in Appendix A below. As of September 2022, 311 individuals were awaiting diagnosis across Cwm Taf Morgannwg (around 0.35% of the over 65 population of the region). This includes data from Bridgend.		
	Update at 31 March 2022		

Appendix A: MAS Wait times across CTM

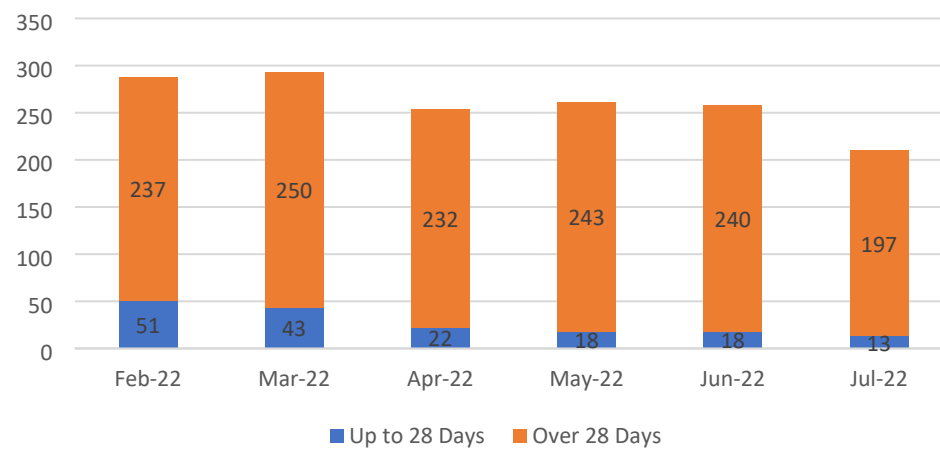
CTM					
Assessment					
Waiting Times	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Up to 28 Days	68	68	78	101	74
Over 28 Days	149	152	168	167	226
Total patients waiting	217	220	246	268	300
Diagnosis					
Waiting Times	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Up to 28 Days	43	22	18	18	13
Over 28 Days	250	232	243	240	197

Total patients waiting	293	254	261	258	210
------------------------	-----	-----	-----	-----	-----

CTM Assessments



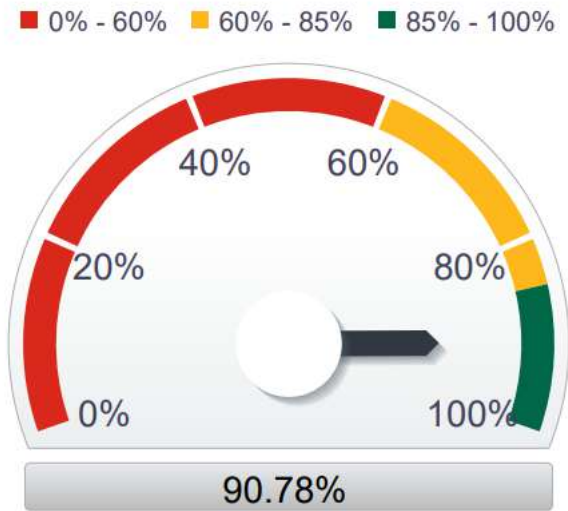
CTM Diagnosis



Appendix B: Pan CTM mandatory dementia awareness training compliance figures

Compliance Overview

The gauge below provides a compliance % for the single level of Dementia training.



The table below provides a compliance percentage for the single level of Dementia training.

Competence Full Name	Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
NHS MAND Dementia Awareness - No Renewal	12313	12313	11178	90.78%	0	90.78%

The Table below provides an overall combined compliance % for each Staff Group

Staff Group		Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
Add Prof Scientific and Technic		391	391	370	94.63%	0	94.63%
Additional Clinical Services		2368	2368	2281	96.33%	0	96.33%
Administrative and Clerical		2517	2517	2393	95.07%	0	95.07%
Allied Health Professionals		779	779	745	95.64%	0	95.64%
Estates and Ancillary		1390	1390	910	65.47%	0	65.47%
Healthcare Scientists		211	211	203	96.21%	0	96.21%
Medical and Dental		787	787	568	72.17%	0	72.17%
Nursing and Midwifery Registered		3793	3793	3685	97.15%	0	97.15%
Students		77	77	23	29.87%	0	29.87%

Compliance by ILG

The Table below provides an overall combined compliance % for each ILG

ILG		Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
110 Balance Sheet Care Group		3	3	3	100.00%	0	100.00%
110 Bank Care Group		1	1	1	100.00%	0	100.00%
110 Chief Operating Officer Care Group		1278	1278	797	62.36%	0	62.36%
110 Children & Families Care Group		1332	1332	1254	94.14%	0	94.14%
110 Corporates Care Group		1206	1206	1140	94.53%	0	94.53%
110 Diagnostics, Therapies & Specialities Care Group		1527	1527	1460	95.61%	0	95.61%
110 Hosted Organisations Care Group		106	106	96	90.57%	0	90.57%
110 Mental Health & Learning Disabilities Care Group		1235	1235	1201	97.25%	0	97.25%
110 Planned Care Care Group		1990	1990	1811	91.01%	0	91.01%
110 Primary & Community Care Group		1528	1528	1481	96.92%	0	96.92%
110 Unscheduled Care Care Group		2107	2107	1934	91.79%	0	91.79%

The Table below provides an overall combined compliance % for each Service Group

ILG	Service Group	Headcount	Competencies Required	Competencies In-date	Compliance %	Competencies Expiring in Next 90 Days	Predicted % in 90 Days
110 Balance Sheet Care Group	110 Balance Sheet Service Group	3	3	3	100.00%	0	100.00%
110 Bank Care Group	110 Bank Service Group	1	1	1	100.00%	0	100.00%
110 Chief Operating Officer Care Group	110 COO COVID-19 Response Service Group	10	10	10	100.00%	0	100.00%
	110 COO Facilities Hub Service Group	162	162	116	71.60%	0	71.60%
	110 COO Facilities Service Group	1073	1073	642	59.83%	0	59.83%
	110 COO Management Team Service Group	31	31	27	87.10%	0	87.10%
	110 COO PCRP Service Group	2	2	2	100.00%	0	100.00%
110 Children & Families Care Group	110 Children & Families Management Service Group	29	29	27	93.10%	0	93.10%
	110 Obstetrics, Gynaecology & Sexual Health Service Group	585	585	549	93.85%	0	93.85%
	110 Paediatrics, Acute & Community Service Group	718	718	676	94.43%	0	94.43%
110 Corporates Care Group	110 Chief Executive Service Group	37	37	31	83.78%	0	83.78%
	110 Corporate Development Service Group	57	57	55	96.49%	0	96.49%
	110 Estates Service Group	164	164	159	96.95%	0	96.95%
	110 Finance Service Group	73	73	70	95.89%	0	95.89%
	110 ICT, Performance & Information & Medical Records Service Group	360	360	339	94.17%	0	94.17%
	110 Medical Director Service Group	24	24	23	95.83%	0	95.83%
	110 National Imaging Academy Service Group	11	11	11	100.00%	0	100.00%
	110 Patient Care & Safety Service Group	180	180	169	93.89%	0	93.89%
	110 Planning & Partnership Service Group	29	29	28	96.55%	0	96.55%
	110 Public Health Service Group	85	85	82	96.47%	0	96.47%
	110 Research & Development Service Group	24	24	24	100.00%	0	100.00%
	110 Therapies & Healthcare Sciences Service Group	2	2	2	100.00%	0	100.00%
	110 Value Based Healthcare Service Group	10	10	9	90.00%	0	90.00%
	110 Workforce & Organisational Development Service Group	150	150	138	92.00%	0	92.00%
110 Diagnostics, Therapies & Specialties Care Group	110 Clinical Support Services Pathology Service Group	248	248	237	95.56%	0	95.56%
	110 Clinical Support Services Radiology Service Group	301	301	281	93.36%	0	93.36%
	110 Medicine Management Service Group	318	318	300	94.34%	0	94.34%
	110 Therapies Service Group	660	660	642	97.27%	0	97.27%
110 Hosted Organisations Care Group	110 Emergency Ambulance Services Committee Service Group	32	32	30	93.75%	0	93.75%
	110 Welsh Health Specialist Services Committee Service Group	74	74	66	89.19%	0	89.19%
110 Mental Health & Learning Disabilities Care Group	110 CAMHS Service Group	268	268	258	96.27%	0	96.27%
	110 Mental Health & Learning Disabilities Service Group	967	967	943	97.52%	0	97.52%
110 Planned Care Care Group	110 Cancer Services Service Group	34	34	28	82.35%	0	82.35%
	110 Planned Care Outpatients Service Group	41	41	41	100.00%	0	100.00%
	110 Surgery & ACT Service Group	1915	1915	1742	90.97%	0	90.97%
110 Primary & Community Care Group	110 Localities Service Group	929	929	910	97.95%	0	97.95%
	110 Primary Care Service Group	599	599	571	95.33%	0	95.33%
110 Unscheduled Care Care Group	110 Acute Medicine and A&E Service Group	2107	2107	1934	91.79%	0	91.79%

Rows 1 - 35 (All Rows)

Learning Disabilities Improving Lives Programme

Organisation	CTM UHB	Date of Report	28/09/22	Report Prepared By	M Abraham & W James
--------------	---------	----------------	----------	--------------------	---------------------

The Welsh Government’s new strategy [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to deliver the Learning Disabilities Improving Lives Programme.

Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.		
Key Actions:		
1. Reducing reliance on medication to manage challenging behaviour.		
2. Improving access to community based early intervention and crisis prevention.		
3. Increasing community based provision enabling individuals to move on from in-patient units as soon as it is safe for them to do so.		
4. Ensure all in-patients are regularly assessed for discharge to “step down” care and discharge plans are actioned within 7 days.		
Achievements	Risk to Delivery	Corrective Actions
The specialist learning disability service has reviewed and updated the current processes for managing the transfer, transition and discharge of inpatients across the NHS and independent sector. This reflects the requirements of the national specialist LD	Workforce challenges - recognised deficits across professions, new roles and opportunities for staff present risks to existing services due to recruitment/retention challenges.	Engagement with staff working in learning disability services and communication opportunities to keep the workforce engaged and alert to change.

<p>action plan and Goal 6 of the Six Goals for urgent and emergency care.</p> <p>The reflection of the multi-disciplinary model in a redeveloped inpatient area to ensure timely assessment and intervention planning, shared goals and transitional supports.</p> <p>A multiagency group has already met to look at the priority areas of early intervention & crisis, timely transition and quality specialist learning disability services. This is linked to the work of the National Implementation Advisory Group.</p>	<p>Capital and estate challenges related to funding constraints and limited resource respectively delay the development of key environmental improvements required to holistically meet all care needs, particularly for those who are identified for assessment and have potential to step down from high cost private placements.</p> <p>Potential impact of the pandemic/pandemic response – challenges have already been experienced in some areas for delivery.</p>	<p>6 monthly learning disability inpatient audit, alongside the health boards own transition and transfer meetings to maintain shared oversight of individual's pathways.</p> <p>Capital bids submitted within SBUHB to request funding for key environmental developments.</p> <p>Heightened focus on Estates performance with monthly meetings and review of demand vs delivery.</p> <p>Learning disability intensive support team development is phased to recognise the potential impact of staff changes/destabilising effect.</p> <p>Involvement in the national task and finish group which will develop a framework to support the use of non-pharmaceutical interventions in Wales for people with a learning disability.</p>
--	--	--

Implementation of the Welsh Governments' "Reducing Restrictive Practise Framework".

Key Action:

- Promote the use of evidence based interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is proportionate, compliant with the framework and is recorded and monitored.**

Achievements	Risk to Delivery	Corrective Actions
<p>Processes and monitoring in place to ensure that Health Board staff access physical interventions training that is compliant with the requirements of the RRN training standards (BILD ACT certificated) – PBM SBUHB Theory and Practical training. This training is underpinned by pro-active, least restrictive approaches.</p> <p>The Specialist Behaviour Team (SBT) serve inpatient, community, independent sector and peoples own homes to undertake thorough understanding of behaviour described as challenging and to support professionals and carers in developing personalised Positive Behaviour Support plans and interventions to reduce the impacts of challenging behaviour and improve quality of life.</p>	<p>Non-health board staff in the flexible workforce may not be trained in PBM SBUHB Theory and Practical training.</p>	<p>PBM SBUHB strategic lead and team work with agencies and bank to offer relevant training. Use of substantive staff for bank means that they do have the appropriate training.</p> <p>The RRP group to implement a clear process for reporting, monitoring, auditing and evaluating restrictive practice across the Service Group.</p> <p>The implementation of the reducing restrictive practices checklist and action planning with areas.</p> <p>Capturing people's experiences, learning from incidents and working together with people with learning disabilities and their families on the impact of PBS and RP's.</p>

<p>The learning disability division reducing restrictive practices group is in place reporting to the MH&LD reducing restrictive practices group.</p> <p>Multi-disciplinary approaches to reducing restrictive practice are utilised within the service.</p>	<p>Information systems that do not allow the effective and accurate recording and collation of RRP performance measures.</p>	
--	--	--

<p>Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.</p> <p>Key Action:</p> <p>1. As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Regional Integrated Fund.</p>		
Achievements	Risk to Delivery	Corrective Actions
<p>The Regional Partnership Board LD Sub Group has been relaunched post Pandemic and appointed its first paid chair person with an LD.</p> <p>This Group has reviewed the local and national priorities identifying HOME as one of the three priorities.</p> <p>Regional Programs have been established to explore demand and capacity in for specialist models of care and support for people with complex needs better known as ‘Closer to Home’ (C2H).</p>	<p>Lack of dedicated staffing resource to drive the transformation program.</p> <p>Identifying suitable land and or accommodation to develop more capacity in C2H.</p>	<p>LD Program Manager Job Description developed for application of RPB funding for 2 years.</p> <p>Engagement events with RSL’s to encourage joint working and stimulate interest in the programs.</p>

There are 3 live C2H Schemes in Bridgend area and 1 in RCT, which goes live in Sept 2022. All schemes previously benefited from ICF and will provide the foundation for further applications to RIF applications this year.	Capacity and skills within the CLDT's and social care sectors.	Modernisation of CLDT's and introduction of Learning Disability Intensive Support Teams. Define a sustainable model of C2H which includes Health Housing and Social Care.
---	--	--

Primary Health Care: Improve the take up and quality of annual health checks to identify and address health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).

Key Actions:

- 1. Strengthen the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level).**
- 2. Establish a community learning disability link nurse for every primary care cluster.**

Achievements	Risk to Delivery	Corrective Actions
<p>Senior Nurses from the 3 CLDT'S have been identified as Cluster Leads for each of the Clusters across Primary Care. This is being enhanced by other Nurses being allocated to a Cluster to offer additional support</p> <p>CLDT's advise individuals about the importance of AHC during Psychiatry reviews, assessments etc and will offer support by contacting the practices where necessary and also offer support via any identified desensitisation programmes</p> <p>Data has been compiled on the number of individuals registered with GP across the CTMUHB footprint and liaised with Data Analyst in Improvement Cymru to</p>	<p>One Senior Nurse due to retire which will leave a vacancy in one of the CLDT's and therefore could impact on support to Clusters until recruited.</p> <p>Vacancy of the existing part time Learning Disability Liaison post have resulted in the lack of dedicated primary care focus from the CLDT to date.</p> <p>Due to the pressures on Primary Care, Cluster Meetings/training reduced and therefore it's been difficult for People First to meet with Clusters and deliver their presentations</p>	<p>SBUHB in the process of recruiting into the vacancy</p> <p>Clinical Skill set of Nurses within the CLDT's to be enhanced to enable joint working with Primary Care to meet the requirements of the AHC's but also metabolic screening</p> <p>Lead Nurses from each of the CLDT's to meet to explore ideas and examples of good practice on how the Teams are ad can continue to support Primary Care colleagues</p>

<p>compare the data with the data held with Improvement Cymru.</p> <p>Number of AHC's undertaken across each GP practice and Cluster over the last three years have now been identified and compared with the number of individuals registered with a GP. A baseline has therefore been established to enable the Health Board to measure improvement over time. This is considerable progress and will be monitored in the newly formed Health Sub Group of the Regional Learning Disability Partnership Group.</p> <p>Currently exploring proposals to submit to WG to access additional funding that WG has been made available to increase the uptake and quality of AHC's across CTM UHB. Looking at a proposal where there will be an increase in the dedicated resource to support Primary Care to undertake AHC's consistently and monitor actions following the AHC, focussing on one Cluster area and then looking at rolling out the model across other Clusters. Proposal will be discussed in the Health Sub Group to ensure those individuals and their families using services across the footprint are consulted with.</p> <p>Existing dedicated resource of a Part time Primary Care Liaison Nurse has been vacant for a considerable amount of time but has been recruited into by SBUHB, awaiting start date.</p> <p>CLDT's are in the process, once they are up to full compliment to deliver the Primary Care Education Pack, developed by Improvement Cymru.</p> <p>Individuals with a learning disability trained as Health Champions via Cwm Taf People First and developed a presentation to deliver to GP Clusters on the importance of AHC's. Two films developed, one relating to Health Champions and one relating to a Right to Life, shared across the HB.</p> <p>Nurses in the CLDT's trained to deliver the Covid Vaccine and the most recent report shows the</p>	<p>Uptake of flu vaccine in individuals with a learning disability across the CTM footprint is lower compared to the uptake of the Covid Vaccine.</p> <p>Vacancies within the CLDT have impacted on their ability to deliver the Primary Care Education Pack</p>	<p>Post has now been recruited into, awaiting start date.</p> <p>Cluster meetings/training sessions are in the process of being re-established across Primary Care. However, Health Champion role and a Right to Life translated into film to enable staff to view them digitally if face to face sessions is still challenging.</p> <p>Discussions taking place with Public Health Colleagues on how this can be improved with the support of the CLDT's. This will also be an agenda item on the newly formed Regional Health Sub Group to raise the profile of the importance of accessing flu vaccination.</p> <p>SBUHB are in the process of recruiting into vacancies to bring the CLDT's up to full compliment</p>
---	--	---

uptake of the Covid Vaccine to be very good for individuals with a learning disability across CTM. However, the report also shows that the uptake of the Flu Vaccine in people with a learning disability is not as good. Discussions ongoing with representatives from Public Health Wales and the CLDT to look at this.		
---	--	--

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

- 1. Establish sustainable models of learning disability champions and learning disability liaison nurses.**
- 2. Ensure system flagging to identify patients with a learning disability and increase the use of the health passports.**
- 3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.**

Achievements	Risk to Delivery	Corrective Actions
<p>Three full time Acute Learning Disability Liaison Nurses are in place across CTMUHB, one based in each of the three large hospital sites.</p> <p>A rolling programme of monthly learning Disability Champion training is in place alternating between the three large hospital sites. Learning Disability Champions within each departments is increasing</p> <p>The Acute Learning Disability Liaison Nurses maintains a register and shares relevant information with the Champions on a regular basis.</p> <p>CTMUHB purchased a number of Learning Disability Champion Training Packs from the Paul Ridd Foundation to support the training.</p> <p>Learning Disability Information Boards are in place across the sites and are monitored and updated by the Champions. Discussions with Arts within the</p>	<p>One Acute Learning disability Liaison Nurse has been on long term sick leave for a considerable amount of time impacting on one of the hospital sites</p> <p>Releasing staff to attend the Learning Disability Champion training can be challenging</p> <p>Whilst individuals with a learning disability are flagged on the WPAS system it is not easy to see the flag when the person comes in to hospital</p> <p>Changes in staff personnel and long-term sickness has resulted in a delay in the CLDTs flagging individuals who are on their caseload on to CTMUHB WPAS system.</p>	<p>Some backfill arrangements were in place but awaiting confirmation of further arrangement to manage shortfall from SBUHB</p> <p>The two Acute Learning disability Liaison Nurses provide cover along with the support of the CLDT where necessary</p> <p>The three Heads of Nursing in each large hospital site is committed to increasing the number of Champions and raise the profile</p> <p>Discussions in the process of taking place with the lead for WPAS in the Health Board to look at how the problem can be rectified</p> <p>Lead for WPAS has agreed to give access and train newly appointed SBUHB staff on how to flag individuals and provide refresher training</p>

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

- 1. Establish sustainable models of learning disability champions and learning disability liaison nurses.**
- 2. Ensure system flagging to identify patients with a learning disability and increase the use of the health passports.**
- 3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.**

Achievements	Risk to Delivery	Corrective Actions
<p>Health Board to look at how we can utilise the skills of arts/graphic design students to provide support on how the Boards can be improved</p> <p>Staff are encouraged to ask an individual with a learning disability and their family/carer for a copy of their Health Profile when they come into hospital as per the Policy.</p> <p>The staff intranet continues to develop for staff to access information relating to learning disabilities. The Paul Ridd Foundation recently commented on the good work done to develop the site. The intranet page also continues to develop</p> <p>CTMUHB has purchased ward packs from the Paul Ridd Foundation to support the Wards when an individual with a learning disability comes on to their Ward.</p> <p>A number of issues have been identified with the flagging system that is in place in CTM UHB, whilst individuals with a learning disability are flagged, it's not always easy to see the flag, therefore discussions taking place with WPAS leads to look at how this can be overcome.</p>		<p>Continue to monitor compliance figures for the Paul Ridd Foundation level training on a weekly basis. Continue to deliver targeted communication pitches at regular intervals to staff. Target areas/departments where compliance is low.</p>

To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.

Key Actions:

- 1. Establish sustainable models of learning disability champions and learning disability liaison nurses.**
- 2. Ensure system flagging to identify patients with a learning disability and increase the use of the health passports.**
- 3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.**

Achievements	Risk to Delivery	Corrective Actions
<p>Joint nomination submitted to the RCN Nurse of the Year Awards for the two Acute Learning Disability Liaison Nurses by the Lead Nurse for Learning Disabilities and following a presentation and interview, they are finalists in the Mental Health and Learning Disability Category.</p> <p>The Health Board mandated the Paul Ridd Foundation level training and made the necessary changes to the ESR system. The training formally launched within the Health Board during Learning Disability Week with targeted communications to all Managers and every staff member. Compliance figures collated on a weekly basis and is currently at 44.88%, which means that 5,672 have now completed the training. The Health Board is planning another targeted communication pitch to all staff when the compliance figure reaches 50%</p>		

Health & Social Care Climate Emergency National Programme – NHS Wales Decarbonisation Action Plans

Organisation	Cwm Taf Morgannwg UHB	Date of Report	2/9/2022	Report Prepared By	Elle McNeil, Head of Planning and Commissioning
DAP Senior Sponsor	Linda Prosser, Executive Director for Strategy and Transformation	Finance Allocated to Support Delivery (£s)	NA	FTE Resource allocated to support delivery	NA

Aims and objectives: Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050 this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*. A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plans (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target. This qualitative monitoring return supports the implementation of DAPs and the aims of the National Programme by providing a mechanism for reporting on progress and improvements.

NHS Wales Organisations are asked to report detailing the progress of their contribution to the Climate and Nature Emergency and associated targets as outlined in the organisation's plan (Priority Measure 31).

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Please attach a copy of your organisation's Decarbonisation Action Plan which should form the basis of how your organisation is implementing initiatives within the NHS Wales Decarbonisation Strategic Delivery Plan and more generally demonstrate the organisation's contribution to the ambition for the Public Sector in Wales to be collectively Net Zero by 2030 (for NHS Wales this means collectively reducing emissions by at least 34% by 2030) and achieving Net Zero by 2050.

Alongside this qualitative reporting organisations should also report quantitative, organisation level emissions in line with the Welsh Public Sector Net Zero Carbon Reporting Approach and timeline (Priority Measure 30).

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery. Reporting can also be provided using the organisation's own reporting dashboard or equivalent if agreed with the Programme Team in advance.

Executive summary of progress to date:

Staff capacity to engage or deliver initiatives beyond core duties and services is currently very limited. This is impacting on implementation of our decarbonisation action plan and workforce mobilisation to achieve the culture change required to move towards being a more sustainable healthcare provider. Progress is being made within estates and facilities despite staffing and capital allocation issues. It is highlighted in the return that our ability to deliver the needed estate/facilities driven decarbonisation will not be achievable without additional revenue and capital funding due to the tight fiscal position of CTMUHB.

Wider progress to achieve system change to reduce our carbon emissions is more limited, in particular driving down the high carbon emission factors associated with procurement of medical goods, services and technology where procurement is driven centrally for many of our contracts with focus on financial cost, rather than wider consideration of the true whole cost pathway, recyclability of products or our role as an anchor institution.

	Current RAG Status	Previous RAG Status
Progress RAG: Provide the RAG status of delivery against DAP	Amber	Not applicable
Delivery confidence RAG: Provide the RAG status of the organisations overall confidence of delivering a minimum of 16% reduction in emissions by 2025	Amber	Not applicable

Route to green including asks of WG

The following high-level issues are impacting on our ability to deliver the required structural, cultural and physical changes required to achieve our route to green carbon reduction in-line with the WG guidance:

- Staff capacity to engage or deliver initiatives beyond core duties and services is very limited. This is impacting on implementation of our decarbonisation action plan and workforce mobilisation to achieve the culture change required to move towards being a more sustainable healthcare provider. This is as a consequence of high vacancy levels, staff exiting the NHS post-COVID pandemic and a challenging financial position resulting in CTMUHB all non-medical related posts being frozen and subject to additional scrutiny in order to reduce the wage bill.
- The escalating cost of energy is impacting on our financial position, with end of year forecast estimated at £28m for 2022/23, where 2021/22 spend was ~£8m. While this is focusing attention on reducing our energy consumption the massive gap which is anticipated to remain in place over the coming years will impact on service delivery.

