

Agenda

14:00 - 14:05 **1. PRELIMINARY MATTERS**
5 min

1.1. Welcome and Introductions

Patsy Roseblade, Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Chair

1.3. Declarations of Interest

Information Patsy Roseblade, Chair

14:05 - 14:15 **2. CONSENT AGENDA**
10 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on the 30 April 2024

Decision Patsy Roseblade, Chair

 2.1.1 Unconfirmed Minutes 30.04.24 PPF Committee 25 June 2024.pdf (7 pages)

2.1.2. Unconfirmed In Committee Minutes of the Meeting held on the 30 April 2024

Decision Patsy Roseblade, Chair

 2.1.2 Unconfirmed IC Minutes 30.04.24 PPF Committee 25th June 2024 v1 KD.pdf (2 pages)

2.1.3. Committee Annual Report 2023-24

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 2.1.3 Annual Report 2023-24 Cover Report PPF Committee 25 June 2024 v1.pdf (4 pages)

 2.1.3a Appendix 1 Annual Report 2023-24 PPF Committee 25 June 2024 v2.pdf (10 pages)


2.2. Items for Noting

2.2.1. Month 12 & Month 1 Monitoring Returns to Welsh Government

Information Sally May, Executive Director of Finance & Procurement


 2.2.1a M12 Monitoring Returns PPF Committee 25 June 2024.pdf (4 pages)

 2.2.1b Annex A Monitoring Narrative 2023-24 FINAL Public.pdf (13 pages)

 2.2.1c Annex A - Month 12 - CTM ULHB - Monitoring Tables 2023-24.pdf (4 pages)

 2.2.1d M1 Monitoring Returns PPF Committee 25 June 2024.pdf (4 pages)

 2.2.1e Annex A Monitoring Narrative 2024-25 FINAL Public.pdf (11 pages)

 2.2.1f Annex A - Month 1 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)

2.2.2. Committee Annual Cycle of Business 2024-25

Information Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 2.2.2 Annual Cycle of Business Cover Report PPF Committee 25 June 2024.pdf (3 pages)
- 📄 2.2.2a Annual Cycle of Business 2024-25 PPF Committee 25 June 2024.pdf (3 pages)

2.2.3. Action Log

Information Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 2.2.3 Action Log PPF Committee 25 June 2024.pdf (4 pages)

14:15 - 14:15 3. MAIN AGENDA

0 min

3.1. Matters Arising otherwise not contained within the Action Log

Patsy Roseblade, Chair

14:15 - 14:25 4. GOVERNANCE

10 min

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 4.1a Org RR May 24 - Cover Paper - PPF.pdf (7 pages)
- 📄 4.1b Appendix 1 - Master Org RR - May 24 PPF Committee 25 June 2024.pdf (3 pages)

14:25 - 15:45 5. IMPROVING CARE

80 min

5.1. Integrated Performance Dashboard

Discussion Executive Directors

- 📄 5.1 Integrated Performance Dashboard PPF Committee 20 June 2024.pdf (30 pages)

5.2. Planned Care Recovery

Discussion Gethin Hughes, Chief Operating Officer

- 📄 5.2 Planned Care Recovery PPF Committee 20 June 2024.pdf (4 pages)

5.3. Development of the 24/7 Stroke Service Progress Report

Discussion Gethin Hughes, Chief Operating Officer

- 📄 5.3 Update on Development of 24/7 Stroke Service PPF Committee 25 June 2024.pdf (11 pages)

5.4. Regional Diagnostic Business Cases - Verbal Update

Discussion Linda Prosser, Executive Director of Strategy & Transformation

15:45 - 16:45 6. SUSTAINING OUR FUTURE

60 min

6.1. Budget Framework 2024-25


Discussion Sally May, Executive Director of Finance & Procurement

 6.1 Budget Framework 2024-25 PPf Committee 25 June 2024.pdf (9 pages)

 6.1a Financial Framework 24-25 - Annex A PPf Committee 25 June 2024.pdf (12 pages)

6.2. Month 1 Finance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.2 M1 Finance Report PPf Committee 25 June 2024.pdf (18 pages)


6.3. Month 1 Finance Performance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.3 M1 Finance Performance Report PPf Committee 25 June 2024.pdf (27 pages)

6.4. Month 2 Finance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.4 M2 Finance Report PPf Committee 25 June 2024.pdf (19 pages)

6.5. Month 2 Finance Performance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.5 M2 Finance Performance Report PPf Committee 25 June 2024.pdf (27 pages)

16:45 - 16:55 7. OTHER MATTERS

10 min

7.1. Committee Forward Work Plan

Information Patsy Roseblade, Chair

 7.1 Forward Work Plan PPf Committee 25 June 2024.pdf (2 pages)

7.2. Committee Highlight Report to Board

Discussion Patsy Roseblade, Chair

7.3. Any Other Urgent Business

Discussion Patsy Roseblade, Chair

16:55 - 17:00 8. DATE AND TIME OF NEXT MEETING

5 min

Patsy Roseblade, Chair

27th August 2024 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
**UNCONFIRMED MINUTES OF THE MEETING OF THE PLANNING,
 PERFORMANCE & FINANCE COMMITTEE HELD ON 30 APRIL 2024, AS A
 VIRTUAL MEETING HELD VIA TEAMS**

Members Present:

Dilys Jouvenat	Acting Chair/Independent Member (Acting Chair)
Rachel Rowlands	Vice Chair/Independent Member
Nicola Milligan	Independent Member
Carolyn Donoghue	Independent Member

In Attendance:

Linda Prosser	Executive Director of Strategy & Transformation (in part)
Sally May	Executive Director of Finance & Procurement
Gethin Hughes	Chief operating officer
Julie Denley	Deputy Chief Operating Officer/Director of Primary, Community & Mental Health
Elizabeth Beadle	Assistant Director of Transformation
T. Allouni	Director of Operations – Planned Care (in-part)
Gareth Watts	Director of Corporate Governance/Board Secretary
Jason Williams	Assistant Head of Operational Estates (in-part)
Kathrine Davies	Corporate Governance Manager

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

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

1.2 Apologies for Absence

Apologies were received from:

- Patsy Roseblade, Independent Member

1.3 Declarations of Interest

There were no interests declared.

2. CONSENT AGENDA

2.1 ITEMS FOR APPROVAL

2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 27 FEBRUARY 2024

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

2.1.2 UNCONFIRMED MINUTES OF THE EXTRA ORDINARY MEETING HELD ON 13 MARCH 2024

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

2.2 ITEMS FOR NOTING

2.2.1 MONTH 11 MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: Members **NOTED** the contents of the Month 11 Monitoring Returns submitted to Welsh Government.

2.2.2 COMMITTEE ANNUAL CYCLE OF BUSINESS 2024-25

Resolution: The Annual Cycle of Business with an additional item of Value Based Healthcare Steering Group Highlight Annual Report was **NOTED**

2.2.3 Action Log

Resolution: The Action Log and updates were **NOTED**.

3. MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG

There were none.

4. GOVERNANCE

4.1 ORGANISATIONAL RISK REGISTER

G. Watts presented the Organisational Risk Register to Committee Members and highlighted two new risks outlined in section 3 of the report.

N. Milligan referred to the risk 2713 re Radiology and reminded Members that this had been discussed in a recent Board Development Session. She added that the risk had been on the risk register for quite some time with no changes to the mitigations which was concerning.

G. Hughes, in response advised that there were a number of mitigating actions in place which were now materialising such as outsourcing and the mobile MRI scanner to address the position. He added that the non obstetric position is being addressed as part of the Community Diagnostic Hub tender and confirmed that he would ensure that the Risk Register was updated for the next meeting.

Resolution: The Committee **NOTED** the report, **REVIEWED** the risks escalated to the Organisational Risk Register at Appendix 1 and **CONSIDERED** assurance from the report that all that can be done is being done to mitigate the risks.

Action: To update the narrative on Risk 2713 for the next meeting.

5. IMPROVING CARE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

E. Beadle & G. Hughes presented the report presented the report on the Integrated Performance Dashboard.

N. Milligan advised that it was pleasing to see the improvement with Child and Adolescent Mental Health Services (CAMHS).

C. Donoghue referred to page 5 of the report and the performance figures for colonoscopy showing as 4.8%. She queried why it had not increased as they were reporting significant improvements. G. Hughes advised that this related specifically to the bowel screening pathway where the compliance was now one of the highest in Wales. He added that it was important to note that this Health Board was reporting correctly and that other Health Boards excluded some cohorts of patients rather than including the whole cohort. He added that he was expecting this to increase significantly now that they were addressing the waiting times.

C. Donoghue referred to the comment on page 6 of the report that referred to a lack of engagement with CTM Communications in relation to vaccinations. G. Hughes advised that he would pick this up with the Director of Public Health outside of the meeting.

C. Donoghue referred to page 24 and the outpatient appointments for follow up patients not booked that showed activity levels at 28% which was a drop in activity. G. Hughes advised that he did not think that the figure was correct so would address this outside of the meeting.

N. Milligan referred to the Population Health HPV vaccine and suggested that it would be helpful to know what the outputs were for the children's vaccination group as it was not showing any improvement. G. Hughes advised that he would pick this up outside of the meeting.

N. Milligan referred to the CNS Model for 24/7 cover for stroke where it stated that it would improve patient outcomes and patient care and experience. She added that she was concerned that we are potentially failing in our duty of care and that in, the longer term, it would be more cost effective than having patients with far more complex recovery needs as a result of not having the appropriate treatment and care. G. Hughes advised that he had asked the service to identify a mobilisation plan to understand what the base cost would be and that there would be a phased implementation plan. He added that we have provided a £44m investment in 2024-25 into services which would be allocated by the Care Groups to deliver the service to meet the needs of the patients.

In response, N. Milligan advised that it would be helpful if they could receive further information on the phased implementation plan at the next meeting.

N. Milligan referred to page 23 and the new appointments for neuro development and queried why they were having to wait four months for the post to be in place. G. Hughes advised that he would query the recruitment timeline outside of the meeting. He added that in terms of funding for the post, one of challenges is that the funding is provided for very specific things and the allocation is provided via the Regional Partnership Board and has to be broken down.

S. May, in response, noted that WG often allocated short term funding so that benefits could be evaluated and therefore posts were fixed term.

N. Milligan responded and advised that it was really difficult to recruit into fixed terms roles and she felt that the impact on the children and families who were waiting was enormous.

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

Action: To discuss the lack of engagement with CTM Communications in relation to vaccines outside of the meeting.

Action: To query the outputs for the children's vaccine group in relation to the Population Health HPV vaccine.

Action: To provide an update on the 24/7 stroke service phased implementation plan at the next meeting.

5.2 **PLANNED CARE TRAJECTORIES – FORWARD LOOK**

T. Allouni provided a presentation on the progress with the Planned Care Recovery Programme and Cancer.

N. Milligan referred to the timeline for eradicating all patients for referral to treatment waiting over a year by the end of March 2025 and queried how realistic that target was. G. Hughes advised that mathematically over the

course of the year it felt deliverable, however, the challenge would be if there were specific specialties where there could be constraints.

N. Milligan referred to the Snowdrop Centre and the positive experience for the patients now using it. She added that at least one or two extra patients a week that they were managing for surgery was a huge amount throughout the year and really positive that they were getting their care in one area and not having to go to different places. She advised that during the disaggregation process the trade unions had been kept in the loop at all times and not one member of staff had raised any concerns or difficulties and she extended her congratulations to the team.

The Chair thanked T. Allouni and G. Hughes for the presentation which she felt had been very aspirational.

Resolution: The Presentation was **NOTED**.

6. SUSTAINING OUR FUTURE

6.1.0 MONTH 11 FINANCE REPORT

S May presented the Month 11 Finance report.

Resolution: The Committee **NOTED** the Month 11 Finance Report and considered future financial positions.

6.2.0 MONTH 12 FINANCE REPORT

S May presented the Month 10 Performance Report that highlighted the financial performance of the individual Care Groups and Directorates as at M10.

S. May advised that the Health Board were reporting a breakeven position which was now subject to audit with the accounts being submitted on the 3rd June 2024.

S. May highlighted the following key matters for the Committee to note:

- The Health Board had not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24.
- The Health Board had met its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24.
- The Health Board had not met its financial duty to have an approved plan for 2023/24.

R. Rowlands queried what the consequences would be of not having an approved plan. S. May advised that the health board would have to disclose this in their accounts and also a qualification in terms of that when they were audited. S. May added that in real terms it would not have a cash impact as they had received the cash in 2022-23 and 2023-24 but would

take a few years before they would be able to meet the three breakeven duty.

S. May advised that delivering on our financial duties should provide confidence to Welsh Government colleagues that we are managing our finances and our performance and other improvements

The Committee **DISCUSSED** and **NOTED** the report

Resolution:

6.3.0 MONTH 12 FINANCE PERFORMANCE REPORT

S May presented the Month 12 Performance Report that highlighted the financial performance of the individual Care Groups and Directorates as at M10.

Resolution: The Committee **DISCUSSED** and **NOTED** the report

6.4.0 CAPITAL QUARTERLY UPDATE

S May presented the report that provided the Committee with a detailed work through of the Capital Funding position for 2023-24.

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

7. OTHER MATTERS

7.1.0 FORWARD WORK PLAN

The Chair invited members to put forward any topics for the forward work programme should they have any prior to the next Committee Meeting.

7.2.0 COMMITTEE HIGHLIGHT REPORT TO BOARD

It was agreed that the Governance Team would draft the Highlight Report for approval by the Committee Chair and the Executive Leads.

7.3.0 ANY OTHER URGENT BUSINESS

There was no further urgent business.

7.4.0 HOW DID WE DO TODAY?

The Chair advised members that should they have any comments following the meeting then these needed to be emailed to the Corporate Governance Team.

R. Rowlands commented that it was her first meeting today and she wanted to echo some of the comments made about the incredible work undertaken under challenging circumstances externally and internally. She advised that as a general member of the public they do not realise how much work is going on to get patients into a diagnostic position. She thanked S. May for

providing so much clarity around the financial reports and extended her congratulations to all on the recent announcement from the Minister on de-escalation.

8.1.0

DATE OF NEXT MEETING

Members were advised that the next meeting would be held on the 25th June 2024.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE 'IN COMMITTEE'
HELD ON 30 APRIL 2024, AS A VIRTUAL MEETING WHICH
WAS HELD VIA MICROSOFT TEAMS**

PRESENT

- Dilys Jouvenat - Acting Chair/Independent Member
- Carolyn Donoghue - Independent Member
- Rachel Rowlands - Independent Member
- Nicola Milligan - Independent Member

IN ATTENDANCE

- Sally May - Executive Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Gareth Watts - Director of Corporate Governance/Board Secretary
- Elizabeth Beadle - Assistant Director of Transformation, Strategic and Operational Planning
- Kathrine Davies - Corporate Governance Manager (Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

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

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from:

- Patsy Roseblade – Independent Member (Committee Chair)
- Linda Prosser – Executive Director of Strategy & Transformation

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. MAIN AGENDA

2.1.1 REGIONAL DIAGNOSTICS PROGRAMME UPDATE

E. Beadle presented the report that provided the Committee with an update on the progress in relation to the of the regional endoscopy and radiology projects ahead of provision of formal Business Cases for consideration.

Agenda Item 2.1.2

Resolution: The Committee **NOTED** the update on progress for regional developments of community diagnostic hubs and a regional endoscopy centre including the associated risks.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

There was none to report.

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

The Chair advised that the next meeting would be held on the 25th June 2024.

UNCONFIRMED



Agenda Item

2.1.3

Planning, Performance and Finance Committee

**PLANNING, PERFORMANCE & FINANCE COMMITTEE
ANNUAL REPORT 2023-24**

Dyddiad y Cyfarfod / Date of Meeting	25/06/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval
-------------------------------------------------	----------------------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
PPFC	Planning, Performance & Finance Committee
CTMUHB	Cwm Taf Morgannwg University Health Board



1. Situation / Background

- 1.1 The purpose of this report is to highlight the activities and performance of the Planning, Performance & Finance Committee (PPFC) during 2023-2024.
- 1.2 The Chair of the PPFC is required to present an annual report outlining Committee business throughout the financial year to provide the Board with assurances on the monitoring and scrutiny undertaken in relation to those issues set out under the Terms of Reference (TOR) for this Committee.
- 1.3 The Committee’s draft Annual Report for 2023-2024 is presented at **Appendix 1** for approval.
- 1.4 The revised Terms of Reference for the PPF Committee were last approved by the Board in March 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/standing-orders-cwm-taf-morgannwg-university-health-board).
- 1.5 An annual self-assessment questionnaire is also required to be undertaken and this will be completed by members outside of the meeting, the results of which will be reviewed at the August 2024 meeting

2. Specific Matters for Consideration

- 2.1 The Committee is asked to approve the PPF Committee Annual Report for 2023-2024.

3. Key Risks / Matters for Escalation

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board through the Chair at the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
	Not Applicable



Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not applicable.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable.



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee are asked to **ENDORSE FOR BOARD APPROVAL** the Planning, Performance & Finance Committee Annual Report for 2023-24

6. Next Steps

6.1 Members of the Committee to undertake its Annual Self Effectiveness Survey to be reviewed at the August 2024 meeting.

Appendix 1



Planning, Performance & Finance (PPF) Committee

Annual Report 2023/24

PLANNING, PERFORMANCE & FINANCE (PPF) COMMITTEE ANNUAL REPORT 2023/24

1. FOREWORD

I am pleased to present the Annual Report of the Cwm Taf Morgannwg University Health Board, Planning, Performance & Finance (PPF) Committee for 2023-2024. The purpose of this report is to formally report on the work of the PPF Committee for the year ending 31 March 2024 in accordance with the Committee's Terms of Reference.

During the year my fellow Independent Members – Nicola Milligan, Carolyn Donoghue, Ian Wells, Geraint Hopkins and Dilys Jouvenat once again offered their considerable knowledge and wide-ranging experience to the Committee. We bid farewell to Mel Jehu, previous Chair and Vice Chair of the Committee in March 2024 and I would like to express my thanks and appreciation to Mel for his invaluable contribution to the Committee over the years.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members.

In March 2024, the Committee extended a wider invitation to all Members of the Board who joined the meeting to ensure that there was a robust discussion and scrutiny of the Integrated Medium Term Plan and Annual Plan priorities.

The Annual Committee Cycle of Business was approved by the Committee at the meeting held in February 2024, which outlined the forward planning for the work of the Committee for 2024-2025.

I continue to advocate the promotion of a culture of continual improvement, and as usual look forward to the learning that will come from the self-assessment which is undertaken each year to reflect on the Committee's effectiveness.

Patsy Roseblade
Chair



2. INTRODUCTION

The key function of the Planning, Performance & Finance Committee (PPF) 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.

The Committee meets on a bi-monthly basis following the Strategic Leadership Group where the initial management debate / scrutiny / action is taken. The Committee Chair presents exceptional issues to the Quality & Safety Committee. There is also the opportunity to refer key risks back to the Strategic Leadership Group or through reports from Committee Chair at full Health Board meetings.

All papers relating to the Committee (unless held 'in-committee') are available on the Health Board [website](#). The Committee aims to meet up to six times per annum to scrutinise the Health Board's planning, performance and financial management aligned to its Integrated Medium Term Plan commitments.

Key areas of activity for the Committee during 2023-2024 are outlined below:

- Active involvement in the development and approach to the 2024-2027 Integrated Medium Term Plan and Annual Plan.
- Routinely reviewed and scrutinised the Health Board's Integrated Performance Dashboard.
- Routinely reviewed and scrutinised financial performance, including the review of: the development of savings plans; budget setting; delivery of agreed savings plans including efficiency savings; and the Monthly Monitoring Returns to Welsh Government.
- Routinely reviewed and scrutinised the delivery of the Planned Care Recovery Programme.
- Routinely reviewed and scrutinised the organisational risks assigned to the Committee.

The Committee also received reports on the following:

- Enhanced Monitoring and Improving Care
- Spotlight on Mental Health – Activity & Performance Data
- Six Goals for Urgent and Emergency Care
- Mental Health 2022-23 Service Improvement Funding and Update
- Ophthalmology Strategy and Cataracts Business Case
- All Wales Reinforced Autoclaved Aerated Concrete (RAAC) Investigation

- Ophthalmology Improvement Plan
- Civil Contingencies and Business Continuity Annual Report 2022-23
- Manchester Arena Inquiry Recommendations Assurance Report
- Stretch Target Response (10,20,30) Verbal Update
- Capital Programme Update 2023-24
- Welsh Risk Pool Sharing Agreement
- Development of the 24/7 Stroke Service
- Expansion Plans for the Navigation Hub
- Estates Performance 2022-23 – Resetting the Baseline 2024-25
- Planned Care Trajectories for 2024-25
- Regional Diagnostic Hub Business Case Progress Update
- Business Case for Endoscopy Progress Update
- Capital Quarterly Update

The Committee also endorsed the following reports for Board Approval:

- Radiotherapy Informatics System Procurement (RISP) Business Case
- Implementation of Robotic Surgery within CTMUHB

3. MEMBERSHIP

Only the Independent Members are formal members of the Committee, however, they are joined at the meeting by Executive Directors and other Senior Officers as appropriate. When deemed appropriate, Independent Members from other Health Boards, representatives from Internal Audit, Audit Wales and the Welsh Government have also attended the meetings on occasions.

The role of the Independent Member of the Committee is to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes. The tables below outline the membership of the PPF Committee during 2023/24:

Table 1 – Composition of Independent Members

Independent Member
Mel Jehu (Chair Until July 2023) (Vice Chair from July 2023)
Patsy Roseblade (Chair) (From July 2023)
Ian Wells (Until July 2023)
Nicola Milligan
Carolyn Donoghue (Vice Chair until June 2023)
Geraint Hopkins (Until July 2023)
Dilys Jouvenat (From July 2023)



3.1 MEETING ATTENDANCE

The Planning, Performance & Finance Committee met on seven occasions during 2023/24. The meeting due to be held on the 28th December 2023 was postponed to the 11th January 2024.

* An Extra Ordinary meeting was called on the 13th March 2024 for the Committee to receive an update on the progress in relation to the Integrated Medium Term Plan for 2024-27.

Name:	04/05/23	27/06/23	23/08/22	31/10/23	11/01/24	27/02/24	11/03/24*
Core Membership							
Mel Jehu	✓	✓	✓	X	✓	✓	X
Patsy Roseblade	✓	✓	✓	✓	✓	✓	✓
Ian Wells	✓	✓					
Nicola Milligan	✓	✓	✓	✓	✓	✓	✓
Carolyn Donoghue	✓	✓	X	✓	X	✓	✓
Geraint Hopkins	✓	✓					
Dilys Jouvenat			✓	✓	✓	✓	✓

4. MAIN AREAS OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format as outlined below:

- Preliminary Matters
- Consent Agenda
- Governance (Including the Organisational Risk Register)
- Improving Care (Performance Activity)
- Sustaining our Future (Finance Update Reports & Estates Update Reports)
- Forward Work Programme, Highlight Report, How did we do today? and items to be referred to other Committees



PART 1

Preliminary Matters

This section provides the apologies for absence, welcome and introduction, declarations of interest, previous meeting minutes, matters arising and the action log.

PART 2 – MAIN AGENDA

Planning

This section of the meeting reviews and monitors the process for the development of the Integrated Medium Term Plan (IMTP), scrutinises strategic or major service plans, monitors and scrutinise the efficient prioritisation of capital schemes, capital plans, capital programmes and business cases.

Performance

This section of the meeting reviews the Integrated Performance Dashboard (the Dashboard), which covers all Tier 1 targets set by the Welsh Government as well as critical, local targets.

The Dashboard accompanied by a covering report highlights key performance areas which include those:

- under formal escalation with Welsh Government,
- where a cause for concern to the Committee has been raised due to fluctuations in performance levels being attained,
- demonstrating considerable improvements in performance.

The Dashboard is reviewed for changes from the previous month, trends throughout the year and determines the areas that will be discussed in more detail. The report highlights areas that will be brought forward onto the 'Forward Look', which is generally determined by those areas that have shown deterioration over two consecutive months. The Executive Director of Strategy and Transformation or a suitably nominated deputy presents the Integrated Performance Dashboard. Key areas for further detailed discussion are then produced for exception reporting or are requested as part of a 'deep dive' financial presentation or for clinical efficiency review and discussion. Comparative information is also presented and discussed on a quarterly basis.

Finance

This section of the meeting monitors risk to financial delivery including mitigating actions to manage risk. Monitors the delivery of financial plans and savings programmes. Monitors activity and productivity including operational efficiency and effectiveness.



Items for exception reporting, information or update

Throughout the year, various high profile issues have been presented to the Committee by way of exception. These include reports produced by Wales Audit Office on an all-Wales basis.

Forward Work Programme and items to be referred to other Committees

Items for Information/Update

Items that have previously been presented may be placed on a future agenda for a written update or further information. These are received at this point by the Committee. In addition, papers of interest to members may be included in this section.

Forward Look

The 'Forward Look' plan for the Committee is reviewed at each meeting to ensure that it is still targeted at the appropriate risk areas. Issues raised during the Health Board's monthly meetings with Welsh Government's "Quality and Delivery Group" are presented as required.

Links with Other Committees/Boards

The Directors on the Committee provide this linkage to the Operational Management Board, Strategic Leadership Board and Executive Leadership Board. Key risk areas from the Planning, Performance & Finance Committee were highlighted at the Quality & Safety Committee and/or full Board meetings by the Committee Chair.

Key elements, including any patient specific risks, were also taken into account at the Quality and Safety Committee; an important link is made by the Chair of the Quality and Safety Committee and lead directors as appropriate.

The Committee Chair is able to refer items to other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

During this period there were no referrals made.

5. ACTION LOG AND REPORTS TO BOARD

In order to monitor progress and any necessary follow up action, the Committee has developed an action log that captures all agreed actions. This has provided an essential element of assurance both to the Committee and

from the Committee to the Health Board. Following each meeting of the Committee a summary report is submitted to the next Board meeting to update all Board Members as to any decisions made, referrals to other committees or particular concerns the Committee had. These are available via our website.

6. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation and intends to develop its function still further in the forthcoming year. The Committee has an Annual Cycle of Business for each year which is approved at the first meeting of each year.

The Terms of Reference for the Committee were revised with minor amendments at the February 2023 meeting and approved by the Health Board in March 2023.

7. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee is required to complete an annual self-assessment and the questionnaire is undertaken via Microsoft Forms. This year's self-assessment will be completed following the June 2024 meeting and the outcome will be received at the August 2024 meeting.

8. CONCLUSION AND ASSURANCE TO THE BOARD

The Planning, Performance & Finance Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24 there are effective measures in place both to ensure the delivery of the key financial, planning and performance targets and to effectively scrutinise and monitor this important area. There are no outstanding issues that the Committee wishes to bring to the attention of the Board.

2023/24 Financial Position

The draft financial plan for 23/24 was submitted to Welsh Government on 31 March 2023. The draft plan identified a forecast deficit of £79.6m and Welsh Government confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to Welsh Government at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m was not changed. The draft plan included a £27.3m savings target which requires a significant step up in savings delivery compared to recent years.



During M7, Welsh Government confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, Welsh Government had given the Health Board a break even Control Total target for 23/24. This equates to further £8.4m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break-even Control Total target in 23/24.

The draft annual accounts position is reporting a surplus of £109k against the Revenue Resource Limit and a surplus of £34k against the Capital Resource Limit for 2023/24 (subject to audit review). The Health Board has therefore achieved the revenue break even control total Target set by Welsh Government for 2023/24.

Statutory Financial Duties

Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers.

The Health Board **has not met** its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24 with a net deficit of £24.2m.

The Health Board **has met** its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24 with a net surplus of £0.1m.

The Health Board **has not met** its financial duty to have an approved plan for 2023/24.

2024/25 Financial Outlook

The Health Board submitted its initial financial plan to Welsh Government at the end of March 2024 indicating a financial break even position for 2024/25 through to 2026/27.

The Financial Plan submitted to WG for the financial year 2024/25 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	19.4	0	19.4
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(27.3)
Total plan 23/24	(2.1)	2.0	(0.1)

The Financial Plan also identified a net risk to the planned break-even position of £9.4m.

	Total plan £m
Funding Risks:	
Outstanding 2023/24 Pay Award funding	2.6
Risk of 2024/25 Pay Award not being fully funded	TBC
Other Risks:	
Further Savings Plans required yet to be identified	3.3
Delivery Risk on identified savings plans	2.4
Cost Pressures in addition to those identified in the plan	7.9
Further industrial action	TBC
Total Risks	16.2
Opportunities:	
Balance sheet opportunities	(5.0)
Retrospective VAT recovery – Microsoft contract	(1.8)
Potential reduction in energy costs	TBC
Total Opportunities	(6.8)
Net Risk to Initial 2024/25 Financial Plan	9.4



Agenda Item

2.2.1a

Planning, Performance and Finance Committee

MONTH 12 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	25/06/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
-------------------------------------------------	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Government	02/05/2024	NOTED

Acronyms / Glossary of Terms	
WG	Welsh Government
M1 etc	Month 1 etc
PPFC	Planning, Performance & Finance Committee
HB	Health Board



1. Situation / Background

- 1.1 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 M1 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

- 2.1 The Welsh Health Circular WHC (2023) 012 – 2023/24 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 26th April 2023. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2023/24 financial performance, together with the following requirements:

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

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2, C3 & C4) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M12 Narrative report
Table A - Movement
Tables C, C1, C2, C3 & C4

3. Key Risks / Matters for Escalation

- 3.1 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 M12 Financial Monitoring returns is summarised in Section 1.2 of the M12 Narrative report at Annex A. This information is consistent with the M12 Internal Board papers.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Choose an item.
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
		Not Required



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the contents of the M12 Monitoring Returns submitted to Welsh Government for 2023/24.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD MONITORING RETURNS – MARCH 2024 FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 March 2024.

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2023/24

Our revised Annual Plan, submitted to WG on 31st May 2023, is as follows:

	Recurrent £m	Non Recurrent £m	Total plan £m
Recurrent Core plan deficit at 31 March 2023	60.9		60.9
Recurrent ongoing COVID costs	10.0		10.0
Non Recurrent ongoing Exceptional energy costs		8.7	8.7
B’Fwd challenge at 31 March 2023	70.9	8.7	79.6
Allocation Adjustments	(17.4)	(12.5)	(29.9)
Cost Pressures & Investments:			
Inflationary Pressures	21.8	0	21.8
Demand Growth	12.3	0	12.3
Service Improvement – Local	4.3	2.8	7.0
COVID Programmes	0	11.7	11.7
Other Pressures & Investment	0.8	3.7	4.5
Savings Target	(27.3)	0	(27.3)
Total plan 23/24	65.3	14.4	79.6

The £79.6m planned deficit at the start of the year included a Core plan of £70.9m plus £8.7m for exceptional energy costs. On 20 October WG confirmed additional core funding of £62.5m and that energy costs would be funded based on the outturn position. The Health Board therefore needed to deliver additional savings of £8.4m to deliver the break-even Control Total target set by WG for 23/24.

1.2 Actual YTD and Forecast 23-24 (Table A)

	M12 Actual	M12 YTD
	£m	£m
Core plan:		
Core plan deficit	4.7	62.5
Confirmed WG Funding	(5.2)	(62.5)
Total	(0.5)	0
Energy:		
Exceptional Energy inflation	0.8	8.2
Anticipated Energy Funding	(0.8)	(8.2)
Total	0	0
Covid Programme costs:		
Health Protection	0.7	6.5
PPE	0.0	0.4
Adferiad	0.1	0.8
Nosocomial	0.1	0.5
Anticipated Funding	(0.9)	(8.3)
Total	(0.1)	(0.1)
Grand total	(0.6)	(0.1)

The Health Board has therefore achieved the breakeven Control Target set by WG for 23/24.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	March			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M12 £'000	M11 £'000	Movement £'000
RRL	142,674	109,079	33,595	1,393,511	1,359,916	33,595
Donation/Grants	12	147	(135)	65	200	(135)
Welsh HBs & NHST	7,326	6,885	441	84,615	84,174	441
WHSSC	1,113	1,043	70	12,327	12,257	70
WG Income	2,021	(100)	2,121	1,350	(771)	2,121
Other Income	4,677	3,655	1,022	46,554	45,532	1,022
Income Total	157,823	120,709	37,114	1,538,422	1,501,308	37,114
PC Contractor	16,337	13,558	2,779	161,609	158,830	2,779
PC - Drugs	8,394	8,659	(265)	102,130	102,395	(265)
Pay	84,495	57,191	27,304	705,909	678,605	27,304
Non Pay	10,140	8,726	1,415	124,126	122,712	1,415
SC - Drugs	4,599	4,947	(348)	56,239	56,587	(348)
H/C Other NHS	30,024	23,914	6,110	273,212	267,102	6,110
Non H/C Other NHS	365	322	43	4,343	4,300	43
CHC & FNC	5,182	5,052	130	64,843	64,713	130
Private & Vol	870	1,360	(490)	15,890	16,380	(490)
Joint & Other	1,313	783	530	3,522	2,992	530
DEL	3,019	3,084	(65)	33,445	33,510	(65)
AME	(7,577)	(7,434)	(143)	(6,908)	(6,765)	(143)
Res & Cont	0	0	0	0	0	0
P&L on Disposal	8	0	8	(44)	(52)	8
Cost - Total	157,169	120,161	37,008	1,538,316	1,501,308	37,008

Actual expenditure for M12 was £37m (30.8%) greater than the £120.2m forecast. The most significant movements between the M11 forecast and M12 actuals were as follows:

- **WG Income - £2,121k Favourable** – Allocation of RIF Capital Grant funding of £1.4m plus NCL increase of £0.6m.
- **Other Income - £1,022k Favourable** – Increase in Jnr Drs and R&D income.
- **Primary Care Contractors - £2,779k Adverse** – Includes £0.9m for pension adjustment and £0.25m of Optometry funding (offset by additional allocations), NCL increase of £0.6m, Payment of GP Refresh £1.3m.
- **Provider Services Pay - £27,304k Adverse** – The movement relates to the Pension adjustment of £27.6m (offset by additional allocation).
- **Provider Services Non Pay - £1,415k Adverse** – The adverse movement is mainly related to the RIF Capital Grant of £1.4m. However there has also been a reclassification of NWSSP Laundry

expenditure to NHS Services of £1m, additional costs for DMTP £0.5m (matched with new allocation) plus £0.5m of other movements.

