Planning, Performance & Finance Committee

Tue 22 February 2022, 15:00 - 16:30

Virtual Via Teams

Agenda

15:00 - 15:00
0 min

1. PRELIMINARY MATTERS

Chair

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

1.3. Declarations of Interest

Chair

15:00 - 15:00
0 min

2. CONSENT AGENDA

2.1. For Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 21 December 2022

Chair

For Approval

- 2.1.1 Unconfirmed Minutes 21.12.21 PPF Committee 22 February 2022.pdf (10 pages)

2.1.2. Committee Annual Cycle of Business 2022-23

Cally Hamblyn

For Approval

- 2.1.2 Annual Cycle of Business 2022-23 Cover Report PPF Committee 22 February 2022.pdf (2 pages)
- 2.1.2a Appendix 1 Annual Cycle of Business 2022-23 PPF Committee 22 February 2022.pdf (3 pages)

2.2. For Noting

2.2.1. Action Log

Chair

For Noting

- 2.2.1 Action Log PPF Committee 22 February 2022.pdf (6 pages)

2.2.2. Months 9 & 10 Monitoring Returns to Welsh Government

Sally May

For Noting

- 2.2.2a M9 - Monitoring Returns PPF Committee 22 Februiary 2022.pdf (4 pages)
- 2.2.2b M9 - Annex A - Monitoring Return Narrative PPF Committee 22 February 2022.pdf (20 pages)
- 2.2.2c M9 - Annex A - Monitoring Return Tables PPF Committee 22 February 2022.pdf (10 pages)
- 2.2.2d M10 - Monitoring Returns PPF Committee 22 February 2022.pdf (4 pages)
- 2.2.2e M10 - Annex A - Monitoring Return Narrative PPF Committee 22 February 2022.pdf (20 pages)
- 2.2.2f M10 - Annex A - Monitoring Return Tables PPF Committee 22 February 2022.pdf (10 pages)

15:00 - 15:00
0 min

3. MAIN AGENDA

3.1. Matters Arising Not Previously Considered on the Action Log

Chair

15:00 - 15:00
0 min

4. GOVERNANCE

4.1. Organisational Risk Register

Cally Hamblyn

for Discussion/Noting

- 4.1 Organisational Risk Register January 2022- PPF Committee 22 February 2022.pdf (3 pages)
- 4.1a Master Organisational Risk Register - January 2022 - PPF Committee 22 February 2022.pdf (1 pages)

15:00 - 15:00
0 min

5. IMPROVING CARE

5.1. Delivery of Planned Elective Care Recovery Programme

Gareth Robinson

For Discussion/Noting

- 5.1 Planned Care Recovery Programme PPF Committee 22 February 2022.pdf (9 pages)

5.2. Integrated Performance Dashboard

COO/DoST/DoF

For Discussion/Noting

- 5.2 Integrated Performance Dashboard PPF Committee 22 February 2022.pdf (30 pages)

5.3. Integrated Medium Term Plan 2022-25 - Update on Draft IMTP Programme Financial Position to be reported to Board in March 2022

DoST/COO/DoF

For Discussion/Noting

- 5.3 IMTP Presentation PPF Committee 22 February 2022.pdf (16 pages)

15:00 - 15:00
0 min

6. SUSTAINING OUR FUTURE

6.1. Month 10 Finance Report

Sally May

For Discussion/Noting

6.1 Month 10 Finance Report PPF Committee 22 February 2022.pdf (31 pages)

15:00 - 15:00
0 min

7. OTHER MATTERS

7.1. Committee Highlight Report to Board

Chair

7.2. Committee Forward Work Plan

Chair

7.2 Forward Work Plan 2022 PPF Committee 22 February 2022.pdf (2 pages)

7.3. Any Other Urgent Business

Chair

7.4. How did we do today?

Chair

• Is there anything we should do more or less of?
• Have we managed our time well and allowed open and balanced discussion?
• Have we considered our values and acted in a way that supports embedding our values across CTM?
• Have we maintained a strategic focus?
• Have we received sufficient assurance from a range of sources?

7.5. Date and Time of Next Meeting

26 April 2022 at 2.00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON 21 DECEMBER 2021, AS A VIRTUAL MEETING WHICH WAS HELD VIA MICROSOFT TEAMS

PRESENT

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

IN ATTENDANCE

Jayne Sadgrove	-	Health Board Vice-Chair/Independent Member (Observing, in-part)
Paul Dalton	-	NWSSP – Internal Audit & Assurance
Emma Samways	-	NWSSP – Internal Audit & Assurance
Linda Prosser	-	Executive Director of Strategy & Transformation (in-part)
Gareth Robinson	-	Chief Operating Officer (Interim) (in-part)
Sally May	-	Executive Director of Finance & Procurement
Georgina Galletly	-	Director of Corporate Governance/Board Secretary
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 Jayne Sadgrove, Vice Chair of the Health Board who would be observing the meeting.

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Cally Hamblyn, Linda Prosser would be late joining the meeting due to another diary commitment, Patsy Roseblade would be in attendance until 11am and Gareth Robinson would be in attendance until 11.45 am. The Chair advised that the Good Governance Institute were unable to attend the meeting as observers and had given their apologies. The

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Chair advised that they had requested a copy of the recording of the meeting and sought consent from Members to share the meeting recording with them. This was agreed.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. CONSENT AGENDA

The Chair asked whether Members wished to move any item on the Consent Agenda to the 'Main Agenda'. No changes to the Consent Agenda were requested.

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 24 18 OCTOBER 2021

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

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 6,7 and 8 Monitoring Returns were **NOTED**.

2.2.2 ACTION LOG

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

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There was none.

4.0 GOVERANCE

4.1.0 ORGANISATIONAL RISK REGISTER

G. Galletly presented the report that outlined the high-level organisational risks that had been assigned to the Committee, and

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highlighted the management actions being taken to manage or mitigate these high-level risks.

P. Roseblade referred to risk 4269 that outlined the forecast recurrent deficit had increased to £50.9m in the month 7 finance report and queried whether there would be a risk of the health board having a significant surplus resulting in having to send an accountability letter to Welsh Government. S. May confirmed that £2.7m of the funding had now been returned to Welsh Government via an Accountable Officer letter to mitigate the risk of a surplus. The energy price increase and annual leave accrual would have a significant impact and the situation was very difficult to predict at this point and would need to be carefully managed.

N. Milligan referred to risk 4458 and advised that the narrative states that an update was due in August 2021 but no update was contained on the register. G. Galletly advised that due to the fact that an update was also required in September 2021 as well, it might have been superseded, this would be reviewed outside of the meeting and an update would be shared with the Committee.

I Wells referred to risk 4149, CAMHS and sought an update. G. Robinson advised that he would need to review this and would pick this up outside of the meeting with the Director of Corporate Governance and feedback to the Committee following this.

Resolution: The report was **NOTED**.

Action: Risk 4458 to be reviewed and an update to be shared with the Committee outside of the meeting.

Action: Risk 4149 to be reviewed and an update to be shared with the Committee outside of the meeting.

5.0 IMPROVING CARE

5.1.0 UPDATE – DELIVERY OF PLANNED ELECTIVE CARE RECOVERY PROGRAMME

G. Robinson presented the report that provided an update on the overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work. Members of the Committee **NOTED** that the report would now be a standard agenda item at each meeting.

P. Roseblade referred to paragraph 2.1 and queried how the waiting list initiative payments issue had been resolved. G. Robinson

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confirmed that the waiting list payment level which had been via Welsh Government ceased in May 2021. The health board agreed to organise a separate waiting list payment scheme following that for all elective plans moving forward but at a reduced payment which had caused problems with lost activity. It had now been brought back on track but not quite up to the level that it had been. Within the planned care recovery programme the health board had been given authorisation from Welsh Government and within the scheme of delegation to redeploy that resource into other new schemes and areas such as outsourcing.

P. Roseblade referred to the suggestion of replacement schemes to reduce the gap in paragraph 2.1 and queried whether that was a waiting list or a capacity gap. She referred to the core activity in outpatients being significantly higher and queried whether this was having an impact on reducing the waiting lists. G. Robinson advised that the core activity levels had been greater than anticipated which had slowed down the deterioration in the waiting lists, but not decrease them.

P. Roseblade referred to the reminder system to prevent DNA's occurring in December 2021 and queried whether this had been activated. G. Robinson advised that he would query this outside of the meeting and respond back.

P. Roseblade asked for an update on Ophthalmology. G. Robinson advised that they had recently undertaken a detailed deep dive into Ophthalmology that had been presented to this Committee and also the Quality and Safety Committee. Progress had been made in that the problems had been diagnosed and a plan had been put into place, however, improvement in performance was not being seen as yet but it was being tackled and would improve.

I Wells referred to the spirometry weekend clinics and queried what protection was in place for staff. G. Robinson confirmed that for all re-started services a Quality Impact Assessment was undertaken and appropriate Personal Protective Equipment issued.

The Chair referred to over delivery and queried whether this was because of the outsourcing. G. Robinson confirmed that the over delivery was a result of core activity levels and the teams being able to carry out more activity than had originally been anticipated when producing the plan which had been overly cautious. It had been agreed with the outsourcing providers for 2,700 patients but this was currently running at around 70 per cent.

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C. Donoghue commented that the "did not attend" (DNA) work could potentially be an easy way of increasing activity and queried whether other Health Board were finding the same problem. G. Robinson confirmed that from conversations with other health boards it did seem like they were experiencing the same problems and confirmed that the health board had a principle of overbooking to allow for DNA's.

G. Robinson advised that with regard to planned care it had been very aspirational. Some schemes had delivered and some such as outsourcing had not. There were also some schemes such as the Wellness and Primary Care hubs if there was any slippage. He confirmed that he was working with the Director of Finance and both teams were driving the plans moving forward to keep within a balanced position.

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

Action: To check whether DNA reminder system had been activated.

5.1.1 WINTER RESPONSE PLANNING

G. Robinson presented the report which set out the priorities for the coming winter period and outlined plans for the priorities to be achieved.

M. Jehu commented that the winter planning processes over the last two years had shown how partnership working had developed and how complex the work was to underpin this and he advised that the Committee should acknowledge its thanks for the way that staff had worked together in partnership from a strategic perspective which was tremendous and admirable. G. Robinson advised that he would feed the comments back to the team.

C. Donoghue queried why the funding for services offered by Care and Repair, Age Concern and the British Red Cross would come to an end in April 2022. G. Robinson advised that it was a difficult decision to make whether the value of those support services were worth the investment and these services would be reviewed ahead of the next IMTP process.

C. Donoghue queried the term PTAS on page 9 of Appendix 5.4b. G. Robinson confirmed that it stood for Patient Transport Advice Services which enabled the Welsh Ambulance Services Trust (WAST) to call a GP in the emergency department to confirm if there was an alternative place to take a patient other than the emergency department.

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

Action: Committee thanks to be fed back to the team.

10.00 am – L. Prosser joined the meeting

5.1.3 INTEGRATED PERFORMANCE DASHBOARD

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

N. Milligan queried why there was no sepsis compliance and data available for the current period. L. Prosser confirmed that both of the questions were quality issues. G. Galletly clarified that this would need to be picked up outside of the meeting with the relevant Executive Lead to provide assurance on the performance data and to ensure that the clinical aspect is responded to in the Quality & Safety Committee. J. Sadgrove confirmed that the Committee would be receiving a report on Sepsis compliance at the January 2022 meeting.

P. Roseblade referred to the table on page 7 of the report and queried whether the joint serious incidents involving Cwm Taf Morgannwg and WAST were identified, captured and reported on. L. Prosser confirmed that this was a quality and safety matter that would be picked up outside of the meeting and would be fed back to the Committee following a response.

L. Prosser confirmed that the report would be reviewed for future Committee meetings to ensure that the relevant information was provided to the Committee on planning, performance and finance matters.

P. Roseblade referred to page 15 of the report and queried whether the report had been published on the Health Inspectorate Wales (HIW) unannounced visit to the Emergency Department and the Clinical Decision Unit at Prince Charles Hospital. L. Prosser confirmed that the HIW report had been published on the 15th December 2021. G. Robinson advised that there had been a huge amount of improvement work undertaken since the visit and the risk was now being managed.

P. Roseblade referred to page 15 of the report and queried whether a decision had been made with regard to the creation of the WAST

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specific work streams within the Unscheduled Care Improvement Programme (UCIP) Board Group.

P. Roseblade referred to the red release at the Princess of Wales Hospital and queried what actions were in place to improve performance. G. Robinson advised that the Bridgend Integrated Locality Group (ILG) had been working on retrospective red releases to understand any trends and themes. The tapes of the red release are listened to and this could be reported in more detail to the next meeting of the Committee.

I Wells referred to stroke admissions within four hours and queried if there were such low figures being reported were stroke patients being missed. He also referred to the summary data on page 147. G. Robinson advised that this was a broader issue and proposed that it would be beneficial for the Committee to have a wider discussion with a separate paper brought to the next meeting setting out the overall position and to provide assurance for the Committee on what the health board were doing moving forward. G. Robinson advised that stroke patients were managed from the point that the stroke was recognised, however, as patients move through the systems they do not hit all the time windows and this could be provided in more detail within the report. G. Robinson would liaise with the Stroke team.

C. Donoghue referred to page 21 and queried the referral to treatment compliance where it showed that the health board currently had the lowest compliance across Wales. L. Prosser advised that some health boards have offsite surgical units which does help with unscheduled care. G. Robinson advised that the health board were still in recovery from the Covid-19 pandemic and were taking some learning and the sharing of good practice from the Planned Recovery Board and a plan was in place to take the health board in the right direction.

L. Prosser advised that the health board were now also working with Aneurin Bevan Health Board to the use the Gwent Hospital for orthopaedic surgery.

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Resolution: The report was **NOTED**

Action: Sepsis compliance and data to be queried with the patient care and safety team outside of the meeting.

Action: Query with the patient care and safety team on how joint serious incidents were identified and reported on.

Action: A detailed report on stroke performance to be brought to the next meeting of the Committee.

Action: Further detail on red releases to be provided in the report for the next meeting.

10.58 am - P. Roseblade left the meeting.

5.1.4 DEVELOPMENT OF THE IMTP 2022-25

Linda Prosser presented the report and provided a presentation to the Committee on the progress with regard to the development of the Integrated Medium Term Plan for 2022-25.

N. Milligan queried why the work on the development of the plan was being disseminated from the top down and not from the bottom up. L. Prosser confirmed that the ILGs had requested a top down approach in terms of meeting the CTM programme wide approach. However, there were workshops set up to inform the plan that included front line staff which had been very well attended. Front line staff would also be included in the detailed planning process

C. Donoghue queried how the dates tie in for the process of signing off the plan and the implications of not having a balanced plan. L. Prosser confirmed that even if you cannot submit a balanced plan you would still have to submit an annual and confirmed the process for the Board to sign-off the plan. L. Prosser advised that the Board would also be having briefing sessions and a development session to aid sign off of the plan.

The Committee agreed that the slides presented would be shared with Members outside of the meeting and would receive a further update at the February 2022 meeting.

Resolved: The report was **NOTED.**

Action: Presentation to be shared to Members outside of the meeting.

6.0 SUSTAINING OUR FUTURE

6.1. MONTH 8 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 CTMUHB as at Month 8.

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A question was raised in the chat bar from P. Roseblade prior to the leaving the meeting which was as follows:

P. Roseblade referred to the £10m under performance on year to date savings that related to the £10m deterioration in the underlying deficit and queried whether there were plans in place that had not been able to be implemented this year but could be transferred to 2021-22. The table at 6.2 provided good and easy to read information, is the medicines management overspend related to the drug costs and would all of the capital money be spent this year even if there is a form of lock-down in Wales.

S. May advised that one of the issues was that there were lots of little plans with small amounts which would not be deliverable in their whole. There were some themes with medical and workforce that could be taken forward, however those plans were not currently robust enough and would need further review.

S. May confirmed that the medicines management overspend did relate to drug costs which had been overly ambitious in setting the plan for this year. There had been some price reductions in year that related to category M savings. However, the budget had been set too low.

I Wells referred to the announcement from Welsh Government that significant funding would be provided to the NHS. S. May advised that the allocation had just been received but had not read it as yet, however, it was her understanding that it would be around £20m that would be contributing to the underlying position but with a £47.9m deficit it would only move the health board part of the way in the right direction.

S. May advised that the capital money spending for this year would be a real challenge with supply chain issues. There was an issue with the availability of laptops which was trying to be managed and a further lock-down in Wales could increase that further.

M. Jehu queried whether this could have an impact on the capital programme for Prince Charles Hospital. S. May advised that given the importance of the project it was hoped that that this would not be affected.

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

11.46 am Gareth Robinson left the meeting.

8.0.0 OTHER MATTERS

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8.1.0 HIGHLIGHT REPORT TO BOARD

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

8.2.0 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.

It was agreed that Monitoring the Delivery of the IMTP should be included on the forward plan for February and April 2022.

It was agreed that a detailed report on stroke performance be added to the Forward Plan for February 2022.

Resolution: The Committee **NOTED** the above suggestions the Forward Work Plan.

8.3.0 ANY OTHER URGENT BUSINESS

There was none.

8.4.0 HOW DID WE DO TODAY?

A discussion was held to evaluate the meeting. The following responses were provided:

- Balance of the discussion and presentations was appropriate and handled well with individuals picking up the key points.
- Clarity was provided on what should be scrutinised and queries being directed to other committees if required.
- The values of the organisation were well reflected and the questioning had been balanced.
- The Committee maintained a strategic focus with operational questions being allowed the opportunity to ask questions outside of the meeting.

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

The next meeting of the Committee was scheduled to be held on the 22 February 2022 at 2:00 pm.

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AGENDA ITEM
2.1.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

PLANNING, PERFORMANCE & FINANCE COMMITTEE CYCLE OF BUSINESS

Date of meeting	22/02/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR APPROVAL

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

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The Planning, Performance & Finance Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 February 2022 to 31 March 2023.

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

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

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

3.1 Please refer to **Appendix 1** – Planning, Performance & Finance Committee Cycle of Business for further detail.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
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)
	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	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 is asked to **APPROVE** the Committee Cycle of Business.

Planning, Performance & Finance Committee

Cycle of Business

(1st February 2022 – 31st March 2023)

The Planning, Performance & Finance Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Planning, Performance & Finance Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st February 2022 to 31st March 2023.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide scrutiny on behalf of the Board on all matters relating to planning, performance and Finance. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

Planning Performance & Finance Committee Cycle of Business (1st February 2022 – 31st March 2023)

Item of Business	Executive Lead	Reporting period	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Preliminary Matters																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Action Log	Director of Corporate Governance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Internal Control & Risk Management																	
Planning, Performance & Finance Committee Annual Report	Director of Corporate Governance	Annually						✓									
Planning, Performance & Finance Committee Annual Self-Assessment	Director of Corporate Governance	Annually						✓									
Planning, Performance & Finance Committee Terms of Reference	Director of Corporate Governance	Annually						✓									
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings		✓		✓		✓		✓				✓		✓	
Committee Highlight Report	Director of Corporate Governance	All Regular Meetings		✓				✓		✓				✓		✓	
Planning, Performance & Finance Committee Annual Cycle of Business	Director of Corporate Governance	Annually		✓												✓	
Planning																	
Integrated Medium Term Plan	Director of Strategy & Transformation/ Chief Operating Officer/Director of Finance	Quarterly		✓						✓						✓	
Health Emergency Planning Annual Report	Director of Strategy and Transformation	Annually														✓	

Performance																	
Performance Dashboard	Director of Strategy & Transformation/ Chief Operating Officer/Director of Finance/ Director of Nursing	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Delivery of Planned Elective Care Recovery Programme	Chief Operating Officer	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Finance																	
Finance Report	Director of Finance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Monthly Monitoring Returns to Welsh Government	Director of Finance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Governance and Assurance																	
Organisational Risk Register	Director of Governance	Bi-Monthly		✓				✓				✓				✓	

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 8 February 2022)
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 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/Chie 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	Chief Operating Officer	December 2021	**Completed** Arrangements for orthogeriatricians are under

		in percentages to be reviewed outside of the meeting.			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** Committee agreed to receive a further update in January 2022	Assistant Director of Primary Care	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.
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**	Chief Operating Officer	February 2022	**Completed** Reminder system in place.

		Check that the reminder system for DNA's had been activated.			
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. Both queries to be reviewed outside of the meeting and response shared with the Committee once received.	Director of Corporate Governance/Director of Nursing	February 2022	**Completed** Email response sent to Committee outside of 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.
5.1.3	December 2021	**Performance Dashboard**	Chief Operating Officer	January 2022	**Completed**

		Further detail on red releases to be provided in the report for the next meeting			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.
PREVIOUSLY COMPLETED ACTIONS					
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. 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**	Head of Corporate Governance & Board Business/Asst.	October 2021	**Completed** Board Development Session held on risk in October 2021

		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.	Director of Governance and Risk		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 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	Chief Operating Officer	December 2021	**Completed** A detailed reply in the form of a report was produced in

		with regard to paediatric nurses rotation and the Emergency Department to the December 2021 meeting.			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.

AGENDA ITEM
2.2.2a

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 9 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	22/02/22
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	14/01/2022	NOTED

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

MONTH 9 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 PPFC with information from the M9 Financial Monitoring Return submission to Welsh Government.

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

The HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23 April 2021. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2021/22 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, Table A2, Table B3 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
M9 Narrative report
Table A - Movement
Table A2 - Risks
Table B3 – COVID-19 Analysis
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 M9 Financial Monitoring returns is summarised below:

	M9
	£k
In month position	(80)
YTD position	(199)
Forecast Year end position	0
Forecast recurrent position	51,429
Savings:	
Annual target	14,500
Forecast savings	(12,700)
Forecast savings shortfall	1,800
YTD savings	9,400

This information is consistent with the M9 Finance reports going to Management Board, PPFC and the Board.

It is important to note that M9 internal reporting within the Health Board is reporting a M9 YTD savings shortfall of £0.45m compared to the £0.1m shortfall reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the Q1 target = £1.5m (Actual savings in Q1) and the balance of £13m has been phased equally over M4-M12.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	14.5	14.5
Year to date Plan	9.5	9.9
Year to date actual	(9.4)	(9.4)
Year to date Variance	0.1	0.45

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined 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 (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) 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 9 Monitoring Returns submitted to Welsh Government for 2021/22.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – DECEMBER 2021
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 December 2021.

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 element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2021/22

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on ' Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021. The updated draft financial plan was submitted to WG on 30 June 2021.

The draft financial plan for 2021/22 can be broken down into three separate elements:

- The core plan
- Covid response
- Planned care recovery

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Cumulative total	**0.0**	**0.0**	**0.0**	**0.0**	

The table below shows our Covid response costs and income assumptions for 21/22 as per the 30 June financial plan submission:

Covid costs and funding 2021/22	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Programme costs:					
TTP	3.0	2.8	3.2	3.1	12.1
Mass Vaccination	3.7	2.3	2.3	2.2	10.5
Cleaning Standards	0.4	0.6	0.6	0.6	2.1
CHC/FNC Support	0.9	0.9	0.9	0.9	3.6
PPE	0.6	0.5	0.3	0.3	1.7
Extended Flu	0.0	0.0	0.3	0.2	0.5
Long COVID	0.1	0.1	0.1	0.1	0.5
Sub total	**8.7**	**7.1**	**7.7**	**7.4**	**30.9**
Assumed funding- programme element	-8.7	-7.1	-7.7	-7.4	-30.9
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Other Covid costs:					
Field Hospital	1.2	0.9	0.6	0.3	3.0
Dental -income loss/reduced contract payments	0.4	0.3	0.6	0.5	1.9
Planned care exp're reductions	-0.8	-0.5	0.0	0.0	-1.3
Covid response in ILGs	5.3	4.7	4.1	3.8	17.9
Covid response outside ILGs	1.4	1.1	0.8	0.8	4.1
Increase in Covid response costs to reflect revised assessment of bed demand	0.0	0.0	2.8	2.8	5.5
Sub total	**7.5**	**6.5**	**8.9**	**8.1**	**31.1**
Confirmed funding- formula element	-7.5	-6.5	-6.1	-5.9	-26.1
Requested additional funding	0.0	0.0	-2.8	-2.3	-5.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Requested funding for Covid overspends from 2020/21	-5.1	-5.1	-5.1	-5.1	-20.5
Total	**-5.1**	**-5.1**	**-5.1**	**-5.1**	**-20.5**

There have been a number of other changes to the forecast costs and assumed income noted above and these are captured in Section 1.5.

1.2 Actual YTD and Forecast 21-22 (Table A)

	M9 Actual	M9 YTD	M9 Forecast	M8 Actual	M8 YTD	M8 Forecast
	£m	£m	£m	£m	£m	£m
Core plan	1.6	14.4	21.7	(2.1)	14.8	21.7
Covid 19	(1.7)	(14.6)	(21.7)	(1.7)	(14.9)	(21.7)
Planned care recovery	0	0	0	0	0	0
Total	**0.1**	**(0.2)**	**0**	**0.4**	**(0.1)**	**0**

The M9 YTD position is a £199k surplus.

We are continuing to forecast a break even position at M9. The key issues to highlight are as follows:

a. Movement in the Annual leave provision- Following discussions at DDOfs the planning assumption is that any increase or decrease to the 20/21 provision will be resource neutral. The plan is to undertake a detailed validation exercise during February and to confirm the movement in the Annual leave provision in the M11 MR submission.

b. Pay circular- In addition to the movement in the Annual leave provision, the other changes within the recent Pay circular are also assumed to be resource neutral.

c. The key risks/opportunities which could impact on the break even forecast are included in the Risks and Opportunties table at Section 2.

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

	November			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M9 £'000	M8 £'000	Movement £'000
RRL	108,098	104,484	3,614	1,257,503	1,255,642	1,861
Donation/Grants	0	0	0	200	200	0
HBs & NHST	7,144	6,906	238	83,492	83,492	0
WHSSC	1,013	840	173	11,244	10,594	650
WG Income	472	25	447	862	415	447
Other Income	3,135	2,937	198	35,728	35,530	198
Income Total	119,861	115,192	4,670	1,389,028	1,385,872	3,156
PC Contractor	12,898	12,454	443	151,899	150,199	1,700
PC - Drugs	7,626	7,929	(302)	92,699	93,001	(302)
Pay	50,545	51,271	(726)	596,861	597,277	(416)
Non Pay	9,421	10,052	(631)	112,717	114,341	(1,624)
SC - Drugs	3,559	3,652	(93)	41,366	41,459	(93)
H/C Other NHS	25,868	20,106	5,762	249,479	245,561	3,919
Non H/C NHS	248	41	206	536	536	(1)
CHC & FNC	5,493	4,864	629	54,124	54,045	79
Private & Vol	810	1,163	(354)	12,671	13,025	(354)
Joint & Other	870	1,090	(220)	11,385	11,119	266
DEL	2,413	2,559	(146)	28,954	29,540	(586)
AME	49	10	39	36,408	35,822	586
Res & Cont	0	0	0	(0)	0	(0)
P&L on Dispoal	(17)	0	(17)	(70)	(53)	(17)
Cost - Total	119,781	115,192	4,589	1,389,028	1,385,872	3,156

The actual expenditure for M9 was £4.6m (3.98%) more than the £115.2m forecast. The most significant In month movements between the M9 forecast and M9 actuals are as follows:

- **Pay – £726k Favourable –** The decrease in pay costs for M9 is mainly attributed to reduced agency expenditure as a result of difficulties in filling required shifts due to Omicron.
- **Non Pay - £631k favourable –** The decrease in non pay costs is mainly attributed to a reduction in expenditure across a number of areas the most significant being M&S Equipment, Office Equipment and Transport.
- **Healthcare - £5,762k adverse –** The increase in M9 relates to allocation letters for WHSSC & EASC.
- **CHC - £629k favourable** – The increased costs in M9 relate to agreement for 20/21 inflation to be applied on FNC and CHC rates.

The year end forecast expenditure at M9 has increased by £3.2m to £1,389m offset by an increase in the income forcast. The most significant changes between the M9 and M8 year end forecasts are as follows:

- **Primary Care Contractors – £1700k adverse** – recognition of £1.3m Payaward together with revised forecasts.
- **Non Pay - £1,624k favourable** – improvement in forecast reflects the favourable in month movement noted above together with movements in classification to Local Authority of £0.96m.
- **Other Healthcare - £3,919k favourable –** Recognition of new allocations for WHSSC & EASC.
- **Joint & Other - £266k adverse –** Movements in Classification with Non Pay of £0.96m together with of revision of forecast with planned step up in costs now unlikely to be acheived.

The forecast has been profiled using latest plans and information. The following items are currently profiled in M12 and expanded in Section E of Table B:

- Recently confirmed new allocations for:
  - RPB Winter plans - £1.5m
  - WHSSC/EASC - £0.6m
  - Social model for Primary Care - £0.3m
  - GMS payaward £1.3m

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

The M9 Pay expenditure was £52.3m and the monthly trend is summarised below.

	M9	M8	M7	M6	M5	M4	M3	M2	M1	M12
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
A&C	6.9	6.7	6.7	7.9	6.6	6.4	6.7	6.6	6.4	15.3
Medical	12.8	12.9	12.7	13.7	12.7	11.8	11.7	11.9	12.1	23.3
Nursing	16.9	17.9	16.1	17.7	16.1	15.2	15.1	15.8	15.6	30.4
ACS	6.7	6.7	6.8	7.1	6.2	6.0	5.9	6.9	6.4	14.6
Other	9.0	8.9	8.6	9.6	8.9	8.6	8.5	8.7	8.8	19.6
Total	**52.3**	**53.1**	**50.9**	**56.0**	**50.5**	**48.0**	**47.9**	**49.9**	**49.3**	**103.2**

The Key issues to highlight are as follows:

- The M1 position was broadly consistant with the previous 3 months, after taking account of the following comments .
  - The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
  - Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
  - The increase in Nursing & ACS costs in M10 was due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).

- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused in increase of £0.5m on M1.

- The M3 position was £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This was due to reductions in the payments for overtime in M3.

- The M4 position was consistent with M3 with no significant movements.

- The M5 position increased by £2.5m over M4. The main reason for this increase was a new charge of £1.9m for the additional costs for annual leave on overtime to 31 March 21, which has been calculated on an All Wales basis. The M5 position also included a corresponding assumed allocation for this amount.

- The M6 position increased by £5.5m compared to M5, after allowing for the £1.9m additional one off costs for annual leave on over time, the net increase was £7.4m. This is primarily attributed to the national pay award of 3% being applied including arrears back to April 21.

- The total expenditure in M7 of £50.9m represents a £1.5m over the M4 spend of £48.0m after uplifting for 3% inflation. The main increases are ACS £600k (9.7%), M&D £500k(4.1%) and Nursing £400k(2.5%). The main most significant increase was seen in ACS and this is attributed to the impact of increased overtime rates in M7.

- The M8 spend of £53.1m was a £2.2m increase over M7 and £1.8m of this increase was seen in Nursing. The most significant impacts in M8 were:

    - Writeback of NHS Bonus £(1.0)m
    - Recognition of holiday pay on overtime £1.2m
    - Increase in overtime following new overtime arrangements £1.1m
    - Increased Nurse Agency costs to support capacity in Bridgend locality £0.8m

- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. Total payments to M6 was £12.4m (M5: £12.4m) for NHS employed staff. The £1m benefit has been returned to WG and the £1m write back was released in M8.

- The M9 position decreased by £0.8m compared to M8. The main reason for this decrease was a reduction in registered nursing agency costs as a result of difficulties in filling shifts.

The M9 agency expenditure was £3.6m and the monthly trend (excluding accountancy gains) is summarised below.

	M9	**M8**	**M7**	**M6**	**M5**	**M4**	**M3**	**M2**	**M1**	**Q4 Ave**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£m**
Medical	1.0	1.3	1.3	1.2	1.2	1.2	1.0	1.0	1.3	1.3
Nursing	1.6	2.2	1.4	1.6	1.5	1.7	1.5	1.5	1.4	2.0
Other	1.0	0.9	0.9	0.8	0.8	0.9	0.8	0.7	0.8	0.9
Total	**3.6**	**4.4**	**3.6**	**3.6**	**3.5**	**3.8**	**3.3**	**3.2**	**3.5**	**4.2**

Medical Agency reduced in M9 and Nursing agency reverted back to the levels seen before the spike in M8. Other agency costs have remained consistent with previosu months.

1.5 Covid analysis (Table B3)

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

	Note	M9 Actual	M9 YTD	M9 Year end forecast	M8 Year end forecast	Movement between M9 and M8 forecasts
Programme costs		**£m**	**£m**	**£m**	**£m**	**£m**
TTP	1	0.9	7.8	11.2	10.7	0.5
Mass Vaccination	2	1.2	9.2	12.6	12.1	0.5
Extended Flu		0.3	0.6	0.8	0.8	0
Cleaning standards		0.1	0.8	1.2	1.2	0
CHC/FNC support		0.1	0.7	0.8	0.8	0
PPE		0.2	2.5	3.2	3.6	(0.3)
Long COVID		0.1	0.4	0.7	0.7	0
Sub total		**2.9**	**22.0**	**30.5**	**29.8**	**0.7**
Assumed funding – programme element		(2.9)	(22.0)	(29.8)	(29.8)	0
Total Programme costs		**0**	**0**	**0**	**0**	**0**
Other Covid costs:						
Field hospital	3	0.1	2.3	2.9	2.6	0.3
Dental income loss	3	0.2	2.3	2.8	2.8	0
Operational expenditure cost reduction	3	(0)	(1.8)	(1.8)	(1.8)	0
Other covid costs	3	2.3	27.4	25.7	25.7	0
Increased covid response to reflect revised assessment of bed demand		0	0	4.5	4.5	0
Planned Care Recovery Tranche 1	4	1.9	9.9	15.8	16.8	(1.0)
Planned Care Recovery Tranche 2 (inc NRS, PACU & Community Health)				5.8	5.8	0
Sub total		**4.2**	**40.1**	**55.7**	**56.4**	**(0.7)**
Confirmed funding- formula element				(26.1)	(26.1)	0
Confirmed funding- PCR element				(16.8)	(16.8)	0
Planned Care Recovery Tranche 2 (inc NRS, PACU & Community Health)				(5.8)	(5.8)	0
Confirmed additional funding for bed modelling etc				(4.0)	(4.0)	0
Confirmed additional COVID funding.				(21.7)	(21.7)	0
Urgent Emergency Care (SDEC & 111)				(2.6)	(2.6)	0
Pay award impact on non programme costs				(0.2)	(0.2)	0
NHS Bonus Reduction				1.0	1.0	0

RPB Winter funding, Social Model Primary Care & MCA				(1.9)	(1.9)	0
Total Other Covid costs				**(21.7)**	**(21.7)**	**0**

The key points to note are as follows:

1. TTP

The TTP forecast hs increased by £0.5m in M9. No additional funding is required.

2. Mass vaccination

The Mass vaccination forecast has increased by £0.5m in M9. No additional funding is required.

3. Other Covid costs

	M9 Year end forecast	**M8 Year end forecast**	**Movement between M9 and M8 forecasts**
	£m	**£m**	**£m**
Covid response ILGs	17.9	17.9	0
Covid response outside ILGs	4.5	4.5	0
Urgent emergency care (inc SDEC & 111)	2.6	2.6	0
Reduction in NHS Bonus	(1.0)	(1.0)	0
RPB Winter Funding	1.5	1.5	0
Social model for Primary Care	0.3	0.3	0
MCA	0.1	0.1	0
Sub total	**25.7**	**25.7**	**0**
Field hospital	2.9	2.6	0.3
Dental income loss	2.8	2.8	0
Operational spend reductions	(1.8)	(1.8)	0
Total	**29.7**	**29.4**	**0.3**

Further details on the £17.9m and £4.5m was included within the M5 Monitoring Return submission.

4. Planned care recovery- Tranche 1

The draft profile for the Planned care recovery plan is as follows. The forecast has reduced in M9 due to the impact of Omicron on planned care capacity:

	Original Plan	Actual/Forecast
	£m	£m
Q1	2.4	1.9
Q2	6.2	3.4
Q3	5.3	4.3
Q4	2.9	6.0
Total	**16.8**	**15.8**

1.6 Month 9 - Forecast recurrent position (Table A)

As at M3 we were reporting a forecast recurrent deficit of £31.4m at the end of 21/22. This was consistent with the updated financial plan submitted to WG on 30 June. The forecast recurrent deficit was increased to £39.3m in M4 to reflect the £7.9m forecast shortfall in savings delivery against the £16.1m recurrent savings target.

We submitted our response to the WG underlying deficit and recurrent position review on 5 November and the forecast recurrent deficit was increased to £50.1m in M7 . This forecast has deteriorated to £51.4m at M9 due to shortfalls in forecast recurrent savings delivery of 1.3m.

The deterioration in the forecast underlying deficit is a key financial priority for the Health Board. Additional capacity has been taken on to help develop sustainable savings plans and monthly meetings are taking place with all ILGs/directorates on their forecast positions. Further work is being undertaken to finalise the forecast recurrent deficit position for the 22/23 financial plan and IMTP submission.

2. Risk Management (Table A2)

The key financial risks and opportunities for 21/22 are noted in Table A2 and are summarised below:

	M9	M8	Financial Plan- 30 June	Comment
Key risks:	**£m**	**£m**		
Continued uncertainty surrounding the impact of enery price increases for the rest of 21/22.	tbc	tbc	0	Forecast additional costs of £3.1m have been included in the year forecast but this could move up or down due to

				the ogoing market volatility.
Shortfall in assumed funding of £1.1m for Think 111 First	1.1	2.8	3.0	Funding not yet confirmed, but correspondence from WG indicates this is a low risk.
Total	**1.1**	**2.8**	**8.0**	

	M9	M8	Financial Plan- 30 June	Comment
Key opportunities:	**£m**	**£m**		
Continued uncertainty surrounding the impact of enery price increases for the rest of 21/22.	tbc	tbc	0	Forecast additional costs of £3.1m have been included in the year forecast but this could move up or down due to the ogoing market volatility.
Continued uncertainty regarding the impact of Omicron on: • Planned care recovery plans capacity • Unscheduled care plans and capacity • Mass vaccination and TTP programmes.	tbc	tbc	0	
Potential movement in annual leave provision- which could result in further accountancy gains being reported in 21/22.	0	tbc	(1.0)	As noted in Section 1.2 above, any movement in the Annual leave provision is assumed to be resource neutral.
Further balance sheet review	0	(1.2)	(1.2)	
Total	**0**	**(1.2)**	**(2.2)**	

3. Ring Fenced Allocations (Tables N&O)

The Health Board can confirm that there are no concerns at M9 on any ring-fenced budgets.

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

The financial plan for 2020/21 includes a £14.5m In Year savings target and a £16.1m recurring savings target.

	Month 9			Month 8		
	M9 YTD	**21/22**	**Rec**	**M8 YTD**	**21/22**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Planned savings		12.9			12.9	
Planned income generation		0.7			0.7	
Plans to be finalised		0.9			0.9	
Savings target as at M9	**9.5**	**14.5**	**16.1**	**7.9**	**14.5**	**16.1**
Actual and Forecast Savings	(9.4)	(12.7)	(5.4)	(8.4)	(12.9)	(6.2)
Total	**0.1**	**1.8**	**10.7**	**(0.5)**	**1.6**	**9.9**

The forecast shortfall in savings of £1.8m is being offset by COVID expenditure reductions of £1.23m (as per WG guidance) plus other operating variances/slippage on planned developments of £0.6m.

It is important to note that M9 internal reporting within the Health Board is reporting a M9 YTD savings shortfall of £0.45m compared to the £0.1m shortfall reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the Q1 target = £1.5m (Actual savings in Q1)and the balance of £13m has been phased requally over M4-M9.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	14.5	14.5
Year to date Plan	9.5	9.9
Year to date actual	(9.4)	(9.4)
Year to date Variance	**0.1**	**0.45**

The financial plan for 2020/21 also includes planned accountancy gains of £6.2m. These gains have been released into the position during M6.

5. Income Assumptions 2021/22 (Tables D & E)

Table D has been completed and agreed with other organisations.

Table E shows the anticipated allocations assumed within our M9 position.

6. Health Care agreements

All contracts with other Welsh NHS bodies have been agreed and signed off.

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

7.1 Significant month on month balance sheet movements

The main balance sheet movements between M8 and M9 are as follows:

- The cash balance has significantly reduced from £120m in M8 to £4.8m in M9. In M8 WG requested, for the second consecutive month, that WG funding be received early which resulted in the high cash balance.
- The value of receivables has increased by £8.4m which relates to balances due from RCTCBC for their contribution to the Nursing Home Pooled Fund.
- The value of payables has increased by £7m largely due to the increase in NHS accruals
- Net Capital increase of £4.3m.

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

In relation to aged receivables, there were seven NHS invoices greater than 11 weeks old at the 31st December 2021. During the M9 Agreement of balances exercise it was identified that credits were required for two of these invoices. The remaining five invoices have been agreed and payment dates have been requested.

8. Cash Flow Forecast (Table G)

The cash flow forecast is currently showing a forecast surplus of £0.7m in M12.

This is after a proposed return of £10m cash, which has been shown separately in the 'Other ' line 22 of table G.

9. Public Sector Payment Compliance (Table H)

The percentage for the number of non- NHS invoices paid within the 30 day target for Q3 is 96.9% with a cumulative percentage of 95.5%. This represents a further improvement on the previous quarters – Q1 92.7%, Q2 96.1%.

Work continues to improve NHS compliance. The Q3 percentage for NHS compliance was 79.6%, with a cummulative percentage of 78.8%. (Q1:74%, Q2:78.7%).

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

The M9 CRL value is now £73.7m in line with the CRL issued on the 20th December 2021. This represents a decrease of £0.2m from the previous CRL due to a reduction of £260k for the Dewi Sant scheme and an increase from NWSSP for covid stocks transferred of £31k. As at M9, £39.3m has been charged against the CRL.

The risk ratings of all schemes have been reviewed and there are 9 schemes which are considered to be Medium or High risk as per the table below. The scheme risks described below cover the risk of slippage or cost overrun on these schemes with delays caused by Brexit and shortages in soft metal and steel supplies and in complying with revised Government guidelines having an impact in a number of areas.

Scheme	Risk Rating	Potential Risk Value	Description
Bridgend Health and Wellbeing Centre (Sunnyside)	High	£0.3m slippage	The contractor announced they were going into administration on 8th July. A revised funding position for 21/22 was agreed at the Capital Review Meeting on 15th July and the CRL adjusted by £5m. The CRL was reduced down again to £0.6m in November. The scheme went back out to tender in November with a planned tender submission date of 14/1/22. Several contractors have requested an extension to the tender period which is likely to further delay approvals and spend in 21/22.
PCH G&FF Floor Phase 1B	Medium	Breakeven position	Previously reported overspends were driven by inflation of £1.2m and forecast £0.8m to the end of the scheme which was not included in initial approval letter. However this has now been offset by gain share to leave an expected underspend outturn position. Based on the assumption that we can keep gain share and VAT reclaim on this scheme £1m of this year's CRL was returned last month and a further £0.725 was returned in November.

PCH G&FF Floor Phase 2	High	Breakeven position	The CRL for this year was reduced by £5m at the July CRM, again by another 2.5m at Sept CRM and another 2.85m at CRL setting at the end of October (total CRL reduction in year £10.35m). Contractor delays on commencing pathology works continues to cause some slippage. Currently under review with a view to mitigate the position and bring expenditure forward, should any further slippage occur.
Anti Ligature	Medium	£0.25m slippage	Slippage remains under review due to issues around supply chain for doors and windows.
Electrical Infrastructure Modernisation	High	£0.2m overspend (22/23)	Soft metal supplies caused cost increase from business case position. Current cost risk covered by discretionary spend. £0.2m will need to be funded in 22/23.
National Programme Fire	Medium	£150k slippage	Slight programme risk in delivery of the programme. Contractor in place and looking to mitigate any risk and keep programme in line with planned completion of 31st March
National Programme Infrastructure	Medium	£200k slippage	Ongoing review – some issues with delivery of windows and access to in patient areas due to COVID.
National Programme Decarbonisation	Medium	£100k slippage	Suppliers are all promising delivery this year at this point.
National Programme Mental Health	Medium	£100k slippage	Delays in securing decant accommodation have impacted on the programme.

There are currently a number of risks around projects which are under detailed review and were discussed with the WG capital estates team at the November CRM.

The Health Board is reporting a forecast break – even position.
There have been no material disposals so far during 2020-21.

11. Other Issues

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

The M1 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.

14. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 14 December 2021

Action Points arising from Month 8 Response

Action Point	WG Comment	CTM Response
8.1	**Movement of Opening Financial Plan to Forecast Outturn (Table A)** As highlighted within both your Month 7 return and AO Letter, you originally indicated the return of c. £8.500m of Recovery funding. The AO Letter confirms that the reduced request of £2.700m follows the redeployment of resources internally within your organisation, or with partners, to maintain broader resilience. Movements in Table B3 (Section A7) indicate that the redeployed expenditure will primarily be within Provider Pay (c. £1.900m) and Provider Non Pay (c. £3.200m). The Wales Recovery tab of the Covid Other template shows £2.5m increase in Pay, £3.157m Energy Costs on a free text line and Loss of Private Patient Income £3.134m (which was shown last month on a non pay free text line with no description, but I assume an element should perhaps be shown on a free text line in pay as we show the costs as the pressure, not the loss of income). You also have £0.151m on the 'other' pay line and £0.286m on the 'other' non pay line, with no explanations. Please ensure your narrative clearly describes the alternative areas where the funding is being used, show the correct split between pay and non pay and also include a statement in the main narrative that this 're-purposing' and the assignment of loss of private patient income to Recovery, has been Board approved.	The repurposing of Bridend clinic (private patient facility) to NHS elective provision has been approved by the Board. As the costs of operating the unit remain unchanged and is included in our core baseline, the financial impact for CTM is the loss of private patient income which was also included in our core baseline which is no longer materialising. The other category within pay relates to staff contracted from GP practices supporting the Wellness hubs within primary care. The other category within Non Pay again relates to wellness hubs this has now been transferred to Provider Non Pay line 20.
7.3	I note your response that the reported FYE of Covid-19 costs (Line 27) of c. £9.300m includes c. £7.000m of 'non related' Covid-19 costs, included on this line to circumvent error messages. This raises a concern as to where the in-year impact of the 'non related' Covid-19 costs are being reported in Table A, as these must be a material recurring pressure area. I assume these are not related to the 're-purposing' of the Recovery funding; but if they are we can assist with how these are shown. At Month 9, please can you provide further clarity on where these are	Table A has been updated to reflect the planned underlying deficit and more detail on the £9.3m

	being recorded, and ensure the 'non related' FYE are not consolidated into one Covid-19 line, but shown separately, even if this creates a validation error. In addition, please ensure your narrative provides a quantified breakdown (in year, YTD and FYE) of the 'non-related' areas including how they have been mitigated in year and if applicable, why these did not form part of your original plan.	
8.2	**Monthly Positions (Table B)** Please provide a supporting explanation at Month 9, for the projected reduction in secondary care drug spend within future months.	We don't recognise a reduction in secondary care drug expenditure, the average cost to M8 was £3.3m or the last 3 months (M6-M8) was £3.5m with M9 to 12 averaging £3.7m.
8.3	**Pay Expenditure Analysis (Table B2)** We are unable to validate the c£9m increase in Pay on the SoCNE and B2, between Operational and Covid. Your narrative states the increase relates to Agency c£4m, Overtime c£2.3m, Overtime on Holiday Pay £1.9m and Mass Vacc c£1.1m. The total movement on Covid Pay in Month 8 was £2.9m. Please can you cross match the areas you have listed above, to the £2.9m movement that we can identify as Covid on B3. The balance should be Operational, and whilst Overtime on Holiday Pay is mitigated by additional funding, please clarify how the balance in Operational is being mitigated.	The movement of £9m was split as 2.9m covid and 6.1m non covid with new allocations of £3.5m leaving £2.6m. This was managed through recognition of Energy costs and other pressures previously reported as non covid costs now being managed through the £5m tranche 2 funding reported in COVID.
8.4	**Covid-19 Analysis (Table B3)** At Month 8, you are anticipating Tracing funding totalling £6.947m (issued £2.942m plus anticipated £4.005m), which is £0.140m higher than the projected Tracing spend reported in Table B3. It is assumed that this is an error and I have therefore approved a lower remaining funding amount of £3.865m to be issued**.**	Noted
7.9	After phasing the return of the surplus Bonus Payment accrual in Month 12, your narrative confirms that this return has now been phased into Month 8. This has not been reported however, on the designated free text line 183 of Table B3, which is now blank at Month 8. Please update Table B3 at Month 9 to ensure that the bonus accrual reduction is reported on this designated line (183) for transparency purposes.	Noted, the £935k writeback of NHS bonus has now been removed from individual staf groups and shown as a single entry.
7.10	I also note for the second consecutive month that Winter RPB spend and funding is phased fully into March. As requested in Action Point 7.10, please clarify if you	It is not anticipated that the phasing of this plan will change, we are still

	intend on re-phasing this in line with the accruals principle or, if your March methodology is consistent with your treatment of other spend via the Partnership arrangements.	awaiting information from the Local Authorities.
8.5	You are reporting a WHSSC Covid-19 pressure (Line 205) of £0.048m, however as reported by WHSSC the latest Health Board forecast position is a £0.052m benefit (Re: James Leaves email to Andrew Jones dated 3rd December 21). Please ensure that the latest WHSSC position is reported at Month 9, ensuring that any benefits are reported within Line 221 of Section C.	The M9 postion reflects the WHSSC email form James leaves dated 6/01/22 showing £36k pressure with a forecast of £132k.
8.6	**Savings (Table C, C1, C2 & C3)** Following ongoing classification issues which you have now been corrected at Month 8, I again wish to refer you to the below direction set out in WHC 2021 011 regarding the Amber/Green classification of savings: *A deadline has been introduced, which requires Amber status schemes (including net income generation) to be moved to Green within three months of them first appearing on the Tracker. For 2021/22, this will commence from Month 3, when the plans are fixed.* As reported in Table C3, there are still an number of 'Month 1' opening plan schemes that are forecasting to deliver savings this year, which still do meet the Green criteria. Please review each applicable Amber scheme ('Month 1' and also 'In Year') and ensure your narrative provides a full update setting out when these will meet the Green criteria. If this is not imminent, then delivery will need to be replaced with alternative mitigating actions. The deadline requirements in the WHC are to eliminate the risk associated with Amber scheme delivery, three months after first inclusion in your financial position.	Although we recognise the 'Rule' There were schems identified in our Month 1 plan that were known not to deliver savings until Q4 with start dates in Q4. We don't believe that these schemes should be converted to Green until they commence and achieve the savings planned, which clearly wont be able to evidenced until Q4. Hence they remain amber.
8.7	**Cash Flow (Table G)** You are reporting annual sales of assets receipts totalling £0.05m in the cash flow (Line 9); however, Table K reports a higher sales receipt value of £0.053m. Please ensure the asset sales receipt value reported in the cash flow is supported by Table K, with any potential timing differences explained in your narrative. Ideally this	The sales receipts in the cash flow now match the sales receipts in table K at £70k

	should have been included in Table A line 17, but due to materiality we will accept this.	
8.8	**Risks and Opportunities (Table A2)** Following the receipt of SDEC funding in December, I trust that the 'Shortfall in Assumed Funding for existing costs (SDEC/111/UPC)' risk value of £2.800m will be revised at Month 9. If there is still a remaining risk, please ensure that the outstanding anticipated funding amounts are quantified and listed in your narrative to enable a clear reconciliation to Table E.	Noted and adjusted.
8.9	**Monthly Positions (Table B)** I note that the DEL & AME non cash charges reported in Section C are not supported by the funding adjustments reported in Table E. As the funding adjustments in Table E reflect those reported in the November non cash, the discrepancies appear to be within the Table B charges. Please review non cash charges and corresponding funding adjustments at Month 9, noting any changes from the November non cash submission should be explained in the narrative.	We have reviewed and amended table B to tie to table E and the non cash return. We had an incorrect adjustment of £586k which had been added to DEL instead of AME this has now been corrected.
8.10	**Covid-19 Analysis (Table B3)** Due to reconciliation difficulties, all organisations are being requested to confirm in their narrative the funding items listed in Table E where the associated spend is being recorded within the supplementary 'Other' Template on the 'Wales Recovery' tab. If you require further clarity on the items we are expecting to be included, please contact Gary Young.	The following allocations totalling £22.5m have been included in Other Covid template: PCR £16.83m Tranche 2 £7.77m Return (£2.7m) PACU £0.57m MCA/DOLS £0.06m
7.11	After comparing Covid Programme funding to forecast spend, I note that you are again forecasting a minor surplus (£35k) against the Long Covid allocation which is being offset by an overspend in 'other' C19 areas. It is acknowledged that this is not a material movement; however, please ensure such variances are referenced and explained in your narrative, so that we can rule out if this a completion error.	Noted, this variance remains in M9.
6.16	**Resource Limit (Table E)** Please ensure that the WG contact is provided for all anticipated allocations (e.g. Value in Health again has no contact).	Noted.