We are exploring our role as an anchor institution to use our size, financial footprint and capacity to achieve wider sustainability goals, e.g. delivering care closer to home to reduce carbon emissions and/ or using active travel pathways; or, procuring goods and services locally to reduce carbon footprint and

support local businesses. Working with our local partners to use our collective size, spend and influence will help achieve the public sector net zero targets overtime, however the scale and breadth of changes required may take longer than the given timeframe.

Asks of Welsh Government:

- To provide support for a central consistent data reporting function to ensure NHS and cross-sectoral public sector reporting is carried out in the same manner in order to effectively monitor decarbonisation activities. The current reporting carbon emission template changes as a consequence of improving data collection have led to CTMUHB reporting an increase our carbon emissions despite activities to decrease them. This will be further exasperated in 2022/23 as a consequence of steep inflationary rises impacting on how the carbon emissions are calculated as well as any further amendments to the template if made.
- To provide greater leadership and coordination across NHS Wales and the public sector to enable greater sharing of information, ideas, learning, examples of good practice and innovations and to enable cross-sectoral large scale partnership working on services and projects that will reduce our collective public sector carbon footprint. As part of this, providing greater central guidance and support to develop the anchor institution role of public sector bodies would enable us to fully lever our capacity to deliver sustainability.
- To acknowledge and respond to the issues arising from the directive to increase electric vehicle (EV) usage within our fleet when the infrastructure plans for Wales do not support a wholesale change to EV due to grid capacity. Nor is there sufficient revenue or capital to meet the increased costs associated with implementation of this emerging technology.
- To provide additional revenue and capital investment to make the required improvements across our buildings, estates and facilities as well as service delivery to achieve our target carbon footprint reductions.
- To consider how best to support innovative approaches and emerging technologies to be adopted more quickly across health through devolving responsibility to those within health boards to overcome risk aversion practices which preventing uptake of new delivery, e.g. use of microbes to breakdown polymers rather than requiring high incineration or burial of clinical waste; or enabling installation of batteries to store electricity for SPV panels despite the lack of guidance on the use and safe installation of these new products.
- For Welsh Government and the new NHS Executive function to proactively engage and support changing the mind-set from seeing health care delivery bi-products as waste, as opposed to a resource that can be used or reinvested.
- To enable suppliers to work with health care providers to make products that can be reused or recycled – providing a focus of procurement value rather than financial cost, with greater consideration of the true whole cost pathway.
- Further consideration is required with central support of the role of joint appointments between universities and health boards in order to promote greater levels of collaborative working and to make the NHS an attractive employer, therefore helping to ensure sustainability of the NHS workforce.

	Achievements	Risks to delivery
Procurement initiatives	<ul style="list-style-type: none"> • iCTM working with NWSSP central team on a number of recycling projects, e.g. reducing IV fluid packaging to improve compliance, MediBoot project (see below). • CTMUHB are progressing their approach to being an anchor institution and developing a foundational economy model. • Some contracts are now being awarded to local suppliers, such as Bridge Roasters to supply our coffee shops. • Adoption of standard contract monitoring is ongoing, and will be developed to include greater scrutiny of carbon footprint of our purchased goods and services. 	<ul style="list-style-type: none"> • Staff capacity to engage/ undertake the work and share the learning across Wales. • Cost of buying locally often exceeds larger/ international companies, putting delivery of the foundational economy and carbon savings at risk through procurement guidance focused on bottom-line cost. There are associated cost pressures of buying locally.
Buildings, estates planning and land use initiatives	<ul style="list-style-type: none"> • Solar panels now live at: Dewi Sant, Keir Hardie Health Park, Ysbty Cwm Cynon and Ysbty Cwm Rhondda. • Installation of ~2,000 LED lights across Princess of Wales Hospital. • Replacement of windows across whole ward block at Prince Charles Hospital to improve energy efficiency. • Discussion ongoing with all 3 local authority partners regarding private wire connections for solar energy. • Feasibility study complete for large scale solar panel installations at Glanryhd and Ysbty Cwm Cynon. • Recommended discussion with Bridgend CBC regarding heat source network for the Bridgend Health and Wellbeing development. • Nearing contractual agreement with a Re:fit partner. • Discretionary capital approved for voltage optimisation scheme. 	<ul style="list-style-type: none"> • Staff capacity and resourcing is a large pressure on delivery. Additional revenue investment is needed to develop a decarbonisation estates/ capital and facilities teams to achieve the decarbonisation targets. • Additional capital investment is needed to make the required improvements across our buildings and estates. Funding is required for improvement, retrofitting work, LED replacement, CHP removal planning, etc. to move towards carbon neutrality. All capital spend is subject to greater scrutiny as a consequence of CTMUHBs financial position putting delivery at risk. • Establishing the correct baseline position for 2019/20 to enable accurate forecasting and working towards 16% reduction by 2025. Ongoing changes to the annual carbon emission reporting template and inflationary price rises are resulting in increased carbon emission reporting, despite progress being made to reduce emissions. Ensuring that the most up-to-date carbon emission reporting template is used to re-establish the baseline and WG confirmation that these changes will be taken into account when assessing progress towards the 16% reduction target.

Transport initiatives	<ul style="list-style-type: none"> • Performance, Planning and Finance Committee approved the updated Travel, Transport and Car Parking policy. • Submission of NHS All Wales Fleet & Transport Decarbonisation Questionnaire on behalf of CTMUHB to NWSSP and Welsh Government. • Comprehensive review of all UHB transport provision completed and submitted to the Planning, Performance and Finance Committee to consider changing the fleet to include electric or hybrid vehicles in our vehicle mix. Current fleet vehicle contract is due for renewal; tender exercise to be completed 2022/23, which could reduce the CTM fleet carbon emissions. • The Facilities Technical Services team are in consultation with the workforce and staff teams to approve the use of tracking in Health Board vehicles. This would improve the monitoring and recording of the fleet mileage, maintenance, safety and compliance with speed and fuel consumption and emissions. A bid for funding a vehicle tracking system has been submitted in the Facilities 2022/23 IMTP submission. • A review of the current operating transport fleets, their routes and schedules has commenced. The scope of the review involves an assessment of quality, compliance with health care standards and legislation. In addition we are exploring ways to consolidate transport services. 	<ul style="list-style-type: none"> • Staff capacity to engage/ undertake the work and share the learning across the health board/ wider Wales. • Additional capital investment is needed to make the required travel related infrastructure improvements (e.g. EV charging points) across our estates. Funding is required for improvement to move towards carbon neutrality. • Availability of space, capacity and access on sites to implement initiatives. E.g., estates advise that the electric power load capacity at some of our sites may not be sufficient to support a fleet charging infrastructure and require support from Western Power Distribution and funding to upgrade and increase capacity. • Increases in CTM electric charging energy costs, up from £8m in 2021/22 to estimated £28m for 2022/23. • Organisational changes (e.g. changes in services, staff numbers, CTMUHB estate and allocation of resources and access to them). • Keeping up to date with increasing advances in equipment and technology and ensuring implementation in initiatives. • Improvements required involve a lot of work in a relatively short period of time to achieve decarbonisation targets. • Risks identified on consideration of implementing the vehicle tracking device system (e.g. Legislative and NHS Requirements, Increased User and Management Responsibilities, Additional requirements of Accident Reporting, Training Implications).
------------------------------	---	--

<p>Approach to health care (service design/models of care, medicines, waste)</p>	<p>Waste and Recycling</p> <ul style="list-style-type: none"> • SBRI bid submitted in partnership with CAVUHB, ABUHB, USW, NWSSP and Wales's value in health team regarding physio and orthotics use of plastic devices. • Health Hack funding secured for 'Team MediBoot' to explore recycling single use MediBoots and reduce clinical waste. • Your Medicines, Your Health with primary care and iCTM/ USW have reviewed inhaler's polymer types to identify how to improve their recyclability. • CEIC project exploring potential of cardboard packaging recycling into a product for resale (<i>potential for income generation</i>). <p>Healthcare service design</p> <ul style="list-style-type: none"> • Green endoscopy is being adopted across CTM following a Quality Improvement project which has altered waste segregation, improving recycling rates and reducing clinical waste through working with the suppliers, clinicians and facilities staff. <p>CTM2030 includes 'Sustaining our Future' as a key strategic goal which will underpin all services changes moving forwards. Work has commenced to mainstream decarbonisation into our Project Management Office approach to service transformation and change in order to capture carbon reduction activities across all work streams.</p> <p>This is supported by the developing 'CTMUHB Unified Transformation Portfolio' approach chaired by our CEO Paul Mears to provide strategic oversight and guidance across the 4 CTM2030 goals. Portfolio programme boards are being established to oversee 2 sustainability work streams, portfolio 4: Value & Effectiveness, and portfolio 5: Environmental Sustainability.</p>	<p>Waste and Recycling</p> <ul style="list-style-type: none"> • Staff capacity to engage/ undertake the work and share the learning across the health board/ wider Wales. • Innovative approaches work quicker than governmental oversight, leading to risk aversion preventing uptake. • Lack of expertise in climate change, carbon reporting and sustainable improvement throughout the workforce. • CTMUHB failed to secure Cardiff City Regional funding for a series of plastic waste focused initiatives despite altering submissions in line with previous feedback. The decision has been taken to cease any further applications to this funding source. <p>Healthcare service design</p> <ul style="list-style-type: none"> • There are no dedicated corporate roles to deliver our decarbonisation agenda.
---	---	---

Further initiatives	<p>Informing the Workforce/ Enabling Cultural Change</p> <ul style="list-style-type: none"> • Welsh Government funding has been secured for: <ul style="list-style-type: none"> ○ ‘Innovation Sustainable Scholar’ programme accessing training and support from the Centre for Sustainable Healthcare over a 6 month period. ○ Developing an introductory e-learning package for CTMUHB staff, with potential to spread and scale to all NHS employees via ESR (mandatory) training. • Embedding information about our decarbonisation strategy and the links between climate change and healthcare within our mandatory corporate induction training (go-live Q3). • Developing a ‘Green CTM’ newsletter as part of a wider communication and engagement plan to highlight green initiatives, practices and changes that individuals can make. 	<p>Informing the Workforce/ Enabling Cultural Change</p> <ul style="list-style-type: none"> • Staff capacity to engage/ undertake the work and share the learning across the health board/ wider Wales. • Completion of the sustainable quality improvement projects by March 31st 2023 (funding window).
----------------------------	--	--

Relevant Strategies and Guidance

- [Net Zero Wales](#) sets out the actions needed to meet Wales’s second carbon budget (2021-2025).
- [Prosperity for All; A Climate Conscious Wales](#) is the climate change Adaptation Plan for Wales. This plan provides the overarching framework for Adaptation Planning within Health and Social Care.
- [NHS Wales Decarbonisation Strategic Delivery Plan](#) provides an ambitious mandate for National and Local action across NHS Wales including the requirement for NHS organisations to produce Decarbonisation Actions Plans.
- The requirement for NHS Wales to develop plans in response to the Climate Emergency is referenced in the [NHS Wales Planning Framework 2022-2025](#). NHS Wales Chairs have also been briefed on the need for plans to reflect the milestones that need to be achieved to respond to climate change and achieve the goal of the Public Sector being collectively carbon neutral by 2030.
- Best practice and case studies from NHS Organisations can be found:
 - [Home | Green Health Wales | Iechyd Gwyrdd Cymru | Sustainable Healthcare Network](#)
 - [How NHS Wales is responding to the climate emergency | NHS Confederation](#)
- The [Public sector net zero reporting guide](#) provides a guide and reporting requirements for the public sector in Wales to estimate their net carbon footprint, including direct and indirect emissions.

Embedding Foundational Economy Principles

Organisation	Cwm Taf Morgannwg University Health Board (CTM)	Date of Report	30/09/22	Report Prepared By	Linda Prosser, Executive Director of Strategic Transformation
--------------	---	----------------	----------	--------------------	---

The Welsh Government is committed to build on its approach to the foundational economy of Wales. Each organisation within NHS Wales is an ‘anchor institution’ and has significant spending power that can be used to achieve broader policy goals.

Recognising the value of focussed spending in Wales that supports local economic growth, regeneration and community resilience will help address inequalities and socio-economic determinants of health.

Organisations must embed foundational economy principles in strategic plans, spending policies and decisions.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to support the embedding of Foundational Economy Principles.

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
1.	Detail of any projects where solution redesign is benefitting Welsh organisations, i.e. redesigning services to enable	Food is one key area of focus for the health board: through the Healthy Options programme, CTMUHB continues to ensure sustainable and healthy catering for staff.		CTMUHB continues to focus on providing healthy options for staff and looking to future opportunities for expanding this.

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	Wales-based solutions to existing problems.	We are continuing to explore the option of purchasing culled meat locally, with a view to reducing costs as well as supporting local business.	There may be a financial risk in using local suppliers as they are not producing to the same economies of scale as existing providers.	
2.	<p>Detail of any employment initiatives that increases training and employment opportunities for individuals from the geographic area served by your organisation. This should have particular focus on initiatives that target those individuals who are furthest from the labour market e.g. long term unemployed, disabled workers, etc.</p>	<p>The UK Government Apprenticeship Scheme is active in CTMUHB involving the health board contributing towards a levy to help new and existing employees develop skills to meet current and future skills requirements. We continue to promote and look for opportunities to employ apprentices.</p> <p>Project Search - offering internships to those with a learning disability and/or Autistic Spectrum Disorder.</p> <p>Kickstart - work placement opportunities for younger workers to gain valuable experience</p>		<p>The Apprenticeship and Qualifications Manager continues to work with line managers and training partners to recruit to a variety of apprenticeship pathways and work with HEIW on accreditation processes for apprenticeships including the Health Care Science (Level 4) scheme. We seek to introduce 12 apprenticeship roles during the 2022-23 financial year.</p> <p>From September 2022, the programme will expand into Merthyr and Cynon creating a further 8 intern placements.</p> <p>We employed 10/25 of those who had been part of Kickstart.</p>

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
		<p>We are currently working with the Department of Work and Pensions to explore a scheme for employing unemployed over 50s.</p> <p>CTM are exploring the concept of an in house care service. There will be a focus on recruitment of individuals from our local communities as part of the recruitment to this service.</p>		<p>To reduce the number of unemployed over 50s within our region.</p> <p>We want to employ local people as part of this service as we feel that they really understand the needs of the communities we serve and want to promote health and care as a future employment/career option.</p>
3.	Detail of any projects where the location and co-location of services and their impact upon other organisations has led to service change.	There have been no additional changes to the previous submission. However, as part of our capital planning process we continue to focus on the importance of where services are located and which other services would ideally be co-located/located nearby to have the greatest impact.		

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
4.	<p>Detail of changes to strategic decision-making processes to ensure items 1-3 above are considered as standard.</p>	<p>The Anchor group continues to meet is developing a strategy to support the work. This is a key element to CTM2030.</p> <p>Sustainability in CTM has been supported by a CTMGreen Group (see https://www.greenhealthwales.co.uk/ctmuhb) with representation across clinical and non-clinical staff. A new Decarbonisation Board has been established with the first meeting planned for October 2022.</p> <p>The Healthy Housing Partnership continues to meet and has a planned summit for the region taking place on the 5th October 2022 to further the work of the partnership.</p>		<p>The Anchor steering group is meeting regularly and is in the process of finalising an Anchor strategy for CTM.</p> <p>The CTMGreen group has secured several achievements including improvements in use of disposable clinical materials, food waste collection at all hospital sites and senior engagement to support the NHS Wales Decarbonisation Strategy.</p>

Embedding Value Based Health and Care

Organisation	CTMUHB	Date of Report	28/9/22	Report Prepared By	Dee Lowry
--------------	--------	----------------	---------	--------------------	-----------

Value based health and care (VBHC) is the equitable and sustainable use of available resources to achieve better outcomes and experiences for every person.

The NHS Wales Planning Framework 2022/25 recognises our overarching system focus must be on safety, equality of access and improving outcomes, with VBHC as the basis on which services should be planned and delivered.

Four areas of focus are listed below, against which organisations should be able to demonstrate progress in adopting a VBHC approach in their strategic decision-making, planning and allocation of resources. Organisations are welcome to submit their Value Based Health and Care Plan as additional supporting material.


Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to support the embedding of Value Based Health and Care

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
1.	Demonstrate improvements in the reduction of adverse clinical outcomes (as captured in clinical audit) in chronic conditions.	Optimising Heart Failure Diagnosis – NT Pro BNP In support of the work to produce a standardised pathway across CTM for the diagnosis of heart failure via Primary Care, the current reality pathways across the three former ILG areas have been mapped in partnership with clinicians and costed.	The initial TDABC costs have been prepared for each step in the current pathways using the agreed Welsh approach and toolkit. There is strong clinical engagement supporting the process. Data is currently being collated from a range of sources to review effective and appropriate diagnostic opportunities and to reduce inequity across CTM.	This project is part of a whole systems pathway approach in Heart Failure, including projects in optimising medication, rehabilitation and palliative care. This will enable the service to understand the impact at each stage within the pathway and the cumulative effect for patients. The next step is to finalise the indicative current pathways and

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context						
		<p>Further work to review the current utilisation levels of NT ProBNP and potential impact on inappropriate use of ECG is being undertaken. A costing review will also be undertaken.</p> <p>Evaluation of Remote Monitoring of Heart Failure Patients App, (HUMA)</p> <p>To support the evaluation of a proof of concept patient digital remote monitoring system in the heart failure medication titration process. Patients are reviewed and if appropriate registered to use the digital app, supported by the Heart Failure nurse. The cost of new and historic treatment routes was identified and reviewed, as well as any change in intervention method and patient outcomes.</p>	<p>This data will further be used to test a VBHC procurement contracting system which can utilise patient clinical outcomes aligned with contract agreements.</p> <p>Given the typical nature of condition-specific specialist nursing, bottom-up costing was not viable and as such a fully-apportioned approach was used. Core costs per cohort were identified and an analysis of available activity data was undertaken.</p> <p>It was identified that although there was not a significant difference in the Heart Failure nurse costs for intervention, 6/8 appointments were undertaken virtually rather than face to face, and took place following changes identified in symptoms and clinical measurements related to medication titration – enabling a shorter time to optimise. Usual practice of face to face titration usually takes 8 months, titration supported by the digital app is demonstrated in Table 1.</p> <p>Table 1</p> <table><tr><th>Days to Optimise</th><th>Frequency</th><th>%</th></tr><tr><td>8-66</td><td>37</td><td>56%</td></tr></table>	Days to Optimise	Frequency	%	8-66	37	56%	<p>associated costs, a workshop with clinical teams has been planned for Nov 22.</p> <p>The pathways are to be compared to standing activity data from PAS in support of the Value Based Procurement aspect of this exercise.</p> <p>A trial run of data through the Digipharm platform is being planned following required training from McKesson to access and use the data.</p> <p>VBHC allocated funds were used to extend the original project to enable evaluation work to take place. CTM are currently undertaking wider work to review a strategic approach to the use of digital applications as an organisation.</p> <div><p>CTM Heart Failure App Pilot_21-22_V2.d</p></div>
Days to Optimise	Frequency	%								
8-66	37	56%								

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?			Comments/Context														
		<p>24/7 Alcohol Liaison Service</p> <p>To facilitate the opportunity and benefits of a 24/7 alcohol liaison service across CTM, based on the VBHC best practice approach of ABUHB, current service pathway mapping, resource (staffing, partners and costing) mapping and identification of activity have been undertaken.</p> <p>This is being led by service and planning colleagues with support from the VBHC team to progress this work.</p> <p>Interventions Not Normally Undertaken (INNU)</p> <p>Action came from the workstream from the Chief Executive to review INNU activity and potential related savings.</p>	<table><tr><td>66-125</td><td>19</td><td>29%</td></tr><tr><td>125-183</td><td>6</td><td>11%</td></tr><tr><td>183-242</td><td>1</td><td>0.02%</td></tr><tr><td>242-300</td><td>1</td><td>0.02%</td></tr><tr><td>>300 (407, 418)</td><td>2</td><td>0.03%</td></tr></table>	66-125	19	29%	125-183	6	11%	183-242	1	0.02%	242-300	1	0.02%	>300 (407, 418)	2	0.03%	<p>Indicative pathway schematics have been developed with strong support from clinicians from all three teams.</p> <p>Planning has commenced to identify common currency & language to describe the activities the three teams undertake. This is important for numerous reasons including the ability to ensure any changes made improve the efficiency of the service and outcomes for patients.</p> <p>The resource mapping and activity identification are underway.</p> <p>Given the current INNU activity levels, the review was shifted to analysis of INNUs entered onto the waiting list to ensure that elective capacity is maintained for high value activity with ongoing engagement with the services.</p> <p>The waiting list data has been extracted and is undergoing validation checks.</p> <p>An updated list of INNUs to cover the entire health board is being prepared to reflect latest guidance on INNUs and the amalgamation of Princess of Wales with Royal Glamorgan and Prince Charles Hospitals.</p>	<p>This project sits within the VBHC portfolio and was recently successful in mid-year VBHC funding allocation received from WG/FDU for additional VBHC projects.</p> <p>The Task & Finish Group is evolving into a Steering Group and VBHC programme plans and recruitment will shortly take place.</p> <p>Next steps: Publish updated INNU guidance within HB whilst awaiting full INNU review by WG and Public Health colleagues. Include INNU information in external validation of waiting lists i.e. asking patients if they have experienced tonsillitis in last 12 months if on a waiting list for a tonsillectomy.</p>
66-125	19	29%																		
125-183	6	11%																		
183-242	1	0.02%																		
242-300	1	0.02%																		
>300 (407, 418)	2	0.03%																		

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
2.	Delivery programme of PROM collection and sharing PROM data nationally to inform value-based decision making and direct clinical care.	<ul style="list-style-type: none"> 257 Heart failure PROMs completed 215 Lymphoedema PROMs completed 106 RIW PROMs completed Palliative Care PROM- set up on DrDoctor but not live-awaiting agreement/authorisation from the project team. Training has been provided to the relevant clinical staff to enable them to access and review the patient PROM data that has been completed by patients on the digital PROM platform. Staff can review the data and action where needed within the relevant clinical care teams Discussion took place with DHCW on reporting of the heart failure PROM data to share nationally. 	<ul style="list-style-type: none"> CTMUHB have worked with SBUHB regarding repatriation and access to former patient records of Bridgend CTMUHB has successfully transferred all HF PROM data from DrDoctor and is now being held in CTMUHB warehouse CTMUHB have now made the HF PROM data available to DHCW for reporting who have confirmed that the raw data being transferred to them is good and covers a lot in the DCCQ-12 DSCN. Therefore the testing of the reporting raw data is now complete CTMUHB currently in talks with DrDoctor to automate the heart failure PROM data from their system to CTMUHB and then automate out from CTMUHB to DHCW. This is currently a manual process which will need to be rectified in the near future Digital Lymphoedema PROMs within CTMUHB went live June 2022. This data is currently not being reported to the national lymphoedema network team however discussions are being undertaken to make this happen in the near future. Spirometry Mobile Respiratory Unit PROM data is a 6 month pilot project, in partnership with Hywel Dda UHB & RIW, which will finish at the end of Oct 2022. A clinical respiratory PROM was developed and agreed with RHIG, PROM data is currently not being reported on nationally, however a report will be 	<p>CTMUHB are supporting the National VIH Team and Shared Services in the development of a National PROMs provider procurement framework, and are keen to then utilise this to undertake a local procurement exercise to procure a PROMs provider which meets the newly published PSOM National standards and guidelines.</p> <p>This will ensure that key data interoperability, sharing, analysis etc within CTMUHB and Nationally will be achievable. Other founding aspects of this work include the requirement for ease of visualisation of the data by clinical teams, which is not possible with our current limited provision.</p> <p>A number of delays have been experienced in the development of the National PROMs procurement framework, which have directly impacted on our ability to progress this area. However, CTMUHB have used the opportunity to introduce the concept and processes of PROMs collection, analysis, and integration to service delivery, however, we have restricted the roll-out across the VBHC portfolio, awaiting the framework, to reduce the impact of implementing and then withdrawing.</p> <p>We have developed hybrid clerical support roles, which provide clinical</p>

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
			published on the data in the future once the project is complete.	booking support, and patient and clinical team support with awareness and understanding of PROMs, to support integration and improved uptake completion rates. These roles commence in Oct 22. Aligned to PROMs, we have taken the strategic decision to implement PREMs (Patient Reported Experience Measures) and WREMs (Workforce Reported Experience Measures) concurrently, to provide a wider breadth of information to support the whole of the patient outcome and experience in health intervention, and to identify if interventions and approaches do enhance relationships and improve shared decision making.
3.	Progress with allocating resources to secondary prevention activities in high volume clinical areas that have a significant influence on patient outcomes and utilisation of resources.	CTMUHB VBHC funding allocated across our VBHC portfolio and to key CTMUHB and National priority areas and programmes including: National: <ul style="list-style-type: none"> Lymphoedema Phase 1 & 2 Cellulitis – funded band 7 AHP in National Team CTMUHB: <ul style="list-style-type: none"> Heart Failure Pathway NT Pro BNP – Optimising HF Diagnosis HF Optimising Medications – Recruitment of 4 x HF Nurses and hybrid VBHC clerical support HUMA Digital Remote App HF Optimising HF Rehabilitation 	A systematic performance and assurance framework has been developed and implemented across the VBHC portfolio, ensuring consistency. A VBHC programme management suite has been developed and utilised with support to the established programme groups. Highlight reporting templates are completed by each programme, shared at specialist Steering Group level and then form regular composite reporting to the VBHC Steering Group. Task and Finish Groups were established in new areas including AF & Hypertension, 24/7 ALS and Spirometry MRU. Baseline reality resource and activity mapping has been undertaken and is being aligned with costing profiles, to support identification of optimising interventions. Recruitment for projects has been on-going, with a number of posts being filled in this timeframe.	Business cases, programme plans and highlight reports on the commenced projects are available on request. Further projects have been allocated funding as agreed at beginning of September 2022, including: Diabetes Podiatry UroGynae Physiotherapy Medicines Management Digital App Programme Support for ILD Lung Project Review Programme Support for Frailty Project Review In addition, CTMUHB bid and were successfully allocated funding from the National VBHC pot for a 24/7 Alcohol

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
		<p>HF Improving HF Palliative Care</p> <ul style="list-style-type: none"> • Diabetes Pre-Diabetes Project Diabetes ante-natal project & pilot GD-M App Weight Management Diabetic Retinopathy • 24/7 Alcohol Liaison Service (ALS) – Task & Finish Group - mapping • AF & Hypertension – Task & Finish Group - mapping • UroGynae Physiotherapy • Mobile Respiratory Unit – Spirometry with HDUHB & RIW • MyMobility T&O Digital App 	The CTMUHB VBHC portfolio is supporting a number of digital apps to enable proof of concept trial and review.	Liaison Service and as a partner in a Regional AF & Hypertension Project with SBUHB and & HDUHB.
4.	Reduction in unwarranted variation and activity of limited value, and standardisation of best practice pathways which support delivering improved outcomes.	<p>Building on the Heart Failure work carried out in Swansea Bay and CTM Bridgend ILG, the VBHC Team initiated a project to investigate the unwarranted variation in the diagnostic phase of the Heart Failure pathway.</p> <p>A JWA (Joint Working Agreement) has been put in place between CTM, Roche Diagnostics and Digipharma with the intention of:</p> <p>a) Improving outcomes for patients in the diagnostics phase, increasing the use of NT-proBNP within CTMUHB primary care</p> <p>Utilising a Value Based Procurement approach to contracting on outcome improvements and payments on</p>	<p>Several Joint workshops have been held involving CTM Clinical Staff, Procurement, Finance, Programme Management, Industry Partners, Welsh Value in Health Team, Life Sciences Hub</p> <p>In consultation with clinical staff, 3 Heart Failure pathways (per CTM ILG) have been mapped and costed.</p> <p>An MDT Workshop is being planned for mid-Nov 22 with the intention of reviewing the pathways and identifying unwarranted (and warranted) variation, and standardising wherever possible for CTM</p>	Lack of organisational access to data sources has delayed the transfer of data to Digipharma, and subsequent monitoring of agreed Outcome Measures.