- **NHS Healthcare - £6,110k Adverse** – The movement mainly related to new allocations for WHSSC of £4.1m, the classification changes for laundry expenditure of £1.0m, the pension adjustment for WHSSC of £0.3m and £0.6m of movements on final year end agreement of balances.

1.4 Pay Expenditure (Table B2)

The M12 Pay expenditure was £87.7m which included £28.5m for the pension adjustment, leaving a comparative expenditure of £59.2m. The monthly trend is summarised below.

	M12	M12 (adj)	M11	M10	M9	M8	M7	M6	M5	M4
	£m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	10.9	7.1	7.7	7.5	7.6	7.6	7.6	7.6	7.6	8.9
Medical	22.7	15.3	15.7	15.6	15.4	15.1	18.1	14.9	14.8	14.6
Nursing	28.4	19.6	19.3	18.2	18.0	18.4	18.0	17.6	17.4	20.2
ACS	11.4	7.7	7.5	7.3	7.3	7.2	7.1	7.2	7.4	8.7
Other	14.4	9.5	10.1	9.8	9.8	9.7	9.5	9.6	9.4	10.9
Total	87.7	59.2	60.4	58.4	58.1	58.0	60.4	56.9	56.6	63.3

The Key issues to highlight are as follows:

- The M4 expenditure of £63.3m represents an increase of £8.9m compared to the average of Q1 adjusting for the recovery payment in M3. This increase of £8.9m is mainly due to the 23/24 A4C pay award of 5% being processed including arrears (£8m). The remaining £0.9m increase was due to increased agency of £0.5m and overtime £0.4m.
- The M5 expenditure of £56.6m was consistent with the M4 YTD average cost, excluding the £11.5m recovery payment in M3 of £56.6m. Medical staffing continues to experience growth mainly attributed to increased ADH expenditure.
- The M6 expenditure of £56.9m was consistent with M5.
- The £3.5m increase in M7 was mainly due to the Medical & Dental pay award and arrears. Registered nursing expenditure also

increased by £0.5m mainly due to increased overtime/Bank and agency.

- The M8 position increased by £1.1m compared to M6. This included a £0.8m increase in Registered nursing which has steadily increased over the past 4 months plus a £0.2m increase in Medical pay (estimated pay award impact £0.5m less reductions in medical agency £0.3m).
- The M9 expenditure of £58.1m was consistent with M8.
- The M10 expenditure includes circa £0.3m for the impact of the recent Junior Doctors industrial action. Excluding these costs the M10 position is consistent with M9.
- The M11 expenditure increased by £2m compared to M10. This included £1.1m of increased agency costs to support pressures within A&E and Wards and £0.9m of further bank holiday enhancements relating to Christmas & New Year. As in M10, the impact of industrial action was circa £0.3m for February.
- The M12 expenditure was £27.2m more than M11, £28.5m of this was the pension adjustment, leaving a net reduction of £1.3m of which £0.9m was the high bank holiday enhancements incurred in M11.

The M12 agency expenditure was £4.5m and the monthly trend (excluding accountancy gains) is summarised below.

	M12	M11	M10	M9	M8	M7	M6	M5	M4	M3	M2
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.4	1.4	0.9	1.3	1.0	1.3	1.2	1.5	1.8	1.5	1.6
Nursing	2.2	2.3	1.9	1.8	2.0	1.8	1.7	1.6	1.8	1.6	1.7
Other	0.9	0.7	0.7	0.7	0.7	0.6	0.8	0.9	1.2	0.9	1.2
Total	4.5	4.5	3.4	3.8	3.8	3.8	3.8	3.9	4.8	4.0	4.5

As anticipated the Nursing agency expenditure has remained high in M12 due to continued unscheduled care pressures.

1.5 Covid analysis (Table B3)

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

	M12 Actual	M12 YTD	Financial Plan- 31 May	Movement between M12 and the Financial Plan
Programme costs	£m	£m	£m	£m
Health Protection	0.7	6.5	9.1	(2.6)
PPE	0.0	0.4	1.0	(0.6)
Adferiad (Long COVID)	0.1	0.8	1.0	(0.2)
Nosocomial Investigation	0.1	0.5	0.6	(0.1)
Anticipated funding	(0.9)	(8.3)	(11.7)	3.4
Total	(0.1)	(0.1)	0	(0.1)

The key highlights to note are as follows:

- The total COVID expenditure reported is £8.2m compared to the WG allocation of £8.3m resulting in a £0.1m surplus for 2023/24.
- The total COVID expenditure reported of £8.2m is £3.4m less than the initial planning assumptions and indicative WG allocations.

1.6 Forecast recurrent position (Table A)

As at M12 we are reporting a forecast Underlying deficit at the end of 23/24 of £19.4m. This is consistent with the IMTP submission:

	M12
	£m
B'fwd Financial challenge 1 April 2023	70.9
Assumed WG funding – conditional upon achieving break even in 23/24	(51.1)
Net other movements	(0.4)
Forecast C'fwd Financial challenge 31 March 2024	19.4

The 'bridge' from the forecast breakeven position in 23/24 is as follows.

	£m
Out-turn position 23/24	(0.1)
NR inflation funding	11.4
Accountancy gains	5.8
NR Llantrisant Health Park income	1.8
NR benefits Rates and VAT	1.2
Other NR items	(0.7)
Forecast C'fwd Financial challenge 31 March 2024	19.4

2. Risk Management (Table A2)

Not applicable at M12.

3. Ring Fenced Allocations (Tables N, O & P)

Tables N & O have been completed Quarterly from Q2 (M6) and Table P is summarised below:

	Total Allocation	Out-turn	Comment
	£m	£m	
Confirmed Allocations (Initial Allocation letter 23/24)			
Planned Care Recovery Funding	18.5	23.7	Includes £5.2m of additional investment above the WG allocation.
Value Based Healthcare	2.1	2.1	
Regional Integration Fund	20.3	20.3	
Genomics Strategy	1.4	1.4	
Critical Care Funding	2.4	2.4	
In Year Allocations (Initial Allocation letter 23/24)			
Urgent Emergency Care	3.0	3.0	
Mental Health (SIF)	0.8	0.8	
Planned Care	1.2	1.2	
Value Based Healthcare	0.3	0.3	Allocation reduced in M9.
Recovery	7.3	7.3	Confirmed allocation for Regional Plans
Regional Integration Fund	2.0	2.0	Allocations of £2m consistent with Shelley Davies's letter dated 31 st March.
Total	59.2	64.5	

The Health Board is reporting an underspend on the Dental contract allocation of £0.3m for 2023/24.

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

See section 1.4.

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

The financial plan for 2023/24 included a £27.3m recurring savings target.

	Month 12			Month 11		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M12	27.3	27.3	27.3	25.0	27.3	27.3
Actual and Forecast Savings	(27.4)	(27.4)	(25.7)	(24.9)	(27.6)	(28.3)
Total	(0.1)	(0.1)	1.6	0.1	(0.3)	(1.0)

The Health Board achieved the £27.3m savings target of £27.3m in 2023/24. The recurrent savings target of £27.3m has a shortfall of £1.6m which will need to be addressed in 2024/25.

	Initial Plan £'m	23/24 £'m	Rec £'m
Savings	26.1	24.9	24.7
Income Generation	1.2	2.5	1.0
Total Savings	27.3	27.4	25.7
Accountancy Gains	3.0	5.8	0

6. Income Assumptions 2023-24 (Tables D & E)

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

Table E - there are no anticipated allocations remaining.

6.1 Health Care agreements

All LTAs have now been agreed & signed.

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

7.1 Significant month on month balance sheet movements

The main month on month movements between M11 and M12 are shown below:

- The largest movement between M11 and the final position is the £40.6m movement on property, plant and equipment. This is mainly

due to the final year-end adjustments for indexation and revaluations.

- Trade and other payables have decreased by £17.7m. This includes a £13m reduction in the PANISU creditor due to the early payment of pensions and NI for M12.
- Trade and other receivables have decreased by £5.7m. This is due to a reduction in the level of non-NHS debtors. The change between current and non-current receivables is due to confirmation of the split between current and non-current WRP debtors which is reflected in the final position.
- The cash balance has reduced by £5.9m in M12 from £7.4m to £1.5m. This reduction was planned to reduce the year end cash balance.
- The total balance for provisions decreased by £1.8m and is mainly due to change in the value of clinical negligence claims. There has also been a significant change between current and non-current provisions which reflects the opposite move of the WRP debtors detailed above.

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

There were 3 DHCW invoices over 11 weeks on 31 March 2024. These were all paid by 2 April 2024.

8. Cash Flow Forecast (Table G)

The Cash Flow position at the end of M12 was a surplus of £1.5m.

9. Public Sector Payment Compliance (Table H)

The non-NHS PSPP target percentage was met for both value & number, at 95.4% and 96.9%.

For NHS invoices the target of 95% was met for payments by value, however the percentage by number was below target at 79.1%.

9. Capital Schemes and Other Developments (Tables I, J &K)

The final CRL issued on 15th April 2024 was £79.442m. After adjusting for donated assets and asset disposals we are reporting a small underspend of £0.034m.

The latest CRL has been adjusted for several of the under and overspends that were managed through discretionary capital in year. The table below details some of the remaining differences in spend compared to allocation.

Scheme	Over/ Underspend	Explanation
Fluoroscopy POW	Overspend £0.1M	Continuation of this prior year scheme, the balance of this spend was funded through discretionary.
Diagnostic Equipment	Underspend £0.077M	Delays incurred led to installation costs slipping into next year which will be funded from discretionary capital
Taith Seclusion Suite, Glanrhyd	Underspend £0.052M	Scheme was completed on behalf of Swansea Bay in Glanrhyd hospital. Funding will be returned to SB in 24/25

Disposals

The sale of Llwyn Yr Eos completed in August 2023. Equipment sales also took place throughout the year and the £0.252m net book value of these sold items was added to our CRL.

Other

Non-cash requirements have been matched to the approved elements of the return at year end.

10. Other Issues

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

The M12 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2, C3 and C4) will be reported to the next meeting of the Planning, Performance and Finance Committee.

11. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 2 May 2024

Action Points arising from Month 11 Response

Action Point	WG Comment	CTM Response
	TABLE A	
11.1	It is pleasing to receive confirmation that the current forecast outturn is no longer being supported by any unidentified savings or mitigating actions after £1.313m were reported at month 10. We trust that processes are being developed and reviewed to finalise mitigating actions at an earlier stage in future years. (Action Point 11.1)	Noted. However, organisational plans are complex and risks and opportunities will always arise over the accounting year. It is not always possible to predict and mitigate all the potential variables at an early stage.
11.2	Please provide an explanation as to why the newly identified £0.800m of accountancy gains have not been released into the year-to-date position. (Action Point 11.2)	The M11 position mirrored the actual ledger position. At the time of closing M11 ledger, the accountancy gain had not been transacted.
11.3	Please provide details of the adverse operational variances totalling c. £0.3m which are forecasted in March on Line 26. (Action Point 11.3)	There were no material items, the position is a combination of variances and trends across all services. The £300k equates to less than a ¼% of the forecast M12 expenditure.
10.5	We note your response that the underlying deficit position has been discussed with colleagues in the Financial Planning & Delivery Unit. As there remains a material FYE amount (£4.163m @ Month 11) reported on Line 26 at month 12, please provide a supporting breakdown within your narrative. (c/f Action Point 10.5)	The underlying position needs to be considered in totality not upon specific items in table A. The FDU have reviewed the plans and we have had follow-up meetings. No issues have been raised with the HB on our assessment.

	TABLE B	
11.4	After receiving the requested additional Long Covid funding of £0.026m in February taking the total amount to £0.816m, the Health Board is now projecting a c. £0.120m underspend which is supporting the overall outturn position. Please confirm that our Quality and Nursing Division policy colleagues have been updated on the Long Covid expenditure forecast. (Action Point 11.4)	The finance team were unaware of any submission for additional funding. Given the forecast surplus across Long Covid and Nosocomial, there was no requirement to submit a further request.
	TABLE M (Aged Debtors)	
11.5	Please confirm that the outstanding invoice (No: 29486) with DHCW over 17 weeks old has since been resolved (i.e. payment date agreed or cancelled). (Action Point 11.5)	Actioned.
	OTHER	
8.8	As highlighted in the shared month 11 aged creditor listing, although there is an improvement from prior months, the Health Board continues to have the highest number of outstanding invoices over 17 weeks old. We trust the payment of these outstanding creditor invoices is again being reviewed as a matter of urgency, with agreed positions reflected within your month 12 return. (c/f Action Point 8.8)	Actioned.
	The Monitoring Return Key dates are as follows: <ul style="list-style-type: none"> 9th April 24 – Day 5 Return moved to Day 6 submission by 2pm 	Noted

	<ul style="list-style-type: none">• 2nd May 24 – Day 9 (Full) Return due by midday	

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)	-70,900	0	-70,900	-70,900
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-49,450	-7,400	-42,050	-42,050
3 Planned Expenditure For Covid-19 (Negative Value)	-11,668	-11,668	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	16,300	0	16,300	17,500
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	11,668	11,668	0	0
6 Planned Provider Income (Positive Value)	2,850	0	2,850	2,850
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	17,678	341	17,337	18,268
9 Planned (Finalised) Net Income Generation	1,217	217	1,000	1,000
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12 Correction of Energy N/R underlying Deficit	-8,700	-8,700	0	0
13 Planning Assumptions still to be finalised at Month 1	11,405	3,373	8,032	8,032
14 Opening IMTP / Annual Operating Plan	-79,600	-12,169	-67,431	-65,300
15 Reversal of Planning Assumptions still to be finalised at Month 1	-11,405	-3,373	-8,032	-8,032
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	1,273	1,273	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-233	-251	18	143
20 Additional In Year Identified Savings - Forecast	7,459	3,116	4,343	6,307
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-3,374	-3,374	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	3,520	3,520	0	0
25 In Year Accountancy Gains (Positive Value)	5,800	5,800	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	57	57	0	-1,608
27 New WG Funding	71,400	71,400	0	51,100
28 Reduce Planned Local Investment - (Achieved - no risk)	1,200	1,200	0	0
29 Velindre Improvement - (Achieved - no risk)	500	500	0	0
30 New Saving Opportunities / Further Balance Sheet Opportunities - (Low risk)	0	0	0	0
31 N/R Rates & VAT Recovery Prior periods (Achieved - no risk)	1,229	1,229	0	0
32	0	0	0	0
33	0	0	0	0
34 AB Arbitration Outcome - Finalised	-2,010	-2,010	0	-2,010
35	0	0	0	0
36 Assumed retention of Further Faster/AHP slippage - (Achieved - No risk)	900	900	0	0
37 WHSSC N/R Benefit (Achieved - no risk)	1,590	1,590	0	0
38 LHP Dilapidations income - (Achieved - no risk)	1,800	1,800	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	106	71,208	-71,101	-19,400
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	146			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-40			

43

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-70,900	-70,900
2	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-49,450	-49,450
3	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-11,668	-11,668
4	1,358	1,358	1,358	1,358	1,358	1,358	1,358	1,358	1,358	1,358	1,358	1,358	16,300	16,300
5	972	972	972	972	972	972	972	972	972	972	972	972	11,668	11,668
6	237	238	237	238	237	238	237	238	237	238	237	238	2,850	2,850
7	1,557	852	892	-1,225	881	-2,167	-1,021	-770	251	251	252	247	0	0
8	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	17,678	17,678
9	0	37	18	351	101	102	101	101	102	101	101	102	1,217	1,217
10													0	0
11													0	0
12	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-8,700	-8,700
13	700	700	700	700	700	3,700	700	2,265	1,287	-633	1,228	-642	11,405	11,405
14	-6,634	-6,633	-6,634	-6,634	-6,635	-6,633	-6,635	-6,633	-6,633	-6,633	-6,633	-6,633	-79,600	-79,600
15	-700	-700	-700	-700	-700	-3,700	-700	-2,265	-1,287	633	-1,228	642	-11,405	-11,405
16													0	0
17													0	0
18	0	-37	-18	-18	-6	513	221	127	-15	211	135	159	1,273	1,273
19	-1	872	439	-1,313	384	1,202	-1,213	612	426	-1,029	577	-1,191	-233	-233
20	0	295	230	294	899	864	1,369	987	851	505	562	603	7,459	7,459
21													0	0
22	-326	-513	-448	-434	-268	-254	-213	-95	-254	-412	-243	85	-3,374	-3,374
23													0	0
24	326	513	448	434	268	254	213	95	254	412	243	61	3,520	3,520
25	0	0	0	0	0	3,800	0	0	1,000	200	0	800	5,800	5,800
26	721	-567	-2,269	1,414	-1,387	-303	1,684	-1,085	543	1,020	283	2	57	57
27							41,942	5,658	5,950	5,950	5,950	5,950	71,400	71,400
28					500	100	100	100	100	100	100	100	1,200	1,200
29					208	41	41	42	42	42	42	42	500	500
30													0	0
31								1,229					1,229	1,229
32													0	0
33							-50	50					0	0
34						-1,050	-160	-160	-160	-160	-160	-160	-2,010	-2,010
35													0	0
36										700	200	900	900	900
37								994	201	201	201	-7	1,590	1,590
38								1,800					1,800	1,800
39													0	0
40	-6,614	-6,770	-8,952	-6,957	-6,735	-5,165	36,599	1,457	1,019	1,041	529	654	106	106
41	0	0	0	0	0	0	0	0	0	0	0	146	146	146
42	-6,614	-6,770	-8,952	-6,957	-6,735	-5,165	36,599	1,457	1,019	1,041	529	508	-40	-40

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

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

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
2	Agency/Locums paid at a premium	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
4	Non Medical 'off contract' to 'on contract'	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
5	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
7	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
8	Medical - Impact of Agency pay rate caps	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
10	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
11	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12	Other (Please Specify)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0

Table C3- Savings Schemes SoCNE/SCNI Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	14,315	14,315
2	Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,657	1,574	1,629	1,563	1,599	1,657	18,670	18,670
3	Variance	(0)	1,605	887	(832)	1,312	1,018	(806)	926	1,025	(866)	942	(835)	4,355	4,355
4	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	1,186	1,186
5	Actual/F'cast	19	18	39	79	239	340	198	170	187	224	229	254	1,998	1,998
6	Variance	(1)	(121)	(41)	(4)	155	252	100	72	89	39	124	149	812	812
7	Budget/Plan	0	268	147	153	153	153	153	153	153	153	153	153	1,792	1,792
8	Actual/F'cast	0	0	0	0	0	876	924	370	264	481	166	227	3,308	3,308
9	Variance	0	(268)	(147)	(153)	(153)	723	771	217	111	328	13	74	1,516	1,516
10	Budget/Plan	0	49	30	30	30	30	30	30	30	30	30	30	349	349
11	Actual/F'cast	0	0	0	0	103	122	45	36	(21)	44	44	44	373	373
12	Variance	0	(49)	(30)	(30)	(30)	73	92	15	6	(51)	14	14	24	24
13	Budget/Plan	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
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	36	36
17	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	1	1	1
18	Variance	0	0	0	0	0	0	0	0	0	0	0	(35)	(35)	(35)
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	17,678	17,678
29	Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,163	2,283	2,084	2,229	24,905	24,905
30	Variance	(1)	1,167	668	(1,019)	1,284	2,066	156	1,599	1,278	(523)	1,139	(587)	7,227	7,227

This Table is currently showing 6 errors

Table C4 - 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	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	17,678	17,678	341	17,337	931	18,268	
	Month 1 - Actual/Forecast	267	1,808	1,354	1,386	1,227	2,092	1,532	1,542	1,312	1,778	1,522	1,625	17,445	17,445	90	17,355	1,056	18,411	
	Variance	(1)	872	439	(1,313)	384	1,202	(1,213)	612	426	(1,029)	577	(1,191)	(233)	(233)	(251)	18	125	143	
	In Year - Plan	29	325	276	304	1,008	553	1,089	1,388	978	1,051	1,118	1,365	9,485	9,485	3,494	5,991	2,638	8,629	
	In Year - Actual/Forecast	0	295	230	294	899	864	1,369	987	851	505	562	603	7,459	7,459	3,116	4,343	1,964	6,307	
	Variance	(29)	(30)	(47)	(11)	(108)	311	280	(401)	(127)	(546)	(556)	(762)	(2,025)	(2,025)	(378)	(1,647)	(675)	(2,322)	
	Total Plan	297	1,281	1,191	3,003	1,850	1,443	3,834	2,318	1,864	3,858	2,064	4,181	27,163	27,163	3,835	23,328	3,569	26,897	
	Total Actual/Forecast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,163	2,283	2,084	2,229	24,905	24,905	3,206	21,699	3,019	24,718	
Total Variance	(30)	842	392	(1,324)	276	1,513	(833)	211	299	(1,574)	20	(1,952)	(2,258)	(2,258)	(629)	(1,629)	(550)	(2,179)		
Net Income Generation	Month 1 - Plan	0	37	18	351	101	102	101	101	102	101	101	102	1,217	1,217	217	1,000	0	1,000	
	Month 1 - Actual/Forecast	0	0	0	333	83	495	300	206	65	290	214	239	2,225	2,225	1,225	1,000	0	1,000	
	Variance	0	(37)	(18)	(18)	(18)	393	199	105	(37)	189	113	137	1,008	1,008	1,008	0	0	0	
	In Year - Plan	0	0	0	0	13	120	22	22	22	22	22	22	265	265	265	0	0	0	
	In Year - Actual/Forecast	0	0	0	0	13	120	22	22	22	22	22	22	265	265	265	0	0	0	
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	37	18	351	114	222	123	123	124	123	123	124	1,482	1,482	482	1,000	0	1,000	
	Total Actual/Forecast	0	0	0	333	96	615	322	228	87	312	236	261	2,490	2,490	1,490	1,000	0	1,000	
Total Variance	0	(37)	(18)	(18)	(18)	393	199	105	(37)	189	113	137	1,008	1,008	1,008	0	0	0		
Accountancy Gains	In Year - Plan	0	0	0	0	2,000	0	0	1,000	0	0	0	0	3,000	3,000	3,000	0	0	0	
	In Year - Actual/Forecast	0	0	0	0	3,800	0	0	1,000	200	0	800	5,800	5,800	5,800	0	0	0	0	
	Variance	0	0	0	0	1,800	0	0	0	200	0	800	2,800	2,800	2,800	0	0	0	0	
Total	Month 1 - Plan	268	973	933	3,050	944	992	2,846	1,031	988	2,908	1,047	2,918	18,895	18,895	558	18,337	931	19,268	
	Month 1 - Actual/Forecast	267	1,808	1,354	1,719	1,310	2,587	1,832	1,748	1,377	2,068	1,736	1,864	19,670	19,670	1,315	18,355	1,056	19,411	
	Variance	(1)	835	421	(1,331)	366	1,595	(1,014)	717	389	(840)	690	(1,054)	775	775	757	18	125	143	
	In Year - Plan	29	325	276	304	1,020	2,673	1,111	1,410	2,000	1,073	1,140	1,387	12,750	12,750	6,759	5,991	2,638	8,629	
	In Year - Actual/Forecast	0	295	230	294	912	4,784	1,391	1,009	1,873	727	584	1,425	13,524	13,524	9,181	4,343	1,964	6,307	
	Variance	(29)	(30)	(47)	(11)	(108)	2,111	280	(401)	(127)	(346)	(556)	38	775	775	2,422	(1,647)	(675)	(2,322)	
	Total Plan	297	1,298	1,209	3,354	1,964	3,665	3,957	2,441	2,988	3,981	2,187	4,305	31,645	31,645	7,317	24,328	3,569	27,897	
	Total Actual/Forecast	267	2,103	1,583	2,012	2,222	7,371	3,223	2,757	3,250	2,795	2,320	3,290	33,195	33,195	10,496	22,699	3,019	25,718	
Total Variance	(30)	805	374	(1,342)	258	3,706	(734)	316	262	(1,185)	133	(1,015)	1,550	1,550	3,179	(1,629)	(550)	(2,179)		



Agenda Item

2.2.1d

Planning, Performance and Finance Committee

MONTH 1 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	25/06/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
-------------------------------------------------	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Government	14/05/2024	NOTED

Acronyms / Glossary of Terms	
WG	Welsh Government
M1 etc	Month 1 etc
PPFC	Planning, Performance & Finance Committee
HB	Health Board

1. Situation / Background

- 1.1 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 M1 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

- 2.1 The Welsh Health Circular WHC (2024) 026 – 2024/25 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 20th May 2024. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2024/25 financial performance, together with the following requirements:

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

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

The following information is provided at Annex A:

Annex A
M1 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

- 3.1 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 M1 Financial Monitoring returns is summarised in Section 1.2 of the M1 Narrative report at Annex A. This information is consistent with the M1 Internal Board papers.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Choose an item.
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
		Not Required



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the contents of the M1 Monitoring Returns submitted to Welsh Government for 2024/25.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD MONITORING RETURNS – APRIL 2024 FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 April 2024.

The tables attached to this commentary **do not** include the income, expenditure and balances of the Joint Commissioning Committee (JCC) which is being financially managed via JCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

The Financial plan submitted to WG at the end of March 2024 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B’Fwd challenge at 31 March 2024	19.4	0	19.4
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(27.3)
Total plan 23/24	(2.1)	2.0	(0.1)

The Financial plan also identified a net risk to the planned break-even position of £9.4m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2024-25 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	0.9	0.9	0

The main driver for the overspend in M1 is the £1.7m shortfall in savings delivery compared to the straight-line savings target of £2.2m per month. This has been offset by the following improvements compared to plan:

- An anticipated reduction in Contracting & Commissioning costs compared to the financial plan. This reduction is subject to agreement of the LTAs for 24/25 and the estimated M1 benefit is £0.4m.
- An anticipated reduction in Agency costs compared to the financial

plan. The estimated M1 benefit is £0.2m.

- Other underspends £0.2m.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

Commentary on movements to be provided from M2 onwards.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP. The most significant impact is illustrated by a comparison of 23/24 M12 position below:

	Old M12 £'000	New M12 £'000	Change £'001
RRL	1,393,511	1,393,511	0
Donation/Grants	65	65	0
Welsh HBs & NHST	84,615	84,615	0
WHSSC	12,327	12,327	0
WG Income	1,350	1,350	0
Other Income	46,554	46,554	0
Income Total	1,538,422	1,538,422	0
PC Contractor	161,609	161,609	0
PC - Drugs	102,130	102,130	0
Pay	705,909	705,909	0
Non Pay	124,126	106,092	(18,034)
SC - Drugs	56,239	56,239	0
H/C Other NHS	273,212	277,555	4,343
Non H/C Other NHS	4,343	0	(4,343)
CHC & FNC	64,843	64,843	0
Private & Vol	15,890	15,890	0
Joint & Other	3,522	(12,797)	(16,319)
Losses, Spec Pay	0	34,353	34,353
DEL	33,490	33,490	0
AME	(6,953)	(6,953)	0
Res & Cont	0	0	0
P&L on Disposal	(44)	(44)	0
Cost - Total	1,538,316	1,538,316	0

1.4 Pay Expenditure (Table B2)

The M1 Pay expenditure was £58.1m and the monthly trend is summarised below.

	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m
A&C	7.5	7.4	7.1	7.7	7.5
Medical	15.5	15.5	15.3	15.7	15.6
Nursing	17.9	19.0	19.6	19.3	18.2
ACS	7.3	7.5	7.7	7.5	7.3
Other	9.9	9.8	9.5	10.1	9.8
Total	58.1	59.3	59.2	60.4	58.4

The Key issues to highlight are as follows:

- Nursing is showing a £1.1m improvement compared to the Q4 average. The high nursing costs experienced during M11 & M12 appear to have eased in M1, with Nursing pay costs returning to previous levels.
- Medical is consistent with the Q4 average. However, since M1 is the first month since December not to have incurred industrial action (estimated impact of £0.3m per month in Q4), underlying costs have increased by £0.3m.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M1 agency expenditure was £3.3m and the monthly trend (excluding accountancy gains) is summarised below:

	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m
Medical	0.9	1.2	1.4	1.4	0.9
Nursing	1.7	2.1	2.2	2.3	1.9
Other	0.7	0.8	0.9	0.7	0.7
Total	3.3	4.1	4.5	4.5	3.4

The Key issues to highlight are as follows:

- The Nursing agency pressures experienced during M11 & M12 appear to have eased in M1, with Nursing pay costs returning to previous levels.
- Medical Agency costs have also returned to M10 levels.

The M1 variable pay expenditure was £4.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m
Medical	2.2	2.1	2.3	1.9	2.0
Nursing	0.9	1.2	1.3	1.2	1.1
ACS	1.1	1.3	1.5	1.3	1.2
Other	0.6	0.6	0.7	0.5	0.6
Total	4.8	5.2	5.7	4.9	5.0

The Key issues to highlight are as follows:

- Nursing Overtime reduced by £0.3m in M1.
- Additional Clinical Services improved by £0.2m, with Overtime reducing by £0.1m and Bank reducing by £0.1m.

1.5 Covid analysis (Table B3)

	M1	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.4	0.4	5.7	5.7	0
PPE	0.03	0.03	0.4	0.4	0
Adferiad	0.09	0.09	1.1	1.1	0
Total	0.52	0.52	7.2	7.2	0

There are no key issues to highlight at M1.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2023/24 was £19.4m.

As at M1 we are reporting a forecast Underlying surplus at the end of 2024/25 of £(2.1)m. This is consistent with the IMTP submitted on the 31st of March 2024 and will be reviewed at the end of Q1.

3. Risk Management (Table A2)

The key financial risks and opportunities for 2024/25 are noted in Table A2 and are summarised below:

	Month 1 £m	IMTP £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	2.6	2.6	Further clarification needed on funding assumptions for 24/25
Risk of the 24/25 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement in forecast savings plans of £23m	2.6	3.3	
Delivery risk on latest savings plans for £23m	6.5	2.4	50% of Amber schemes
Cost pressures	5.0	7.9	
Further industrial action in 24/25.	Tbc	Tbc	
Total Risks	16.7	16.2	
Opportunities			
Balance sheet opportunities in 24/25	(5.0)	(5.0)	
Retrospective vat recoveries – Microsoft contract	(1.8)	(1.8)	
Potential reduction in Energy costs	Tbc	Tbc	
Total opportunities	(6.8)	(6.8)	
Net risk	9.9	9.4	

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O will be completed Quarterly from Q2 (M6)

Table P will be completed monthly from M3 onwards.

Paul Casey's letter dated 6th March 2024 confirmed that dental patient charges would increase from 1st April 2024. We are assuming that there is no change to the Dental Patient Charge Income target and therefore any additional income because of the increased charges can be retained by the Health Board to support Dental Service Provision and will not be recovered by WG.

As confirmed within the Dafydd Evans letter dated 21st July 2022, the Health Board is assuming a £655k recurrent Value Based Healthcare funding allocation relating to the approved recurrent bids for Atrial Fibrillation and Alcohol Liaison.

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

B&C)

See section 1.4.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.4.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2024/25 includes a £26.3m recurring savings target.

	Month 1		
	YTD	24/25	Rec
	£m	£m	£m
Savings target as at M1	2.2	26.3	26.3
Actual and Forecast Savings	(0.5)	(23.0)	(22.6)
Total	1.7	3.3	3.7

Further work is ongoing to develop robust plans to close the forecast gap of £3.3m In year and £3.7m recurrently.