Cwm Taf Morgannwg ULHB **Period : Dec 21**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 1 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)	-33,900	0	-33,900	-33,900
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-42,956	-6,122	-36,834	-36,834
3	Planned Expenditure For Covid-19 (Negative Value)	-80,301	-80,301		
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	39,889	18,628	21,261	21,261
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	100,801	100,801		
6	Planned Provider Income (Positive Value)	1,958	0	1,958	1,958
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	12,939	6,706	6,233	7,510
9	Planned (Finalised) Net Income Generation	725	0	725	725
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	845	0	845	7,880
14	**Opening IMTP / Annual Operating Plan**	**0**	**39,712**	**-39,712**	**-31,400**
15	Reversal of Planning Assumptions still to be finalised at Month 1	-845	0	-845	-7,880
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	Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19	Other Movement in Month 1 Planned & In Year Net Income Generation	-656	3	-659	-648
20	Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-2,900	-762	-2,138	-2,716
22	Additional In Year Identified Savings - Forecast	2,582	2,128	454	531
23	Variance to Planned RRL & Other Income	0	0		
24	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	7,165	7,165		
25	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26	Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-7,759	-5,559	-2,200	-2,200
27	In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	1,819	1,819		
28	In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29	In Year Accountancy Gains (Positive Value)	6,150	6,150	0	0
30	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	594	594		
31	Accountancy Gain netted off N/R Cost Pressure in IMTP	-6,150	-6,150		
32	Meds Mgt NICE & PAR	0	2,100	-2,100	-2,100
33	Facilities	0	600	-600	-600
34	Clin Negligence	0	700	-700	-700
35	Contracting & Commissioning Pressures/Growth	0	3,016	-3,016	-3,016
36	Paediatric NSA pressures	0	700	-700	-700
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**52,216**	**-52,216**	**-51,429**

	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	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-25,425	-33,900
2	-3,109	-3,109	-3,109	-3,109	-3,192	-3,526	2,074	-4,076	-4,076	-4,076	-4,076	-9,576	-25,229	-42,956
3	-5,494	-6,010	-7,897	-6,737	-6,649	-6,519	-7,550	-8,062	-6,825	-6,599	-6,204	-5,756	-61,742	-80,301
4	3,726	4,063	2,103	2,827	3,169	3,395	-2,573	3,597	3,588	3,506	3,512	8,975	23,896	39,889
5	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	77,117	100,801
6			490	163	163	163	163	163	163	163	163	########	1,469	1,958
7	509	-100	389	46			-141	-141	-142	-141	-141	-138	420	0
8	0	1	1,496	1,176	989	1,077	1,333	1,313	1,322	1,403	1,397	1,432	8,707	12,939
9	0	0	0	0	0	7	120	120	120	120	120	120	366	725
10													0	0
11													0	0
12													0	0
13							141	141	141	141	141	141	423	845
14	**9**	**-261**	**252**	**-13**	**13**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
15	0	0	0	0	0	0	-141	-141	-141	-141	-141	-141	-423	-845
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	8	13	-117	-112	-112	-112	-112	-112	-320	-656
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	-1	-1	-537	365	-223	-520	-171	-496	-429	-425	-463	-1,584	-2,900
22	0	0	0	0	1,591	76	92	294	146	130	117	136	2,198	2,582
23					-1,591	227	227	227	227	227	227	227	-682	0
24	0	0	0	230	-536	2,001	-1,160	504	436	598	298	4,795	1,474	7,165
25													0	0
26	0	0	0	-231	535	-2,546	1,116	-504	-436	-598	-299	-4,797	-2,065	-7,759
27	0	0	0	930	150	695	44	0	0	0	0	0	1,819	1,819
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150
30			23	-300	-534	56	527	-448	456	324	334	156	-220	594
31						-6,150							-6,150	-6,150
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**9**	**-262**	**274**	**80**	**2**	**300**	**68**	**-351**	**80**	**0**	**0**	**-199**	**199**	**0**

Cwm Taf Morgannwg ULHB

Period : **Dec 21**

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Table A2 - Overview Of Key Risks & Opportunities

		FORECAST YEAR END	
		£'000	**Likelihood**
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	**Total Opportunities to achieve IMTP/AOP**	**0**	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		Medium
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14	Shortfall in Assumed Funding for existing costs (Think 111 First)	(1,066)	Low
15			
16	Energy Price Increases / supply chain issues	tbc	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	**Total Risks**	**(1,066)**	
	Further Opportunities (positive values)		
27			
28			
29			
30	Energy Price Increases / supply chain issues	tbc	High
31	Uncertainy of Omicrom upon Planned Care recovery & Unscheduled care capacity	tbc	High
32			
33			
34	**Total Further Opportunities**	**0**	
35	**Current Reported Forecast Outturn**	**0**	
36	**IMTP / AOP Outturn Scenario**	**0**	
37	**Worst Case Outturn Scenario**	**(1,066)**	
38	**Best Case Outturn Scenario**	**0**	

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Period : Dec 21

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Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A1	*Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	**Testing (Additional costs due to C19) enter as positive values - actual/forecast**														
2	**Provider Pay (Establishment, Temp & Agency)**														
3	Administrative, Clerical & Board Members	80	115	31	78	47	59	49	49	49	49	49	49	**557**	**704**
4	Medical & Dental													**0**	**0**
5	Nursing & Midwifery Registered	43	20	33	44	35	41	48	48	48	48	48	48	**361**	**505**
6	Prof Scientific & Technical													**0**	**0**
7	Additional Clinical Services	48	97	144	98	103	88	73	73	73	73	73	73	**797**	**1,016**
8	Allied Health Professionals													**0**	**0**
9	Healthcare Scientists	25	101	(37)	36	27	36	35	35	35	35	35	35	**293**	**398**
10	Estates & Ancillary													**0**	**0**
11	Students													**0**	**0**
12	**Sub total Testing Provider Pay**	**196**	**333**	**171**	**256**	**212**	**224**	**205**	**205**	**205**	**205**	**205**	**205**	**2,008**	**2,623**
13	Primary Care Contractor (excluding drugs)													**0**	**0**
14	Primary Care - Drugs													**0**	**0**
15	Secondary Care - Drugs													**0**	**0**
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	23	154	69	171	56	71	69	69	69	69	69	69	**751**	**958**
17	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
18	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
19	Continuing Care and Funded Nursing Care													**0**	**0**
20	Other Private & Voluntary Sector													**0**	**0**
21	Joint Financing and Other (includes Local Authority)	47	52	118	38	16	4	4	4	4	104	54	54	**287**	**499**
22	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
23														**0**	**0**
24														**0**	**0**
25														**0**	**0**
26	**Sub total Testing Non Pay**	**70**	**206**	**187**	**209**	**72**	**75**	**73**	**73**	**73**	**173**	**123**	**123**	**1,038**	**1,457**
27	**TOTAL TESTING EXPENDITURE**	**266**	**539**	**358**	**465**	**284**	**299**	**278**	**278**	**278**	**378**	**328**	**328**	**3,046**	**4,080**
28	**PLANNED TESTING EXPENDITURE (In Opening Plan)**	266	539	358	510	410	409	410	402	402	402	403	402	**3,706**	**4,912**
29	**MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE**	**0**	**0**	**0**	**45**	**126**	**110**	**132**	**124**	**124**	**24**	**74**	**73**	**660**	**831**
A2	***Tracing (Additional costs due to C19) enter as positive values - actual/forecast***														
30	**Provider Pay (Establishment, Temp & Agency)**														
31	Administrative, Clerical & Board Members	15	18	40	28	35	29	26	26	26	26	26	26	**243**	**321**
32	Medical & Dental	12	16	21	(6)	10	7	7	7	7	7	7	7	**81**	**102**
33	Nursing & Midwifery Registered													**0**	**0**
34	Prof Scientific & Technical			0	27	28	11	11	11	7	7	7	7	**95**	**116**
35	Additional Clinical Services			3	(3)									**0**	**0**
36	Allied Health Professionals													**0**	**0**
37	Healthcare Scientists													**0**	**0**
38	Estates & Ancillary													**0**	**0**
39	Students													**0**	**0**
40	**Sub total Tracing Provider Pay**	**27**	**34**	**64**	**46**	**73**	**47**	**44**	**44**	**40**	**40**	**40**	**40**	**419**	**539**
41	Primary Care Contractor (excluding drugs)													**0**	**0**
42	Primary Care - Drugs													**0**	**0**
43	Secondary Care - Drugs													**0**	**0**
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**													**0**	**0**
45	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
46	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
47	Continuing Care and Funded Nursing Care													**0**	**0**
48	Other Private & Voluntary Sector				30	8	8	8	8	8	8	8	8	**68**	**90**
49	Joint Financing and Other (includes Local Authority)	480	446	338	363	494	471	481	621	621	721	721	721	**4,315**	**6,478**
50	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
51														**0**	**0**
52														**0**	**0**
53														**0**	**0**
54	**Sub total Tracing Non Pay**	**480**	**446**	**338**	**393**	**502**	**479**	**489**	**629**	**629**	**729**	**729**	**729**	**4,383**	**6,568**
55	**TOTAL TRACING EXPENDITURE**	**507**	**480**	**402**	**439**	**575**	**526**	**533**	**673**	**669**	**769**	**769**	**769**	**4,802**	**7,107**
56	**PLANNED TRACING EXPENDITURE (In Opening Plan)**	507	480	402	541	526	526	526	741	736	736	736	536	**4,983**	**6,990**
57	**MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE**	**0**	**0**	**0**	**102**	**(49)**	**0**	**(7)**	**68**	**67**	**(33)**	**(33)**	**(233)**	**182**	**(117)**

A3	***Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast***														
58	**Provider Pay (Establishment, Temp & Agency)**														
59	Administrative, Clerical & Board Members	52	65	89	67	118	113	104	111	104	107	95	95	**823**	**1,120**
60	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
61	Nursing & Midwifery Registered	39	47	42	54	23	26	51	70	66	28	28	28	**418**	**502**
62	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
63	Additional Clinical Services	186	279	284	251	311	337	396	390	472	642	375	375	**2,906**	**4,298**
64	Allied Health Professionals	6	4	25	23	(1)	39	15	16	16	16	16	16	**143**	**191**
65	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
66	Estates & Ancillary	16	21	20	29	(15)	19	17	15	16	22	22	22	**138**	**204**
67	Students													**0**	**0**
68	**Sub total Mass COVID-19 Vaccination Provider Pay**	**299**	**416**	**460**	**424**	**436**	**534**	**583**	**602**	**674**	**815**	**536**	**536**	**4,428**	**6,315**
69	Primary Care Contractor (excluding drugs)	586	562	318	(18)	1								**1,449**	**1,449**
70	Primary Care - Drugs													**0**	**0**
71	Secondary Care - Drugs													**0**	**0**
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	87	162	476	227	277	411	97	234	336	236	236	236	**2,307**	**3,015**
73	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
74	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
75	Continuing Care and Funded Nursing Care													**0**	**0**
76	Other Private & Voluntary Sector													**0**	**0**
77	Joint Financing and Other (includes Local Authority)	79	134	99	109	88	254	(45)	95	80	202	202	484	**893**	**1,781**
78	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
79	New Expansion to be split													**0**	**0**
80														**0**	**0**
81														**0**	**0**
82	**Sub total Mass COVID-19 Vaccination Non Pay**	**752**	**858**	**893**	**318**	**366**	**665**	**52**	**329**	**416**	**438**	**438**	**720**	**4,649**	**6,245**
83	**TOTAL MASS COVID-19 VACC EXPENDITURE**	**1,051**	**1,274**	**1,353**	**742**	**802**	**1,199**	**635**	**931**	**1,090**	**1,253**	**974**	**1,256**	**9,077**	**12,560**

84	**PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)**	1,051	1,274	1,353	776	776	766	766	766	766	766	766	767	**8,294**	**10,593**
85	**MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE**	**0**	**0**	**0**	**34**	**(26)**	**(433)**	**131**	**(165)**	**(324)**	**(487)**	**(208)**	**(489)**	**(783)**	**(1,967)**

A4	***Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast***														
86	**Provider Pay (Establishment, Temp & Agency)**														
87	Administrative, Clerical & Board Members													**0**	**0**
88	Medical & Dental													**0**	**0**
89	Nursing & Midwifery Registered								96	97	97			**193**	**290**
90	Prof Scientific & Technical													**0**	**0**
91	Additional Clinical Services													**0**	**0**
92	Allied Health Professionals													**0**	**0**
93	Healthcare Scientists													**0**	**0**
94	Estates & Ancillary													**0**	**0**
95	Students													**0**	**0**
96	**Sub total Extended Flu Vaccination Provider Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**96**	**97**	**97**	**0**	**0**	**193**	**290**
97	Primary Care Contractor (excluding drugs)							25	50	35				**110**	**110**
98	Primary Care - Drugs							25	50	35				**110**	**110**
99	Secondary Care - Drugs													**0**	**0**
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**								98	98	98			**196**	**294**
101	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
102	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
103	Continuing Care and Funded Nursing Care													**0**	**0**
104	Other Private & Voluntary Sector													**0**	**0**
105	Joint Financing and Other (includes Local Authority)													**0**	**0**
106	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
107														**0**	**0**
108														**0**	**0**
109														**0**	**0**
110	**Sub total Extended Flu Vaccination Non Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**198**	**168**	**98**	**0**	**0**	**416**	**514**
111	**TOTAL EXTENDED FLU VACC EXPENDITURE**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**294**	**265**	**195**	**0**	**0**	**609**	**804**

112	**PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)**	0	0	0	0	0	0	50	100	150	150	20	0	**300**	**470**
113	**MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(194)**	**(115)**	**(45)**	**20**	**0**	**(309)**	**(334)**

A5	**Field Hospital / Surge (Additional costs due to C19)** ***enter as positive value - actual/forecast***														
114	**Provider Pay (Establishment, Temp & Agency)**														
115	Administrative, Clerical & Board Members	15	15	4	7	4	34	6	6	6	6	6	6	**97**	**115**
116	Medical & Dental	169	59	(2)	34	22	34	34	34	34	34	34	34	**418**	**520**
117	Nursing & Midwifery Registered	128	81	76	(10)	17	0	0	0	0	0	0	0	**292**	**292**
118	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
119	Additional Clinical Services	64	7	18	(6)	29	5	0	0	0	0	0	0	**117**	**117**
120	Allied Health Professionals	32	21	22	25	(6)	9	25	25	25	25	25	25	**178**	**253**
121	Healthcare Scientists	3	2	3	2	1	2	2	2	2	2	2	2	**19**	**25**
122	Estates & Ancillary	90	49	34	83	6	44	32	32	32	32	32	32	**402**	**498**
123	Students	0	0											**0**	**0**
124	**Sub total Field Hospital / Surge Provider Pay**	**501**	**234**	**155**	**135**	**73**	**128**	**99**	**99**	**99**	**99**	**99**	**99**	**1,523**	**1,820**
125	Primary Care Contractor (excluding drugs)													**0**	**0**
126	Primary Care - Drugs													**0**	**0**
127	Secondary Care - Drugs													**0**	**0**
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	108	110	139	20	73	122	80	80	80	80	80	80	**812**	**1,052**
129	Provider - Non Pay (Decommissioning Costs)													**0**	**0**
130	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
131	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
132	Continuing Care and Funded Nursing Care													**0**	**0**
133	Other Private & Voluntary Sector													**0**	**0**
134	Joint Financing and Other (includes Local Authority)													**0**	**0**
135	Joint Financing and Other - (Compensation for Consequential Losses)													**0**	**0**
136	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
137														**0**	**0**
138														**0**	**0**
139														**0**	**0**
140	**Sub total Field Hospital / Surge Non Pay**	**108**	**110**	**139**	**20**	**73**	**122**	**80**	**80**	**80**	**80**	**80**	**80**	**812**	**1,052**
141	**TOTAL FIELD HOSPITAL / SURGE EXPENDITURE**	**609**	**344**	**294**	**155**	**146**	**250**	**179**	**179**	**179**	**179**	**179**	**179**	**2,335**	**2,872**
142	**PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)**	609	344	294	273	272	252	202	201	202	112	111	110	**2,648**	**2,981**
143	**MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE**	**0**	**0**	**0**	**118**	**126**	**2**	**23**	**22**	**23**	**(67)**	**(68)**	**(69)**	**313**	**109**

A6	**Cleaning Standards (Additional costs due to C19)** ***enter as positive value - actual/forecast***														
144	**Provider Pay (Establishment, Temp & Agency)**														
145	Administrative, Clerical & Board Members		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
146	Medical & Dental		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
147	Nursing & Midwifery Registered		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
148	Prof Scientific & Technical		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
149	Additional Clinical Services		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
150	Allied Health Professionals		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
151	Healthcare Scientists		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
152	Estates & Ancillary	187	0	0	51	77	97	105	117	125	137	137	137	**759**	**1,170**
153	Students													**0**	**0**
154	**Sub total Cleaning Standards Provider Pay**	**187**	**0**	**0**	**51**	**77**	**97**	**105**	**117**	**125**	**137**	**137**	**137**	**759**	**1,170**
155	Primary Care Contractor (excluding drugs)													**0**	**0**
156	Primary Care - Drugs													**0**	**0**
157	Secondary Care - Drugs													**0**	**0**
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	6	0	0	2	0	6	6	6	6	6	6	6	**33**	**52**
159	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
160	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
161	Continuing Care and Funded Nursing Care													**0**	**0**
162	Other Private & Voluntary Sector													**0**	**0**
163	Joint Financing and Other (includes Local Authority)													**0**	**0**
164	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
165														**0**	**0**
166														**0**	**0**
167														**0**	**0**
168	**Sub total Cleaning Standards Non Pay**	**6**	**0**	**0**	**2**	**0**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**33**	**52**
169	**TOTAL CLEANING STANDARDS EXPENDITURE**	**193**	**0**	**0**	**53**	**77**	**103**	**111**	**123**	**131**	**143**	**143**	**143**	**792**	**1,222**
170	**PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)**	193	0	0	193	193	193	193	193	193	193	193	193	**1,353**	**1,933**
171	**MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE**	**0**	**0**	**0**	**140**	**116**	**90**	**82**	**70**	**62**	**50**	**50**	**50**	**561**	**712**

A7	**Other (Additional costs due to C19)** ***enter as positive value - actual/forecast***														
172	**Provider Pay (Establishment, Temp & Agency)**														
173	Administrative, Clerical & Board Members	135	160	185	160	160	174	162	169	169	169	169	156	**1,473**	**1,968**
174	Medical & Dental	157	269	723	715	750	808	727	689	332	281	266	607	**5,171**	**6,325**
175	Nursing & Midwifery Registered	499	603	706	603	603	1,933	1,071	2,223	1,198	1,164	1,143	1,266	**9,438**	**13,011**
176	Prof Scientific & Technical	0	100	87	62	62	73	64	64	59	59	52	39	**575**	**726**
177	Additional Clinical Services	631	756	881	756	706	671	979	710	362	460	421	1,346	**6,455**	**8,682**
178	Allied Health Professionals	11	36	61	36	36	39	36	78	78	78	78	78	**408**	**641**
179	Healthcare Scientists	0	25	50	25	25	27	25	25	25	25	25	25	**227**	**302**
180	Estates & Ancillary	62	114	50	87	75	75	75	75	75	75	62	50	**689**	**876**
181	Students													**0**	**0**
182	Other (only use with WG Agreement & state SoCNE/I line ref)													**0**	**0**
183	NHS Bonus Recovery								(935)					**(935)**	**(935)**
184	PACU/Community Support (TBC)													**0**	**0**
185														**0**	**0**
186	**Sub total Other C-19 Provider Pay**	**1,495**	**2,064**	**2,744**	**2,445**	**2,417**	**3,801**	**3,139**	**3,098**	**2,299**	**2,312**	**2,216**	**3,567**	**23,501**	**31,596**
187	Primary Care Contractor (excluding drugs)	(135)	(135)	(287)	10	15	560	15	15	15	15	15	322	**73**	**425**
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income	335	300	276	251	229	249	220	200	241	179	155	155	**2,301**	**2,790**
189	Primary Care - Drugs	300	(300)	0	340	120	120	120	120	120	120	120	120	**940**	**1,300**
190	Secondary Care - Drugs													**0**	**0**
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see separate line**	40	500	853	197	117	189	148	725	690	564	535	662	**3,459**	**5,220**
192	Provider - Non Pay - PPE	150	261	291	329	339	422	305	177	194	230	230	230	**2,468**	**3,158**
193	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS													**0**	**0**
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS													**0**	**0**
196	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
197	Continuing Care and Funded Nursing Care	300	300	300	300	(367)	52	(375)	103	81	59	37	15	**694**	**805**
198	Other Private & Voluntary Sector			930	391	271	271	271	618	136				**2,888**	**2,888**
199	Other Private & Voluntary Sector - Private Hospital Providers				539	780	780	780	780	780	737	737	437	**4,439**	**6,350**
200	Joint Financing and Other (includes Local Authority)	383	383	383	233	233	233	233	233	33	33	33	833	**2,347**	**3,246**
201	Other (only use with WG Agreement & state SoCNE/I line ref)													**0**	**0**
202	Add Planned Care Recovery (TBC)													**0**	**0**
203	RPB Funding												1,505	**0**	**1,505**
204														**0**	**0**
205	WHSSC COVID Pressure				79	76	11	(208)	18	60	32	32	32	**36**	**132**
206	**Sub total Other C-19 Non Pay**	**1,373**	**1,309**	**2,746**	**2,669**	**1,813**	**2,887**	**1,509**	**2,989**	**2,350**	**1,969**	**1,894**	**4,311**	**19,645**	**27,819**
207	**TOTAL OTHER C-19 EXPENDITURE**	**2,868**	**3,373**	**5,489**	**5,113**	**4,230**	**6,688**	**4,648**	**6,088**	**4,649**	**4,281**	**4,110**	**7,878**	**43,146**	**59,415**
208	**PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)**	2,868	3,373	5,489	4,444	4,472	4,373	5,403	5,659	4,376	4,240	3,975	3,748	**40,458**	**52,422**
209	**MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE**	**0**	**0**	**0**	**(669)**	**242**	**(2,315)**	**755**	**(429)**	**(273)**	**(40)**	**(135)**	**(4,130)**	**(2,688)**	**(6,993)**
210	**TOTAL ADDITIONAL EXPENDITURE DUE TO COVID**	**5,494**	**6,010**	**7,897**	**6,967**	**6,114**	**9,064**	**6,434**	**8,566**	**7,261**	**7,197**	**6,503**	**10,553**	**63,807**	**88,060**
211	**PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)**	**5,494**	**6,010**	**7,897**	**6,737**	**6,649**	**6,519**	**7,550**	**8,062**	**6,825**	**6,599**	**6,204**	**5,756**	**61,742**	**80,301**
212	**MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE**	**0**	**0**	**0**	**(231)**	**535**	**(2,546)**	**1,116**	**(504)**	**(436)**	**(598)**	**(299)**	**(4,797)**	**(2,065)**	**(7,759)**

B - In Year Non Delivery of Savings / Net Income Generation Schemes Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
213	**Non Delivery of Savings (due to C19) - Actual/Forecast**														
214	Non Delivery of Finalised (M1) Savings													0	0
215	Non finalisation of Planning Assumptions (savings) at M1													0	0
216	Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0	0
217	**TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

C - In Year Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
218	***Expenditure Reductions (due to C19) - Actual/Forecast***														
219	Reduction of non pay costs due to reduced elective activity				(930)	(150)	(150)	0	0	0	0	0	0	(1,230)	(1,230)
220	Reduction of outsourcing costs due to reduced planned activity													0	0
221	WHSSC C-19 Slippage (as advised by WHSSC)				0	0	0							0	0
222	Other (please specify):													0	0
223	Dental Contract						(545)	(44)						(589)	(589)
224														0	0
225														0	0
226														0	0
227														0	0
228	**TOTAL EXPENDITURE REDUCTION**	0	0	0	(930)	(150)	(695)	(44)	0	0	0	0	0	(1,819)	(1,819)

		0	0	0	0	0	0	0	0	0	0	0	0		

D - In Year Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
229	***Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast***														
230														0	0
231														0	0
232														0	0
233														0	0
234														0	0
235														0	0
236														0	0
237														0	0
238														0	0
239	**TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

240	**ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19**	5,494	6,010	7,897	6,037	5,964	8,369	6,390	8,566	7,261	7,197	6,503	10,553	61,988	86,241

E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
241	**PLANNED WG FUNDING FOR COVID-19**	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	77,117	100,801
		0	0	0	0	0	0	1	1	1	1	1	1		
242	**MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19**	0	0	0	230	(536)	2,001	(1,160)	504	436	598	298	4,795	1,474	7,165
243	**TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19**	7,202	7,719	9,605	8,675	7,822	10,227	8,098	10,274	8,969	8,905	8,211	12,259	78,591	107,966

244	**ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19**	1,708	1,708	1,708	2,638	1,858	1,858	1,708	1,708	1,708	1,708	1,708	1,706	16,603	21,725

Cwm Taf Morgannwg ULHB

Period : Dec 21

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

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY *YTD variance as %age of YTD*	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	250	83	83	83	83	86	86	86	86	86	756	1,015		1,000	15			
2		Actual/F'cast	0	0	250	83	83	83	83	166	0	83	83	83	749	999	74.98%	999	0	0	999	1,000
3		Variance	0	0	0	0	0	0	0	80	(86)	(3)	(3)	(3)	(7)	(16)	*(0.88%)*	(1)	(15)			
4	Commissioned Services	Budget/Plan	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
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	3	1	1	1	237	237	245	245	245	245	724	1,460		1,426	33			
8		Actual/F'cast	0	0	3	1	444	103	98	98	98	97	97	97	846	1,136	74.49%	1,136	0	11	1,125	1,125
9		Variance	0	0	0	0	444	102	(138)	(138)	(147)	(148)	(149)	(149)	122	(324)	*16.80%*	(291)	(33)			
10	Non Pay	Budget/Plan	0	1	586	384	297	321	360	362	362	415	415	426	2,674	3,931		2,920	1,011			
11		Actual/F'cast	0	0	585	97	1,706	212	210	478	348	382	374	345	3,636	4,738	76.75%	4,603	134	3,761	976	1,329
12		Variance	0	(1)	(1)	(287)	1,409	(110)	(150)	116	(15)	(33)	(42)	(81)	962	806	*35.96%*	1,683	(877)			
13	Pay	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	4,552	6,517		6,147	371			
14		Actual/F'cast	0	0	657	458	709	532	511	604	515	531	525	548	3,987	5,590	71.31%	5,549	41	4,142	1,448	1,871
15		Variance	0	0	0	(250)	102	(139)	(141)	(24)	(113)	(125)	(126)	(110)	(566)	(927)	*(12.42%)*	(597)	(330)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	16	0	16		16	0			
17		Actual/F'cast	0	0	0	0	2	0	0	89	12	12	12	32	104	158	65.44%	158	0	158	0	0
18		Variance	0	0	0	0	2	0	0	89	12	12	12	16	104	142		142	0			
19	Total	Budget/Plan	0	1	1,496	1,176	989	1,077	1,333	1,313	1,322	1,403	1,397	1,432	8,707	12,939		11,510	1,430			
20		Actual/F'cast	0	0	1,495	639	2,945	930	904	1,435	972	1,105	1,090	1,105	9,321	12,621	73.86%	12,446	175	8,072	4,549	5,325
21		Variance	0	(1)	(1)	(537)	1,956	(147)	(429)	123	(350)	(298)	(308)	(327)	615	(318)	*7.06%*	937	(1,255)			
22	Variance in month			(100.00%)	(0.07%)	(45.66%)	197.70%	(13.61%)	(32.16%)	9.34%	(26.44%)	(21.25%)	(22.01%)	(22.84%)	7.06%							
23	In month achievement against FY forecast		0.00%	0.00%	11.84%	5.06%	23.34%	7.37%	7.16%	11.37%	7.70%	8.76%	8.63%	8.75%								

Cwm Taf Morgannwg ULHB **Period : Dec 21**

Table C1- Savings Schemes Pay Analysis

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Assessment: Green £'000	Assessment: Amber £'000	Full In-Year forecast: non recurring £'000	Full In-Year forecast: recurring £'000	Full-Year Effect of Recurring Savings £'000
1	Changes in Staffing Establishment	Budget/Plan	0	0	177	60	67	106	112	112	113	113	113	108	745	1,078		1,055	23			
2		Actual/F'cast	0	0	177	16	237	95	107	101	109	100	100	93	843	1,135	74.22%	1,112	23	471	664	862
3		Variance	0	0	0	(44)	170	(10)	(5)	(10)	(4)	(13)	(13)	(15)	97	57	*13.04%*	57	0			
4	Variable Pay	Budget/Plan	0	0	73	335	197	222	215	190	190	190	184	184	1,421	1,978		1,720	258			
5		Actual/F'cast	0	0	73	200	108	136	118	242	124	150	144	174	1,002	1,469	68.17%	1,452	18	928	542	762
6		Variance	0	0	0	(135)	(88)	(86)	(97)	52	(65)	(40)	(40)	(10)	(419)	(508)	*(29.50%)*	(268)	(240)			
7	Locum	Budget/Plan	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
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	19	165	195	195	195	195	195	225	225	225	1,157	1,831		1,741	90			
11		Actual/F'cast	0	0	19	154	154	154	154	154	154	154	154	154	943	1,405	67.12%	1,405	0	1,163	242	248
12		Variance	0	0	0	(10)	(41)	(41)	(41)	(41)	(41)	(71)	(71)	(71)	(214)	(426)	*(18.48%)*	(336)	(90)			
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/F'cast	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	0	0	388	149	149	149	131	131	131	130	130	142	1,229	1,630		1,630	0			
17		Actual/F'cast	0	0	388	88	210	147	133	107	127	127	127	127	1,199	1,580	75.88%	1,580	0	1,580	0	0
18		Variance	0	0	0	(61)	60	(2)	2	(25)	(4)	(2)	(3)	(15)	(30)	(50)	*(2.43%)*	(50)	0			
19	Total	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	4,552	6,517		6,147	371			
20		Actual/F'cast	0	0	657	458	709	532	511	604	515	531	525	548	3,987	5,590	71.31%	5,549	41	4,142	1,448	1,871
21		Variance	0	0	0	(250)	102	(139)	(141)	(24)	(113)	(125)	(126)	(110)	(566)	(927)	*(12.42%)*	(597)	(330)			

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

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / YTD variance as %age of YTD Budget/Plan	Assessment: Green £'000	Assessment: Amber £'000	Full In-Year forecast: non recurring £'000	Full In-Year forecast: recurring £'000	Full-Year Effect of Recurring Savings £'000
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	8	132	162	162	162	162	162	192	192	192	951	1,527		1,437	90			
2		Actual/F'cast	0	0	8	149	149	149	149	149	149	149	149	149	900	1,346	66.87%	1,346	0	1,163	183	183
3		Variance	0	0	0	17	(13)	(14)	(14)	(14)	(14)	(43)	(43)	(44)	(51)	(181)	*(5.35%)*	(91)	(90)			
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/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	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/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	11	33	33	33	33	33	33	33	33	33	206	304		304	0			
11		Actual/F'cast	0	0	11	5	5	5	5	5	5	5	5	5	43	60	72.73%	60	0	0	60	65
12		Variance	0	0	0	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(163)	(245)	*(79.00%)*	(245)	0			
13	Total	Budget/Plan	0	0	19	165	195	195	195	195	195	225	225	225	1,157	1,831		1,741	90			
14		Actual/F'cast	0	0	19	154	154	154	154	154	154	154	154	154	943	1,405	67.12%	1,405	0	1,163	242	248
15		Variance	0	0	0	(10)	(41)	(41)	(41)	(41)	(41)	(71)	(71)	(71)	(214)	(426)	*(18.48%)*	(336)	(90)			

Cwm Taf Morgannwg ULHB

Dec 21

This Table is currently showing 26 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	1	1,496	1,176	989	1,077	1,333	1,313	1,322	1,403	1,397	1,432	8,707	12,939	6,706	6,233	1,276	7,510
	Month 1 - Actual/Forecast	0	0	1,495	639	1,355	854	812	1,142	827	975	973	968	7,123	10,039	5,944	4,095	698	4,793
	Variance	0	(1)	(1)	(537)	365	(223)	(520)	(171)	(496)	(429)	(425)	(463)	(1,584)	(2,900)	(762)	(2,138)	(578)	(2,716)
	In Year - Plan	0	0	0	1	1,542	69	164	251	137	101	111	250	2,163	2,625	2,170	454	81	535
	In Year - Actual/Forecast	0	0	0	0	1,591	76	92	294	146	130	117	136	2,198	2,582	2,128	454	77	531
	Variance	0	0	0	(1)	49	7	(72)	43	9	29	7	(113)	35	(42)	(42)	0	(4)	(4)
	Total Plan	0	1	1,496	1,178	2,532	1,146	1,496	1,563	1,459	1,504	1,508	1,682	10,870	15,564	8,876	6,687	1,357	8,045
	Total Actual/Forecast	0	0	1,495	639	2,945	930	904	1,435	972	1,105	1,090	1,105	9,321	12,621	8,072	4,549	776	5,325
	Total Variance	0	(1)	(1)	(539)	414	(215)	(592)	(128)	(486)	(399)	(418)	(577)	(1,548)	(2,943)	(805)	(2,138)	(582)	(2,720)
Net Income Generation	Month 1 - Plan	0	0	0	0	0	7	120	120	120	120	120	120	366	725	0	725	0	725
	Month 1 - Actual/Forecast	0	0	0	0	0	20	8	8	8	8	8	8	43	66	0	66	11	77
	Variance	0	0	0	0	0	13	(112)	(112)	(112)	(112)	(112)	(112)	(323)	(659)	0	(659)	11	(648)
	In Year - Plan	0	0	0	0	8	0	0	0	0	0	0	0	8	8	8	0	0	0
	In Year - Actual/Forecast	0	0	0	0	8	0	(5)	0	0	0	0	0	3	3	3	0	0	0
	Variance	0	0	0	0	0	0	(5)	0	0	0	0	0	(5)	(5)	(5)	0	0	0
	Total Plan	0	0	0	0	8	7	120	120	120	120	120	120	374	733	8	725	0	725
	Total Actual/Forecast	0	0	0	0	8	20	2	8	8	8	8	8	46	69	3	66	11	77
	Total Variance	0	0	0	0	0	13	(117)	(112)	(112)	(112)	(112)	(112)	(328)	(664)	(5)	(659)	11	(648)
Accountancy Gains	In Year - Plan	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	6,150	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	6,150	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	0	1	1,496	1,176	989	1,084	1,452	1,432	1,442	1,523	1,517	1,551	9,073	13,664	6,706	6,958	1,276	8,235
	Month 1 - Actual/Forecast	0	0	1,495	639	1,355	875	820	1,149	834	982	980	976	7,166	10,105	5,944	4,161	709	4,870
	Variance	0	(1)	(1)	(537)	365	(209)	(632)	(283)	(608)	(541)	(537)	(575)	(1,906)	(3,559)	(762)	(2,797)	(567)	(3,365)
	In Year - Plan	0	0	0	1	1,550	6,219	164	251	137	101	111	250	8,321	8,783	8,329	454	81	535
	In Year - Actual/Forecast	0	0	0	0	1,599	6,226	87	294	146	130	117	136	8,351	8,735	8,281	454	77	531
	Variance	0	0	0	(1)	49	7	(77)	43	9	29	7	(113)	30	(47)	(47)	0	(4)	(4)
	Total Plan	0	1	1,496	1,178	2,540	7,303	1,616	1,683	1,578	1,624	1,628	1,801	17,394	22,447	15,035	7,412	1,357	8,770
	Total Actual/Forecast	0	0	1,495	639	2,954	7,101	907	1,443	980	1,113	1,097	1,112	15,518	18,840	14,225	4,615	786	5,402
	Total Variance	0	(1)	(1)	(539)	414	(202)	(709)	(240)	(598)	(511)	(530)	(689)	(1,876)	(3,607)	(810)	(2,797)	(571)	(3,368)

AGENDA ITEM
2.2.2d

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 10 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	22/02/22
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	11/02/2022	NOTED

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

MONTH 10 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 PPFC with information from the M10 Financial Monitoring Return submission to Welsh Government.

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

The HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23 April 2021. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2021/22 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, Table A2, Table B3 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
M10 Narrative report
Table A - Movement
Table A2 - Risks
Table B3 – COVID-19 Analysis
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 M10 Financial Monitoring returns is summarised below:

	M10
	£k
In month position	(118)
YTD position	(317)
Forecast Year end position	0
Forecast recurrent position	44,500
Savings:	
Annual target	14,500
Forecast savings	(12,700)
Forecast savings shortfall	1,800
YTD savings	10,500

This information is consistent with the M10 Finance reports going to Management Board, PPFC and the Board.

It is important to note that M10 internal reporting within the Health Board is reporting a M10 YTD savings shortfall of £0.8m compared to the £0.7m shortfall reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the Q1 target = £1.5m (Actual savings in Q1) and the balance of £13m has been phased equally over M4-M12.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	14.5	14.5
Year to date Plan	11.2	11.3
Year to date actual	(10.5)	(10.5)
Year to date Variance	0.7	0.8

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined 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 (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) 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 10 Monitoring Returns submitted to Welsh Government for 2021/22.

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

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 January 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 element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2021/22

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on ' Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021. The updated draft financial plan was submitted to WG on 30 June 2021.

The draft financial plan for 2021/22 can be broken down into three separate elements:

- The core plan
- Covid response
- Planned care recovery

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Cumulative total	**0.0**	**0.0**	**0.0**	**0.0**	

The table below shows our Covid response costs and income assumptions for 21/22 as per the 30 June financial plan submission:

Covid costs and funding 2021/22	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Programme costs:					
TTP	3.0	2.8	3.2	3.1	12.1
Mass Vaccination	3.7	2.3	2.3	2.2	10.5
Cleaning Standards	0.4	0.6	0.6	0.6	2.1
CHC/FNC Support	0.9	0.9	0.9	0.9	3.6
PPE	0.6	0.5	0.3	0.3	1.7
Extended Flu	0.0	0.0	0.3	0.2	0.5
Long COVID	0.1	0.1	0.1	0.1	0.5
Sub total	**8.7**	**7.1**	**7.7**	**7.4**	**30.9**
Assumed funding- programme element	-8.7	-7.1	-7.7	-7.4	-30.9
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Other Covid costs:					
Field Hospital	1.2	0.9	0.6	0.3	3.0
Dental -income loss/reduced contract payments	0.4	0.3	0.6	0.5	1.9
Planned care exp're reductions	-0.8	-0.5	0.0	0.0	-1.3
Covid response in ILGs	5.3	4.7	4.1	3.8	17.9
Covid response outside ILGs	1.4	1.1	0.8	0.8	4.1
Increase in Covid response costs to reflect revised assessment of bed demand	0.0	0.0	2.8	2.8	5.5
Sub total	**7.5**	**6.5**	**8.9**	**8.1**	**31.1**
Confirmed funding- formula element	-7.5	-6.5	-6.1	-5.9	-26.1
Requested additional funding	0.0	0.0	-2.8	-2.3	-5.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Requested funding for Covid overspends from 2020/21	-5.1	-5.1	-5.1	-5.1	-20.5
Total	**-5.1**	**-5.1**	**-5.1**	**-5.1**	**-20.5**

There have been a number of other changes to the forecast costs and assumed income noted above and these are captured in Section 1.5.

1.2 Actual YTD and Forecast 21-22 (Table A)

	M10 Actual	M10 YTD	M10 Forecast	M9 Actual	M9 YTD	M9 Forecast
	£m	£m	£m	£m	£m	£m
Core plan	1.6	18.3	21.7	1.6	14.4	21.7
Covid 19	(1.7)	(18.0)	(20.5)	(1.7)	(14.6)	(21.7)
Planned care recovery	0	0	(1.2)	0	0	0
Total	**(0.1)**	**(0.3)**	**0**	**0.1**	**(0.2)**	**0**

The M10 YTD position is a £317k surplus.

We are continuing to forecast a break even position at M10. The key issues to highlight are as follows:

a. Movement in the Annual leave provision- Following discussions at DDOfs in January the planning assumption is that any increase or decrease to the 20/21 provision will be resource neutral. The plan is to undertake a detailed validation exercise during February and to confirm the movement in the Annual leave provision in the M11 MR submission. A provisional estimate of £3.5m was provided to WG on 8 Feb and we noted that the Health Board may be in a position to cover some or all of any potential increase locally. This will also be confirmed in our M11 MR submission

b. The key risks/opportunities which could impact on the break even forecast are included in the Risks and Opportunties table at Section 2.

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

	November			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M10 £'000	M9 £'000	Movement £'000
RRL	107,400	104,549	2,851	1,264,084	1,257,503	6,581
Donation/Grants	8	0	8	200	200	0
HBs & NHST	6,964	6,906	58	83,492	83,492	0
WHSSC	944	940	4	11,244	11,244	0
WG Income	(118)	25	(143)	719	862	(143)
Other Income	2,983	2,937	46	35,774	35,728	46
Income Total	118,180	115,357	2,823	1,395,512	1,389,028	6,484
PC Contractor	13,464	12,424	1,040	152,683	151,899	783
PC - Drugs	7,399	7,629	(230)	92,469	92,699	(230)
Pay	52,671	51,271	1,400	598,470	596,861	1,609
Non Pay	9,723	9,865	(142)	112,975	112,717	258
SC - Drugs	3,269	3,652	(383)	40,983	41,366	(383)
H/C Other NHS	20,138	20,606	(468)	251,936	249,479	2,457
Non H/C NHS	259	41	217	753	536	217
CHC & FNC	4,897	4,844	53	54,177	54,124	53
Private & Vol	899	1,278	(379)	12,292	12,671	(379)
Joint & Other	3,260	1,177	2,083	13,362	11,385	1,977
DEL	2,413	2,559	(146)	28,954	28,954	0
AME	49	10	39	36,408	36,408	0
Res & Cont	0	0	0	0	(0)	0
P&L on Dispoal	120	0	120	50	(70)	120
Cost - Total	118,562	115,356	3,205	1,395,512	1,389,028	6,484

The actual expenditure for M10 was £3.2m (2.8%) more than the £115.4m forecast. The most significant In month movements between the M10 forecast and M10 actuals are as follows:

- **Primary Care Contractors - £1,040k adverse** – The increase in M10 costs includes the inflation uplift and revised global sum payments, this is matched by an allocation.
- **Pay – £1,400k Adverse –** The increase in pay costs for M10 is mainly attributed to the 1% additional payment £2.1m which was not recognised at M9.
- **Joint & Other - £2,083k Adverse –** The increase in M10 relates to correction of coding for Local Authority Charges within Track & Trace.

The year end forecast expenditure at M10 has increased by £6.5m to £1,395m offset by a corresponding increase in the income forecast. The most significant changes between the M10 and M9 year end forecasts are as follows:

- **Primary Care Contractors – £783k adverse** – recognition of new allocations for primary care dental and communit pharmacy.
- **Pay - £1,609k adverse** – recognition of living wage & 1% additional payaward to be matched with an allocation of £2.3m (See in month movement above).
- **Other Healthcare - £2,457k favourable –** Recognition of new allocations for WHSSC & EASC offset by further WHSSC under performance and lower than anticiapted NICE charges from other HBs.
- **Joint & Other - £1,977k adverse –** Correction of coding for Local Authority Track & Trace.

The forecast has been profiled using latest plans and information. The following items are currently profiled in M12 and expanded in Section E of Table B:

- Recently confirmed new allocations for:
  - RPB Winter plans - £1.5m
  - WHSSC/EASC - £3.6m
  - Primary Care allocation - £1.0m

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

The M10 Pay expenditure was £54.4m and the monthly trend is summarised below.

	M10	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
A&C	7.5	6.9	6.7	6.7	7.9	6.6	6.4	6.7	6.6	6.4
Medical	13.5	12.8	12.9	12.7	13.7	12.7	11.8	11.7	11.9	12.1
Nursing	17.5	16.9	17.9	16.1	17.7	16.1	15.2	15.1	15.8	15.6
ACS	7.1	6.7	6.7	6.8	7.1	6.2	6.0	5.9	6.9	6.4
Other	8.9	9.0	8.9	8.6	9.6	8.9	8.6	8.5	8.7	8.8
Total	**54.4**	**52.3**	**53.1**	**50.9**	**56.0**	**50.5**	**48.0**	**47.9**	**49.9**	**49.3**

The Key issues to highlight are as follows:

- The M1 position was broadly consistant with the previous 3 months, after taking account of the following comments .
  - The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
  - Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
  - The increase in Nursing & ACS costs in M10 was due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).

- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused in increase of £0.5m on M1.

- The M3 position was £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This was due to reductions in the payments for overtime in M3.

- The M4 position was consistent with M3 with no significant movements.

- The M5 position increased by £2.5m over M4. The main reason for this increase was a new charge of £1.9m for the additional costs for annual leave on overtime to 31 March 21, which has been calculated on an All Wales basis. The M5 position also included a corresponding assumed allocation for this amount.

- The M6 position increased by £5.5m compared to M5, after allowing for the £1.9m additional one off costs for annual leave on over time, the net increase was £7.4m. This is primarily attributed to the national pay award of 3% being applied including arrears back to April 21.

- The total expenditure in M7 of £50.9m represents a £1.5m over the M4 spend of £48.0m after uplifting for 3% inflation. The main increases are ACS £600k (9.7%), M&D £500k(4.1%) and Nursing £400k(2.5%). The main most significant increase was seen in ACS and this is attributed to the impact of increased overtime rates in M7.

- The M8 spend of £53.1m was a £2.2m increase over M7 and £1.8m of this increase was seen in Nursing. The most significant impacts in M8 were:

    - Writeback of NHS Bonus £(1.0)m
    - Recognition of holiday pay on overtime £1.2m
    - Increase in overtime following new overtime arrangements £1.1m
    - Increased Nurse Agency costs to support capacity in Bridgend locality £0.8m

- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. Total payments to M6 was £12.4m (M5: £12.4m) for NHS employed staff. The £1m benefit has been returned to WG and the £1m write back was released in M8.

- The M9 position decreased by £0.8m compared to M8. The main reason for this decrease was a reduction in registered nursing agency costs as a result of difficulties in filling shifts.

- The M10 position includes the additional 1% non consolidated lumpsum payaward of £2.1m, after allowing for this one off payment the M10 position was consistent with M9 pay costs.

The M10 agency expenditure was £5.0m and the monthly trend (excluding accountancy gains) is summarised below.

	M10	**M9**	**M8**	**M7**	**M6**	**M5**	**M4**	**M3**	**M2**	**M1**	**Q4 Ave**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£m**
Medical	1.2	1.0	1.3	1.3	1.2	1.2	1.2	1.0	1.0	1.3	1.3
Nursing	2.6	1.6	2.2	1.4	1.6	1.5	1.7	1.5	1.5	1.4	2.0
Other	1.2	1.0	0.9	0.9	0.8	0.8	0.9	0.8	0.7	0.8	0.9
Total	**5.0**	**3.6**	**4.4**	**3.6**	**3.6**	**3.5**	**3.8**	**3.3**	**3.2**	**3.5**	**4.2**

Nurse agency costs significantly increased in M10 due to increased staffing of Ysbyty Seren to manage additional bed capacity plus higher rates due to greater use of higher cost providers as availability of agency staff remains difficult. Medical staff costs returned to previous levels

following a reduction in M9. The most significant movement within 'Other' related to additional clinical services which was mainly to support Ysbyty Seren.

1.5 Covid analysis (Table B3)

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

	Note	M10 Actual	M10 YTD	M10 Year end forecast	M9 Year end forecast	Movement between M10 and M9 forecasts
Programme costs		**£m**	**£m**	**£m**	**£m**	**£m**
TTP	1	1.9	9.7	11.9	11.2	0.7
Mass Vaccination	2	1.2	10.3	13.0	12.6	0.4
Extended Flu		0.2	0.8	0.8	0.8	0
Cleaning standards		0.1	0.9	1.2	1.2	0
CHC/FNC support		0.1	0.8	0.8	0.8	0
PPE		0.1	2.6	2.9	3.2	(0.3)
Long COVID		0.1	0.5	0.7	0.7	0
Sub total		**3.7**	**25.6**	**31.3**	**30.5**	**0.8**
Assumed funding – programme element		(3.7)	(25.6)	(29.8)	(29.8)	0
Total Programme costs		**0**	**0**	**1.5**	**0.7**	**0.8**
Other Covid costs:						
Field hospital	3	0.2	2.5	2.9	2.9	0
Dental income loss	3	0.3	2.6	3.0	2.8	0.2
Operational expenditure cost reduction	3	(0)	(1.8)	(1.8)	(1.8)	0
Other covid costs	3	2.3	27.4	25.1	25.7	0.6
Increased covid response to reflect revised assessment of bed demand		1.5	1.5	4.5	4.5	0
Planned Care Recovery Tranche 1	4	0.9	10.8	15.6	15.8	(0.2)
Planned Care Recovery Tranche 2 (inc NRS, PACU & Community Health)		1.9	1.9	5.8	5.8	0
Sub total		**4.2**	**40.1**	**55.1**	**55.7**	**(0.6)**
Confirmed funding- formula element				(26.1)	(26.1)	0
Confirmed funding- PCR element				(16.8)	(16.8)	0
Planned Care Recovery Tranche 2 (inc NRS, PACU & Community Health)				(5.8)	(5.8)	0
Confirmed additional funding for bed modelling etc				(4.0)	(4.0)	0
Confirmed additional COVID funding.				(21.7)	(21.7)	0

Urgent Emergency Care (SDEC & 111)				(2.6)	(2.6)	0
Pay award impact on non programme costs				(0.2)	(0.2)	0
NHS Bonus Reduction				1.0	1.0	0
RPB Winter funding, Social Model Primary Care, MCA & Prison				(2.1)	(1.9)	(0.2)
Total Other Covid costs				**(21.7)**	**(21.7)**	**0**

The key points to note are as follows:

1. **TTP**

The TTP forecast has increased by £0.7m in M10. No additional funding is required.

2. **Mass vaccination**

The Mass vaccination forecast has increased by £0.4m in M10. No additional funding is required.

3. **Other Covid costs**

	M10 Year end forecast	**M9 Year end forecast**	**Movement between M10 and M9 forecasts**
	£m	**£m**	**£m**
Covid response ILGs	17.2	17.9	(0.7)
Covid response outside ILGs	4.5	4.5	0
Urgent emergency care (inc SDEC & 111)	2.6	2.6	0
Reduction in NHS Bonus	(1.0)	(1.0)	0
RPB Winter Funding	1.5	1.5	0
Social model for Primary Care	0.3	0.3	0
MCA	0.1	0.1	0
Prison Services	0.1	0	0.1
Sub total	**25.1**	**25.7**	**0**
Field hospital	2.9	2.9	0
Dental income loss	3.0	2.8	0.2
Operational spend reductions	(1.8)	(1.8)	0
Total	**29.2**	**29.7**	**(0.5)**

Further details on the £17.9m and £4.5m was included within the M5 Monitoring Return submission.

4. **Planned care recovery- Tranche 1**

The draft profile for the Planned care recovery plan is as follows.

	Original Plan	Actual/Forecast at M10	Actual/Forecast at M9
	£m	£m	£m
Q1	2.4	1.9	1.9
Q2	6.2	3.4	3.4
Q3	5.3	4.3	4.3
Q4	2.9	6.0	6.0
Total	**16.8**	**15.6**	**15.8**

The forecast has reduced in M10 due to the continued impact of Omicron on planned care capacity:

1.6 Month 10 - Forecast recurrent position (Table A)

As at M3 we were reporting a forecast recurrent deficit of £31.4m at the end of 21/22. This was consistent with the updated financial plan submitted to WG on 30 June.

The forecast underlying deficit at M10 is £44.5m, which is an improvement from the M9 MR submission of £51.3m. The £44.5m underlying deficit comprises:

- Actual underlying deficit b'fwd at 1 April 2020 £17.9m
- Recurrent CRES shortfalls in 20/21 £16.2m
- Other Recurrent benefits in 20/21 £(0.2m)
- Forecast recurrent CRES shortfalls in 21/22 of £10.7m

The deterioration in the forecast underlying deficit is a key financial priority for the Health Board. Additional capacity has been taken on to help develop sustainable savings plans and monthly meetings are taking place with all ILGs/directorates on their forecast positions.

2. Risk Management (Table A2)

The key financial risks and opportunities for 21/22 are noted in Table A2 and are summarised below:

	M10	**M9**	**Financial Plan- 30 June**	**Comment**
Key risks:	**£m**	**£m**	**£m**	
Continued uncertainty surrounding the impact of enery price increases for the rest of 21/22.	tbc	tbc	0	Forecast additional costs of £3.1m have been included in the year forecast but this could

				move up or down due to the ongoing market volatility.
Shortfall in assumed funding of £1.1m for Think 111 First	1.1	1.1	3.0	Funding not yet confirmed, but correspondence from WG indicates this is a low risk.
Total	**1.1**	**1.1**	**8.0**	

	M10	M9	Financial Plan- 30 June	Comment
Key opportunities:	**£m**	**£m**	**£m**	
Continued uncertainty surrounding the impact of enery price increases for the rest of 21/22.	tbc	tbc	0	Forecast additional costs of £3.1m have been included in the year forecast but this could move up or down due to the ongoing market volatility.
Total	**0**	**0**	**(2.2)**	

3. Ring Fenced Allocations (Tables N&O)

The Health Board can confirm that there are no concerns at M10 on any ring-fenced budgets.

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

The financial plan for 2020/21 includes a £14.5m In Year savings target and a £16.1m recurring savings target.