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
		results, outcomes being monitored by the Digipharma platform		

Supporting Information

A VBHC approach requires consideration of the whole pathway of care, so that we make informed decisions regarding optimal utilisation of resources to achieve the best outcomes.

In order to do this, a data-driven health and care system is needed, where decision makers at every level have readily accessible information on patient outcomes, to support decisions on planning the allocation of resources and service design that meets true need across the whole pathway of care.

We achieve value for our population through the sum of all interventions across the pathway:



There are many ways to improve outcomes and sustainability of our healthcare system. In this planning cycle, we are focussing on **interventions that are likely to improve outcomes and optimise resource utilisation in the short to medium term, whilst organisations build their systems for longer-term value.** These are:

- reducing **unwarranted variation** in care pathway delivery, to release capacity; and

- investment in **secondary prevention** approaches to improve outcomes, minimise harm and reduce acute health care utilisation. Secondary prevention refers to activities which reduce the impact of conditions already diagnosed, with shorter-term favourable impact on outcomes.

We are also asking organisations to invest in their **collection and use of data on both clinical and patient-reported outcomes** to inform value-based decision making and direct clinical care. Measuring cost and outcome data will provide an evidence-base from which to demonstrate improvements in **the reduction of adverse clinical outcomes in priority condition areas**.

These vital foundation steps in embedding a VBHC approach are set out as **four areas of focus in the template above**. Providing information on progress against these four areas will allow for a consistent picture nationally of VBHC delivery, within an approach that recognises local priorities and population need.

The [Welsh Value in Health Centre](#) can provide support to organisations as they look to embed a VBHC approach, including advice on data collection and analysis, access to information tools, and examples of high-value interventions across a range of condition areas.



AGENDA ITEM

5.5

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED MEDIUM TERM PLAN 2023-2026

Date of meeting

25/10/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Elizabeth Beadle, Assistant Director of Transformation

Presented by

Linda Prosser, Executive Director of Strategy and Transformation

Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

IMTP

Intermediate Medium Term Plan

MDS

Minimum Data Set

1. SITUATION/BACKGROUND

- 1.1 Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh Health Boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health

Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014)

- 1.2 The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.3 During the planning cycle for 2022-2025, undertaken during the last financial year, the health board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2022 focused on an annual plan.
- 1.4 Welsh Government publishes a planning framework in support of the IMTP process annually. Indications from Welsh Government representatives are that the planning framework for the 2023-2026 will be provided during October 2022.
- 1.5 Health organisations will be required to complete a minimum data set (MDS) comprising service, financial and workforce information. This is used to provide assurance on the robustness of plans.
- 1.6 A further anticipated requirement for this planning cycle is the inclusion of a template for the provision of detailed milestones for the plans for the first year of the next three-year cycle. Such a template has not been a specific requirement of previous cycles although organisations have been expected to provide detailed time-bound plans with milestones.
- 1.7 The MDS and planning template are expected to be issued in late October 2022 with the planning framework.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

- 2.1 The proposed approach for the 2023-2026 IMTP is to be set in the context of CTM 2030 built from service plans for each care group and the corporate portfolios and with relation to partnership planning mechanisms.
- 2.2 The IMTP will be founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. It is essential that health board teams take as their starting point the ambition to transform services to meet the required expectations within budget.

- 2.3 The intention is to develop a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan.
- 2.4 It is the Health Board's ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2020/21 is subject to material uncertainties, including the future cost, and funding model for COVID programme and response, energy costs and inflationary pressures.
- 2.5 Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following:
- 2.5.1 Ministerial priorities and measures
 - 2.5.2 NHS Performance Framework
 - 2.5.3 Outcomes Framework
 - 2.5.4 The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)
- 2.6 The graphic below represents the component parts of the planning process at a high level.



- 2.7 Internal guidance will be provided to care groups for the development of internal service plans along with a supporting template to assist them with setting out these plans. Care groups will have allocated planners from the corporate planning team to support them to develop their service plans and meetings/ workshops will be undertaken with each care group, as required.
- 2.8 The timescale for the development of the plan is set out below.

Month	Key activities/ deliverables
October 2022	<ul style="list-style-type: none"> Welsh Government Planning Framework is expected – internal guidance will be updated, as required WHSSC draft plan will become available



	<ul style="list-style-type: none">EASC planning – lists to support commissioning expected <p>Internal service plans to be commenced</p>
November 2022	Internal service plans to be completed Draft IMTP to be drafted
December 2022	Executive team and committee approvals
January 2023	Board discussion and approval Submission to Welsh Government 31/01/2023

- 2.6 A further key enabler for completion of the Health Board's three-year plan is confirmation from Welsh Government of the financial allocation for 2023-24. This will be fundamental to the assurance of deliverable plans within the Health Board's financial allocation. Welsh Government officials have not yet confirmed a date for notification of the Health Board's 2023-24 financial allocation.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 This report is presented to provide the Committee with the process for developing the Health Board's IMTP for the period from 2023-24 to 2025-26.
- 3.2 Given the tight timescales for delivery of the plan to Welsh Government by the stipulated deadline of 31st January 2023, planning must commence in advance of receipt of the key planning documents and templates for the submission and in advance of confirmation of financial allocation for the forthcoming financial year.
- 3.3 This will require service plans and the draft IMTP document to go through several iterations to ensure that they are aligned with the requirements and expectations of Welsh Government.
- 3.4 To minimise the risk of requiring major changes, regular meetings are held between the Health Board's Planning Team and Welsh Government's officers.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care	Governance, Leadership and Accountability



standard(s)	The IMTP presents the health board's key priorities and plans to address these during a three-year period. Consequently, the IMTP relates to all Health and Care Standards
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Any service changes described within the IMTP would be subject to EIA at the relevant point in the service development and change process.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
	Provision of a board-approved, financially balanced three-year plan is a requirement under section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The PPF Committee is requested to **NOTE** the requirement for the development of the IMTP and the approach for this year's plan development.
- 5.2 The Committee will be provided with updates on progress, as required and will receive the draft plan for consideration.



AGENDA ITEM

5.6

PLANNING, PERFORMANCE & FINANCE COMMITTEE

STROKE SERVICES – PROGRESS REPORT

Date of meeting

25th October 2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Dr Marysia Hamilton-Kirkwood, Consultant in Public Health Medicine
Lucy Timlin, Head of Business Support
Kevin Duff, Head of Strategic Planning and Commissioning

Presented by

Gethin Hughes, Chief Operating Officer

Approving Executive Sponsor

Executive Director of Therapies & Health Sciences

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Quality and Safety Committee
CTM UHB Board

20/9/2022
29/9/2022

NOTED

ACRONYMS

PCH – Prince Charles Hospital
POWH – Princess of Wales Hospital
YCRH – Ysbyty Cwm Rhondda Hospital
ESD – Early Supported Discharge
CNRT – Community Neuro-Rehabilitation Team
SSNAP – Stroke Sentinel National Audit Programme
MDT – Multi-Disciplinary Team
ILG – Integrated Locality Group
WAST – Welsh Ambulance Service Trust

	<p>ICT – Information and Communication Technology</p> <p>NG – Nasogastric</p> <p>ANP – Advanced Nurse Practitioner</p> <p>IMTP – Integrated Medium Term Plan</p> <p>NICE – National Institute for Health and Care Excellence</p> <p>DOAC – Direct Oral Anticoagulant</p> <p>CTM – Cwm Taf Morgannwg University Health Board</p> <p>QIMs – Quality Improvement Measures</p> <p>UHB – University Health Board</p>
--	---

1. BACKGROUND

- 1.1 Stroke is the 4th leading cause of death in Wales and can have significant long-term effects on survivors. It is estimated that 70-80% of strokes are preventable. A number of factors contribute to the large disease burden related to stroke and, as 70% of strokes are potentially avoidable, it is vital that a whole system approach is taken. Focus is required on prevention, early identification, management in the acute phase, and rehabilitation.
- 1.2 The Sentinel Stroke National Audit Programme (SSNAP), which is a single source of data in Wales, England and Northern Ireland, publishes a range of 28 statistics, collecting data from hospital sites with stroke services, including PCH and POWH.
- 1.3 Across Wales the vision and strategic direction for stroke services is outlined in the Welsh Government Quality Statement for Stroke (July 2021), which states that the next phase of service improvement for stroke survivors and their carers must drive forward change to deliver better quality, higher value and more accessible stroke services.
- 1.4 In February 2022, the NHS Wales Collaborative Executive Group gave agreement in principle for the Collaborative to support the national Stroke Implementation Group (SIG) to develop a national business plan and case to implement a regional model for delivering acute stroke services in Wales.

2. SITUATION

- 2.1 Stroke Services in Cwm Taf Morgannwg University Health Board (CTM) comprise of acute stroke services at Prince Charles Hospital (PCH) and combined acute and rehabilitation services at the Princess of Wales Hospital (POWH). Inpatient stroke rehabilitation is provided at Ysbyty Cwm Rhondda Hospital (YCRH), and community-based rehabilitation provided by the Early Supported Discharge (ESD) Team. In addition, there is a Community Neuro-rehabilitation Team (CNRT) providing community-based support, including support for recovering stroke patients. Not all services are available in all geographical areas of CTM.
- 2.2 Stroke services being delivered in CTM are impacted upon by pressures across hospital sites and workforce challenges. Overall, outcomes are poor in the national audit and the service offer is inequitable across the CTM footprint.
- 2.3 The Sentinel Stroke National Audit Programme Sustained (SSNAP) is a national healthcare quality improvement programme which measures the quality and organisation of stroke care in the NHS. It is the single source of stroke data in the UK. CTM has reported consistently poor performance across a number of key quality improvement measures (QIMs). It should be noted that during August 21–July 22, PCH had the highest proportion of thrombolysed patients receiving thrombolysis within 45 minutes (48%), compared to the other 12 acute stroke sites across Wales. These QIMs are reported at Appendix 2.
- 2.4 In late 2021, a CTM stroke equity audit was undertaken and completed by Dr Hamilton-Kirkwood, Consultant in Public Health Medicine. The audit highlighted significant challenges within the CTM stroke pathway. The findings of the audit were reported and recommendations made to the Strategic Leadership Group in February 2022. Appendix 2 outlines the key issues identified/confirmed by the audit.
- 2.5 An action plan was subsequently developed to address the recommendations. The actions can be grouped into 3 overarching areas: stroke prevention and taking swift action when symptoms develop; care delivered during the acute phase of a stroke; care delivered during the rehabilitative phase of a stroke.
- 2.6 In addition, work had already started on addressing operational issues relating to stroke. As both plans aim to address prevention of stroke or to improve outcomes for stroke patients, it was decided that

the plans be combined into a single stroke action plan (see Appendix 3).

- 2.7 In May and September 2022, the Quality and Safety Committee received a position update on stroke services in CTM which outlined a number of short, medium and long term measures being taken by the Health Board's Stroke Planning Group to improve the quality of care in our stroke services.

3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

RECENT PROGRESS (Since May 2022)

Current stroke services

- 3.1 Work has continued to progress actions within the stroke action plan. A summary is included at Appendix 3.
- 3.2 Rapid work is underway to develop a Stroke Access Bed at both PCH and POWH. This would be a protected bed to facilitate rapid admission to a stroke ward (a key quality improvement measure within SSNAP). A protocol will be required to ensure that such beds remain available.
- 3.3 Immediate changes are planned to the rehabilitation pathway. The development of a single specialist bedded stroke rehabilitation unit for CTM will support flow from the acute sites and so increase acute stroke bed availability.
- 3.4 A case is being worked up to develop an Early Supported Discharge Team for the population of Bridgend. This will enable patients to safely undertake their rehabilitation journey at home and will support reduced length of stay and increased flow for the POWH site.
- 3.5 Vacancies, turnover and capacity issues within the Consultant Stroke Physician workforce at PCH led to an imminent gap in the on-call rota for thrombolysis/thrombectomy. Colleagues within Cardiff and Vale UHB were approached, resulting in immediate cover on a short-term basis. Swift solutions from CTM Radiology colleagues ensured that reporting challenges for this arrangement were overcome.
- 3.6 Plans are being progressed at pace to operationalise a 1 in 6 pan-CTM out of hours rota for thrombolysis/thrombectomy advice.
- 3.7 Given current pressures in both primary and secondary care, it is important to recognise that prioritisation of actions has been required to reflect capacity and resource availability.

- 3.8 It is also important to recognise that the scale of change required unavoidably has resource implications. Additional funding for stroke services has not been allocated in the 2022/23 IMTP. Alternatives are being explored and resource-neutral developments have been progressed.
- 3.9 The extension of the Bristol thrombectomy service to become 24/7 will come into place in the new calendar year. Work is already underway to ensure optimised processes to facilitate swift identification, referral, and transfer of suitable patients. The extension of this service will have a positive impact on the thrombectomy rates reported within the SSNAP data.

Stroke prevention

- 3.10 In May 2022, Public Health, Primary Care and Planning submitted a bid for funding to Welsh Government through the CTM Value Based Health Care team. CTM collaborated with Swansea Bay and Hywel Dda UHBs to submit a joint bid aimed at reducing stroke risk.
- 3.11 The evidence-base indicates that medication optimisation and medication compliance for hypertension and atrial fibrillation can result in stroke prevention. The CTM proposal supports optimising treatment and secondary prevention for patients with a known diagnosis of hypertension or atrial fibrillation and will allow targeted case finding amongst patient cohorts of known potential higher risk for these conditions in line with national guidance.
- 3.12 The bid has been successful and will increase capacity in the current Health Check Programme team in CTM, including a band 7 prescribing nurse, additional lifestyle advisors, project and analyst support and sessional time for a GPwSI/clinical lead.

Regional stroke services

- 3.13 In June 2022, the Collaborative Executive Group endorsed the development of a National Stroke Programme, coordinated and supported nationally, but primarily delivered at a regional level. The national programme aims to meet stroke quality standards and deliver individual and population outcomes comparable with the best in the UK within five years.
- 3.14 Comprehensive Regional Stroke Centres (CRSCs) will be established to offer highly specialist interventions in the hyperacute phase of stroke care. Regional Stroke Operational Delivery Networks (ODNs) will be developed to incorporate designated Acute Stroke Units

(ASUs) and be responsible for the delivery of a comprehensive range of stroke services.

3.15 A National Stroke Programme Board and National Programme Team will:

- Establish and deliver an overall programme for the development of a high quality, safe and effective configuration of an acute stroke services for the population of Wales
- Provide strategic direction and national oversight of the regional work
- Develop and approve a core service specification (including co-dependant service requirements and minimum workforce standards)
- Develop the national case for change and standardised supporting local and national engagement materials and approach for use with the public, their representatives and other stakeholders
- Support the funding of regional teams and their regionally led work with existing SIG funding for 22-23 whilst leading and overseeing development of any further regional and national business cases.
- Present to Welsh Government the overall business case for jointly agreed centralised funding for additional resources including that for workforce and capital to meet the requirements of ongoing service development and aims of the programme

3.16 CTM and Cardiff and Vale UHB are the first Health Boards in Wales to establish their Programme Board and commence stakeholder engagement. Internal stakeholder engagement events were delivered within Cardiff and Vale UHB on 15th July and within CTM on 25th August. A shared event is planned for 26th October. The initial regional South Central Stroke Network Board took place on 27th September 2022.

NEXT STEPS FOR IMPROVEMENTS

3.17 The challenges and developments faced by stroke services across CTM are multi-factorial and require a simultaneous focus on a number of areas. There is national agreement that regional delivery of stroke services will provide a more sustainable and effective service, but regional developments will likely take 24 months to develop. Therefore, delivery of improvements to the current stroke pathway must continue in parallel with regional developments.

3.18 The CTM Stroke Strategy Group will develop a Stroke Strategy for CTM that will clearly articulate the vision for local and regional stroke

services across CTM, along with key objectives to the delivery of this. The strategy will articulate our ambition to achieve SSNAP rating of Level A and how we will progress towards this year on year.

Improving current stroke services in CTM

- 3.19 Three task and finish groups will be established to drive forward improvements in stroke services delivered by CTM. Each group will have a designated clinical and operational lead. The three task and finish groups will comprise:
- Stroke prevention and seeking early intervention
 - Acute care pathway for stroke
 - Rehabilitation care pathway for stroke
- 3.20 Each task and finish will work to support services to deliver the relevant actions from the integrated stroke action plan. They will devise a clear vision for their designated aspect of stroke care, and will identify the incremental steps required to achieve this. Actions will require prioritisation according to impact and value. Task and finish group leads will report to the CTM Stroke Strategy Group but may have shared reporting lines, for example to the Primary Care Programme Board or the Urgent and Emergency Care Improvement Programme.

4. KEY RISKS/MATTERS FOR ESCALATION TO COMMITTEE

- 4.1 There remain some outstanding short term actions, as well as medium term (6-12 months) and long term (24+ months) actions which the Stroke Strategy Group are working to address.
- 4.2 The quality of stroke care delivered by CTM remains below the standards that we strive to deliver, as indicated by the SSNAP Quality Improvement Measures (QIMs). Performance on 4 key QIMs is reported at Appendix 2.
- 4.3 The planned development of a CTM Stroke Strategy which outlines our vision for the future and how we intend to deliver this.
- 4.4 The planned development of 3 task and finish groups, reporting to the Stroke Strategy Group, will enable a targeted approach to improvements across the stroke pathway.
- 4.5 Urgent changes are required to the acute and rehabilitation aspects of the stroke pathway. The scale and pace of change necessitates a sustained focus and is associated with resource implications.

- 4.6 The development of a regional approach to stroke services in partnership with Cardiff and Vale UHB will facilitate the sustainable delivery of timely, effective and high quality stroke services for our communities.
- 4.7 Some professional groups are experiencing acute workforce fragility, but plans have been implemented to maintain service delivery. Sustainable longer-term solutions are being progressed at pace.

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Our plans for the delivery of high quality health and care services will address immediate and longer term challenges facing people who are at increased risk of stroke or who have experienced a stroke.
Related Health and Care standard(s)	Effective Care
	If more than one Healthcare Standard applies please list below: <ul style="list-style-type: none"> • Dignified Care • Timely Care • Safe Care • Staying Healthy • Staff and resources
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	EIA being completed for next Q&S Committee update.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The resource implications are to be determined and will be considered in the planning of the Annual Plan/IMTP
Link to Strategic Goals	Improving Care



6. RECOMMENDATION

6.1 The Planning, Performance & Finance Committee are asked to:

- **NOTE** the progress made against the action plan and the successful bid to enhance preventative developments.
- **NOTE** the planned immediate actions to the acute and rehabilitation aspects of the stroke pathway
- **NOTE** the plan to establish focused task and finish groups reporting to the Stroke Strategy Group, tasked with developing a stroke strategy and improving current service provision.
- **NOTE** the ongoing challenges in performance against the four Quality Improvement Measures in the Performance Framework.
- **NOTE** the regional and national work being undertaken to develop high quality prevention, identification and treatment for stroke.

Appendix 1

Quality Improvement Measures across PCH and POWH

The CTMUHB Integrated Performance Dashboard is published on a monthly basis and provides the Health Board with an overview of 4 national Quality Improvement Measures (QIMs), which are part of the suite of improvement measures in the SSNAP:

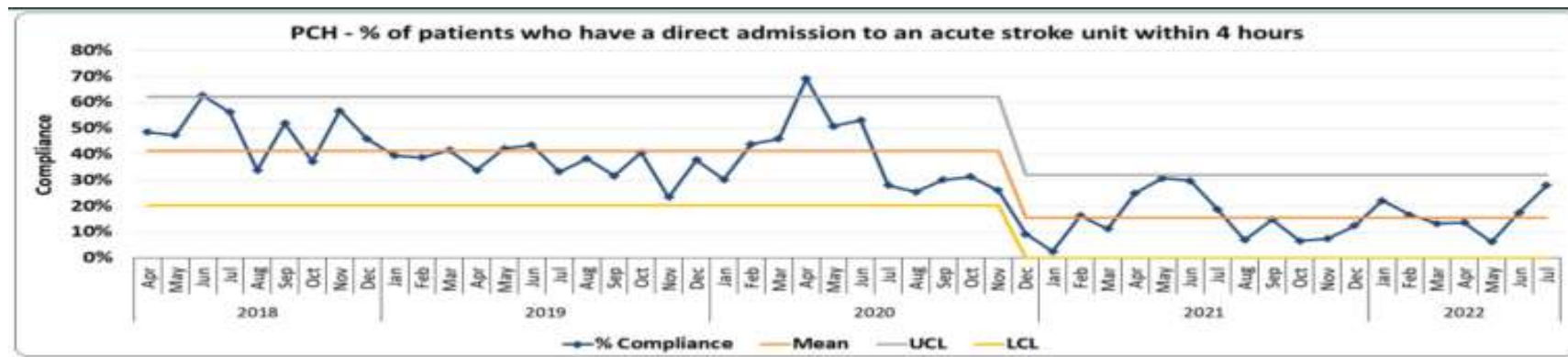
- Direct admission to an acute stroke unit within 4 hours
- Thrombolysis with a door to needle time within 45 minutes
- CT scan within 1 hour
- Assessment by a stroke consultant within 24 hours.

Overall, patient flow challenges on both the POWH and PCH sites have had a direct impact upon the ability to admit people to a stroke ward within 4 hours. In addition, increased length of stay for stroke patients at the POWH site is linked to the lack of access to ESD and community rehabilitation beds to support flow. Challenges in meeting the target for assessment by a stroke consultant within 24 hours, reflects the current 5 day working model of the stroke team.

Challenges remain with numbers of stroke patients continuing to present at the Royal Glamorgan Hospital (mostly self-attenders), leading to delays in accessing the stroke pathway at PCH. However, over the period August 2021 – July 2022, PCH had the highest proportion of thrombolysed patients receiving thrombolysis within 45 minutes (48%), compared to the other 12 acute stroke sites across Wales.