The table below breaks down the £26.3m savings plan:

	Initial Plan £'m	M1 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	0.5	0.5	22.4	21.8
Income Generation	0.6	0.0	0.0	0.6	0.8
To be identified	3.3	0.0	0.0	3.3	3.7
Total Savings	26.3	0.5	0.5	26.3	26.3
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – Non-Recurrent savings plans will not be reviewed until M4. The first call for any NR savings will be any other operating overspends within a Care Group.

8. Income Assumptions 2024-25 (Tables D & E)

Table D has been completed. However, there remain a number of outstanding disputes in respect to the 2024/25 inflation uplift for both LTAs and SLAs which are yet to be resolved.

Table E shows the anticipated allocations assumed within our M1 position. The table below summaries the more material items:

Description	M1	Comments
	£k	
2022/23 Pay award	8,899	
2023/24 Pay award	31,871	
2024/25 RLW Pay award	2,635	
Substance Misuse Funding	4,031	
Emergency/Urgent Care	2,959	
RLW Social Care	2,400	
MH Investment	4,069	
Dementia Action Plan	1,242	
AHW – Prevention & Early Years	984	
CAMHS In reach	666	
Memory Assessment Service	461	
VBHC Projects	655	
WG Funded Trainees	1,656	
IFRS 16 Adjustment	(2,401)	
WRP Recovery	(4,606)	
GP Pay Uplift 23/24	2,988	
Other Allocations	2,049	
Total Anticipated Allocations	60,558	

9. Health Care agreements

Draft proposals for the 2024/25 LTAs have been submitted to all providers and commissioners, apart from SBUHB.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Proposal submitted, awaiting formal response from ABUHB.	Proposal submitted awaiting response.
C&V UHB	Proposal submitted, awaiting formal response from C&VUHB	Proposal submitted, initial response received disputing funding levels. DOFs to meet to discuss.
HDda UHB	Proposal submitted, awaiting response	Proposal submitted awaiting response
Powys TUHB	Proposal submitted, awaiting response.	Not applicable
SBUHB	Proposal to be submitted shortly.	Proposal to be submitted shortly
JCC	Awaiting Proposal from JCC.	ICP approved at JCC.
Velindre NHST	Not Applicable	Proposal submitted, initial

		response received disputing funding levels/ DOFs to meet to discuss.
PHW	Financial schedule received from PHW, awaiting documentation for signing.	Not Applicable

CTMUHB is working to agree all LTAs by the 28th of June 2024.

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

10.1 Significant month on month balance sheet movements

Table F will be completed monthly from M3 onwards.

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

There is just one invoice that remains outstanding over 11 weeks. Cardiff & Vale have confirmed that this has been validated for payment.

11. Cash Flow Forecast (Table G)

Table G will be completed monthly from M2 onwards.

12. Public Sector Payment Compliance (Table H)

Table H will be completed quarterly from M3 onwards.

13. Capital Schemes and Other Developments (Tables I, J &K)

These tables will be completed monthly from M2 onwards.

14. IFRS 16 and CAME (Table Q)

Table Q will be completed monthly from M3 onwards.

15. 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, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 14 May 2024

Action Points arising from Month 12 Response

There were no action points within the M12 WG response letter/e-mail.

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 £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-19,400	0	-19,400	-19,400
2 Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3 Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4 Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6 Other Income Uplift / (Reduction)	0	0	0	0
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Green and Amber Savings Plan	22,333	2,595	19,738	21,731
9 Planned (Finalised) Net Income Generation	634	32	603	825
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	0	0	0	0
13 Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,332	0	3,332	3,744
14 Opening IMTP / Annual Operating Plan	76	1,241	-1,165	2,062
15 Reversal of Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,332	0	-3,332	-3,744
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
20 Additional In Year Identified Savings - Forecast	0	0	0	0
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0	0	0
25 In Year Accountancy Gains (Positive Value)	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-4	4	0	0
27 Improvement in C&C Plans (pending LTA agreements)	400	0	400	400
28 Agency Planning Assumptions improvement	200	0	200	200
29 Anticipated improvement in savings plans	2,652	0	2,652	3,144
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	1,245	-1,245	2,062
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)				

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,868
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,299
5	519	575	549	531	526	623	645	660	676	629	629	644
6												
7	6	7	7	6	6	8	5	7	7	6	7	-68
8	488	818	1,231	2,263	2,442	2,043	2,129	2,136	2,297	2,107	2,108	2,272
9	0	6	53	66	57	67	64	64	64	65	65	64
10												
11												
12												
13	1,704	1,367	908	-137	-307	81	-1	-8	-169	20	18	-144
14	11	13	13	11	11	15	9	13	13	11	13	-61
15	-1,704	-1,367	-908	137	307	-81	1	8	169	-20	-18	144
16												
17												
18	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0
21												
22	0	0	0	0	0	0	0	0	0	0	0	0
23												
24	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0
26	162	754	294	-649	-718	-234	-452	-463	-124	367	563	504
27	400											400
28	200											200
29							442	442	442	442	442	442
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40	-930	-600	-600	-500	-400	-300	0	0	500	800	1,000	1,030
41	0	0	0	0	0	0	0	0	0	0	0	0
42	-930	-600	-600	-500	-400	-300	0	0	500	800	1,000	1,030

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year Items is not greater than In Year items	Ok
FYE of Recurring Items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment			Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	£'000	£'000		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	160	12,837		0	6,909					
2		Actual/F cast	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	160	12,837		1.25%	5,928	6,909	1,955	10,882	0	12,052
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	5,928	0					
4	Non-Pay	Budget/Plan	8	72	278	353	197	327	216	250	377	252	252	377	8	2,957			1,397	1,560				
5		Actual/F cast	8	72	278	353	197	327	216	250	377	252	252	377	8	2,957		0.27%	1,397	1,560	640	2,317	0	2,802
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0					
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	320	5,448			1,643	3,805				
8		Actual/F cast	320	320	320	320	751	406	509	509	509	495	495	495	320	5,448		5.87%	1,643	3,805	0	5,448	0	5,625
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0					
10	Secondary Care Drugs	Budget/Plan	0	2	2	2	307	84	123	97	81	77	75	64	0	916			880	36				
11		Actual/F cast	0	2	2	2	307	84	123	97	81	77	75	64	0	916		0.00%	880	36	0	916	0	983
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
13	CHC/FNC	Budget/Plan	0	0	0	50	0	25	0	0	38	0	0	38	0	150			0	150				
14		Actual/F cast	0	0	0	50	0	25	0	0	38	0	0	38	0	150		0.00%	0	150	0	150	0	150
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0					
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
17		Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	25			0	25				
20		Actual/F cast	0	0	0	0	0	0	4	4	4	4	4	4	0	25		0.00%	0	25	0	25	0	120
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
23		Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
26		Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
29		Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,129	2,136	2,297	2,107	2,108	2,272	488	22,333			3,920	25				
35		Actual/F cast	488	818	1,231	2,263	2,442	2,043	2,129	2,136	2,297	2,107	2,108	2,272	488	22,333		0.00%	9,848	12,485	2,595	19,738	0	21,731
36		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			5,928	12,460				
37	Variance in month		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%									
38	In month achievement against FY forecast		2.19%	3.66%	5.51%	10.13%	10.93%	9.15%	9.53%	9.56%	10.28%	9.43%	9.44%	10.17%										

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000	£'000
1	Pay - General & Substantive	Budget/Plan	47	80	107	777	342	352	427	427	439	429	432	443	47	4,300		0	2,038				
2		Actual/F cast	47	80	107	777	342	352	427	427	439	429	432	443	47	4,300		2,262	2,038	1,881	2,419	3,372	
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		2262.098	0				
4	Pay - Variable	Budget/Plan	0	46	57	173	155	155	155	155	155	155	156	156	0	1,514			876				
5		Actual/F cast	0	46	57	173	155	155	155	155	155	155	156	156	0	1,514		638	876	74	1,440	1,639	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		638	0				
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	113	7,022			3,994				
8		Actual/F cast	113	298	468	588	690	695	695	695	695	695	695	696	113	7,022		3,028	3,994	0	7,022	7,040	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		3,028	0				
10	Total	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	160	12,837			6,909				
11		Actual/F cast	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	160	12,837		5,928	6,909	1,955	10,882	12,052	
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		5,928	0				

Table C2- V&S Saving Categories

Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1														
	Budget/Plan	0	0	0	24	6	6	6	6	6	7	7	0	74
2	Workforce	0	0	0	24	6	6	6	6	6	7	7	0	74
	Actual/F'cast	0	0	0	24	6	6	6	6	6	7	7	0	74
3		0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Medicines Management	0	1	1	1	1	1	1	1	1	1	1	0	8
	Budget/Plan	0	1	1	1	1	1	1	1	1	1	1	0	8
	Actual/F'cast	0	1	1	1	1	1	1	1	1	1	1	0	8
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
6		0	28	29	30	30	31	31	31	31	31	31	0	335
7	Procurement & Non-pay	0	28	29	30	30	30	31	31	31	31	31	0	335
	Budget/Plan	0	28	29	30	30	30	31	31	31	31	31	0	335
	Actual/F'cast	0	28	29	30	30	30	31	31	31	31	31	0	335
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
9		0	0	0	0	0	0	0	0	0	0	0	0	0
	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
10	CHC	0	0	0	0	0	0	0	0	0	0	0	0	0
	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
12		0	0	0	0	0	0	0	0	0	0	0	0	0
	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pathway	0	0	0	0	0	0	0	0	0	0	0	0	0
	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
14		4	4	17	38	22	23	29	29	29	29	29	4	284
16	Other - Commissioning	4	4	17	38	22	23	29	29	29	29	29	4	284
	Budget/Plan	4	4	17	38	22	23	29	29	29	29	29	4	284
	Actual/F'cast	4	4	17	38	22	23	29	29	29	29	29	4	284
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
17		0	0	0	0	0	0	0	0	0	0	0	0	0
	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0
18		0	0	0	0	0	0	0	0	0	0	0	0	0
	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0

1 This Table is currently showing 0 errors
Table C3 - Tracker

	ECOD	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 & Investment)	Month 1 - Plan	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Month 1 - Actual/Forecast	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	By Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	By Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plan	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Total Actual/Forecast	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Net Income Generation	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	By Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	By Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Accounting Gains	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	By Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	By Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total	Month 1 - Plan	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Month 1 - Actual/Forecast	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	By Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	By Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Plan	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Total Actual/Forecast	465	513	1,231	2,253	2,440	2,541	2,125	2,135	2,297	2,107	2,101	2,272	465	22,333	2,505		19,728	1,903	27,211		
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		



Agenda Item

2.2.2

Planning, Performance and Finance Committee

**Planning, Performance & Finance Committee Annual
Cycle of Business 2024-25**

Dyddiad y Cyfarfod / Date of Meeting	25/06/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
-------------------------------------------------	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



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 2024 to 31 March 2025.

2. Specific Matters for Consideration

- 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

- 3.1 Please refer to **Appendix 1** – Planning, Performance & Finance Committee Cycle of Business for further detail. Any changes have been identified in red.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality	Safe
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Planning, Performance & Finance Committee are asked to **NOTE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

Planning, Performance & Finance Committee

Cycle of Business (1st February 2024 – 31st March 2025)

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 2024 to 31st March 2025.

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 2024 – 31st March 2025)

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Preliminary Matters																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Action Log	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Internal Control & Risk Management																	
Planning, Performance & Finance Committee Annual Report	Director of Corporate Governance	Annually						R									
Planning, Performance & Finance Committee Annual Self-Assessment	Director of Corporate Governance	Annually								R							
Planning, Performance & Finance Committee Terms of Reference	Director of Corporate Governance	Annually						R									
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Committee Highlight Report	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Planning, Performance & Finance Committee Annual Cycle of Business	Director of Corporate Governance	Annually		R												R	
Improving Care																	
Integrated Medium Term Plan	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	Quarterly		R						R						R	
Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy and Transformation	Annually								R						R	

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Performance Dashboard	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R		R		R	
Deep dive into one aspect of the Performance Dashboard (subject to be confirmed)	Chief Operating Officer	All Regular Meetings		R		R		R		R		R		R		R	
Sustaining Our Future																	
Finance Report	Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R		R		R	
Monthly Monitoring Returns to Welsh Government	Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R		R		R	
Quarterly Update on Capital	Executive Director of Finance & Procurement	Quarterly				R				R				R			
Estates and Facilities Operational Performance and Energy Performance	Director of Finance	Annually						R									
CTM Value Based Health Care Steering Group Highlight Report	Executive Director of Finance & procurement	Annually						R									
Governance and Assurance																	
Organisational Risk Register	Director of Governance	All Regular Meetings		R				R				R		R		R	

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 13.06.24)
4.1.0	April 2024	Organisational Risk Register To update the narrative on the Radiology Risk 2713 for the next meeting.	Chief Operating Officer/Assistant Director of Governance & Risk	June 2024	Completed Feedback shared with DTPS Care Group to include in the review being undertaken for the July iteration of the Organisational Risk Register.
5.1.0	April 2024	Integrated Performance Dashboard To discuss the lack of engagement with CTM Communications in relation to vaccines outside of the meeting.	Chief Operating Officer	June 2024	Completed If in relation to childhood vaccination – the School Nursing team has previously raised that they haven’t felt like they’ve had the support needed from a Communications perspective. To alleviate this, we have now included Comms as a standing agenda item in the Childhood Vaccination Group, and members (including School Nursing) were happy with this arrangement. In addition, there is an ongoing action for School Nursing (with support from Comms) to develop a calendar for pertinent times of the year when they require Comms support
5.1.0	April 2024	Integrated Performance Dashboard To query the outputs for the children’s vaccine group in relation to the Population Health HPV vaccine	Chief Operating Officer/Director of Public Health	June 2024	Completed HPV wise, it is slightly more difficult to consider improvement as the vaccination programme changed in September 2023 from a 2 dose programme to 1 dose. We don’t have a UK based HPV target, but have included the WHO

Agenda Item 2.2.3

					recommendation of 90% within our 3 year Vaccs & Immunisation strategic plan. Our current uptake is over 80% for both boys and girls, compared with a Welsh average of 74.1%.
5.1.0	April 2024	Integrated Performance Dashboard To provide an update on the 24/7 stroke service phased implementation plan.	Chief Operating Officer	June 2024	Completed Update on agenda for June 2024 meeting.
5.1.0	February 2024	Integrated Performance Dashboard To query dietetics and the main areas of risk around digital and waiting for the patient portal whether there was a specific issue for dietetics or part of the wider digital agenda and was there a specific timescale.	Chief Operating Officer	April 2024	<p style="text-align: center;">In Progress</p> <p>A solution is still required for Therapies self-referral. There is a longer term plan to use the Digital Services for Patient & the Public but the timescales on this are still to be confirmed.</p> <p>From an Information Governance perspective, a significant amount of work has been undertaken by the teams to mitigate the risk from a data protection perspective. It is acknowledged that risks in using the Microsoft platform (for example the ability for sustainable support at a Health Board level) do remain, however these need to be considered and balanced against the wider clinical risk to the service.</p> <p>The Exec lead for AHPs, the Director for Digital and the Assistant Director for Data and Compliance are planning to</p>

Agenda Item 2.2.3

					meet shortly to present a consolidated position. If this cannot be achieved it will be escalated to the wider Executive.
5.1.0	August 2023 & October 2023	Integrated Performance Dashboard Arrange for the Stroke Physician/Regional clinical lead for Stroke to attend a future meeting of the Committee, to describe the statistics and outcomes.	Chief Operating Officer	August 2024	Completed Arrangements are being made for the Committee to receive a Presentation on Brainomix at a future meeting. Added to Forward Work Plan for August 2024
5.3.0	August 2023	Civil Contingencies and Business Continuity Annual Report 2022-23 Clarification to be sought around reasonable compliance to be sought from the SWLRF.	Director of Strategy & Transformation	February 2024	Completed A 6 month review was undertaken in February 2024 which included applying the assurance levels used by Internal Audit and a prompt for each Category 1 to ensure they have preparedness.
PREVIOUSLY COMPLETED ACTIONS					
4.1.0	February 2024	Organisational Risk Register The Chair requested that future reports should contain any emerging risks so that the Committee are aware.	Director of Corporate Governance/Board Secretary	April 2024	Completed Report now contains the emerging risks.
2.2.2	January 2024	Action Log To amend lead from Chair to Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	February 2024	Completed Agenda and Annual Cycle of Business amended to reflect change to Director of Corporate Governance/Board Secretary
5.1.0	October 2023	Integrated Performance Dashboard	Chief Operating Officer	February 2024	Completed Powerpoint Presentation on agenda – February 2024

Agenda Item 2.2.3

		<p>To provide members with an update on the development of the 24/7 integrated stroke service.</p> <p>To review the increased delays of requests from the Emergency Department for Stroke submissions and provide an update to the Committee at the next meeting.</p>		February 2024	
6.3.0	October 2023	<p>Stretch Target Response (10,20,30) A presentation to be shared at a future meeting on Continuing Health Care & Funded Nursing Care</p>	Deputy Chief Operating Officer	February 2024	<p>Completed Report received at January 2024 Meeting.</p>
4.1.0	October 2023	<p>Organisational Risk Register To review risk 4348 and it's scoring for Members to review at next meeting.</p>	Director of Governance/Board Secretary	February 2024	<p>Completed Deputy Chief Operating Officer in conjunction with the Facilities Directorate are undertaking a review of risk Datix ID 4348. Progress against the mitigating actions has occurred and consideration is being given as to whether the risk score can be reduced. Update being sought in readiness for the November 2023 iteration of the Organisational Risk Register.</p>



Agenda Item

4.1

Planning, Performance and Finance Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	25/06/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
-------------------------------------------------	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	April / May 2024	RISKS REVIEWED
Operational Management Board / Offline via email	April 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	13 th May 2024	MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	20 th June 2024	RISKS REVIEWED

Acronyms / Glossary of Terms	



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 have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in **red** in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 3rd May 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.5 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk



- Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.5 To date **627** members of staff trained to date since training commenced in 2021.
- 2.6 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.7 Feedback on the training continues to be positive, please see below:
- 40 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
 - 78% (31/40) provided a score of 5/5 in terms of content of the session
 - 20% (8/40) provided a score of 4/5 in terms of content of the session
 - 3% (1/40) provided a score of 3/5 in terms of content of the session
 - 100% of the 40 attendees providing formal feedback found that:
 - The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
 - 98% of the 40 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
 - Some of the recent comments received through evaluation have been included below:
From the session on the 2nd May 2024.
 - *"Clear guidance on what risks are how to score and actions."*
 - *"Clear explanations with good examples"*
 - *"All new info (to me), well presented. Thank you"*
 - *"Great insight clearly explained and would advise my team to attend"*.
 - *Really good session. Friendly and informative."*



3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Children and Family Care Group

- Datix Risk ID 5755 - Princess of Wales Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit - New risk escalated to the Organisational Risk Register in May 2024. Risk score of 20.

Finance Directorate

- Datix Risk ID 5764 - Failure to achieve the planned break-even position in 2024/25 - New risk escalated to the Organisational Risk Register in May 2024. Risk score of 16.
- Datix Risk ID 5765 - Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 2 - New risk escalated to the Organisational Risk Register in May 2024. Risk score of 16.

3.2 CHANGES TO RISKS

Medical Directorate Function

- Datix Risk ID 5640 - Potential Junior Doctors Industrial Action. Risk score reduced from a 20 to a 12 in May 2024. The rationale for change is that negotiations with UK Government is currently underway. This means that there is unlikely to be a strike until July/August at the earliest, and this is if there is no agreement made between Government and the BMA. Risk also reduced due to experience from the last 2 strikes and the ability to manage the impact on the Health Board. Risk will need to be reviewed if there are discussions/confirmation around another strike in the summer, based on pressures and staffing levels at the time.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.

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




Consequence	5				5755	
	4				5765 2713 5764	4491 4071 3826
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				



3.5 Emerging risks

- The Diagnostics, Therapies, Pharmacy and Sciences Care Group have indicated that the following risks, which have a current risk score of 15 and above, will be considered at the next Operational Management Board for consideration in terms of escalation to the Organisational Risk Register:
 - Datix Risk ID 5730 – No Health Board MRI Pacemaker Service
 - Datix Risk ID 5726 – Public Health Funding for Microbiology.

3.6 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory (since the last report received by the Board)
1.	Sufficient capacity to meet emergency and elective demand	Improving Care 	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	16 (C4xL4)	No change as at May 2024 
10.	Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government	Sustaining our Future 	Executive Director of Finance	Planning, Performance & Finance Committee	16 (C4xL4)	New risk escalated May 2024

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau	Yes (Include further detail below)	



(Pobl /Ariannol) /
Resource Impact
(People / Financial)

See detail captured for each risk

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

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	
1	5755	Chief Operating Officer	Children and Families Care Group	Service Director - Children and Family Care Group	Improving Care	Environment /Estate/ Infrastructure	Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit If the Air handling unit or the electrical system backups fail for the labour ward and neonatal unit template in POW. Then we do not have assurance that our backup systems will maintain critical equipment including ventilators, anaesthetic machines, pumps etc. and key life preserving equipment during clinical procedures. Resulting in harm to patients and potential for life changing consequences for mothers and babies.	All equipment is being assessed for battery backup. Emergency scenario planning will be arranged with Strategy team as a priority.	Capital resource has been approved and allocated to support the infrastructure work from Welsh Government during this financial year. Plans are being drafted for the temporary decant of services for the period of estates work.	Planning, Performance & Finance Committee Quality & Safety Committee	20	C5xL4	C3xL2	↔	New risk escalated to the organisational risk register in May 2024	18.04.2024	18.04.2024	24.05.2024
2	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety	Failure to meet the demand for patient care at all points of the patient journey Impact on the safety - Physical and/or Psychological harm	IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey. Then: the Health Board's ability to provide high quality care will be reduced. Resulting in: Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Speciality specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub speciality codes can be added to an unreported list, this will be refined over the coming months. • All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology - it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Update April 2024 - to align with the review of the Strategic Risk on the Board Assurance Framework, Planned Care and Unscheduled Care Group Service Directors have been asked to review this risk with a view to splitting it out to accurately reflect the performance and risk trajectories in each of these areas so they can be more clearly articulated. In terms of the management of flow CTM/HB is looking to transform the flow function across CTM to scope a flow hub 7 day week model of working (Currently in the early stages). Within Planned Care 6-4-2 embedded across the acute sites to support the maximum utilisation of theatres and outpatients, this is reflected in the current performance and reduction in waiting times in line with Welsh Government targets. The Navigation Hub is hugely successful and is constantly refining its ability to manage activity away from the Emergency Department. No change to risk score due to the review shortly to be undertaken.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	L2 C4 x L3	↔	13.7.2023	01.05.2024	30.06.2024
5	4071	Chief Operating Officer	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety	Failure to sustain services as currently configured to meet cancer targets. Impact on the safety - Physical and/or Psychological harm	IF: The Health Board fails to sustain services as currently configured to meet cancer targets. Then: The Health Board's ability to provide safe high quality care will be reduced. Resulting in: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage individual cases on the cancer pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommending endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigorous monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update May 2024 - Risk unchanged. Sustained reduction in 104 day backlog. Improved percentage of patients informed that they do not have cancer <28 days. Reduction in USC and BSW endoscopy waiting times and now achieving 4 week standard for screening colonoscopy.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	L2 (C4 x L3)	↔	01.04.2014	26.04.2024	3.6.2024
6	3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety	Emergency Department (ED) Overcrowding Impact on the safety - Physical and/or Psychological harm	IF: As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited to, significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). Then: patients are therefore placed in non-clinical areas. Resulting in: Failure to deliver Emergency Department Metrics, Poor patient experience, compromised dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of major cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional repositre mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in Y5 to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. - Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. - Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21. - 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.	Update April 2024 - The USC Senior Management Team (SMT) reviewed current ambulatory pathways and the site based clinical teams are in the process of developing a Standard Operating Procedure (SOP) relating to fit2at. The USC SMT continue to explore the potential to expand ambulatory footprint at the Princess of Wales site. Following the successful bid for Welsh Government funding for Royal Glamorgan Hospital nurse call bell and emergency call system within Ambulatory Emergency Care Unit (AECU), Prince Charles Hospital Ambulatory plans are in place to complete this work however there is a slight delay with this at present. This will improve patient experience within these departments. Work has commenced to create an action plan, linked to the quality statement for care in the emergency departments. Part of this work, will result in the development of an overcrowding score which should help reduce the risk of harm with overcrowding in the emergency department. This remains an ongoing risk for all 3 sites and is reviewed regularly as implementation of targeted improvement takes place. Nurse establishments are being reviewed to ensure safe staffing. With sustained high level of escalation, risk rating to remain at 20. C4, likely hood 5. New review date 30/06/2024.	Quality & Safety Committee Planning & Performance Committee	20	C4xL5	L2 (C4xL3)	↔	24.09.2019	3.5.2024	30.06.2024
11	5764	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to achieve the planned break-even position in 2024/25. IF: The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2024/25. THEN: The Health Board will not be able to deliver the planned break-even financial position for 2024/25. RESULTING IN: • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • Failure to deliver the financial plan for 24/25. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 24/25. • Potential cash shortfalls in the latter months of 24/25	Financial Accountability letters issued from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive Leadership Group, the Planning, Performance & Finance Committee and the Board.	Context: The Health Board has submitted a balanced financial plan for 24/25 but this plan includes significant risks, including the delivery of £26.3m of efficiency savings. The savings plans at the 26 March 24 total £23.0m with a RAG rating of £10.0m Green, £12.1m Amber and £0.9m Red. The following actions are to support savings plan identification, development and delivery: • Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	Planning, Performance & Finance Committee	16	C4xL4	L2 C4xL3	↔	New risk escalated to the organisational risk register in May 2024	30.04.2024	30.04.2024	31.05.2024
13	5765	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 2 IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2024/25. THEN: The Health Board may not be able to deliver a break-even financial position for 2025/26. RESULTING IN: • The Health Board not being able to increase investments in services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WG not supporting the Health Board's plan for 25/26 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26. • Potential cash shortfalls in 25/26.	Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive Leadership Group, the Planning, Performance & Finance Committee and the Board.	Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25.	Planning, Performance & Finance Committee	16	C4xL4	L2 C4xL3	↔	New risk escalated to the organisational risk register in May 2024	30.04.2024	30.04.2024	31.05.2024
14	2713	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Radiology Service Manager	Improving Care	Patient / Staff /Public Safety	Backlog of Reporting Radiology Examinations Impact on the safety - Physical and/or Psychological harm	IF there is consistent backlog of Radiology reports THEN there will be a delay in patient diagnosis and treatment, which could lead to poorer patient outcomes Resulting in deterioration of health and potential death. All radiological examinations should be reported in a timely manner. There is a risk of delay in diagnosis of patient condition and any additional interventions/treatment that may be required following diagnosis due to an excessive backlog and increasing demand in imaging services. There is also a risk of damage to the reputation of the Organisation due to the failure to meet performance targets. The reporting backlog has been compounded by: Reduced effective Radiologist workforce due to retirements, sickness, secondment, maternity leave and limited available Radiologist workforce. RadIS merger which caused problems for outsourcing as prior imaging has not been available as it previously has been. National Cyber attack, computer & RadIS patches which caused two weeks downtime for reporting. Colon CT - All barium enema examinations are now scanned in CT which has increased the specialist reporting significantly with no increase in Radiologist support. Long term inability to recruit Radiologists as there are insufficient numbers trained in the UK. There is also risk of work related stress due to pressure placed on existing Radiologist workforce to meet the demands of the service.	Radiologists performing extra reporting sessions in addition to their normal working hours. Radiographers trained to report accident & emergency images. Up to date job plans for all Radiologists. Datix incident and concerns procedures in place. Data tracked weekly.	Update April 2024 - Review monitoring of additional funding. Vacancies.	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4xL4	L4 C4xL1	↔	08.02.2017	15.04.2024	20.05.2024
19																		

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
5640	Medical Directorate Manager	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Potential Junior Doctors Industrial Action	<p>If...the NHS Wales Junior Doctors take industrial action related to a dispute over pay erosion between 21st-23rd February 2024 and as expected monthly going forward</p> <p>Then...there will be significant disruption on clinical services and planned and unscheduled care provision will likely be impacted.</p> <p>Resulting in...the quality of the care and services provided to patients and service users being affected in terms of access to services and compliance with performance and delivery objectives. This includes an impact on waiting list times for surgery and outpatients increasing, and patients being unable to access some health care services.</p>	<p>This is a national issue and decisions on any pay increases are out of CTM's control. A decision on strike action has been confirmed for 15th-18th January 2024 and 25th-29th March.</p> <p>There will be no derogation agreed ahead of the proposed strike unless the health board has offered BMA agreed rates to the doctors</p> <p>Consultants/SAS doctors in some cases will be asked and negotiated with to cover gaps in service. National group in place which includes group of senior colleagues who are agreeing process around pay rates for "acting down"</p>	<p>Process to be agreed with BMA for derogation decisions on day of strike with clear info on the information UHB's will have to provide. BMA have stated they will turn these around in 30-60 minutes</p> <p>CTM working group taking place regularly</p> <p>HB can switch pre-existing locum hours around with agreement, however, locums have already cancelled their shifts</p> <p>Planning and preparation with contingency plans for all affected service will be taken. With these measures in place the consequence score will reduce to 3, with a target score of 15.</p> <p>Update March 2024 - Medical Directorate undertaken a review of this risk and no changes made to mitigation or risk score on this review.</p>	<p>Planning, Performance & Finance Committee</p> <p>Quality & Safety Committee</p> <p>People & Culture Committee</p>	12 Decreased from a risk score of 20 in May 2024	9 C3xL3	<p>Risk Score reduced to a 12 in May 2024. Negotiations with UK Government is currently underway. This means that there is unlikely to be a strike until July/August at the earliest, and this is if there is no agreement made between Government and the BMA.</p> <p>Risk also reduced due to experience from the last 2 strikes and the ability to manage the impact on the Health Board. Risk will need to be reviewed if there are discussions/confirmation around another strike in the summer, based on pressures and staffing levels at the time.</p> <p>Risk will be monitored by the Medical Directorate function.</p>

	A Datix ID	B Strategic Risk owner	C Strategic Objective	D Risk Domain	E Risk Title	F Risk Description	G Controls in place	H Action Plan	I Assuring Committees	J Month Closed on Org RR	K Closure Rationale
1	Nil as assigned to this Committee.										
2											



Agenda Item
5.1

Planning, Performance & Finance Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	25/06/2024
Statws Cyhoeddi / Publication Status	Open / Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Linda Prosser	14/06/2024	Endorsed for Approval

Acronyms / Glossary of Terms	
AMU	Acute Medical Unit
BSW	Bowel Screening Wales
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTM	Cwm Taf Morgannwg
CTP	Care and Treatment Plan
CYP	Children and Young People



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
ED	Emergency Department
ESD	Early Supported Discharge
FCE	Finished Consultant Episode
FUNB	Follow-up Outpatients Not Booked
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PoCD	Pathway of Care Delays
POW	Princess of Wales Hospital
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
SSP	Specialist Screening Practitioner
USC	Urgent Suspected Cancer
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. Situation/Background

- 1.1 During February 2024, Welsh Government released the NHS Performance Framework for 2024/25. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL and a summary of revisions to the 2023/24 measures can be found overleaf, on page 4:

Cymraeg:<https://www.llyw.cymru/fframwaith-perfformiad-gig-cymru-2024-i-2025>

English:<https://www.gov.wales/nhs-wales-performance-framework-2024-2025-0>

2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's performance framework and a small number of local priority measures such as stroke care and ambulance red releases.

A one page summary (page 5) of the UHB's recent performance against the highest profile indicators within the WG framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 4 out of the 9 areas.