	Month 10			Month 9		
	M10 YTD	**21/22**	**Rec**	**M9 YTD**	**21/22**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Planned savings		12.9			12.9	
Planned income generation		0.7			0.7	
Plans to be finalised		0.9			0.9	
Savings target as at M10	**11.2**	**14.5**	**16.1**	**9.5**	**14.5**	**16.1**
Actual and Forecast Savings	(10.5)	(12.7)	(5.4)	(9.4)	(12.7)	(5.4)
Total	**0.7**	**1.8**	**10.7**	**0.1**	**1.8**	**10.7**

The forecast shortfall in savings of £1.8m is being offset by COVID expenditure reductions of £1.23m (as per WG guidance) plus other operating variances/slippage on planned developments of £0.6m.

It is important to note that M10 internal reporting within the Health Board is reporting a M10 YTD savings shortfall of £0.8m compared to the £0.7m shortfall reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the Q1 target = £1.5m (Actual savings in Q1)and the balance of £13m has been phased requally over M4-M9.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	14.5	14.5
Year to date Plan	11.2	11.3
Year to date actual	(10.5)	(10.5)
Year to date Variance	**0.7**	**0.8**

The financial plan for 2020/21 also includes planned accountancy gains of £6.2m. These gains were released into the position during M6.

5. Income Assumptions 2021/22 (Tables D & E)

Table D has been completed and agreed with other organisations.

Table E shows the anticipated allocations assumed within our M10 position.

6. Health Care agreements

All contracts with other Welsh NHS bodies have been agreed and signed off.

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

7.1 Significant month on month balance sheet movements

The main balance sheet movements between M9 and M10 are as follows:

- The value of provisions has reduced by £16m largely as a result of the change in the quantum for one Clinical Negligence case, with the corresponding reduction in WRP debtors.
- The value of payables has increased by £14m of which £3m relates to Capital creditors and £9.8m relates to the timing of the payment of the Pharmacy contractor feed at the end of January.
- Net Capital increase of £6.5m.

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

In relation to aged receivables, there were two NHS invoices greater than 17 weeks old and three greater than 11 weeks old at the 31st January 2022. Payment has since been received for one invoice. The remaining invoices were agreed as part of the M9 Agreement of Balances exercise and payment dates have been requested.

8. Cash Flow Forecast (Table G)

The cash flow forecast is currently showing a forecast surplus of £0.7m in M12.

This is after the proposed return of £10m revenue cash reported in the M9 Monitoring Return and a further return of £4m capital cash that has been agreed with Gary Young during M10.

An additional £4m cash was drawn down at the end of January to cover payments not included in the earlier cash draw down, including the

payment of the pay award for bands 1-5 and an additional payment relating to losses and special payments for Clinical negligence damages of £2.3m.

9. Public Sector Payment Compliance (Table H)

An update is not required for this return.

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

The M10 CRL value is now £77.9m in line with the CRL issued on the 20th January 2022. This represents a increase of £4.2m from the previous CRL due to additional funding for DPIF £1.1m, DR rooms £1.6m, RGH MRI upgrade £0.7m, Endoscopy scopes £0.3m. As at M10, £48.4m has been charged against the CRL.

The risk ratings of all schemes have been reviewed and there are 10 schemes which are considered to be Medium or High risk as per the table below. The scheme risks described below cover the risk of slippage or cost overrun on these schemes with delays caused by Brexit and shortages in soft metal and steel supplies and in complying with revised Government guidelines having an impact in a number of areas.

Scheme	Risk Rating	Potential Risk Value	Description
Bridgend Health and Wellbeing Centre (Sunnyside)	High	£0.3m slippage	The contractor announced they were going into administration on 8th July. A revised funding position for 21/22 was agreed at the Capital Review Meeting on 15th July and the CRL adjusted by £5m. The CRL was reduced down again to £0.6m in November. The scheme went back out to tender in November with a planned tender submission date of 14/1/22. Several contractors have requested an extension to the tender period which is likely to further delay approvals and spend in 21/22.
PCH G&FF Floor Phase 1B	Medium	Breakeven position	Previously reported overspends were driven by inflation of £1.2m and forecast £0.8m to the end of the scheme which was not included in initial approval letter. However this has now been offset by gain share to leave an expected underspend outturn position. Based on the assumption that we can keep gain share and VAT reclaim on this scheme £1m of this year's CRL was returned last month and a further £0.725 was returned in November.
PCH G&FF Floor Phase 2	High	Breakeven position	The CRL for this year was reduced by £5m at the July CRM, again by another 2.5m at Sept CRM and another 2.85m at CRL setting at the end of October (total CRL reduction in year £10.35m). Contractor delays on commencing pathology works continues to

			cause some slippage. Currently under review with a view to mitigate the position and bring expenditure forward, should any further slippage occur.
Anti Ligature	Medium	£0.25m slippage	Slippage remains under review due to issues around supply chain for doors and windows.
Electrical Infrastructure Modernisation	High	£0.2m overspend (22/23)	Soft metal supplies caused cost increase from business case position. Current cost risk covered by discretionary spend. £0.2m will need to be funded in 22/23.
National Programme Fire	Medium	£150k slippage	Slight programme risk in delivery of the programme. Contractor in place and looking to mitigate any risk and keep programme in line with planned completion of 31st March
National Programme Infrastructure	Medium	£200k slippage	Ongoing review – some issues with delivery of windows and access to in patient areas due to COVID.
National Programme Decarbonisation	Medium	£100k slippage	Suppliers are all promising delivery this year at this point.
National Programme Mental Health	Medium	£100k slippage	Delays in securing decant accommodation have impacted on the programme.
Covid-19 Recovery Plans 2021-22	Medium		Various schemes included in this funding have challenging timescales to complete by year end.

There are currently a number of risks around projects which are under detailed review and were discussed with the WG capital estates team at the November CRM.

The Health Board is reporting a forecast break – even position.
There have been no material disposals so far during 2020-21.

11. Other Issues

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

The M10 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 February 2022.

14. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 11 February 2021

Action Points arising from Month 9 Response

Action Point	WG Comment	CTM Response
7.3	**Movement of Opening Financial Plan to Forecast Outturn (Table A)** As requested within Action Point 7.3, you have actioned the removal of the 'non Covid related' FYE pressures from the Covid-19 line of Table A and reported them instead on each lines (32 -36). The adjustment you have made, effectively reduces non recurrent costs and increases recurrent costs, which suggests they were included in your plan (new pressures) but the classification was incorrect (the total value of your original planned non recurring pressures was lower than the total adjustment you have made). Please confirm is this is a correct assumption. If these were not in your original plan, please provide a further explanation (i.e. what is the in year impact and how were these costs mitigated). The FYE of costs should not be included in your c/f underlying position, if an element was not incurred on a recurring basis within 21/22. The narrative used on lines 32-36 is also very broad, we had asked that you provide more specific detail, which should be provided in the Narrative report. I look forward to seeing a full response in the M10 submission.	Following the preparation of the IMTP, the recurrent deficit has been reviewed and the updated position shared with FDU. Table A has been updated to reflect this change.
9.1	The FYE of forecast savings delivery has reduced by £0.771m since Month 8, resulting in the c/f underlying deficit position increasing to £51.429m. I trust that you are urgently reviewing this position in preparation for your 22/23 IMTP, as we will expect actions to address this position, to be a key objective within your plan.	Noted and agreed.
9.2	**Pay Expenditure Analysis (Table B2)** Please provide a supporting explanation for forecast annual expenditure in 'Administrative, Clerical & Board Members' increasing by c. £1.100m and the 'Nursing & Midwifery Registered' expenditure reducing by c. £3.000m.	A&C – Anticiapted run rate of circa £6.7m forecast for Dec – Mar in M8, actual in M9 was £6.9 forecast revised to reflect more recent informtion. M10 actual was £7.5m which included £0.5m for the 1% payaward which is consistent witht the revised forecast Nursing – Anticiapted run rate of circa £17.8m for Dec – Mar in M8, actual in M9 was £16.9m forecast revised to

		reflect difficulties in securing staff. M10 actual was £17.5m which included £0.7m for the 1% which is consistent with the revised forecast and continues to demonstrate current diffulties in securing staff.
8.6	**Savings (Table C, C1, C2 & C3)** I note your response to Action Point 8.6 that you do not believe that 'Month 1' schemes should be changed from Amber to Green when the planned delivery is not until the final quarter. Schemes finalised at Month 1 have a three month timeframe to move to the Green status – this is considered sufficient time. To assess a scheme as Amber or Green it has to have a 100% deliverable value. The RAG criteria was established by the FDU, endorsed by the WG, and was introduced to increase assurance of forecast positions.	Following discussion with FDU at the efficiency group, the CRES table has been updated to reflect WG principles. There remains 1 error on scheme W&C008, the original plan was for recurrent savings whereas the external funding opportuinity to make the savings recurrent has been withdrawn and is now only going to be a non recurrent benefit.
9.3	**PSPP (Table H)** Please provide details of the latest actions being taken to improve the payment performance of NHS (YTD 78.8%) as I note there was ar deterioration during Quarter 3.	The Agreement of Balances process at M9 should increase the percentage for the final quarter. However, there are still a number of issues which cause delays in paying NHS invoices. These have been discussed in the All Wales NHS Invoices TAG sub group, and these issues are reflected in a number of Health Boards. We have agreed a number of actions in the NHS invoices sub group including but not limited to, reviewing small value invoices; reviewing whether regular recharges

		can be put on SLA or call-off orders; and updated FAOs on invoices.
8.9	**Monthly Positions (Table B)** I note that the DEL charges (Section C) have been updated this month and the overall total now agrees to the November non cash submission. The individual DEL categories in Section C however, do not agree with the charge split reported in the November non cash submission. The funding adjustments in Table E do agree with the November non cash submission categorisation. Please again review the DEL non cash charges reported in Section C.	The split of the DEL has now been amended and is in line with the November non cash return. The accelerated depreciation and surplus figures have been updated in section C of tab B.
9.4	**Covid-19 Analysis (Table B3)** All organisations are reminded that the income line of the supplementary 'Other' Template (i.e. Welsh Recovery, English Recovery & Long Covid) should reflect the corresponding WG funding (issued – net of any returned funding, plus anticipated adjustments). This ensures that the individual templates highlight any variances between spend and funding.	The Long COVID tab of the template is showing funding of £768k which is consistent with long COVID allocation of £768k. Recovery funding tab of the templates at M10 includes: Tranche 1 - £16,833k Tranche 2 - £7,771k Return T2 – (£2,700) PACU - £528k Community Health Check- £154k MCA/DOLS - £68k Traumatic Stress - £96k Total of £22.75m
9.5	Please ensure that the 'Support for Community Health Checks' expenditure and corresponding funding (£0.146m), is reported within the 'Wales Recovery' tab of the supplementary 'Other' Covid-19 Template.	See comment above, the community health checks allocation was £154k.
9.6	**Cash Flow (Table G)**	Actioned

	The narrative confirms that your Health Board will not require £10m of the latest cash drawing limit and this has been reflected as an 'Other' payment within the cash flow. Please remove this entry from the Cash Flow. The value on Line 1 of the cash flow should reflect your intended forecast draw down value. This will create a warning (only) validation i.e. the drawdown value in the Cash Flow is less than the Drawing Limit available as per Table E. Your narrative explains the reason for this. There is no further action required.	

Cwm Taf Morgannwg ULHB **Period : Jan 22**

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)	-33,900	0	-33,900	-33,900
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-42,956	-6,122	-36,834	-36,834
3	Planned Expenditure For Covid-19 (Negative Value)	-80,301	-80,301		
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	39,889	18,628	21,261	21,261
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	100,801	100,801		
6	Planned Provider Income (Positive Value)	1,958	0	1,958	1,958
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	12,939	6,706	6,233	7,510
9	Planned (Finalised) Net Income Generation	725	0	725	725
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	845	0	845	7,880
14	**Opening IMTP / Annual Operating Plan**	**0**	**39,712**	**-39,712**	**-31,400**
15	Reversal of Planning Assumptions still to be finalised at Month 1	-845	0	-845	-7,880
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	Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19	Other Movement in Month 1 Planned & In Year Net Income Generation	-656	3	-659	-648
20	Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-2,956	-756	-2,200	-2,716
22	Additional In Year Identified Savings - Forecast	2,615	2,173	442	587
23	Variance to Planned RRL & Other Income	0	0		
24	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	7,260	7,260		
25	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26	Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-7,852	-7,852		
27	In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	1,819	1,819		
28	In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29	In Year Accountancy Gains (Positive Value)	6,150	6,150	0	0
30	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	615	615		
31	Accountancy Gain netted off N/R Cost Pressure in IMTP	-6,150	-6,150		
32		0	0		
33	Assessed Underlying Deficit - Primary Care Prescribing	-2,442	0	-2,442	-2,442
34	Assessed Underlying Deficit - Slippage on WHSSC ICP	2,442	2,442		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**45,416**	**-45,416**	**-44,500**

	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	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-28,250	-33,900
2	-3,109	-3,109	-3,109	-3,109	-3,192	-3,526	2,074	-4,076	-4,076	-4,076	-4,076	-9,576	-29,305	-42,956
3	-5,494	-6,010	-7,897	-6,737	-6,649	-6,519	-7,550	-8,062	-6,825	-6,599	-6,204	-5,756	-68,341	-80,301
4	3,726	4,063	2,103	2,827	3,169	3,395	-2,573	3,597	3,588	3,506	3,512	8,975	27,402	39,889
5	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	85,424	100,801
6			490	163	163	163	163	163	163	163	163	########	1,632	1,958
7	509	-100	389	46			-141	-141	-142	-141	-141	-138	279	0
8	0	1	1,496	1,176	989	1,077	1,333	1,313	1,322	1,403	1,397	1,432	10,110	12,939
9	0	0	0	0	0	7	120	120	120	120	120	120	486	725
10													0	0
11													0	0
12													0	0
13							141	141	141	141	141	141	563	845
14	**9**	**-261**	**252**	**-13**	**13**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
15	0	0	0	0	0	0	-141	-141	-141	-141	-141	-141	-563	-845
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	8	13	-117	-112	-112	-112	-112	-112	-432	-656
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	-1	-1	-537	365	-223	-520	-171	-496	-485	-424	-463	-2,068	-2,956
22	0	0	0	0	1,591	76	92	294	146	148	125	144	2,346	2,615
23					-1,591	227	227	227	227	227	227	227	-455	0
24	0	0	0	230	-536	2,001	-1,160	504	436	765	241	4,781	2,238	7,260
25													0	0
26	0	0	0	-231	535	-2,546	1,116	-504	-436	-765	-242	-4,781	-2,830	-7,852
27	0	0	0	930	150	695	44	0	0	0	0	0	1,819	1,819
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150
30			23	-300	-534	56	527	-448	456	481	326	28	261	615
31						-6,150							-6,150	-6,150
32													0	0
33												-2,442	0	-2,442
34												2,442	0	2,442
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**9**	**-262**	**274**	**80**	**2**	**300**	**68**	**-351**	**80**	**118**	**0**	**-317**	**318**	**0**

Cwm Taf Morgannwg ULHB

Period : **Jan 22**

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities

		FORECAST YEAR END	
		£'000	**Likelihood**
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	**Total Opportunities to achieve IMTP/AOP**	**0**	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		Medium
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14	Shortfall in Assumed Funding for existing costs (Think 111 First)	(1,066)	Low
15			
16	Energy Price Increases / supply chain issues	tbc	High
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	**Total Risks**	**(1,066)**	
	Further Opportunities (positive values)		
27			
28			
29			
30	Energy Price Increases / supply chain issues	tbc	High
31	Uncertainy of Omicrom upon Planned Care recovery & Unscheduled care capacity	tbc	High
32			
33			
34	**Total Further Opportunities**	**0**	
35	**Current Reported Forecast Outturn**	**0**	
36	**IMTP / AOP Outturn Scenario**	**0**	
37	**Worst Case Outturn Scenario**	**(1,066)**	
38	**Best Case Outturn Scenario**	**0**	

Cwm Taf Morgannwg ULHB

Period : Jan 22

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Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A1	*Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	**Testing (Additional costs due to C19) enter as positive values - actual/forecast**														
2	**Provider Pay (Establishment, Temp & Agency)**														
3	Administrative, Clerical & Board Members	80	115	31	78	47	59	49	49	49	116	49	49	**673**	**771**
4	Medical & Dental													**0**	**0**
5	Nursing & Midwifery Registered	43	20	33	44	35	41	48	48	48	48	48	48	**409**	**505**
6	Prof Scientific & Technical													**0**	**0**
7	Additional Clinical Services	48	97	144	98	103	88	73	73	73	124	73	73	**921**	**1,067**
8	Allied Health Professionals													**0**	**0**
9	Healthcare Scientists	25	101	(37)	36	27	36	35	35	35	35	28	28	**328**	**384**
10	Estates & Ancillary													**0**	**0**
11	Students													**0**	**0**
12	**Sub total Testing Provider Pay**	**196**	**333**	**171**	**256**	**212**	**224**	**205**	**205**	**205**	**323**	**198**	**198**	**2,331**	**2,727**
13	Primary Care Contractor (excluding drugs)													**0**	**0**
14	Primary Care - Drugs													**0**	**0**
15	Secondary Care - Drugs													**0**	**0**
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	23	154	69	171	56	71	69	69	69	307	103	103	**1,058**	**1,264**
17	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
18	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
19	Continuing Care and Funded Nursing Care													**0**	**0**
20	Other Private & Voluntary Sector													**0**	**0**
21	Joint Financing and Other (includes Local Authority)	47	52	118	38	16	4	4	4	4	251	82	51	**538**	**671**
22	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
23														**0**	**0**
24														**0**	**0**
25														**0**	**0**
26	**Sub total Testing Non Pay**	**70**	**206**	**187**	**209**	**72**	**75**	**73**	**73**	**73**	**558**	**185**	**154**	**1,596**	**1,935**
27	**TOTAL TESTING EXPENDITURE**	**266**	**539**	**358**	**465**	**284**	**299**	**278**	**278**	**278**	**881**	**383**	**352**	**3,927**	**4,662**
28	**PLANNED TESTING EXPENDITURE (In Opening Plan)**	266	539	358	510	410	409	410	402	402	402	403	402	**4,108**	**4,912**
29	**MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE**	**0**	**0**	**0**	**45**	**126**	**110**	**132**	**124**	**124**	**(479)**	**19**	**49**	**181**	**249**
A2	***Tracing (Additional costs due to C19) enter as positive values - actual/forecast***														
30	**Provider Pay (Establishment, Temp & Agency)**														
31	Administrative, Clerical & Board Members	15	18	40	28	35	29	26	26	26	26	26	26	**269**	**321**
32	Medical & Dental	12	16	21	(6)	10	7	7	7	7	7	7	7	**88**	**102**
33	Nursing & Midwifery Registered													**0**	**0**
34	Prof Scientific & Technical			0	27	28	11	11	11	7	7	7	7	**102**	**116**
35	Additional Clinical Services			3	(3)									**0**	**0**
36	Allied Health Professionals													**0**	**0**
37	Healthcare Scientists													**0**	**0**
38	Estates & Ancillary													**0**	**0**
39	Students													**0**	**0**
40	**Sub total Tracing Provider Pay**	**27**	**34**	**64**	**46**	**73**	**47**	**44**	**44**	**40**	**40**	**40**	**40**	**459**	**539**
41	Primary Care Contractor (excluding drugs)													**0**	**0**
42	Primary Care - Drugs													**0**	**0**
43	Secondary Care - Drugs													**0**	**0**
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**													**0**	**0**
45	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
46	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
47	Continuing Care and Funded Nursing Care													**0**	**0**
48	Other Private & Voluntary Sector				30	8	8	8	8	8	8	8	8	**75**	**90**
49	Joint Financing and Other (includes Local Authority)	480	446	338	363	494	471	481	621	621	964	665	658	**5,279**	**6,602**
50	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
51														**0**	**0**
52														**0**	**0**
53														**0**	**0**
54	**Sub total Tracing Non Pay**	**480**	**446**	**338**	**393**	**502**	**479**	**489**	**629**	**629**	**971**	**672**	**665**	**5,354**	**6,692**
55	**TOTAL TRACING EXPENDITURE**	**507**	**480**	**402**	**439**	**575**	**526**	**533**	**673**	**669**	**1,011**	**712**	**705**	**5,813**	**7,231**
56	**PLANNED TRACING EXPENDITURE (In Opening Plan)**	507	480	402	541	526	526	526	741	736	736	736	536	**5,719**	**6,990**
57	**MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE**	**0**	**0**	**0**	**102**	**(49)**	**0**	**(7)**	**68**	**67**	**(276)**	**24**	**(170)**	**(94)**	**(240)**

A3	*Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast*														
58	**Provider Pay (Establishment, Temp & Agency)**														
59	Administrative, Clerical & Board Members	52	65	89	67	118	113	104	111	104	145	95	95	**968**	**1,158**
60	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
61	Nursing & Midwifery Registered	39	47	42	54	23	26	51	70	66	66	28	28	**484**	**540**
62	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
63	Additional Clinical Services	186	279	284	251	311	337	396	390	472	445	375	375	**3,351**	**4,101**
64	Allied Health Professionals	6	4	25	23	(1)	39	15	16	16	15	16	16	**158**	**190**
65	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
66	Estates & Ancillary	16	21	20	29	(15)	19	17	15	16	20	22	22	**158**	**202**
67	Students													**0**	**0**
68	**Sub total Mass COVID-19 Vaccination Provider Pay**	**299**	**416**	**460**	**424**	**436**	**534**	**583**	**602**	**674**	**691**	**536**	**536**	**5,119**	**6,191**
69	Primary Care Contractor (excluding drugs)	586	562	318	(18)	1								**1,449**	**1,449**
70	Primary Care - Drugs													**0**	**0**
71	Secondary Care - Drugs													**0**	**0**
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	87	162	476	227	277	411	97	234	336	297	236	236	**2,604**	**3,076**
73	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
74	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
75	Continuing Care and Funded Nursing Care													**0**	**0**
76	Other Private & Voluntary Sector													**0**	**0**
77	Joint Financing and Other (includes Local Authority)	79	134	99	109	88	254	(45)	95	80	200	575	575	**1,093**	**2,243**
78	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
79	New Expansion to be split													**0**	**0**
80														**0**	**0**
81														**0**	**0**
82	**Sub total Mass COVID-19 Vaccination Non Pay**	**752**	**858**	**893**	**318**	**366**	**665**	**52**	**329**	**416**	**497**	**811**	**811**	**5,146**	**6,768**
83	**TOTAL MASS COVID-19 VACC EXPENDITURE**	**1,051**	**1,274**	**1,353**	**742**	**802**	**1,199**	**635**	**931**	**1,090**	**1,188**	**1,347**	**1,347**	**10,265**	**12,959**

84	**PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)**	1,051	1,274	1,353	776	776	766	766	766	766	766	766	767	**9,060**	**10,593**
85	**MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE**	**0**	**0**	**0**	**34**	**(26)**	**(433)**	**131**	**(165)**	**(324)**	**(422)**	**(581)**	**(580)**	**(1,205)**	**(2,366)**

A4	*Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast*														
86	**Provider Pay (Establishment, Temp & Agency)**														
87	Administrative, Clerical & Board Members													**0**	**0**
88	Medical & Dental													**0**	**0**
89	Nursing & Midwifery Registered								96	97	97			**290**	**290**
90	Prof Scientific & Technical													**0**	**0**
91	Additional Clinical Services													**0**	**0**
92	Allied Health Professionals													**0**	**0**
93	Healthcare Scientists													**0**	**0**
94	Estates & Ancillary													**0**	**0**
95	Students													**0**	**0**
96	**Sub total Extended Flu Vaccination Provider Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**96**	**97**	**97**	**0**	**0**	**290**	**290**
97	Primary Care Contractor (excluding drugs)							25	50	35				**110**	**110**
98	Primary Care - Drugs							25	50	35				**110**	**110**
99	Secondary Care - Drugs													**0**	**0**
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**								98	98	98			**294**	**294**
101	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
102	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
103	Continuing Care and Funded Nursing Care													**0**	**0**
104	Other Private & Voluntary Sector													**0**	**0**
105	Joint Financing and Other (includes Local Authority)													**0**	**0**
106	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
107														**0**	**0**
108														**0**	**0**
109														**0**	**0**
110	**Sub total Extended Flu Vaccination Non Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**198**	**168**	**98**	**0**	**0**	**514**	**514**
111	**TOTAL EXTENDED FLU VACC EXPENDITURE**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**294**	**265**	**195**	**0**	**0**	**804**	**804**

112	**PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)**	0	0	0	0	0	0	50	100	150	150	20	0	**450**	**470**
113	**MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(194)**	**(115)**	**(45)**	**20**	**0**	**(354)**	**(334)**

A5	**Field Hospital / Surge (Additional costs due to C19)** ***enter as positive value - actual/forecast***														
114	**Provider Pay (Establishment, Temp & Agency)**														
115	Administrative, Clerical & Board Members	15	15	4	7	4	34	6	6	6	6	6	6	**103**	**115**
116	Medical & Dental	169	59	(2)	34	22	34	34	34	34	34	34	34	**452**	**520**
117	Nursing & Midwifery Registered	128	81	76	(10)	17	0	0	0	0	0	0	0	**292**	**292**
118	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
119	Additional Clinical Services	64	7	18	(6)	29	5	0	0	0	0	0	0	**117**	**117**
120	Allied Health Professionals	32	21	22	25	(6)	9	25	25	25	25	25	25	**203**	**253**
121	Healthcare Scientists	3	2	3	2	1	2	2	2	2	2	2	2	**21**	**25**
122	Estates & Ancillary	90	49	34	83	6	44	32	32	32	32	32	32	**434**	**498**
123	Students	0	0											**0**	**0**
124	**Sub total Field Hospital / Surge Provider Pay**	**501**	**234**	**155**	**135**	**73**	**128**	**99**	**99**	**99**	**99**	**99**	**99**	**1,622**	**1,820**
125	Primary Care Contractor (excluding drugs)													**0**	**0**
126	Primary Care - Drugs													**0**	**0**
127	Secondary Care - Drugs													**0**	**0**
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	108	110	139	20	73	122	80	80	80	80	80	80	**892**	**1,052**
129	Provider - Non Pay (Decommissioning Costs)													**0**	**0**
130	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
131	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
132	Continuing Care and Funded Nursing Care													**0**	**0**
133	Other Private & Voluntary Sector													**0**	**0**
134	Joint Financing and Other (includes Local Authority)													**0**	**0**
135	Joint Financing and Other - (Compensation for Consequential Losses)													**0**	**0**
136	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
137														**0**	**0**
138														**0**	**0**
139														**0**	**0**
140	**Sub total Field Hospital / Surge Non Pay**	**108**	**110**	**139**	**20**	**73**	**122**	**80**	**80**	**80**	**80**	**80**	**80**	**892**	**1,052**
141	**TOTAL FIELD HOSPITAL / SURGE EXPENDITURE**	**609**	**344**	**294**	**155**	**146**	**250**	**179**	**179**	**179**	**179**	**179**	**179**	**2,514**	**2,872**
142	**PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)**	609	344	294	273	272	252	202	201	202	112	111	110	**2,760**	**2,981**
143	**MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE**	**0**	**0**	**0**	**118**	**126**	**2**	**23**	**22**	**23**	**(67)**	**(68)**	**(69)**	**246**	**109**
A6	**Cleaning Standards (Additional costs due to C19)** ***enter as positive value - actual/forecast***														
144	**Provider Pay (Establishment, Temp & Agency)**														
145	Administrative, Clerical & Board Members		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
146	Medical & Dental		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
147	Nursing & Midwifery Registered		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
148	Prof Scientific & Technical		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
149	Additional Clinical Services		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
150	Allied Health Professionals		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
151	Healthcare Scientists		0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
152	Estates & Ancillary	187	0	0	51	77	97	105	117	125	149	137	137	**908**	**1,182**
153	Students													**0**	**0**
154	**Sub total Cleaning Standards Provider Pay**	**187**	**0**	**0**	**51**	**77**	**97**	**105**	**117**	**125**	**149**	**137**	**137**	**908**	**1,182**
155	Primary Care Contractor (excluding drugs)													**0**	**0**
156	Primary Care - Drugs													**0**	**0**
157	Secondary Care - Drugs													**0**	**0**
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A7**	6	0	0	2	0	6	6	6	6	6	6	6	**39**	**52**
159	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
160	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
161	Continuing Care and Funded Nursing Care													**0**	**0**
162	Other Private & Voluntary Sector													**0**	**0**
163	Joint Financing and Other (includes Local Authority)													**0**	**0**
164	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**
165														**0**	**0**
166														**0**	**0**
167														**0**	**0**
168	**Sub total Cleaning Standards Non Pay**	**6**	**0**	**0**	**2**	**0**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**39**	**52**
169	**TOTAL CLEANING STANDARDS EXPENDITURE**	**193**	**0**	**0**	**53**	**77**	**103**	**111**	**123**	**131**	**155**	**143**	**143**	**947**	**1,234**
170	**PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)**	193	0	0	193	193	193	193	193	193	193	193	193	**1,547**	**1,933**
171	**MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE**	**0**	**0**	**0**	**140**	**116**	**90**	**82**	**70**	**62**	**38**	**50**	**50**	**599**	**700**

A7	Other (Additional costs due to C19) *enter as positive value - actual/forecast*														
172	**Provider Pay (Establishment, Temp & Agency)**														
173	Administrative, Clerical & Board Members	135	160	185	160	160	174	162	169	169	169	169	156	**1,642**	**1,968**
174	Medical & Dental	157	269	723	715	750	808	727	689	332	281	266	607	**5,452**	**6,325**
175	Nursing & Midwifery Registered	499	603	706	603	603	1,933	1,071	2,223	1,198	1,090	1,053	1,132	**10,528**	**12,713**
176	Prof Scientific & Technical	0	100	87	62	62	73	64	64	59	59	52	39	**634**	**726**
177	Additional Clinical Services	631	756	881	756	706	671	979	710	362	460	421	1,346	**6,915**	**8,682**
178	Allied Health Professionals	11	36	61	36	36	39	36	78	78	78	78	78	**486**	**641**
179	Healthcare Scientists	0	25	50	25	25	27	25	25	25	25	25	25	**252**	**302**
180	Estates & Ancillary	62	114	50	87	75	75	75	75	75	75	62	50	**764**	**876**
181	Students													**0**	**0**
182	Other (only use with WG Agreement & state SoCNE/I line ref)													**0**	**0**
183	NHS Bonus Recovery								(935)					**(935)**	**(935)**
184	PACU/Community Support (TBC)													**0**	**0**
185														**0**	**0**
186	**Sub total Other C-19 Provider Pay**	**1,495**	**2,064**	**2,744**	**2,445**	**2,417**	**3,801**	**3,139**	**3,098**	**2,299**	**2,238**	**2,126**	**3,433**	**25,739**	**31,298**
187	Primary Care Contractor (excluding drugs)	(135)	(135)	(287)	10	15	560	15	15	15	15	15	322	**88**	**425**
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income	335	300	276	251	229	249	220	200	241	253	245	245	**2,554**	**3,044**
189	Primary Care - Drugs	300	(300)	0	340	120	120	120	120	120	120	120	120	**1,060**	**1,300**
190	Secondary Care - Drugs													**0**	**0**
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see separate line**	40	500	853	197	117	189	148	725	690	564	535	758	**4,023**	**5,316**
192	Provider - Non Pay - PPE	150	261	291	329	339	422	305	177	194	146	142	145	**2,614**	**2,901**
193	Healthcare Services Provided by Other NHS Bodies													**0**	**0**
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS													**0**	**0**
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS													**0**	**0**
196	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**
197	Continuing Care and Funded Nursing Care	300	300	300	300	(367)	52	(375)	103	81	59	37	15	**753**	**805**
198	Other Private & Voluntary Sector			930	391	271	271	271	618	136				**2,888**	**2,888**
199	Other Private & Voluntary Sector - Private Hospital Providers				539	780	780	780	780	780	430	430	437	**4,869**	**5,736**
200	Joint Financing and Other (includes Local Authority)	383	383	383	233	233	233	233	233	33	33	33	833	**2,380**	**3,246**
201	Other (only use with WG Agreement & state SoCNE/I line ref)													**0**	**0**
202	Add Planned Care Recovery (TBC)													**0**	**0**
203	RPB Funding												1,505	**0**	**1,505**
204														**0**	**0**
205	WHSSC COVID Pressure				79	76	11	(208)	18	60	(103)	(2)	(3)	**(67)**	**(72)**
206	**Sub total Other C-19 Non Pay**	**1,373**	**1,309**	**2,746**	**2,669**	**1,813**	**2,887**	**1,509**	**2,989**	**2,350**	**1,517**	**1,555**	**4,377**	**21,162**	**27,094**
207	**TOTAL OTHER C-19 EXPENDITURE**	**2,868**	**3,373**	**5,489**	**5,113**	**4,230**	**6,688**	**4,648**	**6,088**	**4,649**	**3,755**	**3,681**	**7,810**	**46,901**	**58,392**
208	**PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)**	2,868	3,373	5,489	4,444	4,472	4,373	5,403	5,659	4,376	4,240	3,975	3,748	**44,698**	**52,422**
209	**MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE**	**0**	**0**	**0**	**(669)**	**242**	**(2,315)**	**755**	**(429)**	**(273)**	**486**	**294**	**(4,062)**	**(2,202)**	**(5,970)**
210	**TOTAL ADDITIONAL EXPENDITURE DUE TO COVID**	**5,494**	**6,010**	**7,897**	**6,967**	**6,114**	**9,064**	**6,434**	**8,566**	**7,261**	**7,364**	**6,446**	**10,537**	**71,171**	**88,154**
211	**PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)**	**5,494**	**6,010**	**7,897**	**6,737**	**6,649**	**6,519**	**7,550**	**8,062**	**6,825**	**6,599**	**6,204**	**5,756**	**68,341**	**80,301**
212	**MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE**	**0**	**0**	**0**	**(231)**	**535**	**(2,546)**	**1,116**	**(504)**	**(436)**	**(765)**	**(242)**	**(4,781)**	**(2,830)**	**(7,852)**

B - In Year Non Delivery of Savings / Net Income Generation Schemes Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
213	**Non Delivery of Savings (due to C19) - Actual/Forecast**														
214	Non Delivery of Finalised (M1) Savings													0	0
215	Non finalisation of Planning Assumptions (savings) at M1													0	0
216	Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0	0
217	**TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

C - In Year Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
218	***Expenditure Reductions (due to C19) - Actual/Forecast***														
219	Reduction of non pay costs due to reduced elective activity				(930)	(150)	(150)	0	0	0	0	0	0	(1,230)	(1,230)
220	Reduction of outsourcing costs due to reduced planned activity													0	0
221	WHSSC C-19 Slippage (as advised by WHSSC)				0	0	0							0	0
222	Other (please specify):													0	0
223	Dental Contract						(545)	(44)						(589)	(589)
224														0	0
225														0	0
226														0	0
227														0	0
228	**TOTAL EXPENDITURE REDUCTION**	0	0	0	(930)	(150)	(695)	(44)	0	0	0	0	0	(1,819)	(1,819)
		0	0	0	0	0	0	0	0	0	0	0	0		

D - In Year Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
229	***Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast***														
230														0	0
231														0	0
232														0	0
233														0	0
234														0	0
235														0	0
236														0	0
237														0	0
238														0	0
239	**TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

240	**ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19**	5,494	6,010	7,897	6,037	5,964	8,369	6,390	8,566	7,261	7,364	6,446	10,537	69,352	86,335

E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
241	**PLANNED WG FUNDING FOR COVID-19**	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	85,424	100,801
		0	0	0	0	0	0	1	1	1	1	1	1		
242	**MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19**	0	0	0	230	(536)	2,001	(1,160)	504	436	765	241	4,781	2,238	7,260
243	**TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19**	7,202	7,719	9,605	8,675	7,822	10,227	8,098	10,274	8,969	9,072	8,154	12,245	87,663	108,062

244	**ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19**	1,708	1,708	1,708	2,638	1,858	1,858	1,708	1,708	1,708	1,708	1,708	1,708	18,311	21,727

Cwm Taf Morgannwg ULHB

Period : Jan 22

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

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast	YTD as %age of FY / *YTD variance as %age of YTD*	Assessment Green £'000	Assessment Amber £'000	Full In-Year forecast non recurring £'000	Full In-Year forecast recurring £'000	Full-Year Effect of Recurring Savings £'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	250	83	83	83	83	86	86	86	86	86	842	1,015		1,015	0			
2		Actual/F'cast	0	0	250	83	83	83	83	166	0	83	83	83	833	999	83.32%	999	0	0	999	1,000
3		Variance	0	0	0	0	0	0	0	80	(86)	(3)	(3)	(3)	(10)	(16)	*(1.15%)*	(16)	0			
4	Commissioned Services	Budget/Plan	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
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	3	1	1	1	237	237	245	245	245	245	970	1,460		1,460	0			
8		Actual/F'cast	0	0	3	1	444	103	98	98	98	97	97	97	943	1,136	83.00%	1,136	0	11	1,125	1,125
9		Variance	0	0	0	0	444	102	(138)	(138)	(147)	(148)	(149)	(149)	(27)	(324)	*(2.76%)*	(324)	0			
10	Non Pay	Budget/Plan	0	1	586	384	297	321	360	362	362	415	415	426	3,090	3,931		3,873	58			
11		Actual/F'cast	0	0	585	97	1,706	212	210	478	348	353	381	353	3,989	4,723	84.46%	4,720	3	3,796	927	1,384
12		Variance	0	(1)	(1)	(287)	1,409	(110)	(150)	116	(15)	(62)	(34)	(74)	900	792	*29.12%*	847	(55)			
13	Pay	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	5,209	6,517		6,490	27			
14		Actual/F'cast	0	0	657	458	709	532	511	604	515	522	525	548	4,509	5,582	80.77%	5,582	0	4,158	1,424	1,871
15		Variance	0	0	0	(250)	102	(139)	(141)	(24)	(113)	(134)	(125)	(110)	(700)	(935)	*(13.44%)*	(908)	(27)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	16	0	16		16	0			
17		Actual/F'cast	0	0	0	0	2	0	0	89	12	11	11	31	115	158	72.81%	158	0	158	0	0
18		Variance	0	0	0	0	2	0	0	89	12	11	11	15	115	142		142	0			
19	Total	Budget/Plan	0	1	1,496	1,176	989	1,077	1,333	1,313	1,322	1,403	1,397	1,432	10,110	12,939		12,854	85			
20		Actual/F'cast	0	0	1,495	639	2,945	930	904	1,435	972	1,067	1,097	1,112	10,388	12,598	82.46%	12,595	3	8,123	4,475	5,380
21		Variance	0	(1)	(1)	(537)	1,956	(147)	(429)	123	(350)	(336)	(300)	(319)	278	(341)	*2.75%*	(259)	(82)			

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD
22	Variance in month		(100.00%)	(0.07%)	(45.66%)	197.70%	(13.61%)	(32.16%)	9.34%	(26.44%)	(23.97%)	(21.46%)	(22.31%)	2.75%
23	In month achievement against FY forecast	0.00%	0.00%	11.86%	5.07%	23.38%	7.39%	7.18%	11.39%	7.72%	8.47%	8.71%	8.83%	

Cwm Taf Morgannwg ULHB **Period : Jan 22**

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	177	60	67	106	112	112	113	113	113	108	858	1,078		1,078	0			
2		Actual/F'cast	0	0	177	16	237	95	107	101	109	110	100	93	953	1,146	83.14%	1,146	0	483	663	862
3		Variance	0	0	0	(44)	170	(10)	(5)	(10)	(4)	(2)	(13)	(15)	95	68	*11.06%*	68	0			
4	Variable Pay	Budget/Plan	0	0	73	335	197	222	215	190	190	190	184	184	1,610	1,978		1,951	27			
5		Actual/F'cast	0	0	73	200	108	136	118	242	124	126	144	174	1,128	1,446	78.01%	1,446	0	928	518	762
6		Variance	0	0	0	(135)	(88)	(86)	(97)	52	(65)	(63)	(40)	(10)	(483)	(532)	*(29.96%)*	(505)	(27)			
7	Locum	Budget/Plan	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
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	19	165	195	195	195	195	195	225	225	225	1,382	1,831		1,831	0			
11		Actual/F'cast	0	0	19	154	154	154	154	154	154	154	154	154	1,097	1,405	78.08%	1,405	0	1,163	242	248
12		Variance	0	0	0	(10)	(41)	(41)	(41)	(41)	(41)	(71)	(71)	(71)	(284)	(426)	*(20.58%)*	(426)	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/F'cast	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	0	0	388	149	149	149	131	131	131	130	130	142	1,359	1,630		1,630	0			
17		Actual/F'cast	0	0	388	88	210	147	133	107	127	131	127	127	1,330	1,585	83.96%	1,585	0	1,585	0	0
18		Variance	0	0	0	(61)	60	(2)	2	(25)	(4)	2	(3)	(14)	(28)	(45)	*(2.07%)*	(45)	0			
19	Total	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	5,209	6,517		6,490	27			
20		Actual/F'cast	0	0	657	458	709	532	511	604	515	522	525	548	4,509	5,582	80.77%	5,582	0	4,158	1,424	1,871
21		Variance	0	0	0	(250)	102	(139)	(141)	(24)	(113)	(134)	(125)	(110)	(700)	(935)	*(13.44%)*	(908)	(27)			

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	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	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	8	132	162	162	162	162	162	192	192	192	1,143	1,527		1,527	0			
2		Actual/F'cast	0	0	8	149	149	149	149	149	149	149	149	149	1,049	1,346	77.91%	1,346	0	1,163	183	183
3		Variance	0	0	0	17	(13)	(14)	(14)	(14)	(14)	(43)	(43)	(44)	(94)	(181)	*(8.24%)*	(181)	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/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	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/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	11	33	33	33	33	33	33	33	33	33	239	304		304	0			
11		Actual/F'cast	0	0	11	5	5	5	5	5	5	5	5	5	49	60	81.82%	60	0	0	60	65
12		Variance	0	0	0	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(190)	(245)	*(79.59%)*	(245)	0			
13	Total	Budget/Plan	0	0	19	165	195	195	195	195	195	225	225	225	1,382	1,831		1,831	0			
14		Actual/F'cast	0	0	19	154	154	154	154	154	154	154	154	154	1,097	1,405	78.08%	1,405	0	1,163	242	248
15		Variance	0	0	0	(10)	(41)	(41)	(41)	(41)	(41)	(71)	(71)	(71)	(284)	(426)	*(20.58%)*	(426)	0			

Cwm Taf Morgannwg ULHB

Jan 22

This Table is currently showing 1 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	1	1,496	1,176	989	1,077	1,333	1,313	1,322	1,403	1,397	1,432	10,110	12,939	6,706	6,233	1,276	7,510
	Month 1 - Actual/Forecast	0	0	1,495	639	1,355	854	812	1,142	827	919	973	969	8,042	9,983	5,950	4,034	760	4,793
	Variance	0	(1)	(1)	(537)	365	(223)	(520)	(171)	(496)	(485)	(424)	(463)	(2,068)	(2,956)	(756)	(2,200)	(517)	(2,716)
	In Year - Plan	0	0	0	1	1,542	69	164	251	137	108	117	257	2,271	2,645	2,204	442	149	590
	In Year - Actual/Forecast	0	0	0	0	1,591	76	92	294	146	148	125	144	2,346	2,615	2,173	442	145	587
	Variance	0	0	0	(1)	49	7	(72)	43	9	40	7	(113)	75	(30)	(30)	0	(4)	(4)
	Total Plan	0	1	1,496	1,178	2,532	1,146	1,496	1,563	1,459	1,511	1,515	1,688	12,381	15,584	8,910	6,675	1,425	8,100
	Total Actual/Forecast	0	0	1,495	639	2,945	930	904	1,435	972	1,067	1,097	1,112	10,388	12,598	8,123	4,475	905	5,380
	Total Variance	0	(1)	(1)	(539)	414	(215)	(592)	(128)	(486)	(445)	(417)	(576)	(1,993)	(2,986)	(787)	(2,200)	(520)	(2,720)
Net Income Generation	Month 1 - Plan	0	0	0	0	0	7	120	120	120	120	120	120	486	725	0	725	0	725
	Month 1 - Actual/Forecast	0	0	0	0	0	20	8	8	8	8	8	8	51	66	0	66	11	77
	Variance	0	0	0	0	0	13	(112)	(112)	(112)	(112)	(112)	(112)	(435)	(659)	0	(659)	11	(648)
	In Year - Plan	0	0	0	0	8	0	0	0	0	0	0	0	8	8	8	0	0	0
	In Year - Actual/Forecast	0	0	0	0	8	0	(5)	0	0	0	0	0	3	3	3	0	0	0
	Variance	0	0	0	0	0	0	(5)	0	0	0	0	0	(5)	(5)	(5)	0	0	0
	Total Plan	0	0	0	0	8	7	120	120	120	120	120	120	494	733	8	725	0	725
	Total Actual/Forecast	0	0	0	0	8	20	2	8	8	8	8	8	54	69	3	66	11	77
	Total Variance	0	0	0	0	0	13	(117)	(112)	(112)	(112)	(112)	(112)	(440)	(664)	(5)	(659)	11	(648)
Accountancy Gains	In Year - Plan	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	6,150	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	6,150	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	0	1	1,496	1,176	989	1,084	1,452	1,432	1,442	1,523	1,517	1,551	10,596	13,664	6,706	6,958	1,276	8,235
	Month 1 - Actual/Forecast	0	0	1,495	639	1,355	875	820	1,149	834	926	980	976	8,093	10,049	5,950	4,100	771	4,870
	Variance	0	(1)	(1)	(537)	365	(209)	(632)	(283)	(608)	(597)	(537)	(575)	(2,503)	(3,615)	(756)	(2,859)	(506)	(3,365)
	In Year - Plan	0	0	0	1	1,550	6,219	164	251	137	108	117	257	8,429	8,803	8,362	442	149	590
	In Year - Actual/Forecast	0	0	0	0	1,599	6,226	87	294	146	148	125	144	8,499	8,768	8,326	442	145	587
	Variance	0	0	0	(1)	49	7	(77)	43	9	40	7	(113)	70	(35)	(35)	0	(4)	(4)
	Total Plan	0	1	1,496	1,178	2,540	7,303	1,616	1,683	1,578	1,631	1,634	1,808	19,025	22,468	15,068	7,400	1,425	8,825
	Total Actual/Forecast	0	0	1,495	639	2,954	7,101	907	1,443	980	1,074	1,105	1,120	16,592	18,817	14,276	4,541	916	5,457
	Total Variance	0	(1)	(1)	(539)	414	(202)	(709)	(240)	(598)	(557)	(529)	(688)	(2,433)	(3,650)	(792)	(2,859)	(509)	(3,368)

AGENDA ITEM
4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	22/02/2022

FOI Status	Public

If closed please indicate reason	Not applicable – Public Meeting

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	December 2021 / January 2022	RISKS REVIEWED
Strategic Leadership Group	19th January 2022	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED

ACRONYMS	

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 assigned risks escalated to the Organisational Risk Register have been appropriately assessed.

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

2.1 It should be noted that the review of risks has been impacted during this period as a result of the increased efforts to maximise the booster vaccination programme, coupled with the significant rise in infection rates affecting staffing levels across the Health Board that has involved the engagement of staff involved in risk updates and submissions.

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

- Monthly Risk Management Awareness Sessions (Virtually via Teams) were implemented from January 2021 with increasing engagement and attendance growing month on month. The monthly sessions are set in the calendar until the end of 2021 and will continue beyond that date if required. 280 members of staff trained from January 2021 to date.
- Risks on the organisational risk register have been updated as indicated in red.

2.3 In readiness for the next submission the risk entries will be reviewed to align with the new Strategic Goals. Column 2 of the Organisational Risk Register at Appendix 1.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **NEW RISKS**
Nil in terms of risks assigned to the Planning, Performance & Finance Committee.

3.2 **CHANGES TO RISKs**

a) Risks where the risk rating <u>INCREASED</u> during the period
Nil in terms of risks assigned to the Planning, Performance & Finance Committee.

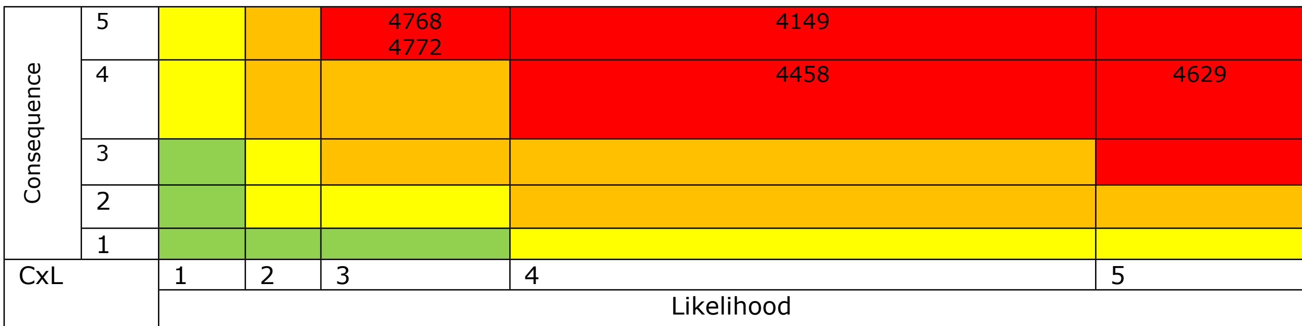
b) Risks where the risk rating <u>DECREASE</u>D during the period
Nil in terms of risks assigned to the Planning, Performance & Finance Committee.

3.3 **CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER**
Nil in terms of risks assigned to the Planning, Performance & Finance Committee.

3.4 **POINTS TO NOTE**

- A specific risk in relation to ***Pathology Waiting Times*** is currently being asssessd following discussion at the recent Quality & Safety Committee.

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



Consequence					
5			4768 4772	4149	
4				4458	4629
3					
2					
1					
CxL	1	2	3	4	5
	Likelihood				

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below) Aim to mitigate risks to patients and staff
Related Health and Care standard(s)	Governance, Leadership and Accountability All Health and Care Standards are included
Equality impact assessment completed	No (Include further detail below)
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 Well-being Objectives	Provide high quality, evidence based, and accessible 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.