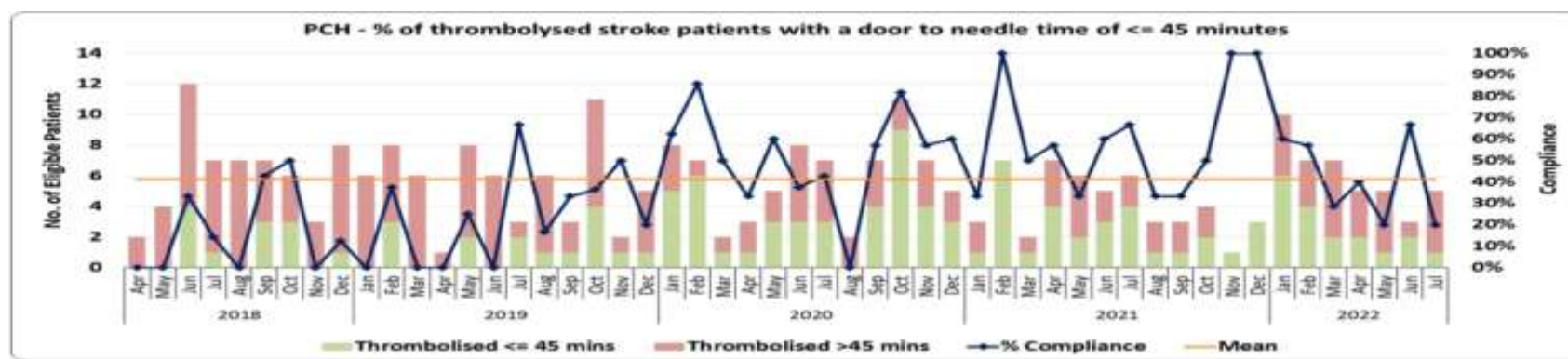


% compliance with direct admission to an acute stroke unit within 4 hours



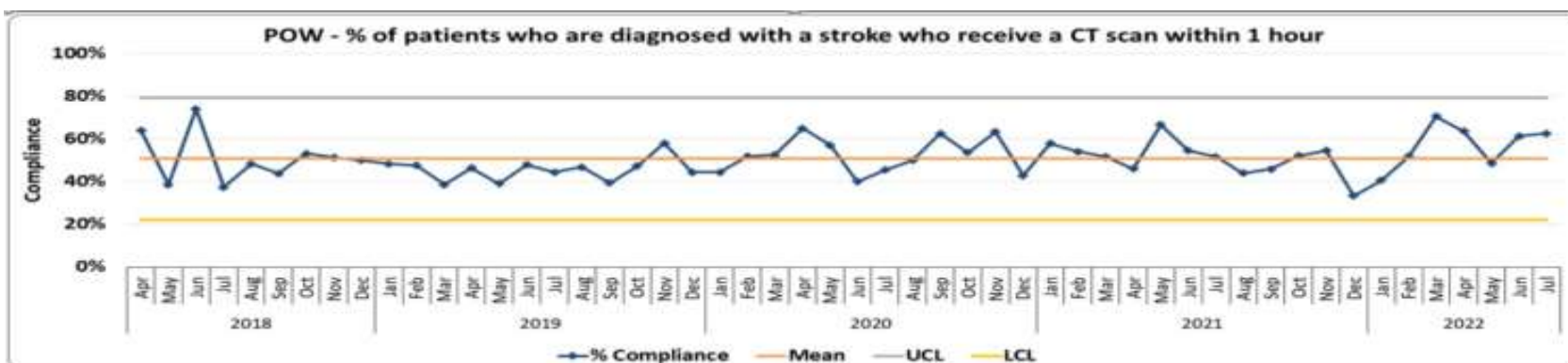
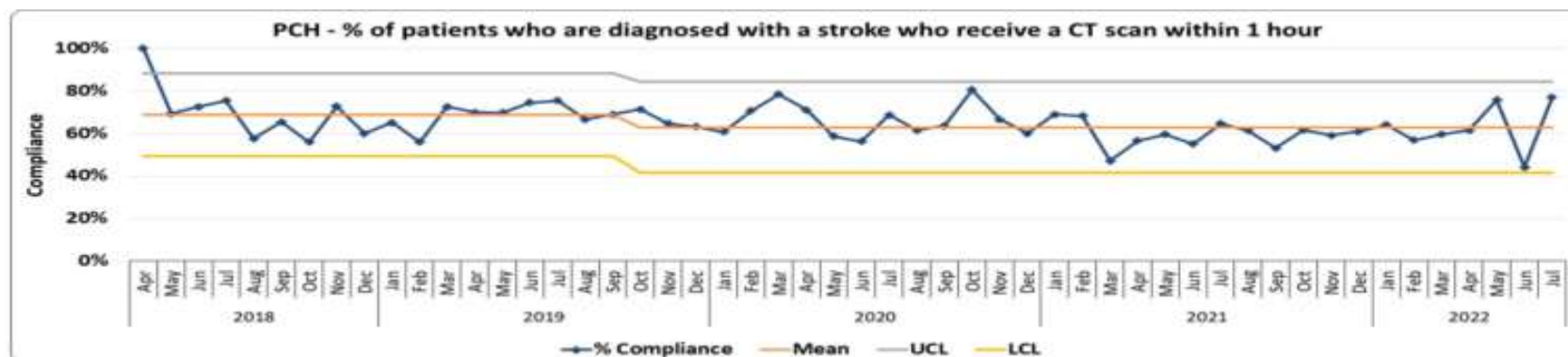


% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes

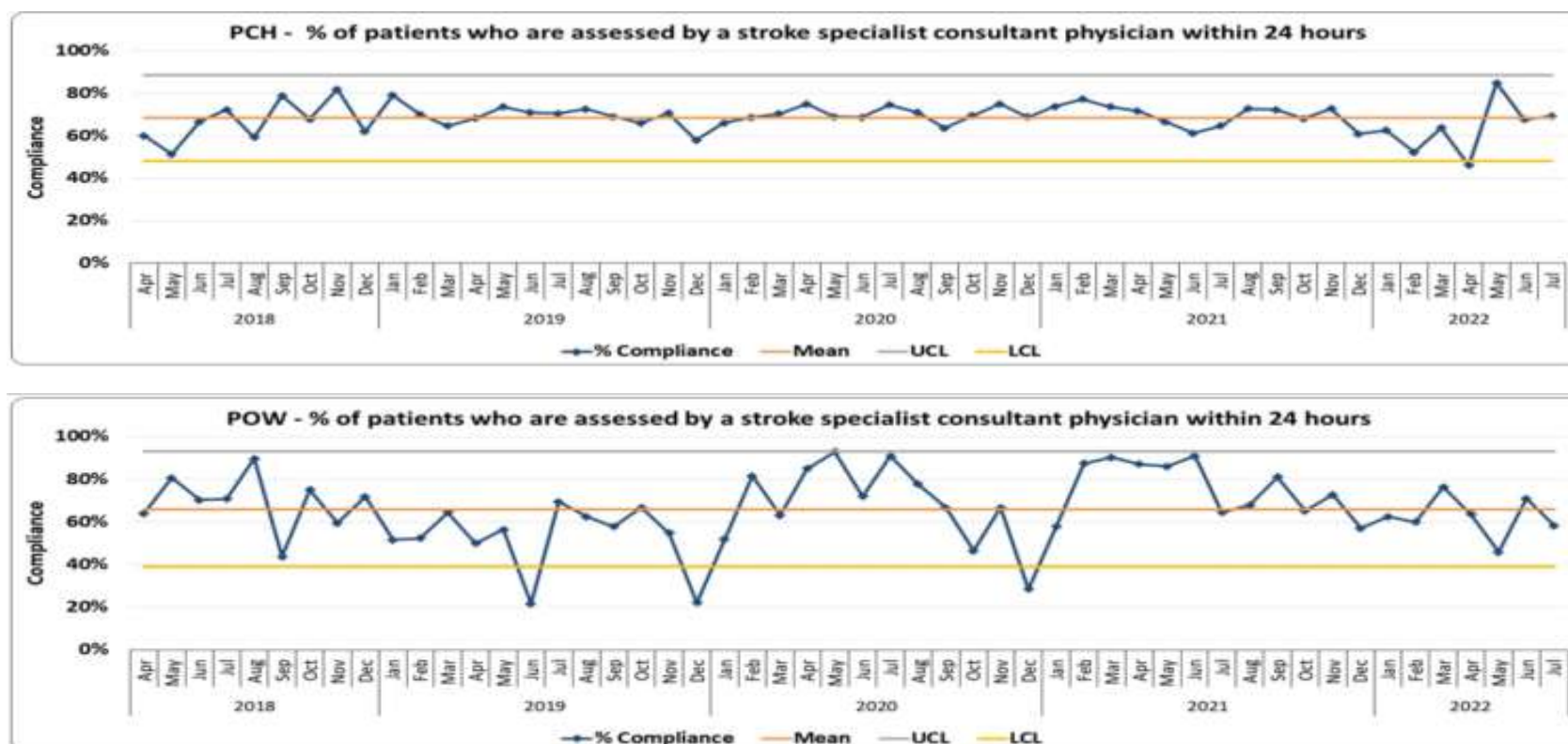




% compliance of patients diagnosed with stroke received a CT scan within 1 hour



% compliance assessed by a stroke consultant within 24 hours



APPENDIX 2

ISSUES HIGHLIGHTED IN THE CTM STROKE EQUITY AUDIT

ISSUE	DESCRIPTOR
European age standardised mortality	CTM residents have the highest mortality from stroke of all health boards in Wales
European age standardised emergency admission rates	CTM residents have the 3rd highest emergency admission rate in Wales. It is highest in Bridgend and highest in males
High blood pressure	In CTM, there were 79,000 people on primary care hypertension registers in 2019-20. There were 1,654 residents of CTM admitted with stroke in 2020-21 with 60% of admissions to PCH and 53% to POW having pre-existing hypertension
Atrial fibrillation	AF accounts for 20-30% of all strokes, with 2.5% of the CTM population on primary care AF registers. 71- 83% are anticoagulated in the Bridgend and North Rhondda, compared to 86-92% in Merthyr. 27% of all admissions to hospital with AF are not anticoagulated. 70% of stroke admissions from Merthyr were anticoagulated, whilst 57% of residents from Bridgend and RCT were anticoagulated
Onset to arrival	Time from onset to arrival at PCH and POW varies, with longer median arrival times to arrive at PCH. Ambulance delays have been increasing over the last over the last 3 years but time to arrival when not travelling by ambulance appears to be much longer for patients getting to PCH
Variation in pathways	The initial management of patients with stroke varies between PCH and POW. Stroke patients at POW flow through ED and are initially managed by ED. In PCH, stroke patients are immediately handed to stroke team
Time to CT scan	64% of stroke patients at PCH have a CT scan in less than 1 hour of arrival, compared to 52% in POW, with a Welsh average of 55%. The median time to scan was 38 minutes in PCH and 58 minutes in POW with a Wales average of 51 minutes
Thrombolysis	In 2020-21, 12% of all strokes at PCH and 7% at POW were thought eligible for thrombolysis, with a Wales average of 13%. 57% of those eligible at PCH were thrombolysed in <45 minutes compared to 11% in POW, with a Welsh average of 28% (although this increased in 2021-22). Median time to thrombolysis was 38 minutes in PCH, (the fastest in Wales) and 67 minutes in POW, with a Welsh average of 61 minutes
Time to stroke unit	In 2020-21, 30% of stroke patients in PCH arrived at a stroke unit within 4 hours, compared to 8% in POW, with a Wales average of 34%. Median time to the stroke unit was 5 hrs 45 minutes in PCH and 9hrs 12 mins in POW with an average for Wales of 6 hours. There is a major flow issue in POW due to DTOC patients at rear door
Time to stroke consultant and therapies	71% of stroke patients in PCH and 68% in POW are seen by a Consultant in under 24hrs, with a Wales average of 81%. 75% of patients in PCH and 86% in POW access therapies in under 24 hrs, with a Wales average of 84%. PCH is one of the lowest in Wales
Early supported discharge	53% of patients in PCH were assessed by an Early Supported Discharge Team as compared to 1% of patients at POW. This and the absence of access to rehabilitation beds in POW leads to a length of stay of 18.4 days for Bridgend residents, compared to 11 days for residents of Merthyr and 10.3 for RCT. This affects overall flow



Appendix 3

Stroke Action Plan

Key to RAG rating

Green = complete

Amber = work progressing with issues to address

Red = no progress

Short Term

	Action	Review Date	RAG Rating	Progress
1.	Review policy for transfer of acute stroke patients from RGH to PCH	November 2022	Amber	Draft being actively explored with operational leads at RGH and PCH, with a view to inclusion of an appropriate time period for awaiting transfer.
2.	Check use of WAST/CTMUHB Pathway for Stroke	November 2022	Amber	Copy of WAST protocol/pathway received. Currently under review. Changes to be finalised by October 2022.
3.	Use of electronic whiteboard to review therapy activity, caseload, numbers awaiting transfer in order to aid flow and transfer of care between PCH and YCR.	November 2022	Amber	Relaunch planned to encourage use of eWhiteboards by the full MDT. Reviewing use of whiteboards and associated ICT issues.
4.	Provision of Therapy Space at POWH	June 2022	Green	Complete - Handed over in May 2022.



5.	Provide ring-fenced beds on Stroke Wards	Ongoing		Pilot being planned for POW. Update to next Stroke Strategy Group.
6.	Development of single evidence-based care pathways across both sites	November 2022		Work progressing to develop a single operating procedure of how patients are handled from when they are assessed as having a stroke, from ambulance control or from home, and how handover is progressed to the stroke team
7.	Development of single evidence-based care pathway for thrombolysis	September 2022		Unified criteria for thrombolysis agreed across both sites.
8.	Review current pathway for Orthoptics and explore potential for unification of service across CTMUHB	November 2022		Head of Orthoptics appointed. Plan being progressed to address waiting lists in North CTM and alignment of pathways across CTM UHB.
9.	The development of a plan for a single specialist bedded stroke rehabilitation unit for CTM to support flow from the acute sites and so increase acute stroke bed availability	October 2022		Priority action for Task and Finish Groups
10.	Provision of ESD service across CTMUHB footprint	December 2022		Costed as part of service development process. Priority action for Task and Finish Group.
8.	Optimisation of medication and compliance for patients on Primary Care Atrial Fibrillation (AF) and Hypertension Registers. Case Detection of patients with AF and Hypertension.	November 2022		CTM UHB Value Based Health Care Business case successful as part of Regional Business Case. Work progressing for implementation.



Medium Term

1.	Explore appointment of a co-ordinator at YCR to improve communication with patients and families and free up medical, nursing and therapy time.	December 2022		Costed as part of service development process.
2.	Develop ability to transfer patients with nasogastric tubes to YCR	September 2022		Protocol established and 2 recent admissions accepted. Complete.
3.	Explore sourcing additional Junior Doctor hours, including 7day working	December 2022		7 day working of stroke teams, including medics, nurses and therapists, included within service development process
4.	Provision of additional Advanced Nurse Practitioners to support the stroke pathway.	December 2022		Nurse leaders are scoping models of care across the UK in order to provide a recommendation for CTMUHB.
5.	Explore potential for increased inpatient stroke rehabilitation capacity in YCR	December 2022		Additional staffing requirement is being costed as part of service development process.
6.	Explore reasons for delay in accessing help and arriving at PCH. In some cases this delay is a median time of 15 hours if travelling by own transport.	November 2022		Work has been undertaken to validate the data on the delays. It appears that delays have increased to both units but particularly in arriving at PCH when using own transport. Further work is being undertaken to understand reasons for the delay but likely multi-factorial (delay in recognition of symptoms, WAST waiting times, reluctance to seek health care, etc) Preliminary discussions are taking place on re-running the FAST campaign and there may be scope for targeting those with risk factors to proactively educate them in recognition of symptoms.



7.	Improve access to thrombectomy at Bristol.	November 2022		Bristol thrombectomy service to go 24/7 in the Autumn of 2022, improving access for both PCH and POWH. Work has commenced to review the evidence base for thrombectomy. This will be shared with clinicians to support improved access to thrombectomy service at Bristol in the short term.
----	--	---------------	--	---

Long Term

1.	Consider requirement for additional Stroke Consultant Capacity	December 2022		To be considered in conjunction with medium term action number 4 above and potential use of ANPs
2.	Work with Cardiff and Vale UHB to explore potential for regional working and regional enhanced stroke unit	November 2022		CTM UHB are working in partnership with Cardiff and Vale UHB to develop a regional programme structure. CTM Stakeholder event held on 25 th August 2022. First South Central Regional Board meeting scheduled for 27 th September.



AGENDA ITEM

5.7

PLANNING, PERFORMANCE & FINANCE COMMITTEE

BRIDGEND TRANSITION UPDATE

Date of meeting

25/10/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Elizabeth Beadle, Assistant Director of Transformation

Presented by

Linda Prosser, Executive Director of Strategy & Transformation

Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

LTA

Long term agreement

SLA

Service level agreement

1. SITUATION/BACKGROUND

- 1.1 From 1 April 2019, an Area Change Order brought into effect a geographic change making the newly formed Cwm Taf University Health Board (CTMUHB) responsible for providing healthcare services for the residents of the Bridgend County Borough Council (BCBC) area called Cwm Taf Morgannwg University Health Board).

- 1.2 During 2018-19, Swansea Bay University Health Board (SBUHB) and CTMUHB established a Transition Programme and a Joint Transition Board (JTB) as a sub-committee of each Health Board to oversee the implementation of the boundary change. Following April 2019 a Memorandum of Understanding was put in place through which it was agreed to use a jointly-agreed set of transition principles to manage the ongoing programme of work through the ongoing Disaggregation Programme to reset the operational, clinical and contractual relationship between the two Health Boards to reflect the new arrangements.
- 1.3 The key principles underpinning the MOU were:
 - 1.3.1 that the quality and delivery of patient care will be central to all actions and decision-making; and,
 - 1.3.2 that there is an ongoing commitment to maximise the opportunity to improve the health and wellbeing of the population served by both organisations.
- 1.4 Priorities for disaggregation were agreed by SBUHB and CTMUHB and work has progressed to conclude a number of service and associated contractual changes.
- 1.5 Between 2019 and 2022, 29 contractual agreements (service level agreements (SLA) or long-term agreements (LTA)) were ceased and during the year to date (to the end of quarter two 22/23), seven agreements have ceased. The full details of the agreements ceased in 2022/2023 and those remaining for cessation are set out in the schedule provided as Appendix 1 to this report.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 A number of services have been disaggregated with the relevant changes made to contractual arrangements and associated financial flows, since the boundary change in 2019.
- 2.2 Due to the significant complexity of the work programme it has not been possible to progress at the pace originally anticipated. Each service disaggregation requires robust impact assessment of the service (clinical pathway, demand/capacity and outcomes), workforce, estates, infrastructure and financial implications and a robust proposal for the safe and effective repatriation or decommission of services, where appropriate. Many of these service agreements also have interdependencies. All service changes must

be aligned with wider service plans including our three-year plan Integrated Medium Term Plan (IMTP) and the vision, aims and objectives of the CTM 2030 strategy.

- 2.3 The challenge of the complexity of this programme has been compounded by resource pressures. The capacity constraints were highlighted on the transition risk register and funding was sought to provide additional capacity to progress with the transition. Following a non-recurrent allocation of £100,000 from Welsh Government, a Joint Transition Project Manager has been recruited for six months and the remaining funds will be allocated to release commissioning capacity in CTMUHB to progress the transition.
- 2.4 Appendix one provides the full schedule of services to be disaggregated, but in summary, of the forty four agreements on the 2022/23 schedule for disaggregation;
 - 2.4.1 Seven have been completed.
 - 2.4.2 Nine have not been commenced.
 - 2.4.3 Fifteen have been commenced but notice has not been served.
 - 2.4.4 Six are in progress (amber), but with a notice date to be agreed, or being re-negotiated. It should be possible to complete cessation by 31st March 2023 in these cases, providing that no TUPE issues etc. prevent these from being achieved.
 - 2.4.5 Seven are overdue. These relate to Oral and Maxillofacial Surgery (OMFS), Orthopaedics Urology and Occupational Health Services. Some of the delays are attributed to the significant complexity of the services to be disaggregated and the fact that CTMUHB has not been in a position to complete the agreement, but in all cases communication and negotiation is ongoing
- 2.5 Work is ongoing to progress each of the services due and those overdue. A combination of the complexities associated with the service changes, the capacity challenges noted above and the structural changes in CTMUHB have affected the ability to make progress.
 - 2.5.1 Formal correspondence has confirmed the broad parameters for the Orthopaedics service changes and service-level assessments are ongoing to provide a robust proposal for the respective services following disaggregation. This includes ensuring there is sufficient workforce and physical capacity (clinic and theatre sessions, etc.) to facilitate the changes.
 - 2.5.2 Service-level discussions are planned for Urology.

2.5.3 The two health board teams are working to arrange meetings to progress all other urgent and overdue service disaggregation discussions, with the support of the Joint Transition Manager.

2.6 Internal meetings across both organisations will take place for the remaining SLA/LTA's in the current work plan, during October 2022 to understand the impact of disaggregating each SLA/LTA and subsequent joint service to service meetings will follow to work through any complications that may arise. The complexity of disaggregating these SLA/LTA's should not be underestimated with several having interdependencies with other services that require consideration and associated changes. Furthermore, it is fundamental that the service changes are undertaken within our programmes to redesign and future proof delivery of our services.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The Committee is advised that a work programme is being developed for the assessment of all services to be considered for disaggregation.

3.2 Service disaggregation work will be prioritised on the basis of assessment of risks and impact associated with each service change.

3.3 Regular updates will be provided to the Committee.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Undertaking the disaggregation of services in a planned manner is essential to sustaining safe services and maximising accessibility for CTMUHB residents.
Related Health and Care standard(s)	Safe Care
	Timely Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item.
	Each service disaggregation requires full consideration of the impact on service, workforce and finances.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.



Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	Each service change will be individually assessed for any financial impacts and work undertaken to mitigate financial risks where possible. Any negative financial impacts will be highlighted through the disaggregation governance process.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the contents of the report and Appendix 1 and to receive regular updates.

Ref	Description	Provider	Notice Served	Initiated by	Date Served	Notice Period	Agreed end Date	Current Escalation	Status/Action
Completed									
SERVICE-SB-009	Lymphoedema	SBUHB	Yes	SBUHB	Jan-22	6	Jul-22	Service Lead	No further action required
SERVICE-SB-015	ADHD & ASD	SBUHB	Yes	SBUHB	Dec-21	6	Jun-22	Service Lead	No further action required
SERVICE-SB-027	Pharmacy Homecare	SBUHB	Yes	SBUHB	Jan-21	6	Jun-22	Service Lead	No further action required
MH LTA	Other MI	SBUHB	Yes	SBUHB	Mar-22	6	Jun-22	Service Lead	No further action required
MH LTA	EMI	SBUHB	Yes	SBUHB	Mar-22	6	Jun-22	Service Lead	No further action required
MH LTA	Other MI (Ward 14)	CTMUHB	Yes	SBUHB	Mar-22	6	Jun-22	Service Lead	No further action required
MH LTA	EMI	CTMUHB	Yes	SBUHB	Mar-22	6	Jun-22	Service Lead	No further action required
Overdue									
CORP-CTM-005	Workforce - Occ Health	CTMUHB	No	?	?	6	Sep-22	Service Lead	Plan for SLA to end Sept 2022.
CORP-SB-005	Workforce - Occ Health	SBUHB	No	?	?	6	Sep-22	Service Lead	Plan for SLA to end Sept 2022.
CC-SB-006	Trauma and Orthopaedics	SBUHB	Yes	SBUHB	Mar-22	6	Sep-22	Chief Of Operations	Ongoing project coordination.
Urology LTA	SBU Provider	SBUHB	Yes	SBUHB	Feb-22	6	-	Managing Director	Notice served to CTMU in February
Urology LTA	CTM Provider	CTMUHB	Yes	SBUHB	Feb-22	6	-	Managing Director	Notice served to CTMU in February
OMFS LTA	CTM Provider	CTMUHB	No	CTMUHB				Service Lead	No update since Oct-21. Need
OMFS LTA	SBU Provider	SBUHB	No	CTMUHB				Service Lead	No update since Oct-21. Need
In progress, notice served but notice period/end date missed/being renegotiated - discussions ongoing									
SERVICE-CT-007	Taith Newydd and Caswell Mobile Denti	CTMUHB	Yes	CTMUHB	Jan-21	6	-	Chief Of Operations	Further discussions ongoing for
SERVICE-SB-018	Prison In Reach	SBUHB	Yes	SBUHB	Aug-22	5	Mar-23	Service Lead	With CTMU for agreement of
MH LTA	Rehab (Gwelfor)	SBUHB	Yes	SBUHB	Mar-22	6		Service Lead	SBUHB proposed cessation date of
MH LTA	Step Down	SBUHB	Yes	SBUHB	Mar-22	6	-	Service Lead	SBUHB proposed cessation date of
MH LTA	Rehab (CYA)	CTMUHB	Yes	SBUHB	Mar-22	6	-	Service Lead	SBUHB proposed cessation date of
SERVICE-SB-019	Criminal Justice Liason	SBUHB	Yes	SBUHB	Aug-22	5	Mar-23	Service Lead	With CTMU for agreement of
In Progress, no notice served									
Corporate SLAs									
CORP-SB-001	Digital Services	SBUHB	No			6	-	Service Lead	
CORP-SB-	Data Quality Team	SBUHB	No			6		Service Lead	Paper presented to JMG 24th May.
CORP-SB-001(?)	Subject Access Team	SBUHB	No			6		Service Lead	Paper presented to JMG 24th May.
CORP-SB-	IMT Directorate Management	SBUHB	No			6		Service Lead	Costs have been reduced as a
CORP-SB-	Telecommunications	SBUHB	No			6		Service Lead	Focus on reduction in SLA to align
CORP-SB-	IT	SBUHB	No			6		Service Lead	Paper presented to JMG 24th May.
CORP-SB-	Community Mobilisation Project	SBUHB	No			6		Service Lead	Migration of service scheduled for
CORP-SB-	IT Training and Application Support	SBUHB	No			6		Service Lead	Paper presented to JMG 24th May.
CORP-SB-	IT Development	SBUHB	No			6		Service Lead	Paper presented to JMG 24th May.
CORP-SB-	Information Services (Only Non-Pay)	SBUHB	No			6		Service Lead	Ongoing planning underway - Both
CORP-CTM-004E	Facilities - Taith Newydd	CTMUHB	No			6	-	Service Lead	KG/GN to determine if required on
CORP-SB-007B	Glanrhyd Cash Office	SBUHB	No			6	-	Service Lead	CN to discuss with CTM finance
Clinical/Service SLAs									
PATH	Pathology	SBUHB	No	CTMUHB		6	-	Managing Director	No formal notice served. Complex
STAFF-SB-008	Radiology Mammography	SBUHB	No	CTMUHB		6	March 23 proposed	Chief Of Operations	Planning underway. Joint T&F
CC-SB-001	Breast Services	SBUHB	No	CTMUHB		6	March 23 proposed	Chief Of Operations	Planning underway. Joint T&F
Disaggregation Not Yet Started									
Clinical/Service SLAs									
	CAMHS	CTMUHB						Service Lead	Missing from 22/23 workplan -
CC-SB-002	Cardiology	SBUHB	No	SBUHB			-	Service Lead	Planned for Q3/Q4. Joint T&F
CC-SB-003	General Surgery	SBUHB	No	SBUHB			-	Service Lead	Planned for Q3/Q4. Joint T&F
CC-SB-004	Gynaecology	SBUHB	No	SBUHB			-	Service Lead	Planned for Q3/Q4. Joint T&F
CC-SB-005	Ophthalmology	SBUHB	No	SBUHB			-	Service Lead	Planned for Q3/Q4. Joint T&F
CC-CTM-003	Haematology	CTMUHB	No	SBUHB		6	-	Chief Of Operations	Paper presented at JEG Jul-21 now
CC-CTM-007	Oral Maxillo Facial Surgery	CTMUHB	No	CTMUHB		6	-	Service Lead	No update since Oct-21. Need
SERVICE-SB-022	Paediatric Neuro-Development service	SBUHB	No	CTMUHB		6	-	Service Lead	Indicative timescale of Apr-23 has
MS-CT-002	Anaesthetics	CTMUHB	No	CTMUHB		6		Service Lead	Operational issues being discussed,
SERVICE-SB-038	Sexual Health	SBUHB	No	SBUHB		6		Service Lead	Missing from 22/23 workplan -