SUMMARY OF REVISIONS TO PERFORMANCE MEASURES

Performance Measure		Detail of Revision as at February 2024	Detail of Revision by NHS Executive as at May 2024
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	Previous Measure: Reported on girls. Reporting Frequency: Dates revised to reflect 2024-25 reporting	
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Reporting Frequency: Dates revised to reflect 2024-25 reporting.	
7	Percentage uptake of the COVID-19 vaccination for those eligible: Spring and Autumn Booster 2024: All eligible people	Previous Measure: Percentage uptake of the COVID-19 vaccination for those eligible: Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over; Autumn Booster 2023: Age range to be confirmed. Reporting Frequency: Dates revised to reflect 2024-25 reporting.	
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Reporting Frequency: Dates revised to reflect 2024-25 reporting.	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Previous Target: An increase on the number in the equivalent month in the previous year.	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	N/A	80% by December 2024
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years		
20	Median emergency response time to amber calls	Previous Target: 12 month improvement trend.	
21	Median time from arrival at an emergency department to triage by a clinician	Previous Target: 12 month reduction trend.	
22	Median time from arrival at an emergency department to assessment by a clinical decision maker	Previous Measure: Included assessment by a 'senior' clinical decision maker. Previous Target: 12 month reduction trend.	
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Previous Target: Improvement compared to the same month in 2023-24, towards the national target of 95%.	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Previous Target: Improvement trajectory towards a national target of zero by 31 March 2024.	March 2024 baseline 20% reduction by September 2024. Further 20% reduction by March 2025
25	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Previous Target: Improvement trajectory towards a national target of 80% by 31 March 2026.	60% performance by December 2024. 70% performance by March 2025
26	Number of patients waiting more than 8 weeks for a specified diagnostic	Previous Target: Improvement trajectory towards a national target of zero by 31 March 2024.	95% to be zero by December 2024
27	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Previous Target: 12 month improvement trend.	
28	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Previous Measure: Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology). Previous Target: Improvement trajectory towards a national target of zero by 31 March 2024.	Previous Measure: Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology adult hearing aids only). Previous Target: Improvement trajectory towards a national target of zero by 31 March 2024.
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	Previous Target: Improvement trajectory towards a national target of zero.	March 2024 baseline 40% reduction by end of September 2024. Zero by March 2025
31	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Previous Target: Improvement trajectory towards the national target of zero.	
32	Number of patients waiting more than 104 weeks for referral to treatment	Previous Target: Improvement trajectory towards the national target of zero.	Zero by end of December 2024
33	Number of patients waiting more than 52 weeks for referral to treatment	Previous Target: Improvement trajectory towards the national target of zero.	
50	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Previous Target: Reduction against the same month in 2022-23.	
51	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Previous Target: 95%.	
52	Number of ambulance patient handovers over one hour	Previous Target: Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024.	March 2024 baseline 30% reduction by December 2024

2.1 Executive Performance Indicators

The direction of the arrow shows whether the quantum of the measure has increased, decreased or statistically no significant change.
The colour is intended to show whether this is positive [green], negative [red] or no significant change/remains within control limits [amber].

Population Health		Finance	Operational Performance	
<p>72.1% of adults aged 65 and over received the influenza vaccine during the last week of March 2024 →</p> <p><i>Compared to the previous period the rate was 72.0%</i></p>	<p>As at end of Feb 2024, 41.4% of frontline healthcare workers received the influenza vaccine ↓</p> <p><i>Compared to the 2022/23 season, the uptake was 50%</i></p>	<p>Month 01 of the new financial year 2024/25 sees CTM recording a £0.9m Deficit</p>	<p>65.3% of patients were seen within 4 hours from arrival at an Emergency Department →</p> <p><i>Compared to last month compliance was 66.5%</i></p>	<p>100% of GP Practices have achieved in-hours access standards during 2022/23 ↑</p> <p><i>Compared to the previous year the rate was 98%</i></p>
<p>4.05% of adults who smoke made a quit attempt during Quarters 1 to 3 of 2023/24 ↑</p> <p><i>Compared to the previous year 3.18% attempted during the same period</i></p>	<p>89.2% of children aged 5 were up to date with their vaccinations →</p> <p><i>Compared to the previous quarter the rate was 89.1%</i></p>		<p>Provisionally 2,786 patients have waited longer than 2 years for referral to treatment ↑</p> <p><i>Compared to the previous period 2,435 patients had waited this length of time</i></p>	<p>49.6% of patients started their cancer treatment within 62 days →</p> <p><i>Compared to the previous month the rate was 51.7%</i></p>

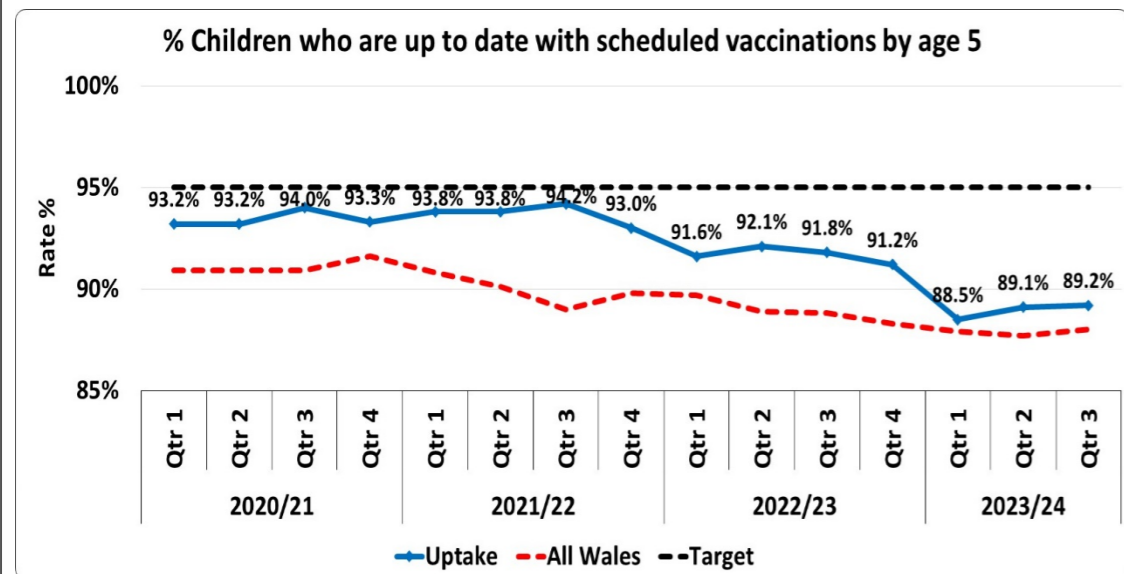
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure	Target	Key: —●— Trend - - - Target/Trajectory		Key: Target Achieved Target Failed 	Latest Position
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.05% on the basis of this extrapolation compliance should hit 5.4% at year end	Q1-Q3 2023/24
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target	Data not available as yet		
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend		64.8%	Q4 2023/24
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%		89.2%	Q3 2023/24
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (applicable during 01.04.24-30.06.24 & 01.01-31.03.25)	90%		83.3%	Q3 2023/24
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.24 - 31.03.25)	75%		Please note data reflects the last week of April 72.4%	Apr-24
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people (applicable 01.04.30.06.24 & 01.09.24 - 31.03.25)	75%		Please note data reflects the last week of February 53.1%	Feb-24
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		67.7%	Mar-24
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		93.8%	Mar-24
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		95.5%	Apr-24

CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose) Target 95%

(reporting frequency is quarterly & as expected there is a time lag of approx. 3 months)



Quarter 3 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	82.7%
RCT LA	90.6%
Bridgend LA	89.6%
CTMUHB	89.2%

Quarter 3 2023/24 Welsh HB's Uptake	
ABUHB	87.9%
BCUHB	90.0%
C&VUHB	85.7%
CTMUHB	89.2%
HDUHB	87.2%
PTHB	92.1%
SBUHB	85.8%
All Wales	88.0%

What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

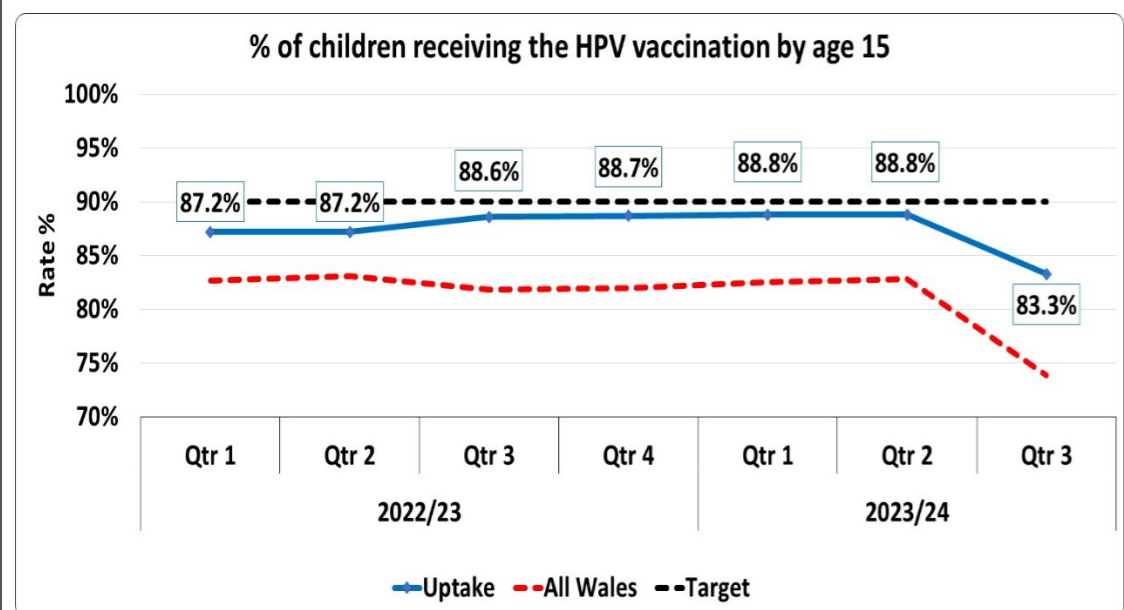
- Changes to the under age 5 routine schedule at the end of 2024; staff may need an out of season training update.
- Increasing diversity within our demographics, thus needing accurate vaccination history for clients and the ability to provide information in required languages.
- Timely and accurate recording on data systems (Child Health and CYPrIS).
- Fluenz is not a scheduled vaccine and relies on GP practices to invite children in.
- Transition from Health Visitor to School Nursing – recall into schedule of vaccination changes.

Actions:

- Additional out of season training to reflect changes in scheduling.
- Source literature in all languages and disseminate this source to relevant staff.
- Link practices with Primary Care Nurse Educators to ensure new staff receive timely training.
- Primary Care Nurse Educators to distribute training information to practices on regular basis to ensure practices are aware of training available. Information on training and updates to be provided via Practice Nurse Forum.
- CTM Childhood Vaccination Group established and meets monthly.
- MMR vaccination catch up offered as part of appointed Fluenz catch up clinics.
- Targeted MMR vaccination catch up in Primary Schools – commenced January 2024.

% of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 - Target 90%

(reporting frequency is quarterly, and applicable during 01.04.24 to 30.6.24 & 1.1.25 to 31.03.25)



Quarter 3 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	71.9%
RCT LA	85.2%
Bridgend LA	84.9%
CTMUHB	83.3%

Quarter 3 2023/24 Welsh HB's Uptake	
ABUHB	67.8%
BCUHB	75.3%
C&VUHB	59.4%
CTMUHB	83.3%
HDUHB	75.1%
PTHB	77.2%
SBUHB	88.1%
All Wales	73.9%

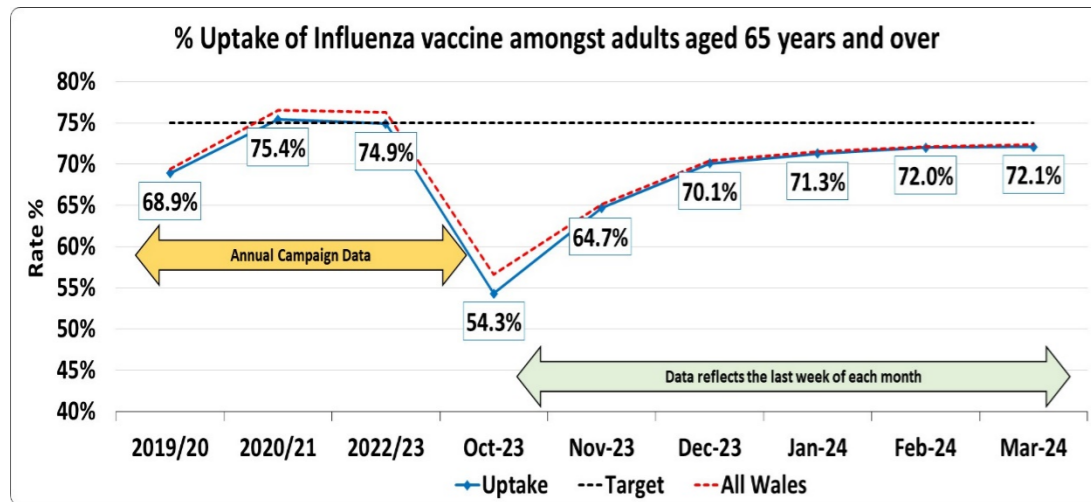
What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

- Lack of positive consent forms not being returned to schools. There is also a lack of capacity within the school nursing service to contact parents directly due to competing service demands within the School Nursing service.
- Lack progress to launch the use of an e-consent system in this academic year, mainly due to Patient portal functionality not being available.
- Lack of engagement from CTM comms to actively raise the profile of HPV and the school based Immunisation Programme as a whole.
- Reliance from PHW on the promotion of school based immunisations via posters, leaflets, videos to send into schools. More innovation needed to utilise social media, radio or television to provide the right information to a wider audience.
- Increasing diversity within our demographics, thus needing accurate vaccination history and the ability to provide information in required languages

Actions:

- Literature sourced from Public Health England, in all languages and disseminate this source to relevant staff involved in vaccination and immunisation
- Pilot and rollout of e-consent aimed for summer term of 2024.
- Engage with comms. in LAs and HB to raise the profile of the school immunisation programme to parents/carers and eligible pupils, signposting to PHW information.
- Partnership working with primary care colleagues to secure support in raising the profile of HPV from GP surgeries.
- Collaboration with Directors of Education and education colleagues to optimise immunisation uptake.
- CTM Childhood Vaccination group established and meets monthly.
- Engage with CYP colleagues to raise the profile of immunisations by acute paediatric wards, paediatrician, Community Children's team and paediatric CNS's.
- School nursing service to adopt a universal, enhanced and intensive approach to target areas known to have low uptake rates with the aim of increasing immunisation rates and reduce inequalities.
- Collaboration by School Nurse Immunisation Coordinator to work with HB colleagues to ensure the smooth and efficient planning and delivery of HPV programme.



Uptake Welsh HB's March 2024	
ABUHB	75.6%
BCUHB	73.9%
C&VUHB	72.8%
CTMUHB	72.1%
PTHB	69.9%
SBUHB	69.5%
HDUHB	69.1%
All Wales	72.4%

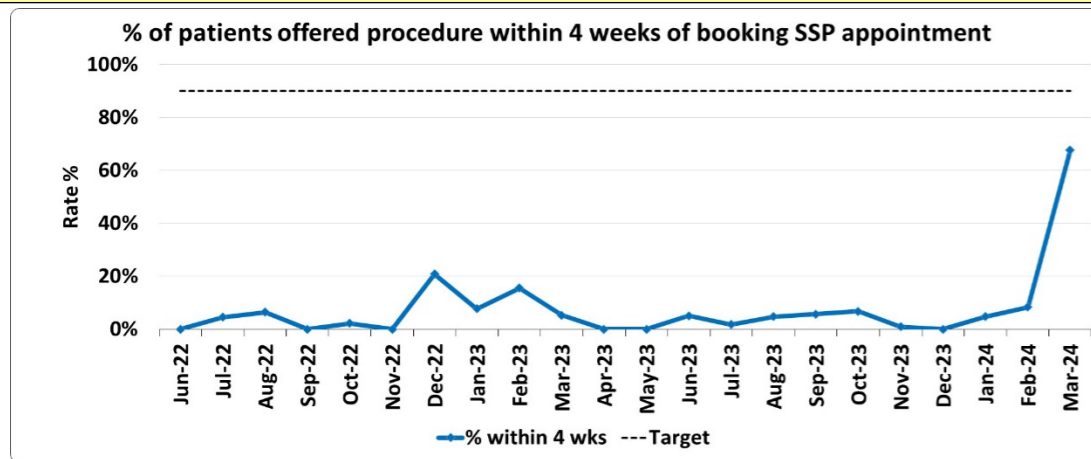
Challenges:

- Ensuring wider implementation of NIF (e.g. vaccine equity and digital platforms) is considered within the planning and delivery of vaccination programmes and the wider health protection system.
- The number of Welsh Health Circulars (WHCs) received requiring immediate action and upcoming new vaccination programmes to be rolled out.
- Changes in Joint Committee on Vaccination and Immunisation (JCVI) guidance and WHC recommendations may impact on the practical aspects related to vaccination clinics and the storage of vaccines.
- Ensuring annual immunisation training updates fit with the immunisation timeline, as guided by WHCs.
- Ensuring that vaccinating services collaborate to raise overall vaccination rates, rather than compete for the same patient groups.
- Establishment of sustainable flu vaccination delivery model for staff and residents in care homes for the elderly
- Ensuring that community pharmacies have sufficient vaccinators and capacity to provide flu vaccination, alongside demand to provide alternative clinical pharmaceutical services.
- Ensuring that community pharmacies have access to sufficient vaccines, at the appropriate time, within their financial constraints.
- Supporting pharmacies to optimise their flu vaccination programme and deliver more vaccinations each year.

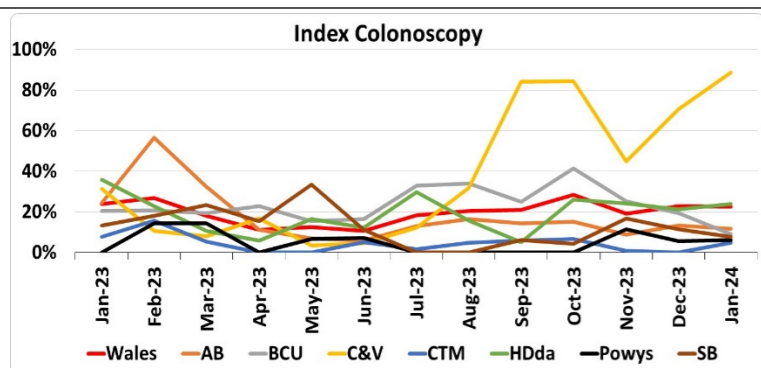
Actions:

- Engage in pilot exploring a model of staff and resident 'in house' vaccination by care home staff (All Wales model with CTM involvement)
- Plan the flu season in collaboration with key leads to ensure the flu programme can commence earlier.
- End of season flu report template disseminated to all GP practices to reflect on previous activity and support future planning
- CTM representation at All Wales Vaccine Equity Network and use of vaccine equity planning toolkit locally.
- Explore the possibility of developing the role of flu champions in GP practices.
- Winter respiratory debrief undertaken February 2024 and insight gathered will be used as part of planning for the 2024/25 campaign.
- Multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging on benefits of flu vaccination.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
 - maintain current position regarding pharmacy opening hours on the weekend.
 - support pharmacy inclusion in national discussions about centralised procurement of vaccines.
 - utilise primary care clusters to support a collaborative approach to vaccination.
 - ensure that public messaging regarding flu vaccination services is timely, accurate and representative of the wider offering.

Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment Target 90% - March 2024 - 67.7%



Please note there is a time lag in reporting of 2-3 months



Status as at January 2024		
Health Board	Compliance	Rank
C&V	88.7%	1st
HDda	23.9%	2nd
AB	11.8%	3rd
BCU	9.1%	4th
SB	7.7%	5th
Powys	6.3%	6th
CTM	4.8%	7th

How are we doing & what actions are we taking?

As of the 7th June there are 136 patients waiting for an index colonoscopy of which 107 have a booked appointment, however 69 of these patients will have waited longer than 4 weeks for their procedure. After a period of improvement, momentum has been temporarily slowed due to sickness absence within the team.

Internal additional ad hoc lists and flipping of symptomatic lists to overcome lost activity due to sickness has reduced the impact and current waits are around 12 weeks, with further plans over the next 6 weeks to bring the service in line with '4-week compliance'. Sustainability plans are ongoing to staff unfunded sessions (x 2) at POW; this will continue to support the Optimisation Programme.

The operational challenges that have an impact on activity are:

- Participant / patient choice / refusal remains an issue when booking dates across CTM.
- Current sickness levels - internal solutions ongoing with a planned return date.
- Providing cover for period of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic lists and improvement to utilisation through productivity and efficiencies - continues to be monitored.
- Uptake and current conversion to surgery continues to be monitored and escalated.

Actions being taken:

- Use of Text Remind and Broadcast Messenger to reduce patient choice (refusal of offer) and DNA rates.
- Insourcing - completed and supported backlog clearance.
- Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
- Sustainability plan is ongoing to increase core lists to meet optimisation steps.
- The new endoscopy unit at PCH with 3rd room - workforce model and business case completed and approved; funding allocated and recruitment commenced.
- Working with theatre services to develop robust general anaesthetic provisions.

2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services

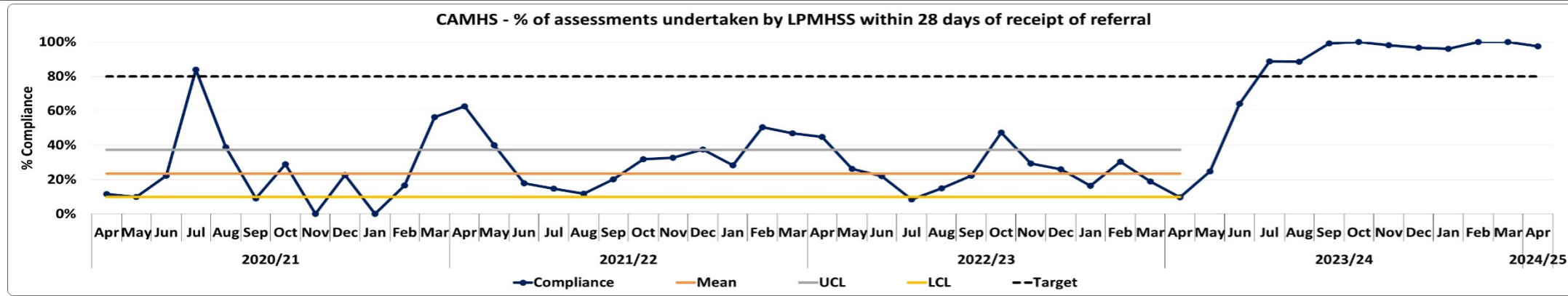
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure	Target	Key: — Trend - - - Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		100.0%	2022/23
Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year	Data not yet available		
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	April 2023 to March 2024	105.0%	as at Mar 2024
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year		1,741	Mar-24
% 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)			97.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		58.2%	Apr-24
% 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)			81.9%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			89.3%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		41.0%	
Median emergency response time to amber calls	12 Month Reduction Trend		02:22:30	May-24
Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		14	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure	Target	Key: — Trend - - - Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		68	
% 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	Improvement compared to the same month in the previous year, towards the national target of 95%		65.3%	May-24
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero		1,998	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend towards a national target of 80% by 31 March 2026		49.7%	Apr-24
Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		6,668	
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		96.6%	
Number of patients waiting more than 14 weeks for a specified therapy (all ages)			51	
Number of patients (all ages) waiting more than 14 weeks for audiology	Zero		135	
Number of patients waiting over 52 weeks for a new outpatient appointment			15,317	May-24
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year		42,208	
Number of patients waiting more than 104 weeks for referral to treatment	Zero		2,786	
Number of patients waiting more than 52 weeks for treatment	Month on month reduction towards the national target of zero by 30th June 2025		24,782	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment			29.6%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		56.3%	Apr-24



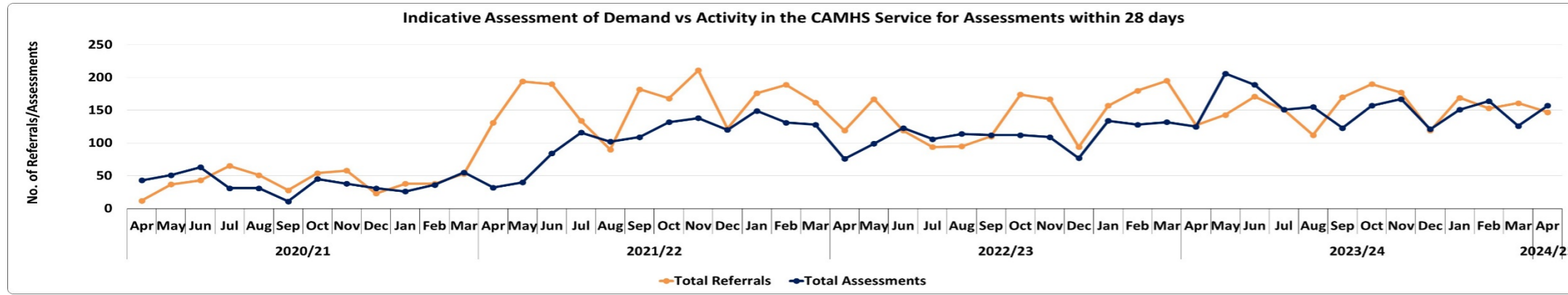
CTM Child & Adolescent Mental Health Services (CAMHS) – April 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (97.5%) - Target 80%



From the summer of last year, we observe that performance improved markedly in the number of assessments undertaken within 28 days of referral (Part 1a). Compliance during April reached 97.5%, a slight dip from the previous two months, but continuing to exceed the WG target of 80%.

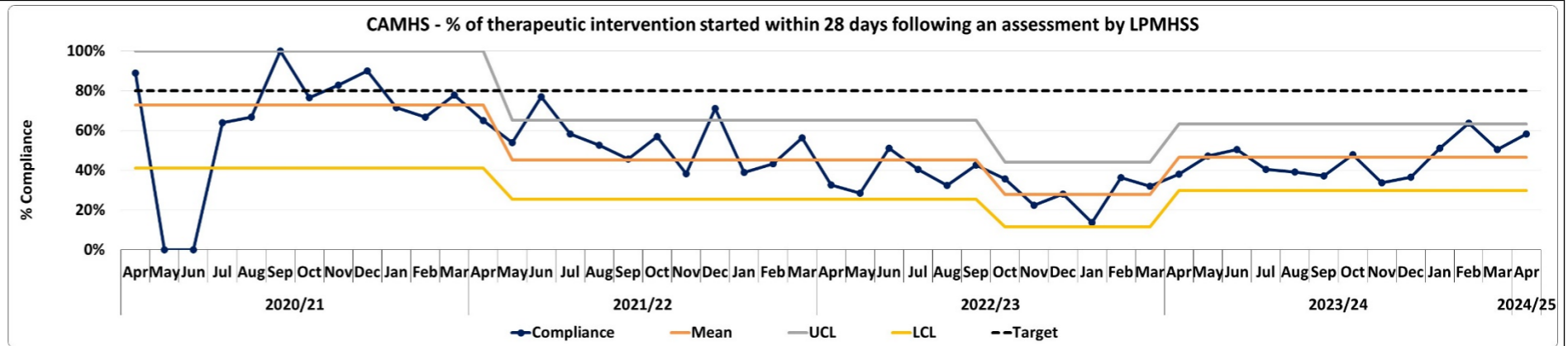
The number of assessments each month is fairly stationary, given the variability in the number of working days in the month.



% of therapeutic intervention started within 28 days following an assessment by LPMHSS (58.2%) - Target 80% by December 2024

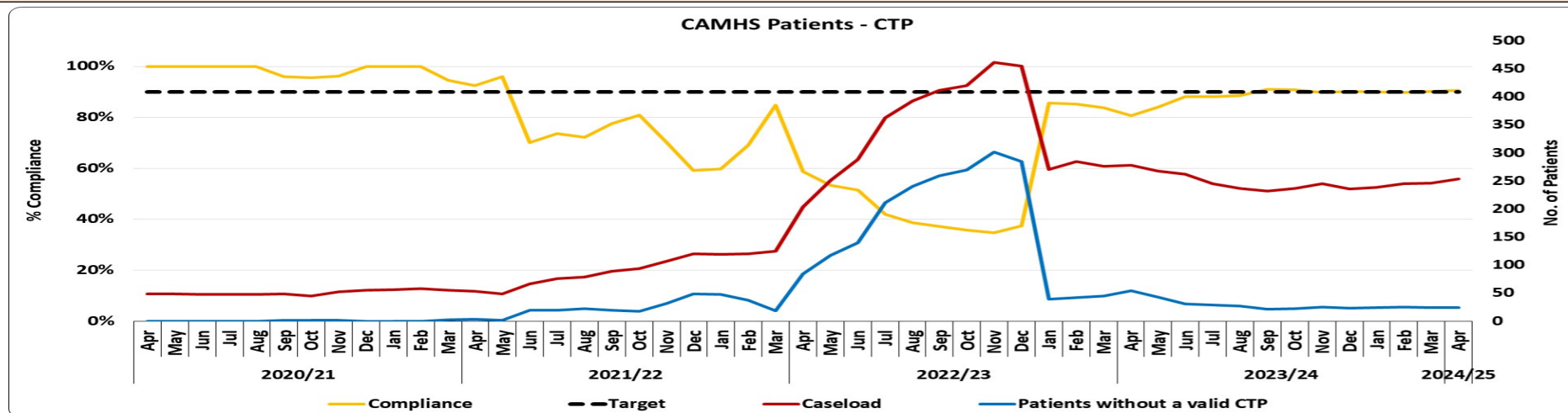
Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS was 58.2% during April; a slight improvement on the previous month. The NHS Executive have set the expectation that the Health Board should reach the target threshold of 80% by December 2024.

The Directorate Improvement plan has focused on increasing the volume of interventions available through group work with the third sector and access to the digital platform SilverCloud. The inclusive approach involving all team managers and practitioners is having a beneficial and sustained impact, the key metric is the reducing number on the waiting list. As we reduce the longer waits compliance with the 80% target improves. We are aiming to achieve this target in good time before December 2024.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities

% of HB residents who are in receipt of secondary MH services who have a valid CTP (90.6%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month observed a compliance rate of 90.6% during April and stands just above the WG standard of 90%.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have almost halved from the peak seen in November 2022. The number of patients without a valid CTP at the end of the month currently stands at 24.

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

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1 (a & b) and 2 of the Mental Health Measure. This has delivered improvement in all three areas with additional work required on Part 1b (therapeutic interventions).
- Part 1a:** Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. Demand & capacity training has helped us to focus on this area.
- Part 1b:** We are working with the third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions and are being delivered in each of the three local authority areas. Referrals to the Silvercloud digital platform are rising and a multi-disciplinary workshop to discuss patient pathways is scheduled for June.
- Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). This includes some joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive, which is helping to improve compliance in all areas and in a sustainable way. The service has completed a self-assessment audit of care and treatment plans which we will present at that meeting shortly.

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

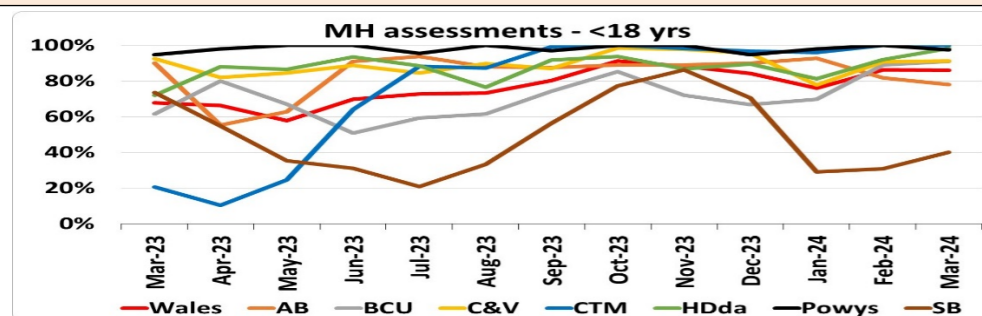
Outputs of improvements:

- Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of April we had 99 patients on the waiting list (119 previous month), with no patient waiting beyond 30 days. The average waiting time has increased slightly to 2 weeks from 1.4 weeks.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered was 91 with the average waiting time falling slightly to 3.1 weeks.
- As clinical teams work through the waiting list backlog our performance against the interventions target will steadily increase.
- Work is also underway to develop the online digital platform Silvercloud to further help with interventions. A memorandum of understanding has been approved with the supplier and a go live date in April was agreed. There remain three Band 5 registrant vacancies in the Intervention Team with the service progressing ongoing recruitment.
- Part 2:** The focus on quality in relation to CTP's will be supported by the results of the caseload audit that was completed during the end of 2023.

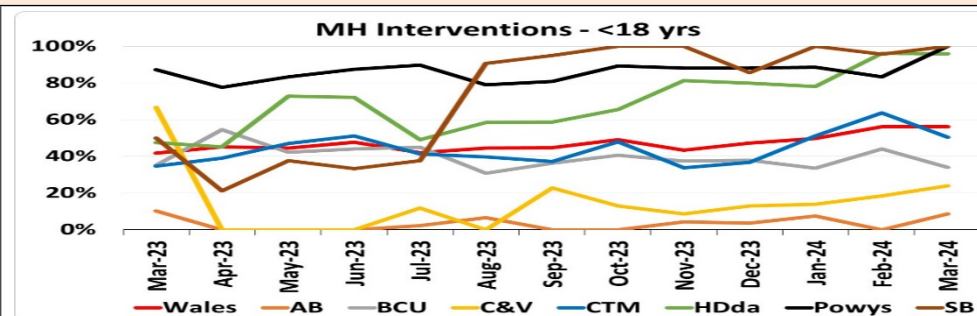
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. The service is planning to temporarily increase capacity to help address this rise in referrals.
- The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps but there remain some registrant vacancies in the Part 1b Interventions Team. Colleagues are continuing discussions with universities to identify possible students nearing qualification.
- Clinical colleagues continue to report rising acuity within their patient population, this may have an impact on delivery going forward.