Organisational Risk Register (Risks Graded 15 and Above - Updated January 2022

Datix ID	Strategic Risk owner	Strategic Objective	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
4629	Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22.	**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 2022/23. **Then**: The Health Board will not be able to develop a break-even financial plan for 2022/23 and deliver it . The context is that a key issue beyond 21/22 is the recurrent impact of the plan in 22/23 when it is likely that the non recurring funding for Covid in 21/22 will end or significantly reduce as well as non recurring Transformation funding ending. **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.	2021/22 IMTP and financial plan submitted to WG at the end of June , including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. 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. Routine monitoring arrangements in place. Regular reporting of the forecast recurring position to Management Board and Planning, Performance & Finance Committee and Board.	Bottom up savings plans at the end of June are showing a gap of £8.2m against the £16.1m Recurring savings target for 21/22. Further develop the savings planning process identified by the COO and DoF for implementation in July onwards. Further discussions needed with Welsh Government to understand likely funding position for 22/23. Update August 2021 - No change this month. Further information is anticipated on the WG funding position for 21/22 in September 2021. Update as at November 2021: the forecast recurrent deficit was increased to £50.9m in the month 7 finance report. Although Further work will continue on recurring savings within the Health Board further discussion and actions are needed as part of the financial planning process for 2022-2023. Reviewed 6.01.2021 - No changes made to mitigating action or risk rating.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	10.5.2021	07.01.2022	31.03.2022
4149	Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible 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	• Reported local and Network pressures across the CAHMS Network with variable problems dependant on the area of the network. • 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. • 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. • New investment impact being routinely monitored A number of service reviews in relation to Ty Llidiard undertaken and monitored via Q,S&R Committee - Regular WHSSC monitoring meetings to be held. Update July 2021 – Ty Llidiard WHSSC escalation level raised from 3 to 4. Risk description and control measures updated. Risk rating reviewed and consequence rating increased from a 4 to a 5.	Commissioning discussions taking place across the Network in relation to service pressures and funding. Implementation of the Choice and Partnership Approach (CAPA) and being closely monitored. Internal Enhanced Monitoring Action Plan being progressed and monitored on a fortnightly basis by Bridgend ILG. Single Point of Access being developed. Full demand and capacity plans being developed with some assumptions about additional CAMHS demand as a consequence of the pandemic. Update June 2021 - CSG and ILG continue to develop and progress business case proposals to improve service provision and access and recruitment / retention initiatives. Regular WHSSC monitoring meetings to be held. August 21 update: development of proposals to increase CAMHS Senior Leadership Team (SLT). Reviewing utilisation of psychology services across MH with potential to support ongoing requirements. Successful recruitment of 2 new staff and retention of 1 staff member . Workforce and Organisational Development and local partnerships developing guidance on appropriate remuneration for WLI. Trend analysis of complaints (2018 - 2021) completed . Theme of complaints are around the transition of CAMHS patients to adult MH and access. Improvement plans developed	Planning, Performance & Finance Committee & Quality & Safety Committee	20	C5 x L4	10 C5xL2	↔	01/01/2015	21.07.2021	31.8.2021
4458	Chief Operating Officer All Integrated Locality Groups	Provide high quality, evidence based, and accessible 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.	Live Flow Information Dashboard being scoped - Target Date: 31.3.2021 Unscheduled Care Board focus on SDEC/AEC, D2RA - Contact ahead 111 - Target Date: Contact Ahead: March 2021, 111: January 2021. March 2021 - the 111 system commenced in RTE and M&C Locality in November 2020 - will commence in Bridgend Locality shortly. The Unscheduled Care Improvement Programme will be launched in April 2021. A focus of this forum will be on the improvement of the urgent care pathway through the Health Board with the primary benefits being the reduction/eradication of Ambulance Handover Delays. 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. Review in August 2021. 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.	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	↔	04/12/2020	4.08.2021	30.09.2021
4768	Chief Operating Officer Facilities	Provide high quality, evidence based, and accessible care.	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Replacement of press tank on the 13 stage CBW Press	**If**: The press tank on the 13 stage CBW press was not replaced. **Then:** Would result in the laundry service being unable to produce to full capacity and reduced to around 44%. In addition to this, without this piece of equipment additional costs would be incurred for laundry to be provided through commercial services which would immediately present a financial cost pressure risk due to the high price of external commercial laundry processing. Also patient and staff safety could be compromised. **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 press tank 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 consequence of not purchasing the replacement tank would result in the laundry service being unable to produce to full capacity and reduced to around 44%. In addition to this, without this piece of equipment additional costs would be incurred for laundry to be provided through commercial services which would immediately present a financial cost pressure risk due to the high price of external commercial laundry processing.	SON to be submitted and if successful replacement equipment purchased and installed. Timescale: 31/03/2022. SON approved and funding provided, awaiting installation. Update from Deputy Linen Services Manager that order has been raised to replace. Currently awaiting an installation date from supplier. Based on this update the risk is a high risk and will be reviewed in 3 months time or depending on mitigating actions progress (13/12/2021).	Quality & Safety Committee Planning, Performance & Finance Committee	15	15 (C5xL3)	5 (C5xL1)	↔	26.07.2021	16.12.2021	31.03.2022
4772	Chief Operating Officer Facilities	Provide high quality, evidence based, and accessible 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 consequence of not purchasing the replacement software would result in the laundry service being unable to process laundry at full capacity. This would mean that there is a real risk of CTM sites being without the ability to process adequate quantities of common user items such as sheets and pillowcases and other items used for income generation projects. 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%. This would mean that there is a real risk of CTM sites being without the ability to process adequate quantities of common user items such as sheets and pillowcases and other items used for income generation projects. Additional costs would be incurred for laundry to be provided through commercial services which would immediately present a financial cost pressure risk due to the high price of external commercial laundry processing.	SON to be submitted and if successful replacement software purchased and installed. Timescale: 31/03/2022. SON approved and funding provided, awaiting installation. Update from Deputy Linen Services Manager that order has been raised to replace. Currently awaiting an installation date from supplier. Based on this update the risk is a high risk and will be reviewed in 3 months time or depending on mitigating actions progress (13/12/2021).	Quality & Safety Committee Planning, Performance & Finance Committee	15	15 (C5xL3)	5 (C5xL1)	↔	27.07.2021	13.12.2021	31.03.2022

AGENDA ITEM
5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ELECTIVE CARE RECOVERY PORTFOLIO

Date of meeting	22/02/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Nicky Croxon, Interim Director Elective Care Recovery
Presented by	Gareth Robinson, COO
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
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	
CTM	Cwm Taf Morgannwg
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
PHW	Public Health Wales
OPD	Out Patients Department
OMFS	Oral and Maxillofacial Surgery
FIT	Faecal Immunochemistry Test

SOS	See On Symptoms
PIFU	Patient Initiated Follow Up
WCP	Welsh Clinical Portal
DNA	Did Not Attend
AHP	Allied Health Professional

1. SITUATION/BACKGROUND

1.1 This paper will provide an update on the overall progress, challenges, risks and issues in relation to the Elective Recovery Portfolio of work.

1.2 It is important to consider the progress of our elective recovery position in the context of all of Wales and therefore please see below some graphs showing CTM compared to other Health Boards. The CTM figures correlate to some of the updates provided in the updates below.

All Wales Total Waiting List Growth

Overview	Feb-20	Nov-21	COVID Growth
Total waiting list	461,809	682,279	220,470
>36 wks	25,634	241,667	216,033
>18 months	1,347	111,261	109,914
> 2 years	240	42,525	42,285
Stage 1 >26wks	28,914	185,465	156,551

All Wales Total Waiting List growth, by Health Board by Specialty

COVID WL Growth (Feb20 to Nov21)	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	Wales
Aggregate Other	8%	31%	23%	74%	34%	-2%	50%	32%
Cardiology	7%	7%	49%	62%	48%	-23%	25%	32%
Cardiothoracic Surgery			-35%				-7%	-24%
Dermatology	-1%	38%	0%	48%	38%	-51%	-13%	18%
Ear, Nose and Throat	58%	59%	32%	69%	54%	-24%	64%	54%
General Surgery	33%	67%	74%	78%	115%	6%	107%	75%
Gynaecology	23%	65%	21%	63%	102%	29%	149%	63%
Ophthalmology	71%	66%	56%	105%	80%	34%	45%	68%
Oral Surgery	15%	30%	50%	22%		30%	84%	40%
Trauma and Orthopaedics	86%	40%	25%	51%	47%	-1%	47%	51%
Urology	88%	58%	47%	77%	97%	9%	50%	69%
Total	38%	45%	33%	69%	60%	2%	58%	48%

All Wales Outpatient Activity, by Health Board, by Specialty ***note data range***

Outpatient Activity (Ave Apr19 to Feb20 vs Ave Sep21 to Nov21)	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	VUNHST	Wales
Aggregate Other	121%	99%	88%	139%	85%	61%	111%	90%	107%
Cardiology	79%	85%	93%	115%	94%	120%	121%		98%
Cardiothoracic Surgery		65%	88%				77%		81%
Dermatology	88%	75%	73%	123%	180%	28%	90%		99%
Ear, Nose and Throat	62%	42%	54%	60%	81%	58%	58%		58%
General Surgery	94%	75%	84%	92%	83%	50%	97%		86%
Gynaecology	115%	91%	68%	104%	72%	84%	121%		95%
Ophthalmology	106%	72%	73%	65%	71%	83%	72%		77%
Oral Surgery	87%	59%	72%	86%		101%	57%		72%
Trauma and Orthopaedics	78%	81%	75%	78%	78%	111%	92%		81%
Urology	77%	65%	73%	75%	51%	85%	85%		72%
Total	99%	80%	77%	102%	85%	72%	99%	90%	90%

All Wales IPDC (inpatient and day case) activity, by Health Board, by Specialty

IPDC Activity (Ave Apr19 to Feb20 vs Ave Sep21 to Nov21)	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	VUNHST	Wales
Aggregate Other	105%	78%	76%	73%	69%	58%	79%	116%	83%
Cardiology	71%	86%	69%	81%	86%		85%		79%
Cardiothoracic Surgery			70%				69%		70%
Dermatology	104%		86%	6%	25%		33%		85%
Ear, Nose and Throat	55%	63%	54%	37%	56%	204%	38%		51%
General Surgery	61%	74%	84%	49%	45%	73%	65%		62%
Gynaecology	54%	82%	76%	51%	42%	56%	89%		66%
Ophthalmology	64%	71%	64%	56%	61%	94%	71%		65%
Oral Surgery	74%	83%	57%	34%		53%	44%		63%
Trauma and Orthopaedics	61%	33%	47%	39%	35%	102%	51%		46%
Urology	65%	85%	72%	68%	61%	26%	81%		72%
Total	77%	73%	71%	57%	58%	67%	73%	116%	70%

1.3 From the four tables it is clear to see that waiting lists generally across Wales have considerably increased as a result of the Covid pandemic and more recently the Omicron variant.

1.4 From the second table CTM shows the highest growth across the Health Board with Ophthalmology standing out with the greatest increase, when compared to others. It is however encouraging to note that outpatient activity has increased and this can be further demonstrated in some of the other data late in this paper. On the other end of the spectrum however, theatre (IPDC) activity is lower than our peers, although theatres has been an area considerably affected by the decrease in available green beds and indeed workforce challenges.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

General update

2.1 The latest quarterly position relating to activity and finance was submitted to Welsh Government on 31st January 2022 and can be seen below.

2021/22 Activity - Planned Care

Local Health Board	Cwm Taf Morgannwg UHB

				2021/22							
				Q1		Q2		Q3		Q4	
				Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
Elective Inpatient Activity[1]		Total Core Activity		900	1,360	900	1,309	900	887	900	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	70	52	841	63	736	33	736	
			Outsourcin	685	128	708	451	706	256	708	
			Total	755	180	1,549	514	1,442	289	1,444	
		Total Activity		**1,655**	**1,540**	**2,449**	**1,823**	**2,342**	**1,176**	**2,344**	**0**
Elective Day Case Activity[2]		Total Core Activity		3,300	5,245	3,300	5,594	3,300	5,546	3,300	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	0	0	0	0	0	0	0	
			Outsourcin	0	0	0	0	0	0	0	
			Total	0	0	0	0	0	0	0	
		Total Activity		**3,300**	**5,245**	**3,300**	**5,594**	**3,300**	**5,546**	**3,300**	**0**
New Outp	F2F	Total Core Activity		24,900	43,198	24,900	43,754	24,900	41,982	24,900	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	1,053	379	4,259	2,082	2,360	1,427	2,360	
			Outsourcin	0	378	0	0	0	259	0	
			Total	1,053	757	4,259	2,082	2,360	1,686	2,360	
		Total Activity		**25,953**	**43,955**	**29,159**	**45,836**	**27,260**	**43,668**	**27,260**	**0**
	Virtual	Total Core Activity		3,000	5,051	3,000	6,553	3,000	5,765	3,000	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	0	0	0	0	0	666	0	
			Outsourcin	0	0	0	0	0	0	3,600	
			Total	0	0	0	0	0	666	3,600	
		Total Activity		**3,000**	**5,051**	**3,000**	**6,553**	**3,000**	**6,431**	**6,600**	**0**
FUP	F2F	Total Core Activity		81,000	77,924	81,000	82,065	81,000	81,490	81,000	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	1,635	412	4,827	495	3,119	864	3,119	
			Outsourcin	0	3	0	0	0	136	0	
			Total	1,635	415	4,827	495	3,119	1,000	3,119	
		Total Activity		**82,635**	**78,339**	**85,827**	**82,560**	**84,119**	**82,490**	**84,119**	**0**
	Virtual	Total Core Activity		15,000	22,373	15,000	27,934	15,000	26,702	15,000	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	0	0	0	0	0	286	0	
			Outsourcin	0	0	0	0	0	0	0	
			Total	0	0	0	0	0	0	0	
		Total Activity		**15,000**	**22,373**	**15,000**	**27,934**	**15,000**	**26,702**	**15,000**	**0**
Diagnostics	CT	Total Core Activity		12,300	15,272	15,648	15,620	15,964	15,576	15,965	
		Total Additional Activi		0	0	0	0	0	0	0	
		Total Activity		**12,300**	**15,272**	**15,648**	**15,620**	**15,964**	**15,576**	**15,965**	**0**
	MRI	Total Core Activity		2,633	5,293	3,730	5,332	4,697	4,976	4,191	
		Total Additional Activi		0	0	0	0	0	0	0	
		Total Activity		**2,633**	**5,293**	**3,730**	**5,332**	**4,697**	**4,976**	**4,191**	**0**
	NOUS	Total Core Activity		6,836	10,846	11,288	10,940	14,744	11,269	14,121	
		Total Additional Activi		0	0	0	0	0	0	0	
		Total Activity		**6,836**	**10,846**	**11,288**	**10,940**	**14,744**	**11,269**	**14,121**	**0**
	Endoscopy	Total Core Activity		2,331	5,559	3,102	5,496	3,538	5,385	3,538	
		Total Additional Activi		309	309	309	309	309	350	570	
		Total Activity		**2,640**	**5,868**	**3,411**	**5,805**	**3,847**	**5,735**	**4,108**	**0**

2.2 As can be seen from the table; broadly speaking, activity is on plan, however as a result of the Omicron variant we are significantly lower on our total inpatient activity (which was predicted) and on the anticipated additional activity (including outsourcing). Day case activity remains above plan. It should be noted that in our plans for additional waiting list activity the split of inpatient and day case activity was not predicted as the schemes track theatre sessions and patient numbers rather than procedures. Outpatient activity is above plan, with virtual contacts being slightly lower than Q2. Endoscopy continues to be above plan and delivering above the anticipated additional activity. It should be noted that

despite our best efforts, delays with the Mobile Endoscopy Unit being delivered we do not expect patients to be seen via this route until April 2022.

2.3 Financially, the Month 9 actual was below the month 9 forecast by 655k (£332k in M7) and a significant step up in spend is required to deliver the forecast expenditure. Due to the Omicron surge during Q3/4 the additional activity plans did not take place which has reflected in the financial position. There is now a risk that the full £16.83m Planned Care Recovery Programme (PCRP) allocation may not be used, however every effort is being made to ensure activity benefits are achieved.

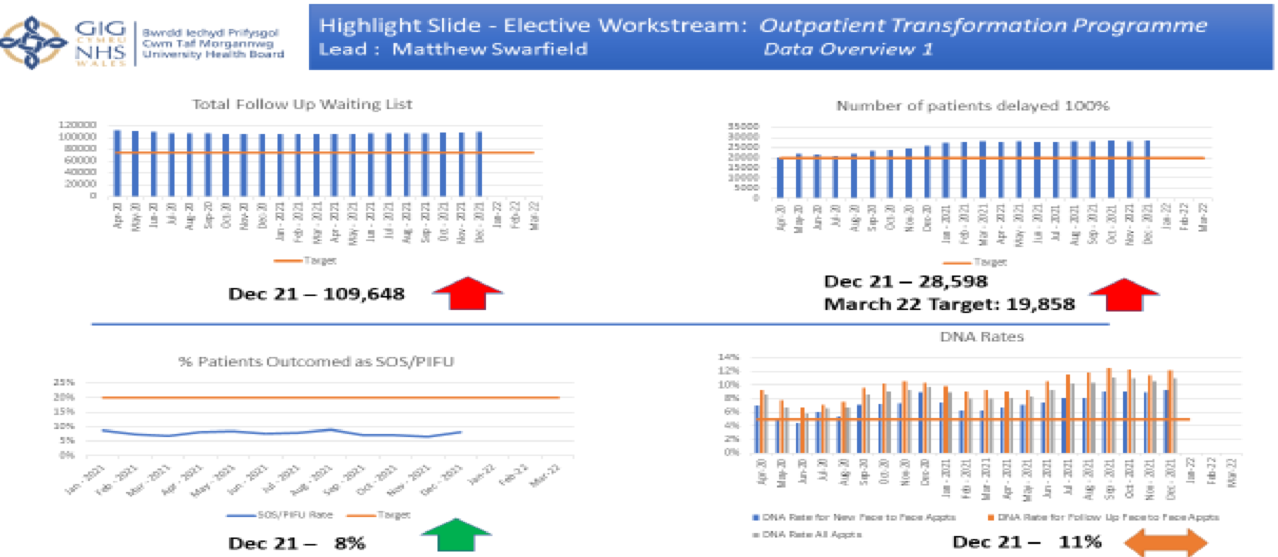
Workstream Updates

2.4 Outpatients

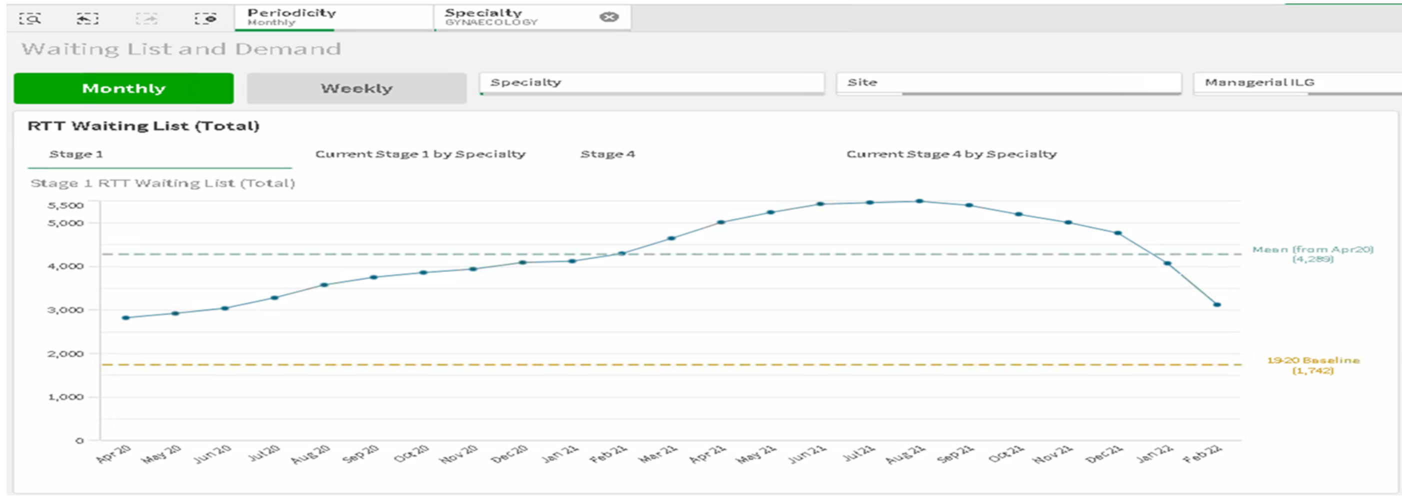
- The Welsh Government initiated validation of all patients with a wait of over 52 weeks whom are waiting for a first outpatient (stage 1) appointment is on track to have been contacted and issued with a validation letter and questionnaire. The first 3000 patients received their letters during December and work is ongoing to review the returns and ensure WPAS is accurately reflective of the responses.
- Following the text message trial; we have not pursued further specialties utilising this method for validation.
- Following the reactivation of the Text and Remind service, as predicted the DNA rate has reduced during January 2022 to 8.33% which is the lowest the rate has been since June 2021 and whilst remaining high, it represents the work being undertaken to ensure our valuable capacity is not being wasted.
- We have recently partnered with a private company called Medefer who offer a service to assist with virtual consultations and triaging of our waiting lists; we have engaged them initially to support 3600 patients in total and these will be identified and transferred in phases. We have engaged them to assist within the Merthyr Cynon locality initially and focussing on Respiratory and Cardiology specialities. The first patients are due to be transferred to Medefer within February 2022. There has been a significant amount of work to get us to this stage as the traditional method of outsourcing is not applicable with this relationship; all specialties have their clinical pathways mapped in order that specifics to CTM can be replicated by Medefer, ensuring that a patients pathway is not affected by using this company.
- Validation of waiting lists continues, with some external support being engaged to assist with Orthopaedics initially.
- The SOS and PIFU projects are making progress with the first four specialties now live, this can be seen with the small continual increase in

numbers of patients being reported within this cohort. The next two specialties have been agreed and work is underway.

The slide below demonstrates the improvement with SOS and PIFU and the improved DNA rate, but demonstrates that focus is still required to improve the follow up position.



The chart below show the improved waiting list positions for Gynaecology across CTM.



2.5 Endoscopy

- The activity numbers for Endoscopy are above forecast for Q3, the forecast for Q4 has been reduced due to the delay with receiving the Mobile Endoscopy Unit, despite best endeavours.
- The weekend lists across PCH and RGH are continuing.

2.6 Primary Care (including Wellbeing Hubs; WISE)

- Following the delay in training from PHW (which has delayed three of the wellness programmes commencing) has now sent letters to 200 patients to advise them that they have been identified as suitable for the wellness

coaching programmes. The first cohort have been selected through collaboration with our Pain clinicians and the initial focus is within the Merthyr Cynon locality, who have the longest waiting patients.

- Spirometry weekend clinics were ceased due to the Omicron variant, however these have now restarted and continue to run over the weekends.

2.7 Outsourcing

- Meetings have taken place with both main outsourcing providers – Spire and Nuffield, who have provided indicative numbers until the end of the financial year and into 22/23. Both suppliers have confirmed that they do not intend to sign a contract which is based on delivery of a set number of procedures.

2.8 Orthopaedics and Therapies

- First Contact Physio (within primary care), Vascular and Urogynae schemes are continuing to take place. This scheme allowed 6400 additional patient contacts during Q3.
- 45% of urogynae stage 1 new patients have been triaged as appropriate for an Allied Health Professional (AHP) review. Within a 4 month period the waiting time has been reduced by 15wks (31%) with the total waiting list having been reduced by 54% within the Bridgend locality. The 1st appointment outcomes have been; 12% advice and discharge, 18% referred elsewhere and 62% managed conservatively with, 8% further investigations.
- There have been 1600 patient contacts within Orthopaedics via an AHP.

2.9 Planning for recovery into 22/23

- Discussions are ongoing in relation to support for recovery into 22/23; a number of projects have been continued into next year and other schemes are being considered as part of our overall commitment to improvement within elective services next year in line with the National Planned Care goals and associated targets.

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

3.1 Ongoing Covid situation; both staff absence and patients should be considered a key risk in delivering elective recovery.

3.2 Outpatient space is a theme across all workstreams.

4. IMPACT ASSESSMENT

Quality/Safety/Patient	Yes (Please see detail below)

Experience implications	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	Yes
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)
	Details of workforce implications are available from within the detail of the schemes (there are multiple).
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to **NOTE** the contents of this update report.

AGENDA ITEM
5.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	22/02/2022

FOI Status	Open/Public

If closed please indicate reason	Not Applicable - Public Report

Prepared by	Rowland Agidee, Head of Performance & Clinical Information
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Planning & Performance

Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Management Group	19/01/22	NOTED
Strategic Leadership Group	16/02/2022	NOTED

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
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
DToC	Delayed Transfers of Care
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
FUNB	Follow-up Outpatients Not Booked
HIW	Health Inspectorate Wales
ILG	Integrated Locality Group
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LD	Learning Disabilities
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
PUs	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 UHB's performance against the Welsh Government's (WG) Delivery Framework and other priority areas for the UHB.

1.2 This report aims to highlight the key areas that the UHB is concentrating on, those posing the greatest risk and to improve service delivery. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.

1.3 Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with two (previously five) of its thirty one performance measures and is making progress towards delivering a further two (previously two). There remains twenty-seven measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

The area with the most improvement this reporting period is Mental Health Part 1b - CAMHS. There has been good progress towards the 80% target (the December 2021 figure is 71%, up from 38.2% the previous month).

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

Month 9	Variance from Plan			
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent
	£m	£m	£m	£m
Pay	1.0	-0.1		
Non-Pay	0.6	6.1		40.7
Income	-0.2	0.2		
Efficiency Savings	0.5	2.3		10.7
Non-delegated (including WG allocations)	-2	-8.8		
Total	-0.081	-0.198	0	51.4
	Current Month	Year to Date	Forecast Full Year	
PSPP	95.8%	95.5%	95.0%	Target 95%
Capital Expenditure	£6.80m	£39.35m	£73.9m	
Agency as % of total pay costs	6.8%	7.1%	7.1%	

QUALITY

Indicators	Jan-22	Dec-21	Target	RAG
% complaints final/interim reply within 30 working days	62.7%	57.0%	75%	
	Dec-21	Nov-21	Target	RAG
Single Cancer Pathway	48.3%	45.1%	75%	
Thrombolysis for Eligible Stroke Patients within 45 Minutes	100.0%	100.0%	100%	
	Apr - Jan 22	Apr - Dec 21	Target	RAG
Cumulative rate of bacteraemia cases per 100,000 population - E.coli	89.63	92.65	67/100k population	
Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	26.52	26.56	20/100k population	
Cumulative rate of bacteraemia cases per 100,000 population - C.difficle	32.88	33.93	25/100k population	
	Jan-22	Dec-21	Target	RAG
Total number of Nationally Reportable Incidents	3	4		
Number of Formal Complaints Received	94	102		
Number of Compliments Received	71	51		
Falls Causing Harm (Moderate/Severe/Death)	14	12	TBC	
Hospital Acquired Pressure Ulcers (Grade 3/4)	3	0		
Total number of instances of hospital acquired pressure ulcers	96	83		
Number of Community Healthcare Acquired Pressure Ulcers (Grade 3/4)	21	17		
Total number of instances of Community Healthcare acquired pressure ulcers	175	172		
Number of Never Events in Month	1	0	0	

PERFORMANCE

Indicators	Jan-22	Dec-21	Target	RAG
A&E 12 hour Waiting Times	1,119	1,275	Zero	
Ambulance Handover Times within 15 mins	29.3%	34.5%	Annual Improvement	
RTT 52 Weeks	34,778	34,405	Zero	
Diagnostics >8 Weeks Waits	15,887	15,200	Zero	
% of Stage 4 Urgent Patients Clinically Prioritised	4.1%	10.0%	100%	
FUNB - Patients Delayed over 100% for Follow-up Appointment	29,074	28,598	10,256	
	Dec-21	Nov-21	Target	RAG
Mental Health Part 1a - CAMHS	37.5%	32.6%	80%	
Mental Health Part 1b - CAMHS	71.0%	38.2%	80%	
Admission to Stroke Unit within 4 hrs	8.2%	4.8%	SSNAP Average 46.8%	
% of Out of Hours (OoH) / 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour	N/A	92.5%	90%	N/A
Delayed Discharges waiting for packages of care rate per 100,000 population	Feb-22	Jan-22	All Wales Average	RAG
	14.9	11.3	9.2	

PEOPLE

Indicators	Jan-22	Dec-21	Target	RAG
Turnover	11.01%	11.04%	11%	
Exit Interview by Leaver	2.5%	2.3%	60%	
	Dec-21	Nov-21	Target	RAG
Sickness Absence Rate (in month)	7.7%	7.4%	4.5%	
Sickness Absence Rate (rolling 12 month)	7.1%	7.2%		
	Jan-22	Dec-21	Target	RAG
Return to Work Compliance	42.8%	50.4%	85%	
Fill Rate Bank	17.0%	18.3%	90%	
Fill Rate On-contract Agency (RNs)	42.0%	56.8%		
PDR	52.9%	55.3%		
Statutory and Mandatory Training - All Levels	57.1%	60.7%	85%	
Statutory and Mandatory Training - Level 1	64.2%	67.1%		
Job Planning Compliance (Consultant)	18.0%	16.0%	90%	
Job Planning Compliance (SAS)	12.0%	12.0%		
Direct Engagement Compliance (M&D)	77%	87%	100%	
Direct Engagement Compliance (AHPs)	85%	79%	100%	
RN Shift Fill by Off-contract	3357.5	2661.5	0 Hours	

The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aims are shown below. Narrative is provided on the indicators where updated figures are available.

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2020/21	27.0%	2019/20	27.8%
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q2 21/22	97.6%	Q1 21/22	96.7%
% of children who received 2 doses of the MMR vaccine by age 5		95%		94.2%		93.4%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	Q1-Q2 2021/22	2.32%	2020/21	3.99%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q2 21/22	352.4	Q1 21/22	371.0
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q2 21/22	92.3%	Q1 21/22	87.9%
Uptake of influenza vaccination among:	65 year old and over	75%	2020/21	75.4%	2019/20	68.9%
	under 65's in risk groups	55%		46.3%		40.3%
	pregnant women	75%		74.6%		81.7%
	health care workers	60%		67.8%		63.2%
% of eligible people who have participated in the bowel screening programme within the last 2.5 years	bowel	60%	2019/20	59.1%	2018/19	55.0%
Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years	breast	70%		74.1%		74.1%
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 year	cervical	80%		72.8%		72.8%
% 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 and 18 years and over)	under 18 years	90%	Dec-21	59.2%	Nov-21	70.1%
	over 18 years			88.9%		89.8%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2019/20	51.9%	2018/19	50.0%

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	Current Period		Last Period	
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2020/21	86.0%	2019/20	65.4%
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q1 21/22	56.7%	Q4 20/21	60.1%
% of adults regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend		49.5%		52.5%
% 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%	Nov-21	92.5%	Oct-21	90.8%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jan-22	45.3%	Dec-21	45.3%
Number of ambulance patient handovers over 1 hour		Zero		922		704
% 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%		65.1%		64.2%
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		1,635		1,268
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Oct-21	62.0%	Nov-20	71.4%
% 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	Nov-21	2.2%	Dec-20	2.5%
% 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		SSNAP Average 46.8%	Dec-21	8.2%	Nov-21	4.8%
% of stroke patients who receive mechanical thrombectomy		10%	Nov-21	0.0%	Oct-21	0.0%
% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days		50%		39.8%		46.3%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%	Dec-21	48.3%	Nov-21	45.1%
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero	Jan-22	15,887	Dec-21	15,200
Number of patients waiting more than 14 weeks for a specified therapy				876		691
% of patients waiting less than 26 weeks for treatment		95%		46.4%		47.0%
Number of patients waiting more than 36 weeks for treatment		Zero		48,944		47,565
Number of patients waiting for a follow-up outpatient appointment		51,739		109,757		109,829
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		10,256		29,074		28,598
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date		95%	Dec-21	64.1%	Nov-21	59.9%
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	2020/21	3.08	2019/20	2.5
% of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)		80%	Dec-21	13.7%	Nov-21	8.8%
% 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)				38.0%		34.3%
% 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)				82.1%		79.5%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				71.9%		42.5%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				94.8%		93.8%
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment				39.5%		36.7%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health				77.8%		77.3%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile	E-coli	67 per 100,000 population	Apr-21 to Jan-22	89.63	Apr-21 to Dec-21	92.65
	S.aureus bacteraemia	20 per 100,000 population		26.52		26.56
	C.difficile	25 per 100,000 population		32.88		33.93
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp	<69 cases		62		55
	P. aeruginosa	<25 cases		27		27

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

Measure	Target	Current Period		Last Period	
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2020/21	87.0%	2019/20	90.8%
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% 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%	Jan-22	57.1%	Dec-21	55.3%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%		64.2%		67.1%
% of sickness absence rate of staff	12 Month Reduction Trend	Dec-21	7.7%	Nov-21	7.5%
% of staff who report that their line manager takes a positive interest in their health and well-being	Annual Improvement	2020	56.1%	not available	

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

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisat	75%	Dec-21	57.0%	Nov-21	64.9%
% of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Q2 21/22	49.0%	Q1 21/22	52.0%
% of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies		100.0%		14.0%
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	Dec-21	1.59%	Nov-21	1.59%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	Dec-21	63.2%	Nov-21	95.8%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			48.0%		41.7%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	Q1 21/22	99.0%	Q4 20/21	98.9%
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Qtrly reduction of 5% against baseline of 2019/20		256.0		256.1
% of secondary care antibiotic usage within the WHO Access category	55%		not available		1402
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1409		1402
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Qtr on Qtr Reduction		0.160%		0.167%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend		5016.5		4995.4
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement		76.7%	Q4 20/21	73.8%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q2 21/22	13.0%	Q1 21/22	20.6%
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Dec-21	6.8%	Nov-21	8.4%
% of episodes clinically coded within one reporting month post episode discharge end date	12 month improvement trend towards achieving the 95% target	Nov-21	66.5%	Oct-21	73.5%

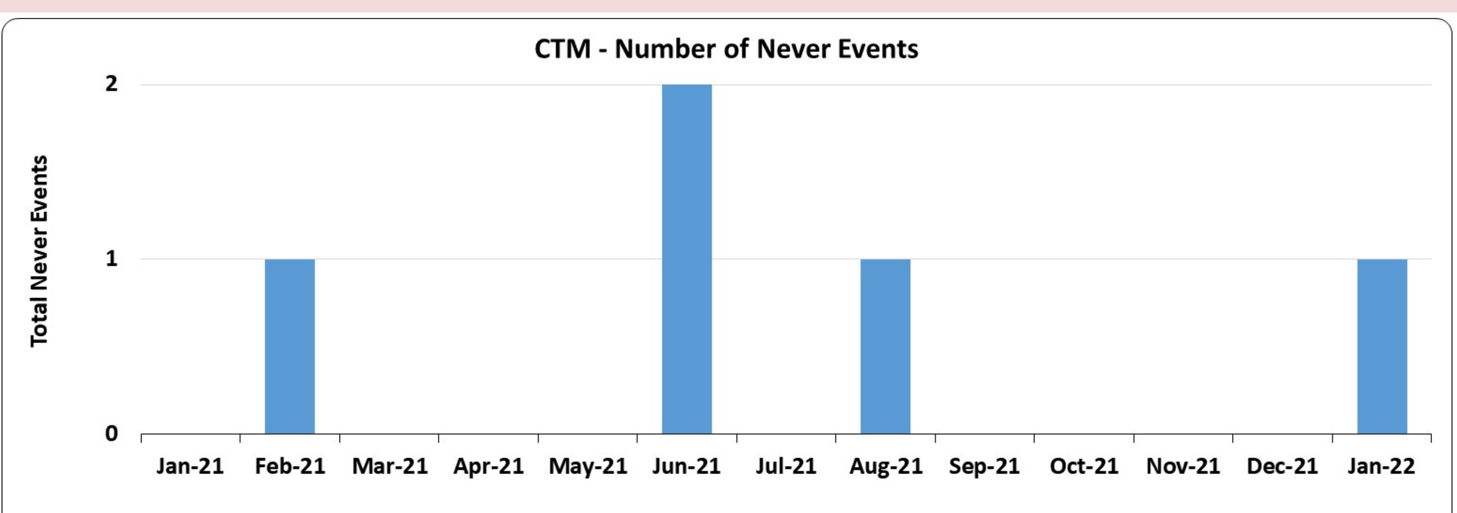
2.2 Quality

Never Events & Serious Incidents

Never Events

Number of Never Events – January 2022

1

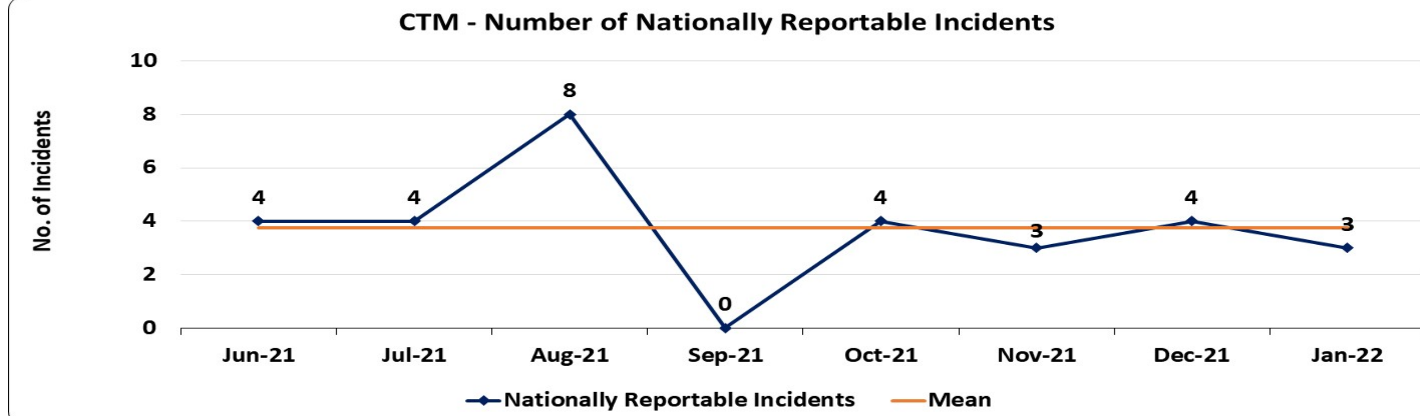


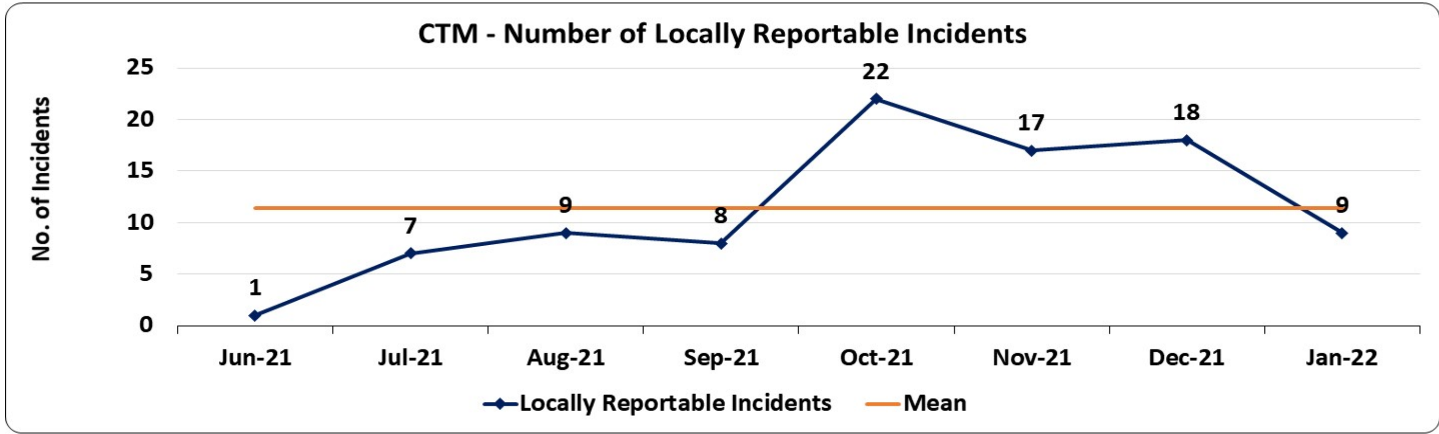
There was 1 never event reported during the last month (January 2022), with 5 reportable events in the past 12 months.

Nationally Reportable Incidents

Number of Nationally Reportable Incidents – January 2022

3





Number of Patient Safety Incidents – January 2022

1,859

During January 2022 there were 1,859 patient safety incidents reported on Datix across the Health Board. Of these 3 were Nationally Reportable Incidents, 1 relating to pressure damage, 1 relating to admission/discharge/transfer medication incident and an incident recorded as an unexpected complication.

A further 9 were graded as locally reportable incidents. Whilst the time chart suggests a step increase in the number of incidents that occurred in October 2021, this is slightly misleading as the changes in the reporting processes brought in by WG (from June 2021) have been adopted at different times by the operational teams.

Reviews of Datix continue to ensure that any Covid-19 related harms are captured. Complaints relating to the impact of Covid-19 on those affected by the pause or delay in non-essential services are also being captured.

Type of Nationally Reportable Incidents	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total
Delays		2			2		2		6
Unexpected or Trauma Related Death	2		2			1			5
Slip, Trip or Fall	2	1	1						4
Infection	1		2						3
Pressure Damage					1	2		1	4
Treatment Error			2				1		3
Medication	2								2
Absconding	1								1
Admission / Transfer / Discharge	1							1	2
Incorrect Surgical Procedure	1								1
Maternal Event			1						1
Patient injury		1							1
Neo-Natal Event					1				1
Personal Incident - Personal injury							1		1
Unexpected Complications								1	1
Grand Total	10	4	8	0	4	3	4	3	36

Complaints & Compliments

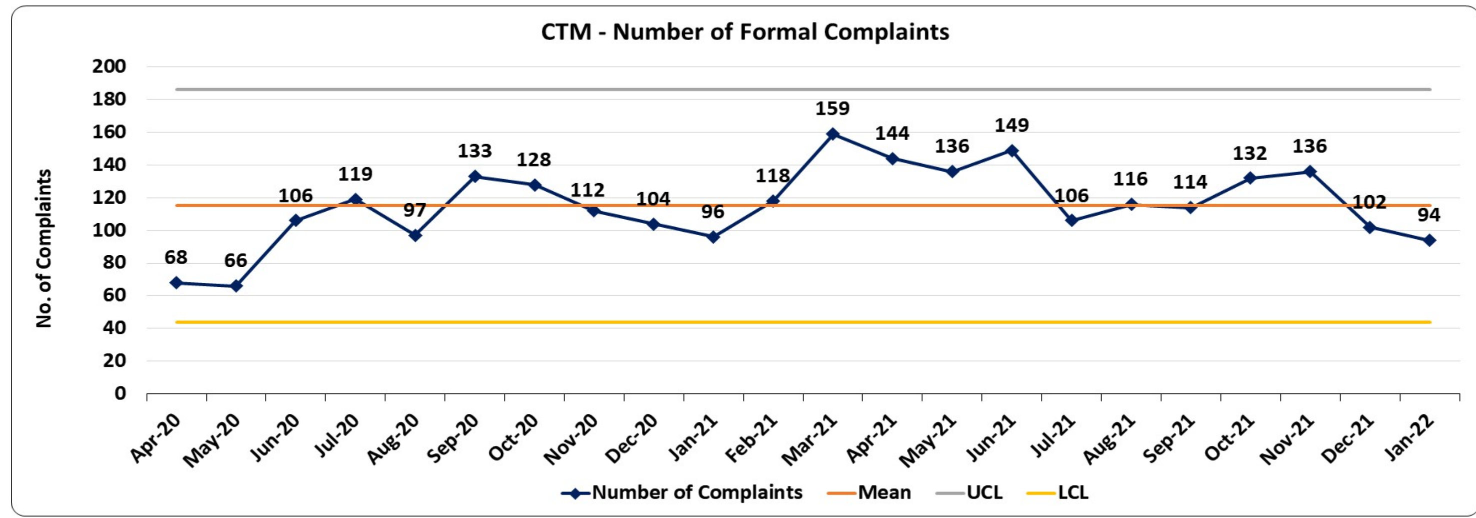
Complaints

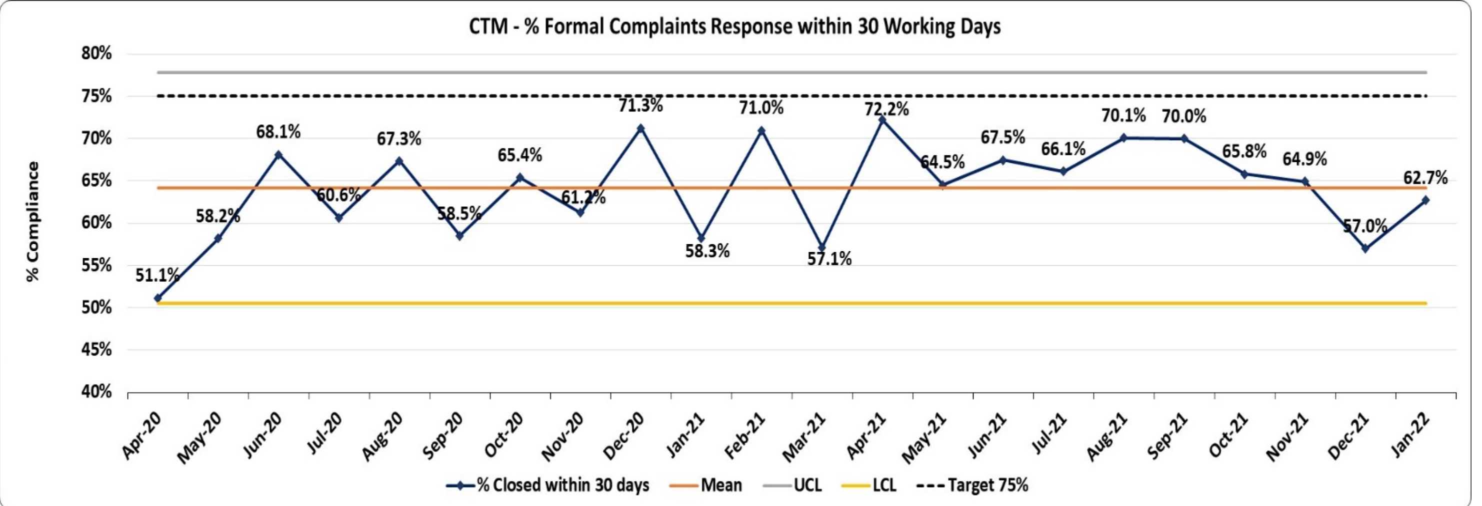
Number of formal complaints managed through PTR – January 2022

94

% formal complaints response within 30 working days – January 2022

62.7%





Complaints

During January 2022, 94 formal complaints were received within the Organisation and managed in line with the Putting Things Right regulations. The trend in relation to the number of formal complaints received is reflected in the chart above. For those complaints received during this period, the top 4 themes relate to clinical treatment/assessment (51), communication issues (10), discharge issues (8) and attitude & behaviour (7).

Compliance with the 30 working day target has fluctuated around a mean of 64% since April this year, as is reflected in the top right chart. Efforts continue to improve to the expected 80% target.

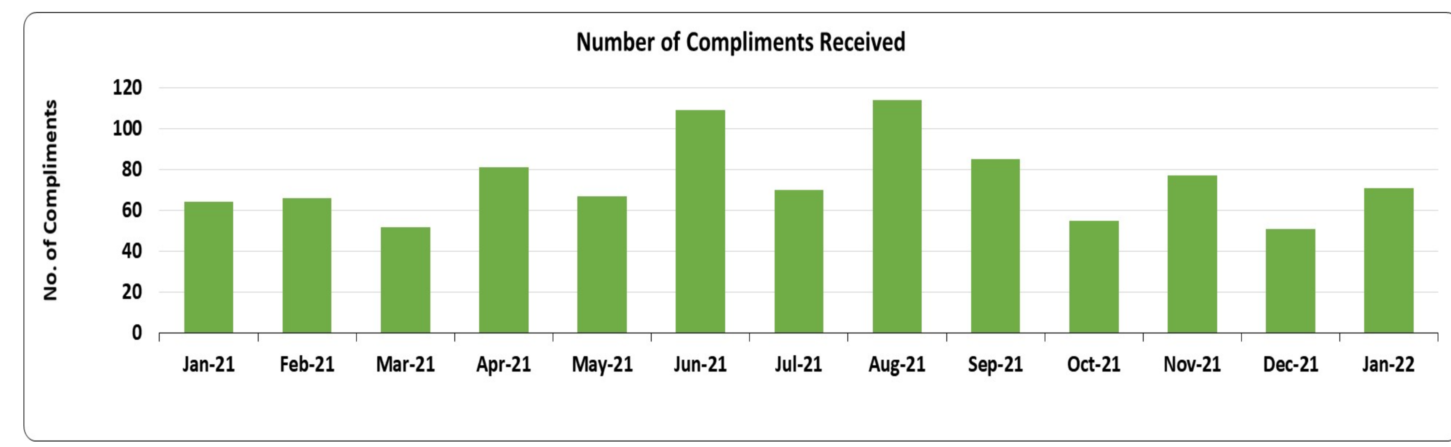
Performance dashboards indicate that the level variation across both areas above is common cause. Services will need to carefully monitor the main themes on the table to the right.

Main Themes from Complaints	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total
Clincial treatment/Assessment	0	41	48	45	57	64	37	51	343
Communication Issues (including Language)	43	22	13	16	21	16	17	10	158
Discharge Issues	0	4	7	9	5	7	15	8	55
Attitude and Behaviour	0	10	20	8	16	11	5	7	77

Compliments

Number of compliments – January 2022

71



During January 2022, there were 71 compliments recorded on the Datix system; 40% more than the previous period, but is nearer to the average monthly compliments of 74 received during the past 12 months.

Medication Incidents & Mortality Rates

Medication Incidents

Total Medication Incidents – January 2022	Total number of Prescribing Errors	Total Administration Errors
61	**10**	**34**

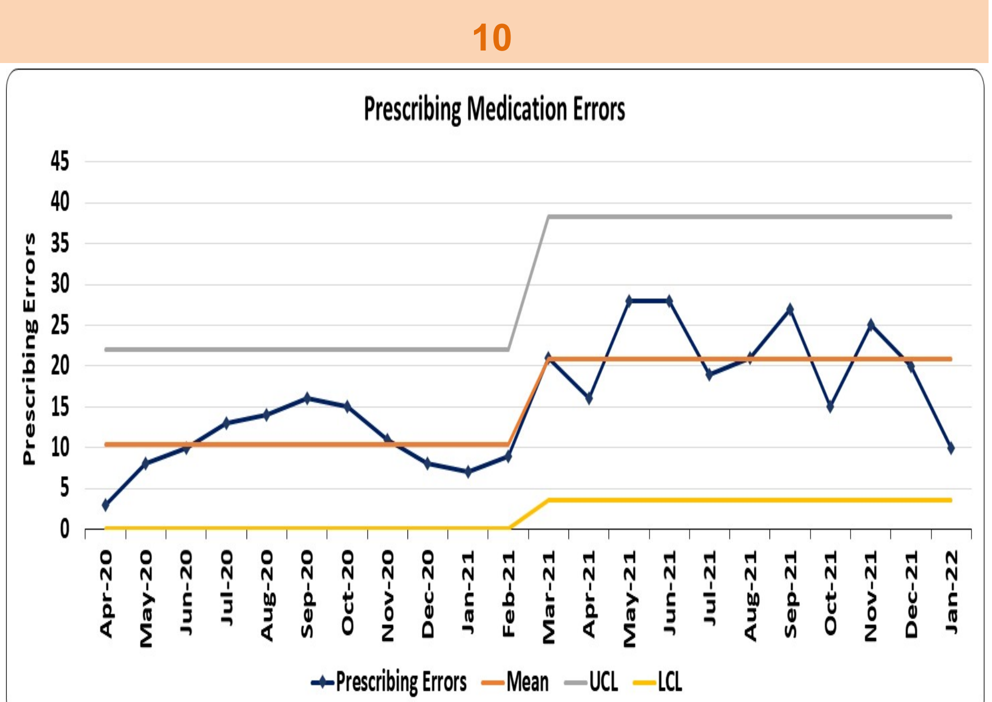
There were 61 medication incidents reported for January 2022 as shown in the table below:

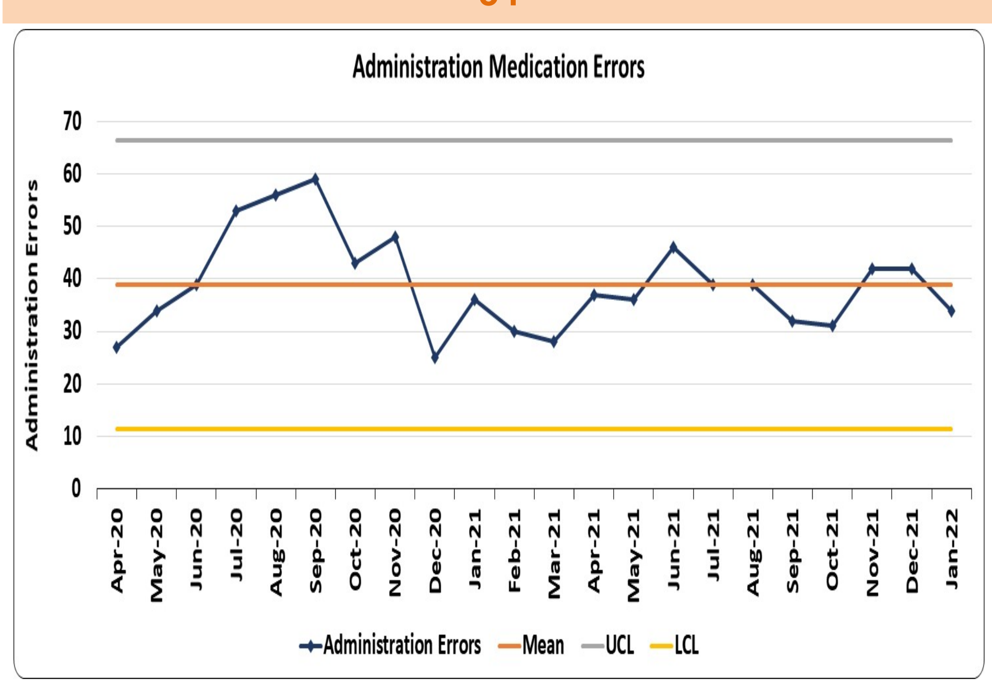
Medication Incidents January 2022							
Severity	Administration	Dispensing (Pharmacy)	Monitoring	Prescribing	Security	Other	Total
No harm	19	7	1	2	0	3	32
Low	15	1	0	7	1	2	26
Moderate	0	0	0	1	0	2	3
Total	**34**	**8**	**1**	**10**	**1**	**7**	**61**

Of those incidents reported, none resulted in severe harm or death.

The first chart to the right shows a further reduction in the number of prescribing errors for January 2022 (10); down 50% on the previous month. The reported value is lower than the average recorded for the last 12 months and within the limits of common variation. There was also a reduction in the number of administrative errors this period, with 34 errors recorded (falling just below the 12 month average of 36).

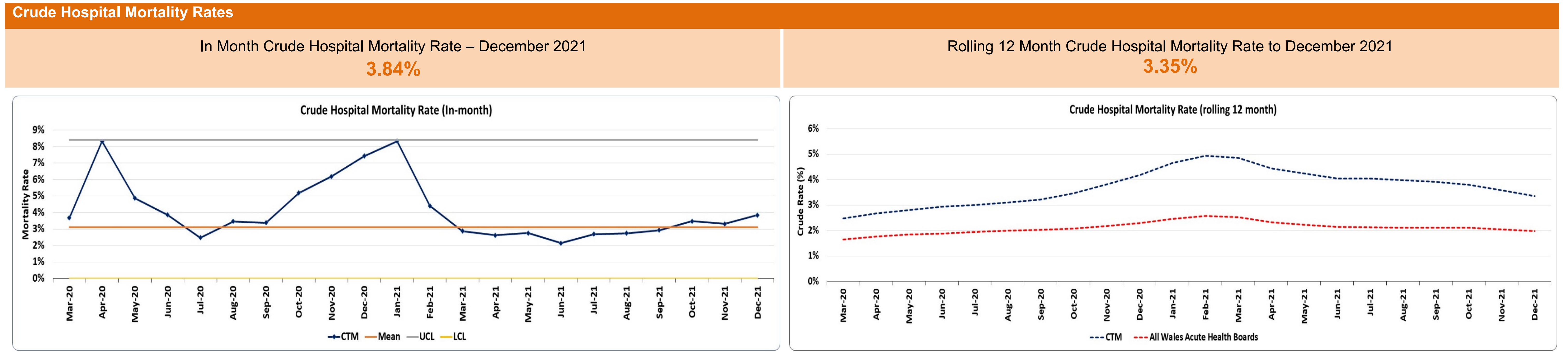
The data indicates that overall, performance in relation to medication and administration errors is reflective of common cause variation. However, given the potential patient implications, the numbers are of concern.