2022-23 Finance Report

Month 6

Summary

Situation	Background
<p>Our revised draft financial plan was submitted to Welsh Government (WG) on 29 April 2022 and was analysed into three elements; core, exceptional cost pressures and ongoing COVID response costs. Our core plan submission was a deficit of £26.5m. The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.</p> <p>Our deficit core plan includes savings of £17.3m to be delivered in year. In addition, recovery actions are required to address bought forward cost pressures of circa £11m. Meeting these requirements will represent a step change in savings delivery.</p> <p>In accordance with WG plan guidance, additional allocations have been assumed in respect of our assessed exceptional cost pressures (£19.0m) and ongoing COVID response costs (£32.3m). However, this funding has not yet been confirmed and is therefore shown as at risk.</p> <p>There remain a number of residual risks and uncertainties spanning all elements of our plan and our cost estimates and risk assessments will continue to be refined and updated during 2022/23.</p> <p>This report outlines our financial performance against our draft plan for the period to 30 September 2022.</p>	<p>Our financial performance for 2021-22 was a small surplus of £0.037m and thus we achieved our break even financial duty against its Revenue Resource Limit over the 3 year period 2019-20 to 2021-22.</p> <p>However, our underlying position deteriorated during 2021-22 to a recurrent deficit of £44.5m, compared with a planned recurrent deficit of £31.4m. This deterioration was primarily due to a recurrent shortfall in savings delivery.</p> <p>We planned to achieve savings of £14.5m by the end of March 2022 and £16.1m was planned to be delivered recurrently. We achieved in year savings of £14.5m, of which £5.0m was delivered recurrently. Our recurrent savings shortfall in 2021-22 was therefore £11.1m.</p> <p>During 2021-22, we received COVID funding of £93.6m plus Planned Care Recovery funding of £20.8m.</p>

Summary

Assessment	Recommendation
<p>As at Month 6, we are:</p> <ul style="list-style-type: none"> Maintaining a forecast Core plan deficit of £26.5m, noting that performance YTD is £1.4 worse than plan and assumes £6m is realised from our 2021/22 annual leave provision Forecasting a decrease of £16.2m in Exceptional costs to £17.8m (M5 : £34m). This decrease is due to a significant reduction in energy costs and the recently announced reduction in NI contributions. The energy forecast reflects the latest information from NWSSP and includes the estimated benefit from the Energy Billing relief Scheme (EBRS). Forecasting a slight increase in COVID costs, programme and response, to £30.9m (M5: £30.8m). <p>Key financial issues to note include:</p> <ul style="list-style-type: none"> As per plan, Exceptional and COVID response costs are anticipated to be fully funded by Welsh Government. However, as this funding has not yet been confirmed, £29.8m of funding continues to be identified as at risk. Our underlying position has deteriorated by £6.9m from £28.0m. This is due to a forecast shortfall in recurrent savings delivery in 2022/23 and it is vital that further work is undertaken to address this gap. This forecast underlying deficit excludes any recurrent impact of COVID response costs and Exceptional items continuing into 2023/24. The cash position will require careful management during the latter months of the financial year, see page 5 for further information. 	<p>The Board is asked to DISCUSS and NOTE financial performance for the period to 30th September 2022.</p>



Contents

Slide	Subject Area
5	Executive Summary
6-7	YTD Performance & Forecast
8-10	Pay Expenditure
11	Variable Pay Expenditure
12	Non pay Expenditure
13	COVID Expenditure
14	Exceptional Cost Pressures Expenditure
15	Savings (including Accountancy gains)
16-18	Income Assumptions
19	Risk Management – Risks and Opportunities
20	Statement of Financial Position
21	Cash Flow forecast
22	Public Sector Payment Policy Compliance
23	Capital Expenditure

Year to Date Revenue	<ul style="list-style-type: none"> The M6 in month Core position reported a £1.2m deficit (M5: £2.7m deficit). The M6 YTD Core position is a £14.6m deficit , which is £1.4m worse than plan (M5 £2.3m). COVID YTD Programme expenditure of £8.5m (M5: £7.3m) and YTD Response expenditure of £8.6m (M5: £7.4m). YTD Exceptional cost pressure expenditure of £7.5m (M5: £5.7m).
Key Financial Issues - Forecast	<ul style="list-style-type: none"> Forecast Core plan deficit maintained as per plan at £26.5m (M5:£26.5m) which assumes a £6.0m release from the 2021/22 annual leave accrual Forecast Exceptional costs of £17.8m (M5: £34.0m), with a £14.3m reduction attributable to changes in forecast energy costs as notified by NWSSP and a reduction of £1.9m due to the change in NI rates from November 2022. COVID costs forecast at £30.9m (M4: £30.8m). Exceptional and COVID response costs are anticipated to be fully funded by Welsh Government. However, as this funding has not yet been confirmed by Welsh Government, £29.5m of funding continues to be uncertain and is therefore identified as a key risk.
Recurrent Position	<ul style="list-style-type: none"> Forecast core recurrent deficit at 31 March 2023 has remained stable at £34.9m (M5: £34.8m) but represents a £6.9m deterioration from the planned deficit of £28.0m. This is due to a forecast shortfall in recurrent savings delivery in 22/23. This forecast excludes any recurrent impact of COVID response costs and Exceptional items continuing into 2023/24. The financial challenge for 23/24 would therefore be higher if there is no WG funding for these items. Urgent work is needed to further develop and implement savings plans to meet the £17.3m recurrent savings target. As at M6, only £10.4m of recurrent savings plans have been identified.
Cash	<ul style="list-style-type: none"> The M6 cash flow forecast is showing a cash shortfall of £41.7m. This would require cash management action to be deployed during March 2023. This assumes that all COVID response costs and Exceptional costs are cash funded by WG. If this funding is not forthcoming, the forecast cash shortfall could increase by an additional £29.5m, requiring action from month 10 onwards.
Capital	<ul style="list-style-type: none"> The Capital Resource Limit (CRL) is currently £60.1m. As at M6, £26.1m has been incurred against the CRL. The forecast capital position remains breakeven to the CRL. There are a number risks to the programme that are subject to ongoing review and management.

Year to Date Performance and Forecast



	Current Month Variance	Year to Date Variance	M6 Forecast Variance	M5 Forecast Variance	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	1.2	14.6	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.5	2.7	3.1	5.0	5.0
Energy inflation	1.0	3.6	12.3	26.6	11.6
Real Living Wage for Social Care Workers	0.2	1.2	2.4	2.4	2.4
Anticipated funding	(1.7)	(7.5)	(17.8)	(34.0)	(19.0)
Total	0.0	0.0	0.0	0.0	0.0
Covid response costs:					
Programme	1.2	8.5	14.4	14.1	15.6
Other	1.3	8.6	16.5	16.7	16.7
Anticipated funding	(2.4)	(17.1)	(30.9)	(30.8)	(32.3)
Total	0.0	0.0	0.0	0.0	0.0
Grand total	1.2	14.6	26.5	26.5	26.5

- Key Points for In month & Year to Date Performance:**
- The M6 in month position reported a £1.2m deficit (M5: £2.7m deficit). This includes a £0.8m improvement in the Contracting & Commissioning position
 - The M6 YTD position is reporting a £14.6m deficit against the Revenue Resource Limit, which is £1.4m worse than plan (i.e. 6/12ths £26.5m). Circa £1.6m of this variance is due to a Welsh Government instruction to remove COVID income losses and ICT/Homeworking costs from COVID response costs and to treat them as a Core plan cost.
- Key Points for Current Year Forecast:**
- The Core plan forecast remains on track to deliver a planned deficit of £26.5m. This forecast assumes a £6m full year release from the 21/22 annual leave accrual. We believe that this is a prudent estimate and a further £4m has been included as a potential opportunity in our risk table at Page 19. The potential full year release of £10m is based on the key assumption that the carry forward of annual leave at the end of 22/23 will revert to the normal pre Covid level of 5 days, compared to a maximum of 30 days at the end of 21/22
 - The forecast for Exceptional items has decreased by £16.2m in M6 . This reflects the latest forecast for energy costs from NWSSP and planned changes for NI from November 2022.
 - The M6 COVID response forecast has decreased by £0.2m from M5. The M6 forecast assumes that existing expenditure attributed to COVID in M6 will continue to 31 March. If some of these schemes are stopped this will improve the Covid forecast and the underlying position going into next year.
 - The M6 Covid Programme costs have increased by £0.3m from M5, mainly due to the impact of the new pay award for 22/23.
 - The Exceptional items & COVID response costs are anticipated to be fully funded by Welsh Government. This funding has not yet been confirmed by Welsh Government and remains a risk to the plan. Potential risk =£29.8m
 - The risks to the M6 position remain significant with a total risk of £25.8m. This includes £29.8m for Covid and Exceptional items plus a further net opportunity of £4.0m.

Year to Date Performance

	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)	Page reference
Pay	633.2	(1.4)	(0.8)	8
Non Pay	764.1	1.8	0.0	12
CRES	(3.0)	(1.9)	(1.1)	15
Income	(153.3)	0.6	3.2	16
Allocations	(1,214.5)	0.0	0.0	
Planned Deficit (£26.5m)	(26.5)	2.2	13.3	
Grand Total	0	1.2	14.6	



Pay Expenditure



Staff Group	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m
Administrative & Clerical	44.2	42.7	(1.5)
Medical And Dental	78.9	82.0	3.1
Nursing And Midwifery Registered	106.7	102.3	(4.4)
Add Prof Scientific And Technical	9.6	8.7	(1.0)
Additional Clinical Services	39.5	42.2	2.7
Allied Health Professionals	19.8	19.6	(0.3)
Healthcare Scientists	6.5	6.4	(0.1)
Estates And Ancillary	18.8	18.7	(0.2)
Students	0.0	0.5	0.4
Pay Budget Adjustments	(0.3)	0.0	0.3
Grand Total	323.9	323.1	(0.8)

Key Points:

- The M6 YTD pay expenditure is £323.1m . This represents a £0.8m favourable variance compared to the M6 plan of £323.9m.
- The M6 YTD pay expenditure includes a £3.0m benefit from the release of annual leave accruals from 21/22.
- During M6, the national pay awards for all staff groups has been applied including arrears for the first 5 months of 22/23.
- The £3.1m adverse variance in Medical & Dental is mainly due to increased ADH payments and agency costs.
- The £2.7m adverse variance in Additional Clinical Services includes additional cover provided to manage registered nursing vacancies.



Pay Expenditure Trends



Staff Group	Apr-22 £'m	May-22 £'m	Jun-22 £'m	Jul-22 £'m	Aug-22 £'m	Sep-22 £'m
Administrative & Clerical	7.1	6.9	6.8	6.9	6.4	8.5
Medical And Dental	12.5	13.4	13.6	13.4	12.6	16.7
Nursing And Midwifery Registered	17.5	16.0	16.7	17.1	15.2	19.9
Add Prof Scientific And Technical	1.4	1.4	1.4	1.4	1.3	1.7
Additional Clinical Services	6.8	6.6	6.6	7.0	6.2	9.0
Allied Health Professionals	3.1	3.1	3.1	3.2	3.0	4.0
Healthcare Scientists	1.0	1.0	1.0	1.1	1.0	1.3
Estates And Ancillary	2.9	2.9	2.9	3.0	2.8	4.0
Students	0.0	0.0	0.1	0.1	0.1	0.2
Pay Budget Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	52.4	51.3	52.2	53.2	48.7	65.2

Staff Group	Apr-22 £'m	May-22 £'m	Jun-22 £'m	Jul-22 £'m	Aug-22 £'m	Sep-22 £'m
Core	43.3	43.5	43.6	43.8	40.6	54.9
Agency	4.7	4.4	5.1	4.9	4.6	5.5
Overtime	2.5	0.9	1.2	2.1	1.2	1.9
ADH	0.9	1.3	1.2	1.4	1.2	1.1
Bank	1.0	1.0	0.9	0.9	1.0	1.6
WLI	0.1	0.2	0.2	0.2	0.1	0.2
Grand Total	52.4	51.3	52.2	53.2	48.7	65.2

Key Points for Pay Expenditure Trends:

- M6 expenditure includes the 22/23 pay award (including 5 months of arrears).
- M6 expenditure was £65.2m which was £16.5m more than M5. This is mainly due to the pay award plus a £2.0m movement in annual leave accruals being written back between M5 and M6 (i.e. a £2.5m writeback in M5 compared to £0.5m in M6). The estimated annual impact of the pay award is £28.3m and 6 months would be circa £14.1m.
- Core staffing costs increased by £14.3m in M6 due primarily to the pay award and the write back of annual leave accrual in M5.
- M6 agency costs increased by £0.9m compared to M5. However the average of the last 4 months remains around £5.1m.
- Overtime costs increased by £0.7m in M6, £0.2m was due to an accrual adjustment on Holiday pay, the remaining £0.5m is an increase in overtime pay..



Pay Expenditure Trends

Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)



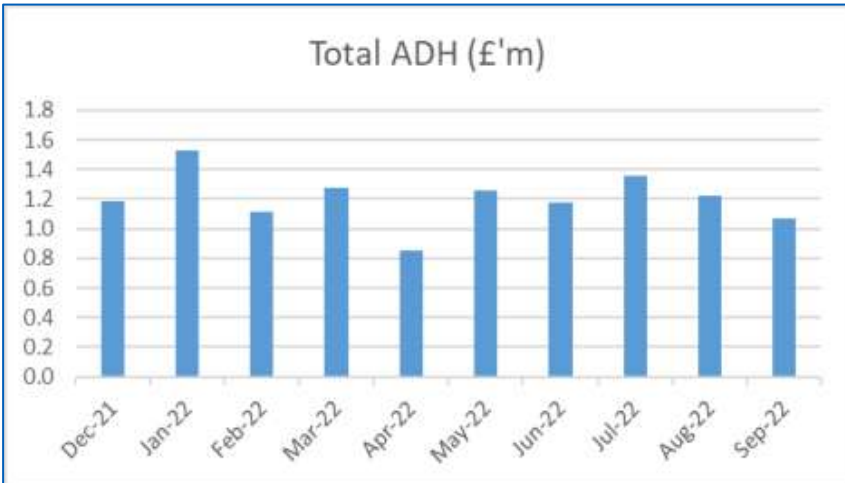
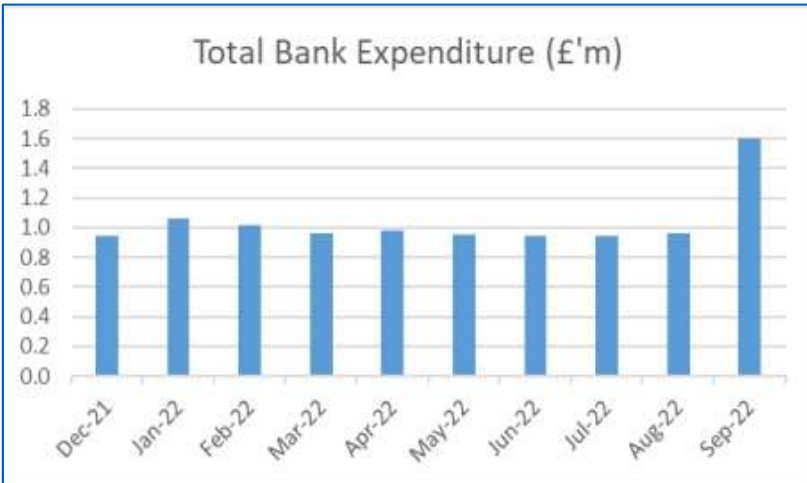
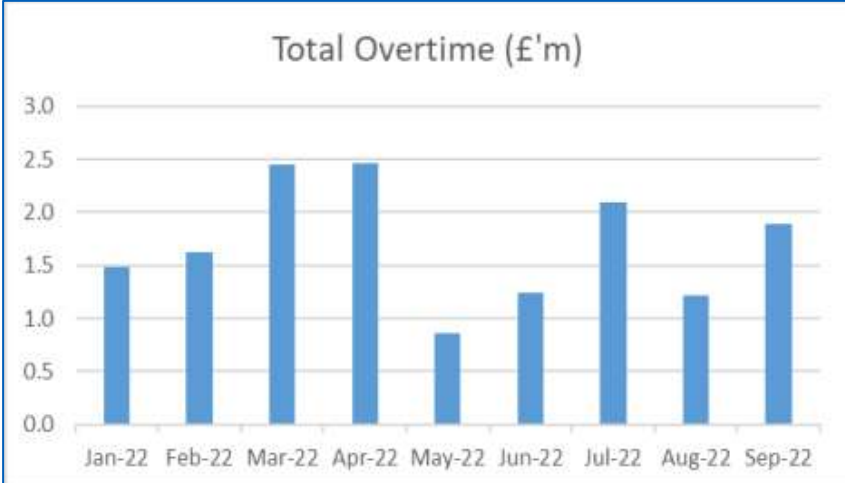
Nursing & Midwifery Pay Expenditure Trend (£'m)



Key Points for Pay Expenditure Trends:

- Medical pay expenditure was £16.7m in M6 compared to £12.6m in M5. Circa £2.6m of this increase was due to the pay award with £1m of increased agency costs and a £0.4m movement in annual leave write backs between M5 and M6.
- Nursing pay expenditure increased by £4.7m in M6, £19.9m in M6 compared to £15.2m in M5. £0.9m of this increase was due to the movement in annual leave write backs, £3.3m due to the pay award, £0.3m of overtime and £0.1m of Bank.

Variable Pay Expenditure Trends



- Key Points for Variable Pay Expenditure:**
- Total agency expenditure increased by £0.9m in M6 to £5.5m.
 - The most significant change was Medical & Dental agency costs increasing by £1.0m over M5.
 - Overtime costs increased by £0.7m in M6.
 - Bank Expenditure increased by £0.6m, partly due to the pay award..
 - ADH expenditure fell by £0.1m in M6 to £1.1m.

Non Pay Expenditure



Non Pay Expenditure Group	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m
Primary Care Contractors	65.0	64.8	(0.2)
Primary Care Drugs	46.0	47.2	1.2
Provider Non Pay	87.1	87.4	0.3
Commissioned Activity	163.8	163.7	(0.1)
Capital Charges	16.4	16.4	(0.0)
Other Non Pay	(7.1)	(8.3)	(1.1)
Total Expenditure	371.2	371.3	0.0

- Key Points for Non Pay Expenditure:**
- The overall year to date non pay is reporting a breakeven position at M6.
 - Primary care drugs is continuing to report an overspend with the Month 4 YTD growth in Prescribing data higher than planned.
 - The £0.1m Commissioning surplus relates to underperformance on LTAs and other commissioning budgets of £2.1m (see income) offset by £2.0m of CHC overspends.
 - The underspend of £1.1m in Other Non pay includes a release of non delegated reserves of £1.1m.



COVID Expenditure



	M6 Actual	M6 YTD	M6 Forecast	M5 Forecast	Financial Plan	Change
	£m	£m	£m		£m	£m
Programme costs						
TTP	0.4	3.8	5.8	5.8	6.5	0.0
Mass Vaccination	0.7	3.7	6.7	6.5	7.4	0.2
PPE	0.1	1.0	1.9	1.9	1.6	0.0
Sub total	1.2	8.5	14.4	14.1	15.6	0.3
COVID Response Costs:						
Cleaning Standards	0.2	0.8	1.9	1.9	2.3	0.0
Capacity & Facilities costs	0.2	1.9	3.0	2.9	3.0	0.1
Prescribing costs	0.2	1.1	2.1	2.1	2.1	0.0
Dental income losses	0.1	1.0	2.0	2.5	2.5	(0.5)
Increased workforce costs	0.4	2.9	4.7	4.5	2.6	0.2
Long Covid	0.1	0.2	0.8	0.8	0.8	0.0
Flu extension	0.0	0.1	1.1	1.1	0.6	0.0
Discharge support	0.0	0.3	0.3	0.3	0.6	0.0
Other Covid Response	0.1	0.2	0.6	0.6	2.3	0.0
Sub total	1.3	8.6	16.5	16.7	16.7	(0.2)
Total Covid costs	2.5	17.1	30.9	30.8	32.3	0.1
Anticipated funding	(2.5)	(17.1)	(30.9)	(30.8)	(32.3)	(0.1)
Total	0.0	0.0	0.0	0.0	0.0	0.0

Key Points for the M6 COVID Expenditure:

- Programme Costs – the M6 spend of £1.2m was marginally lower than the M5 costs of £1.1m.
- Other COVID Costs – the M6 spend of £1.3m was higher than the M5 costs of £0.8m. The main cause of the increase relates to the pay award.
- COVID Costs are anticipated to be fully funded by WG. However, this funding has not yet been confirmed by Welsh Government and is shown as a risk to the plan.

Key Points for forecast COVID Expenditure:

- Programme Costs – the M6 forecast has increased by £0.3m from M5. This is attributed in the main due to the pay award.
- Other Covid costs – the M6 forecast has decreased by £0.2m from M5 mainly due to reductions in Dental Patient Charges of £0.5m offset by increased pay award costs.





Exceptional Cost Pressures Expenditure

	M6 Actual	M6 YTD	M6 Forecast	M5 Forecast	Financial Plan	Change
	£m	£m	£m		£m	£m
National insurance changes	0.5	2.7	3.1	5.0	5.0	(1.9)
Energy inflation	1.0	3.6	12.3	26.6	11.6	(14.3)
Real Living Wage for Social Care Workers	0.2	1.2	2.4	2.4	2.4	0.0
Total Exceptional Costs	1.7	7.5	17.8	34.0	19.0	(16.2)
Anticipated funding	(1.7)	(7.5)	(17.8)	(34.0)	(19.0)	16.2
Grand total	0.0	0.0	0.0	0.0	0.0	0.0

Key Points:

- The M6 spend of £1.7m was £0.6m higher than the M5 spend of £1.1m, due to increased energy costs
- The M6 forecast of £17.8m has decreased by £16.2m compared to M5 which reflects the latest information from NWSSP on energy costs (which includes an initial estimate of the benefit from the energy price cap) together with the reduction in National Insurance costs from November 2022.
- It is anticipated that these Exceptional costs will be fully funded by WG. However, this funding has not yet been confirmed by Welsh Government and is shown as a risk to the plan.

Savings (including Accountancy Gains)



	Month 6			Month 5		
	M6 YTD	22/23	Rec	M5 YTD	22/23	Rec
	£m	£m	£m	£m	£m	£m
Planned savings		14.1			14.1	
Planned income generation		0.2			0.2	
Plans to be finalised		3.0			3.0	
Savings target as at M3	8.7	17.3	17.3	7.1	17.3	17.3
Actual and Forecast Savings	(9.7)	(17.5)	(10.4)	(6.4)	(17.4)	(10.5)
Total	(1.0)	(0.2)	6.9	0.7	(0.1)	6.8



Key Points for Savings achievement:

- The actual savings in M6 was £3.3m compared to £1.2m in M5. The main reason for the increase was additional WHSSC savings of £1.5m.
- Forecast in year savings has increased by £0.1m to £17.5m.
- Forecast Recurrent savings have reduced slightly in M6 at £10.4m.
- Urgent work is still needed to develop a robust savings plan to deliver £17.3m of savings on a recurrent basis. The M6 gap remains £6.9m.
- It is important to note that M6 internal reporting within the Health Board is reporting a M6 YTD savings overachievement of £1.1m compared to the £1.0m reported in the WG Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the annual target of £17.3m has been phased equally through M1 to M12.
- In addition to the £17.3m savings target the financial plan includes a target of £4.5m for accountancy gains. Delivery of this target is classified as Green and is considered to be low risk.