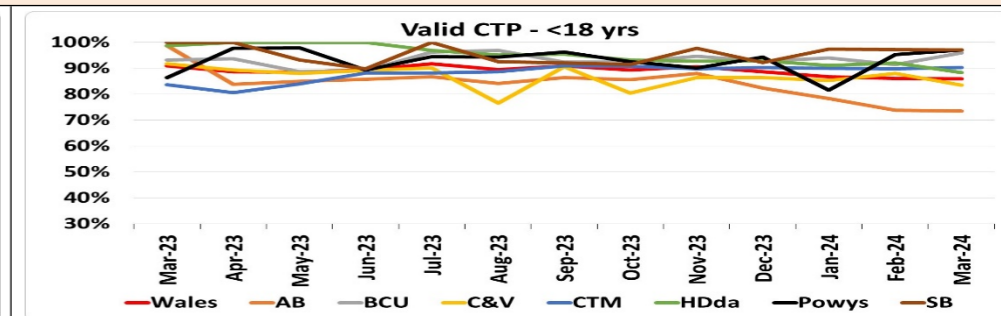
How do we compare with our peers?



Status as at March 2024		
Health Board	Compliance	Rank
CTM	100.0%	1st
HDda	98.2%	2nd
Powys	97.7%	3rd
C&V	91.3%	4th
BCU	91.2%	5th
AB	78.1%	6th
SB	40.0%	7th

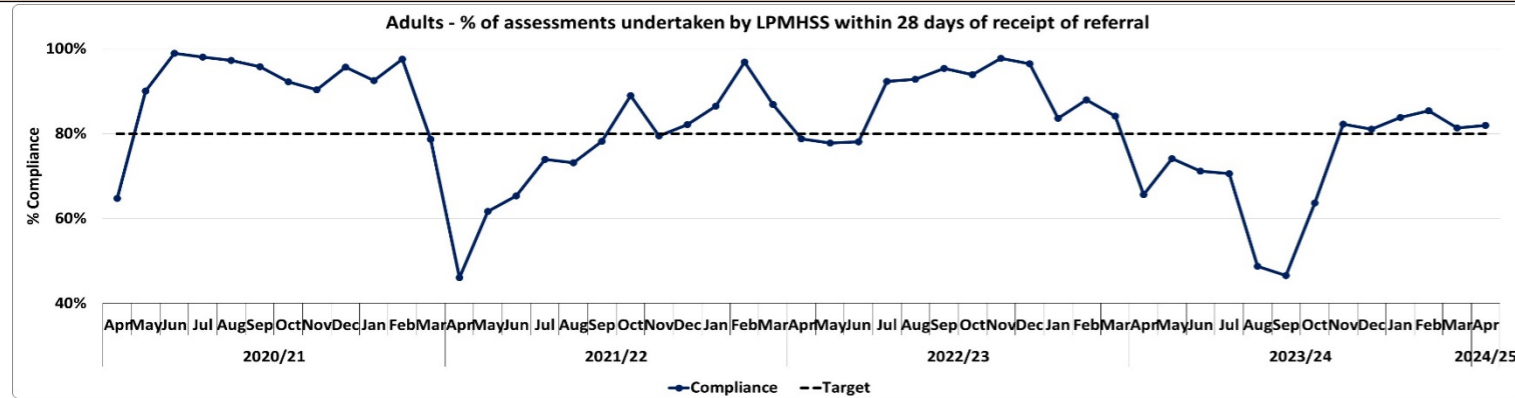


Status as at March 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	100.0%	2nd
HDda	95.8%	3rd
CTM	50.5%	4th
BCU	34.0%	5th
C&V	23.8%	6th
AB	8.6%	7th



Status as at March 2024		
Health Board	Compliance	Rank
SB	97.1%	1st
Powys	97.0%	2nd
BCU	95.9%	3rd
CTM	90.2%	4th
HDda	88.4%	5th
C&V	83.6%	6th
AB	73.5%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (81.9%) - Target 80%



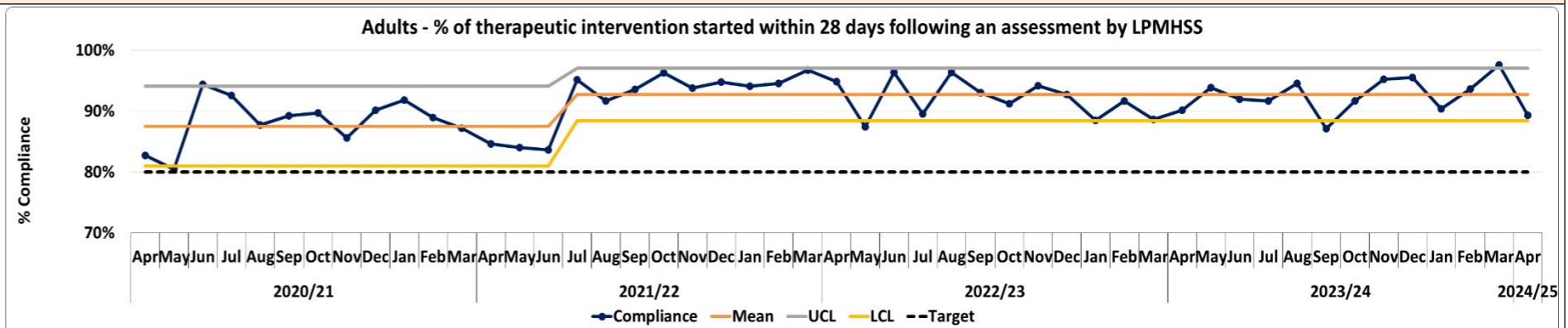
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during April remained fairly stable at 81.9% and continues to stand above the WG target.

Referrals during the month totalled 717, which is a 22% increase on those received during the equivalent period of 2023, with the 12 month average recording a similar volume of referrals each month. We continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

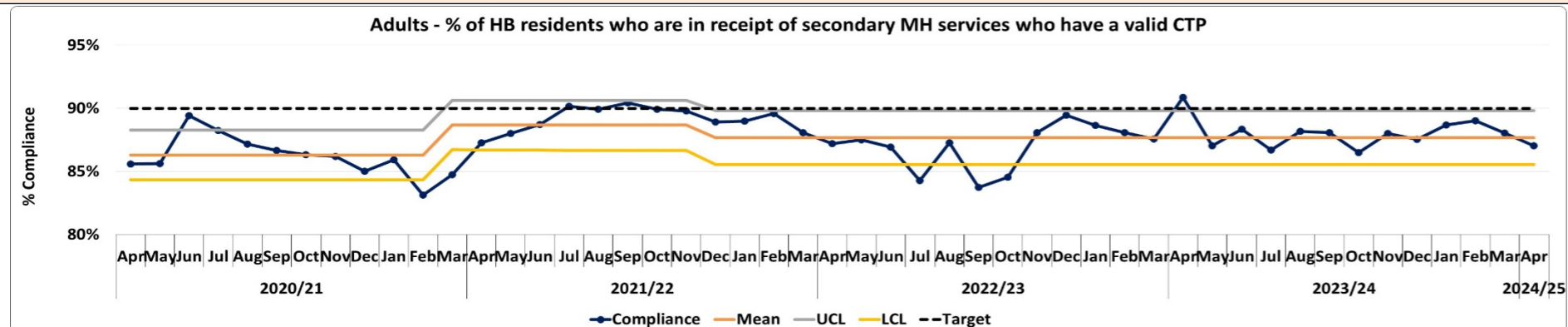
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (89.3%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during April reached 89.3% and continues to stand above the WG target of 80%.

During the month, 393 of the 440 interventions commenced within the 28 day timeframe.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (87.0%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month dipped to 87.0% compliance during April and remains just below the 90% WG standard.

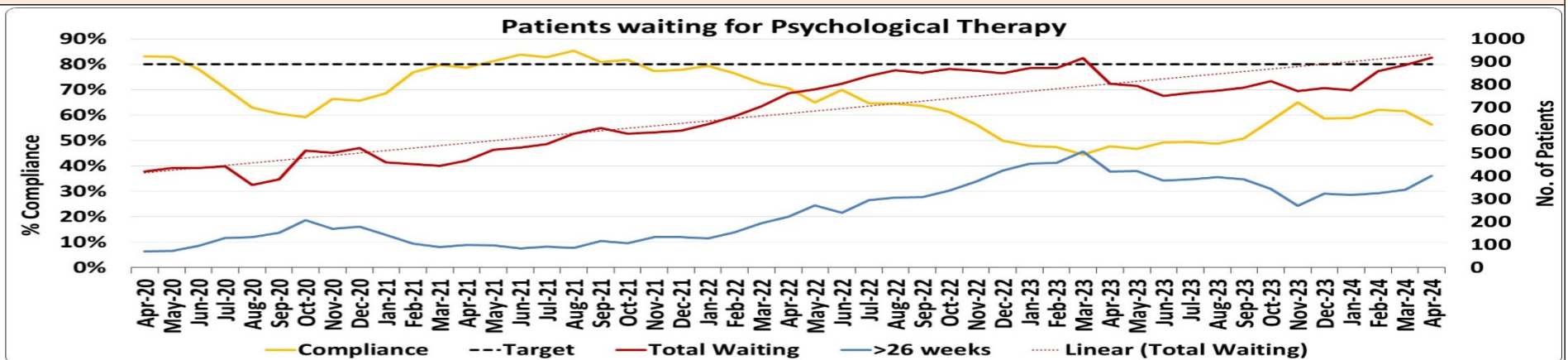
Part 3: There were 9 requests for adult assessments under Part 3 of the Mental Health Measure during April with all reports being sent within the required timescale of 10 working days.

% of patients waiting less than 26 weeks to start a Psychological Therapy (56.3%) - Target 80%

During April, Psychological Therapies compliance fell to 56.3% from 61.6% in the previous month, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has ranged between 46.8% and 65.0%.

The chart to the right details the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow).

At the end of April the waiting list stood at 918 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 751 and 918 patients.



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

How are we doing?

Part 1a: During April, performance remained above target. We continue to closely monitor sickness and absence rates and ensure our activity is balanced across all areas to fully utilise capacity.

The three areas observed the following compliance rates: although below target, Merthyr Cynon area has improved slightly to 70% with both Rhondda Taff Ely & Bridgend areas above the target threshold at 86% and 91% respectively.

Part 1b: Performance continues to be above target at 89%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 89% and compliance for the services is shown below:

- Adult Services – 85.6%
- Older Adult Services – 92%
- Learning Disability Services – 88.8%

Psychological Therapies: The overall position for Psychological Therapies waiting list for April 2024 stands at 918, which is an increase of 32 compared to March.

Those patients waiting over 26 weeks stands at 44% and this equates to 401 service users. This is an increase of 6% from March and is directly linked to a spike in referrals received in October 2023. The current performance of 56% of people waiting less than 26 weeks equates to 517 service users. Overall the longest waiting patient has decreased from 166 weeks to 163 weeks in April and a total of 148 new referrals were received into the system during the month.

What actions are we taking and when is improvement anticipated? What are the main areas of risk?

Actions to improve performance are:

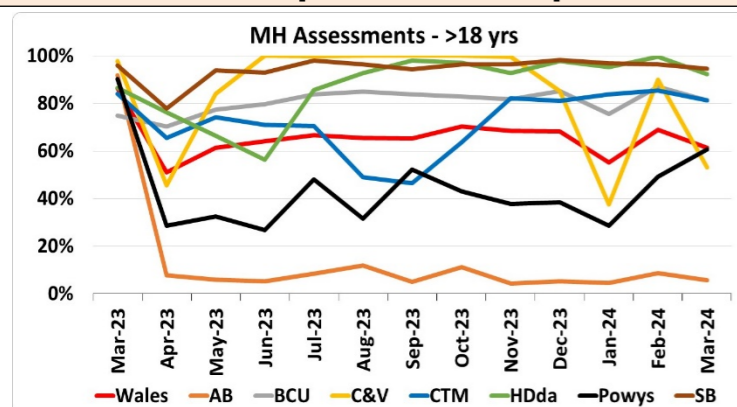
Part 1a:

- Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of people with frequent or long absence.
- Posts have been successfully recruited in recent months and the impact of this is expected with improved performance from May onwards.
- Review of IT systems to support proactive performance management of the service through Qlik BI tool.
- Demand and capacity work – review of job plans to identify enough capacity.
- Review data input and reporting and ensure ongoing validation and management with introduction of weekly review meetings.
- Where possible appointments are being offered in nearby teams to ensure there is a balance. This is proving effective in reducing the amount of breach appointments in certain areas, thus reducing the time taken to improve compliance as staff return from sickness absence.

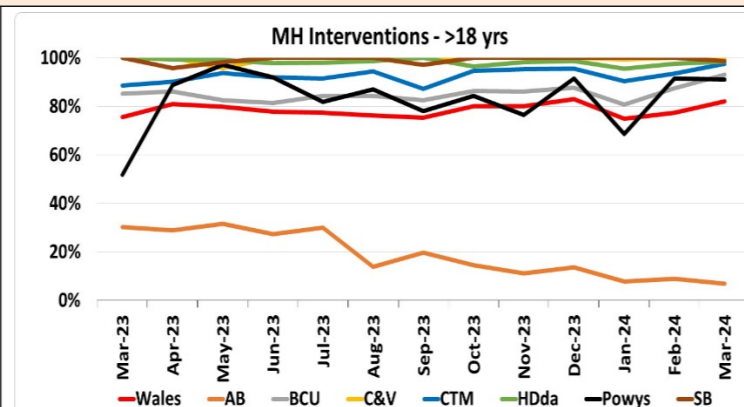
Part 2: Targeted work on non-compliant CTPs is continual with work ongoing to improve reporting and insight to enable managers to target specific areas / personnel of non-compliance. Work continues with Community Mental Health Team leads and Local Authority partners to ensure any non-compliant CTPs are prioritised; based on reducing risk. It is anticipated that Older Adult Mental Health Services will remain above the target compliance whilst this work is on-going. The primary risk to sustained improvements remains the reduction in staffing capacity caused by sickness and high caseloads in certain areas within CTM.

Psychological Therapies: Ongoing validation work continues around ensuring that all waiting lists are accurate. There is also ongoing work to clearly identify and record on the waiting lists the types of therapy service users are waiting, allowing for efficient allocation of service users to staff resource.

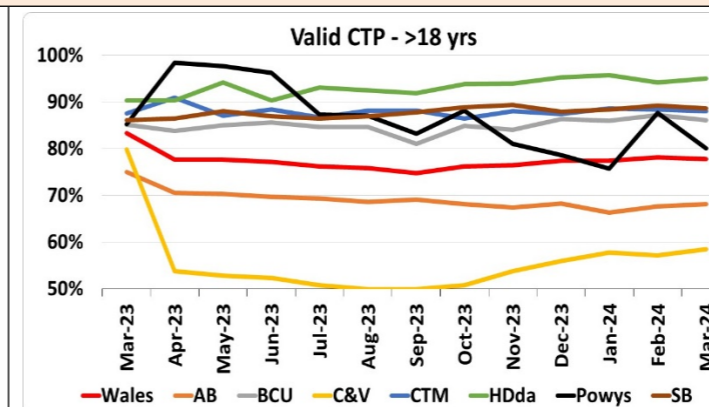
How do we compare with our peers?



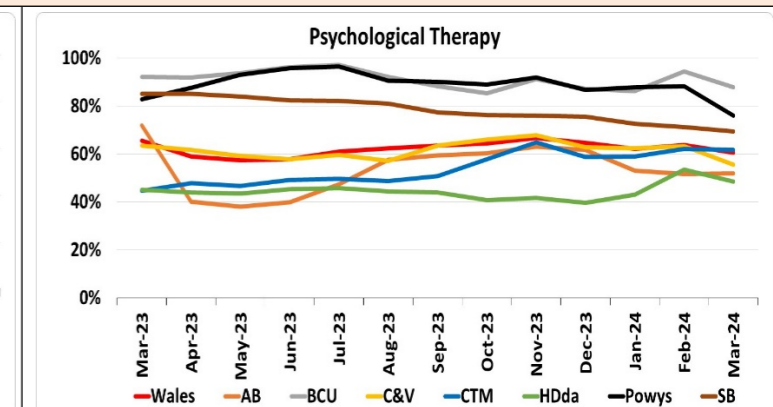
Status as at March 2024		
Health Board	Compliance	Rank
SB	94.5%	1st
HDda	92.4%	2nd
BCU	81.3%	3rd
CTM	81.3%	4th
Powys	60.8%	5th
C&V	53.1%	6th
AB	5.8%	7th



Status as at March 2024		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	98.6%	2nd
HDda	98.6%	3rd
CTM	97.6%	4th
BCU	93.2%	5th
Powys	91.1%	6th
AB	7.0%	7th



Status as at March 2024		
Health Board	Compliance	Rank
HDda	95.0%	1st
SB	88.7%	2nd
CTM	88.0%	3rd
BCU	86.1%	4th
Powys	80.1%	5th
AB	68.1%	6th
C&V	58.5%	7th

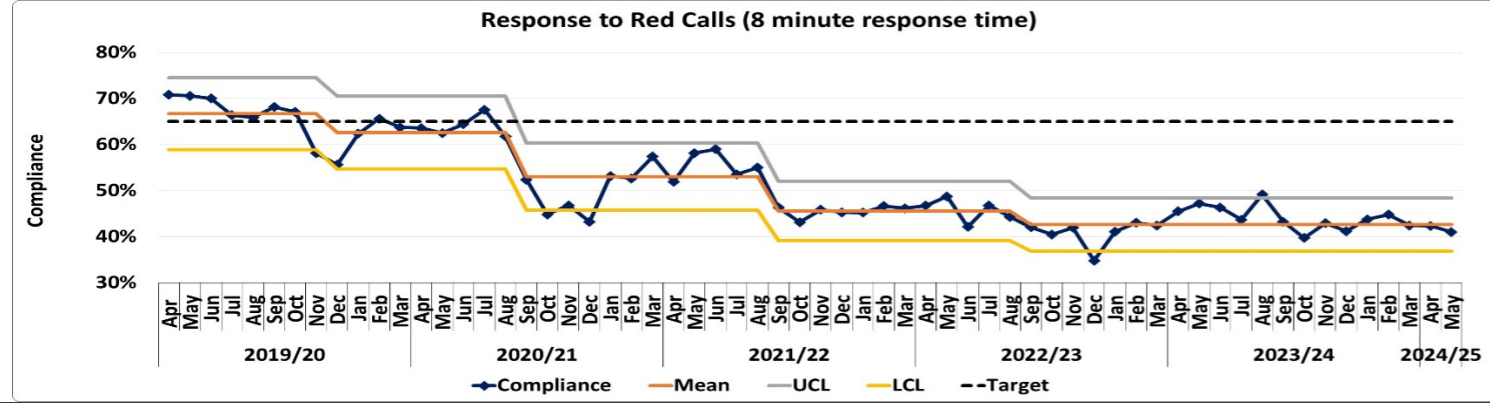


Status as at March 2024		
Health Board	Compliance	Rank
BCU	87.7%	1st
Powys	75.9%	2nd
SB	69.5%	3rd
CTM	61.6%	4th
C&V	55.5%	5th
AB	51.8%	6th
HDda	48.5%	7th

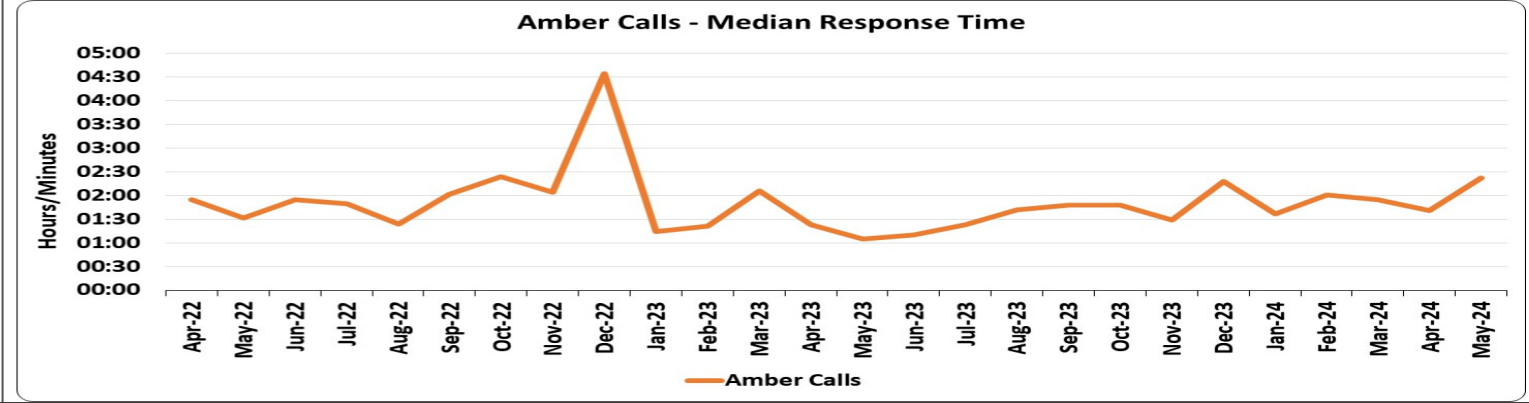


Emergency Ambulance Services – May 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
May 2024 – 41.0%



Median emergency response time to Amber Calls – Target is 12 month reduction trend
May 2024 - 2 hours 22 minutes



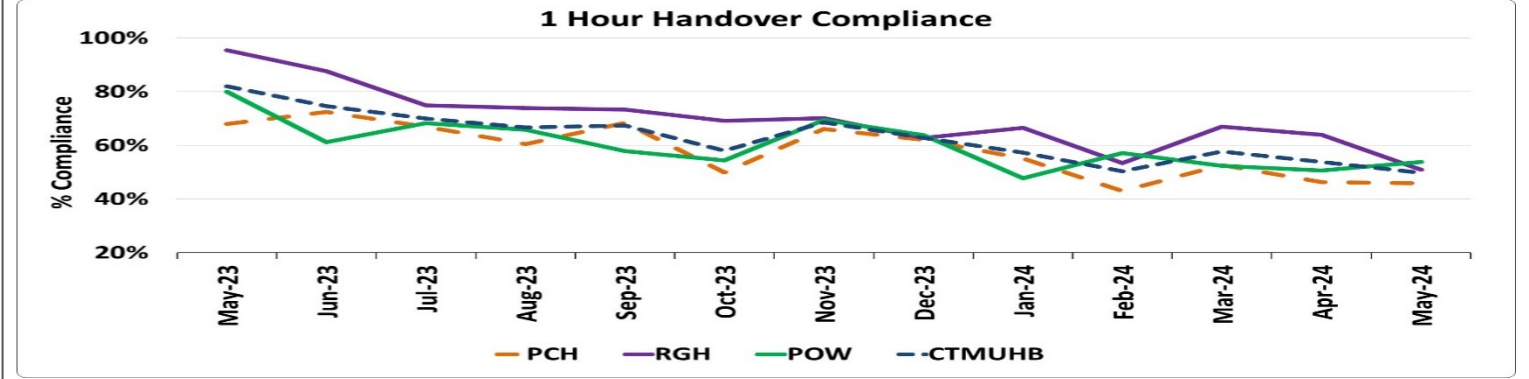
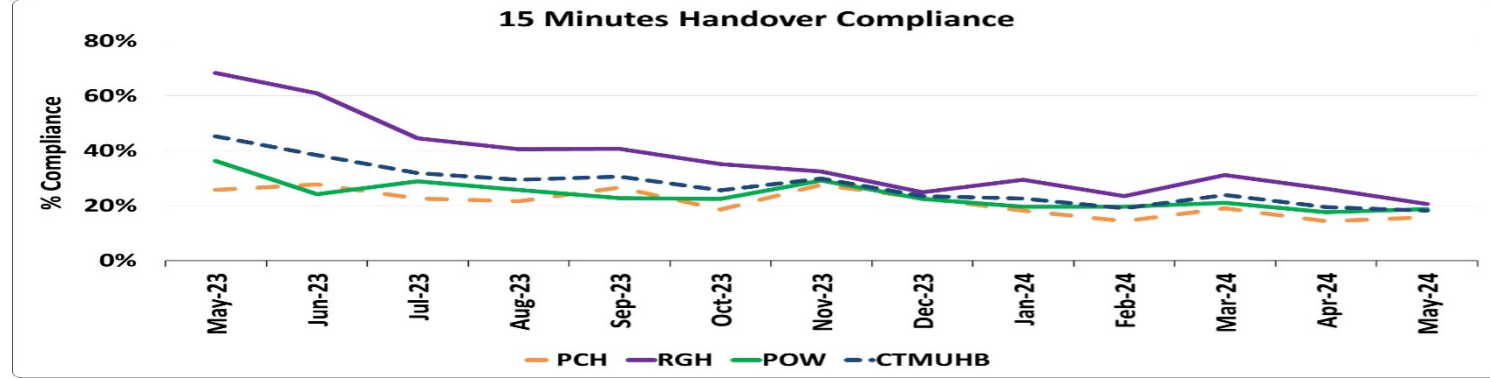
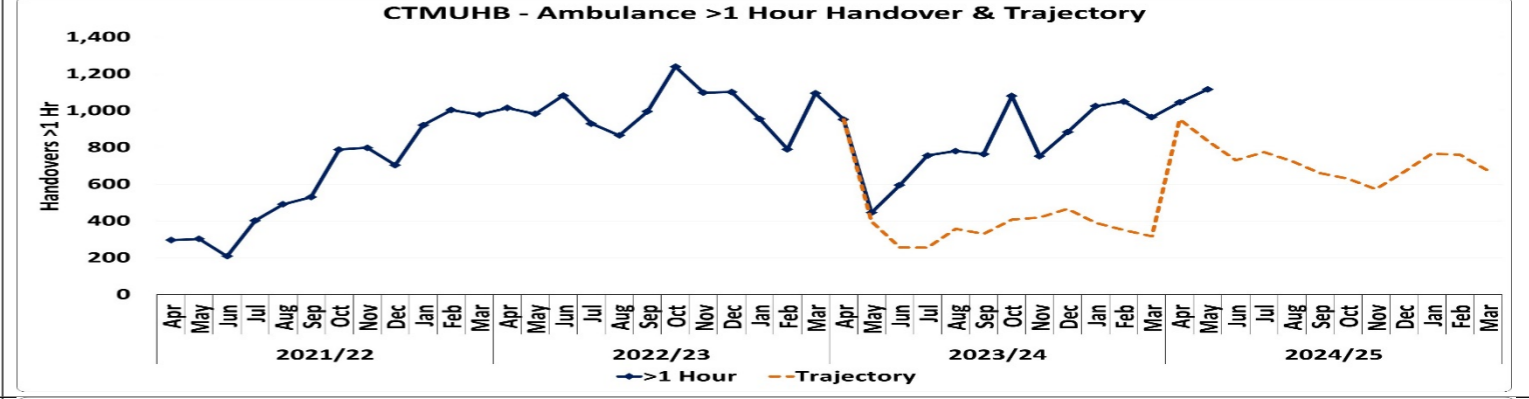
% of ambulance patient handovers within 15 minutes – Target is Improvement compared to the same month in the previous year, towards the national target of 100% within 15 mins.

Total handovers 2,224 of which 404 handovers were within 15 minutes (18.2%)

Period	Handovers	PCH		RGH		POW		CTMUHB		
		% <15 mins	% <60 mins	% <15 mins	% <60 mins	% <15 mins	% <60 mins	% <15 mins	% <60 mins	
May-23	831	25.8%	68.0%	68.3%	95.5%	67.8%	79.9%	2471	45.2%	82.0%
Jun-23	875	27.8%	72.5%	60.9%	87.7%	64.9	61.2%	2346	38.4%	74.7%
Jul-23	940	22.7%	66.9%	44.6%	75.0%	721	28.8%	2525	31.9%	70.1%
Aug-23	869	21.6%	60.5%	40.6%	73.9%	644	25.8%	2345	29.5%	66.7%
Sep-23	876	26.6%	68.5%	40.7%	73.4%	628	22.8%	2341	30.6%	67.4%
Oct-23	971	18.6%	49.9%	35.1%	69.2%	673	22.4%	2572	25.6%	58.0%
Nov-23	832	27.6%	66.1%	32.5%	70.2%	676	29.1%	2391	29.9%	68.5%
Dec-23	863	22.7%	62.0%	24.8%	62.8%	676	22.5%	2372	23.4%	62.8%
Jan-24	910	18.1%	55.1%	29.5%	66.5%	620	19.7%	2399	22.6%	57.3%
Feb-24	805	14.3%	43.0%	23.5%	53.4%	525	19.6%	2113	19.0%	50.4%
Mar-24	870	19.1%	52.6%	31.1%	67.0%	600	21.0%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	26.1%	64.0%	587	17.5%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	20.6%	50.9%	644	18.8%	2224	18.2%	49.8%

Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024

1,116 handovers were over 1 hour (49.8% of handovers were within 1 hour)



Red Release Requests – April 2024 – 100%

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Apr-23	15	15	100.0%	7	3	42.9%	3	3	100.0%	25	21	84.0%
May-23	8	8	100.0%	5	5	100.0%	1	1	100.0%	14	14	100.0%
Jun-23	12	12	100.0%	5	4	80.0%	6	6	100.0%	23	22	95.7%
Jul-23	16	16	100.0%	7	7	100.0%	11	10	90.9%	34	33	97.1%
Aug-23	10	10	100.0%	5	5	100.0%	10	10	100.0%	25	25	100.0%
Sep-23	16	16	100.0%	5	3	60.0%	11	11	100.0%	32	30	93.8%
Oct-23	13	13	100.0%	21	19	90.5%	19	19	100.0%	53	51	96.2%
Nov-23	16	16	100.0%	16	16	100.0%	3	3	100.0%	35	35	100.0%
Dec-23	19	19	100.0%	19	16	84.2%	6	6	100.0%	44	41	93.2%
Jan-24	21	21	100.0%	12	11	91.7%	12	11	91.7%	45	43	95.6%
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%
Mar-24	10	10	100.0%	14	12	85.7%	5	5	100.0%	29	27	93.1%
Apr-24	11	11	100.0%	7	7	100.0%	5	5	100.0%	23	23	100.0%

Please note that due to changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most recent data available is to April 2024.

How do we compare with our peers?

Health Board	Compliance	Rank
AB	50.9%	1st
C&V	50.5%	2nd
BCU	49.4%	3rd
HDda	47.4%	4th
SB	47.0%	5th
Powys	45.8%	6th
CTM	42.4%	7th

Health Board	Compliance	Rank
Powys	00:42	1st
C&V	01:07	2nd
AB	01:07	3rd
BCU	01:15	4th
HDda	01:16	5th
CTM	01:40	6th
SB	02:03	7th

Health Board	Compliance	Rank
C&V	331	1st
SB	621	2nd
AB	833	3rd
CTM	1,045	4th
HDda	1,103	5th
BCU	2,192	6th

Emergency Ambulance Services continued overleaf:

How are we doing?

Response to Red Calls per WAST Operational Area				
May-24	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	137	78	56.9%	56.3%
RCT	372	129	34.7%	38.2%
Bridgend	239	100	41.8%	44.2%
CTM	748	307	41.0%	43.2%

Response to Red Calls: Response times to life-threatening calls for the CTM area remained low at 41.0% with the 12 month average recording a rate of 43.2%. Since September 2023 the National compliance has remained below 50%, with the minimum expected standard being 65% of Red Calls to be responded to within 8 minutes.

As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough continuing to experience the poorest response times during May (38.2%) and falling to its lowest level seen since December 2022 (27.7%).

The volume of Red Calls during May for CTM totalled 748 and is just above the 12 month average of 691.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 142 minutes during May; 41 minutes longer than the previous month and almost twice as long as the equivalent period of last year. The chart (page 14, top right) demonstrates fluctuations with response times during the past twelve months ranging between 70 and 142 minutes.

Ambulance Handover Compliance: Ambulance conveyances to ED during May totalled 2,224, which is 10% fewer than the equivalent period of 2023.

Performance against the 15 minute handover was 18.2%, with the number of patients and ambulance crews detained longer than an hour totaling 1,116, which as it currently stands is 24% higher (216) than the 12 month average and 2.5 times higher than the equivalent period of 2023.

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 23 during April 2024. The ED services were able to meet the expected standard with 100% approval of all the requests.

What actions are we taking & when is improvement anticipated?