Crude Hospital Mortality Rates

In Month Crude Hospital Mortality Rate – December 2021	Rolling 12 Month Crude Hospital Mortality Rate to December 2021
3.84%	**3.35%**



Overall, in month mortality rates fell following the second COVID wave from 2.88% (in March 2021) to 2.14% (the lowest level in June 2021). Rates have been increasing after this date, but not at the levels seen during the second wave (the highest recorded rate being January 2021 (8.33%). In month crude hospital mortality rate for December 2021 is 3.84%, a similar level seen in June 2020 (3.86%) with the rolling 12-month rate being 3.35%.

Inpatient Falls & Pressure Damage Incidents

Inpatient Falls

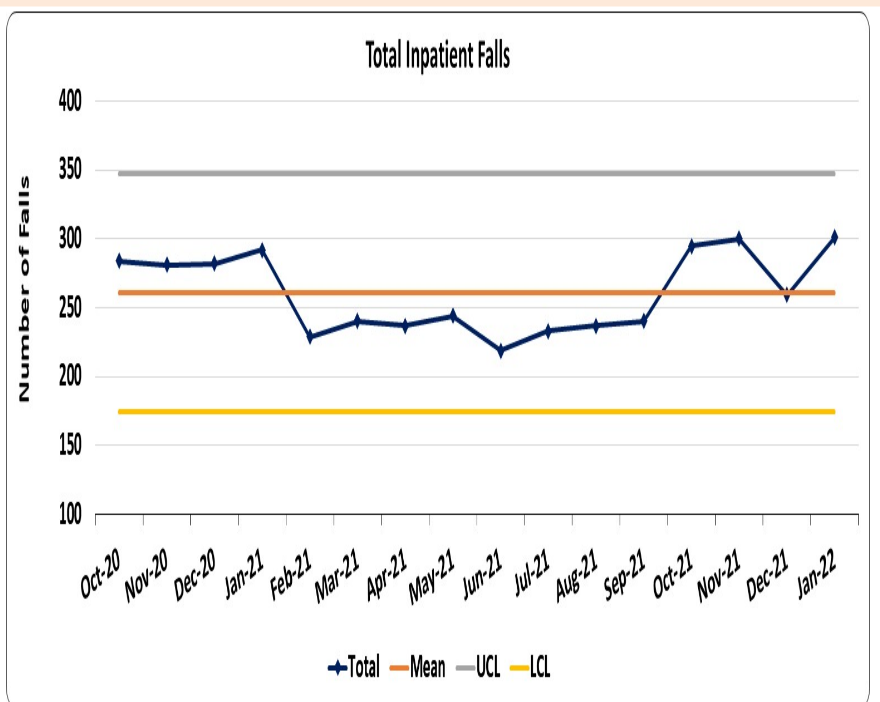
Total number of Inpatient Falls – January 2022

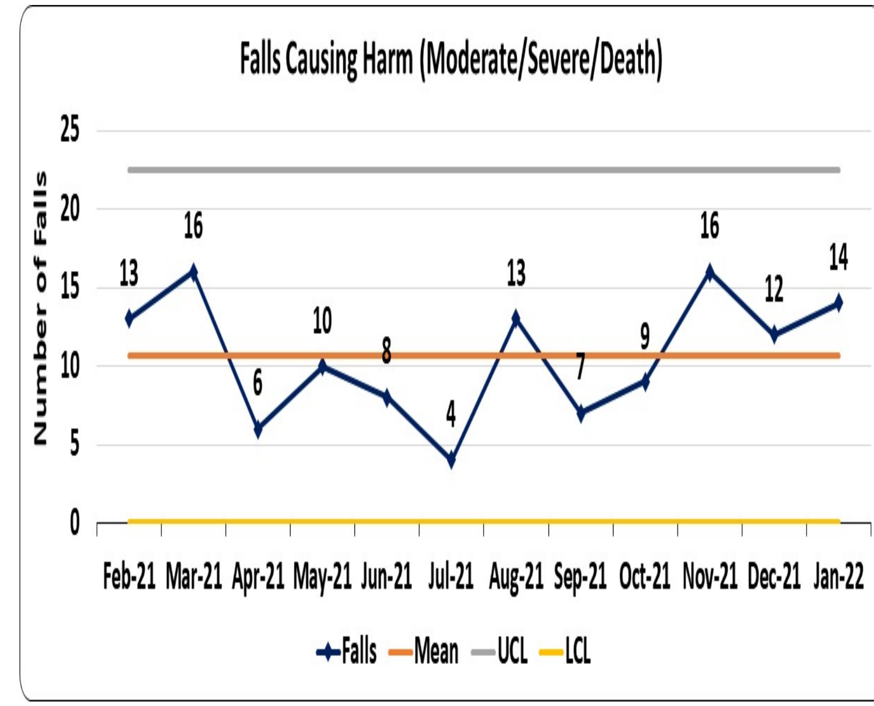
301

There was a rise in the number of falls reported for January 2022 (301) compared to the previous month (259) and is 19% greater than the 12-month average of 253.

The number of inpatient falls resulting in moderate harm this month is 13 with 1 fall recorded as resulting in death. A review is currently underway to identify any opportunities for learning.

Efforts continue via the Quality and Safety Committee and the Falls Scrutiny Panel to address the high level of hospital falls within the health board. Ongoing initiatives include achieving a greater understanding of the number of repeat falls, falls per bed day, standardising improvement efforts and implementing proactive measures for fall avoidance and escalation.

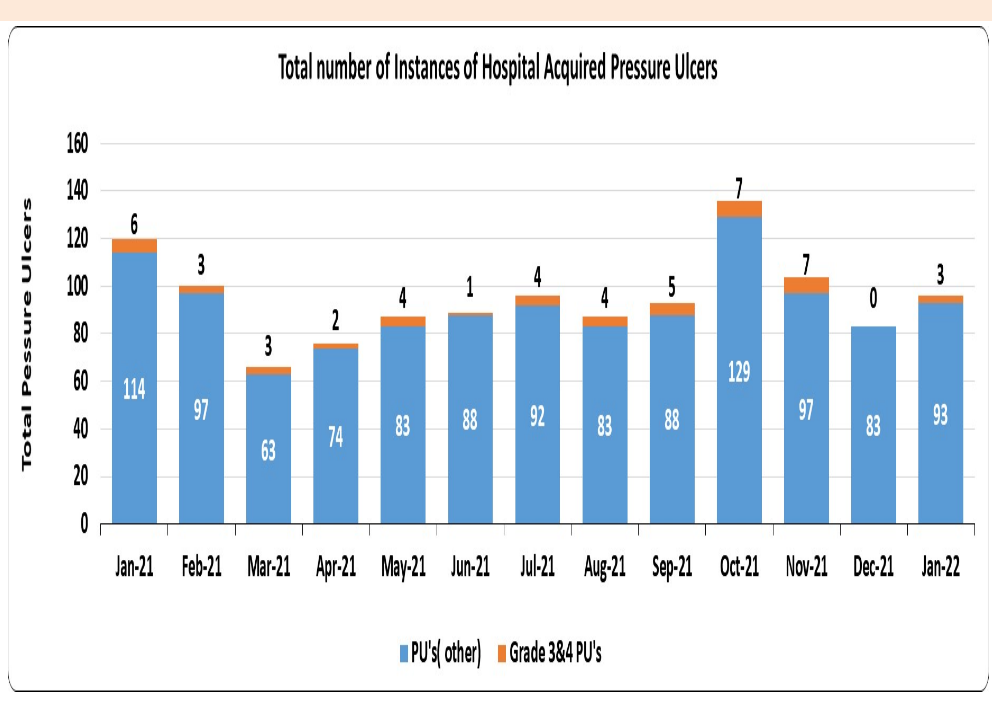


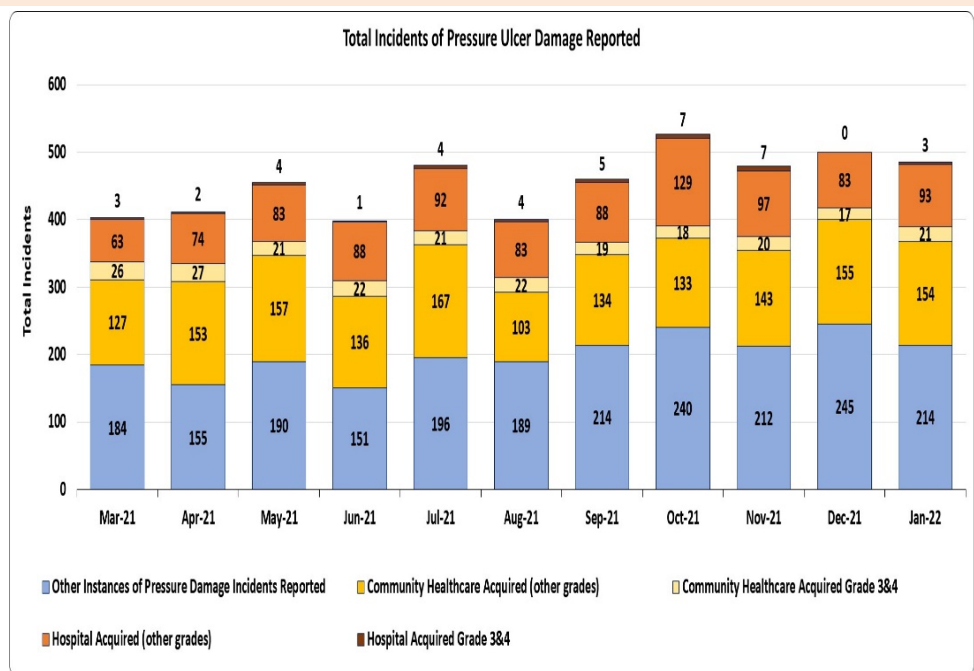


Pressure Damage Incidents

Total number of reported Pressure Damage – January 2022

485





During January 2022, a total of 484 pressure damage incidents were reported, a reduction of 3% on the previous month (500).

The highest number of incidents reported (174) were identified as developed outside of hospital setting (within district nursing settings). Of the total number of pressure damage incidents reported, 94 were identified as hospital acquired, of which three were reported as grade 3. The highest numbers were recorded for Accident & Emergency, Royal Glamorgan Hospital and Emergency Department, Princess of Wales Hospital

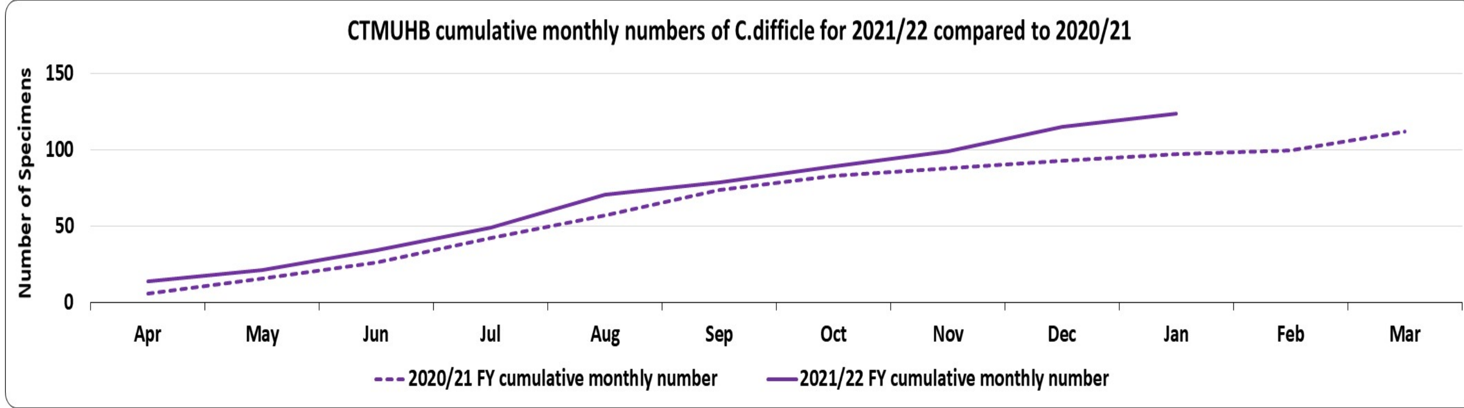
In the calendar year 2021, 3015 Healthcare Acquired Pressure Damage Incidents were reported. To date, an investigation has been completed for 1945 (65%) of these, with 285 recording an outcome of avoidable (15%).

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Infection Prevention and Control

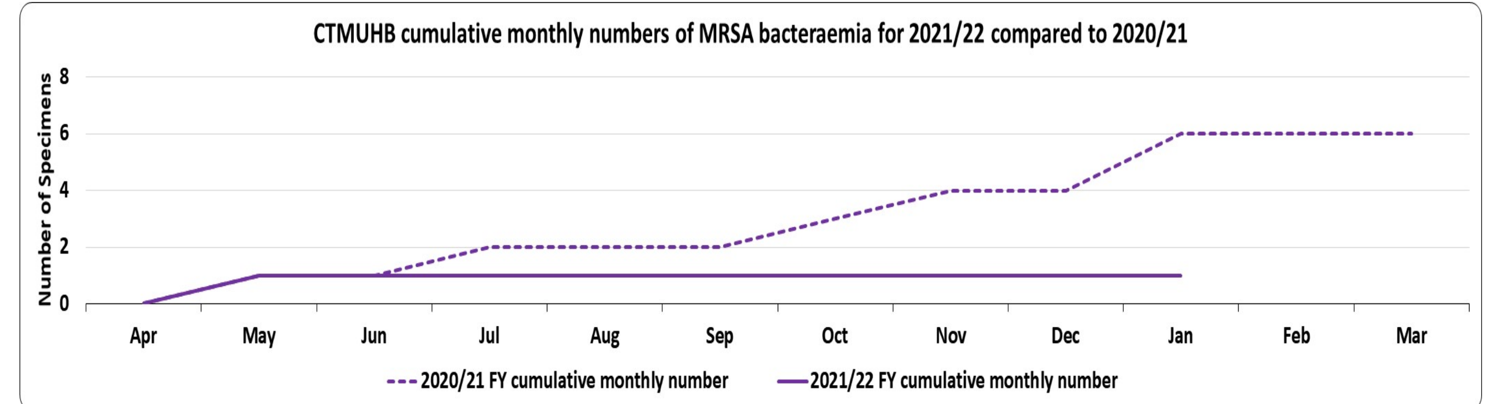
C.difficile

124 incidents of C.difficile were reported by CTM between Apr-Jan 2022. This is approximately 28% more than the equivalent period in 2020/21. The provisional rate per 100,000 population for 2021/22 is 32.88



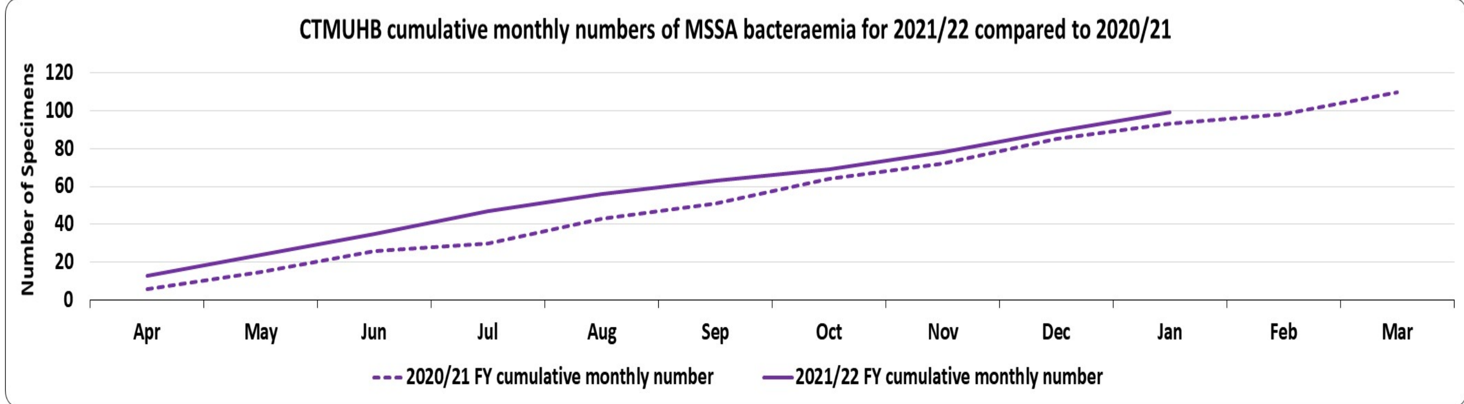
MRSA

1 incident of MRSA bacteraemia was reported by CTM between Apr-Jan 2022 (83% fewer instances than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 0.27



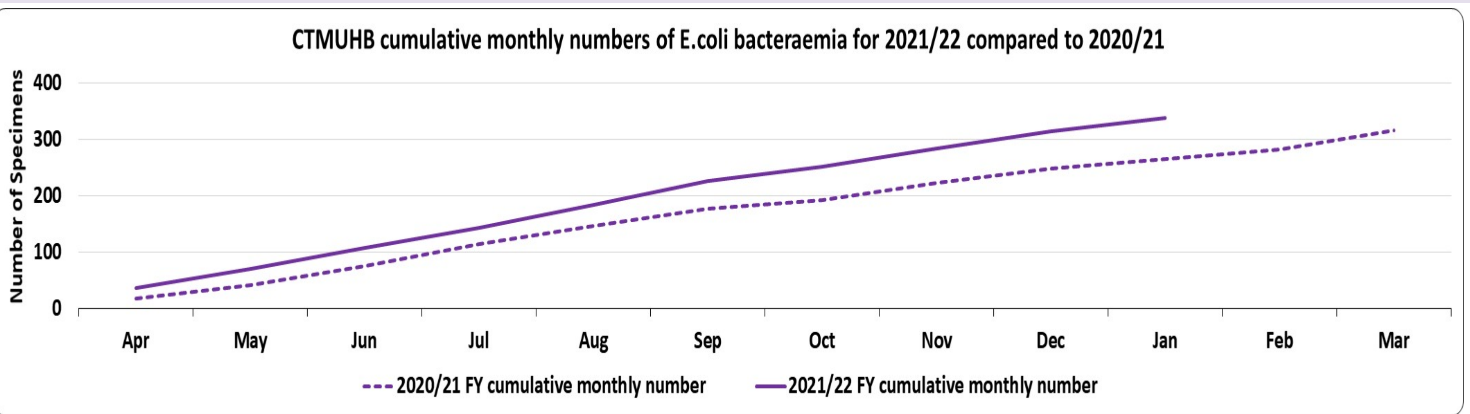
MSSA

99 instances of MSSA bacteraemia were reported by CTM between Apr-Jan 2022 (approximately 6% more than the equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 26.25



E.coli

338 instances of E.coli bacteraemia were reported by CTM between Apr-Jan 2022 (approximately 27% more than equivalent period in 2020/21). The provisional rate per 100,000 population for 2021/22 is 89.63



An increase in cases has been reported for most surveillance organisms from April – January 2022, a situation which is mirrored across Wales. Work is ongoing at a national level to determine whether the additional use of broad spectrum antibiotics and sessional use of personal protective equipment has contributed to the rise in cases across Wales.

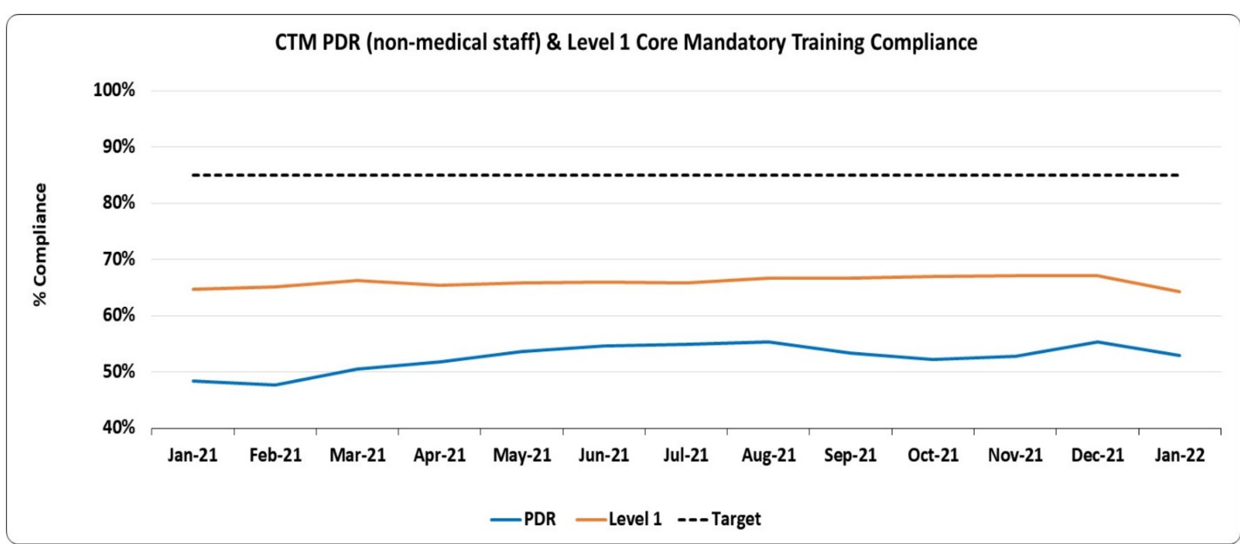
Information on the local reduction expectations for each of the ILGs and the findings of the external review of decontamination in CTM jointly undertaken by the Health Board and NHS Wales Shared Services will be provided in future reports. Planned improvements to the IPC services have been proposed but remain outstanding.

2.3 People

In summary, the main themes of the People Scorecard are:

2.3.1 Personal Development Reviews (PDRs) & Core Mandatory Training (Level 1):

Overall PDR (non-medical staff) compliance for January 2022 is 52.9%, a fall in compliance on the previous month of 55.3%, and continues to remain below the target of 85%.

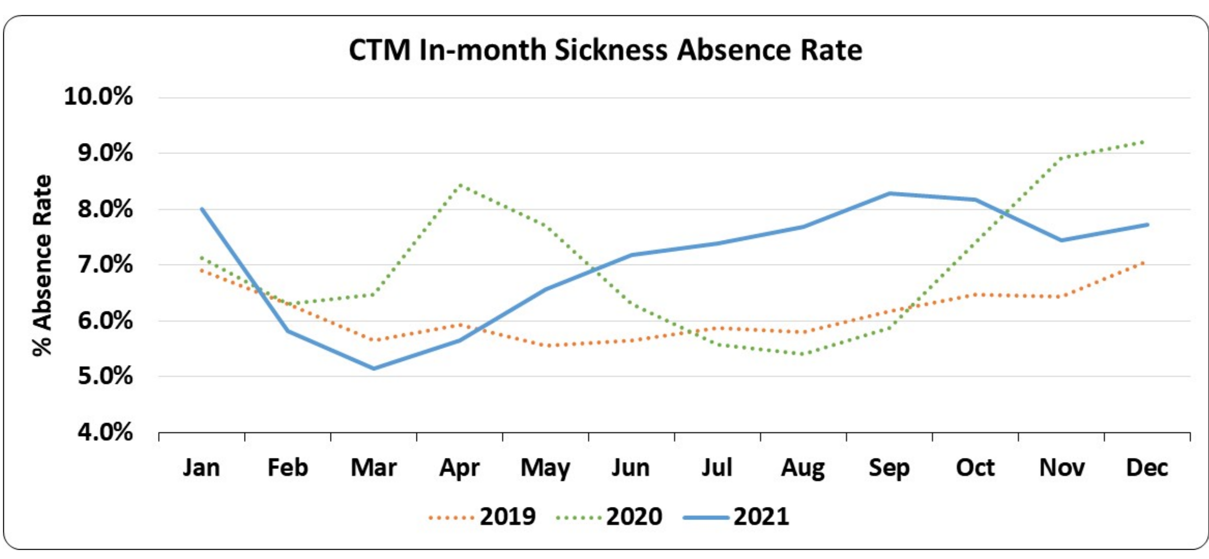


Combined core mandatory training compliance for January 2022 averages 57.1%, with overall CTM compliance for 'Level 1' disciplines at 64.2%. The break down by module shows that uptake is not consistent, with 78.0% of staff completing the equality, diversity and human rights training, a level over 40% higher than the proportion who are up to date with their resuscitation training (34.5%).

CTM Level 1 Core Manditory Training Compliance January 2022	
Equality, Diversity & Human Rights	78.0%
Health, Safety and Welfare	76.7%
Moving & Handling	75.6%
Information Governance	72.6%
Infection Prevention and Control	69.0%
Safeguarding Adults	67.1%
Violence & Aggression	67.0%
Safeguarding Children	55.5%
Fire Training	52.0%
Resuscitation	34.5%
HB Overall Compliance	**64.2%**

2.3.2 **Sickness Absence:**

The overall CTM rolling twelve-month sickness rate to December 2021 is 7.1% (7.7% in-month). In comparison to the previous month, occurrences of short-term absences have increased by 15.5% with long-term sickness absence further reducing by 14.4%.



Top 10 Absence Reasons by FTE Days Lost - December 2021				
Absence Reason	**Headcount**	**Absence Occurrences**	**FTE Days Lost**	**% of all absence reasons**
Anxiety/stress/depression/other psychiatric illnesses	448	453	7,870.9	29.6%
Chest & respiratory problems	421	430	3,025.3	11.4%
Other musculoskeletal problems	139	141	2,292.5	8.6%
Other known causes - not elsewhere classified	174	175	2,092.3	7.9%
Infectious diseases	230	232	1,808.5	6.8%
Cold, Cough, Flu - Influenza	336	344	1,512.7	5.7%
Injury, fracture	73	73	1,283.0	4.8%
Gastrointestinal problems	248	254	1,071.2	4.0%
Back Problems	90	91	994.5	3.7%
Benign and malignant tumours, cancers	38	38	841.8	3.2%

2.3.3 **Premium rate agency nurse**

The UHB's use of premium rate nurse agency staff rose slightly for January 2022 (at around 20.6 whole time equivalents). Bank Managers are engaging with Service Managers to ensure that shifts are being put on the roster and out to bank (or on-contract agencies) first before engaging off contract agencies.

2.4 Access

Detailed analysis is provided in the following section of this report, but in summary:

2.4.1 **Urgent Care:**

In January, just over 65% of patients were treated within 4 hours in our Emergency Departments, with less than 30% of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

The UHB faces the greatest challenges at PCH. The in-month reported figure is 55.1%, with the average for the past 12 months being 58.2%.

Overall, attendances remains high, the in-month figure is 2.5% higher than the reported figure for the previous month at 13,782. January's provisional is just over 35% greater than the same period last year.

The CTM 15 minute handover compliance saw a reduction from the previous position to 29.3% (34.5% in December), with 60-minute compliance also falling to 62.3% from 70.1% in the previous month.

For Bridgend ILG, actions taken to improve performance include the appointment of a Head of Patient Flow and Patient Flow Navigators (supporting wards and discharge lounge with early discharges). Further actions include increasing the bed base at Ysbyty'r Seren, dynamic management of Covid bed base and ongoing engagement with site management promoting the message that flow is everyone's responsibility.

RTE ILG continues to experience increased demand in the emergency department at the Royal Glamorgan Hospital due to winter pressures and the impact of the boundary changes resulting in reduced performance against all ED related targets. A pilot project to redirect minor injury patients from the ED at the RGH to the Minor Injuries Unit at Ysbyty Cwm Rhondda is currently ongoing in an attempt to reduce crowding within the department and to ensure that the MIU is fully utilised. Recruitment is ongoing for the patient flow team that will support actions to improve flow across the acute and community hospital sites.

Addressing the recommendations made by Health Inspectorate Wales continues to be a priority within the Urgent Care setting in PCH. One of the schemes to support performance improvement and patient safety is increasing direct clinical contact by ED Consultants. The additional Consultant time will provide support to the wider team in the department and senior decision making capacity around patient care. A second Senior

Nurse for the Emergency and Acute Departments has been appointed on secondment. The additional resource will focus on flows, processes and patient safety within ED and GP referrals.

2.4.2 **Stroke Care:**

A consequence of the challenges being faced in providing accessible emergency care during a third wave of Covid, is seen by the stroke quality indicators, which measure our ability to provide timely stroke care at each stage of the pathway. For December:

- All 3 eligible patients (100%) diagnosed as a stroke (cerebral vascular attack) received thrombolysis within 45 minutes of them arriving at the Emergency Departments

- 51.6% of patients received a CT scan within an hour of arrival

- 8.2% of stroke patients were admitted to an acute stroke unit within 4 hours of their arrival

- 59.7% of stroke patients were assessed by a stroke consultant within 24 hours.

2.4.3 **Planned Care:**

The number of patients waiting for elective treatment continues to increase. Though the number of patients who had waited in excess of 36 weeks at the end of January had increased to 48,944, there was a reduction in the number who had been waiting in excess of 52 weeks (down to 34,778 from 34,920 the previous month).

A number of recovery schemes have been put at risk due to the Omicron Covid situation, where physically possible (following a risk assessment) patients are continuing to be seen and treated and where this is not possible plans are being made to change appointments to a virtual contact.

Outsourcing to the Independent Sector has continued, albeit at a slower pace than anticipated.

2.4.4 **Cancer Care:**

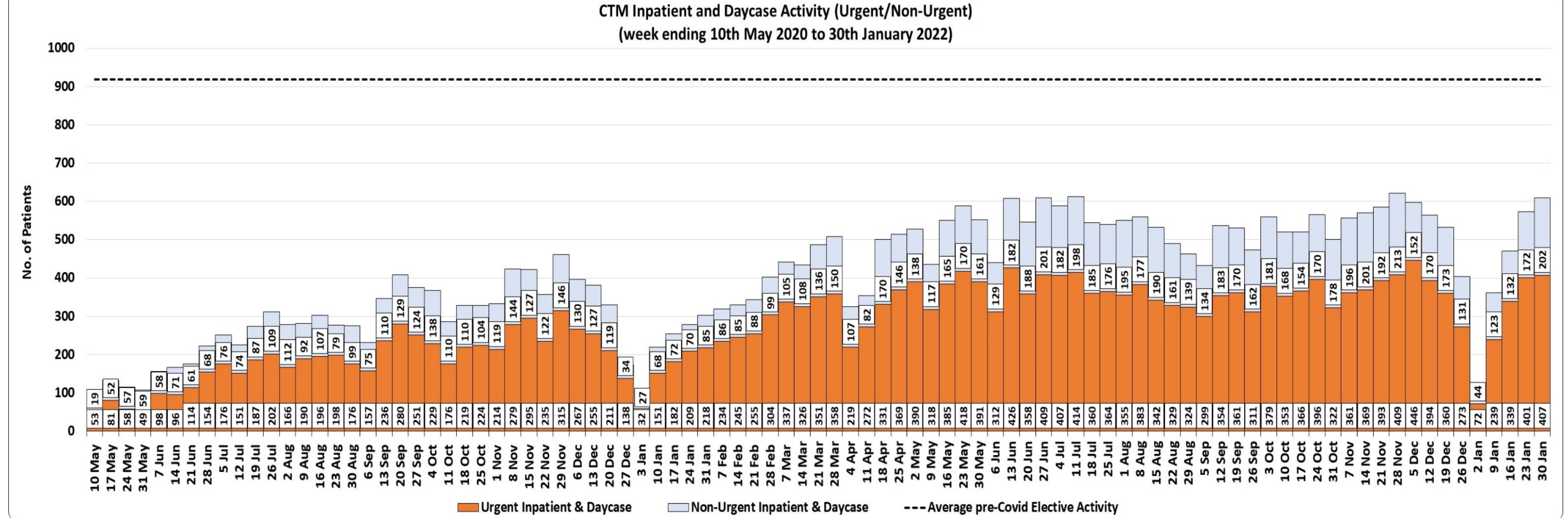
Weekly executive COO assurance meetings are being run across all three ILG's in Urology, Lower GI, Breast, and Gynaecology tumour sites. These sessions also include radiology and pathology support services, cover

outputs of the weekly clinical review, previous weeks and prospective three weeks operational performance, job plans and scheduling principles, improvement trajectories and priority schemes.

The unvalidated performance for January indicates that 35.7% of patients on a cancer pathway commenced treatment within 62 days. This represents a 12.6% decline in overall performance for January compared to the December position (48.3%). Urology, Breast and Lower GI continue to account for the majority of patients not treated in target.

Resetting Cwm Taf Morgannwg – Inpatient / Daycase Activity – to January 2022

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase



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

Elective Activity - Top 10 Specialties January 2022	Average Weekly Elective Activity	Pre-covid Weekly Average	Variance	% Variance
General Medicine	151	147	4	2.6%
General Surgery	79	176	-98	-55.4%
Urology	58	53	5	9.0%
Trauma & Orthopaedic	49	116	-67	-57.8%
Gastroenterology	46	53	-7	-12.7%
Ophthalmology	46	49	-3	-6.6%
Gynaecology	34	62	-28	-45.6%
ENT Surgery	17	52	-35	-67.3%
Cardiology	13	24	-12	-47.9%
Paediatrics	4	9	-5	-52.8%

The table above details the average weekly "Top Ten" specialties that have carried out the highest volumes of elective activity during January compared to the average pre-Covid levels.
As can be seen, current elective activity is over 67% less in ENT, 58% less in T&O, with Gynaecology down by 46% and General Surgery over 55% fewer than pre-Covid levels.

How are we doing?

As can been seen in the chart above, the number of elective treatments delivered in January increased (particularly in the latter weeks), in comparison to December. On average 504 treatments per week were carried out during the month, with the last two weeks of January almost reaching an average of 600. 2021/22 activity delivered to date is approximately 50% of the average elective inpatient volumes delivered in 2019. Urgent activity continues to be in line with volumes observed in previous months, suggesting that the increase has been in non-urgent activity.

Since the 1st April 2021, CTM have sent 1,220 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 715 have been treated, as shown below, which is lower than the initial agreed capacity of 1,480.

Outsourced Activity as at 1st February 2022						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	455	55	329	43	14	14
SPIRE - Shoulders	23	5	10	2	6	0
SPIRE - Gynaecology	78	22	39	10	4	3
SPIRE - General Surgery	21	3	5	10	3	0
NUFFIELD - Orthopaedics	229	55	119	31	5	19
NUFFIELD - General Surgery	76	21	42	8	2	3
NUFFIELD - Gynaecology	113	16	57	8	19	13
NUFFIELD - Ophthalmology	225	46	114	28	3	34

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

BILG Outsourcing Activity:

- 222 Orthopaedic cases sent to Nuffield from Bridgend. 121 have had surgery, 18 booked for surgery in February.
- 224 ophthalmology cases sent, 102 have had surgery to date, 23 further booked and 33 outpatient appointments.
- 110 Gynaecology cases sent to Nuffield. 53 patients treated. 7 booked for February.
- 60 General Surgery cases sent to Nuffield. 42 have had surgery. 5 cases booked for February

RTE Outsourcing Activity:

- 281 Orthopaedic cases sent. 203 treated, 31 dated, 33 returned, and 14 not dated
- DEXA continues with USW. 832 patients scanned and reported

What are the main areas of risk?

No further update from the last reported position.

The independent sector are experiencing issues in relation to:

Outsourcing:

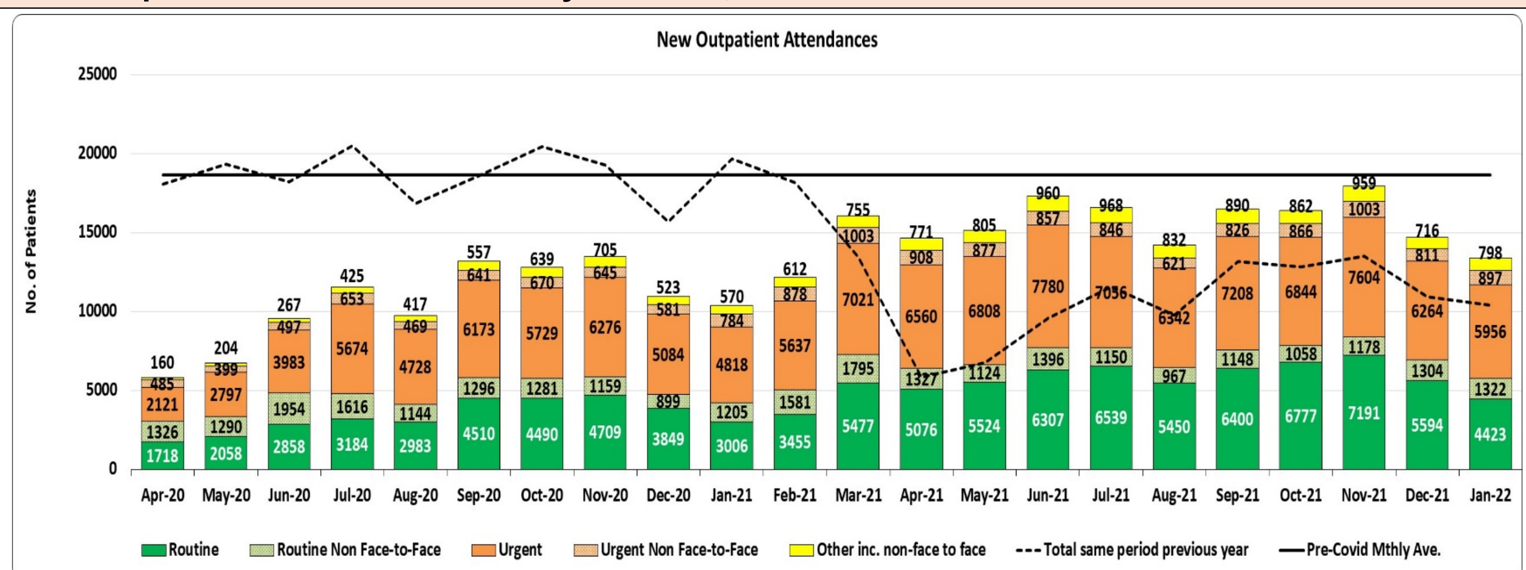
- Capacity for NHS patients in comparison to original plans
- Self-pay/Med Insurance vs NHS patients
- Adopting different ways of working to narrow capacity gap

Procurement:

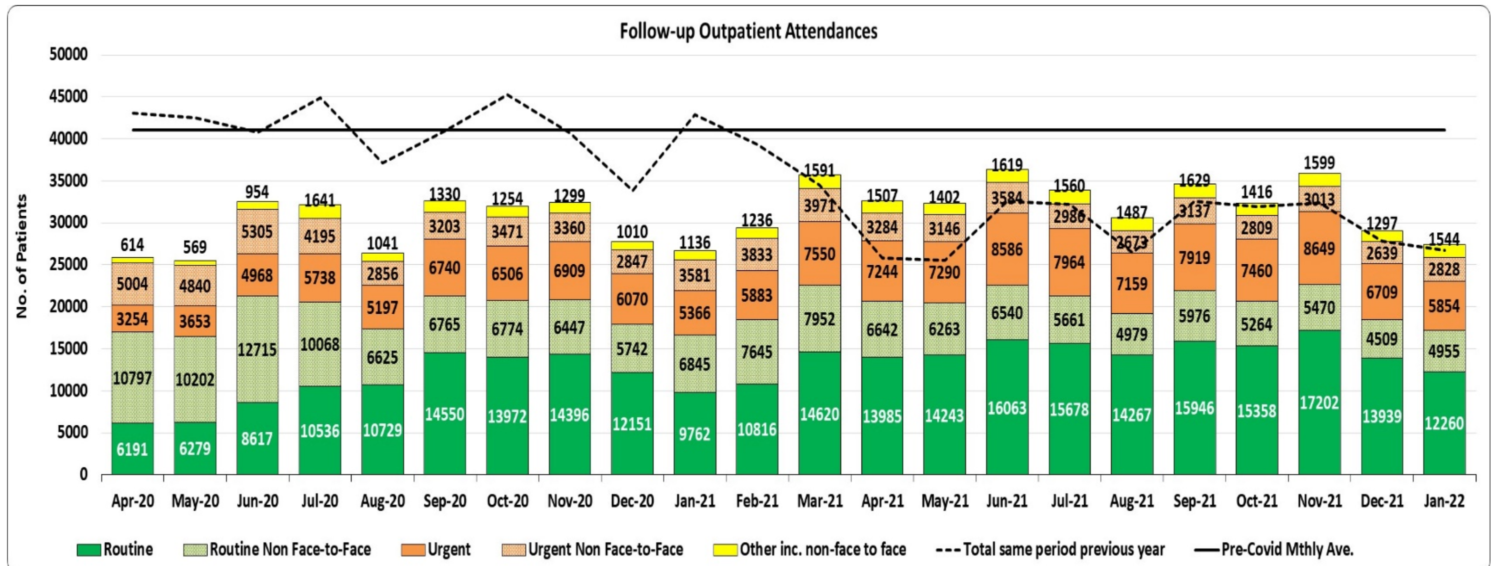
- Procurement capacity to support year end spend solutions

Resetting Cwm Taf Morgannwg – Outpatient Attendances

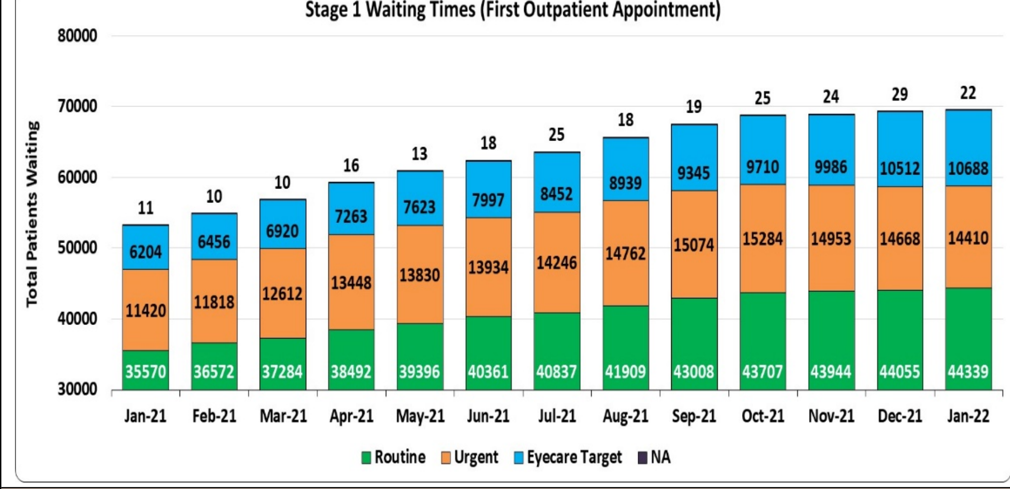
New Outpatient Attendances January 2022 - 13,396



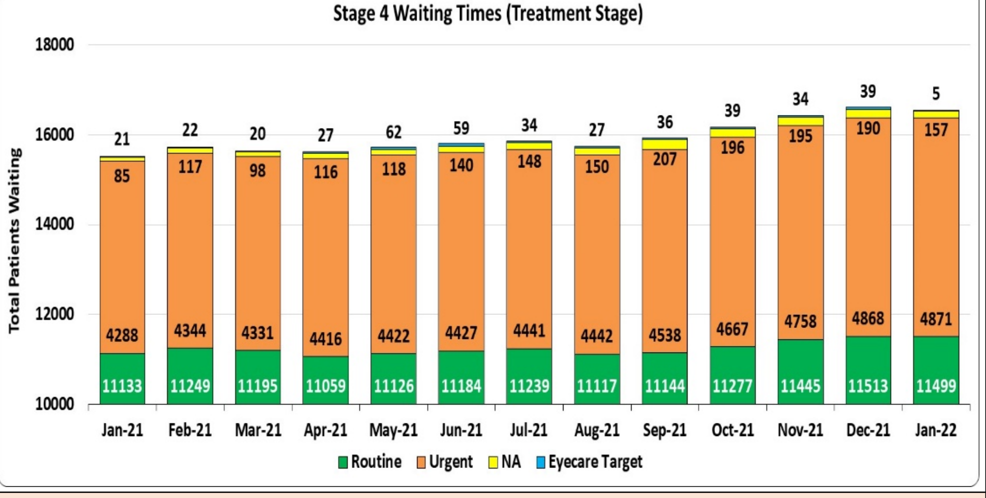
Follow-up Outpatient Attendances January 2022 - 27,441



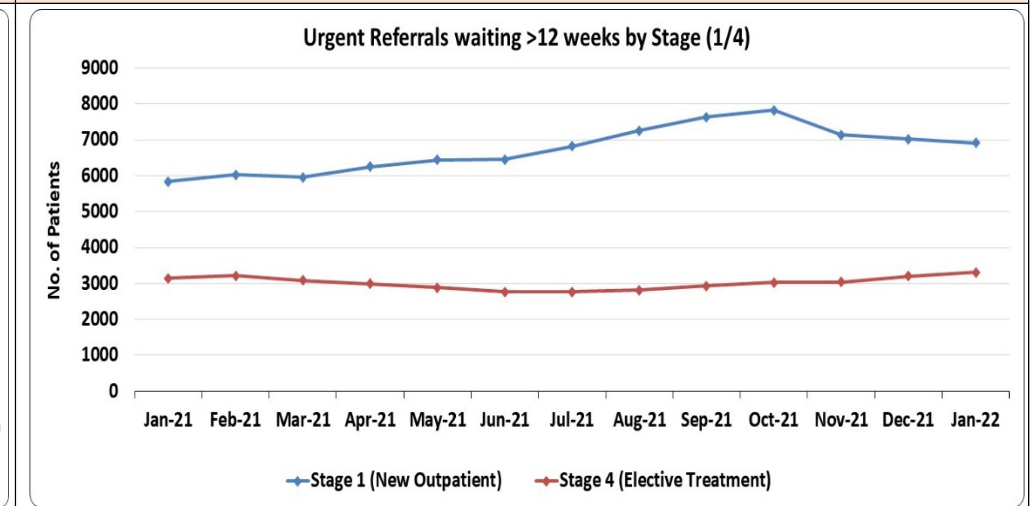
Waiting times Stage 1 (New Outpatients) - 69,459



Waiting times Stage 4 (Treatment Stage) – 16,532



Urgent referrals waiting >12 wks (Stage 1 – 6,913)(Stage 4 – 3,315)



How are we doing?

As at the end of January 2022, there were 69,459 patients awaiting a new outpatient appointment of which 14,410 patients were categorised as urgent and of these 10,688 were ophthalmic patients. This represents an increase of over 30% on the 53,205 patients waiting at the end of January 2021.

There were 16,532 additional patients awaiting treatment and of these, 4,871 were categorised as clinically urgent, a reasonably static position on December (4,868).

What actions are we taking & when is improvement anticipated?

Stage 1-52+ Week Validation: Validation process for this cohort of patients is ongoing and being monitored weekly through project group and the Planned Care Recovery Meetings. Aim to have validated cohort by March 22.

See On Symptoms & Patient Initiated Follow up: Two specialties (Rheumatology and Gynaecology) are now live. Regular meetings scheduled to monitor & drive Dermatology progress. ENT clinician and key stakeholders engagement went well, 'go live' will commence on finalisation of Clinic Outcome form.

Digital Enablers: The roll out of electronic referral (WPRS), Attend Anywhere and Consultant Connect is continuing. Consultant Connect is being considered for urgent Ophthalmology referrals, Attend Anywhere focus is currently on the booking process pathway and mapping of services for Dietetics, Wound Clinic, @Home Service is ongoing for WPRS (Spirometry and Older Persons Mental Health in final stages).

Text & Remind Restart: Restart closure meeting held with provider 27/01/22. Stakeholders happy with service and will continue as BAU. Ownership of service currently being explored.

What are the main areas of risk?

The standing down of all non-urgent/ USC appointments in January due to Omicron is likely to result in an increase of waiting times for some services and as a mitigation, suitable clinics are being converted to virtual contacts. Therapies and other supporting services are continuing to provide advice and deliver virtual services.

Pressures are also affecting our ability to scale up elective care in line with our recovery programme. ILG's are working together to ensure Cancer and Urgent surgeries are still taking place with some cross site support being offered; patients are being offered alternate sites in order to receive their care.
Winter/COVID pressures affecting clinical availability to undertake addition clinical activity alongside combined with fatigue/sickness levels.

DNA Rates - Text message reminds have restarted for appointments that are taking place. There is also an ongoing social media campaign on the DNA rates and impacts these have on waiting times/lost capacity.

Referral to Treatment Times (RTT) – January 2022 (Provisional Position) – Total Open Pathways 113,723

Number of patients waiting >52 weeks – Target Zero

34,778

The provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of January is 34,778, an increase of 373 (1.1%) from December. The breakdown of the 34,778 patients is as follows:

- 7,501 patients relate to Merthyr & Cynon ILG waiting lists
- 14,783 patients relate to Rhondda & Taff Ely ILG waiting lists
- 12,494 patients relate to Bridgend ILG waiting lists

Please note that since July 2020, services have been mapped to the hosting ILG.

Number of patients waiting >36 weeks – Target Zero

48,944

The provisional position for patients waiting over 36 weeks for January is 48,944 patients across Cwm Taf Morgannwg, which is an increase of 1,985 (4.2%) from December (N.B. includes the 34,778 patients waiting over 52 weeks):

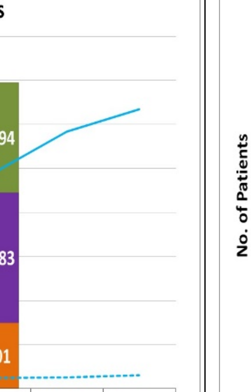
- 9,865 patients relate to Merthyr & Cynon ILG waiting lists
- 21,582 patients relate to Rhondda & Taff Ely ILG waiting lists
- 17,497 patients relate to Bridgend ILG waiting lists

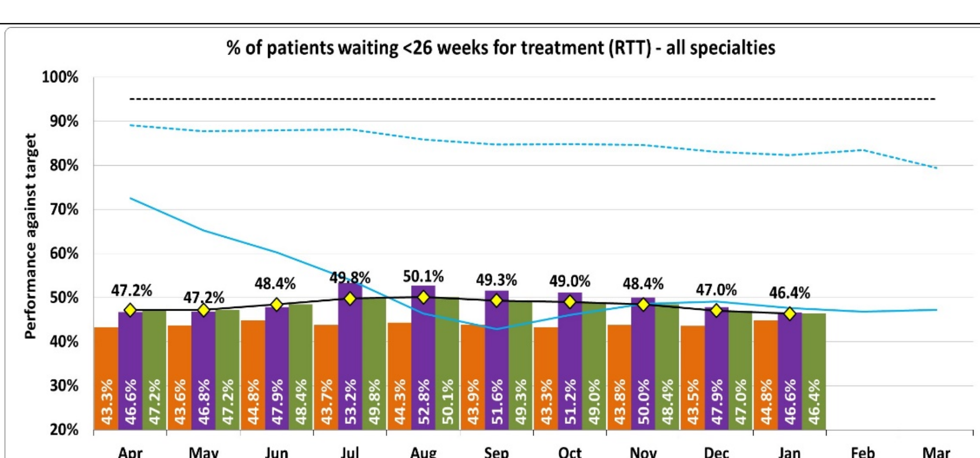
% of patients waiting under 26 weeks – Target 95%

46.4% (<26 weeks 52,726) (>26 weeks 60,997)

In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for January across Cwm Taf Morgannwg is 46.4%. The lowest level observed since March 2021. The position within each ILG is as follows:

- 44.8% Merthyr & Cynon ILG waiting lists
- 46.6% Rhondda & Taff Ely ILG waiting lists
- 46.9% Bridgend ILG waiting lists





How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. At the end of January, the over 52 week waiting list volumes saw an increase of just over 1% on the previous month, bringing the total to 34,778. Compared to the position at the end of April 2021; the January position represents an increase of almost 12% in the number of patients waiting over 52 weeks.

The number of patients waiting over 52 weeks has been increasing incrementally for 8 months in a row and is unlikely to abate whilst there remains such a significant urgent waiting list.

What actions are we taking & when is improvement anticipated?