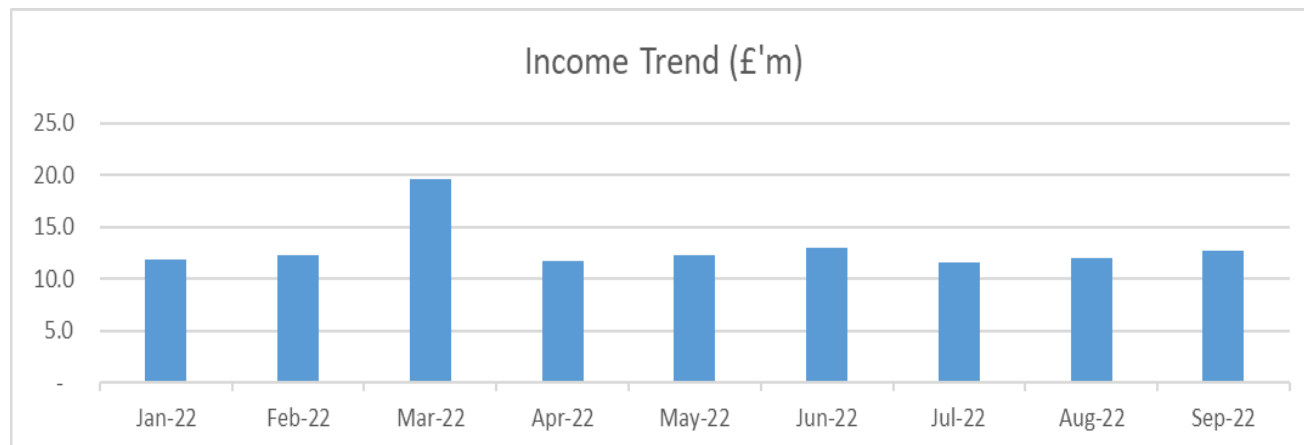




Income



Income Group	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m
Health Organisations Income	51.3	49.3	2.0
Local Authorities Income	5.8	5.8	(0.1)
Catering Income	1.5	1.1	0.4
Private Patients	0.1	0.2	(0.1)
Other Income	17.5	16.6	0.9
Total Income	76.2	73.0	3.2



Key Points for Non Pay Expenditure:

- The M6 year to date income position is reporting a £3.2m overspend .
- Healthcare organisations are reporting a £2.0m overspend, which is mainly due to underperformance on LTA Inpatient & Day case activity. This variance needs to be seen alongside a Non Pay favourable variance of £2.1m for contracting & commissioning LTAs.
- Catering Income is reporting an adverse variance of £0.4m, following reduced footfall at sites. The M6 in month position remains adverse but has improved on previous months.
- The other income adverse variance of £0.9m includes:
 - £0.4m of reduced injury cost recovery scheme income
 - £0.2m of reduced accommodation income
 - £0.2m of reduced dental patient charges income
 - £0.1m of other miscellaneous income.

Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,023.2	28.1	24.2	80.8	1,156.3
Anticipated Allocations:					
Pay Award 22/23	27.7				27.7
COVID Programmes	9.6				9.6
Other COVID Response	12.9				12.9
Exceptional Costs	17.8				17.8
WRP	(3.3)				(3.3)
Substance Misuse	3.9				3.9
2022/23 MH Funding	1.2				1.2
Unscheduled Care 6 Goals	3.0				3.0
Value in Health Care Hosting	2.2				2.2
Holiday Pay on Overtime	2.4				2.4
Dementia ICF	1.2				1.2
Medical Trainees	0.9				0.9
Bands 1&2 NLW uplift	0.2				0.2
Memory Assessment Service	0.5				0.5
Obesity Pathway	0.4				0.4
Other Allocations	1.2				1.2
Total Allocations	1,104.9	28.1	24.2	80.8	1,238.0

Key Points for Allocations:

- As at M6 the confirmed revenue resource allocation was £1,156.3m.
- The forecast position assumes a further £81.7m of Anticipated allocations to give a Total allocation of £1238.0m.
- The forecast position assumes that all the COVID response costs and Exceptional costs will be fully funded by WG. The anticipated allocations for these programmes are:
 - £9.6m – COVID Programme
 - £12.9m – COVID Response
 - £17.8m – Exceptional Costs
- The latest assessment from NWSSP for the contribution to the Risk Pool has been estimated at £3.3m. This will be a reduction to the resource limit.



Income Assumptions- NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	30.5	1.7	32.2
Aneurin Bevan University	20.7	1.3	22.0
Betsi Cadwaladr University	0.0	0.2	0.2
Cardiff & Vale University	17.1	1.6	18.6
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.3	0.8
Powys	2.6	0.8	3.4
Public Health Wales	3.0	0.8	3.7
Velindre	0.0	8.7	8.7
NWSSP	0.0	0.0	0.0
DHCW	1.2	0.0	1.2
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.1	0.3	11.4
EASC	0.0	0.0	0.0
HEIW	0.0	12.5	12.5
NHS Wales Executive	0.0	0.0	0.0
Total	86.6	28.2	114.8

Key Points :

- The M6 plan assumes £114.8m of income from Welsh NHS organisations.
- A further £38.5m of non NHS income is also included in the financial plan of which £11.4m relates to Local Authority income and £4.4m for patient dental charges.
- Over the last 2 years there has been an All Wales agreement to support 'stability of LTA income' by retaining a block arrangement based on 19/20 income levels uplifted for inflation. The All Wales agreement has changed for 2022/23 and will transition towards a hybrid Cost & Volume agreement where performance is measured against 19/20 activity levels and variances will impact LTA income & expenditure.
- With current LTA activity levels below 19/20 activity this represents a risk to our income assumptions.
- All LTAs for 22/23 have been fully signed off.



Risk Management Risks and Opportunities



	Month 6	Month 5	Financial Plan 30 April
	£m	£m	£m
Risks:			
Reduction in COVID funding - Income losses & ICT/Homeworking	0	3.0	0
Potential reduction in anticipated allocations for COVID response	12.1	12.2	0
Potential reduction in anticipated allocations of Exceptional items	17.7	34.0	0
Shortfall against planned savings delivery of £17.3m.	0	0.6	2.5
Winter plan costs not covered by additional WG funding	0	Tbc	2.5
Non Pay Inflation exceeds the £4.4m provision made in the plan (4.0%)	0	1.1	1.1
Impact of auto-enrolment upon employers pension costs	0	1.2	0.0
LFERs – Potential financial penalty due to delays in submission	tbc	tbc	0
PCR – Potential Risk of cost of delivering key targets will exceed £26.1m allocation	tbc	tbc	0
Risk of new pay advisory notices leading to increased pay rates	Tbc	Tbc	0
Additional Bank Holiday Pay Costs – Queens State Funeral	Tbc	Tbc	0
Potential reduction in the assumed funding of £28.3m for pay award	Tbc	Tbc	0
Total risks	29.8	52.1	16.1
Opportunities:			
Potential retention of slippage of Dental allocation	Tbc	tbc	0
Balance sheet reviews including the 21/22 Annual leave accrual	(4.0)	(4.0)	(2.0)
Total Opportunities	(4.0)	(4.0)	(2.0)
Total	25.8	48.1	14.1

- Key Points :**
- The reduction in COVID funding for income losses & ICT/Homeworking has now been recognised in our forecast and the risk has been removed from the Risk table
 - Welsh Government have requested that anticipated funding for certain COVID response costs and Exceptional items should be treated as a risk and be shown in our risk tables (£12.1m and £17.7m respectively).
 - The M5 risks for savings delivery, non pay inflation and auto enrolment have been removed as the costs are now recognised within our forecast.
 - The other key funding risk is whether our assumed funding of £28.3m for pay awards will be received in full.
 - As at M6, the main opportunities are the retention of potential slippage on the Dental Allocation, plus a further review of balance sheet opportunities and annual leave accrual.
 - The risks to the M6 position remain significant with a total net risk of £25.8m. This includes £29.8m for Covid and Exceptional items plus a further net opportunity of £4.0m.



Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2022)	Closing Balance as at M05	Closing Balance as at M06	Forecast Closing Balance M12
	£'000	£'000	£'000	£'000
Non Current Assets				
Property, Plant & Equipment	603,871	612,222	613,652	603,871
Intangible Assets	3,596	3,586	3,586	3,596
Trade and Other Receivables	43,216	43,216	43,216	43,216
Total Non-Current Assets	650,683	659,024	660,454	650,683
Current Assets				
Inventories	6,856	6,956	6,985	6,856
Trade and Other Receivables	91,571	66,105	76,668	91,571
Cash and Cash Equivalents	438	6,246	4,036	(41,700)
Total Current Assets	98,865	79,307	87,689	56,727
Current Liabilities				
Trade and Other Payables	182,269	140,158	144,856	141,031
Provisions	27,052	26,627	25,916	26,152
Total Current Liabilities	209,321	166,785	170,772	167,183
Non-Current Liabilities				
Trade and Other Payables	976	976	976	976
Provisions	49,555	49,555	49,555	49,555
Total Non-Current Liabilities	50,531	50,531	50,531	50,531
TOTAL ASSETS EMPLOYED	489,696	521,015	526,840	489,696
Financed By:				
General Fund	427,163	458,482	464,307	427,163
Revaluation Reserve	62,533	62,533	62,533	62,533
TOTAL	489,696	521,015	526,840	489,696

- Key Points on the Statement of Financial Position:**
- The closing cash balance at 30 September was £4.04m.
 - Receivables increased by £10.5m over M5. This is largely due to an increase in debtors relating to RCT FNC and CHC Nursing Home Pooled Budget.
 - Payables increased by £4.7m over M5 due to the increase in HMRC & Pension creditors as a result of the payment of backdated salary increases in September.
 - The Balance Sheet M12 forecast has been updated to reflect the forecast changes in cash including movements in working balances, which shows the reduction in trade payables (capital and revenue) and provisions. These are further detailed in the cash flow narrative.





Cash Flow Forecast



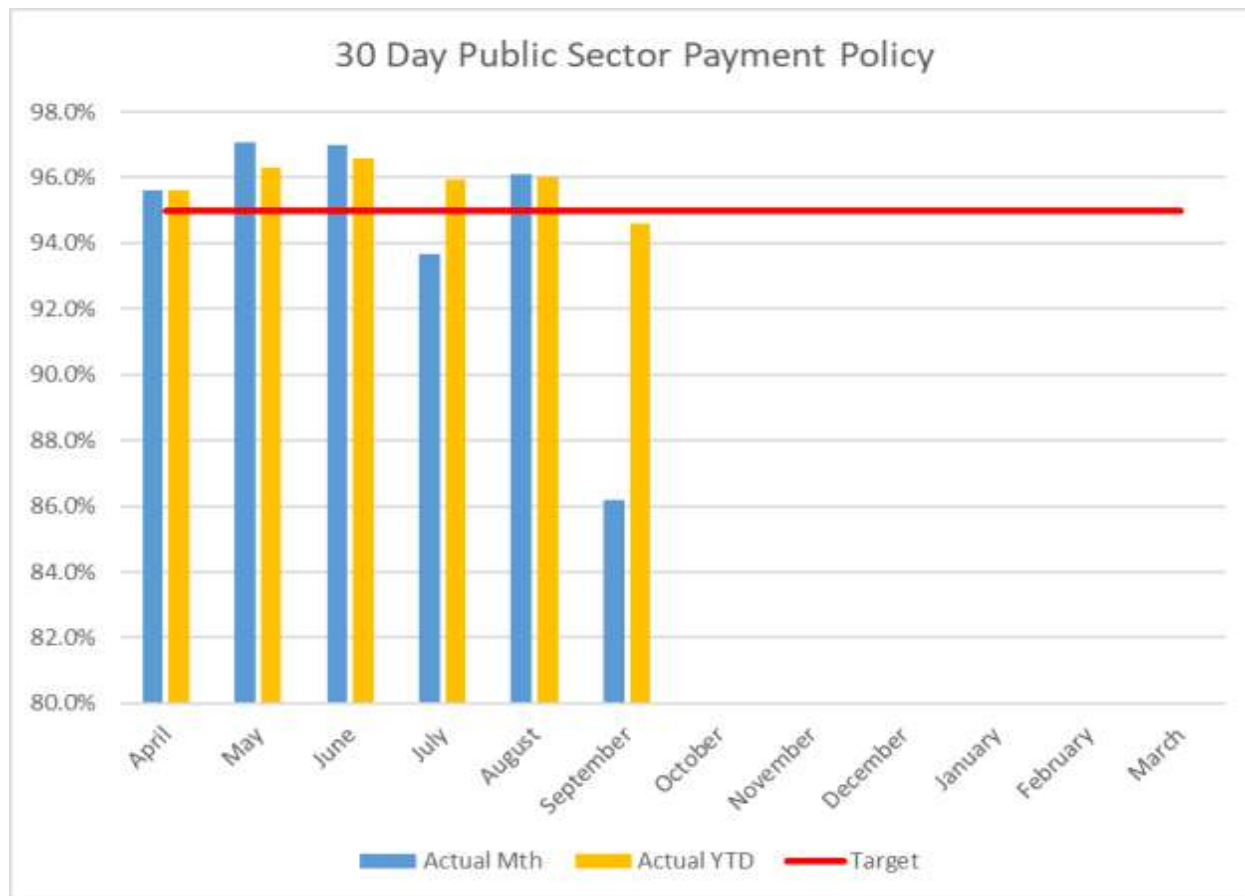
Cashflow	Actual/Forecast												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Receipts													
WG Revenue Funding	108,788	99,263	95,000	98,090	102,644	114,275	91,800	102,800	119,300	100,300	108,800	77,983	1,219,043
WG Capital Funding	9,000	4,000	5,000	5,000	6,500	5,000	4,500	3,000	4,500	4,500	5,000	4,058	60,058
Sale of Assets	5	(7)	233	0	0	35	0	0	0	0	0	0	266
Welsh NHS Org'ns	12,037	12,061	16,108	9,633	16,269	9,933	10,300	10,300	10,300	10,300	10,300	12,000	139,541
Other	4,256	6,004	3,238	4,476	3,121	2,669	2,500	2,500	2,500	2,500	2,500	2,500	38,764
Total Receipts	134,086	121,321	119,579	117,199	128,534	131,912	109,100	118,600	136,600	117,600	126,600	96,541	1,457,672
Payments													
Primary Care Services	26,653	7,211	19,962	16,489	16,595	28,126	6,800	16,545	28,945	8,750	17,245	17,770	211,091
Salaries and Wages	47,067	50,967	50,466	49,819	49,246	54,113	53,620	51,440	51,440	51,440	51,440	51,440	612,498
Non Pay Expenditure	52,316	51,147	47,978	45,541	55,418	48,347	46,200	47,800	51,000	53,000	52,000	63,801	614,548
Capital Payments	6,433	7,201	4,973	4,275	5,154	3,536	4,000	4,700	5,300	4,300	5,900	5,901	61,673
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	132,469	116,526	123,379	116,124	126,413	134,122	110,620	120,485	136,685	117,490	126,585	138,912	1,499,810
Net Cash In/Out	1,617	4,795	(3,800)	1,075	2,121	(2,210)	(1,520)	(1,885)	(85)	110	15	(42,371)	
Balance B/F	438	2,055	6,850	3,050	4,125	6,246	4,036	2,516	631	546	656	671	
Balance C/F	2,055	6,850	3,050	4,125	6,246	4,036	2,516	631	546	656	671	(41,700)	

Key Points within the Cash Flow Forecast :

- The closing Cash Balance at the 30th September 2022 2022 is £4.036m and the above forecast shows a cash shortfall of £41.7m at the end of the financial year.
- This forecast assumes that all Covid response costs and Exceptional cost pressures will be cash funded. Within the forecast there is also significant movement in working balances of £15.2m due to the release of the annual leave accrual and other accountancy gains.
- If the Covid response costs and Exceptional costs are not cash funded, the forecast shortfall at the end of the year could increase to circa £71.5m. It is important to highlight that , under this scenario, in order to be able to pay staff, contractors and other unavoidable commitments in March, creditor payments would need to be restricted from month 10 onwards.



Public Sector Payment Policy



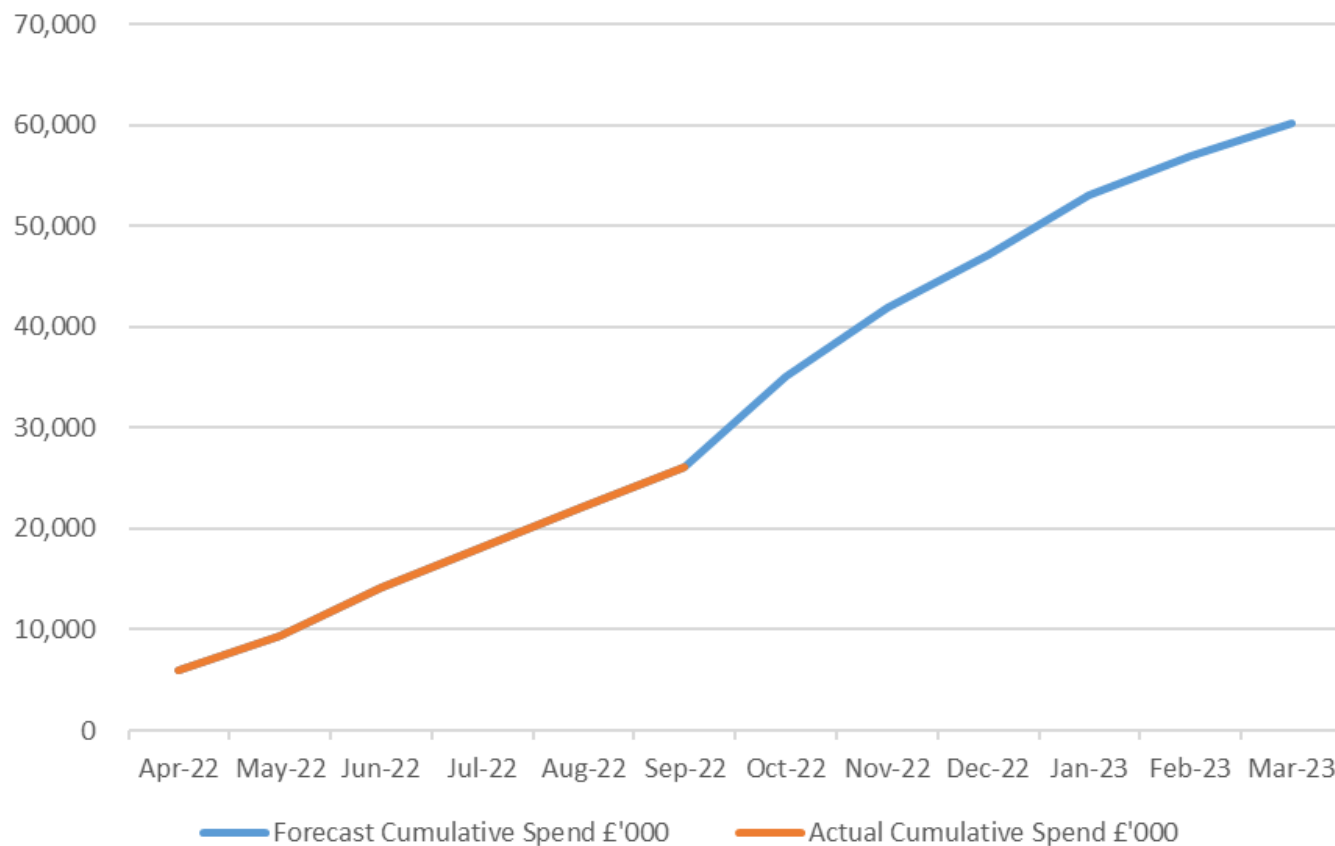
Key Points in the Public Sector Payment Policy :

- Welsh Government have set a target of 95% for non NHS invoices to be paid within 30 days (by number of invoices).
- The percentage for the number of non NHS invoices paid within the 30 day target in September 2022 was 86.2%.
- The cumulative percentage year to date at the 30th September 2022 was 94.6%.
- The target was not achieved in September due to delays in the payment of 2,035 Nurse Agency invoices which represented 11% non compliance. This continues to be due to the lack of resource in the Bank office which has resulted in a backlog of invoices awaiting processing of about 6 weeks.
- The Agency self-billing process is due to commence in October 2022, which should eliminate the Nurse Agency PSPP failures, enabling the Health Board to achieve the 95% target for 2022-23.
- The target is currently forecast to be achieved at year end.



Capital Expenditure

Capital Expenditure (£'000)



Key Points in Capital Expenditure:

- The Capital Resource Limit (CRL) of £60.1m was issued on the 16th September 2022.
- Assets with a net book value (NBV) of £0.2m have been disposed of in this financial year and this figure will also be added to the programme.
- This is supplemented by £0.2m of donated funds giving an overall programme of £60.5m.
- The expenditure to the 30th September 2022 was £26.1m.
- The forecast capital position remains breakeven to the CRL.

2022-23 Finance Performance Report

Month 6

Summary

Situation	Background
<p>A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M6.</p> <p>The purpose of this report is focus on the financial performance of the individual Care Groups and directorates as at M6 (i.e. the Delegated budget position).</p> <p>The overall financial position report is discussed at the Full Board, the Planning, Performance & Finance Committee (PPFC) and also the Strategic Leadership Group (SLG).</p> <p>This financial performance report is discussed at the PPFC and SLG meetings .</p> <p>Where required, PPFC may request further information or a 'deep dive' on the financial performance of individual ILGs and directorates.</p>	<p>The IMTP submitted to Welsh Government in April 2022 set out the financial plan for the UHB for the financial year 2022-23. In accordance with Welsh Government guidance, our financial plan was set out into 3 parts:</p> <ul style="list-style-type: none"> • Core Plan • COVID Response • Exceptional Cost Pressures <p>The Core plan includes a recurrent savings target of £17.3m. In addition, our Integrated Locality Groups (ILGs) and Directorates identified brought forward recurrent cost pressures of circa £11m. These cost pressures are not included in the financial plan for 22/23 and recovery plans are required to manage these overspends back to delegated budgets.</p> <p>.</p>

Summary

Assessment	Recommendation
<p>The M6 Delegated underspend was £1.2m. This represents a £3.0m improvement compared to the average monthly overspend for M1-5 of £1.8m per month. This £3m improvement on trend includes:</p> <ul style="list-style-type: none"> a £2.1m improvement on Savings which includes £1.4m in Contracting & Commissioning. a £1.5m improvement on Pay which includes £0.4m in Mental Health, £0.4m in Corporate directorates and £0.3m in Planned Care. <p>The M6 Delegated overspend now stands at £7.9m. This includes a £1.3m shortfall against the M6 savings targets plus other overspends of £6.3m. These other overspends include adverse variances against Pay (£2.3m), Non Pay (£1.2m) and Income (£3.2m).</p> <p>The most significant overspends (exc Savings shortfalls) at M6 are being reported by Unscheduled Care (£4.7m) and Planned Care (£2.1m)</p> <p>The £11m forecast recurrent overspends from 21/22 that were excluded from the 22/23 financial plan therefore appear to be largely continuing for the first 6 months of 22/23 and are not being fully covered by recovery plans (6/12ths of £11m = £5.5m).</p> <p>The Delegated savings position remains a concern:</p> <ul style="list-style-type: none"> The M6 YTD Delegated savings achievement was £7.7m, which is a £1.3m shortfall compared to the M6 YTD target of £9.0m The forecast Delegated savings is only £11.8m and is 6.2m below the £18m annual target. The forecast Delegated Recurrent savings is only £6.2m, which is £11.8m below the £18m target. 	<p>The Planning, Performance and Finance Committee (PPFC) is asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 30 September 2022.</p>

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Performance
7-8	Savings – Actual & Forecast
9-13	Planned Care Care Group- Performance
14-18	Unscheduled Care Care Group– Performance
19-23	Diagnostics, Therapies & Specialties Care Group– Performance
24-26	Corporate Directorates - Performance

Current Month Analysis

- The M6 Delegated position is reporting an in month underspend of £1.2m. This represents a £3m improvement compared to the average monthly overspend for M1-5 of £1.8m per month. The key overspending areas in M6 include:
- Unscheduled Care - £1.1m
- Planned Care - £0.2m
- Children & Families - £0.1m
- There are no other delegated overspends in excess of £50k.

Year to Date Analysis

- The M6 Delegated position is reporting a YTD deficit of £7.9m. Key overspending areas include:
- Unscheduled Care - £5.7m (Savings shortfall £1.0m and Other overspends £4.7m).
- Planned Care - £1.9m (Savings £(0.2)m and Other overspends £2.1m).
- Diagnostics, Therapies & Specialties £1.1m (Savings shortfall £0.7m and Other overspends £0.4m).

Savings Position

- The M6 YTD Delegated savings achievement was £7.7m. This represents a shortfall of £1.3m compared to the M6 YTD target of £9.0m
- The forecast Delegated savings is only £11.8m. This forecast is 6.2m below the £18m annual target.
- The forecast Delegated Recurrent savings is only £6.2m. This forecast is £11.8m below the £18m target.