- Zero tolerance of >4 hour waits – improvement plan in place across CTM with regular performance meetings held.
- Discussions ongoing with Informatics and WPAS team to introduce a clinically fit to admit option into the ED dataset to allow for real time recording of 4 hours waits in ED.
- Zero tolerance of >12 hour waits –12 hour performance review to commence mid-June with a view to understand and resolve exit blocks and improve performance.
- Out of hours Senior Manager and Executive on call rota under review.
- Ambulance Handover Escalation Card in place.
- WAST Immediate Release SOP rolled out across the 3 sites.
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's. Phase 1 of the SDEC unit on the PCH site launched on the 26th April 2024 with provisional date set for phase 2 in August to introduce a functioning AMU.
- Further longer term developments planned to redirect GP medical expected admitted through SDEC, close existing GP corridor and longer term to direct both ED and WAST referrals.
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement and a Care Group Senior Leadership Team rota has been established to support flow.
- The Unscheduled Care Dashboard went live at the end of March providing real-time information.
- The successful collaborative Test of Change that was undertaken at the end of last year between WAST and RGH Emergency Department is to be rolled out across POW and PCH. This will ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment.
- Bi-weekly team meetings established with WAST.

What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments.



Emergency Unit Waits – May 2024 (Provisional Position) - Total Attendances = 16,972

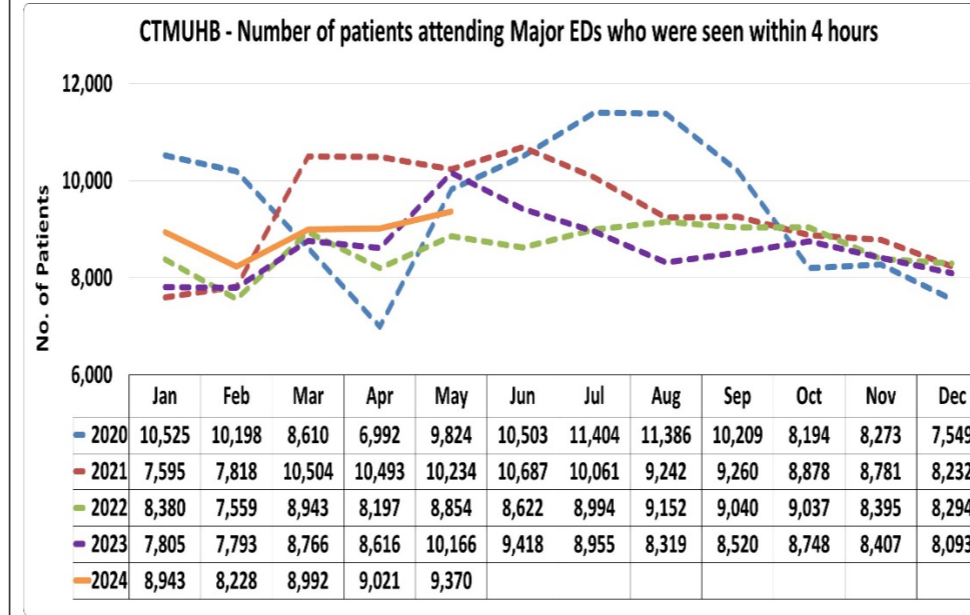
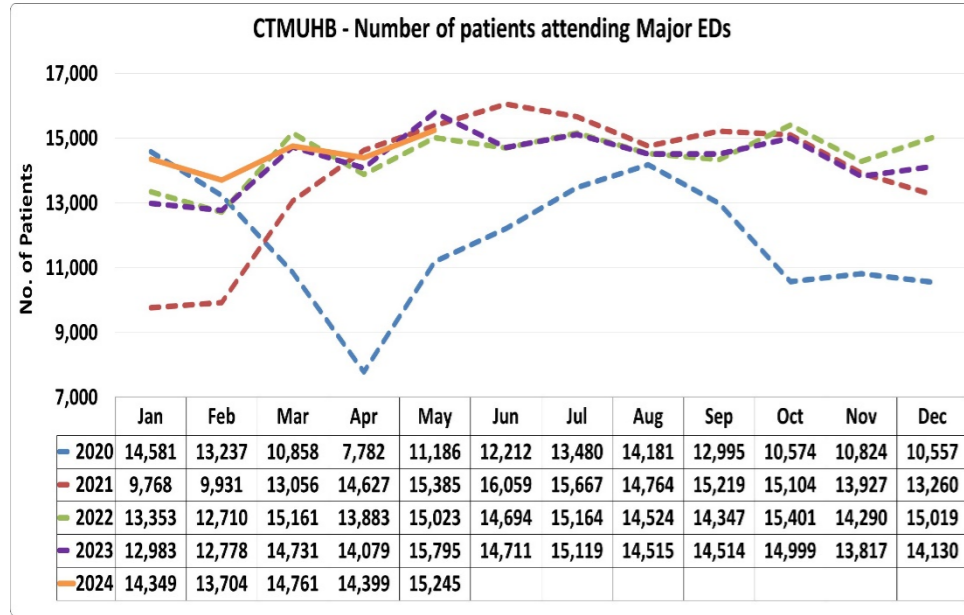
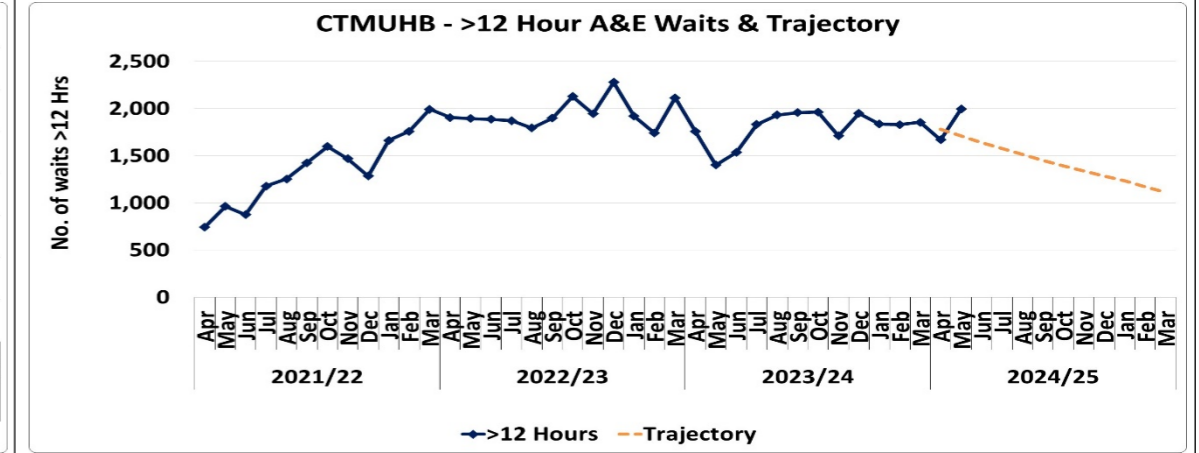
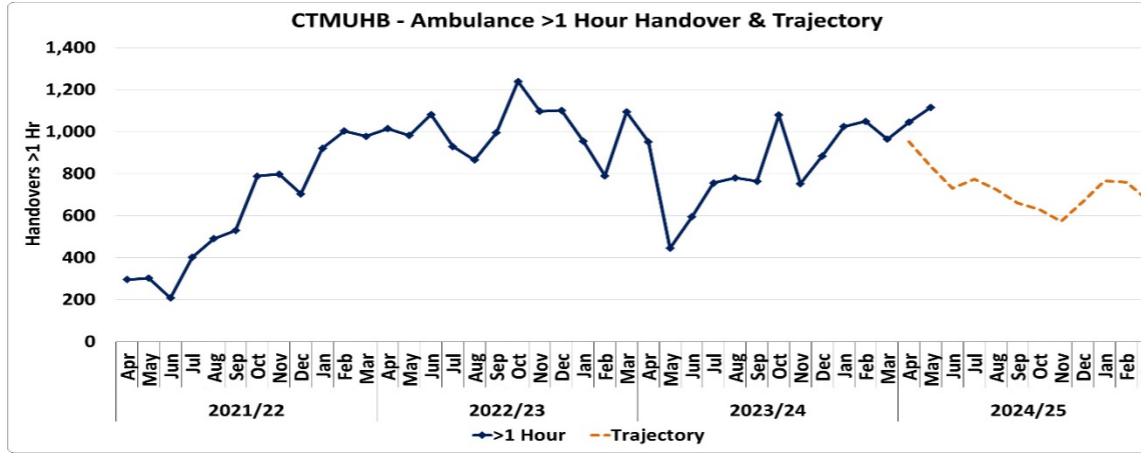
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Revised Target is a 20% reduction on March 2024 number by September 2024 and a further 20% reduction by March 2025.

65.3% were seen within 4 hours (Patients Waiting >4 hours 5,883)

1,998 of patients were waiting over 12 hours

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
May-23	17,534	67.7%	1,402
Jun-23	16,675	67.9%	1,536
Jul-23	16,799	63.3%	1,833
Aug-23	16,067	61.4%	1,932
Sep-23	16,127	62.8%	1,957
Oct-23	16,639	62.4%	1,965
Nov-23	15,298	64.6%	1,712
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,047	66.5%	1,670
May-24	16,972	65.3%	1,998



How do we compare with our peers?

Health Board	Compliance	Rank
Powys	100.0%	1st
SB	77.3%	2nd
AB	75.4%	3rd
BCU	70.3%	4th
CTM	66.5%	5th
HDda	65.7%	6th
C&V	64.7%	7th

Health Board	Compliance	Rank
Powys	0	1st
C&V	847	2nd
SB	1,011	3rd
HDda	1,521	4th
AB	1,583	5th
CTM	1,670	6th
BCU	2,840	7th

How are we doing?

The chart above shows that throughout May the total number of ED attendances at our three acute hospital sites was slightly lower (3.5%) than those observed during May 2023, with overall numbers of Minor Injuries and ED attendances observing a similar reduction on the equivalent period of last year.

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during May is provisionally 65.3%, which as it currently stands is lower than the performance seen during May 2023 (67.7%) and remaining well below the WG compliance target of 95%.

The twelve hours performance declined with the number of patients waiting in excess of 12 hours increasing to 1,998 patients. This represents a significant increase of 42.5% on the number of breaching patients observed during the same period of 2023 (1,402 patient breaches).

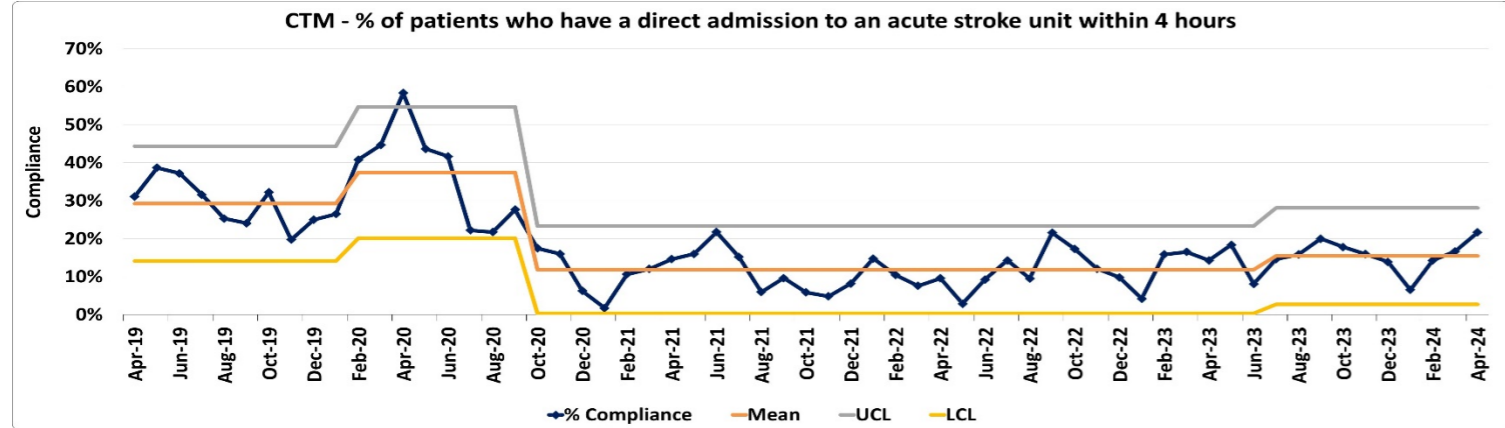
What actions are we taking & when is improvement anticipated?

- Proposals to re-model integrated care delivery for patients in hospital who are suitable for care in the community.
- Weekly pan CTM senior team meetings established, supported by robust action plans with a view to the standardisation of ways of working and clinical pathways where possible.
- Exploring requirements to adopt Rapid Assessment & Treatment (RATZ) delivery model in all EDs.
- Improvement plan in place across CTM with regular performance meetings held.
- 4-hour compliance validation exercise underway in POW which should improve performance data.
- 12 hour performance review mid-June to understand and resolve exit blocks and improve performance.
- Recruitment of Patient Flow Co-ordinator in PCH & RGH sites to support patient flow & support accurate data capture.
- Review of validation process underway to develop a SOP in line with national guidance to improve data quality and ensure parity of data across the three ED departments.
- Development of electronic safety huddle being trailed in RGH ED to provide a real time picture of demand, capacity and risk level.
- Review MIU clinical criteria and potential available capacity to redirect a higher proportion of patients from ED.
- Initial discussions with Welsh Clinical Network regarding Continuous Flow Model to improve hospital flow.
- Demand and capacity modelling underway across ED sites to enable a substantive sustainable staffing model.
- Joint working with Primary Care colleagues planned in June for GP OOH liaison and redirection pathways.
- Explore continuous flow model.

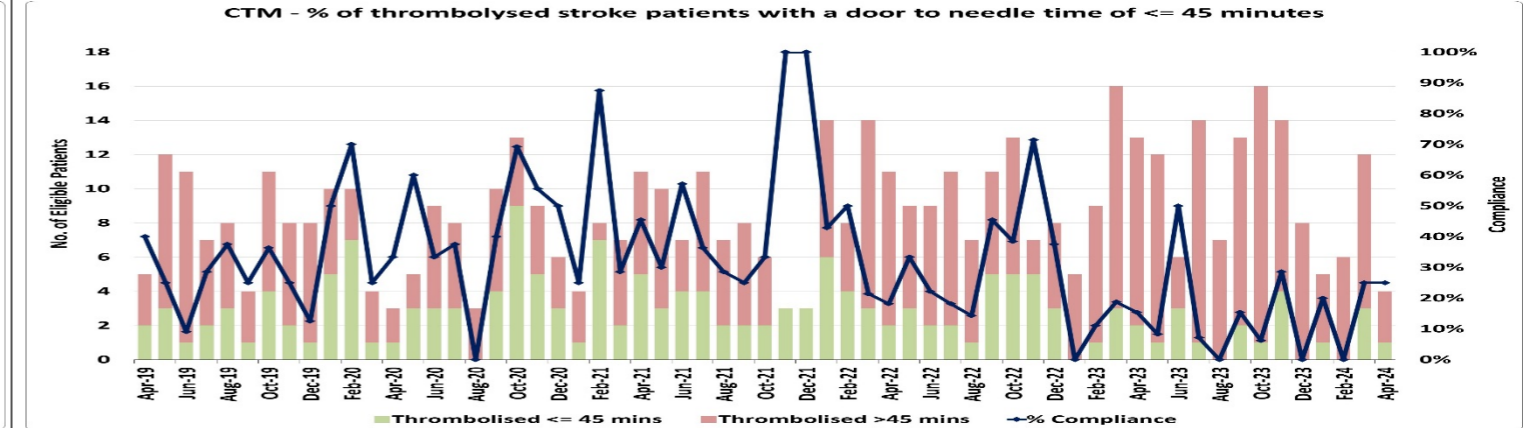
What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments
- Current vacancies in the operational Unscheduled Care Group Emergency & Acute Directorate impeding service change and transformation program.

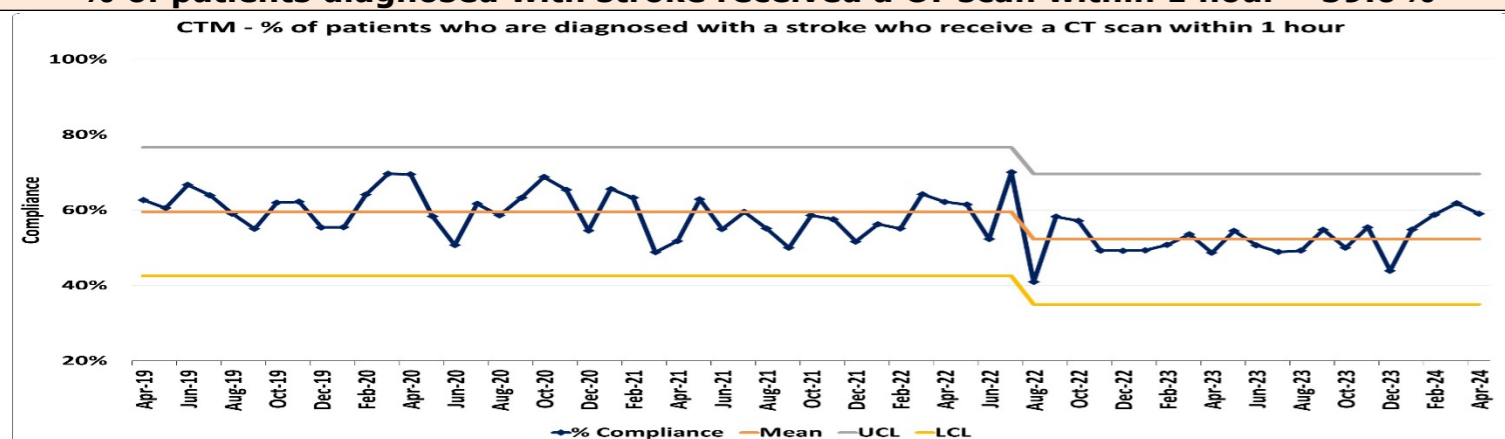
% compliance with direct admission to an acute stroke unit within 4 hours – 21.7%



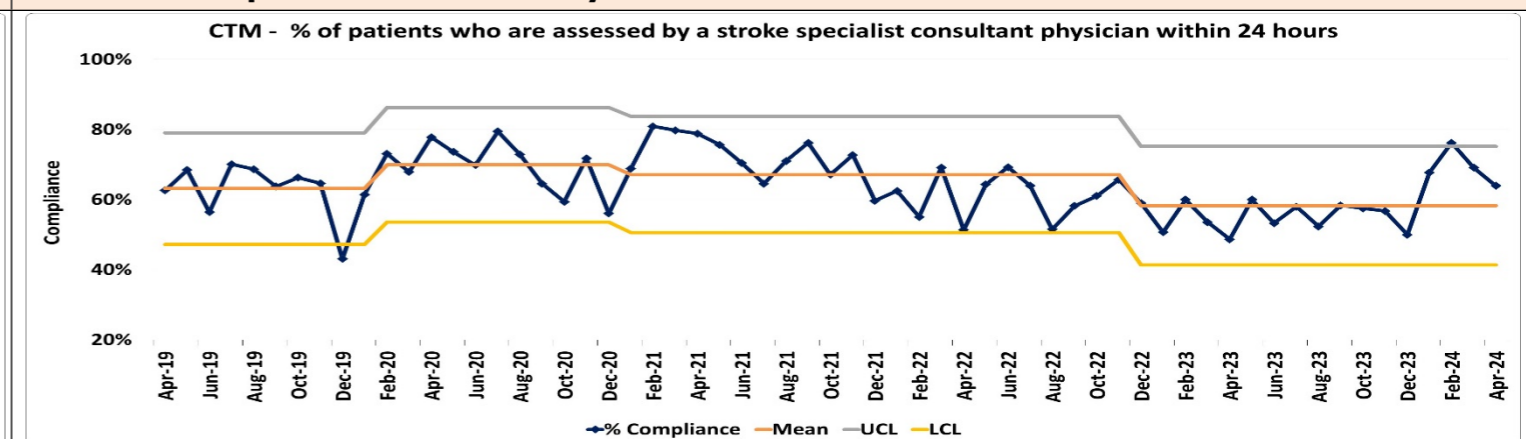
% of eligible patients thrombolysed door to needle time within 45 minutes – 25.0%



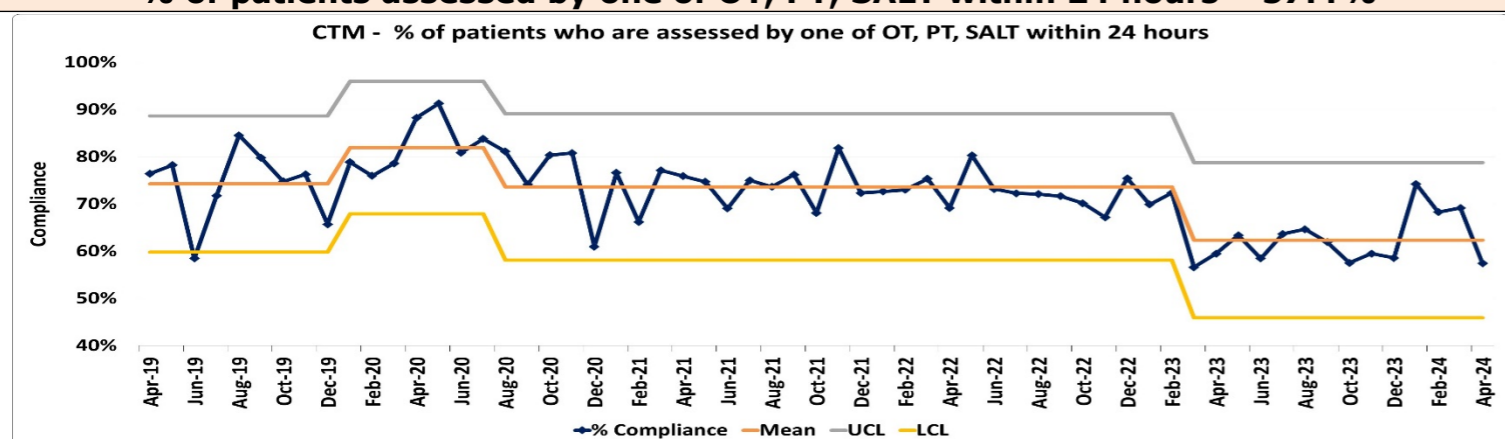
% of patients diagnosed with stroke received a CT scan within 1 hour – 59.0%



% of patients assessed by a stroke consultant within 24 hours – 63.9%



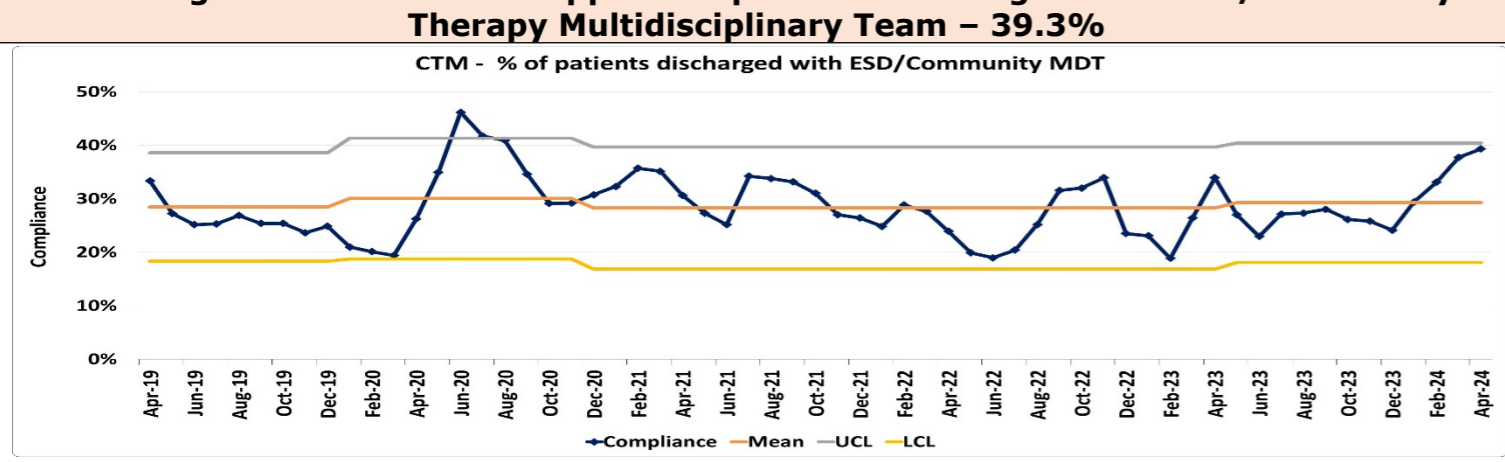
% of patients assessed by one of OT, PT, SALT within 24 hours – 57.4%



Current month stats

Stroke QIMs as per current month submitted data - April 2024	PCH	POW	YCR	CTM	
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	35	25	N/A	60
	No. of patients within 4 hours	13	0	N/A	13
	% Compliance	37.1%	0.0%		21.7%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	4	0	N/A	4
	No of patients within 45 mins	1	0	N/A	1
	% Compliance	25.0%	-		25.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	35	26	N/A	61
	No. of patients within 1 hour	22	14	N/A	36
	% Compliance	62.9%	53.8%		59.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	35	26	N/A	61
	No. of patients within 24 hours	21	18	N/A	39
	% Compliance	60.0%	69.2%		63.9%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	35	26	N/A	61
	No. of patients within 24 hours	18	17	N/A	35
	% Compliance	51.4%	65.4%		57.4%
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	62	69	14	145
	No. of patients with ESD/MDT	27	24	6	57
	% Compliance	43.5%	34.8%	42.9%	39.3%

Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 39.3%



How are we doing?

- During April, 21.7% (13 out of 60) stroke patients were admitted directly to an acute stroke unit (ASU) within 4 hours. Significant bed pressures across PCH & POW is impacting the transfer of patients to a stroke unit within 4 hours. A daily audit undertaken over a one-month period identified that on average 13 patients at PCH and 12 patients at POW did not need to be on an acute stroke ward. During the audit, no wards started with a ring-fenced bed and on average each day 2 patients awaited to be transferred from RGH to PCH.
- One of the four eligible patients that were thrombolysed received this within 45 minutes. The 3 other patients were thrombolysed but had delays due to presenting outside of the stroke service hours and delays with having timely access to CT reports.
- 59.0% of patients (36 out of 61 diagnosed patients) had a CT scan within an hour. A review of performance at POW shows that the CT scans were completed within 1 hour from referral and not 1 hour from admission. The team are deep diving into solutions and linking in with the radiology team to immediately gain traction on this area. At PCH, there were delays relating to CT scans for 7 patients who either presented outside of core hours or initially presented to RGH.
- 63.9% (39 out of 61) of stroke patients treated in April were seen by a specialist stroke physician within 24 hours of arrival at the hospital. A review has shown that this is linked to increased numbers of patients presenting outside of core hours. The performance for this QIM will continue to fluctuate until we embed a robust 7-day service. There was a total of 12 patients who presented outside of core hours and 2 patients who initially presented to RGH which caused delay.
- 57.4% (35 out of 61) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival. We have remained fairly static in performance for this QIM. AHPs run a Monday-Friday core hours service, which will impact on performance each month depending on the times patients present to hospital. All 26 patients who were not reviewed within 24 hours presented outside of the teams working hours.
- The rolling 3-month discharge standard saw 57 out of 145 (39.3%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. The performance will fluctuate each month depending on severity of the patients on the ward, as only mild-moderate patients are eligible for the service and patients have to be deemed able to manage at home 24/7 (the ESD service runs Monday-Friday). CTM does not have a community stroke service.
- There was a bank holiday during April which will also have had an impact to performance as there is no core stroke provision over bank holidays.

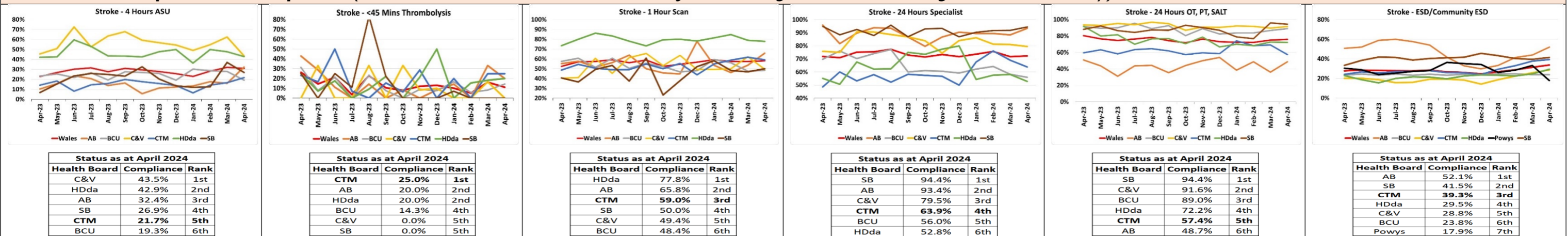
What actions are we taking & when is improvement expected?

- The audit outcomes referenced above will be presented to the Stroke Operational Group and Stroke Programme Board to highlight the learning and the impact that the bed pressures are having on our stroke pathway. This will facilitate conversations /decisions around ring-fencing stroke beds to improve patient care and experience.
- The care group has committed to taking through the ACP workforce expansion paper this financial year which, if approved, will support patient experience and outcomes for those patients who are presenting outside of core hours. We will not expect to see performance increase for around 12 months from the investment, after taking into account recruitment and training for the ACP roles.
- Follow-up meeting with C&V UHB moved from May to June due to availability. CTM Stroke Clinical Director has reviewed Cardiff Stroke data and has raised concerns regarding the calls Cardiff Stroke physicians receive which will potentially impact on being able to work the next day following on-call duty. Given an already fragile CTM service, this approach may now be less feasible; a briefing paper with options is being prepared by the Directorate Management Team (DMT).
- We are continuing to monitor the impact of Brainomix AI software (reporting for CTs and CT angiograms) to ascertain its potential for minimising delays for referrals for thrombectomy.
- A contributing factor to some performance measures not being achieved is due to MDT services being run over 5 days opposed to 7 days. In addition, overall numbers for the stroke pathways are small, therefore % for performance will fluctuate each month.
- CT perfusion can now be undertaken at PCH and RGH. POW are waiting for the software to be installed during the coming weeks. There is no confirmed date at present but this is being regularly discussed through Stroke operational meetings.
- Further data review for CTM shows that around 39% of calls are raised outside of core hours of the service. This highlights further the need to expand our specialist stroke provision to 7 days per week between the hours of 07:30 hrs – 22:30 hrs.
- Proposed ring-fencing of stroke capacity is recommended. A paper is being developed by DMT to reflect this and will be presented to Operational Management Board.
- POW will be taking a proposal paper through the Senior Management Team (SMT) in the coming weeks to seek approval to pilot removing one cubicle on ward 5 to reuse for TIA capacity. This pilot aims to demonstrate a timelier approach to TIA patients which will support with reducing patients presenting to ED, as well as admission avoidance to ASU where appropriate.

What are the main areas of risk?

- ACP/CNS workforce across POW and PCH - this would require investment to recruit further CNS/ACP workforce to extend hours and provide a 7-day service to support improved patient care and experience.
- Inpatient therapies resource does not meet national standards and is delivered Mon-Fri 9-5pm.
- Bridgend Early Supported Discharge service planned to start taking new referrals again from 3rd June 2024, however escalation has been received from DTPS Care Group to advise that they will likely reach capacity again at times when demand is high/staffing gaps occur. Review of the impact is being closely monitored and discussed through our Stroke Operational Group. Further demand and capacity mapping of the service is required.
- Data quality - additional resource is required to support data input/performance reporting across both PCH and POW, which will support with performance monitoring and improvement. This requirement will be included in the ACP workforce expansion paper which will be presented to the SMT in June.
- Ring-fencing stroke beds continues to be a challenge due to site pressures, as well as high numbers of clinically optimised patients awaiting social care, community hospital and nursing home.
- Limited stroke rehabilitation capacity for CTM patients, in particular patients at POW.
- Therapy rooms within ward areas are not fit for purpose in PCH and POW. Many patients are currently receiving therapy input at their bedside, which is not appropriate.
- Small consultant workforce - currently the service is running a 1 in 6 on-call rota despite only having 4 substantive consultants. One consultant at PCH due to go on maternity leave in September which adds further risk to an already fragile workforce.
- The recent audit shows there were on average between 7-8 patients who were clinically optimised each day on each of our Stroke wards.
- A significant number of stroke patients still continue to self-present to RGH where there is no specialist stroke provision. This impacts the ability to enact stroke pathway due to no pre-alert for these patients (impacting on timely care).