Under the Elective Care Recovery Portfolio ILG's have worked to develop targeted schemes in order to improve the RTT position, they include:

- Additional capacity schemes
- Waiting list validation schemes
- Outsourcing activity
- Cancer recovery interventions
- Acute Recovery interventions
- Mental Health service recovery schemes
- Paediatric ND backlog
- Running additional lists
- Wellness hubs

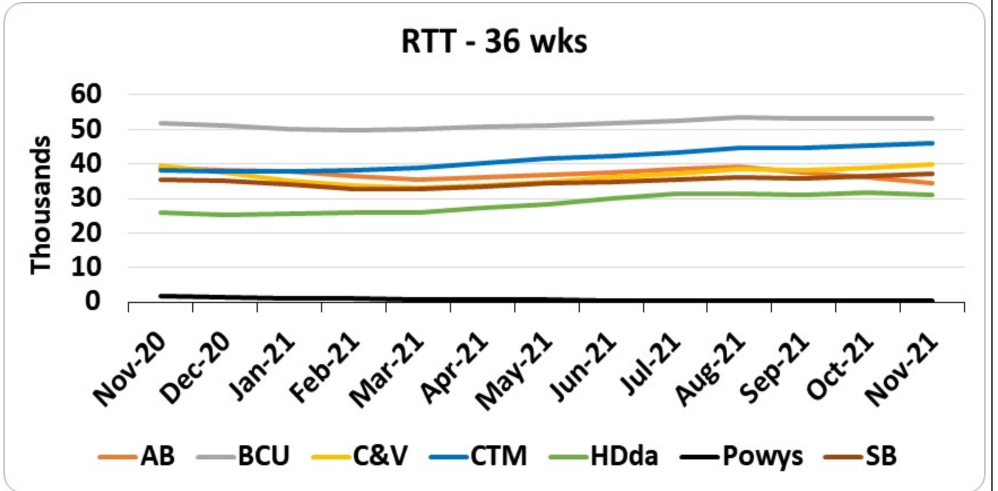
What are the main areas of risk?

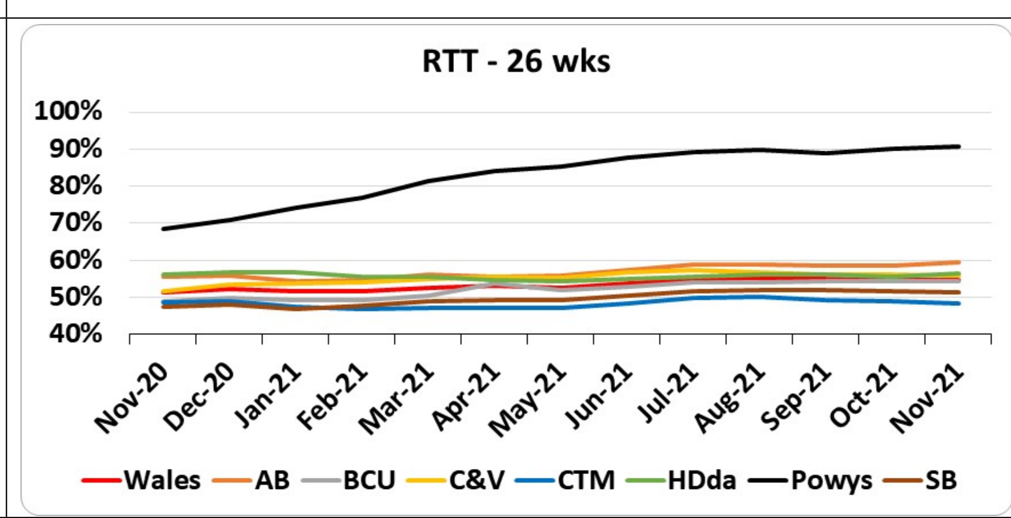
- **Limitations to return to core capacity due to clinical space on sites**: Ongoing discussions between ILGs to reinstate previous clinical space and capacity.
- **A4C & staff engagement for additional activity**
- **Clinical support services capacity**
- **3rd Wave Covid**: Reduction in activity to align with guidance
- **Recruitment**: Funding for fixed term posts (WG OP funding bid is only for 21-22)
- **Staff fatigue/ willingness to support additional capacity**: Additional activity reliant on staff support, even with enhanced rates uptake is lower than anticipated

How do we compare with our peers?

As at November 2021, CTM has the lowest compliance for 26 weeks RTT (48.4%) out of all the other health boards in Wales. ABUHB is better performing of all the acute health boards at 59.4%.

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT (45,900) with BCU ranked 7th (53,217). Again, best performing is Powys (253), with the better performing of the acute health boards being Hywel Dda (30,871).





Diagnostics & Therapies – January 2022 (Provisional Position) / Endoscopy Waits & Surveillance Monitoring

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

Total >8 weeks 15,887

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	5	84	310	399
Cardiology Services	Cardiac CT		55		55
	Cardiac MRI	2	7		9
	Diagnostic Angiography		36	9	45
	Stress Test	16	34	3	53
	DSE	89		35	124
	TOE	4		10	14
	Heart Rhythm Recording	31	25	37	93
	B.P. Monitoring	9	2	1	12
Bronchoscopy			1		1
Colonoscopy		156	565	9	730
Gastroscopy		187	812	9	1008
Cystoscopy			434		434
Flexi Sig		524	692	17	1233
Radiology	Non-Cardiac CT		304		304
	Non Cardiac MRI		1596		1596
	NOUS		9244		9244
	Non-Cardiac Nuclear Medicine		26		26
	Barium Enema		1		1
Imaging	Fluoroscopy		51		51
Physiological Measurement	Urodynamics	34	168	4	206
Neurophysiology	EMG	18	166		184
	NCS	17	48		65
Total		1092	14351	444	15887

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14111	14855	15134	14705	14308	15200	15887		

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

Total >14 weeks 876

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Arts Therapy	1			1
Audiology		103	9	112
Dietetics	289	255	154	698
Occupational Therapy	2	1	2	5
Physiotherapy	0	9	0	9
Podiatry	0	4	0	4
Speech & Language	1	16	30	47
Total	293	388	195	876

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	876		

Number of surveillance patients waiting past their review date

(as at 1st February 2022)

Patient Category as at 1st February 2022	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	101	188	25	314
Over Target	23	49	2	74
Total Patients Waiting	**124**	**237**	**27**	**388**
Urgent Non-Cancer				
Waiting <14 days	81	151	2	234
Over Target	572	1698	0	2270
Total Patients Waiting	**653**	**1849**	**2**	**2504**
Routine				
Waiting <56 days	65	37	209	311
Over Target	394	722	9	1125
Total Patients Waiting	**459**	**759**	**218**	**1436**
Surveillance				
Waiting <126 days past review date	176	220	NO UPDATE AT THE TIME OF WRITING THIS REPORT	396
Waiting >126 days past review date	452	692		1144
Total Patients Waiting Past Review Date	**628**	**912**	**0**	**1540**

Endoscopy patients referred into the CTM service are managed through four referral pathways, each with their own waiting time target:

Referral Pathway	Target
Urgent Suspected Cancer	2 weeks/14 days
Urgent	2 weeks/14 days
Routine	8 weeks/56 days
Surveillance	18 weeks/126 days

How are we doing?

Diagnostics: The provisional position for January indicates that 15,887 patients have been waiting in excess of 8 weeks for a diagnostic procedure. This represents a deterioration of 4.5% (687) from the reported position in December 2021. This deterioration is due in part to an increase in the number of breaching patients waiting for NOUS which has increased by 270 (3%) on the reported December position and currently stands at 9,244 patients waiting in excess of 8 weeks. We have also seen a combined increase, 317 (20%) in the number of breaching patients for Non-Cardiac CT & MRI. However, there is a reduction in the number of patient breaches for Gastroscopy; down by 115 (10.2%) on the previous period.

Therapies: There are provisionally 876 patients breaching the 14 week target for therapies in January, an increase of 185 (26.7%) on the reported position for December. This can be attributed, in part, to the further increase in people waiting more than 14 weeks for a dietetics assessment, which currently stands at 698. Dietetics accounts for almost 80% of the total patients waiting beyond the 14 week target for therapies.

How are we doing?

Escape Pain: Clinics ongoing, leisure centre costs included in this scheme.

Urology/Gynaecology Stage 1 Waiting List: 47% of consultant list for specialist physio have been triaged. Plan is to stop taking new patients now if the intention to stop at the end of March 2022 (due to temporary funding constraints).

Persistent Pain MDT service in Primary Care: This is now included in 22/23 schemes; service plan/benefits outlined.

Vascular MDT: 33% of referrals triaged as appropriate for AHP.

Risks

- Time and ability to recruit to temporary posts
- Effects of lockdown has resulted in increasing demand on core therapy services (increased referrals from PC and increased I/P complexity)
- New wave COVID, increasing staff isolation issues
- Space & medical records limiting factor in UroGynae and vascular schemes

How are we doing?

Insourcing PCH: PCH continues to run 2 theatres each Saturday. RGH started 2 lists each Sunday from 9th January (initially for 9 weeks to coincide with mobile unit)

Additional lists RGH: Saturday lists ongoing.

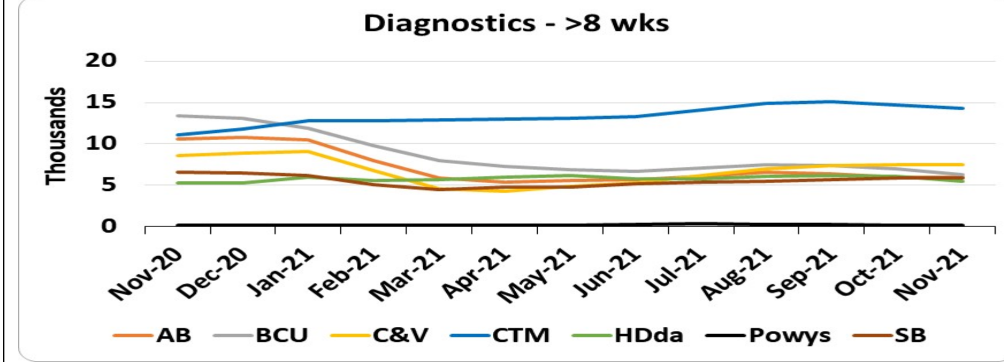
Validation of waiting list MC/RTE: No activity currently. CSG teams mapping out service requirements to identify gaps in terms of what is required and what is feasible.

Mobile unit: Feedback from InHealth is that delivery is to be expected w/c 14th February, therefore, 'go live' is provisionally slated for mid-March. Site visit complete and Estates on plan to accommodate unit.

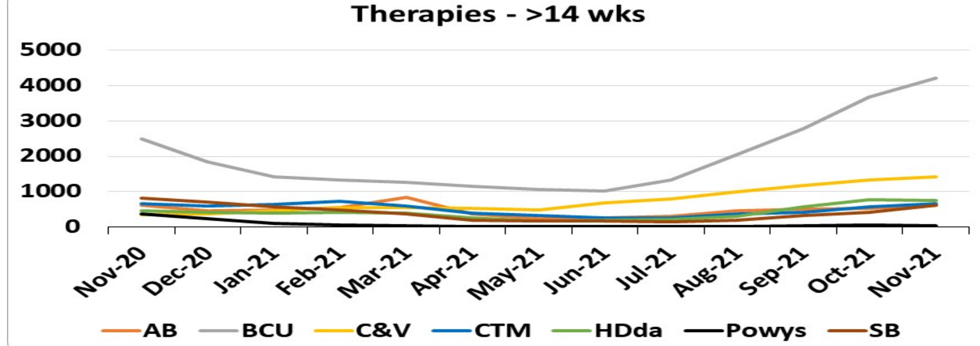
Risks

Insourcing: Need to train insource team to undertake decontamination, provide nursing support on weekends and availability of scopes.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

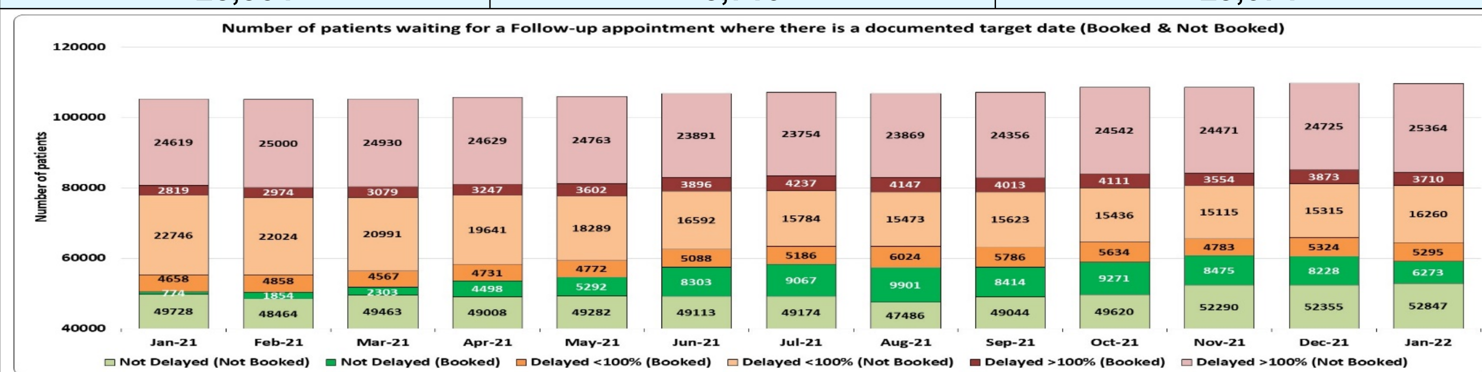
As at November 2021, CTM had the highest number of patients (14,308) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. Powys had the fewest patient breaches (184) with Hywel Dda performing better than the other acute health boards with 5,530 patient breaches.

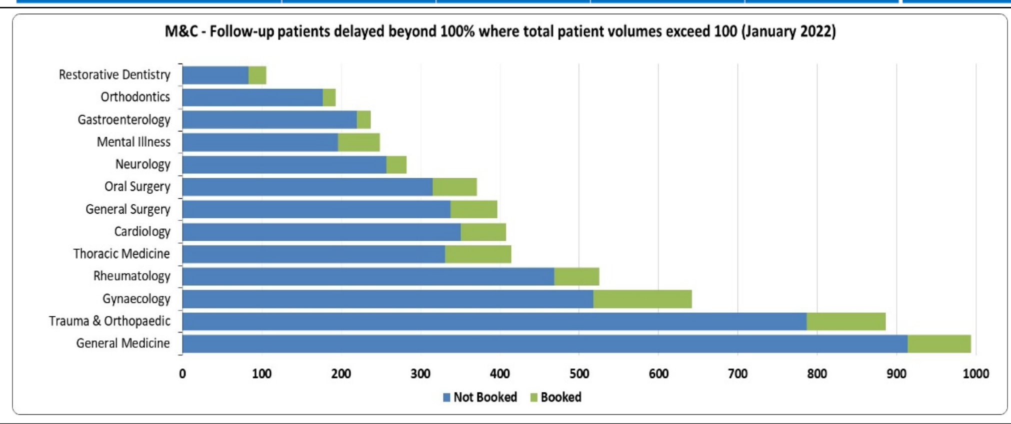
As at the same period, CTM had 663 patients waiting over the 14 week target for a therapy and ranked 4th out of the other health boards in Wales. Again, Powys was first with 42 patient breaches and AB & SBUHB joint 2nd with 629 patient breaches apiece.

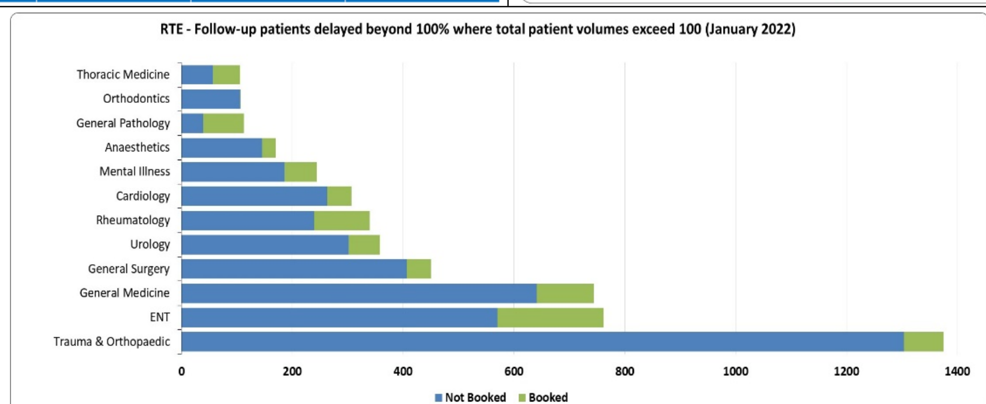
Follow-up Outpatients Not Booked (FUNB) – Janaury 2022 (Provisional Position)

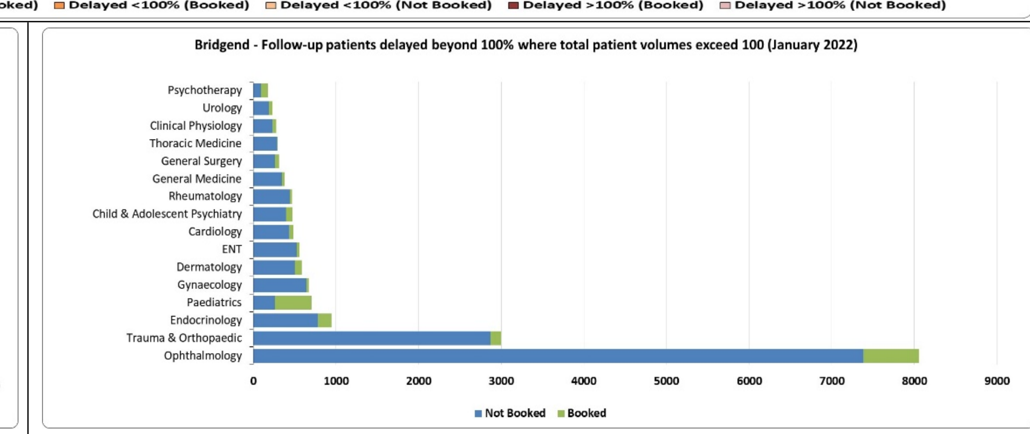
Number of patients waiting for a Follow-up with documented target date - Target <=51,739				Number of patients waiting for a Follow-up delayed over 100% - Target <=10,256		
No Target Date	**Not Booked**	**Booked**	**Total**	**Not Booked**	**Booked**	**Total**
8	**74,402**	**35,347**	**109,757**	**25,364**	**3,710**	**29,074**

Provisional January 2022	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	1	14,310	6,448	20,759	5,046	776	5,822	28.0%
Rhondda & Taff Ely	1	13,299	13,931	27,231	4,398	887	5,285	19.4%
Bridgend	6	46,793	14,968	61,767	15,920	2,047	17,967	29.1%
CTM	8	74,402	35,347	109,757	25,364	3,710	29,074	26.5%









How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of January is provisionally 109,757 and of those patients waiting, 29,074 have seen delays of over a 100% past their target date, representing an increase of almost 6% on the same period last year.

The number of patients without a documented target date stands at 8.

The standing down of clinics in outpatients in January due to the impact of Omicron will impact upon our FUNB figures as vast majority of Follow Up appointments will not be urgent/USC and therefore not take place. There is a drive to communicate the Attend Anywhere system for clinicians to be able to use video consultations where appropriate and these will be picked up in the ILG recovery meetings.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

1. Reduce the numbers of patients waiting for a follow-up appointment.
2. Reduce the length of time patients are waiting for new & follow-up appointment.
3. Transform the way outpatient services are delivered (and that these are sustainable).

The projects that will underpin and support the achievement of these include:

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment. Started and will continue across the HB for majority of patients within this cohort.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties. Impact to be seen from Jan figures in identified specialties as pathways are in development for implementation.
- FU Validation – Administrative validation of waiting lists with a focus on the 100% delayed for an appointment. Small scales but has started across HB.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialities across the health board. There has been very little significant movement in terms of the overall number of patients waiting for a follow up over the last 6 months with figures currently at 29,870 for those two specialties.

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

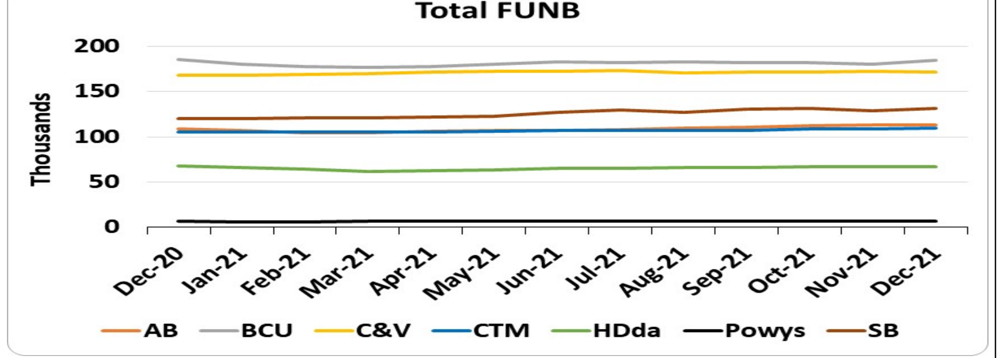
- Total New Patients seen: 13,396; a reduction of 26.4% on the Pre-Covid average (19/20) of 18,186
- Total Follow-up Patients seen: 27,441; over 32.2% reduction on the Pre-Covid average (19/20) of 40,500.

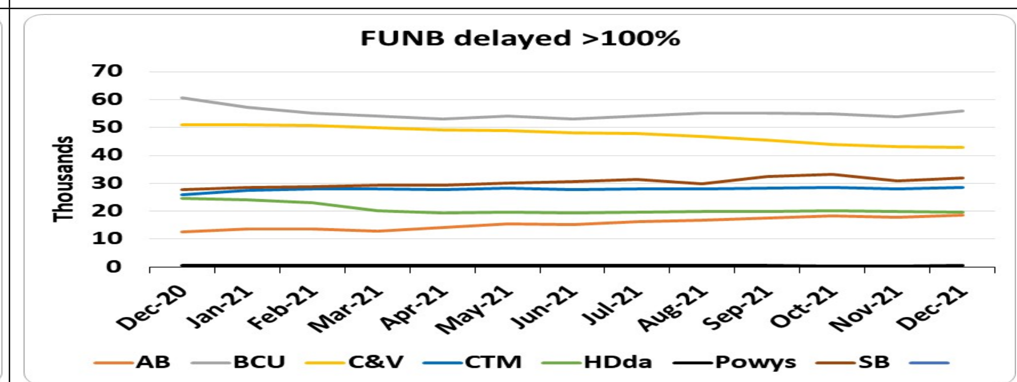
Due to the standing down of non-urgent/ USC clinics these figures are likely to reduce further.

How do we compare with our peers?

Pressures in follow up waiting lists continue to be felt across the whole of NHS Wales, with very little movement in the total follow up position for any health board. We are engaged in monthly all Wales meetings through the Outpatient Steering Group, a sub section of the National Planned Care Board where progress and new initiative ideas are shared and discussed.

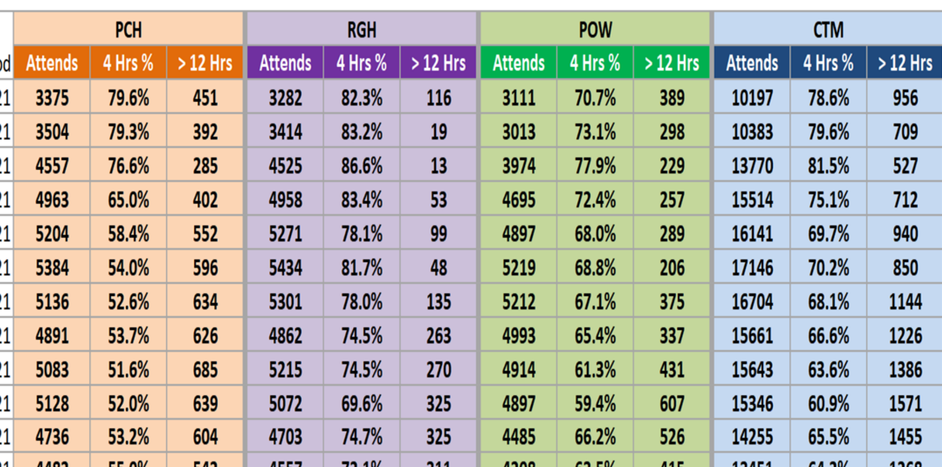
There is a real focus on developing appropriate advice and guidance links between primary and secondary care and this remains a key focus alongside developing SOS/ PIFU pathways across specialties and are pleased to report this work stream has now started with a member of staff in post to progress this.



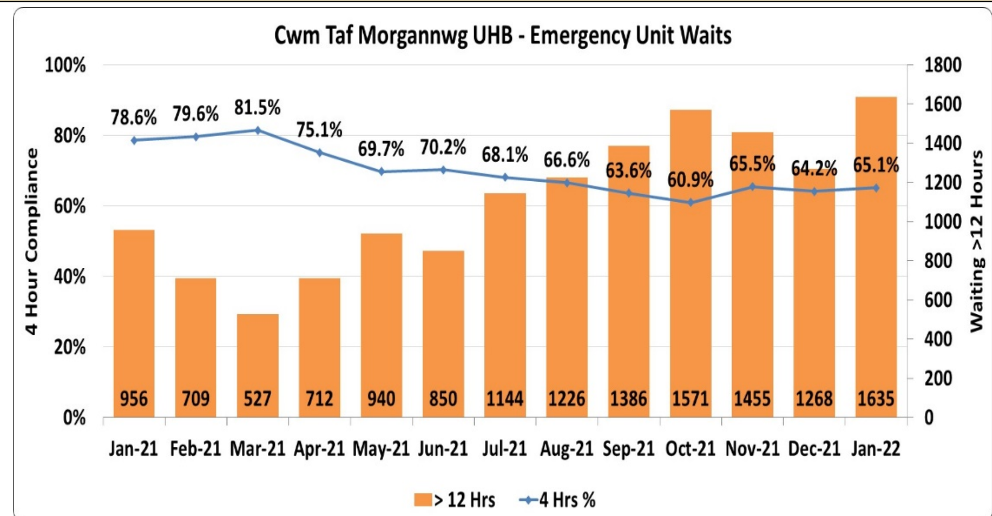


Emergency Unit Waits – January 2022 (Provisional Position)

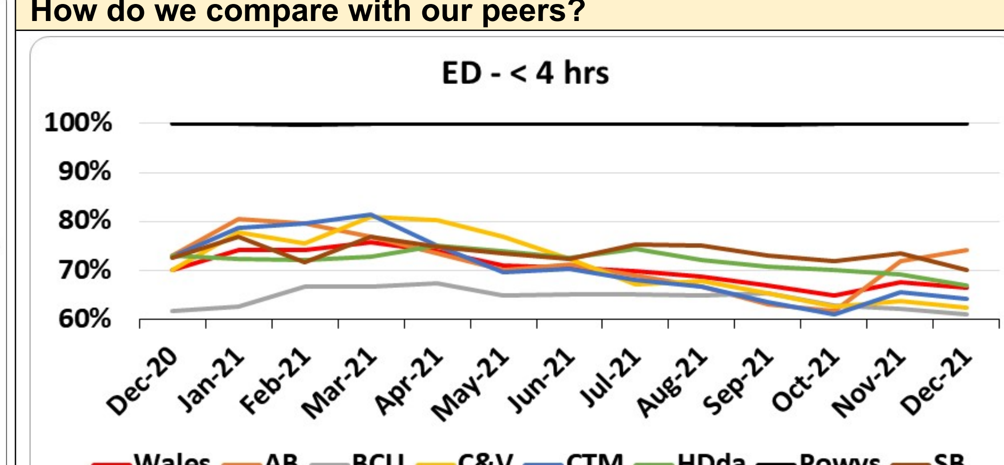
Number of Attendances	% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%	Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Zero
13,782	**65.1% were seen within 4 hours (Waiting >4 hrs 4,806)**	**8.1% of patients were waiting over 12 hours (1,119)**

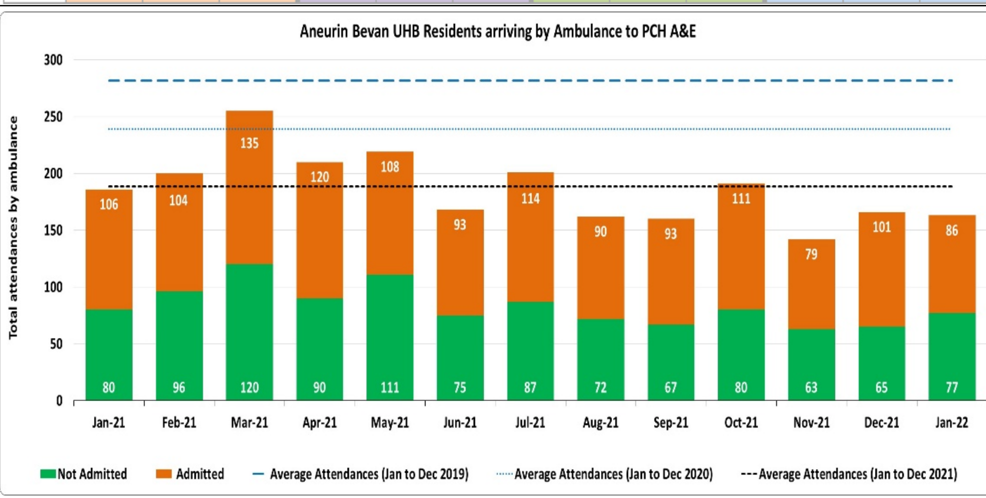


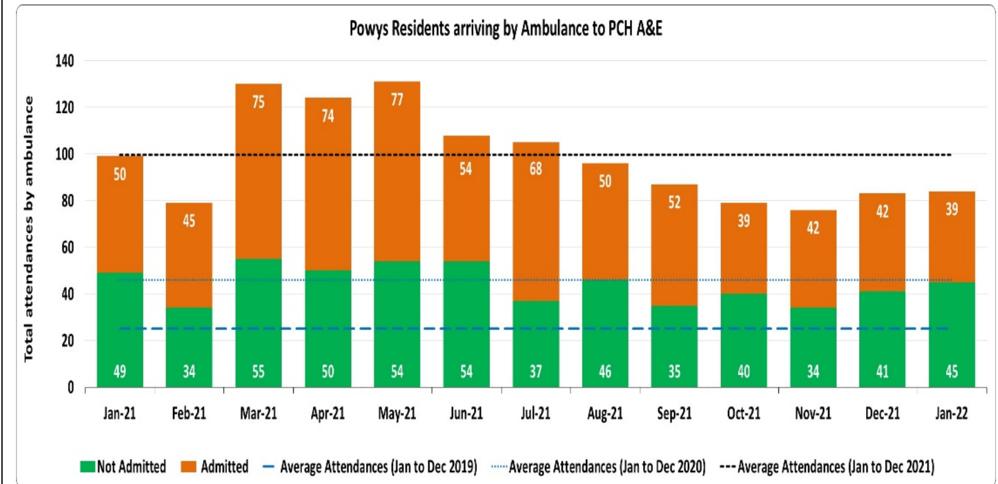
Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5136	52.6%	634	5301	78.0%	135	5212	67.1%	375	16704	68.1%	1144
Aug-21	4891	53.7%	626	4862	74.5%	263	4993	65.4%	337	15661	66.6%	1226
Sep-21	5083	51.6%	685	5215	74.5%	270	4914	61.3%	431	15643	63.6%	1386
Oct-21	5128	52.0%	639	5072	69.6%	325	4897	59.4%	607	15346	60.9%	1571
Nov-21	4736	53.2%	604	4703	74.7%	325	4485	66.2%	526	14255	65.5%	1455
Dec-21	4482	55.0%	542	4557	72.1%	311	4208	63.5%	415	13451	64.2%	1268
Jan-22	4505	55.1%	754	4609	73.1%	406	4230	63.5%	475	13782	65.1%	1635

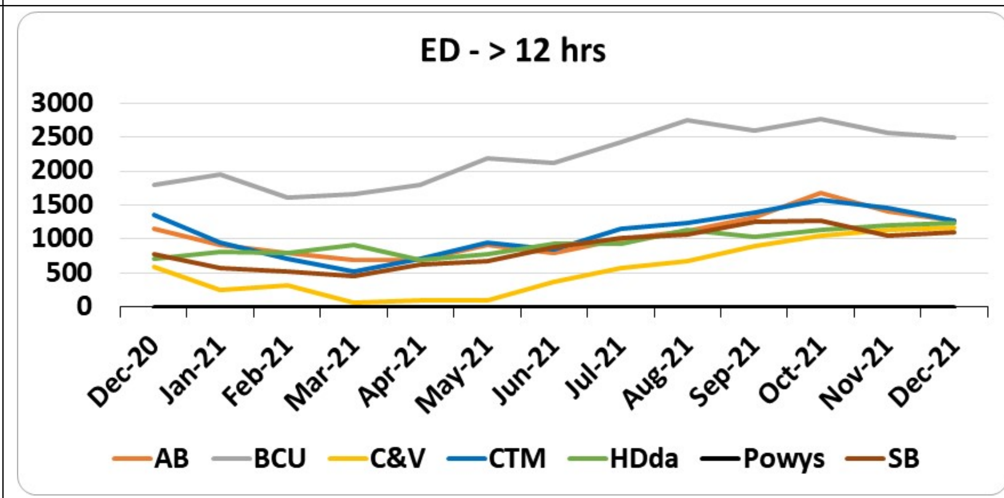


How do we compare with our peers?









How are we doing?

A minor increase in compliance was observed in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department during January, with overall performance at 65.1%. As per the table above, the UHB continues to experience the greatest challenges at PCH, where performance is presently at 55.1%, an almost static position on the previous month (55.0%), with the average for the past 12 months at this site, being 58.2%.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments also experienced a decline on the previous month with 367 more breaching patients, bringing the overall total to 1,635 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances were greater in January (approx. 2.5%) from the previous month at 13,782, remaining high and is more than 35% greater than the same period last year.

Average attendances 2019/20 were around 15,752, with the average 2020/21 being 11,931. From April to date this year, the monthly attendance average has been 15,364, representing an average increase of around 29% on the previous year.

What actions are we taking & when is improvement anticipated?

Bridgend ILG:

- Successful appointment of Head of Patient Flow
- Patient Flow Navigators in post
- Increased bed base at Ysbyty'r Seren
- Dynamic management of Covid bed base.
- Ongoing senior leader engagement to promote message that flow is everyone's responsibility.

RTE ILG:

- Minor injury patients redirection from RGH to Ysbyty Cwm Rhondda
- Recruitment is ongoing for the patient flow team that will support actions to improve flow across the acute and community hospital sites.

MCILG:

- Increased direct clinical contact by ED Consultants.
- Appointment of a second Senior Nurse for the Emergency and Acute Departments
- Electronic Safety Huddle initiation.
- A nurse staffing paper has been submitted for approval by Board which includes the case for the appointment of Patient Flow Co-ordinators

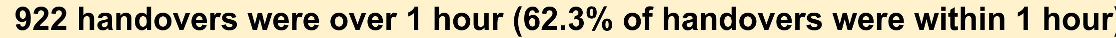
What are the main areas of risk?

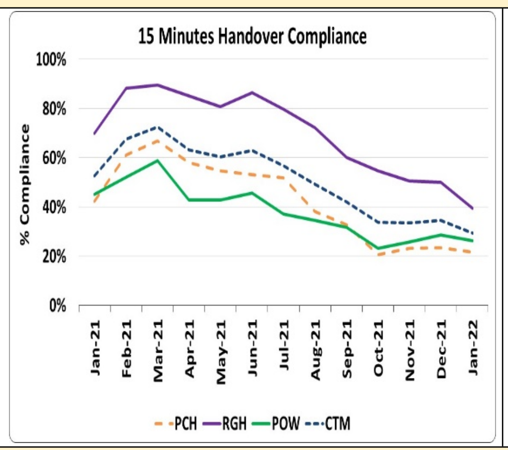
Bridgend ILG:

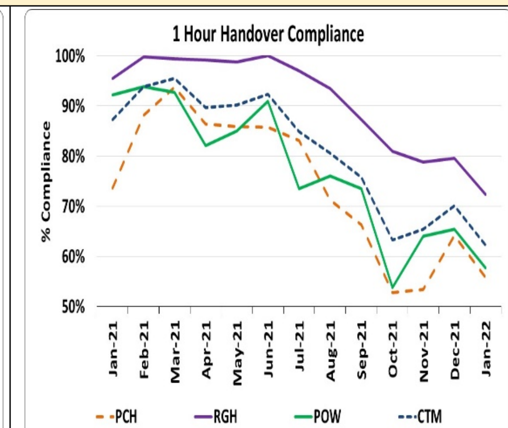
- Ongoing Covid absence affecting all areas of patient care (both clinical and non-clinical).
- Cancellation of non-urgent planned activity has potential to increase demand at the front door.
- Significant patient safety concerns associated with long delays in the Emergency Department. Known correlation between long ED stay and increased mortality.
- WAST diverts of out of area patients to POWH. This leads to longer length of stay with associated issues of repatriation back to local hospital

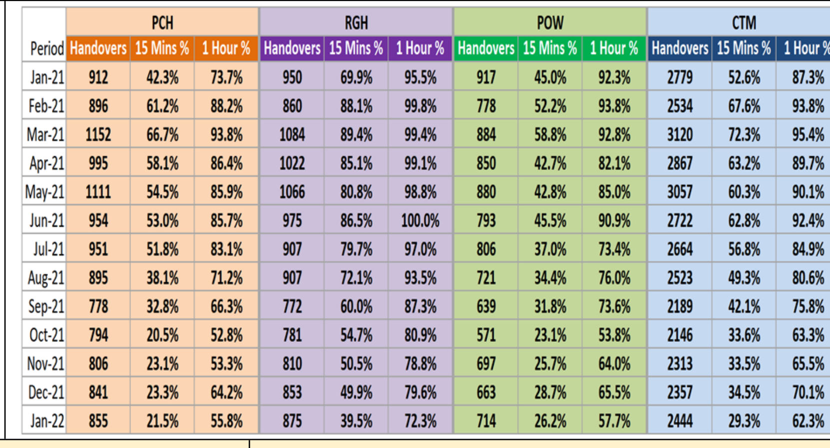
Emergency Ambulance Services – January 2022 (Provisional Position)

Number of ambulance handovers within 15 minutes – Target Improvement	Number of ambulance handovers over 1 hour – Target Zero
Total handovers 2,444 of which 717 handovers were within 15 minutes (29.3%)	**922 handovers were over 1 hour (62.3% of handovers were within 1 hour)**

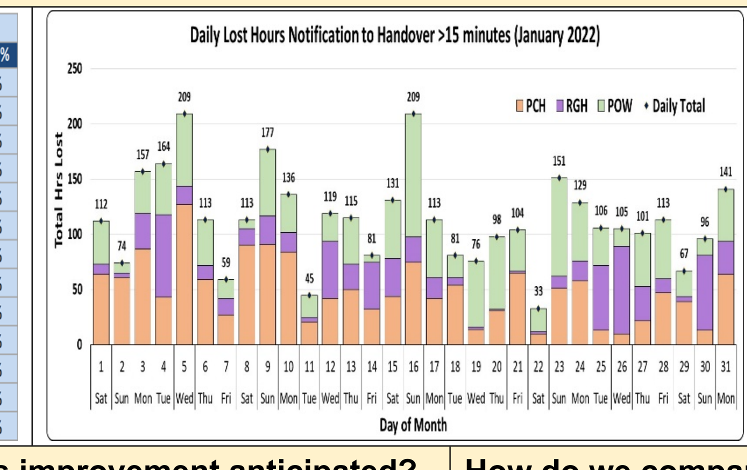


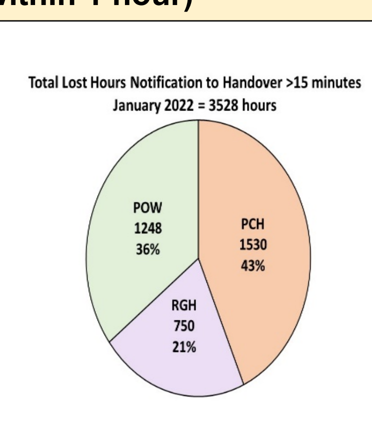






Period	PCH Handovers	PCH 15 Mins %	PCH 1 Hour %	RGH Handovers	RGH 15 Mins %	RGH 1 Hour %	POW Handovers	POW 15 Mins %	POW 1 Hour %	CTM Handovers	CTM 15 Mins %	CTM 1 Hour %
Jan-21	912	42.3%	73.7%	950	69.9%	95.5%	917	45.0%	92.3%	2779	52.6%	87.3%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%
Aug-21	895	38.1%	71.2%	907	72.1%	93.5%	721	34.4%	76.0%	2523	49.3%	80.6%
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%





How are we doing? What actions are we taking?

The CTM 15 minute handover compliance saw a deterioration this month to 29.3%, with 60-minute compliance also falling to 62.3% from 70.1% in the previous month. The number of Ambulance conveyances (2,444) increased by c. 3.7% on the December figure, however remains approximately 12% below the volume seen in the same period of 2021.

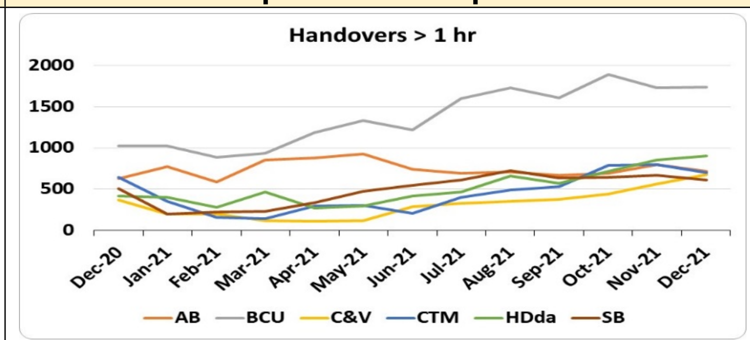
Overall our community lost 3,528 hours of ambulance cover due to handover delays at the Emergency Departments. The highest proportion of these delays were seen at PCH and POW (43% and 36% respectively) and 21% at RGH.

What actions are we taking & when is improvement anticipated?

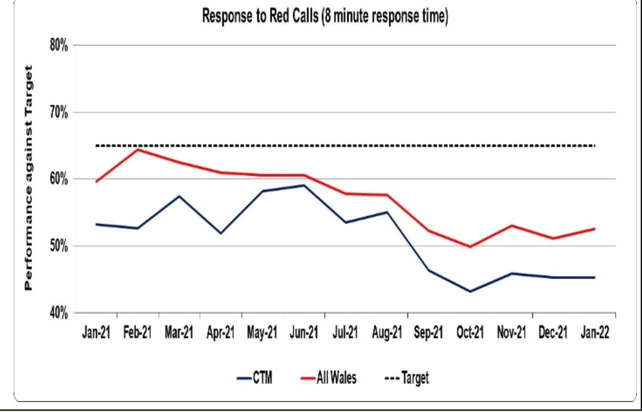
Ambulance handover compliance remains a focus and is discussed regularly at bed meetings and safety huddles. At PCH, capacity within ED has increased now that the former fracture clinic is included in the Amber pathway (which has increased space for ambulatory patients).

Efforts are underway to resolve staffing issues caused by Covid related absences. The additional staff will support flow across the site (which will support flows within ED), a flow coordinator has taken up post to support the site management team.

How do we compare with our peers?

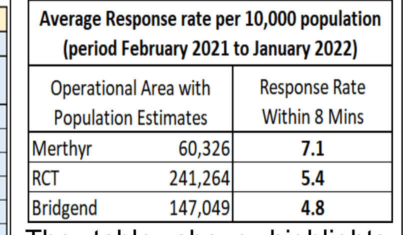


Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) Compliance January 2022 – 45.3%



WAST Operational Area Response to Red Calls within 8 minutes - Target 65% *(Please note that the data respresents WAST Operational area and not ILG)*

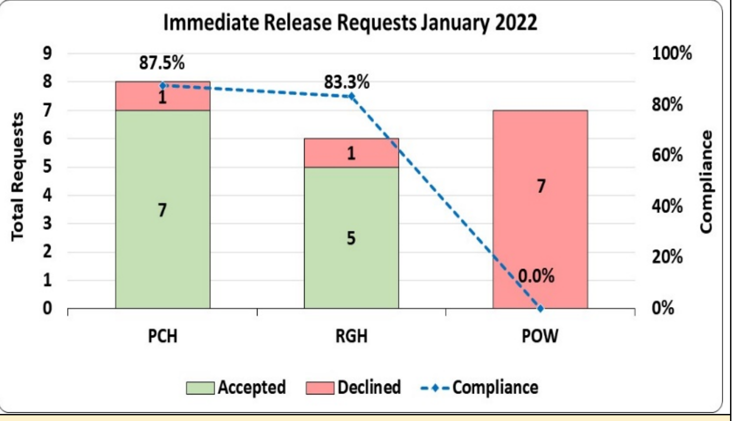
Period	Merthyr Total Responses	Merthyr Responses within 8 mins	Merthyr % within 8 mins		RCT Total Responses	RCT Responses within 8 mins	RCT % within 8 mins		Bridgend Total Responses	Bridgend Responses within 8 mins	Bridgend % within 8 mins		CTM Total Responses	CTM Responses within 8 mins	CTM % within 8 mins	
Jan-21	65	38	58.5%	✗	199	99	49.7%	✗	125	70	56.0%	✗	389	207	53.2%	✗
Feb-21	53	30	56.6%	✗	177	85	48.0%	✗	72	44	61.1%	!	302	159	52.6%	✗
Mar-21	69	40	58.0%	✗	234	127	54.3%	✗	68	46	67.6%	✓	371	213	57.4%	✗
Apr-21	59	35	59.3%	✗	240	111	46.3%	✗	125	74	59.2%	✗	424	220	51.9%	✗
May-21	100	59	59.0%	✗	250	137	54.8%	✗	121	78	64.5%	!	471	274	58.2%	✗
Jun-21	73	36	49.3%	✗	260	153	58.8%	✗	150	96	64.0%	!	483	285	59.0%	✗
Jul-21	73	39	53.4%	✗	269	139	51.7%	✗	153	87	56.9%	✗	495	265	53.5%	✗
Aug-21	77	47	61.0%	!	243	137	56.4%	✗	129	63	48.8%	✗	449	247	55.0%	✗
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%	✗



Average Response rate per 10,000 population (period February 2021 to January 2022)

Operational Area with Population Estimates		Response Rate Within 8 Mins
Merthyr	60,326	7.1
RCT	241,264	5.4
Bridgend	147,049	4.8

The table above highlights that Merthyr area continues to receive a higher response rate per head of population than the other two geographic areas of CTM.



How are we doing?

Response to Red Call
Significant and sustained pressures faced by our ambulance services continues and response times remained static during January 2022 at 45.3%. The Welsh average saw a slight improvement to 52.5% from 51.1% and has remained below target for the past year. CTM performance for the last twelve months averages out at 50.5%.

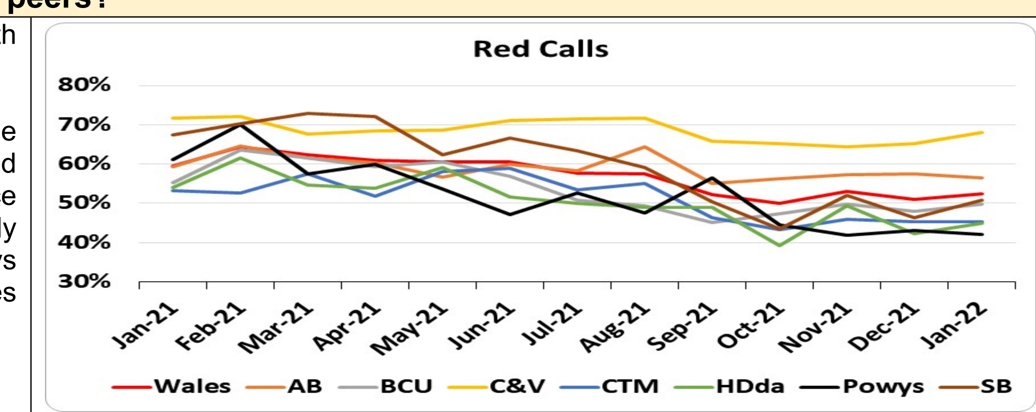
Red Call Volumes shown in the central table continues to remain high with 506 observed in January, although 16.6% fewer than the previous month (607). Pre-Covid levels averaged 351 per month whilst the Cwm Taf average for the last 12 months is 487 representing an approximate increase of 37%.

Immediate Release Requests (shown centre right) received when a WAST crew which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 21 during January. The ED services were able to support affirmatively 12 (57.1%) of those requests representing the same level as in December 2021.

How do we compare with our peers?

CTM ranked 5th out of all the health boards in Wales, at 45.3%.

Response times remain better in the dense urban areas, with Cardiff and Vale achieving 68.1% compliance and worse in the more geographically challenging areas, with Powys receiving the poorest response times at 42.1%.



Stroke Quality Improvement Measures (QIMs) – December 2021

% 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
8.2%	**100%**	**51.6%**	**59.7%**

Prince Charles Hospital	Measure	Dec-20	Jan-21	Feb-21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	43	40	43	53	44	39	47	48	43	47	45	40	40
	No of patients within 4 hours	4	1	7	6	11	12	14	9	3	7	3	3	5
	% Compliance	9.3%	2.5%	16.3%	11.3%	25.0%	30.8%	29.8%	18.8%	7.0%	14.9%	6.7%	7.5%	12.5%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	3	1	7	1	4	2	3	4	1	1	2	1	3
	Total thrombolysed	5	3	7	2	7	6	5	6	3	3	4	1	3
	% Compliance	60.0%	33.3%	100.0%	50.0%	57.1%	33.3%	60.0%	66.7%	33.3%	33.3%	50.0%	100.0%	100.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	45	42	44	53	46	42	49	48	44	47	47	44	41
	No of patients within 1 hour	27	29	30	25	26	25	27	31	27	25	29	26	25
	% Compliance	60.0%	69.0%	68.2%	47.2%	56.5%	59.5%	55.1%	64.6%	61.4%	53.2%	61.7%	59.1%	61.0%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	45	42	44	53	46	42	49	48	44	47	47	44	41
	No of patients within 24 hours	31	31	34	39	33	28	30	31	32	34	32	32	25
	% Compliance	68.9%	73.8%	77.3%	73.6%	71.7%	66.7%	61.2%	64.6%	72.7%	72.3%	68.1%	72.7%	61.0%

Princess of Wales Hospital	Measure	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	21	18	23	30	38	36	22	31	24	36	23	22	21
	No of patients within 4 hours	0	0	0	4	1	0	1	3	1	1	1	0	0
	% Compliance	0.0%	0.0%	0.0%	13.3%	2.6%	0.0%	4.5%	9.7%	4.2%	2.8%	4.3%	0.0%	0.0%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	0	0	0	1	1	1	1	0	1	1	0	2	0
	Total thrombolysed	1	1	1	5	4	4	2	5	4	5	2	2	0
	% Compliance	0.0%	0.0%	0.0%	20.0%	25.0%	25.0%	50.0%	0.0%	25.0%	20.0%	0.0%	100.0%	NIL
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	21	19	24	31	39	36	22	31	25	37	23	22	21
	No of patients within 1 hour	9	11	13	16	18	24	12	16	11	17	12	12	7
	% Compliance	42.9%	57.9%	54.2%	51.6%	46.2%	66.7%	54.5%	51.6%	44.0%	45.9%	52.2%	54.5%	33.3%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	21	19	24	31	39	36	22	31	25	37	23	22	21
	No of patients within 24 hours	6	11	21	28	34	31	20	20	17	30	15	16	12
	% Compliance	28.6%	57.9%	87.5%	90.3%	87.2%	86.1%	90.9%	64.5%	68.0%	81.1%	65.2%	72.7%	57.1%

Cwm Taf Morgannwg	Measure	Dec-20	Jan-21	Feb-21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4hours)	Total admissions	64	58	66	83	82	75	69	79	67	83	68	62	61
	No of patients within 4 hours	4	1	7	10	12	12	15	12	4	8	4	3	5
	% Compliance	6.3%	1.7%	10.6%	12.0%	14.6%	16.0%	21.7%	15.2%	6.0%	9.6%	5.9%	4.8%	8.2%
Percentage of thrombolysed stroke patients with a door to needle time of <= 45 mins	No of patients within 45 mins	3	1	7	2	5	3	4	4	2	2	2	3	3
	Total thrombolysed	6	4	8	7	11	10	7	11	7	8	6	3	3
	% Compliance	50.0%	25.0%	87.5%	28.6%	45.5%	30.0%	57.1%	36.4%	28.6%	25.0%	33.3%	100.0%	100.0%
Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	66	61	68	84	85	78	71	79	69	84	70	66	62
	No of patients within 1 hour	36	40	43	41	44	49	39	47	38	42	41	38	32
	% Compliance	54.5%	65.6%	63.2%	48.8%	51.8%	62.8%	54.9%	59.5%	55.1%	50.0%	58.6%	57.6%	51.6%
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	66	61	68	84	85	78	71	79	69	84	70	66	62
	No of patients within 24 hours	37	42	55	67	67	59	50	51	49	64	47	48	37
	% Compliance	56.1%	68.9%	80.9%	79.8%	78.8%	75.6%	70.4%	64.6%	71.0%	76.2%	67.1%	72.7%	59.7%

How are we doing?