M6 Summary Performance



	Annual Budget	M6	M6 YTD	M6 Forecast
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	153.2	0.2	1.9	4.6
Unscheduled Care	151.1	1.1	5.7	10.9
Primary & Community Care	188.7	(0.5)	(0.7)	(0.3)
Mental Health & Learning Disabilities	107.0	(0.8)	0.4	4.1
Children & Families	73.2	0.1	0.5	1.0
Diagnostics, Therapies & Specialities	215.3	(0.1)	1.1	3.9
Facilities (non Hub)	28.7	(0.0)	0.4	0.9
Corporate Executives	137.2	(0.4)	(0.6)	0.9
Contracting & Commissioning	134.8	(0.8)	(0.9)	0.3
Total Delegated Budgets	1,189.2	(1.2)	7.9	26.1
Non Delegated Budgets				
Other Control Accounts	(1,189.2)	0.0	0.0	0.0
Reserves & Contingencies	61.2	0.2	(6.6)	(26.1)
Planned Deficit	(26.5)	2.2	13.3	26.5
Total Non Delegated Budgets	(1,154.6)	2.4	6.7	0.4
Grand total	34.6	1.2	14.6	26.5

Key Points :

- The M6 Delegated underspend was £1.2m, which was a £3m improvement on trend. The main improvements were seen in:
 - Mental Health – £1.0m
 - Contracting & commissioning - £0.8m
 - Diagnostics & Therapies (Meds Mgt) - £0.4m
 - Primary & Community - £0.4m
- Despite this improvement , the M6 YTD Delegated position is still showing a £7.9m overspend .
- The most significant overspends are in the following areas and further information is provided in this report:
 - Unscheduled Care £5.7m
 - Planned Care £1.9m
 - Diagnostics, Therapies & Specialties £1.1m
- An analysis of the performance of the Corporate directorates is also provided later in this report.
- Delegated forecast positions prior to M6 reporting was reporting a deficit of £26.1m, this is a deterioration of £4.2m from last months forecast of £21.9m.

M6 Savings –Actual



Savings	Annual Savings Target	YTD Savings Target	YTD Actual Savings	YTD variance
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	3.7	1.8	2.0	(0.2)
Unscheduled Care	2.9	1.4	0.4	1.0
Primary & Community Care	0.7	0.4	0.3	0.0
Mental Health & Learning Disabilities	2.1	1.0	0.9	0.2
Children & Families	1.8	0.9	0.7	0.2
Diagnostics, Therapies & Specialities	4.4	2.2	1.4	0.8
Facilities (Non Hub)	0.6	0.3	0.1	0.2
Corporate Executives	1.5	0.8	0.3	0.5
Contracting & Commissioning	0.4	0.2	1.4	(1.2)
Total Delegated Budgets	18.0	9.0	7.7	1.3
Non Delegated	(0.7)	(0.4)	2.0	(2.4)
Grand total	17.3	8.6	9.7	(1.1)

- Key Points :**
- Total savings to M6 is £9.7m which is £1.1m higher than target.
 - Delegated savings to M6 is only £7.7m, which is £1.3m below the Delegated savings target of £9.0m.
 - The largest YTD shortfalls are in Unscheduled Care, Diagnostics, Therapies & Specialities and Corporate Executives.



M6 Savings - Forecast



Savings	Annual Savings Target	Current Year Forecast savings	Current Year Forecast Variance	Forecast Recurrent Savings	Forecast Recurrent variance
	£m	£m	£m	£m	£m
Delegated Budgets					
Planned Care	3.7	2.9	0.8	0.1	3.6
Unscheduled Care	2.9	0.6	2.3	0.2	2.7
Primary & Community Care	0.7	0.8	-0.1	0.3	0.4
Mental Health & Learning Disabilities	2.1	1.7	0.4	0.2	1.9
Children & Families	1.8	1.2	0.5	0.4	1.3
Diagnostics, Therapies & Specialities	4.4	3.3	1.1	2.4	2.0
Facilities (Non Hub)	0.6	0.2	0.4	0.1	0.5
Corporates	1.5	0.9	0.6	0.9	0.6
Contracting & Commissioning	0.4	1.9	-1.5	1.9	-1.5
Total Delegated Budgets	18.0	13.5	4.5	6.4	11.6
Non Delegated	(0.7)	4.0	(4.7)	4	(4.7)
Grand total	17.3	17.5	(0.2)	10.4	6.9

- Key Points :**
- The M6 current year savings forecast is showing a small surplus of £0.2m compared to the annual target of £17.3m.
 - The forecast delegated savings is only £13.5m. This forecast is £4.5m below the M6 YTD target.
 - The largest forecast savings shortfalls are in Unscheduled Care, Diagnostics, Specialities & Therapies & Planned Care.
 - The M6 Recurrent savings forecast of £10.4m is £6.9m below the annual target of £17.3m.
 - The forecast delegated Recurrent savings is £6.4m. This forecast is £11.6m below target.
 - The largest recurrent savings gaps are in Unscheduled Care, Diagnostics, Specialities & Therapies & Planned Care, Mental Health & Learning Disabilities and Children & Families.

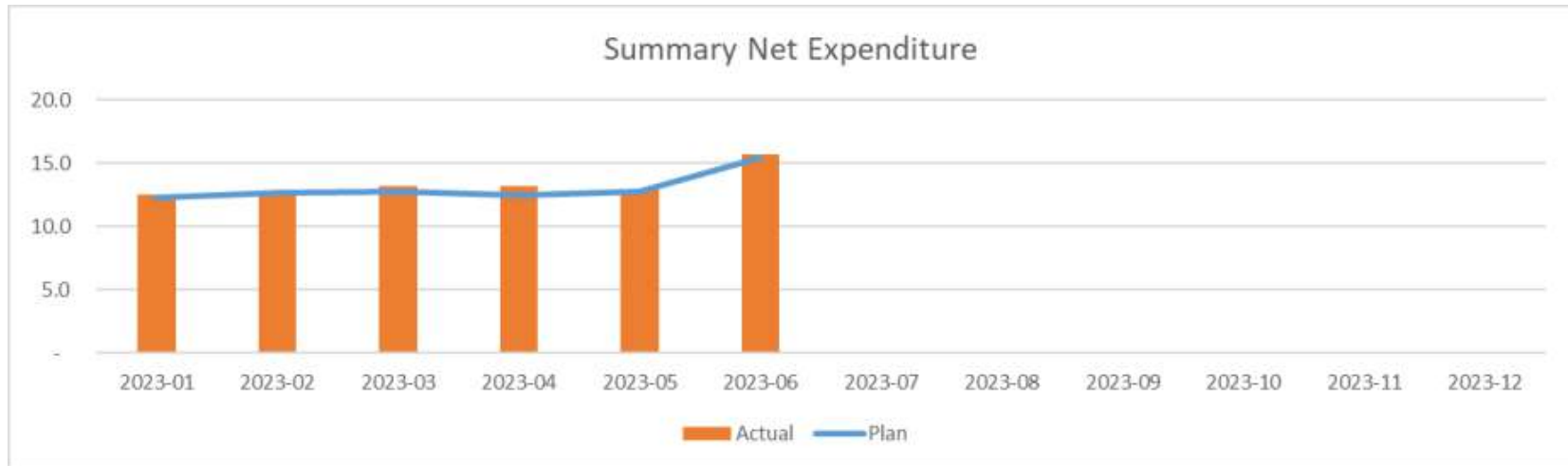


Planned Care Group M6 Finance Summary



Summary	Annual Budget (£m)	Cur Month Budget (£m)	Cur Month Actual (£m)	Cur Month Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Current Year Forecast
Pay	131.8	13.5	13.6	0.1	66.2	68.7	2.4	
Non Pay	26.9	2.2	2.3	0.1	13.5	13.0	(0.5)	
CRES	(1.2)	(0.0)	0.0	0.0	0.2	0.0	(0.2)	
Income	(4.4)	(0.2)	(0.2)	0.0	(1.4)	(1.3)	0.1	
Grand Total	153.2	15.5	15.7	0.2	78.5	80.3	1.9	4.6

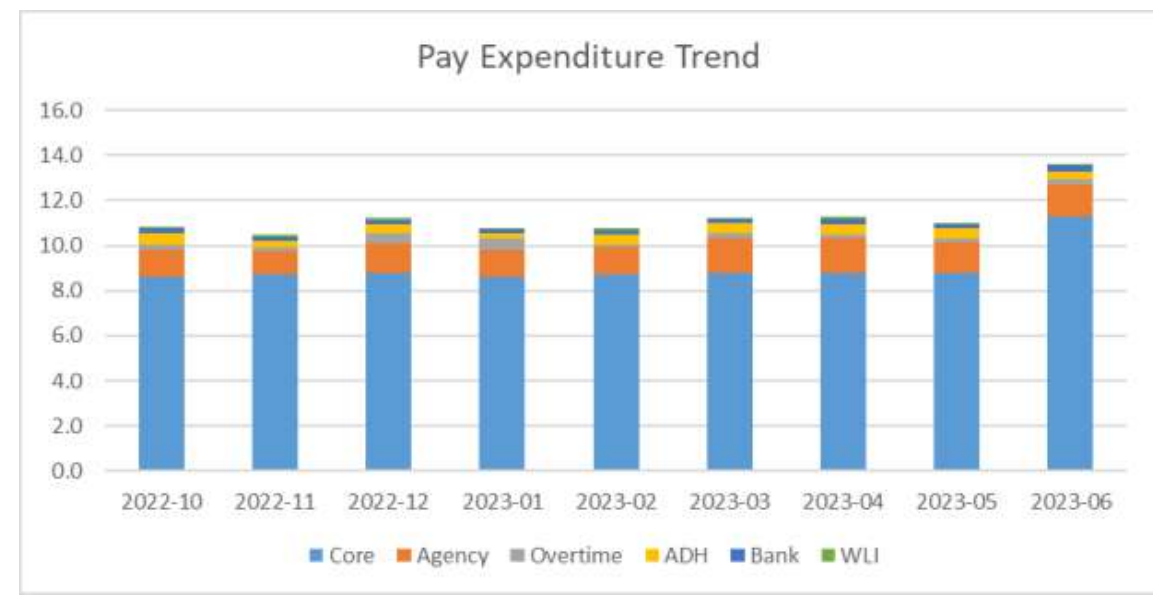
- Key Points :**
- The M6 current period variance is a £0.2m overspend. This is consistent with M5.
 - The M6 year to date variance is a £1.9m overspend.
 - The Current year forecast of £4.6m was provided prior to the reporting of M6. A straight line extrapolation of M6 YTD would indicate a forecast of £3.8m.
 - The Net Expenditure in M6 was £15.7m, an increase of £2.8m from M5. This is mainly due to the pay award being paid in M6 (including arrears).



Planned Care Group M6 Performance- Pay



Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
Add Prof Scientific And Technical	0.5	0.0	(0.0)
Additional Clinical Services	14.0	0.2	1.0
Administrative & Clerical	11.2	(0.1)	(0.3)
Allied Health Professionals	4.4	0.0	0.1
Estates And Ancillary	0.9	(0.0)	(0.1)
Healthcare Scientists	1.5	(0.0)	(0.1)
Medical And Dental	56.9	0.4	2.0
Nursing And Midwifery Registered	42.3	(0.4)	(0.2)
Pay Budget Adjustments	0.1	(0.0)	(0.1)
Students	0.0	0.1	0.2
Grand Total	131.8	0.1	2.4



Key Points for Year to Date Pay Performance:

- The M6 YTD position is reporting a £2.4m adverse position.
- The most concerning area is Medical & Dental which is overspending by £2.0m and Additional Clinical Services which is overspending by £1.0m.
- Both these overspends reflect agency costs without any mitigating underspends in core substantive pay costs.

Key Points for Pay Trends:

- The M6 position is reporting expenditure of £13.6m which includes the recently backdated pay award.
- There are no significant movements between M6 and M5 outside of the pay award.

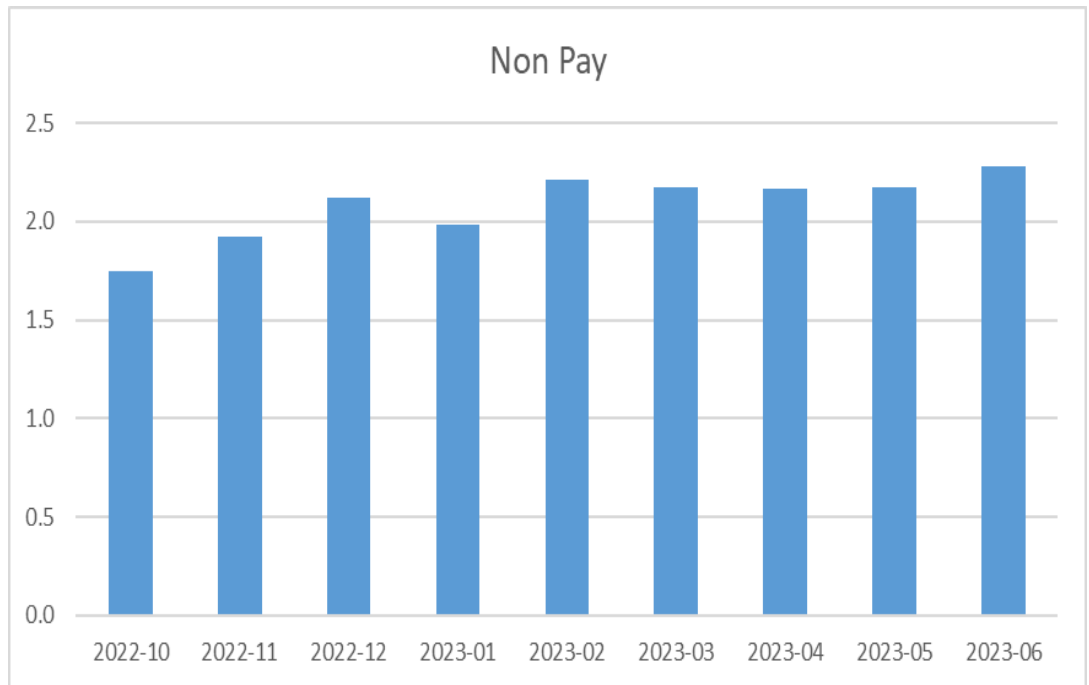


Planned Care Group M6 Performance- Non pay

Non Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
FNC & CHC	0.0	0.0	0.0
DRUGS	6.7	0.1	0.4
M&SE	10.6	(0.1)	(0.2)
SERVICES FROM OTHER NHS BODIES	0.7	(0.0)	(0.0)
ESTABLISHMENT EXPENSES	1.4	0.0	(0.0)
APPLIANCES	5.7	(0.1)	(0.6)
PURCHASE OF HEALTH CARE SERVICES	0.1	(0.0)	(0.0)
MISCELLANEOUS SERVICES	0.2	(0.0)	(0.1)
PREMISES & FIXED PLANT	0.5	0.0	0.2
PRIMARY & SECONDARY CARE	0.0	0.0	0.0
PROVISIONS	0.8	(0.0)	(0.1)
GENERAL SUPPLIES & SERVICES	0.1	0.0	0.0
OTHER CLINICAL SERVICES & SUPPLIES	0.0	(0.0)	0.0
Grand Total	26.9	0.1	(0.5)

Key Points for Year to Date Non Pay Performance:

- The most significant adverse non pay variance relates to Drugs which is reporting an overspend of £0.4m at M6.
- Appliances are reporting an underspend of £0.6m which reflects the reduced activity being undertaken compared to pre COVID levels.



Key Points for Non Pay Expenditure Trend:

- Non pay expenditure in M6 continues to remain consistent at £2.3m.



Planned Care Group M6 Performance - Income & Savings



Income	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
HEALTH ORGANISATIONS	(1.8)	0.0	0.1
PRIVATE PATIENTS	(1.5)	(0.0)	(0.1)
LOCAL AUTHORITIES	0.0	0.0	0.0
CATERING	0.0	0.0	0.0
OTHER INCOME	(1.1)	0.0	0.1
Grand Total	(4.4)	0.0	0.1

Key Points for Year to Date Income Performance:

- There are no significant income variances to report.

Savings	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
CRES Target	(3.7)	0.3	1.8
Achievement	2.5	(0.3)	(2.0)
Grand Total	(1.2)	0.0	(0.2)

Key Points for Year to Date Savings Performance:

- The YTD savings performance is reporting a £0.2m Favourable variance at M6.
- The Care Group are reporting an in year forecast of £2.9m for 22/23 which is £0.8m below target and a recurrent forecast of £0.1m which is £3.6m below target.



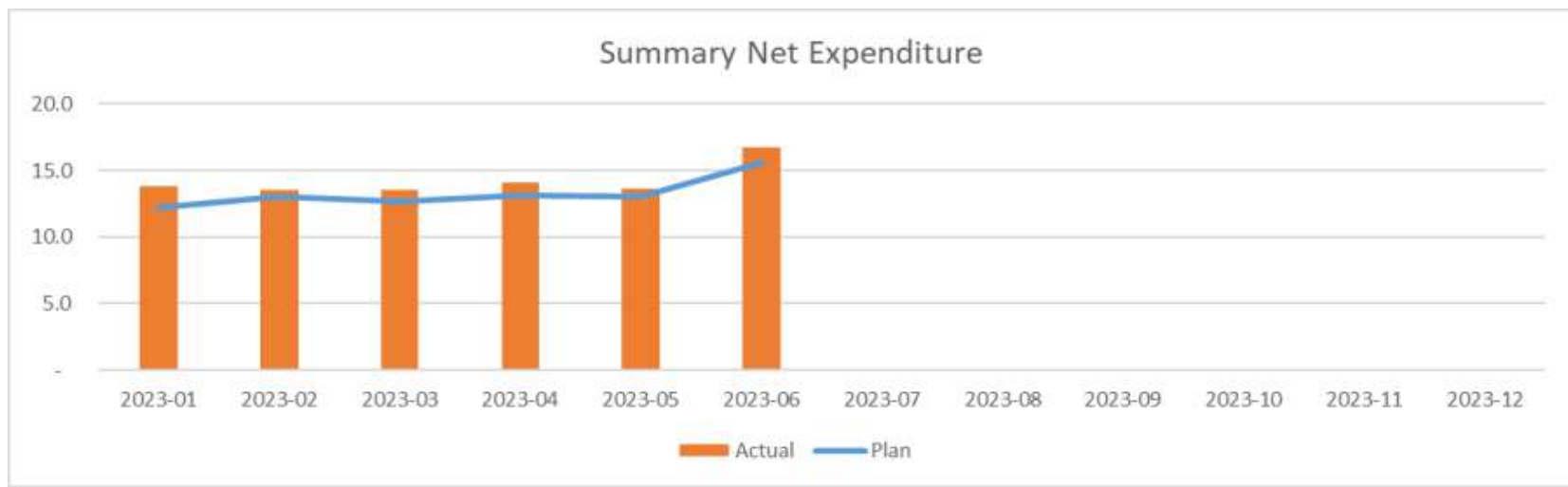
Planned Care M6 Performance

Additional Comments and Key Actions – Planned Care:

- Key drivers of current and year to date position:
 - Medical Pay overspend £1.97m. This includes £1.38m in Bridgend Surgery, mainly driven by MSK SHO tier rota, critical care 3rd tier rota and ophthalmology plus £0.63m in Merthyr Surgery mainly driven by ADH and agency cover.
 - HCSW overspend of £0.96m. Mainly agency and bank within Bridgend surgery with 1:1 Enhanced care as the main driver. There has also been an increase in sickness in recent months. Control around agency bookings and clarity on processes has generated improvements. Through the Bridgend Nurse leadership team, supported by the Nurse Productivity Group and Bank office, there has been focused reviews and a number of issues are being tackled. Process and controls around agency bookings and on boarding of new recruits are specific areas being actively targeted. Improvements have been generated and spend reductions are expected in the coming months.
 - CRES overachievement of 0.19m.
 - Non pay underspend of £0.47m. Driven by reduction in elective activity.
- CRES plans, Recovery Plans and further opportunities to reduce spend all reviewed on a regular basis.
- Covid escalation measures all reviewed and de-escalated where possible. Funding continues for PPE and nosocomial COVID investigation.
- CRES target £3.7m with £2.9m forecast delivery in year (£0.06m recurrently).
- The latest forecast for planned care indicated a year end outturn of £4.6m, this was ahead of month 6 reporting. This forecast is likely to deteriorate despite the pay award benefit not being included in the M5 forecast. This deterioration is mainly due to agency use in HCSW and medical staff in M6 above the pay award benefit as well as an increase in non pay due to an increase in Bridgend elective activity and the increase in drug spend mainly relating to Eylea/Faricimab.
- Risks not included in current position, Planned Care Recovery spend exceeding currently agreed targets and winter pressures.

Unscheduled Care M6 Finance Summary

Summary	Annual Budget (£m)	Cur Month Budget (£m)	Cur Month Actual (£m)	Cur Month Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Current Year Forecast
Pay	128.4	13.1	13.8	0.7	66.1	70.2	4.2	
Non Pay	26.3	2.8	3.0	0.2	15.2	15.8	0.6	
CRES	(2.3)	(0.2)	0.0	0.2	(1.0)	0.0	1.0	
Income	(1.2)	(0.1)	(0.2)	(0.0)	(0.7)	(0.7)	(0.0)	
Grand Total	151.1	15.6	16.7	1.1	79.6	85.3	5.7	10.9

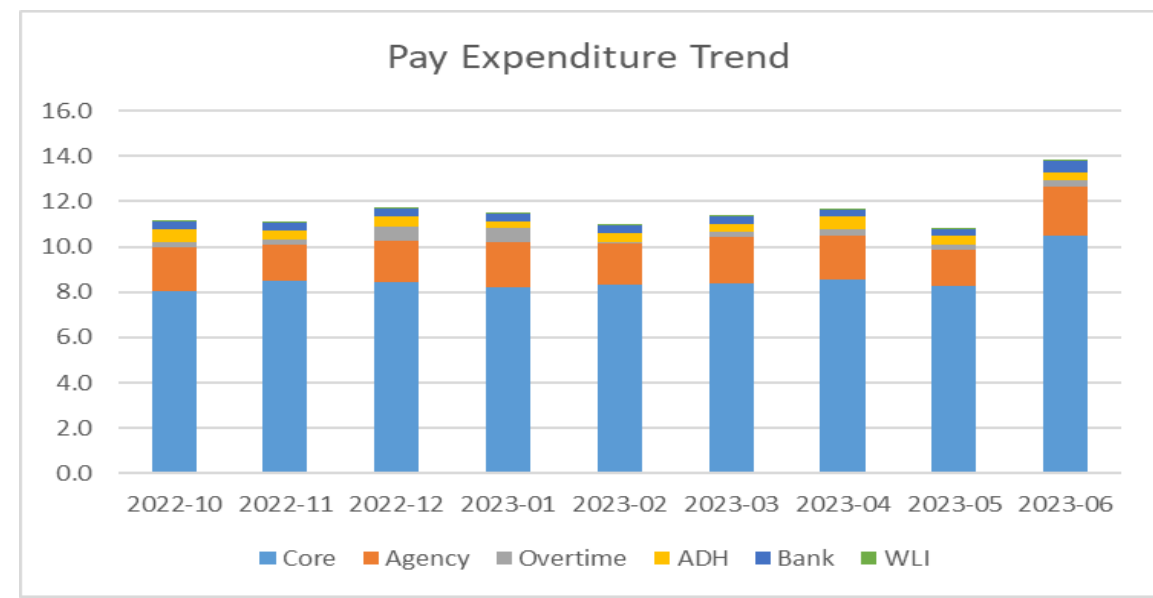


- Key Points :**
- The M6 current period overspend of £1.1m is an increase of £0.2m compared to M5 (£0.9m).
 - Medical spend spiked, increase in agency costs for Bridgend and RTE.
 - Additional non-pay spend, pacing devices and diabetic pumps & consumables.
 - The year to date variance at M6 is a £5.7m overspend.
 - The Current year forecast of £10.9m was provided prior to the reporting of M6. A straight line extrapolation of M6 YTD would indicate a forecast of £11.4m.
 - Net Expenditure in M6 was £16.7m an increase of £3.1m from M5. . This is mainly due to the pay award being paid in M6 (including arrears).

Unscheduled Care M6 Performance- Pay



Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
Add Prof Scientific And Technical	0.3	(0.0)	0.1
Additional Clinical Services	19.5	0.3	1.8
Administrative & Clerical	8.9	(0.1)	(0.1)
Allied Health Professionals	0.1	0.0	0.0
Estates And Ancillary	0.2	(0.1)	0.0
Healthcare Scientists	2.6	0.1	(0.0)
Medical And Dental	39.5	0.3	1.3
Nursing And Midwifery Registered	57.3	(0.1)	0.7
Pay Budget Adjustments	(0.1)	0.3	0.1
Students	0.0	0.1	0.2
Grand Total	128.4	0.7	4.2



Key Points for Year to Date Pay Performance:

- The M6 YTD position is reporting a £4.2m adverse variance.
- The most concerning area is Additional Clinical Services, which is overspending by £1.8m. This is primarily HCSW agency and bank, which is also being partially offset by band 2 vacancies
- Medical & Dental is overspending by £1.3m due primarily to agency costs of £1.7m being offset by vacancies.

Key Points for Pay Trends:

- The M6 position is reporting expenditure of £13.8m which is £2.5m higher than the average of the previous 3 months.
- The increase in M6 expenditure is primarily due to core pay increasing due to the payment of the pay award in M6.
- Medical spend spiked, agency costs rose in Bridgend, particularly ED re. increased trainee gaps and sickness, plus RTE linked to vacancies.