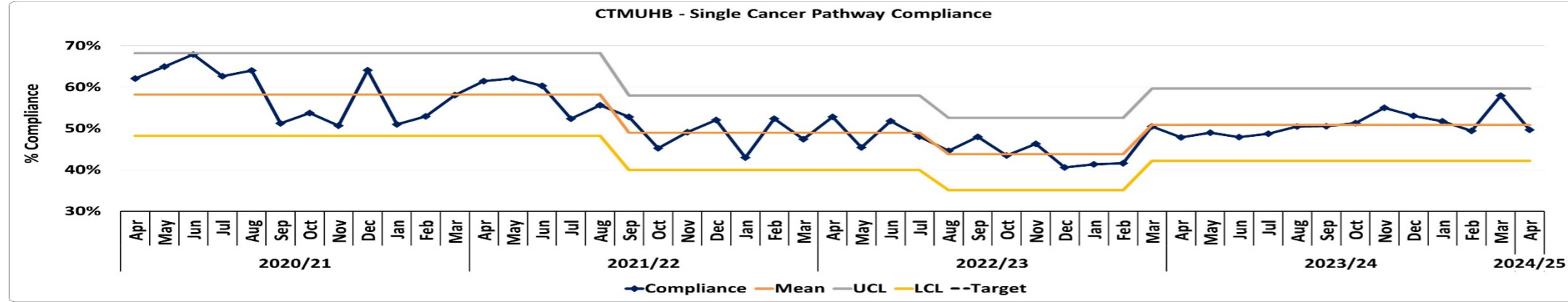
How do we compare with our peers? (Please note that the data below is subject to change due to data being refreshed monthly)





Single Cancer Pathway (SCP) April 2024 – 49.7%

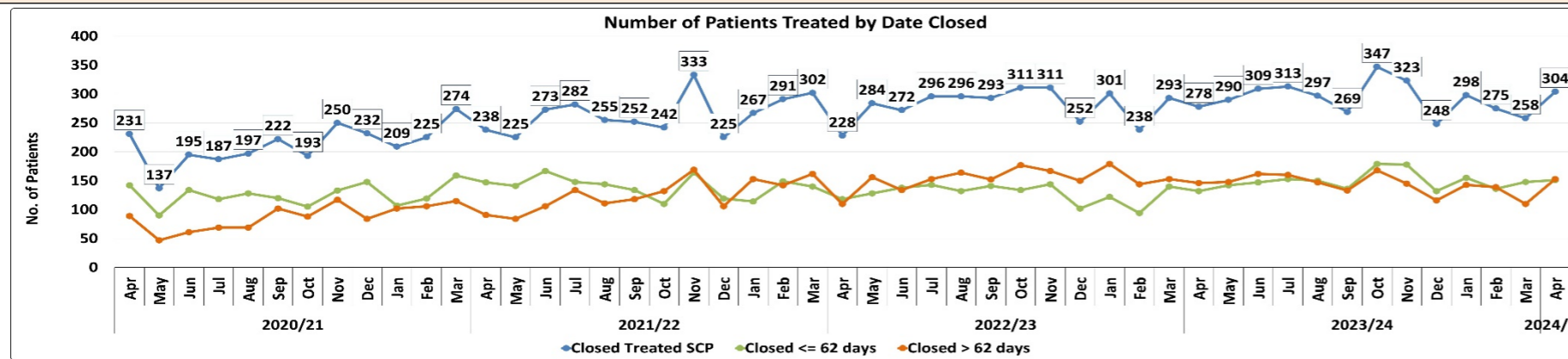
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is 12 month improvement trend towards national target of 80% by 31st March 2026



Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	16	18	11.1%
Upper GI	8	14	22	36.4%
Lower GI	15	28	43	34.9%
Lung	15	13	28	53.6%
Sarcoma	0	3	3	0.0%
Skin (exc BCC)	56	7	63	88.9%
Brain/CNS	2	0	2	100.0%
Breast	19	27	46	41.3%
Gynaecological	3	8	11	27.3%
Urological	20	31	51	39.2%
Haematological	7	4	11	63.6%
Acute leukaemia	1	0	1	100.0%
Other	3	2	5	60.0%
Total	151	153	304	49.7%

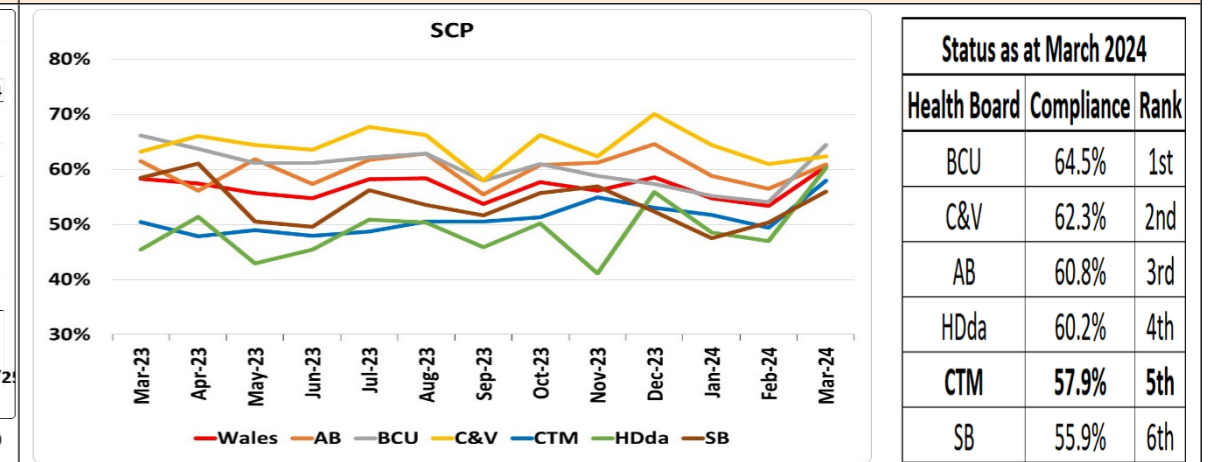
Compliance during April 2024 was 49.7%, falling just below the current mean of 50.9%. Three of the tumour sites reached the desired target threshold this period, as seen in the table above. Predicted compliance for May currently stands at 58.2%. Of greatest concern are the continuing delays at first outpatient (33%) and diagnostic stage (49%) and are the significant factors in not achieving the target. Diagnostic delays remain in radiology, endoscopy and pathology; although generally improving. Tertiary delays for diagnostics & treatments also continue.

Patients Treated by Closed Date

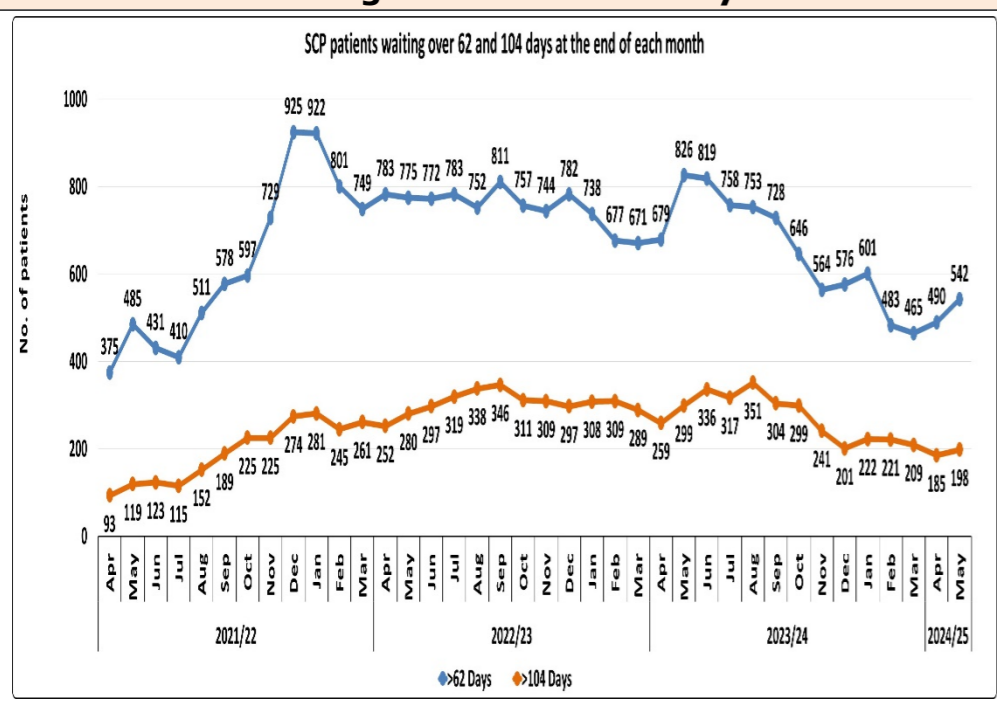


Overall cancer treatment volumes have increased marginally during the past 12 months to an average of 294 per month, compared to 285 the previous 12 month period, representing an average monthly increase of 3.1%.

How do we compare with our peers?



Patients currently waiting on a Cancer Pathway waiting in excess of 62 days



What actions are we taking & when is improvement anticipated?

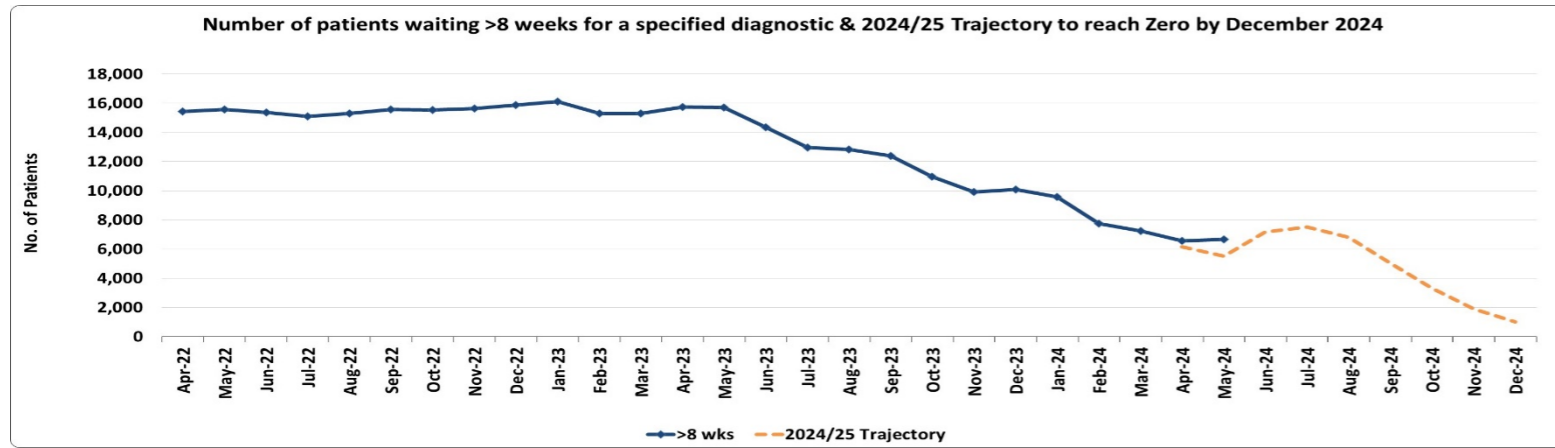
- Centralisation of Breast service in place from the start of April - performance expected to improve once embedded.
- Increasing Straight to Test (STT) where possible.
- Merging of Lower GI MDTs. Discussions progressing well, scheduled for early September.
- Rollout of digital vetting.
- Waiting List Initiatives (WLI's).
- Continuing outsourcing of pathology.
- Increased focus on time to first appointment through capacity review and booking analysis.
- Additional Local Anaesthetic Transperineal Prostate Biopsy machine (LATPB) has been procured – procedure now being provided in RGH from June 5th.
- Modified Urology sustainability meeting to focus on 4 specific areas: 1st OPA, Haematuria Pathway, LATPB, Inpatient Treatments
- Weekly Gynaecology improvement meeting initiated.

What are the main areas of risk?

- National shortage of isotope affecting breast and urology cancer pathways.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies.
- Urology diagnostics – specifically prostate pathway consequent to all patients now being offered LATPB over TRUS biopsy.
- Delays in Gynaecology diagnostics and treatments for POW patients via SLA with SBUHB.

Diagnosics – May 2024 (Provisional Position)

Number of patients waiting >8 weeks for a specified diagnostic – All Wales Target is for 95% of modalities to be Zero by March 2025



Diagnosics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,668										

Number of Patients waiting >8 Weeks for a Diagnostic Test - May 2024		
Cardiology Cardiology Services	Echo Cardiogram	1,167
	Cardiac CT	4
	Cardiac MRI	2
	Diagnostic Angiography	85
	Stress Test	20
	DSE	52
	TOE	4
Heart Rhythm Recording	B.P. Monitoring	15
		1
Bronchoscopy		111
		122
Colonoscopy		876
		84
Gastroscopy		1,350
		420
Cystoscopy		1,323
		30
Flexi Sig		59
		105
Radiology	Non-Cardiac CT	368
	Non-Cardiac MRI	445
Imaging	NOUS	6,668
	Non-Cardiac Nuclear Medicine	
Physiological Measurement	Fluoroscopy	
	Urodynamics	
Neurophysiology	EMG	
	NCS	
Total		

How are we doing?

Diagnosics: Provisionally, at the end of May, 6,668 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a small reduction of 1.8% (119) on the April reported position.

The NOUS service has observed an increase of 559 breaching patients this month which is a growth of 73% on the previous period, bringing the total number of patients waiting in excess of 8 weeks to 1,323. This is due to vacancies and the cessation of the enhanced overtime payment rates.

We also observe that there has been a reduction in the number of patients waiting in excess of 8 weeks for a Echo Cardiogram; falling by 14% (189 patients) from the previous reported position, however there are currently 1,167 patients waiting more than 8 weeks for this diagnostic procedure.

During May the Endoscopy service saw a slight increase in the number of patients breaching the 8 week diagnostic timeframe with the number of patients currently waiting beyond the desired target standing at 1,194.

Whilst the volume of breaching patients remains high, we have seen that during the past 12 months there has been a 57% reduction in the number of breaching patients.

What actions are we taking & when is improvement anticipated?

Radiology: NOUS improvement plan delivered significant reduction in the waiting list during 2023/24. The team continues to drive down the number of breaching patients with plans in place to sustain a reduction post April. Interviews taking place in June for 4 WTE training sonographer posts. Timetable developed to coordinate SpR scanning lists across RGH/PCH. Additional USGI and FLGI lists being undertaken to clear RTT patients waiting >156 weeks. Additional weekend Consultant lists arranged across all sites. Additional Sonographer lists arranged at POW.

The service continues to maintain an improved MRI and CT reporting position. The Mobile MRI unit has been operational since last week of April, which continues to deliver a reduction in over 8 week waits and the overall waiting list numbers.

Trajectories for CT and MR developed and show scanning capacity shortfalls with the additional demand trends. A case being drafted for sustainable solutions to increase CT scanning capacity in 2024. D&C has demonstrated a maintained increased growth in demand for CT. Meeting was arranged to review Out of Hours (OOH) CT referral criteria and OOH on-call provision to tighten up existing referral pathways. Ongoing monitoring and development of the business case for additional CT resource. Successful interview process took place early June for a 1 year FTC Locum Consultant.

Endoscopy:

Productivity and efficiencies continue to be monitored weekly and utilisation maintained >90%. Endoscopy mobile unit continues at RGH to support crossover of the new unit at PCH going live. The service has seen an increase in USC demand but has managed to maintain current USC waits.

Improvements made to routine waiting list. CTM backlog was >5,000 (May 23) and currently reduced to 662 with predictions being 144 patients waiting >8 weeks by the end of the month.

What are the main areas of risk?

Neurophysiology:

- This is the only diagnostic procedure which CTM does not have a tactical plan in place by which to achieve the 8 week target by December 2024.

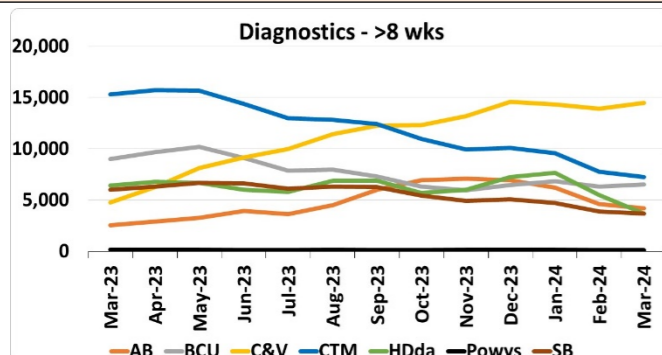
Radiology:

- D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduction in age limit for testing/screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase which is currently being supported to outsource through the planned care recovery proposals.
- Sustained increase in CT Out of Hours emergency demand, but also increase in elective referrals. Additional outsourcing agreed to help with timely reporting, which has helped reduce the reporting backlog and waiting times. Going forward a plan is being drafted in Radiology to try and reduce any unnecessary demand and look at the opportunities to utilise currently unfunded CT sessions. Current Radiographer staffing model does not align with current OOH demand.
- Radiology service continues to hold 4.9 WTE Consultant vacancies, the ongoing recruitment campaign has proven unsuccessful. Retire and return of substantive consultant will reduce some sessions until we recruit. Prudent use of reliable locums will help bridge the gap temporarily.

Endoscopy:

- Across site working continues to improve, but WPAS interface still remains a risk to develop a pooled waiting list – working with our digital colleagues to overcome.
- GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.

How do we compare with our peers?



Status as at March 2024		
Health Board	Compliance	Rank
Powys	116	1st
SB	3,687	2nd
HDda	3,699	3rd
AB	4,209	4th
BCU	6,504	5th
CTM	7,236	6th
C&V	14,454	7th

Therapies – May 2024 (Provisional Position)

The 2024/25 Performance Framework is measuring three performance indicators for therapy services and from April 2024 there has also been a change in the reporting of Weight Management services. As this service is multi-disciplinary involving a number of different therapists all contributing to patient care, Weight Management services was over inflating waiting times for Dietetics. Consequently WG have decided that:

- All waiting times for Weight Management services should be removed from the Diagnostic and Therapy Services (DATs) formal waiting times national submission from April 2024.
- All non-consultant led Weight Management services should be removed from the Referral to Treatment (RTT) waiting times national submission from April.
- Any Weight Management service waiting times, which are part of a consultant led RTT pathway, should be reported under the specialty of the consultant responsible for the overall pathway from April.

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero **(May 2024 = 51)**

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero **(May 2024 = 180)**

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% **(May 2024 = 96.6%)**

How are we doing?

2024/25 Therapies >14 wks	Apr	May
Excluding Adult Hearing Aids	60	51
Adult Hearing Aids	135	180

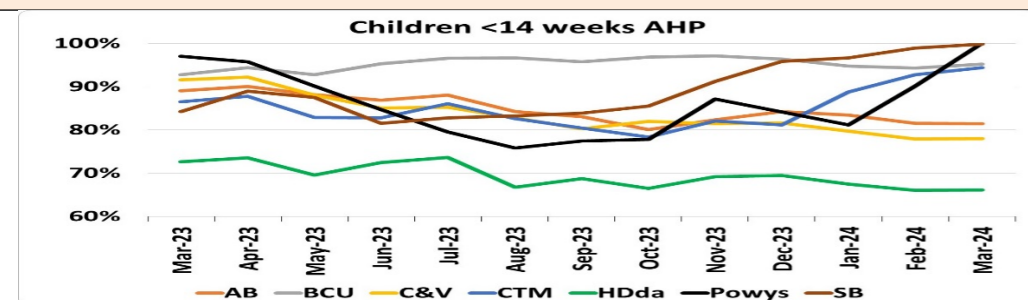
Therapies: During May there are provisionally 51 patients waiting in excess of 14 weeks for an initial therapy assessment, which is a reduction of 9 patients from the April position and 180 adults waiting for a hearing aid fitting which is an increase of 45 patients from the previous month.

What actions are we taking & when is improvement anticipated?

Dietetics – waiting list initiatives in place through June, work ongoing to apply RTT rules with new members of admin staff. Vacancies in dietetic paediatric service account for breaches.

Number of Patients waiting >14 Weeks for a Therapy - May 2024	Total Waits	Waits >14 wks	% >14 wks	% of children waiting less than 14 Weeks for AHP - May 2024	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	28	0	0.0%	Art Therapy	28	28	100.0%
Dietetics	767	39	5.1%	Dietetics	239	202	84.5%
Occupational Therapy	238	7	2.9%	Occupational Therapy	114	111	97.4%
Physiotherapy	1,313	0	0.0%	Physiotherapy	202	202	100.0%
Podiatry	964	3	0.3%	Podiatry	150	150	100.0%
Speech & Language	543	2	0.4%	Speech & Language	435	435	100.0%
Total	3,853	51	1.3%	Total	1,168	1,128	96.6%
Audiology (Adult Hearing Aids)	1,064	180	16.9%				
Grand Total	4,917	231	4.7%				

How do we compare with our peers?



Status as at March 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	99.9%	2nd
BCU	95.2%	3rd
CTM	94.4%	4th
AB	81.4%	5th
C&V	78.0%	6th
HDda	66.1%	7th

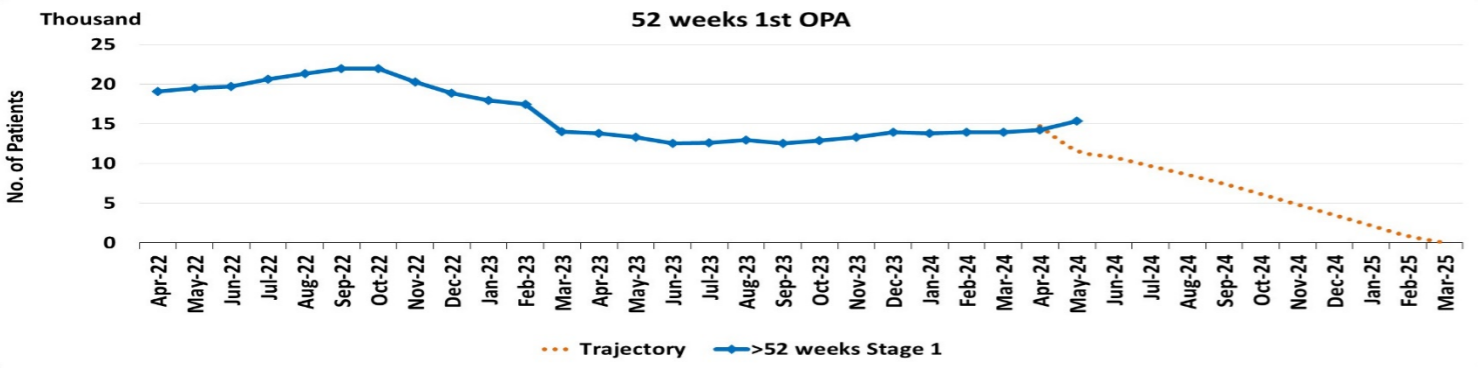
Please note that benchmarking data for therapy waits >14 weeks is not yet available

What are the main areas of risk?

- Time consuming administrative and clinical information processes due to paper based notes and lack of integrated systems.
- Opportunities for digital efficiencies such as self-referral and self-booking not able to be maximised until patient portal and authorisation in place.
- Vacancy freeze on administration staff.
- National shortage of registered staff.

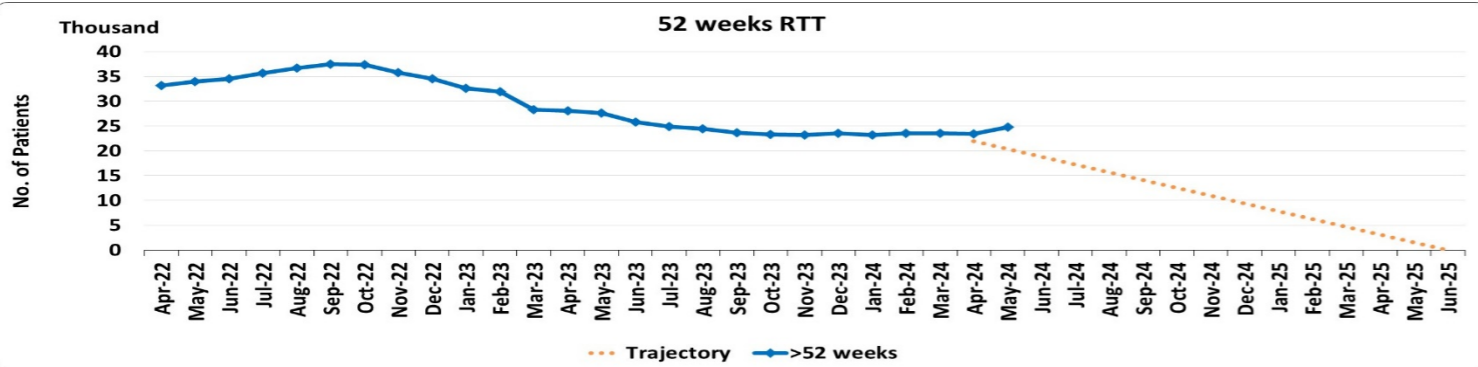
Referral to Treatment Times (RTT) – May 2024 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment** (**15,317**) Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25



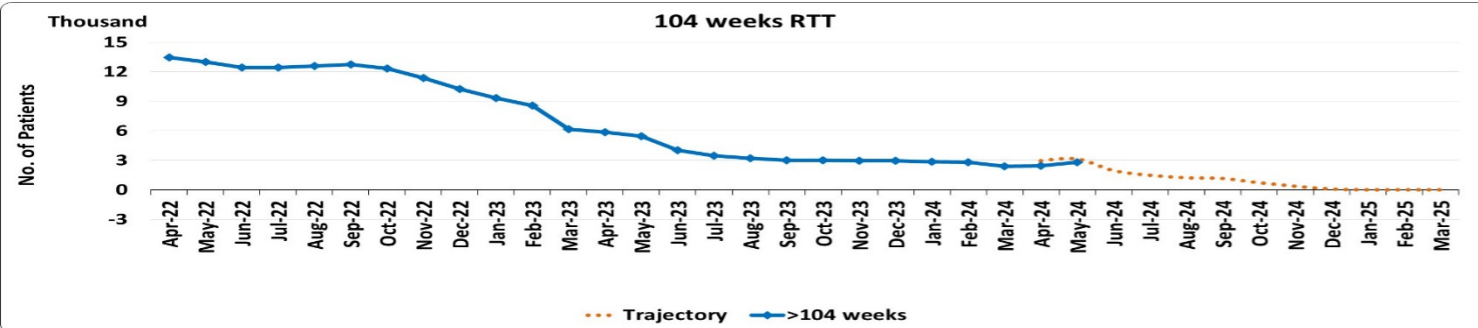
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of May is 15,317; an increase of 8% (1,133) on the April reported position and is 32% (3,699) above the desired trajectory, as shown above.

Number of patients waiting **>52 weeks RTT** (**24,782**) – Target is month on month reduction towards the national target of Zero by 30th June 2025



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of May is 24,782, which as it currently stands is a 6% (1,404) increase on the April reported position and is 22% higher than the forecasted level, as shown above.

Number of patients waiting **>104 weeks RTT** (**2,786**) – Target is Zero by December 2024

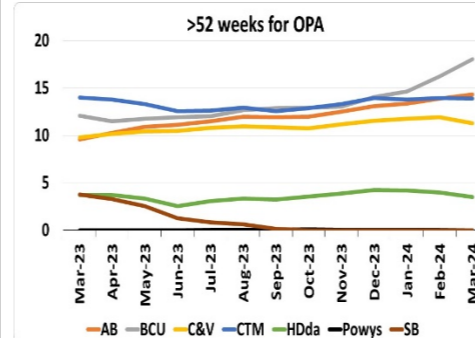


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of May is 2,786. As it currently stands this is an increase of 351 patients from the reported April position but is 11% (348 patients) better than forecasted, as shown above.

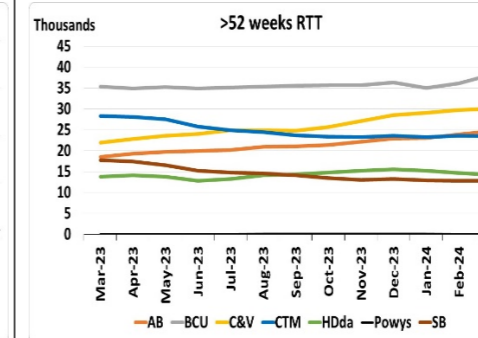
Total number of open pathways per speciality - May 2024 (provisional)

Speciality	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	131	191	273	9	1286
Breast Surgery	65	128	176	16	1386
Cardiology	1435	955	1121	0	6378
Colorectal	691	483	576	24	3077
Dermatology	1151	1170	1738	16	7606
Diagnostics	0	89	60	0	4425
Ear, Nose & Throat Service	1105	1795	3318	570	12160
Endocrinology	0	1	0	0	188
Gastroenterology	1294	679	873	15	4220
General Medicine	734	457	549	9	2960
General Surgery	622	737	834	38	5814
Geriatric Medicine	6	4	1	0	121
Gynaecology	1648	1844	1080	185	9324
Haematology (Clinical)	23	75	3	0	338
Nephrology	33	16	0	0	189
Ophthalmology	666	2667	4158	949	16082
Oral Surgery	752	590	501	22	3423
Orthodontics	137	61	10	0	314
Orthopaedics	2248	2257	3611	645	13037
Paediatrics	158	320	138	2	3359
Pain Management	0	0	0	0	8
Rapid Diagnostic Centre	0	2	0	0	144
Respiratory Medicine	186	305	455	5	3020
Restorative Dentistry	44	33	68	32	218
Rheumatology	354	209	115	3	1811
Sport and Exercise Medicine	0	0	0	0	17
Therapies	0	0	0	0	1128
Urology	1580	1194	1972	192	7813
Vascular Surgery	77	228	366	54	1267
Total	15,140	16,490	21,996	2,786	111,113

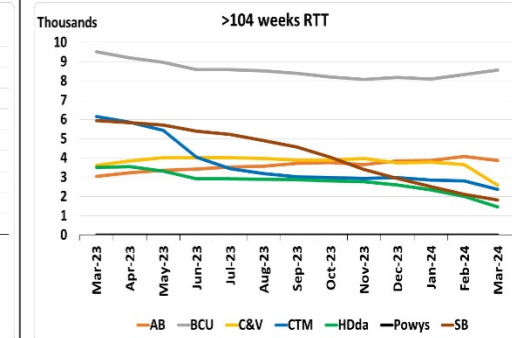
How do we compare with our peers?



Status as at March 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	2nd
HDda	3,479	3rd
C&V	11,304	4th
CTM	13,914	5th
AB	14,342	6th
BCU	18,061	7th



Status as at March 2024		
Health Board	Compliance	Rank
Powys	24	1st
SB	12,786	2nd
HDda	14,274	3rd
CTM	23,518	4th
AB	24,730	5th
C&V	30,084	6th
BCU	38,251	7th



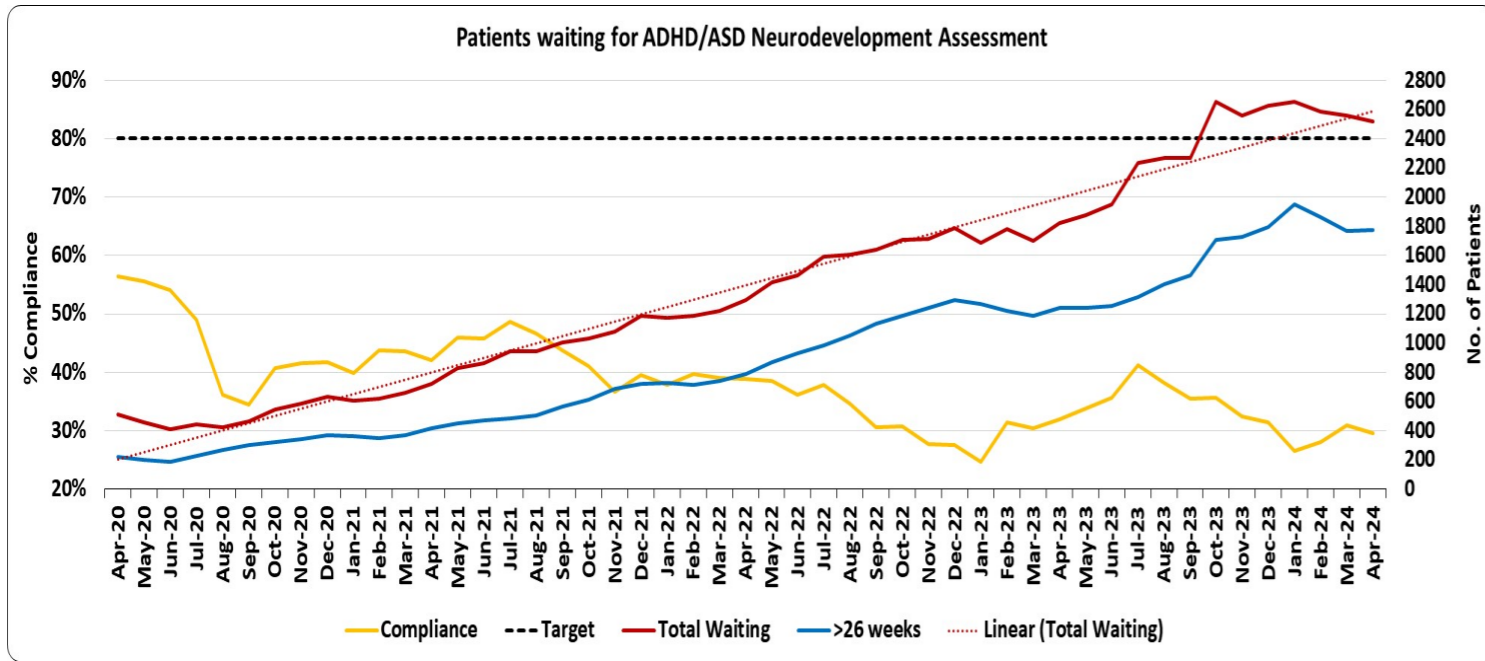
Status as at March 2024		
Health Board	Compliance	Rank
Powys	1	1st
HDda	1,458	2nd
SB	1,805	3rd
CTM	2,364	4th
C&V	2,578	5th
AB	3,862	6th
BCU	8,568	7th

RTT continued on the next page...