Across all 4 metrics, stroke performance remains at very low levels of compliance. In December, 8.2% (5 out of 61 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. 100% of eligible patients were thrombolysed within 45 minutes (3 eligible patients), 51.6% of patients (32 out of 62 diagnosed patients) had a CT scan within an hour and almost 60% of stroke patients (37 patients of 62 admissions) were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

The wider challenges of working in a Covid environment, with longer service times and barriers to flow, noted previously remain. Diagnosis of the key factors indicates:

- The performance against the 24 hour consultant review target is a reflection of the current 5-day service funded at both PCH and POW, with variation seen depending on whether the stroke consultants are on-call as part of the general internal medicine rota on the weekend.
- The direct admission to the stroke unit with 4 hours at both PCH and POW is associated with the overall flow challenges faced across the Health Board. Significant ‘exit block’ issues at the POW relate to the lack of ESD and community rehabilitation beds to reduce the number of patients who are currently admitted to the stroke ward.
- More recently only 40% of PCH stroke patients have been arriving via ambulance (compared to 80% in January 2021). This means fewer patients are presenting within the 4.5 hour thrombolysis window and more patients are self-presenting to RGH rather than PCH.

What actions are we taking & when is improvement anticipated?

The CTM Stroke Planning Group has agreed a number of short term actions which we intend to implement by end of March 2022. These complement medium and long term actions which will would require either additional or the re-prioritisation of resources. The short term actions in the plan being undertaken include:

- Daily board rounds with nurses, therapists, doctors and Bed Manager to improve patient flow.
- Review of transfer policy from RGH to PCH for stroke patients
- Maintaining weekly MDT meetings
- Ensure transfer policy for direct transfer of stroke patient by ambulance to PCH is in place and operating effectively
- Staff education and collaboration, particularly junior medical staff, to ensure they are familiar with targets, process for seeing patients and contacting colleagues on other sites when advice / expertise needed
- Closer links between PCH and YCR through use of electronic whiteboards to and review patients awaiting transfer
- Increase in therapy / quiet space in PCH and POW to improve therapy input to reduce LOS and improve performance against SSNAP therapy target
- Assessment of long term demand capacity.

The CTM Stroke Planning Group continues to meet on a monthly basis and the ILGs are working through the group to implement the short-term actions.

In addition to the above bullet points and the longer term strategic aims, Public Health Wales are undertaking a stroke equity audit for CTM UHB which will inform the development of a long term plan to address population health needs for stroke through primary and secondary prevention and health promotion.

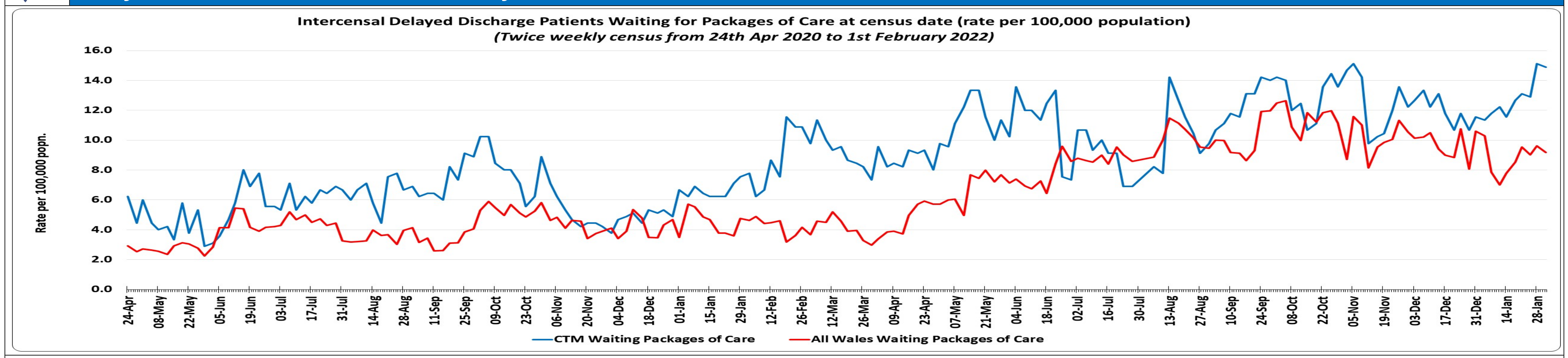
What are the main areas of risk?

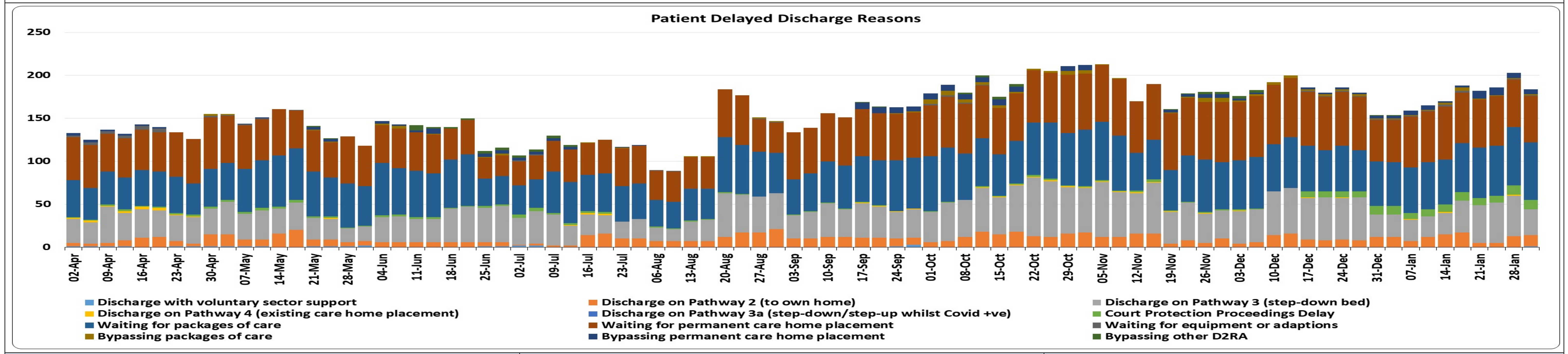
The intended impact of the short term actions, along with the longer term aims, is to maintain the high quality and safety for the patient and improve performance against the 4 QIMs.

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 four hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of ILGs.

A further risk is in the UHB’s ability to be able to invest in some of the longer term plans to improve the stroke pathway, such as rehabilitation, given the financial environment and WG allocation mechanisms in place.

Delayed Transfers of Care to 1st February 2022





How are we doing?

The top chart indicates that the rate of patients whose transfer of care is delayed due to waiting for packages of care (bypassing the Discharge to Recover then Assess Pathways – D2RA) has risen since July 2021 and presently stands at 14.9 delays per 100,000 population (c.67 individuals). This is higher than the national rate which is 9.2 per 100,000 population.

The bottom chart shows the total number of patients currently awaiting their next stage of care, presently there are 184 individuals in this predicament. The two main reasons for patients experiencing a delay in the transfer of their care are; the availability of a suitable package of care being put in place and the availability of an acceptable permanent care home placement. During January there had been a rise in the number of patients waiting to transfer to a community hospital or other bedded intermediate care facility (step-down bed), although at the census day of the 1st February numbers have fallen by around 36% on the previous census.

What actions are we taking & when is improvement anticipated?

We are seeing increasing number of patients waiting care packages across all localities, with Bridgend experiencing the largest increase.

This is a national issue and WG have a strategic work stream 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.

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. Covid restriction across the patch means we have 25 “red homes” which are closed to admissions, leaving availability of beds limited.

Single Cancer Pathway (SCP) – December 2021

% of patients starting first definitive cancer treatment within 62 days from point of suspicion Target 75% - **Compliance 48.3%**

CTMUHB - SCP % Treated Without Suspensions - December 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	11	36.4%
Upper GI	9	16	56.3%
Lower GI	6	22	27.3%
Lung	13	25	52.0%
Skin (exc BCC)	28	35	80.0%
Breast	17	37	45.9%
Gynaecological	0	6	0.0%
Urological	8	33	24.2%
Haematological	9	15	60.0%
Other	6	7	85.7%
Total	**100**	**207**	**48.3%**

The Cwm Taf Morgannwg SCP performance for December improved slightly to 48.3% from 45.1% in the previous month. Predicted performance for January currently is 35.7%. With the exception of skin and other tumour sites, no other tumour sites have achieved the current SCP target.

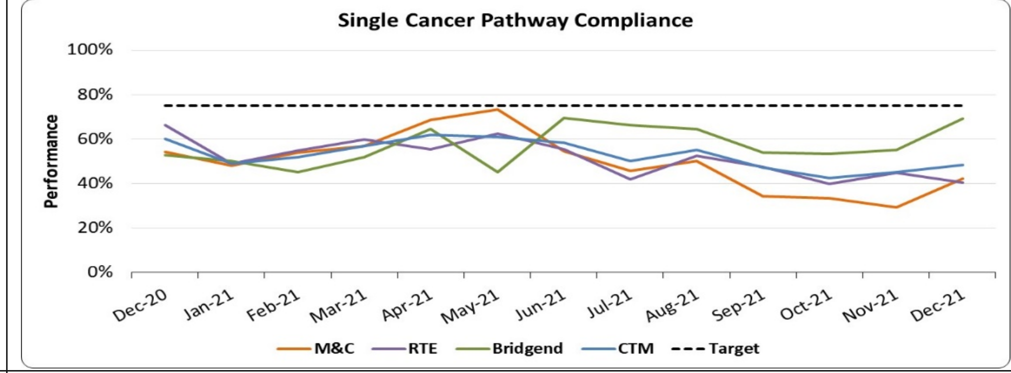
Number of patient breaches by tumour site

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
December 2021	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
Head and Neck				4	7	11				4	7	11
Upper Gastrointestinal	4	3	7	4	3	7	1	1	2	9	7	16
Lower Gastrointestinal	3	7	10	0	6	6	3	3	6	6	16	22
Lung	4	5	9	4	3	7	5	4	9	13	12	25
Sarcoma												
Skin(c)							28	7	35	28	7	35
Brain/CNS												
Breast				17	20	37				17	20	37
Gynaecological	0	6	6							0	6	6
Urological				8	25	33				8	25	33
Haematological				8	4	12	1	2	3	9	6	15
Other	5	1	6	1	1	1				6	2	7
Total Breaches	16	22	38	46	69	114	38	17	55	100	108	207
	Overall Compliance		42.1%	Overall Compliance		40.4%	Overall Compliance		69.1%	Overall Compliance		48.3%

45 out of the 107 breaches were treated over 104 days. Urology (23%), Breast (19%) and Lower GI (15%) accounts for the greatest proportion of breaches.

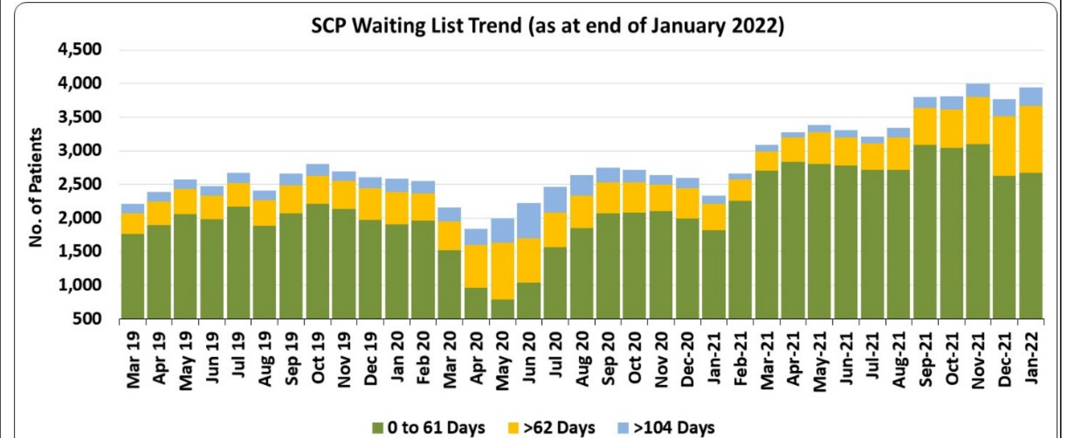
Delays at first outpatient and diagnostic stages continues to be the most significant factor for patient breaches.

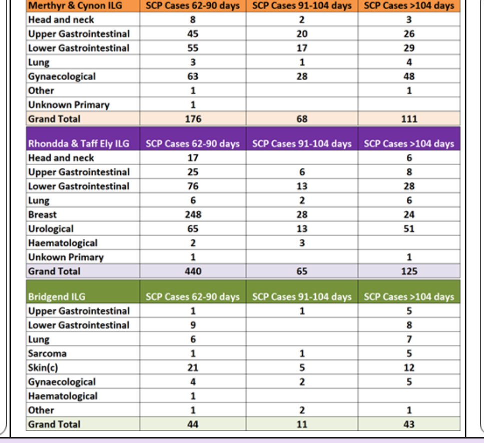
Single Cancer Pathway compliance trend



Overall CTM compliance has fluctuated with the highest recorded compliance being 61.8% in April of 2021, and the lowest being October at 42.5%. Throughout the year performance has remained well below the 75% target. This is predominantly attributed to the total number of patients at the first outpatient appointment and diagnostic stage collectively; accounting for 82% of all patients on a cancer pathway.

Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days



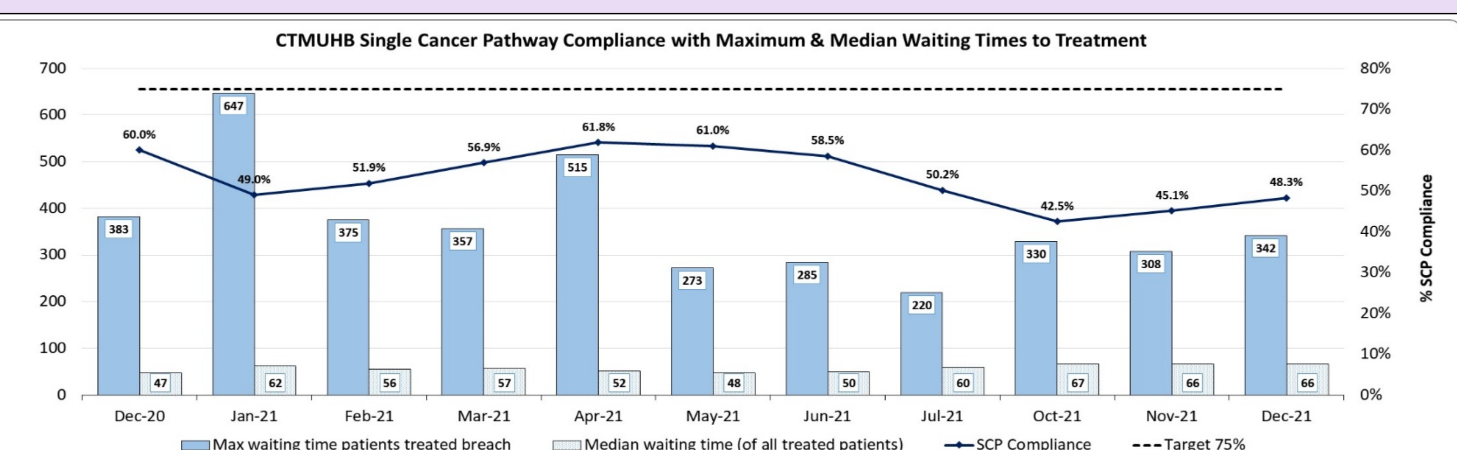


Merthyr & Cynon ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	8	2	3
Upper Gastrointestinal	45	20	26
Lower Gastrointestinal	55	17	29
Lung	3	1	4
Gynaecological	63	28	48
Other	1		1
Unknown Primary	1		
Grand Total	176	68	111

Rhondda & Taff Ely ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	17		6
Upper Gastrointestinal	25	6	8
Lower Gastrointestinal	76	13	28
Lung	6	2	6
Breast	248	28	24
Urological	65	13	51
Haematological	2	3	
Unkown Primary	1		1
Grand Total	440	65	125

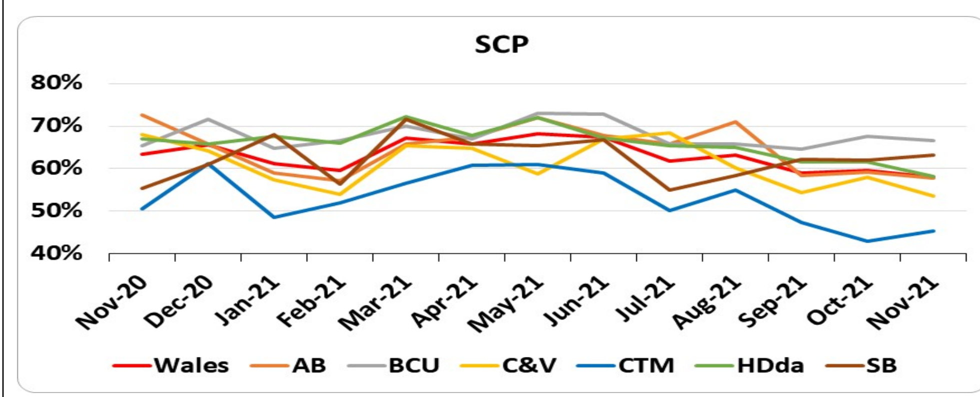
Bridgend ILG	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Upper Gastrointestinal	1	1	5
Lower Gastrointestinal	9		8
Lung	6		7
Sarcoma	1	1	5
Skin(c)	21	5	12
Gynaecological	4	2	5
Haematological	1		
Other	1	2	1
Grand Total	44	11	43

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



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

Latest all Wales figures for November 2021, indicate that CTM continues to have the lowest levels of compliance with the 62 day standard. Whilst a reduction was noted in the waiting list in Dec 2021, January has seen an increase of 5% in total volumes of patients. CTM continue to have the 2nd highest recorded volumes in comparisson to all other acute Health boards and the worst SCP perfromance.. As at the 4th January 2022, the number of patients waiting over 62 and 104 days has reduced to 1039 and 276 days respectively.



What actions are we taking & when is improvement anticipated?

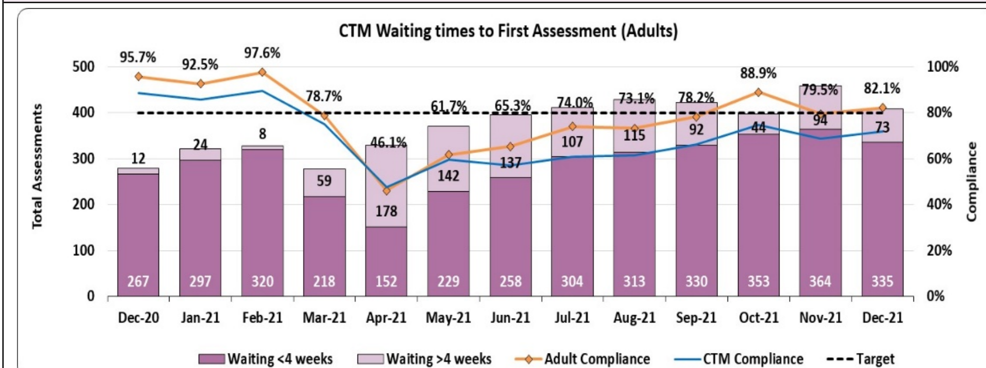
- Weekly executive lead reviews across all three ILG's focusing on Urology, Lower GI, Breast, Gynaecology, Radiology and Pathology continue to ensure effective performance management of non-compliant tumour sites and support services.
- Additional theatres and green pathway beds made available in Bridgend ILG with a request to increase surgical capacity for gynaecology
- Development and enhancement of the cancer BI tool continues
- Review of FIT 10 processes to streamline and speed up the lower GI pathway.
- Point of Suspicion training to CSGM's.
- Partial recoupling of urology one stop and prostate service.
- D&C surrounding cancer commenced.

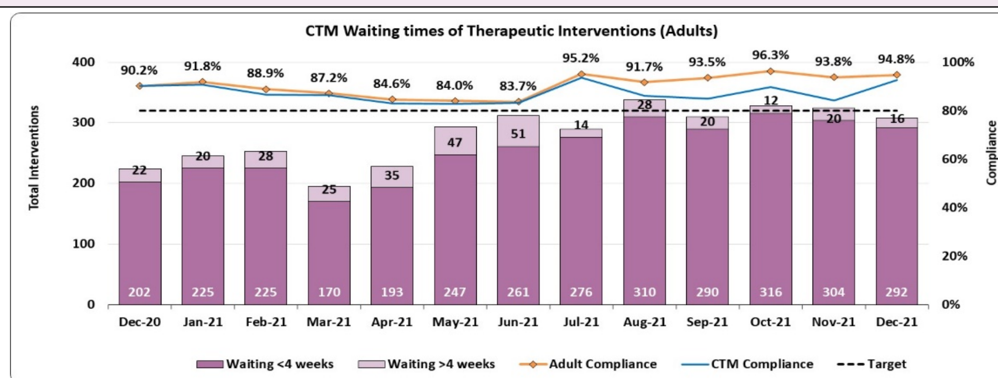
What are the main areas of risk?

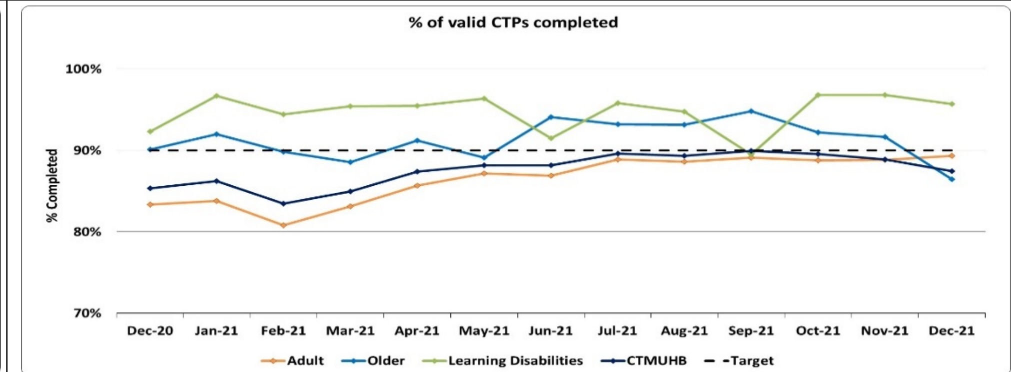
- Performance challenges continue for Breast, Lower GI, Gynaecology and Urology. These tumour sites account for a significant proportion of our cancer activity and as such, non-compliance significantly affects our overall position.
- 82% of all patients on the active SCP are at 1st OP or diagnostic stage
- Significant volume of patients that have already exceeded the 62 day SCP
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Downgrading patient practices.
- Non-compliance with the upgrade/downgrade standard operating procedure continues, resulting in not all patients being captured and tracked.

CTM Mental Health Compliance detailing the Adult Mental Health Services – December 2021

% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
Part 1a – CTM 72.0% (Adults 82.1%)	**Part 1b – CTM 92.6% (Adults 94.8%)**	**Part 2 – CTM 87.4% (Adults, Older & LD 88.9%)**







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. CTM compliance for December slightly improved to 72.0% from 68.6%; with the adult services also improving to 82.1% from 79.5% in the previous month. Overall, referrals fell by almost 32% in December to 817 (1198 in November). Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during December amounted to 695 (292 or 29.6% less than in November).

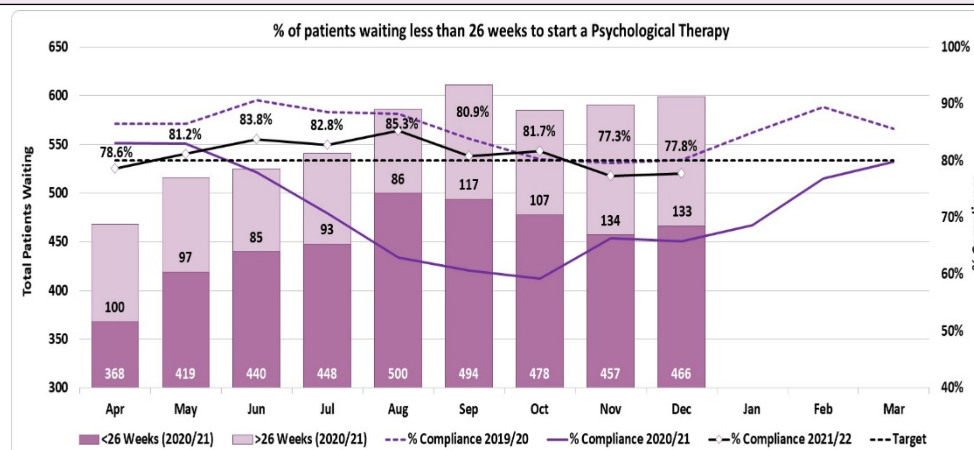
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to 92.6% during December and continues to be above the 80% target. The adult services improved to 94.8% from 93.8% in the previous month.

The total number of interventions during the month were 339 with the pre-Covid average being 357 per month. The total adult interventions during December were 308, of which 292 started within 28 days.

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 fell slightly further this month to 87.4% during December and remaining just under the 90% target.

Part 3: There were 6 adult outcome of assessment reports sent during December, 5 of which were within 10 working days (83.3%).

% of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - December 77.8%



How are we doing & what action are we taking?

Part 1a compliance increased to 82.1% in Dec-21 which is a return to above target compliance of 80%. Bridgend and M&C ILGs seen improved compliance in month against a reduction in activity, whilst RTE ILG reported a reduction in compliance against an increase in activity which has reached a 6-month high. Part 1b remains well above compliance against stable activity.

Part 2 compliance decreased slightly to 88% which is just below the target of 90% as caseloads continue their trends of increasing.

Psychological Therapies reported a slightly improved position of 22% of the waiting list now waiting greater than 26 weeks. Work continues to develop the recovery options to address the discrepancy between demand and capacity for this service.

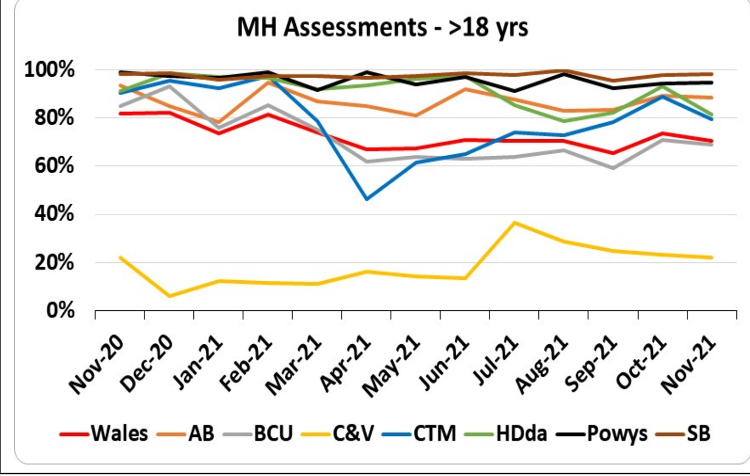
When improvement anticipated and what are the main areas of risk?

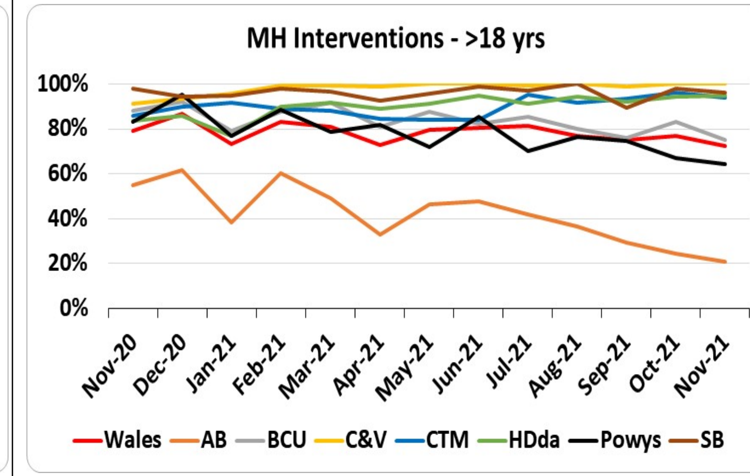
Part 1 & 2 compliance improvements are expected as staff sickness levels continue to decline.

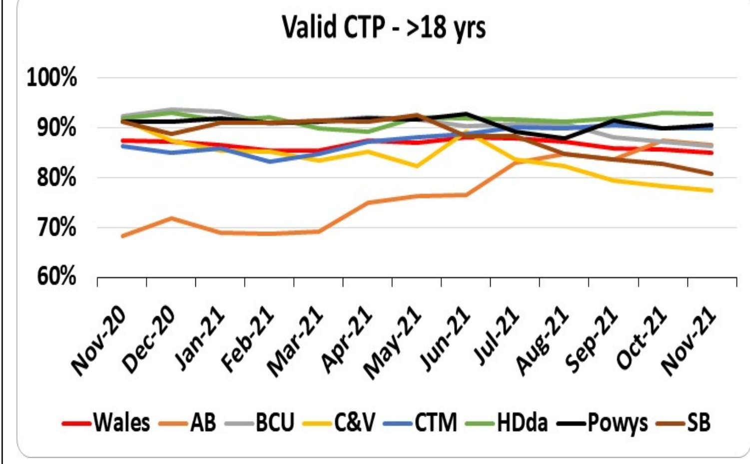
Psychological Therapies improvements are dependent on support for the recovery plan to address the discrepancy between the demand of this service and the capacity available whilst undertaking process redesign to ensure a right-sized system of care.

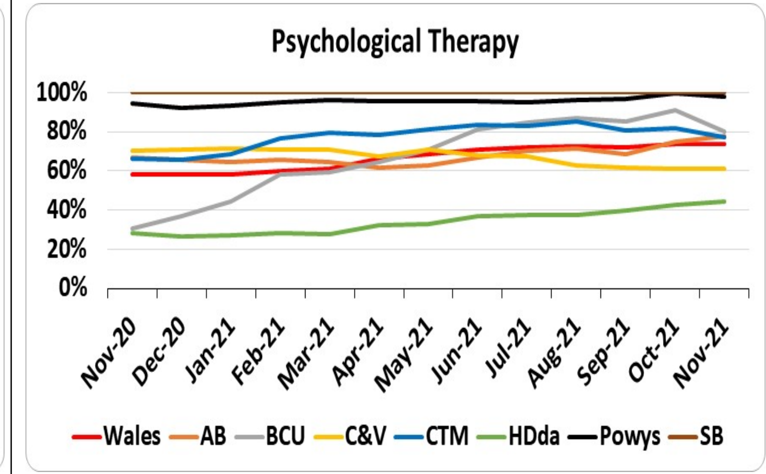
Covid-19 sickness continues to be the biggest risk to compliance improvements in Mental Health Measures Part 1 & 2.

How do we compare with our peers?



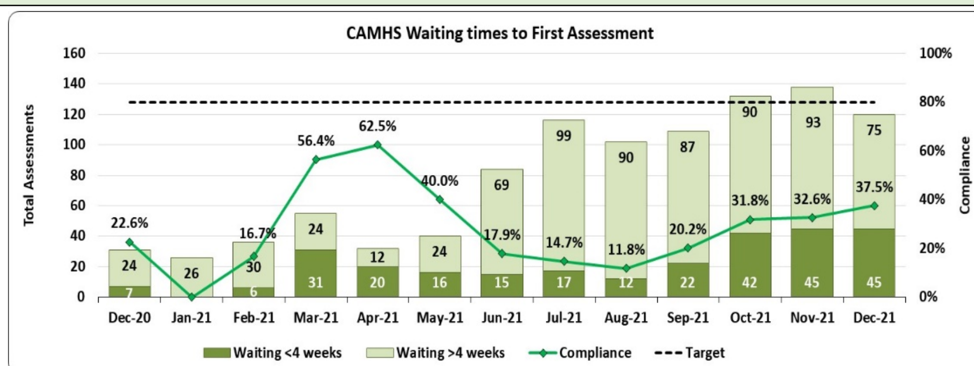


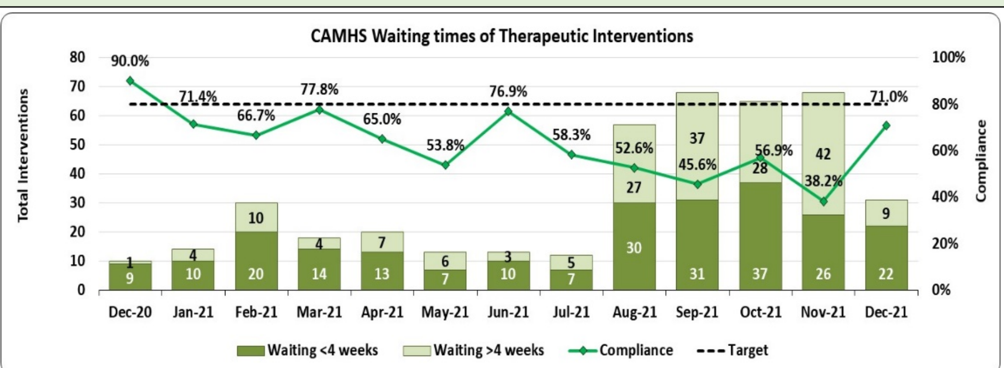


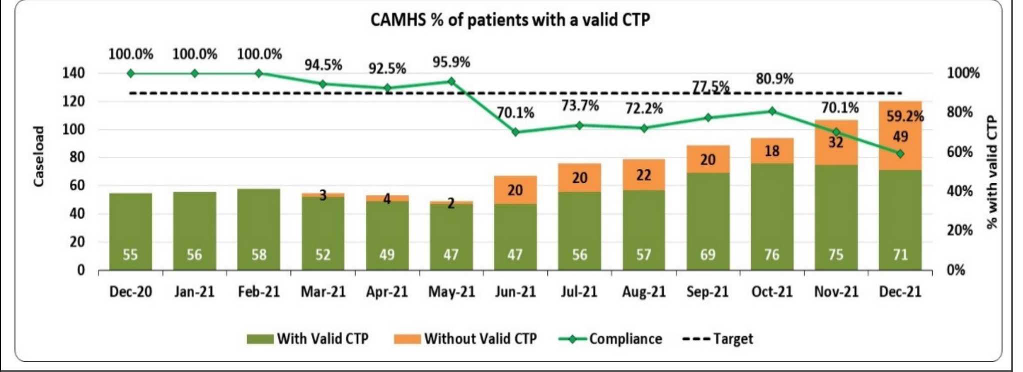


Child & Adolescent Mental Health Services (CAMHS) – December 2021

% of assessments undertaken by LPMHSS within 28 days of receipt of referral Target 80%	% of therapeutic intervention started within 28 days following an assessment by LPMHSS - Target 80%	% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%
Part 1a – 37.5%	**Part 1b – 71.0%**	**Part 2 – 59.2%**







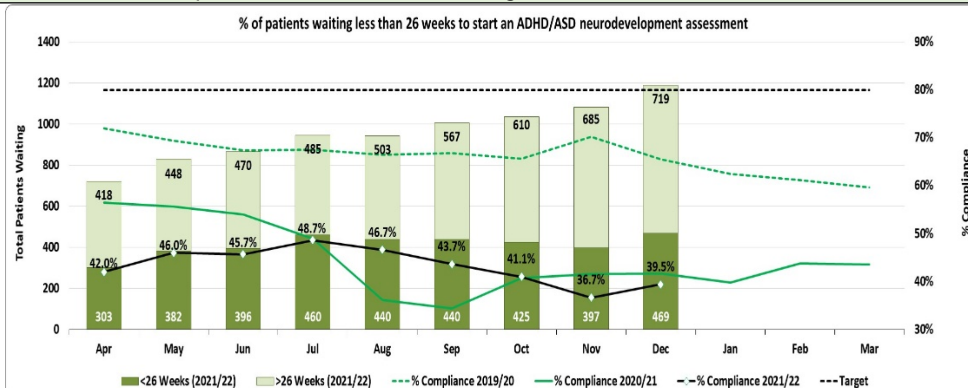
In December; 37.5% of assessments were undertaken within 28 days of referral. WG's minimum expected standard is 80%. The chart shows that during the last quarter CAMHS compliance has improved; although remaining well below the target. Waiting list volumes fell during the month but demand is remaining higher than pre-Covid levels. 122 referrals were received in December, a 45% increase on the pre-Covid average of 84 per month. Average referrals for 2020/21 were 42 per month, with average referrals thus far for 2021/22 standing at 158 per month.

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved during December, although the total number of interventions started this month was over 50% less than the previous month and remains below the 80% target. There were a total of 31 interventions starting this month, with 22 of those patients receiving an intervention within 28 days. The last time the target was met was in December of 2020 (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 fell further during December to 59.2% from 70.1% in November and remains below the 90% target.

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

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment assessment – Target 80% - **December 2021 – 39.5%**



The chart above details the compliance against the 26 week target for Neurodevelopment services with compliance in December improving marginally to 39.5% (36.7% in November). However, the total waiting list volume continues to grow and now stands at 1,188 patients, almost 65% higher than in April.

How are we doing & what actions are we taking?

There has been an expected increase in demand following the holiday period into January 2022. The acuity of the presentations of the CYP still remain high. The referrals received are predominantly for anxiety and low mood concerns. There has been a continued steady demand for the Crisis Service, with CYP presenting with Suicidal Ideation and Self Harm. The service has implemented a Planned Care Recovery scheme to improve Part 1A compliance. The team are continuing to work on pathways to ensure timely interventions are undertaken within 28 days. The service has also set up anxiety and mood disorder groups, which will commence during February 2022.

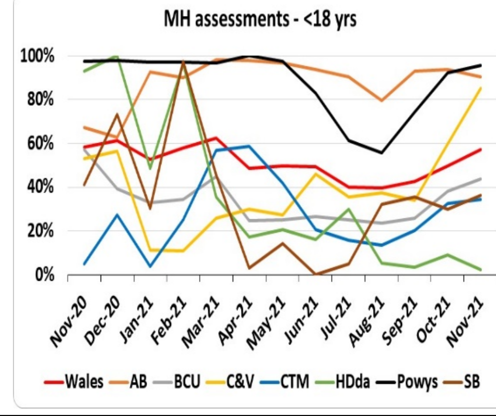
Patients presenting with higher levels of need and risks are being identified as Relevant Patients and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 Care and Treatment plan continues to increase within the service.

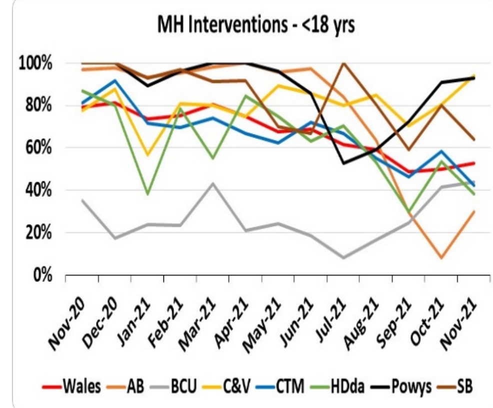
The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals. The team continues to promote Consultant Connect. The SPOA hours of operation are temporarily extended to cover from 8:00 am to 8:00 pm to provide additional support to CYP as well as to Professionals. The recruitment to the Eating Disorder Team is now complete, the demand remains consistent. The recruitment into the additional Crisis/Liaison team posts (extension of hours to 24/7) is still underway. The recruitment process for the In-Reach Service/Whole Schools Approach is complete; all staff are awaiting start dates. This service will underpin early intervention and prevention, building up resilience in CYP to prevent onward referrals into specialist CAMHS.

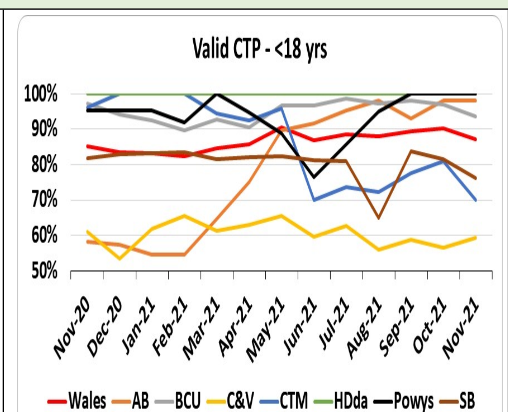
What are the main areas of risk?

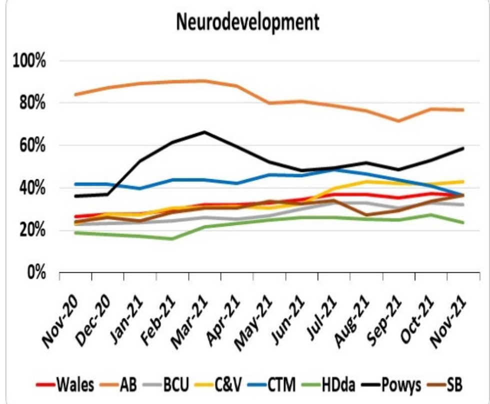
- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.

How do we compare with our peers



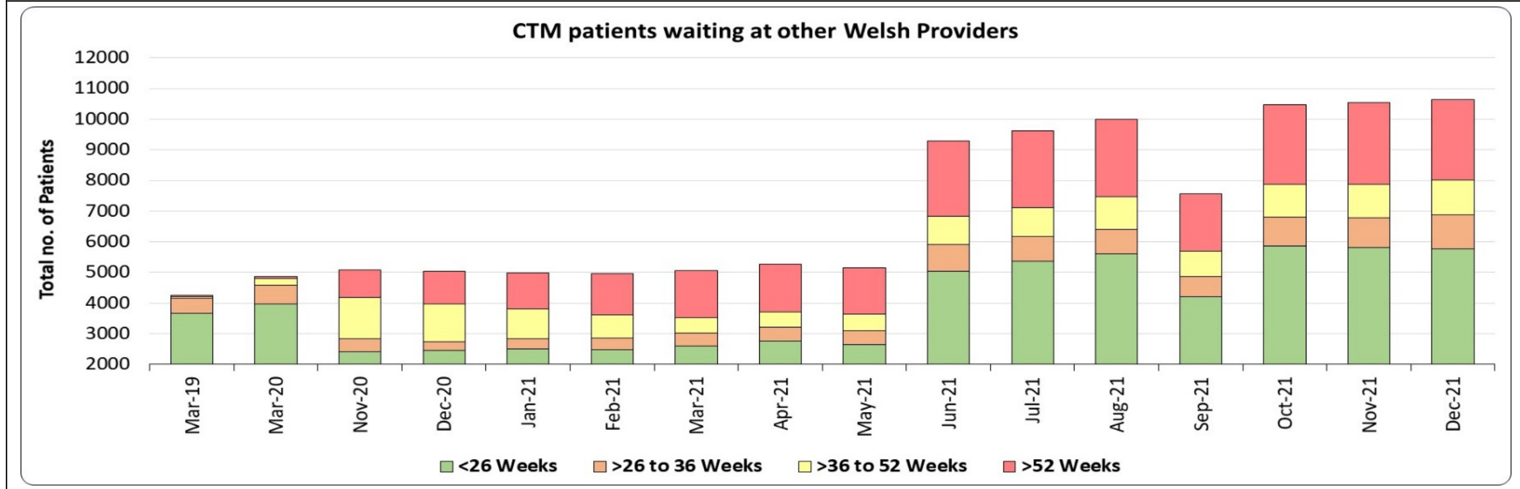






WHSSC – Welsh Health Specialised Services Committee

CTM Patients 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.*



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 December is 3,712. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 388 and there are 9 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waitng at other specific Welsh Providers RTT (December 2021)

Cardiff & Vale UHB

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	91	577
Ophthalmology	52	147
Clinical Immunology And Allergy	32	70
Oral Surgery	12	54
ENT	11	50
Gynaecology	17	32
General Surgery	26	30
Urology	11	23
Cardiology	25	15
Paediatric Surgery	13	15
Dermatology	11	11
Paediatric Dentistry	16	11
Neurology	244	9
Dental Medicine Specialties	9	9
Paediatrics	7	7
Neurosurgery	4	7
Pain Management	1	3
Cardiothoracic Surgery	2	3
Gastroenterology	1	2
Anaesthetics	6	2
General Medicine	15	2
Restorative Dentistry	2	2
Orthodontics	1	1
Rheumatology		1
Clinical Pharmacology	2	
Nephrology	3	
Paediatric Neurology	1	
Clinical Oncology	2	
Grand Total	617	1083

Aneurin Bevan UHB

Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	11	59
Urology	10	56
ENT	5	15
Ophthalmology	5	10
Oral Surgery	2	10
General Surgery	3	5
Gynaecology	4	1
Clinical Haematology	1	
Gastroenterology	6	
Orthodontics	1	
Chemical Pathology	1	
Grand Total	49	156

CTM patients waiting at specific health boards

December 2021	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
<26 Weeks	2722	54.6%	283	52.3%	2746	54.2%
>26 to 36 Weeks	561	11.3%	53	9.8%	510	10.1%
>36 to 52 Weeks	617	12.4%	49	9.1%	447	8.8%
>52 Weeks	1083	21.7%	156	28.8%	1360	26.9%
Total Waiting	4983		541		5063	
% of Total Waiting	46.9%		5.1%		47.6%	

Swansea Bay UHB

Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	179	401
Trauma & Orthopaedics	65	255
Plastic Surgery	66	237
General Surgery	54	191
Gynaecology	33	146
Orthodontics	15	57
ENT	4	21
Ophthalmology	4	13
Gastroenterology	3	12
Urology	6	9
Paediatrics	1	6
Cardiology	2	4
Neurology	4	3
Cardiothoracic Surgery	3	2
Restorative Dentistry		2
Paediatric Neurology		1
Allied Health	4	
Diagnostic	1	
Rehabilitation Service	3	
Grand Total	447	1360

CTM Patients waiting for a Diagnostic at other Welsh Providers (December 21)

Cardiff & Vale UHB

Service	Total Waits	>8 wks
Cardiology	156	82
Radiology	149	10
Endoscopy	47	29
Physiological Measurement	18	10
Neurophysiology	16	2
Imaging	4	
Total	390	133

Aneurin Bevan UHB

Service	Total Waits	>8 wks
Endoscopy	36	28
Cardiology	9	5
Radilogy	12	
Physiological Measurement	2	1
Total	59	34

Swansea Bay UHB

Service	Total Waits	>8 wks
Neurophysiology	235	136
Cardiology	137	60
Endoscopy	36	24
Physiological Measurement	2	1
Total	410	221

CTM Patients waiting for a Therapy at other Welsh Providers (December 21)

Cardiff & Vale UHB

Service	Total Waits	>14 wks
Physiotherapy	21	2
Dietetics	9	1
Podiatry	2	
Occupational Therapy	4	
Audiology	3	1
SALT	1	
Total	40	4

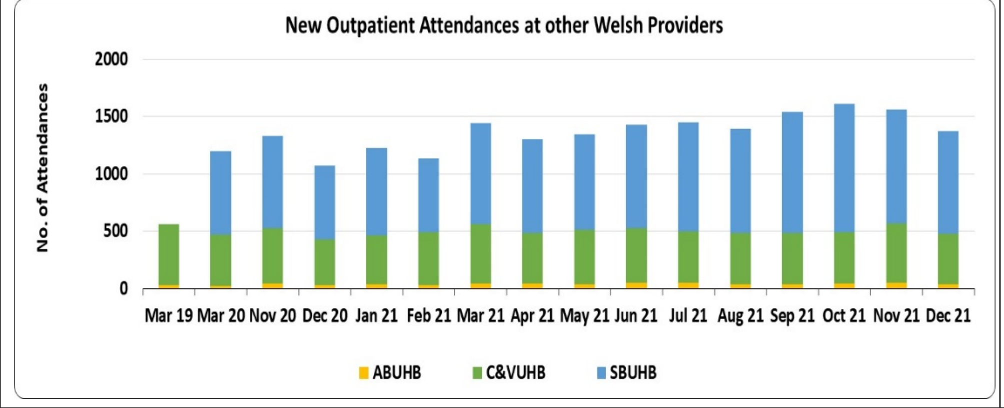
Aneurin Bevan UHB

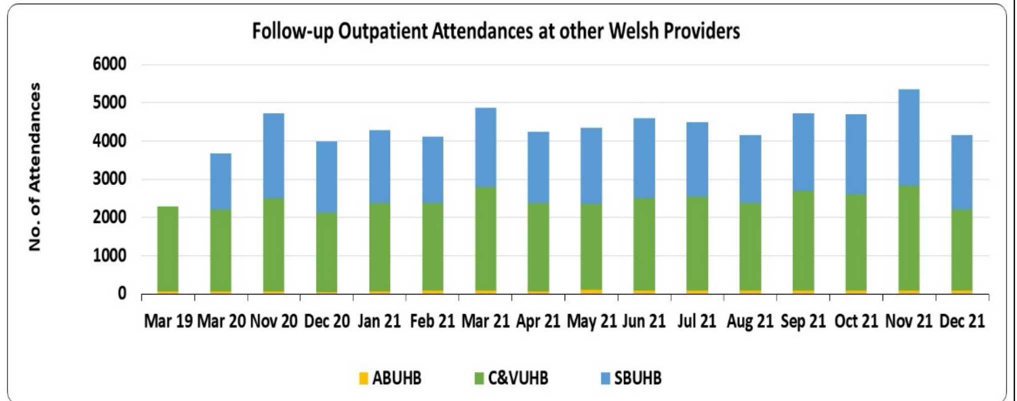
Service	Total Waits	>14 wks
Physiotherapy	18	5
Audiology	2	
SALT	1	
Total	21	5

Swansea Bay UHB

No patients waiting for a therapy

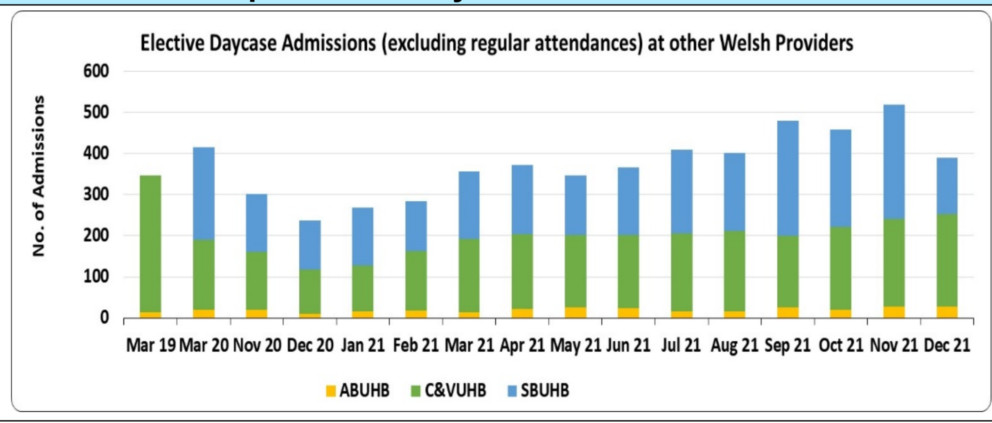
CTM Outpatient Attendances at other Welsh Providers

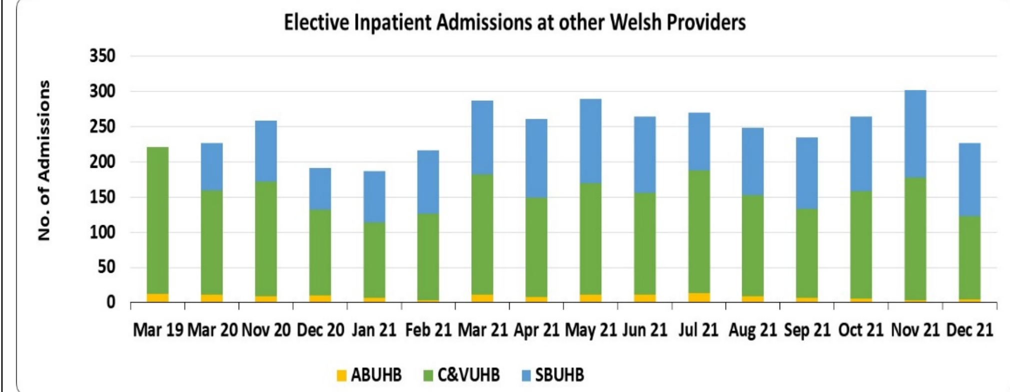




No further updates available at the time of this report

CTM Elective Inpatients & Daycase Admissions at other Welsh Providers *(please note Swansea Bay data not available for March 2019)*





No further updates available at the time of this report.

2.5 Finance update

Due to timing of Welsh Government finance monitoring returns, Finance are not able to provide an update until the Welsh Government returns are completed.

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:

3.3 As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.

3.4 Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.

3.5 An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.

3.6 Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order 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 all 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. Not yet assessed
Legal implications / impact	Yes (Include further detail below) A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report. There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the Integrated Performance Dashboard.