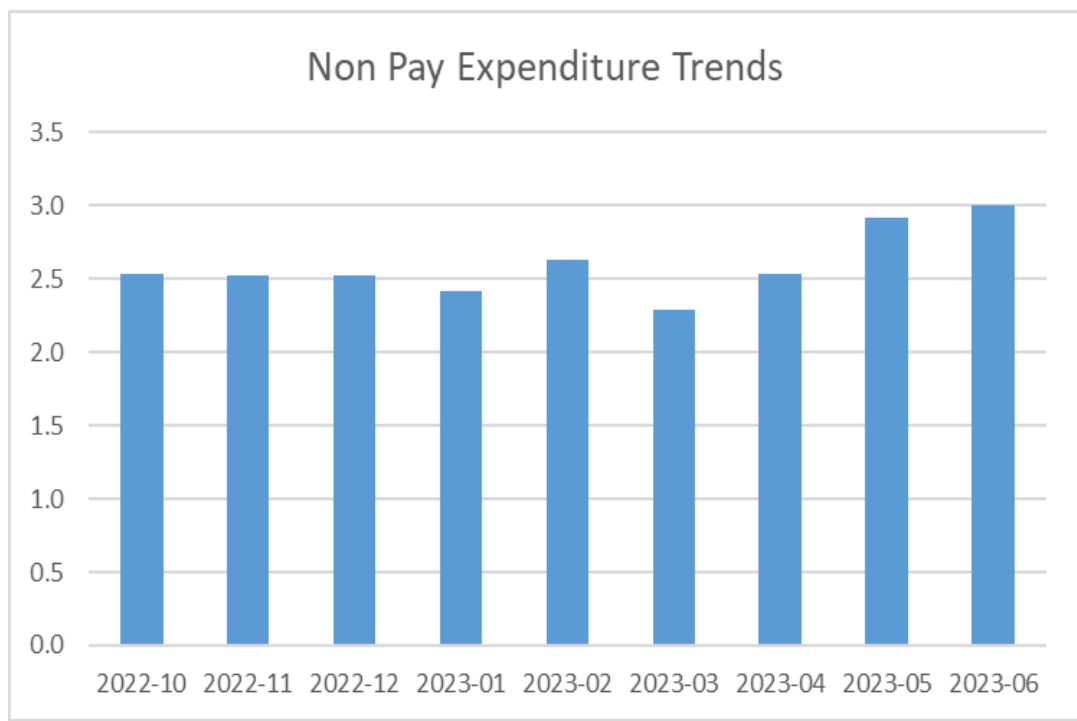
Unscheduled Care M6 Performance - Non pay



Non Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
FNC & CHC	13.3	0.1	(0.0)
DRUGS	6.6	0.1	0.1
M&SE	8.7	(0.0)	0.1
SERVICES FROM OTHER NHS BODIES	1.0	(0.0)	(0.0)
ESTABLISHMENT EXPENSES	2.7	(0.3)	(0.0)
APPLIANCES	2.2	(0.0)	(0.1)
PURCHASE OF HEALTH CARE SERVICES	0.8	(0.0)	(0.1)
MISCELLANEOUS SERVICES	0.1	0.0	(0.0)
PREMISES & FIXED PLANT	1.0	0.1	0.2
PRIMARY & SECONDARY CARE	0.0	0.0	0.0
PROVISIONS	1.0	0.0	0.0
GENERAL SUPPLIES & SERVICES	0.8	0.0	(0.0)
OTHER CLINICAL SERVICES & SUPPLIES	0.2	0.0	0.0
Grand Total	38.4	(0.0)	0.1

Key Points for Year to Date Non Pay Performance:

- There are no significant Non Pay variances at M6.
- Spend increases include cardiac devices and diabetic pumps/ consumables.
- Also a catch up on recharge of Rheumatology costs by Swansea Bay.



Key Points for Non Pay Expenditure Trend:

- The non pay expenditure has increased by £0.4m when compared to the average for the last 3 months. Corresponding budget increased by £0.2m.



Unscheduled Care M6 Performance – Income & Savings

Income	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
HEALTH ORGANISATIONS	(0.6)	(0.0)	0.0
PRIVATE PATIENTS	0.0	0.0	0.0
LOCAL AUTHORITIES	0.0	(0.0)	(0.0)
CATERING	0.0	0.0	0.0
OTHER INCOME	(0.6)	0.0	(0.0)
Grand Total	(1.2)	(0.0)	(0.0)

Key Points for Year to Date Income Performance:

- There re no significant variances at M6.

Savings	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
CRES Target	(2.9)	0.2	1.4
Achievement	0.5	(0.1)	(0.4)
Grand Total	(2.3)	0.2	1.0

Key Points for Year to Date Savings Performance:

- The M6 YTD savings performance is reporting a £1.0m adverse variance.
- The Care Group are reporting an in year forecast of £0.6m for 22/23 which is £2.3m below target and a recurrent forecast of £0.2m which is £2.7m below target.

Unscheduled Care M6 Performance

Additional Comments and Key Actions –Unscheduled Care:

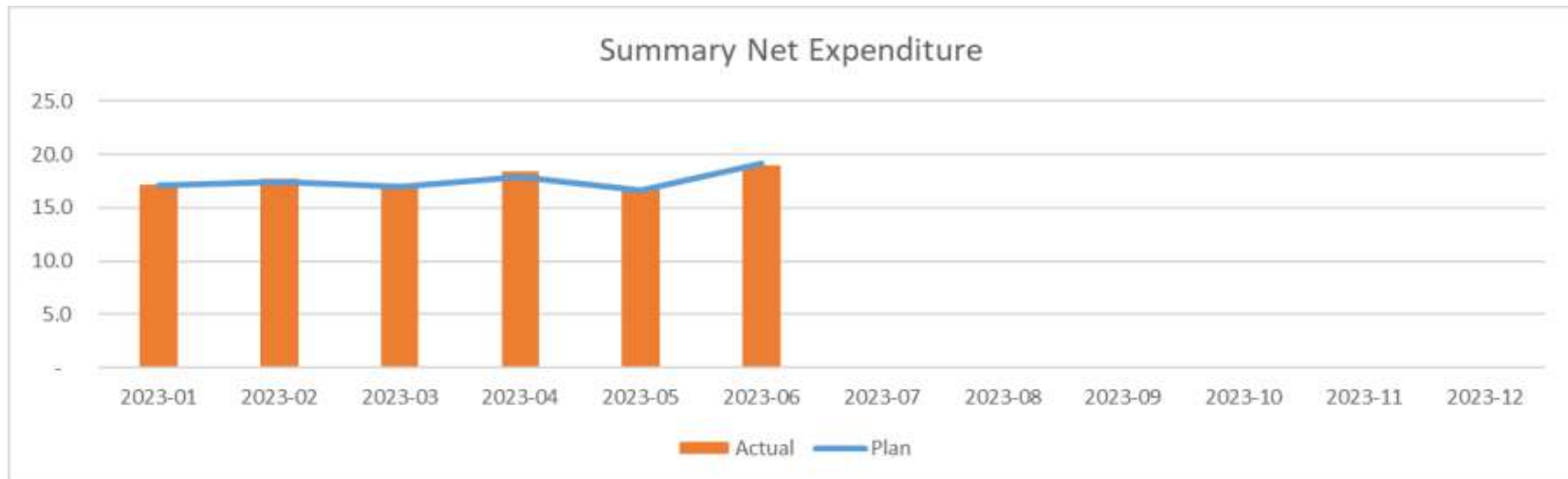
- Key drivers of current and year to date position:
 - o Medical pay overspend £1.3m. Bridgend £0.5m, M&C £0.397m and RTE £0.4m, mainly linked to premium cost of agency covering sickness, vacancies and rota gaps. This has climbed in M06 linked to additional training gaps necessitating higher agency spend.
 - o Nursing overspend £2.5m (particularly HCAs). Bridgend £2.0m, M&C £0.4m and RTE £0.1m. Enhanced care on NSA Wards.
 - o Students £0.2m. New cohort of overseas nursing and streamlining posts, delays to nurses passing their OSCE and taking RN posts.
 - o Pay award benefit (£0.57m). Bridgend (£0.2m), M&C (£0.2m) and RTE (£0.2m).
 - o CRES underachievement variance £1.0m. Bridgend £0.5m, M&C £0.3m and RTE £0.200m.
 - o Non pay £0.6m. Key overspend areas are drugs £0.1m, M&SE £0.1m and premises and fixed plant £0.2m. Primarily within RTE M&SE at £0.2m linked to diabetic pumps & consumables, where ongoing work within the CSG is being undertaken to monitor and account for spend, particularly in relation to out of area patients. The RTE overspend is being offset by Bridgend M&SE underspend of (£0.1m).
- Further opportunities to develop CRES and Recovery plans to reduce spend continue to be reviewed and developments sought.
- Covid escalation measures continue to be reviewed with an expectation of de-escalation when possible. Covid spend forecast for year currently £6.5m
- CRES target of £2.9m with £0.6m forecast delivery in year (£0.2m recurrently).The biggest gap is for Bridgend CSG with only 10% achievement forecast against target in year.
- Risks not included in current position include winter pressures, medical staffing increased use of ADH/Agency cover, nursing/HCA increase in agency use beyond the current forecast.
- Opportunities not included in current position include NICE funding for Parc Prison Hep C drug treatment and NHS recruitment into medical rota gaps to cover vacancies, on call etc.

Diagnostics, therapies & Specialties M6 Finance Summary



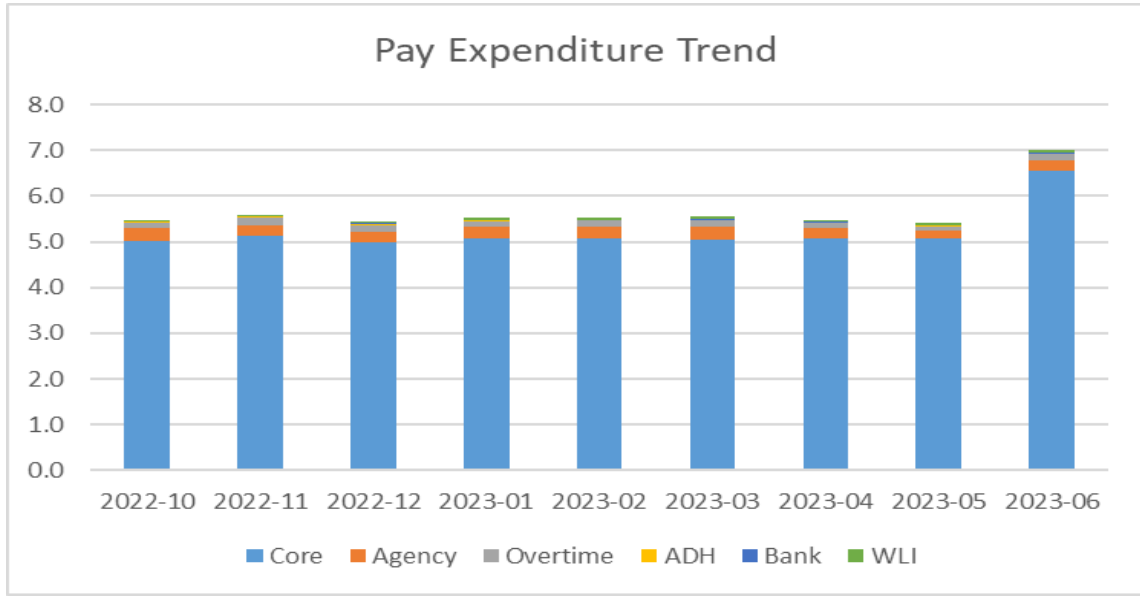
Summary	Annual Budget (£m)	Cur Month Budget (£m)	Cur Month Actual (£m)	Cur Month Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Current Year Forecast
Pay	69.5	7.3	7.0	(0.3)	35.1	34.5	(0.7)	
Non Pay	157.9	12.3	13.0	0.7	75.6	76.8	1.2	
CRES	(2.1)	0.4	0.0	(0.4)	(0.8)	0.0	0.8	
Income	(10.0)	(0.8)	(1.0)	(0.2)	(4.8)	(5.0)	(0.1)	
Grand Total	215.3	19.1	19.0	(0.1)	105.1	106.2	1.1	3.9

- Key Points :**
- The M6 current period variance of £0.1m underspend is an improvement of £0.2m compared to M5 (£0.1m overspend)
 - The year to date variance at M6 is a £1.1m overspend.
 - The Current year forecast of £3.9m was provided prior to the reporting of M6. A straight line extrapolation of M6 YTD would indicate a forecast of £2.2m. The Care Group are therefore forecasting a significant deterioration in the second half of the year.
 - Net Expenditure in M6 was £19.0m an increase of £2.3m from M5. Circa £1.5m of this increase is due to the pay award and the balance is mainly primary care prescribing.



Diagnostics, therapies & Specialties M6 Performance - Pay

Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
Add Prof Scientific And Technical	10.5	(0.0)	(0.2)
Additional Clinical Services	8.9	(0.1)	(0.5)
Administrative & Clerical	4.6	0.0	0.0
Allied Health Professionals	28.4	(0.1)	(0.2)
Estates And Ancillary	0.0	0.0	0.0
Healthcare Scientists	6.8	0.0	0.1
Medical And Dental	9.2	(0.1)	(0.1)
Nursing And Midwifery Registered	1.4	(0.0)	(0.0)
Pay Budget Adjustments	(0.4)	0.1	0.3
Students	0.0	0.0	0.0
Grand Total	69.5	(0.2)	(0.6)



Key Points for Year to Date Pay Performance:

- The M6 YTD position is reporting a £0.6m favourable variance.

Key Points for Pay Trends:

- The M6 position is reporting expenditure of £7.0m which is higher than previous months, but includes the backdated pay awards.

Diagnostics, therapies & Specialties

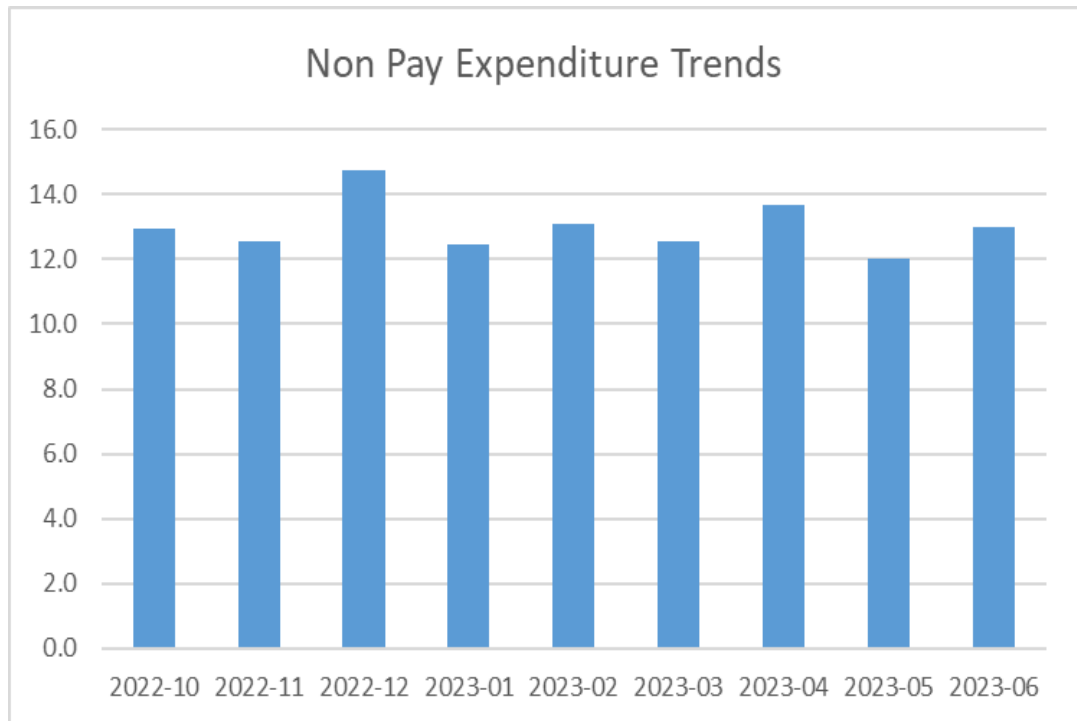
M6 Performance - Non pay



Non Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
FNC & CHC	0.0	0.1	0.3
DRUGS	11.3	0.0	(0.2)
M&SE	2.3	0.1	(0.1)
SERVICES FROM OTHER NHS BODIES	8.2	0.2	0.3
ESTABLISHMENT EXPENSES	1.2	0.0	0.1
APPLIANCES	0.8	(0.0)	(0.1)
PURCHASE OF HEALTH CARE SERVICES	2.6	(0.0)	0.0
MISCELLANEOUS SERVICES	7.4	(0.0)	(0.0)
PREMISES & FIXED PLANT	0.6	(0.0)	0.0
PRIMARY & SECONDARY CARE	117.0	0.3	0.8
PROVISIONS	0.0	0.0	0.0
GENERAL SUPPLIES & SERVICES	0.1	(0.0)	0.0
OTHER CLINICAL SERVICES & SUPPLIES	6.4	0.1	(0.1)
Grand Total	157.9	0.7	1.2

Key Points for Year to Date Non Pay Performance:

- The most significant non pay variance relates to a £0.8m adverse variance for Primary & Secondary Care which relates to primary care prescribing. There is also a £0.3m adverse variance for Services from Other NHS Bodies and £0.3m adverse variance for FNC & CHC.



Key Points for Non Pay Expenditure Trend:

- Non pay expenditure increased by £0.2m in M6 compared to the average of the previous 3 months.



Income	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
HEALTH ORGANISATIONS	(4.5)	(0.1)	(0.3)
PRIVATE PATIENTS	(0.2)	0.0	0.0
LOCAL AUTHORITIES	(1.5)	(0.1)	0.1
CATERING	0.0	0.0	0.0
OTHER INCOME	(3.8)	(0.0)	0.0
Grand Total	(10.0)	(0.2)	(0.1)

Key Points for Year to Date Income Performance:

- As at M06, there are no significant variances.

Savings	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
CRES Target	(4.4)	0.4	2.2
Achievement	2.2	(0.8)	(1.4)
Grand Total	(2.1)	(0.4)	0.8

Key Points for Year to Date Savings Performance:

- The M6 YTD savings performance is reporting a deficit of £0.8m.
- The Care Group are reporting an in year forecast of £3.3m for 22/23 which is £1.1m below target and a recurrent forecast of £2.4m which is £2.0m below target.



Diagnostics, therapies & Specialties M6 Performance



Additional comments and Key Actions – Diagnostics, Therapies & Specialties:

- Key drivers of current and year to date position:
 - Pay underspend of £0.68m. Mainly due to vacancies within Therapies, Medicines Management and Radiology as well as funding received in Month 6 for Radiology PCR schemes backdated to month 1.
 - Non pay overspend of £1.17m. Mainly driven by overspend on Primary care prescribing £1.05m..
 - CRES under achievement of 0.76m.
- CRES plans, Recovery Plans and further opportunities to reduce spend all reviewed on a regular basis.
- Covid escalation measures all reviewed and de-escalated where possible. Funding continues for Adferiad, Extended Flu and PPE.
- CRES target £4.4m with £3.2m forecast delivery in year (£2.2m recurrently).
- The latest forecast for D&T indicated a year end outturn of £3.9m, this was ahead of month 6 reporting. This forecast will deteriorate for month 6 mainly due to increase forecast spend on PAR, due to an increase in CAT M prices from October as well as a deterioration in NCSO.



Corporate directorates M6 Summary Performance



Corporate Directorates	Annual Budget	M6	M6 YTD	M6 Forecast
	£k	£k	£k	£k
Patient Care & Safety	11,114	(274)	(276)	156
Corporate Development	5,357	25	34	202
Chief Executive	3,429	17	62	90
Finance	4,609	(29)	(148)	(82)
Public Health	10,480	(18)	(29)	0
ICT, Performance & Information & Medical Records	20,389	(2)	232	235
Medical Director	1,157	(8)	(32)	(27)
National Imaging Academy	1,553	(17)	(0)	0
Value Based Healthcare	2,307	(1)	0	0
Planning & Partnership	17,714	(56)	(181)	(231)
Research & Development	1,350	4	23	0
Estates	26,177	(2)	(112)	69
Therapies & Healthcare Sciences	195	(2)	(9)	0
Workforce & Organisational Development	9,589	(98)	(229)	(67)
COO Management	8,068	10	32	111
Facilities Hub	13,736	48	78	458
Grand total	137,223	(404)	(556)	914

Key Points for Year to Date Performance:

- The M6 YTD position is reporting a £556k surplus..
- The most concerning YTD overspend is in Digital (£232k) .
- The Current year forecast prior to the reporting of M6 was a £914k overspend. A straight line extrapolation of M6 YTD would indicate a forecast of £1.1m surplus. The Corporate directorates are therefore reporting a £2m deterioration in the second half of the year.
- The most significant forecast overspends are reported in:
 - Facilities Hub £458k
 - ICT £235k
 - Corporate Development £202k.
 - Patient Care & Safety £156k,
 - COO Management £111k,





Corporate directorates M6 Savings –Actual

Corporate Directorates	Annual Target	YTD Target	YTD Act	YTD Var
	£k	£k	£k	£k
Patient Care & Safety	254	127	6	121
Corporate Development	98	50	33	17
Chief Executive	45	17	17	0
Finance	33	17	17	(0)
Public Health	35	17	17	(0)
ICT, Performance & Information& Medical Records	229	114	63	52
Medical Director	0	0	0	0
National Imaging Academy	0	0	0	0
Value Based Healthcare	0	0	0	0
Planning & Partnership	27	14	14	0
Research & Development	7	0	0	0
Estates	361	180	80	101
Therapies & Healthcare Sciences	0	0	0	0
Workforce & Organisational Development	97	49	51	(3)
COO Management	12	6	29	(23)
Facilities Hub	367	183	1	182
Grand total	1,566	774	328	446

Key Points for Savings:

- Total savings to M6 is £328k which is £446k below target.
- The largest YTD shortfalls are being reported in:
 - Facilities Hub - £182K
 - PC&S- £121K
 - Estates - £101K.
- Additional savings relating to rates reductions have recently been confirmed by Estates which will clear the in-year and recurrent CRES shortfall and improve the forecast position in M7.



Corporate directorates M6 Savings - Forecast



Corporate Directorates	Annual Savings Target	M6 F/Cast Savings	M6 F/Cast Variance	M6 F/Cast Recurrent Savings	M6 F/Cast Recurrent Variance
	£k	£k	£k	£k	£k
Patient Care & Safety	254	149	105	120	134
Corporate Development	98	65	33	97	2
Chief Executive	45	45	0	41	5
Finance	33	33	(0)	33	0
Public Health	35	35	0	0	35
ICT, Performance & Information & Medical Records	229	88	141	82	147
National Imaging Academy	0	0	0	0	0
Value Based Healthcare	0	0	0	0	0
Planning & Partnership	27	27	0	0	27
Research & Development	7	0	7	0	7
Estates	361	210	151	243	118
Therapies & Healthcare Sciences	0	0	0	0	0
Workforce & Organisational Development	97	102	(5)	125	(28)
COO Management	11	41	(30)	45	43
Facilities Hub	367	73	294	140	0
Grand total	1,565	868	697	926	490

Key Points for Savings:

- The Forecast savings is £868k. This forecast is £697k below target.
- The largest forecast shortfalls are in:
 - Facilities Hub – £294k
 - PC&S – £105k
 - Estates – £151k
 - Digital - £141k
- The Forecast Recurrent savings is £926k. This forecast is £490k below target.
- The largest forecast recurrent shortfalls are also in the above areas.



PLANNING, PERFORMANCE & FINANCE COMMITTEE FORWARD WORK PLAN

26 OCTOBER 2022

Meeting	Deferred and Suggested Agenda Items	Finance	Performance	Planning
25 October 2022 2pm YMH/Teams	<p>Bridgend Transition</p> <p>Specialised Services Operational Delivery Network: CP241 Spinal Services Operational Delivery Network.</p> <p>Stroke Action Plan Progress Report</p> <p>Ophthalmology Action Plan Progress Report</p> <p>Delivery of Six Goals for Emergency Care</p> <p>Committee Self Effectiveness Survey Outcome</p>	<p>Finance Dashboard – Month 6</p> <p>Month 6 Monitoring Returns to Welsh Government</p>	<p>Performance Dashboard</p> <p>Reset of the 2022-23 Planned Care Recovery Programme</p>	<p>Annual Plan 2022-23 Update</p> <p>IMTP 2023-2026</p>
20 December 2022 2pm YMH/Teams	CTM Strategy 2030	<p>Finance Dashboard – Month 8</p> <p>Month 8 Monitoring Returns to Welsh Government</p>	<p>Performance Dashboard</p> <p>Reset of the 2022-23 Planned Care Recovery Programme</p>	
28 February 2023 2pm Teams	Committee Annual Cycle of Business 2023-24	Finance Dashboard – Month 10	Performance Dashboard	Annual Plan 2022-23 Update

Meeting	Deferred and Suggested Agenda Items	Finance	Performance	Planning
		Month 10 Monitoring Returns to Welsh Government	Reset of the 2022-23 Planned Care Recovery Programme	
25 April 2023	CTM Strategy 2030	Finance Dashboard – Month 12 Month 12 Monitoring Returns to Welsh Government	Performance Dashboard Reset of the 2022-23 Planned Care Recovery Programme	