Welsh Government/Cwm Taf Morgannwg UHB Integrated Medium Term Plan meeting

21st February 2022

CTM 2030

Ein Hiechyd Ein Dyfodol

DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

cwmtafmorgannwg.wales

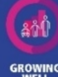
Status

Revised submissions last week; focus on:

- Mitigating overspends
- Reviewing COVID spend
- Reviewing winters surge plans
- Develop robust savings plans

Continue to:

- Ensure cost effectiveness of PCR £
- Enhance controls – including vacancy control
- RIF – embedding with services / ILGs
- Ensure impact of enabling and transformation programmes



Covid response

- Covid Assumption: Planning on Level 1 Covid from April 2022 which is: circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)

- IP&C mitigations now in place to enable reducing to 1 metre physical distancing

Planned Care Recovery local aims

Restore
- Outpatients to 19/20 + 5%
- Elective surgery 2 sessions 5 days a week

Reduce
- 50% of patients >52 wks
- Hospital initiated cancellations

Eradicate
- 104 wk waits
- Overdue follow ups

Maximise
- Internal capacity
- Outsourcing contracts with Nuffield and Spire
- Wellness Hub Impacts

Workforce Ministerial Priorities

- **Agency spend**: Workforce Efficiency and Productivity work-streams focused on Administrative, Nursing and Medical workforces to reduce agency expenditure
- **Staff engagement**: Listening to staff delivered through Employee Experience work-stream; pulse survey; national staff survey; Culture and Leadership work-streams as part of Service Improvement plans.
- **Well-being:** progressive and ambitious well-being offering to support the mental, physical and financial well-being of staff
- **CSTF Compliance:** Improvement programme to improve performance.
- **PADR:** Introduction of "Your Conversation" new model of PDR focused on well-being and values and behaviours

Workforce Plan

Demand

- Turnover increasing (Jan 22- 11.31%)
- Age profile and retirements increasing
- New service models – BAU post COVID.
- Affordable workforce establishments

Opportunities

- Joint wfp across Health and Social Care with Local Authorities
- Regional working across Health
- Benchmarking

Supply

- Grow our own talent (HCSW conversion)
- Pathways to employment (Kickstart, Project Search, Apprenticeships)
- Partnerships with Bridgend college and local Universities
- Student Streamlining
- Improved attraction and recruitment processes
- Reduce sickness absence (assumption of minimal COVID absence)
- Multi-disciplinary models of working exploring advanced practice and HCSWs

IMTP People Deliverables

- Build on the **well–being** offer to support the mental, physical and financial well-being of staff across the stepped care model of intervention through evaluation of the interventions and listening to the needs of the workforce.
- Promote a positive **employee experience** by listening to staff feedback and removing the process blockers and barriers that impact on CTM being a great place to work; priority areas include the recruitment process, Occupational Health access and IT access.
- Deliver the Strategic **Equality** plan and delivery of **Welsh Language Standards** and enable an inclusive culture across the organisation.
- Drive **culture change** across the Health Board to ensure CTM can be at its best achieved through the embedding of organisational values and behaviours, service specific culture change programmes to enable improved clinical care, the introduction of Speak Up Safely Guardians, and the introduction of a Just learning culture.
- Deliver the leadership capacity and capability through ambitious, high quality **leadership development** programmes for all CTM leaders (Ignite, Aspire, and Inspire) that enables the organisation to build leadership talent to deliver high quality care now and by planning for the future.

IMTP People Deliverables

- Develop **transformation capacity and capability** to deliver an ambitious programme of service change across .CTM including unscheduled care and planned care recovery to include Theatres, ITU and the Clinical Services Strategy.
- Develop an approach to **workforce planning** that will enable CTM to deliver operational resource plans and strategic, future facing system wide plans with partners that will support the delivery of the strategic ambitions of CTM 2030.
- Deliver data driven plans to improve w**orkforce efficiency and productivity** with a particular focus on Administrative, Nursing and Medical workforces.
- Working with partners, develop and deliver an ambitious offering of **employment pathways** that provide opportunities for members of our population to gain experience of work and understand the full range of career opportunities at CTM.
- Engage and develop a **People Strategy** that captures the ambitious workforce priorities and sets the direction for the next three years

Primary Care Cluster Plans

- Accelerated Cluster Development – CTM wide strategic programme board
- Work with PHW colleagues on population segmentation
- Wellness Improvement Service (WISE)
- Mental Health Matters for staff and Counselling services for patients
- Increase screening and vaccination uptake rates
- Weight Management Support
- Expansion of Pharmacy Cluster teams
- Primary Urgent Care Centres
- PHM / risk stratification and targeted interventions
- Projects to target PH priorities: CVD and LTC outcomes
- C the signs (cancer detection)

Six Goals of Urgent and Emergency Care

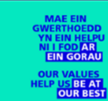
Goal 1: Co-ordination, Planning & Support for High risk Groups - PH working with ILGs and Clusters in the Risk Stratification of our population. Targeted intervention teams.

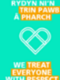
Goal 2: Signposting to the right place, first time and Goal 3: Access to clinically safe alternatives to hospitals 'Navigation' group is tasked with designing a network of linked access points, a comprehensive Directory of Services and standardised triage and assessment tools so that people receive rapid, appropriate treatment however they access our services. SW@H in RIF

Goal 4: Rapid response in a physical or mental health crisis
Working with DU on rightsizing our Community Services

Goal 5: Optimal hospital care following admission
Effective discharge planning supported by improvements to Board rounds with e-Whiteboards

Goal 6: Home First and reduced risk of admission
SDEC and Frailty pathways aligned to D2RA will align with services close to pts homes through implementation of the Optimum Community Model.





Green and Decarbonisation

- CTM Green group meeting monthly for a year.
- 55 Green champions.
- Recycling successes
- 50 + Trees planted
- Supply chain challenges

Continue to use Green Space and Green CTM as a means of engaging, communicating and inspiring our workforce to learn and tackle climate change

Touchpoint 8 Feb– Assessed Position

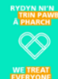
	£m	
Base plan deficit	30.6	
Extraordinary cost pressures	16.9	Including Energy at £9.5m
Deficit after extraordinary pressures	**47.5**	
Ongoing COVID response costs	12	Non programme response (subject to review)
Deficit inc COVID response	**59.5**	
Plus estimated further risk	29.1	
Potential Deficit including risk.	**88.6**	

- Base plan deficit (before extraordinary cost pressures and on-going covid response costs) is £30.6m.
- Extraordinary cost pressures of energy inflation, CHC inflation (RLW) and Employers NI changes add £16.9m to our assessed position
- Further £29.1m risk to the plan has been identified that may impact in year

Capital Allocations

- Major capital schemes
  - PCH Ground and First Floor Phase 2
  - 6 large scale imaging replacements (MRI at RGH, 4 General X Ray rooms, Gamma camera replacement at POWH).
  - Bridgend Health and Wellbeing Centre (Sunnyside) – although there is expected to be significant increase in cost due to the re-tender exercise which may require Welsh Government approval and cause possible delay.
  - Continuing to work on the POWH theatre business case pursuant to the live fire enforcement notice, noting funding is not yet confirmed
  - Range of further schemes brought forward without confirmed funding and acknowledge that these are likely to see significant delays to any business case and funding agreement (including POWH centralised decontamination service, RGH infrastructure phase 2 – ventilation, Mental Health Inpatient services at RGH, planned care capacity increases, unscheduled care (ED) changes, net zero)

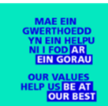
- Discretionary capital – 24% reduction to £7.8m presents a significant challenge, especially with brought forward commitments estimated at £3m



2022-23 Draft Finance Plan

Organisational Next Steps

- ❑ Review revised ILG and Directorate submissions received 16-Feb-22.
- ❑ Focus on mitigating identified overspends (£17m or approx. 2%) through ILG/Directorate recovery plans
- ❑ Review Covid response costs and winter surge plans
- ❑ Continue to develop robust, deliverable savings plans against savings target (£16m or approx. 2%)
- ❑ Finalise spend plan against Recovery funding (£26.1m)
- ❑ Enhance controls across the Health Board, using 'grip and control checklist'
- ❑ Mobilise of cross-organisation programme of Enabling Projects (Medical, Nursing, Medicines, Non Pay)
- ❑ Finalise approach to Regional Integration Fund to manage identified risk
- ❑ Monitor and manage (where possible) extraordinary energy pressures
- ❑ Risk assess and prioritise capital plans



Board Assurance Timetable

- **16th February** - Revised Finance Plans submitted from ILGs/Corporate Teams
- **21st February** – Welsh Government meeting
- **23rd February** – Briefing at Board Development session on ability to submit an IMTP
- **28th February** – Indicate if we are able to submit an IMTP
- **9th March** – Presentation of IMTP at Board Development session
- **31st March** – Board Approval and Submission of IMTP and Minimum Data Set (MDS)

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AGENDA ITEM
6.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE
FINANCE UPDATE – MONTH 10 of 2021/22

Date of meeting	22/2/2022
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 DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Welsh Government	11/2/2022	NOTED
Strategic Leadership Group	16/2/22	NOTED

ACRONYMS			
A&C	Administration & Clerical	I&E	Income & Expenditure
AWCP	All Wales Capital Programme	LTA	Long Term Agreement
AME	(WG) Annually Managed Expenditure	M1	Month 1 (M2 Month 2 etc)
CHC	Continuing Healthcare	PCMH	Primary Community & Mental Health
COO	Chief Operating Officer	PCH	Prince Charles Hospital
CRES	Cash Releasing Efficiency Savings	POW	Princess of Wales Hospital

CRL	Capital Resource Limit	RGH	Royal Glamorgan Hospital
FNC	Funded Nursing Care	PSPP	Public Sector Payment Policy
HCHS	Healthcare & Hospital Services	WG	Welsh Government
IHI	Institute of Healthcare Improvements	WHSSC	Welsh Health Specialised Services Committee
IMTP	Integrated Medium Term Plan	YTD	Year to Date

FINANCE REPORT – MONTH 10 of 2021/22

1. SITUATION

The purpose of this report is to highlight the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 10 (M10). The report sets out the position in respect of confirmed and anticipated income and actual and forecast expenditure.

2. BACKGROUND

This report should be read in the context of the draft CTM Integrated Medium Term Plan for 2021/22 to 2023/24, which is available on the website, and the updated draft 2021/22 financial plan, as described in earlier finance reports.

The updated draft financial plan for 2021/22 consists of three elements; core, Covid response and planned care recovery. The 21/22 financial plan also assumed that around £9m of existing cost pressures projected by ILGs & Directorates is avoided or managed out. There is a £5m transitional budget to support this which will provide some temporary headroom if actual costs are lower. The plan reflected a breakeven position through Q1 to Q4, with the deficit in the core plan being offset by a corresponding surplus against Covid funding, giving an overall breakeven position for 2021/22. In the period since the updated plan submission, there have been a number of changes to forecast costs and assumed income, which are captured in Section 6.6.

3. ASSESSMENT

As at M10, we are reporting a small YTD underspend of £(0.3)m.

We are continuing to forecast a break even position at M10. The key remaining issue for 21/22 is determining the forecast annual leave outstanding at 31 March 2022 for all employees (by 17 February), in order to be able to confirm the movement in the Annual leave provision in the M11 Monitoring Return submission to WG. The planning assumption is that any increase or decrease to the 20/21 provision will be resource neutral. A provisional estimate of a £3.5m increase was provided to WG on 8 Feb and we noted that the Health Board may be in a position to cover some or all of any potential increase locally. This will also be confirmed in our M11 MR submission.

Forecast savings performance remains lower than plan and there needs to be a clear focus to increase recurrent savings to reduce the impact into 2022-23.

The forecast underlying deficit at M10 is £44.5m (M9: £51.4m). This level of underlying deficit represents a significant concern, especially given the challenging resource outlook for 2022-23.

4. RECOMMENDATION

The Committee is asked to **DISCUSS** the contents of the Month 10 Finance report for 2021/22.

Section No.	Section	Page Number
5	Headline Messages and key actions	5
6.1	Financial Position and Key targets	7
6.2	Revenue performance by Expenditure category	8
6.3	Pay expenditure trends	9
6.4	Revenue performance by Area	12
6.5	Forecast position	17
6.6	Covid costs	18
6.7	Savings Performance by Area	21
6.8	Non Delegated budgets	23
6.9	Key Risks and Opportunities	24
Appendix		
A	Welsh government Allocations	26
B	Public Sector Prompt Payment (PSPP) Performance	27
C	Balance Sheet	28
D	Performance against Capital Resource Limit	29
E	Cash position	30

5. HEADLINE MESSAGES AND KEY ACTIONS

5.1 MONTH 10

- At M10, we are reporting a small YTD underspend of £(0.3)m. Actual expenditure to M10 on delegated budgets was showing a £10.3m overspend and this was offset by a £(10.6)m underspend on Non Delegated budgets to give a small underspend of £(0.3)m.

Revenue Performance	Year to Date £'m	Annual Forecast £'m
(Under)/Over spend	(0.3)	0

5.2 SAVINGS PERFORMANCE

- The actual savings to M10 of £10.4m is £1.2m below the M10 YTD target of £11.6m.
- The forecast savings for 21/22 is £12.7m which is £1.8m below the In year savings target of £14.5m.
- The forecast savings for the next 2 months is therefore £2.3m which is circa £1.0m /month compared to the actual savings in M10 of £1.0m.
- Forecast recurrent savings at M10 is £5.4m (M9: £5.5m) compared to a recurrent savings target of £16.1m. The forecast recurrent shortfall in savings delivery is therefore £10.7m.

5.3 FORECAST OUT TURN

- We are continuing to forecast a break even position at M10.

- The key issue to highlight is the Annual leave provision- The planning assumption is that any increase or decrease to the 20/21 provision will be resource neutral. A detailed validation exercise is needed during February to determine the forecast annual leave outstanding at 31 March 2022 for all employees, in order to be able to confirm the movement in the Annual leave provision in the M11 Monitoring Return submission to WG in early March.

5.4 UNDERLYING POSITION

- The forecast recurring deficit has improved to £44.5m at M10 (M9: £51.4m).
- This level of underlying deficit remains a significant concern, especially given the challenging resource outlook for 2022-23. There needs to be a clear focus on recovery plans to reduce the impact going into next financial year.

5.5 CAPITAL

- The Capital Resource Limit for 21/22 currently stands at £78.2m.
- The Health Board is continuing to forecast a breakeven position against the CRL for 2021/22.
- Actual spend to M10 is £48.4m, leaving a balance of circa £30m to be spent in M11 and M12.

5.6 KEY ACTIONS

The key actions include:

- All budget holders are required to sign off their budget schedules for 2021/22.
- Addressing the significant M10 YTD overspends on pay, non pay and income noted in Section 6.4 which total £13.8m and the forecast recurring savings gap of £10.7m in Section 6.7.
- Determining the forecast annual leave outstanding at 31 March 2022 for all employees by 17 February, in order to be able to confirm the movement in the Annual leave provision in the M11 Monitoring Return submission to WG.
- Finalising the recurrent sustainability plan for Transformation and ICF schemes in 2022/23.
- Developing recovery plans to address the significant deterioration in the forecast recurrent position from 2022/23 onwards.
- Finalising the financial plan for 22/23.

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

6.1 Financial Position and Key Targets – Month 10

The Health Board has a statutory duty to achieve a break even position over a period of three financial years. This applies to both revenue and capital expenditure. Over the last two financial years, the Health Board has achieved a surplus of £971k and £71k for revenue and capital expenditure respectively. This means that the Health Board can overspend by £971k and £71k for revenue and capital expenditure respectively in 2021/22 and still meet its three year statutory duty. The Health Board also has an administrative duty to pay a minimum of 95% of all non-NHS invoices within 30 days.

The table below details the Health Board's 2021/22 current and forecast performance against these key financial targets:

Target	Unit	Current Month	Year to Date	Trend	Forecast Year End
Revenue To ensure that the Health Board's revenue expenditure does not exceed the aggregate of it's funding in each financial year. Measured by variance against plan to break even.	£'000 +Adverse ()Favourable	(118)	(317)		**0**
Capital To ensure net capital spend does not exceed the Welsh Government Capital Resource Limit. Measured by variance against plan to manage to the Resource Limit	£'000 +Adverse ()Favourable	864	741		**0**
Public Sector Payment Policy To pay a minimum of 95% of all Non NHS invoices within 30 days. Measured by actual performance	%	94.8%	95.4%		**95%**

6.2 Revenue Performance by Expenditure Category

	Annual Budget £'000	Over/(Under) Spend Current Month £'000	Over/(Under) Spend Year to Date £'000
Delegated Budgets			
Pay	609,028	715	655
Non Pay	719,682	240	6,385
Income	(143,402)	378	603
Delegated Savings Plans	(3,984)	380	2,690
Total Delegated Budgets	**1,181,323**	**1,713**	**10,333**
Non Delegated Budgets	82,761	(1,831)	(10,649)
WG COVID Allocations	(108,062)	0	0
WG Allocations	(1,156,022)	0	0
GRAND TOTAL M10	**0**	**(118)**	**(317)**
GRAND TOTAL Previous month	**0**	**(80)**	**(199)**

The M9 YTD Delegated overspend was £8.6m which represented an average monthly overspend of £0.95m. The M10 overspend of £1.7m was therefore a £0.75m deterioration from trend.

The key overspends to highlight in the M10 Current month position are as follows:

- The £715k pay overspend includes BG ILG (£904k) and PC&S (£102k).
- The non-pay overspend of £240k includes overspends for Facilities (£147k), Medicines Mgt (£732k), ICT (£180k) and Estates (£570k).
- The income overspend of £378k includes overspends for Bridgend ILG (£151k), Medicines Mgt (£136k) and Primary Care £113k.

Further information on these overspends is provided in Section 6.4 below.

The key overspends to highlight in the M10 YTD position are as follows:

- The £655k YTD pay overspend includes BG ILG (£2,582k), Medical Director (£214k), Estates (£247k) and W&OD (£182k).
- The non-pay overspend of £6,385k includes RTE ILG (£990k), Facilities (£1,541k) ,Medicines Mgt (£2,907k), Primary care (£515k), PC&S (£323k), Estates (£1,861k) and W&OD (£129k).
- The income overspend of £603k includes Bridgend ILG (£1,779k), MC ILG (£150k), Facilities (£206k) and PC&S (£164k).

Further information on these overspends is provided in Section 6.4.

Further information on the Savings position is provided in Section 6.7.

Further information on the Non Delegated budgets is provided in Section 6.8.

6.3 Pay Expenditure trends

The M9 Pay expenditure was £54.4m and the monthly trend is summarised below.

	M10	**M9**	**M8**	**M7**	**M6**	**M5**	**M4**	**M3**	**M2**	**M1**	**M12**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
A&C	7.5	6.9	6.7	6.7	7.9	6.6	6.4	6.7	6.6	6.4	15.3
Medical	13.5	12.8	12.9	12.7	13.7	12.7	11.8	11.7	11.9	12.1	23.3
Nursing	17.5	16.9	17.9	16.1	17.7	16.1	15.2	15.1	15.8	15.6	30.4
ACS	7.1	6.7	6.7	6.8	7.1	6.2	6.0	5.9	6.9	6.4	14.6
Other	8.9	9.0	8.9	8.6	9.6	8.9	8.6	8.5	8.7	8.8	19.6
Total	**54.4**	**52.3**	**53.1**	**50.9**	**56.0**	**50.5**	**48.0**	**47.9**	**49.9**	**49.3**	**103.2**

The Key issues to highlight are as follows:

- The M1 position was broadly consistent with the previous 3 months, after taking account of the following comments:

- The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
- Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
- The increase in Nursing & ACS costs in M10 was due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).

- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused an increase of £0.5m on M1.

- The M3 position was £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This was due to reductions in the payments for overtime in M3.

- The M4 position remained consistent with M3 with no significant movements.

- The M5 position increased by £2.5m over M4. The main reason for this increase was a new charge of £1.9m for the additional costs for annual leave on overtime to 31 March 21, which has been calculated on an All Wales basis. The M5 position also included a corresponding assumed allocation for this amount.

- The M6 position increased by £5.5m compared to M5. After allowing for the £1.9m additional one off costs for annual leave on over time, the net increase was £7.4m. This was primarily attributed to the national pay award of 3% being applied in M6, including arrears back to April 21.

- The total expenditure in M7 of £50.9m represented a £1.5m over the M4 spend of £48.0m after uplifting for 3% inflation. The main increases were Additional Clinical Services (ACS) £600k (9.7%), Medical & Dental (M&D) £500k (4.1%) and

Nursing £400k (2.5%). The most significant increase was seen in ACS and this was attributed to the impact of increased overtime rates in M7.

- The M8 spend of £53.1m was a £2.2m increase over M7 and £1.8m of this increase was seen in Nursing. The most significant impacts in M8 were:
  - Write back of NHS Bonus £(1.0)m
  - Recognition of holiday pay on overtime £1.2m
  - Increase in overtime following new overtime arrangements £1.1m
  - Increased Nurse Agency costs to support capacity in Bridgend locality £0.8m
- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. Total payments to M6 was £12.4m (M5: £12.4m) for NHS employed staff. The £1m benefit has been returned to WG and the £1m write back was released in M8.
- The M9 position decreased by £0.8m compared to M8. The main reason for this decrease was a reduction in registered nursing agency costs as a result of difficulties in filling shifts.
- The M10 position increased by £2.1m over M9. The main reason for the increase was the additional 1% non consolidated lump sum pay award of £2.1m which was paid in M10.

The M10 agency expenditure was £5.0m and the monthly trend (excluding accountancy gains) is summarised below.

	M10	**M9**	**M8**	**M7**	**M6**	**M5**	**M4**	**M3**	**M2**	**M1**	**Q4 Ave**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£m**
Medical	1.2	1.0	1.3	1.3	1.2	1.2	1.2	1.0	1.0	1.3	1.3
Nursing	2.6	1.6	2.2	1.4	1.6	1.5	1.7	1.5	1.5	1.4	2.0
Other	1.2	1.3	0.9	0.9	0.8	0.8	0.9	0.8	0.7	0.8	0.9
Total	**5.0**	**3.6**	**4.4**	**3.6**	**3.6**	**3.5**	**3.8**	**3.3**	**3.2**	**3.5**	**4.2**

Nurse agency costs significantly increased in M10 due to increased staffing at Ysbyty Seren to manage additional bed capacity plus higher rates due to greater use of higher cost agency providers as availability of agency staff remains difficult. Medical staff costs returned to previous levels following a reduction in M9. The most significant movement within 'Other' related to additional clinical services which was also mainly due to additional staffing at Ysbyty Seren.

6.4 Revenue Performance by Area

		Over/(Under) Spend		
	Annual Budget £'000	Current Month £'000	Year to Date £'000	Year to Date %
Integrated locality groups:				
Bridgend	210,500	850	4,348	2.50
Merthyr & Cynon	215,209	100	(492)	(0.27)
Rhondda & Taff Ely	224,414	121	1,482	0.79
Total ILGs	**650,123**	**1,072**	**5,338**	**0.99**
Delivery Executive:				
Medicines Management	133,195	836	3,208	2.92
Primary care	139,039	(225)	(928)	(0.80)
Facilities	15,096	164	1,883	14.94
COVID Planned projects	1,974	26	58	3.30
Planned Care Recovery plans	8,305	5	6	0.11
Other	2,536	0	(4)	(0.15)
Total Delivery Executive	**300,145**	**807**	**4,223**	**1.71**
Contracting & Commissioning	130,088	(824)	(1,428)	(1.29)
Corporate Functions	100,968	659	2,201	2.67
Total Delegated Budgets	**231,055**	**(166)**	**772**	**0.40**
Non Delegated budgets	(1,181,323)	(1,831)	(10,649)	
GRAND TOTAL M10	**0**	**(118)**	**(317)**	
GRAND TOTAL Previous month	**0**	**1,762**	**(119)**	

The key pay, non pay and income **overspends** to highlight in relation to the M10 Current month and the M10 YTD positions are as follows:

	M10 Current month	
	£k	**Comment**
BG ILG- Pay	904	Key drivers include: - Medicine and ED/AMU overspends for both nursing and medical staff. - Ongoing pressures in unfunded surge areas at POW and YS. Some reduction in nursing spend particularly in relation to ITU linked to reduced activity. - Transfer of the previously commissioned Rheumatology service from Swansea Bay, unfunded additional costs for TUPE'd staff.
BG ILG- Income	151	Three key issues: Colorectal LTA cessation, HSDU SLA cessation plus shortfalls against CAMHS income targets linked to new funding for Swansea Bay.
Primary Care – Income	113	A budget adjustment between income and non pay has resulted in a £169k overspend on income with a corresponding underspend on non pay.Therefore neutral overall.
Medicines Mgt – Non Pay	732	The M10 overspend includes a £656k overspend on primary care prescribing which was driven by a very significant increase in costs based on the most recent PAR data for November.
Medicines Mgt - Income	136	A budget adjustment between income and pay has resulted in a £60k overspend on income with a corresponding underspend on pay .Therefore neutral overall.
Facilities – Non pay	147	This includes £101k for the correction of an under accrual in M9 for laundry costs which has transferred to NWSSP.

ICT – Non pay	180	The overall M10 position is showing a surplus of £52k and the M10 YTD position is showing a surplus of £67k. The non pay overspend in M10 is year end spend to manage underspends in other areas.
PC&S - Pay	102	This includes £80k for the correction of an under accrual in M9 for secondments based within the Legal Concerns team.
Estates - non pay	570	Largely driven by the increased gas and electricity costs linked to recent market volatility plus a deteriorating position within B&E expenditure. The latter is across numerous headings and further work is ongoing to understand the drivers.
Total	**3,035**	

	M10 YTD	
	£k	**Comment**
BG ILG - Pay	2,582	The YTD overspend is predominantly driven by the pressures outlined above for the M9 In month overspend. Medical & Nursing pressures are in part being driven by the additional costs of the surge ward at POW, surge at YS and ED Covid stream staffing costs. Also transfer of the previously commissioned Rheumatology service from Swansea Bay UHB from October 1st has resulted in £136k additional costs for TUPE'd staff and drug estimates.
BG ILG-income	1,779	Key elements: Colorectal LTA cessation, HSDU SLA cessation, plus CAMHS income targets linked to new funding for Swansea Bay which is offset by a corresponding underspend against pay budgets. It is important to note that the CAMHS pay underspends mask other pay overspends which are predominantly driven by medical and nursing pressures in the acute CSGs, particularly in Medicine.
MC ILG-Income	150	This is primarily in Therapies (£168k) and relates to posts funded from external sources (LAs, UHBs and others) which are or have been vacant. The

		under-recovery of income is offset by an under spend against the corresponding pay budgets.
RTE ILG – non pay	990	This primarily relates to a £1,364k overspend on Mental Health CHC, £311k on Immunology outsourcing and £468k on M&SE. Partially offset by a drugs underspend of (£613k) across most CSGs, orthopaedic implants of (£342k) and (£214k) against the Pathology managed service contract. These underspends are largely due to planned care activity levels being lower than they were pre Covid.
Facilities – non pay	1,541	This overspend spans a number of issues including taxis, patient transport (including COVID vehicles), beds and security. Further urgent work is being undertaken by the Facilities directorate to understand the drivers for these significant overspends and the recovery plan actions needed to bring the costs back to the budgeted levels. Actions taken to cease costs associated with storage are now showing a monthly improvement in the ongoing cost.
Facilities – income	206	The main drivers are a loss of income for PCH and other residential income due to conversion into office spaces and social distancing measures (£110k) plus a loss of income from the CPU (£34k) due to Covid.
Medicines Mgt – non pay	2,907	The budget requested by Medicines Mgt for Primary Care prescribing in 21/22 was significantly less than the actual out-turn position for 20/21. Actual costs have not reduced to the levels anticipated in the IMTP as quickly as anticipated and this budget continues to overspend. However reductions in CATM prices from July and again in October have improved the position compared to Q1. Further reductions are anticipated from January.
Primary care – non pay	515	The non pay overspend has reduced by £265k in M10 and the M10 YTD non pay overspend is now £515k. However, the overall M10 YTD position is showing a total underspend of £928k. The £515k non- pay overspend is therefore more than offset by underspends on Pay and Income.

		The key driver of the £515k non pay overspend is a net overspend of £423k on the managed practice which is in part off set by underspends on PCSU.
PC&S – Non Pay	323	This includes a £462k overspend on Legal claims which is being offset by other non-pay underspends across a range of areas.
PC&S - Income	164	This includes £181k of unachieved income on income generation linked to RESUS. This is driven by the impact of COVID restrictions and is offset by overachievement across a number of other areas.
Medical Director - Pay	214	This includes a £60k overspend on the AMD structure plus a £92k overspend on Neonatal Improvement team. Also included is an overspend of £38k due to not managing to the planned vacancy factor levels.
Estates - Pay	247	Increased temporary staffing and overtime costs across the directorate to cover vacancies which are being covered at a premium cost.
Estates – Non pay	1,861	Largely driven by the increased gas and electricity costs linked to recent market volatility plus a deteriorating position within B&E expenditure. The latter is across numerous headings and further work is ongoing to understand the drivers.
W&OD- Pay	182	This represents a £13k increase from the M9 YTD overspend of £169k. The £182k overspend includes £113k for the Health & Safety team.
W&OD – Non pay	129	This represents a £71k reduction from the M9 YTD overspend of £200k. The £129k includes £43k for hoists which were purchased as part of the COVID response, £67k for advertising and recruitment, £72k relating to staff vaccines and £57k for Computer Software/ Licenses.
Total	**13,790**	

6.5 Forecast Positions

We are continuing to forecast a break even position at M10. The key issues to highlight are as follows:

- Movement in the Annual leave provision- The planning assumption is that any increase or decrease to the 20/21 provision will be resource neutral. A detailed validation exercise is needed during February to determine the forecast annual leave outstanding at 31 March 2022 for all employees, in order to be able to confirm the movement in the Annual leave provision in the M11 Monitoring Return submission to WG in early March.

- The key risks/opportunities which could impact on the breakeven forecast are included in the Risks and Opportunities table at Section 6.9.

The forecast underlying deficit at M10 is £44.5m, which is an improvement from the M9 MR submission of £51.3m. The £44.5m underlying deficit comprises:

- Actual underlying deficit b'fwd at 1 April 2020 £17.9m
- Recurrent CRES shortfalls in 20/21 £16.2m
- Other Recurrent benefits in 20/21 £(0.2m)
- Forecast recurrent CRES shortfalls in 21/22 of £10.7m

The £13.1m deterioration in the forecast underlying deficit from the planned recurrent deficit of £31.4m is a key financial priority for the Health Board. Additional capacity has been taken on to help develop sustainable savings plans and monthly meetings are taking place with all ILGs/directorates on their forecast positions. Further work is being undertaken to finalise the forecast recurrent deficit position for the 22/23 financial plan and IMTP submission.

6.6 Covid Position

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

	Note	M10 Actual	M10 YTD	M10 Year end forecast	M9 Year end forecast	Movement between M10 and M9 forecasts
Programme costs		**£m**	**£m**	**£m**	**£m**	**£m**
TTP	1	1.9	9.7	11.9	11.2	0.7
Mass Vaccination	2	1.2	10.3	13.0	12.6	0.4
Extended Flu		0.2	0.8	0.8	0.8	0
Cleaning standards		0.1	0.9	1.2	1.2	0
CHC/FNC support		0.1	0.8	0.8	0.8	0
PPE		0.1	2.6	2.9	3.2	(0.3)
Long COVID		0.1	0.5	0.7	0.7	0
Sub total		**3.7**	**25.6**	**31.3**	**30.5**	**0.8**
Assumed funding – programme element		(3.7)	(25.6)	(29.8)	(29.8)	0
Total Programme costs		**0**	**0**	**1.5**	**0.7**	**0.8**
Other Covid costs:						
Field hospital	3	0.2	2.5	2.9	2.9	0
Dental income loss	3	0.3	2.6	3.0	2.8	0.2
Operational expenditure cost reduction	3	(0)	(1.8)	(1.8)	(1.8)	0
Other covid costs	3	2.3	27.4	25.1	25.7	0.6
Increased covid response to reflect revised assessment of bed demand		1.5	1.5	4.5	4.5	0
Planned Care Recovery Tranche 1	4	0.9	10.8	15.6	15.8	(0.2)
Planned Care Recovery Tranche 2 (inc NRS, PACU & Community Health)		1.9	1.9	5.8	5.8	0

Sub total		**4.2**	**40.1**	**55.1**	**55.7**	**(0.6)**
Confirmed funding- formula element				(26.1)	(26.1)	0
Confirmed funding- PCR element				(16.8)	(16.8)	0
Planned Care Recovery Tranche 2 (inc NRS, PACU & Community Health)				(5.8)	(5.8)	0
Confirmed additional funding for bed modelling etc				(4.0)	(4.0)	0
Confirmed additional COVID funding.				(21.7)	(21.7)	0
Urgent Emergency Care (SDEC & 111)				(2.6)	(2.6)	0
Pay award impact on non programme costs				(0.2)	(0.2)	0
NHS Bonus Reduction				1.0	1.0	0
RPB Winter funding, Social Model Primary Care, MCA & Prison				(2.1)	(1.9)	(0.2)
Total Other Covid costs				**(21.7)**	**(21.7)**	**0**

The key points to note are as follows:

1. **TTP**
   The TTP forecast has increased by £0.7m in M10. No additional funding is required.

2. **Mass vaccination**
   The Mass vaccination forecast has increased by £0.4m in M10. No additional funding is required.

3. Other Covid costs

	M10 Year end forecast	M9 Year end forecast	Movement between M10 and M9 forecasts
	£m	**£m**	**£m**
Covid response ILGs	17.2	17.9	(0.7)
Covid response outside ILGs	4.5	4.5	0
Urgent emergency care (inc SDEC & 111)	2.6	2.6	0
Reduction in NHS Bonus	(1.0)	(1.0)	0
RPB Winter Funding	1.5	1.5	0
Social model for Primary Care	0.3	0.3	0
MCA	0.1	0.1	0
Prison Services	0.1	0	0.1
Sub total	**25.1**	**25.7**	**0**
Field hospital	2.9	2.9	0
Dental income loss	3.0	2.8	0.2
Operational spend reductions	(1.8)	(1.8)	0
Total	**29.2**	**29.7**	**(0.5)**

4. Planned care recovery- Tranche 1

The latest forecast at M10 is showing a forecast underspend of £1.2m:

	Original Plan	Actual/Forecast at M10	Actual/Forecast at M9
	£m	£m	£m
Q1	2.4	1.9	1.9
Q2	6.2	3.4	3.4
Q3	5.3	4.3	4.3
Q4	2.9	6.0	6.0
Total	**16.8**	**15.6**	**15.8**

6.7 Savings Performance by Area

The financial plan for 2020/21 includes a £14.5m In Year savings target and a £16.1m recurring savings target.

	Month 10			**Month 9**		
	M10 YTD	**21/22**	**Rec**	**M9 YTD**	**21/22**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings targets	11.6	14.5	16.2	9.9	14.5	16.1
Actual and Forecast Savings	(10.4)	(12.7)	(5.5)	(9.4)	(12.7)	(5.4)
Total	**1.2**	**1.8**	**10.7**	**0.5**	**1.8**	**10.7**

The key points to highlight are as follows:

- The actual savings to M10 of £10.4m is £1.2m short of the M10 YTD savings target of £11.6m.
- The forecast savings for 21/22 of £12.7m is £1.8m below the annual target of £14.5m.
- The forecast savings for the next 2 months is £2.3m which is circa £1.1m /month compared to the actual savings in M10 of £1m.
- The forecast recurring savings has improved by £0.1m from £5.4m in M9 to £5.5m in M10. This has been reflected in the latest forecast recurrent position. Please see Section 5 above.

A summary analysis by ILG, service area and corporate directorates is provided below:

Area	In year Savings Target £000	M10 YTD Actual £000	Current In Year Forecast	Green	Amber	% of Current Year Forecast to Target
Bridgend ILG	4,031	2,730	3,369	3,343	26	83.6%
Merthyr & Cynon ILG	3,609	2,254	2,779	2,779		77.0%
Rhondda & Taf ILG	3,924	2,407	3,122	3,012	110	79.6%
Medicines Management	1,752	830	1,005	1,005		57.4%
Primary Care	138	115	138	112	26	100.0%
Corporates	835	628	754	754		90.3%
Other Delivery Executive	170	2	2	2		1.3%
Contracting & Commissioning	90	0	0			0.0%
Non Delegated	0	1,476	1,497	1,497		
Grand Total	**14,549**	**10,442**	**12,667**	**12,504**	**163**	**87.06%**

Area	Recurrent Savings Target £000	Forecast FYE	Green	Amber	% of Forecast recurrent savings to Target
Bridgend ILG	4,031	1,535	1,392	143	38.1%
Merthyr & Cynon ILG	3,609	759	759		21.0%
Rhondda & Taf ILG	3,924	1,306	906	400	33.3%
Medicines Management	2,708	1,005	1,005		37.1%
Primary Care	213	0			0.0%
Corporates	1,337	721	721		54.0%
Other Delivery Executive	263	0			0.0%
Contracting & Commissioning	139	0			0.0%
Non Delegated	0	130	130		
Grand Total	**16,223**	**5,457**	**4,914**	**543**	**33.64%**

6.8 Non Delegated budgets

The Month 10 YTD position is summarised below:

	M10 YTD	M9 YTD
	£k	£k
Non Recurring slippage – Annual target £2.0m	1,667	1,500
Actual Slippage	(4,194)	(3,774)
Other Non delegated variances	(206)	(469)
Non Delegated Savings Variance	(1,546)	(1,514)
Phasing in of Reserve budgets	(6,370)	(4,562)
Total	**(10,649)**	**(8,819)**

6.9 Key Risks and Opportunities

The key financial risks and opportunities for 21/22 are summarised below. These are consistent with the M10 Monitoring return submission to WG:

	M10	M9	Financial Plan- 30 June	Comment
Key risks:	**£m**	**£m**		
Continued uncertainty surrounding the impact of energy price increases for the rest of 21/22.	tbc	tbc	0	Forecast additional costs of £3.1m have been included in the year forecast but this could move up or down due to the ongoing market volatility.
Shortfall in assumed funding of £1.1m for Think 111 First	1.1	1.1	3.0	Funding not yet confirmed, but correspondence from WG indicates this is a low risk.
Total	**1.1**	**1.1**	**8.0**	

	M10	M9	Financial Plan- 30 June	Comment
Key opportunities:	**£m**	**£m**		
Continued uncertainty surrounding the impact of enery price increases for the rest of 21/22.	tbc	tbc	0	Forecast additional costs of £3.1m have been included in the year forecast but this could move up or down due to the ogoing market volatility.
Total	**0**	**0**	**(2.2)**	

7. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
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 Main Strategic Objective	To provide strong governance and assurance
Link to Strategic Goal	Sustaining our Future

APPENDIX A

WELSH GOVERNMENT ALLOCATIONS

	Annual Budget
	£k
Confirmed funding	1,208,566
Unconfirmed funding	55,518
TOTAL	**1,264,084**

Key Issues

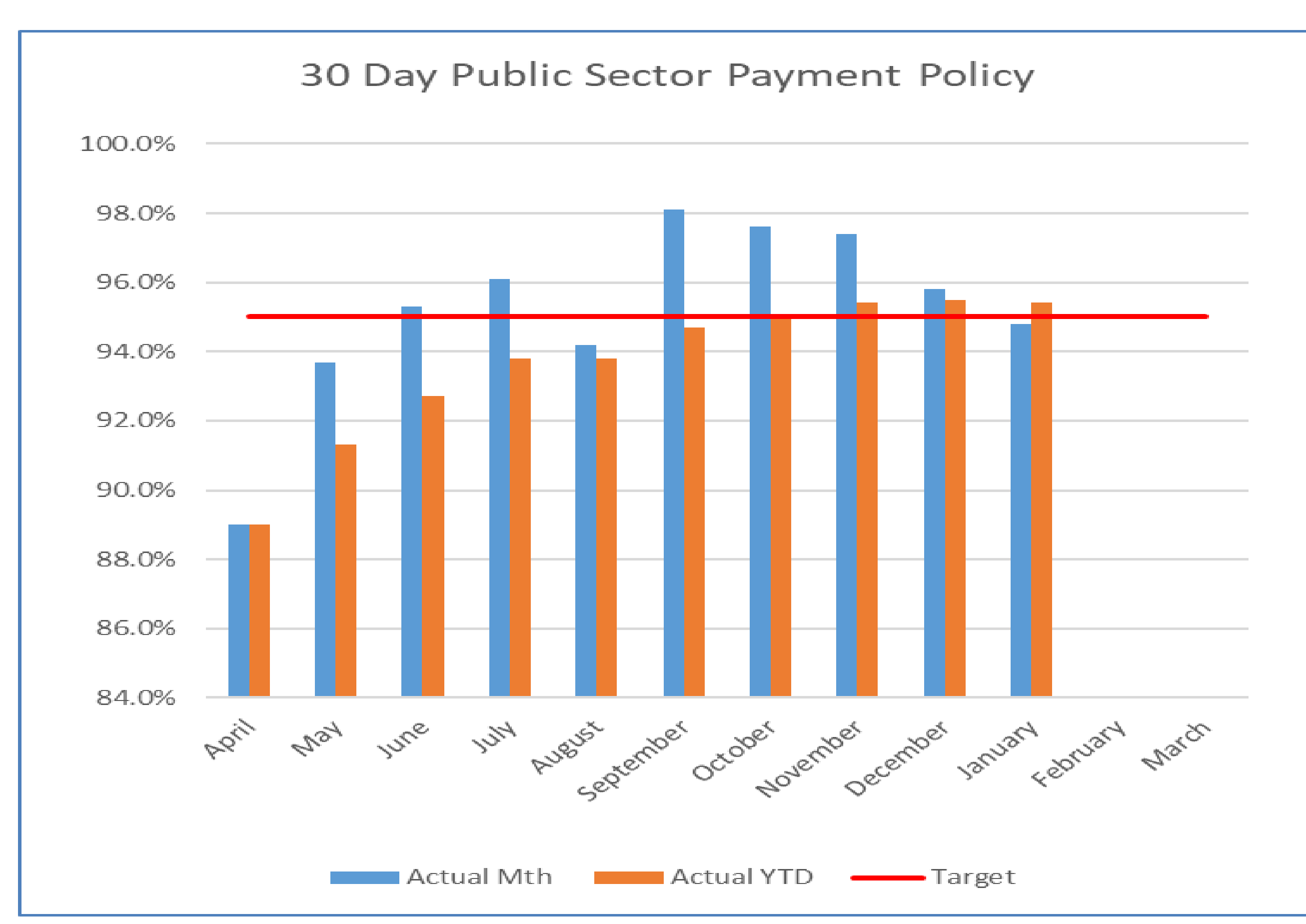
The most significant anticipated allocations include:

- Non Cash Depreciation - £41.1m
- Think 111 First Bid - £1.1m
- Transformation Fund - £3m
- Substance Misuse - £3.7m
- Value in Health - £2.2m
- RPB Transformation Scaling Fund - £1m
- Holiday Pay on Overtime – £1m
- 1% Non-Consolidated Band 1-6 pay award- £2.2m

APPENDIX B

Public Sector Prompt Payment (PSPP) Performance

The Health Board's monthly performance against the 95% public sector payment target is detailed in the graph below:



Key Issues:

- The percentage for the number of non-NHS invoices paid within the 30 day target in January was 94.8%.
- The M10 YTD percentage is 95.4%, which is above the target value of 95%.

APPENDIX C

Balance Sheet

The Month 10 Balance sheet is detailed below:

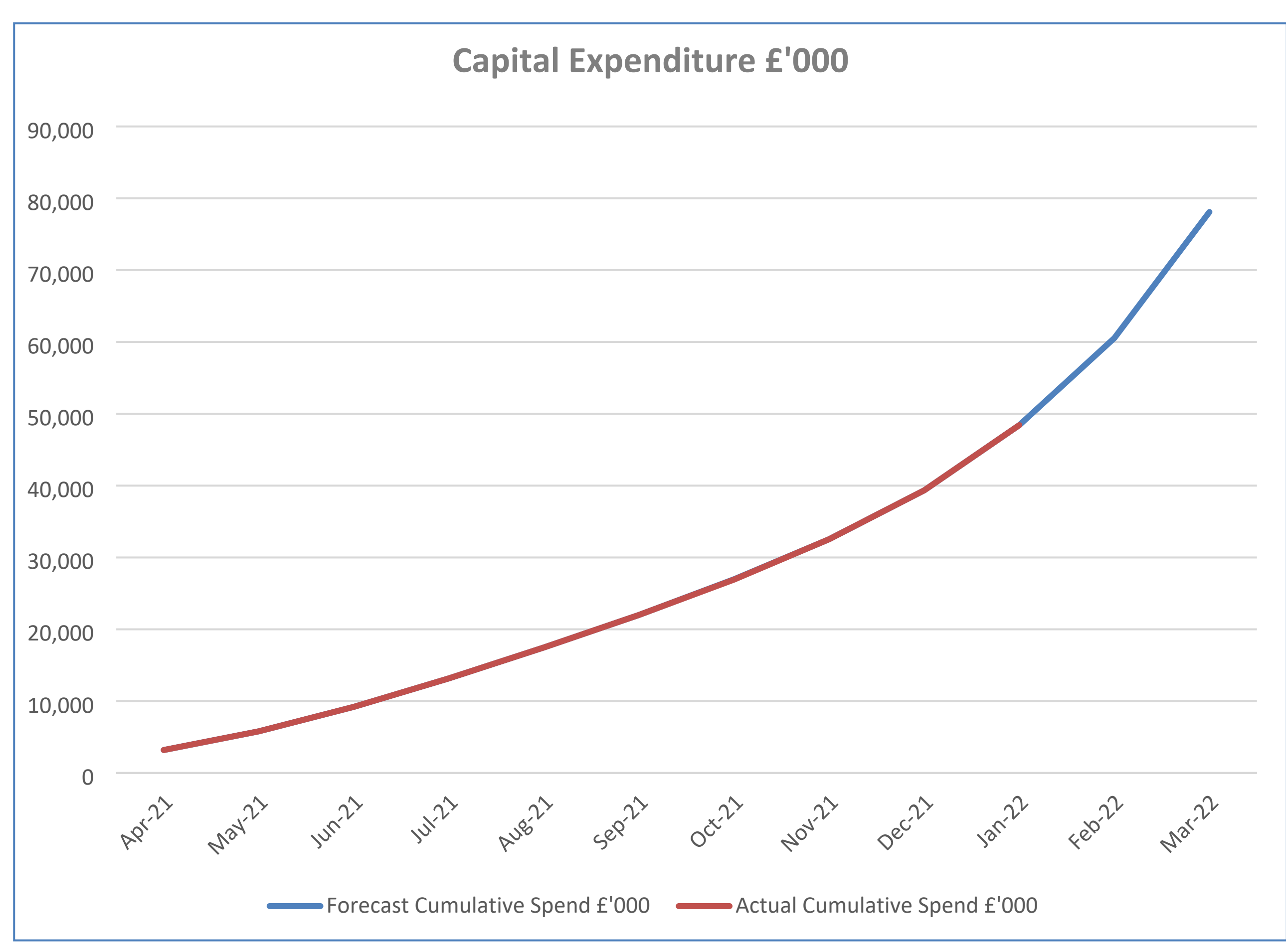
Balance Sheet	Opening Balance (01/04/2021) £'000	Closing Balance as at M9 £'000	Closing Balance as at M10 £'000	Forecast Closing Balance M12 £'000
Non Current Assets				
Property, Plant & Equipment	549,909	567,099	573,590	549,909
Intangible Assets	4,150	4,150	4,150	4,150
Trade and Other Receivables	39,298	39,298	39,298	39,298
Total Non-Current Assets	**593,357**	**610,547**	**617,038**	**593,357**
Current Assets				
Inventories	6,061	6,449	6,538	6,061
Trade and Other Receivables	124,984	116,224	103,370	112,484
Cash and Cash Equivalents	687	4,795	4,271	687
Total Current Assets	**131,732**	**127,468**	**114,179**	**119,232**
Current Liabilities				
Trade and Other Payables	175,210	157,145	171,576	162,710
Provisions	49,579	66,229	49,582	49,579
Total Current Liabilities	**224,789**	**223,374**	**221,158**	**212,289**
Non-Current Liabilities				
Trade and Other Payables	1,143	1,143	1,143	1,143
Provisions	45,680	45,680	45,680	45,680
Total Non-Current Liabilities	**46,823**	**46,823**	**46,823**	**46,823**
TOTAL ASSETS EMPLOYED	**453,477**	**467,818**	**463,236**	**453,477**
Financed By:				
General Fund	404,625	418,966	414,384	404,625
Revaluation Reserve	48,852	48,852	48,852	48,852
TOTAL	**453,477**	**467,818**	**463,236**	**453,477**

Key Issues:

- The closing cash balance at M10 was £4.271m.
- The value of Provisions has reduced by £16m largely as a result of the change in the quantum for one Clinical Negligence case.
- The value of Payables has increased by £14m of which £3m relates to Capital creditors and £9.8m relates to the timing of the monthly payment to Pharmacy contractors.

APPENDIX D

Performance against Capital Resource Limit



Key Issues:

- The Capital Resource Limit of £77.891m was issued on the 20th January 2022.
- This is supplemented by £0.2m of donated funds, giving an overall programme of £78.1M. Assets with a NBV of £0.1M have been disposed of in this financial year, this figure will also be added to the programme.
- Expenditure to M10 was £48.4M, leaving a balance of circa £30m to be spent in M11 and M12.
- The forecast outturn capital position is breakeven against the CRL target.

APPENDIX E

Cash position

The monthly cash flow is detailed in the table below:

Cashflow	**Actual/Forecast**												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	90,592	84,776	99,547	107,200	89,625	100,204	186,320	116,125	2,058	95,801	101,950	126,796	1,200,994
WG Capital Funding	5,500	3,000	4,000	6,300	3,500	7,100	12,000	1,000	0	7,000	9,750	14,741	73,891
Sale of Assets	0	24	(4)	0	0	(15)	0	0	65	49	0	0	119
Welsh NHS Org'ns	21,950	9,746	12,834	13,714	9,265	11,772	8,693	8,945	10,729	9,687	10,200	11,500	139,035
Other	5,251	14,562	2,363	2,143	3,561	2,059	2,165	3,722	3,275	1,452	2,100	4,000	46,653
Total Receipts	**123,293**	**112,108**	**118,740**	**129,357**	**105,951**	**121,120**	**209,178**	**129,792**	**16,127**	**113,989**	**124,000**	**157,037**	**1,460,692**
Payments													
Primary Care Services	27,093	7,811	20,087	26,774	7,152	18,401	15,892	16,534	28,839	8,727	17,572	19,286	214,168
Salaries and Wages	43,069	54,707	51,906	47,419	56,951	51,799	44,045	49,276	49,790	50,757	50,460	66,000	616,179
Non Pay Expenditure	47,435	43,850	43,359	50,953	36,790	44,741	40,927	48,421	46,461	51,859	46,750	54,106	555,652
Capital Payments	4,725	3,689	3,634	4,331	4,070	5,313	4,188	5,104	6,022	3,170	13,250	17,197	74,693
Other	0	0	0	0	0	0	0	0	0	0	0		0
Total Payments	**122,322**	**110,057**	**118,986**	**129,477**	**104,963**	**120,254**	**105,052**	**119,335**	**131,112**	**114,513**	**128,032**	**156,589**	**1,460,692**
Net Cash In/Out	971	2,051	(246)	(120)	988	866	104,126	10,457	(114,985)	(524)	(4,032)	448	
Balance B/F	687	1,658	3,709	3,463	3,343	4,331	5,197	109,323	119,780	4,795	4,271	239	
Balance C/F	1,658	3,709	3,463	3,343	4,331	5,197	109,323	119,780	4,795	4,271	239	687	

Key Issues

- The closing cash balance at M10 was £4.271m.

- The latest forecast is showing a forecast cash surplus of £0.7m in M12. This is after the proposed return of £10m surplus Revenue cash and £4m surplus Capital cash to WG in 2021-22.

- Approximately £15.6m of WRP debtors remains outstanding at the end of M10. The profile of the remaining receipts are under regular review.

PLANNING, PERFORMANCE & FINANCE COMMITTEE FORWARD WORK PLAN

22 February 2022

Meeting	Deferred and Suggested Agenda Items	Finance	Performance	Planning
22 February 2022 2pm YMH/Teams	Annual Cycle of Business 2022-23	Finance Dashboard Month 10 Months 9 & 10 Monitoring Returns to Welsh Government	Performance Dashboard Progress against the Delivery of the Planned Care Recovery Programme	Integrated Medium Term Plan 2022-25 Update
26 April 2022 2pm YMH/Teams	Access to GP Services (Action from October 2021 meeting to receive a further update at the February 2022 meeting. However, as only essential reports being received at the February meeting this item has been deferred to April) Estates Performance – Bridgend ILG (Deferred Item). As only essential reports being received at the February meeting this item has been deferred to April) Stroke Performance – (Action from December 2021 meeting to receive a detailed report on stroke performance). As only essential reports being received at the February meeting this item has been deferred to April)	Finance Dashboard Month 12 Month 12 Monitoring Returns to Welsh Government	Performance Dashboard Progress against the Delivery of the Planned Care Recovery Programme Annual Performance Report (Part of the Health Board's Annual Report Submission including Sustainability, WBFGA).	Integrated Medium Term Annual Plan

Meeting	Deferred and Suggested Agenda Items	Finance	Performance	Planning
28 June 2022 2pm YMH/Teams		Finance Dashboard – Month 3 Month 3 Monitoring Returns to Welsh Government	Performance Dashboard Progress against the Delivery of the Planned Care Recovery Programme	
23 August 2022 2pm YMH/Teams		Finance Dashboard – Month 5 Month 5 Monitoring Returns to Welsh Government	Performance Dashboard Progress against the Delivery of the Planned Care Recovery Programme	Integrated Medium Term Plan – Quarterly Updates
25 October 2022 2pm YMH/Teams		Finance Dashboard – Month 7 Month 7 Monitoring Returns to Welsh Government	Performance Dashboard Progress against the Delivery of the Planned Care Recovery Programme	
20 December 2022 2pm YMH/Teams		Finance Dashboard – Month 9 Month 9 Monitoring Returns to Welsh Government	Performance Dashboard Progress against the Delivery of the Planned Care Recovery Programme	Integrated Medium Term Plan – Quarterly Updates