What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>UGI, LGI, Vascular & Breast:</p> <ul style="list-style-type: none"> Services now cleared 156 weeks at all stages, plus working to clear all stages at 104 weeks and stage 1 over 52 weeks within the next 6 months. Tracker generated will be monitored weekly to ensure planned and actual activity are aligned, ensuring productivity, efficiencies and throughput are maximised. Backfilling sessions across the specialties to increase stage 1 access. Where we have experienced middle tier support we are also running clinics to increase capacity and address 104 & 52 week waits. Vascular – exploring additional lists on weekends at PCH to treat the long waiting patients and patients who require a theatre setting for their treatment. Validation ongoing on all stages and close working with Diagnostic teams to support areas requiring expedites. Review of clinic templates ongoing, clinic templates will be adjusted to meet demand in Stage 1 or 3 dependent on numbers waiting appointments. <p>Orthopaedics:</p> <ul style="list-style-type: none"> Agreed to carry out pan CTM validation training during July. Training is mandatory for all T&O waiting list validators and secretaries. As a result of the Organisational Change Process (OCP), discussions are being had in terms of merging Waiting List Management teams. This will encourage cross site working and reduce inequity in waiting list times. June 2023 will see the termination of the Hand SLA between CTM and C&V and all patients without a TCI will be returned to CTM. Stage 1 WLI's have been arranged with a PCH Hand Consultant and Stage 2 Nerve Conduction Studies with Clinical Neurophysiology for June. It is anticipated to clear all >156 week wait by end of June. Commenced discussions of moving sub-services to one pathway model. We currently have a number of pathways which are specific to consultant preference resulting in some patients waiting longer than others. Each sub-service has been allocated a 'lead' to drive this improvement programme. <p>Dermatology:</p> <ul style="list-style-type: none"> Have now cleared all stages at 156 and 104 weeks. Working on 52 weeks with sustained reduction noted. 8 confirmed WLI's and 1 surgical list confirmed in June. Validation down to Wk 52 at stage 1 undertaken. <p>ENT:</p> <ul style="list-style-type: none"> WLI's and backfilling sessions to reduce stage 1 and 4 volumes. Planned to be zero by December 2024 for >104 wks Validation ongoing at all stages <p>Ophthalmology:</p> <ul style="list-style-type: none"> Outsourcing and regional work ongoing. Cataract plan formulated to increase capacity and deliver a sustainable service and clear all backlog by October 2025. <p>Restorative Dentistry:</p> <ul style="list-style-type: none"> Plan being formulated to clear stage 4 >104 wks by December 2024 and stage 1 >52 wks by March 2025. <p>Urology:</p> <ul style="list-style-type: none"> Backfilling all sessions Increasing capacity via middle grade activity D&C currently being undertaken to facilitate delivery of stage 1 >52 wks by March 2025 Deep dive into andrology service. <p>OMFS</p> <ul style="list-style-type: none"> Additional 2 Minor Oral Surgery (MOS) lists per week and 1 additional botox list per month to clear all stages >104 weeks Validation across all stages at >52 weeks. <p><i>{n.b. stage 1 is initial Outpatient stage, stage 2 is Diagnostics, stage 3 is Follow-up and stage 4 is Inpatient or Daycase treatment}</i></p>	<p>UGI, LGI, Vascular & Breast:</p> <ul style="list-style-type: none"> Availability of clinics, theatres, and clinician time to meet the demands. Site pressures and escalation, impact on Planned Care due to front door demands. <p>Orthopaedics:</p> <ul style="list-style-type: none"> Merging waiting list is a significant piece of work and will need to align with the vision for General Surgery and Specialised Services directorates. The improvements will be drip fed in anticipation of a full merge end of Q3. Historically, C&V has provided additional capacity for both outpatients and treatment of long waiting hand referrals. Due to service issues, C&V have unintentionally created a backlog resulting in all >104 waits breaching end of June 2024. <p>Urology</p> <ul style="list-style-type: none"> Insufficient capacity to treat all stage 4 andrology patients within target. <p>Ophthalmology</p> <ul style="list-style-type: none"> Implementation of proposed cataract plan.

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

April 2024 - 29.6%



How are we doing?

We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,520 patients; with the greatest growth occurring during 2023/24.

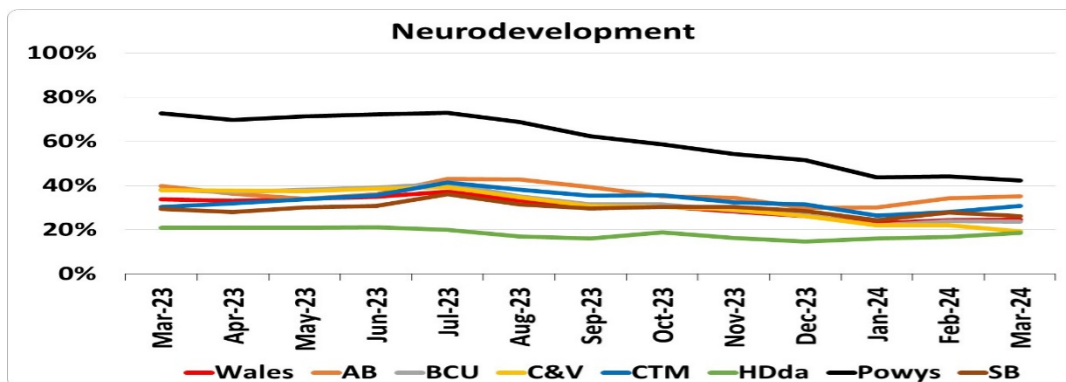
The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopmental remains low at 29.6%.

From July of last year the chart shows that compliance has been fluctuating between 26.5% and 41.3% with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis, with third sector agencies who were allocated funding to provide support between April 2023 and March 2024. Additional funding has been made available until March 2025 and bids have been submitted for 2024-25 – awaiting formal outcome.
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further. Slippage from 2023/24 spend was utilised by Speech and Language Therapists to take additional patients off the waiting list.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that when the post holders commence, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Interviews have taken place and 3.5 wte CNS/AHP staff are due to start by July 2024.
- A report has been prepared highlighting that if we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing a website page in conjunction with our partners in the local authorities and third sector for our service users will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies as appropriate.
- A recent exercise was undertaken where the service forecasted trajectories of the waiting list over the upcoming months. With the additional staff commencing in post and capacity meeting the demand, the waiting time will start to decrease. It is anticipated that the longest waiter at the end of March 2025 will be around 80 weeks (longest waiter at end of March 2023 and 2024 was >104 weeks).

How do we compare with our peers?



Status as at March 2024		
Health Board	Compliance	Rank
Powys	42.2%	1st
AB	35.2%	2nd
CTM	30.9%	3rd
SB	26.3%	4th
BCU	23.6%	5th
C&V	19.3%	6th
HDda	18.7%	7th

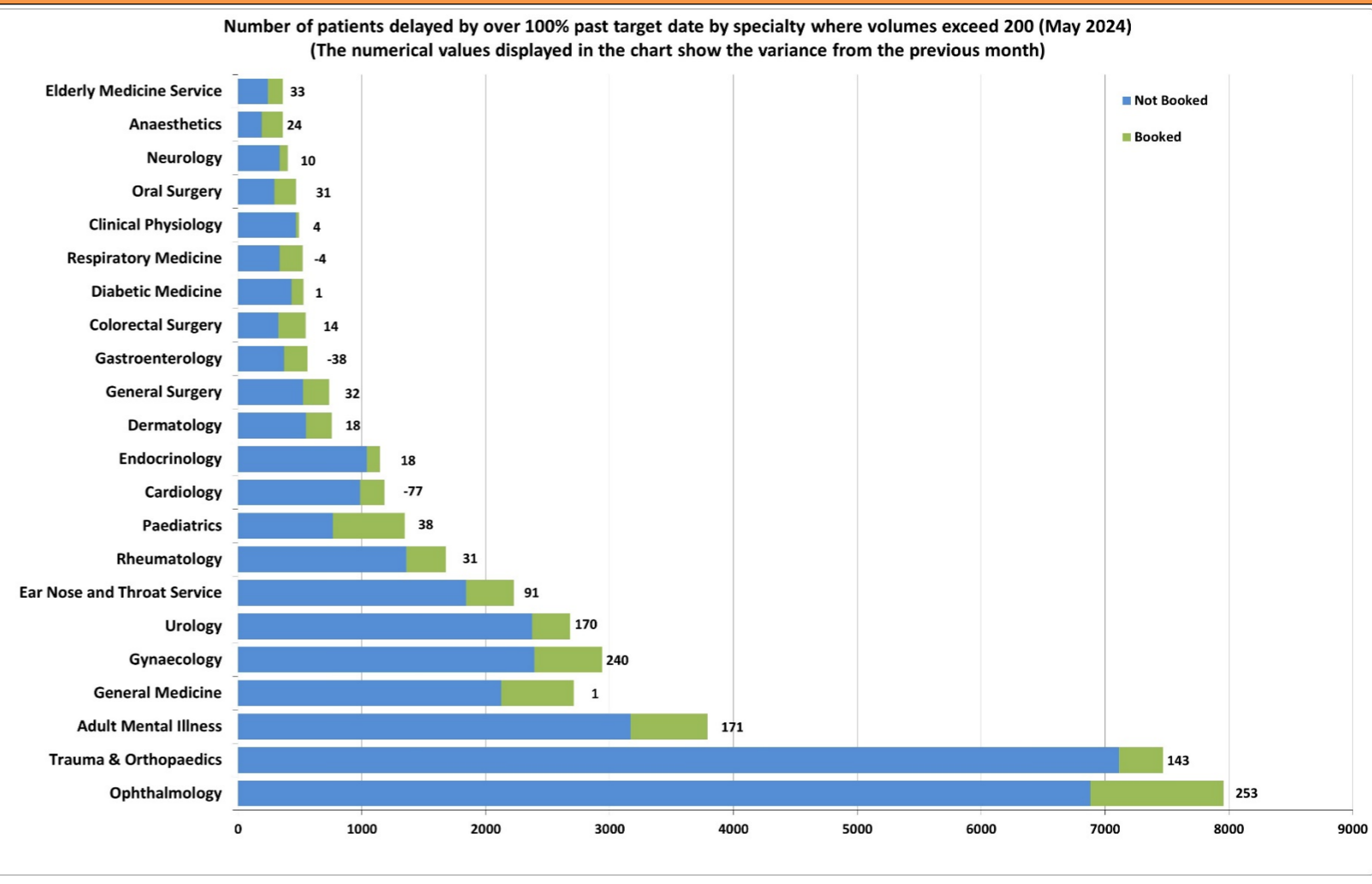
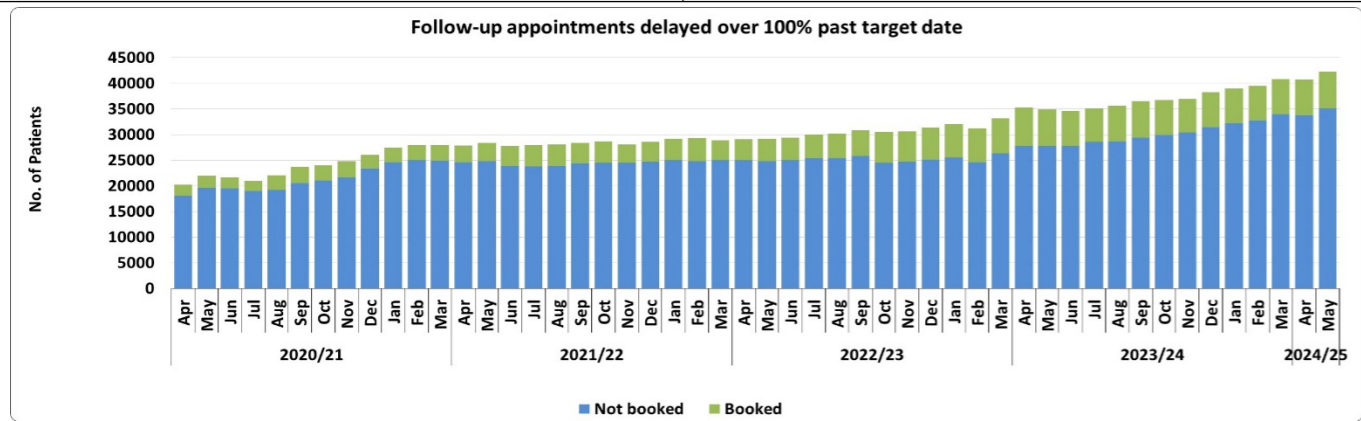
What are the main areas of risk?

- A demand and capacity review was undertaken (January 2024) and templates have been implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team (namely ADHD nurses) is creating additional waits for children/young people on the waiting list for ADHD. However, the team successfully recruited 3.5 wte AHP/CNS posts in March with anticipated start dates of July. Following these appointments into post, the demand will be met, with 5 appointments surplus per month to tackle the backlog of patients (over 2500 patients)
- The service has identified what is required to bridge the gap of the deficit in capacity to meet the demand. Without investment of 2 x B7 AHP for 2 years, the backlog of patients will remain an issue although current demand will be met. Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners



Follow-up Outpatients Not Booked (FUNB) – Provisional Position May 2024

Number of patients waiting for a Follow-up with documented target date				Number of patients waiting for a Follow-up delayed over 100% - Target is Reduction compared to the same month in the previous year			
No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
0	89,543	55,859	145,402	35,047	7,161	42,208	29.0%



How do we compare with our peers?

Status as at March 2024		
Health Board	Compliance	Rank
Powys	1,202	1st
HDda	15,829	2nd
C&V	28,020	3rd
AB	28,482	4th
CTM	40,817	5th
SB	48,969	6th
BCU	87,690	7th

How are we doing?

The number of patients waiting for a follow-up appointment in CTM, at the end of May 2024 provisionally stands at 145,402 which is a 10% increase on the patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date. Of the patients waiting, 42,208 (29%) have waited more than 100% longer than their clinician advised.

At the time of writing this report, combined outpatient activity levels during May continue to be below pre-Covid levels, around 13% less (n.b. that due to the timing of this report, this figure is subject to change due to the time lag of transacting attendances). Whilst activity levels remain lower than prior to the pandemic, the table below does demonstrate the year-on-year improvements on outpatient activity levels.

Average monthly outpatient activity	Pre-Covid 19	2023/24	Gap	
New	17493	16613	880	5.0%
Follow-up	39506	36026	3480	8.8%
Total	56999	52639	4360	7.6%
Average monthly outpatient activity	Pre-Covid 19	2022/23	Gap	
New	17493	16500	993	5.7%
Follow-up	39506	34403	5103	12.9%
Total	56999	50903	6096	10.7%
Average monthly outpatient activity	Pre-Covid 19	2021/22	Gap	
New	17493	15042	2451	14.0%
Follow-up	39506	32802	6704	17.0%
Total	56999	47844	9155	16.1%
Average monthly outpatient activity	Pre-Covid 19	2020/21	Gap	
New	17493	10303	7190	41.1%
Follow-up	39506	29445	10061	25.5%
Total	56999	39748	17251	30.3%

What actions are we taking & when is improvement anticipated?

- UGI, LGI, Vascular & Breast:**
- Work is ongoing in areas to push on FUNB clerical validation to ensure lists are clean. Roll out of pathway management training to all staff to ensure processes are being followed. As part of GIRFT Programme and further faster surgery are developing plans to ensure SOS/PIFU processes are being shared and followed across CTM.
 - Large proportion of POW Breast FUNB patients were breast surveillance patients who returned yearly for their surveillance mammograms. Pathway validation and updates are being completed with an already reduction and ensuring FUNB patients are on the correct pathways. The service ops teams are taking this back to source within the admin teams to ensure correct process is being followed going forward.
 - Breast FUNB clinical validation ongoing.
- Orthopaedics:**
- Cross site exercise of clinic templates has been initiated by POW to compare elective and fracture capacity in anticipation of standardising templates and aligning capacity with the demand.
 - The improvements will be drip fed in anticipation of standardising end of Q4.
 - All admin vacancies are being reviewed to ensure we have adequate skillset and resource to support validation work of the FUNB list.
 - Plan to carry our FUNB validation exercise to identify SOS and PIFU cases.
- Dermatology, OMFS, ENT, Ophthalmology, Urology:**
- Clinical validation of all services ongoing.
 - Designated FUNB session commencing in Urology when consultant on call and clinical activity is cancelled.
 - Pathway management training undertaken.

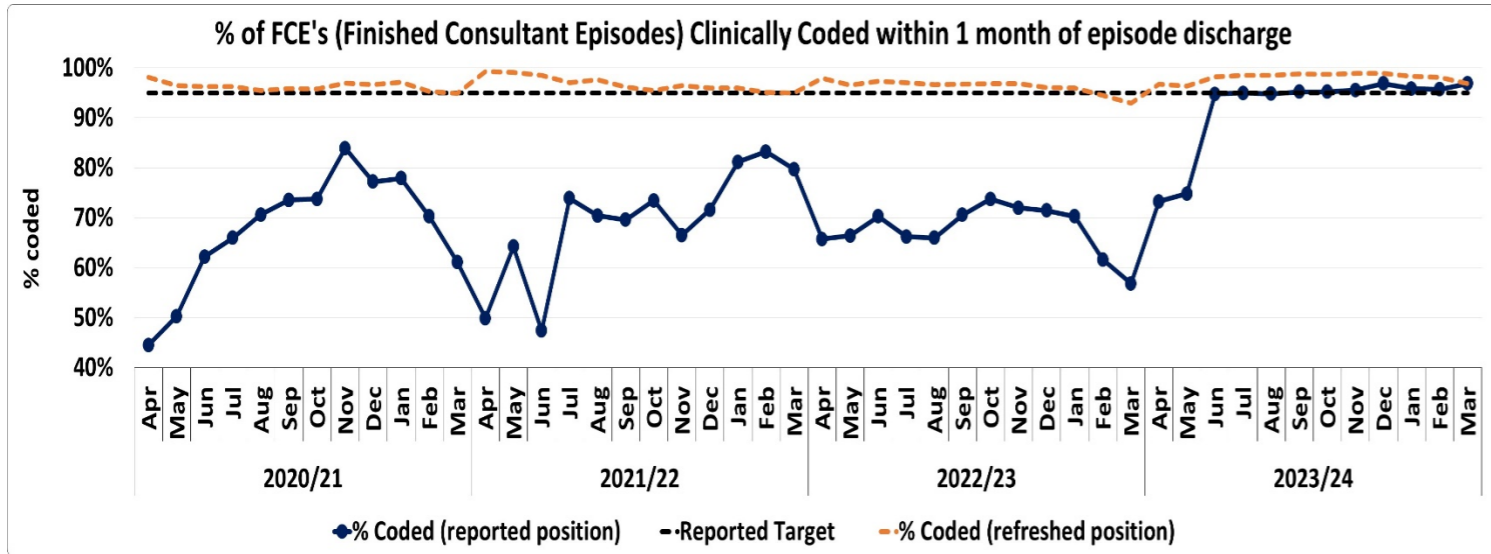
What are the main areas of risk?

- UGI, LGI, Vascular & Breast:**
- Currently the focus is on new RTT and SCP patients, but where possible, validation work is underway.
- Orthopaedics:**
- Cross site exercise is a significant piece of work and will need to align with competing RTT priorities.
- Dermatology, OMFS, ENT, Ophthalmology, Urology:**
- Clinical validation being undertaken where possible. However, as with all specialties RTT and SCP is the priority and where the focus currently is.

2.5 Welsh Government Performance Indicators: Quadruple Aim 4 - Improvement & Innovation enabled by data & focused outcomes

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes						
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed		
				Latest Position		
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend		96.9%	Mar-24	
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		49.3%		
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		14.3%	Mar-24	
	Number of Pathways of Care delayed discharges	12 month reduction trend		336	May-24	
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		90.6%	Apr-24	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			87.0%		
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95%		70.0%	Mar-24	
Safe Services	Number of ambulance patient handovers over 1 hour	Zero		1,116	May-24	
	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes		18.2%		

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate a 12 month improvement trend – March 2024 – 96.9%



How are we doing?

The reported position for March 2024 is 96.9% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and remaining above the set target of 95% and for the year financial year 2023/24 we achieved an overall coded position of 98.5%

As of 3rd June, the backlog which developed during April currently stands at 17.8% uncoded episodes.

Due to internal technical issues preventing the correction of errors within the requisite timescale of 35 days; compliance for March fell to 49.3%. However, all 219 errors have since been corrected, as has any that occurred during 2023/24.

We continue to demonstrate the value of data science in improving the quality and number of episodes that can be auto coded, with a 40.3% productivity gain having been achieved in the past 12 months.

The flow of information from the Maternity Triage Unit at Prince Charles Hospital continues to improve month on month, which is evident in the amount of additional maternity episodes that have been clinically coded.

Coding team are working with the urology and dermatology teams to record outpatient events including procedures to data standards in real time.

Current Coded Position as at 3rd June 2024				
2023/24	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-23	9,799	9,628	171	98.3%
May-23	11,351	11,128	223	98.0%
Jun-23	11,508	11,370	138	98.8%
Jul-23	11,445	11,311	134	98.8%
Aug-23	11,324	11,196	128	98.9%
Sep-23	11,937	11,824	113	99.1%
Oct-23	12,715	12,580	135	98.9%
Nov-23	12,933	12,812	121	99.1%
Dec-23	11,520	11,414	106	99.1%
Jan-24	12,434	12,238	196	98.4%
Feb-24	11,758	11,566	192	98.4%
Mar-24	11,823	11,389	434	96.3%
Total	140,547	138,456	2,091	98.5%
2024/25				
Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded	
Apr-24	11,295	9280	2015	82.2%
May-24	10,533	2437	8096	23.1%
Total	21,828	11,717	10,111	53.7%
Uncoded 2024/25 (Apr - May 2024)		10,111	46.3%	

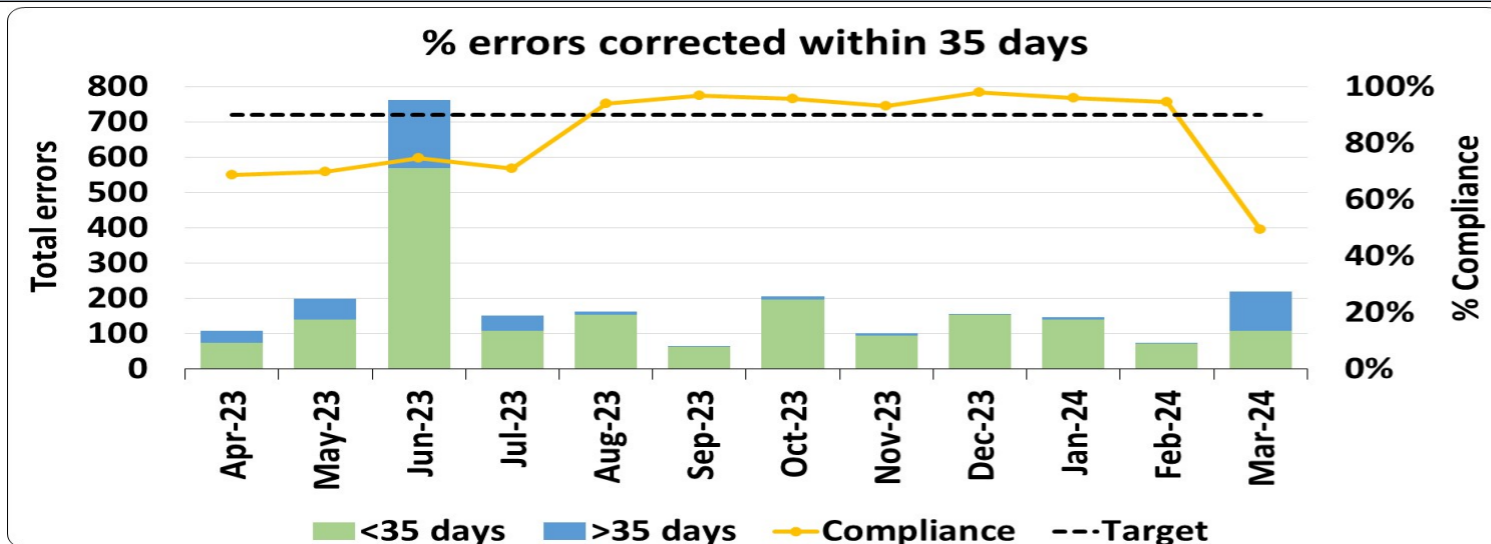
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

The auto-coding system incorporating the validation functionality continues to be improved and its output is increasingly being incorporated within the operational coding process.

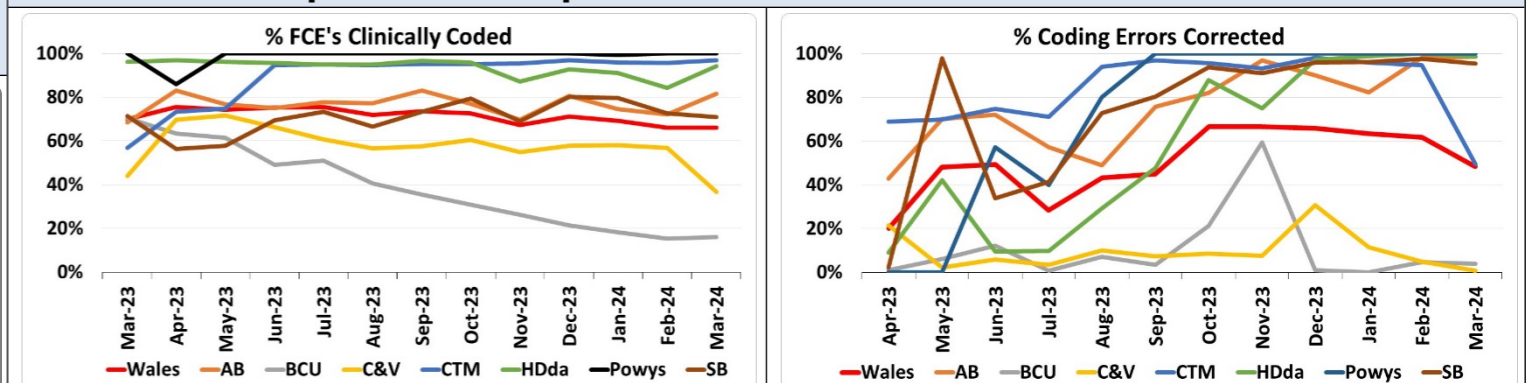
Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records.

% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - March 2024 – 49.3%



How do we compare with our peers?



Status as at March 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	96.9%	2nd
HDda	94.3%	3rd
AB	81.7%	4th
SB	70.9%	5th
C&V	36.7%	6th
BCU	16.0%	7th

Status as at March 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	98.5%	2nd
HDda	98.5%	3rd
SB	95.3%	4th
CTM	49.3%	5th
BCU	4.0%	6th
C&V	0.7%	7th

Efficient Services – Pathways of Care Delayed Discharges - May 2024

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 29 / Non Mental Health Delays = 307

How are we doing?

On average 292 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority related to delayed assessment, as per the table below:

Reason for Delay	Average Monthly PoCD	
Assessment Issues	127	43.5%
Care Home placement arrangements	64	21.8%
Home care related issues	40	13.7%
Transfer related issues	17	5.7%
Disagreements/Legislation	18	6.0%
Step down to recover and assess	9	2.9%
Housing Related Issues	8	2.7%
NHS Bed related issues	2	0.8%
Funding Issues	4	1.5%
Home adaptation/equipment issues	4	1.5%
Total	292	

During May there were 157 delays due to assessment issues falling within the following categories:

Awaiting Social worker allocation	8
Awaiting completion of assessment by social care	53
Awaiting completion of assessment Nursing	30
Awaiting Continuing Healthcare (CHC) Assessment	12
Awaiting joint assessment	39
Awaiting completion of assessment AHP	12
Awaiting completion of assessment Medical	2
Awaiting completion of assessment Pharmacy	1
Total Assessment Issues	157

- Currently there is a delay in the roll out of the flow and discharge app under the Optimise framework.
- Agreed improvement plan with task and finish group set up to reduce delays for residential homes.

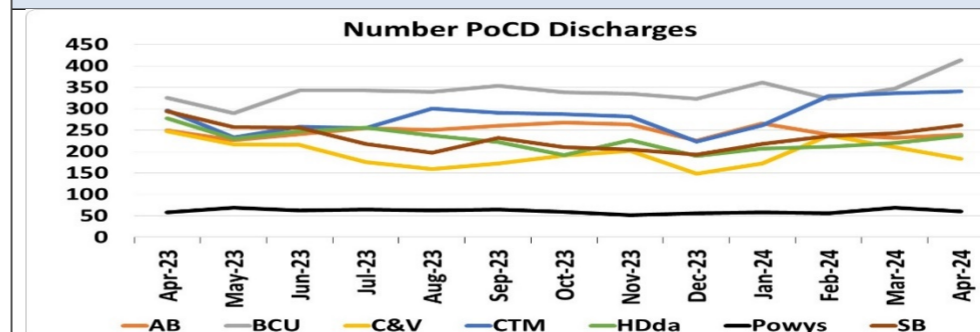
What actions are we taking & when is improvement anticipated?

- Integrated PoCD action plan monitored through the Integrated Discharge Delivery Board.
- Trusted Assessors in post May 2024 with plan to reduce assessment delays.
- Localised improvement plans on each site as part of the Optimise Programme – lead nurse appointed.

What are the main areas of risk?

- Recruitment and retention of Social Care staff.
- Availability of nursing beds and lack of residential beds with 3rd party payments.

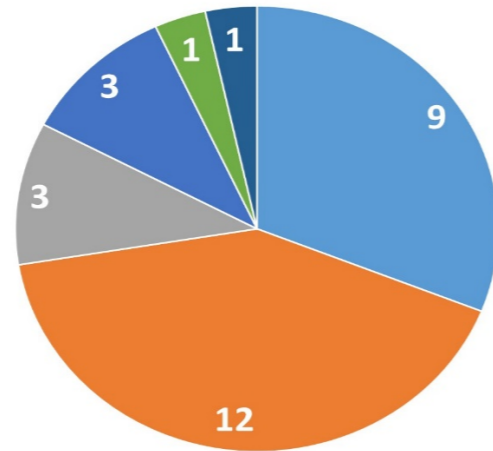
How do we compare with our peers?



Status as at April 2024		
Health Board	Compliance	Rank
Powys	61	1st
C&V	183	2nd
HDda	237	3rd
AB	240	4th
SB	262	5th
CTM	341	6th
BCU	414	7th

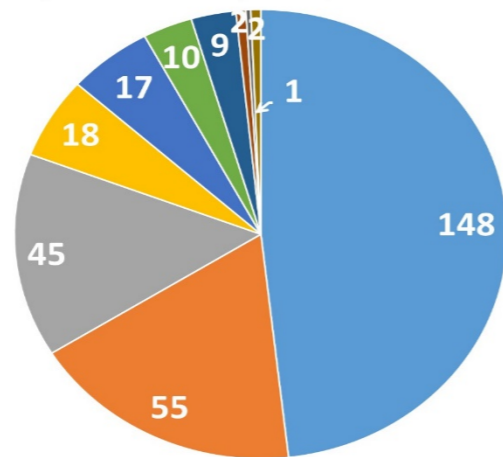
Mental Health - Reasons for Patient Pathway of Care Delays May 2024

- Assessment Issues
- Care Home placement arrangements
- Home care related issues
- Disagreements/Legislation
- Step down to recover and assess
- Housing Related Issues



Non-Mental Health - Reasons for Patient Pathway of Care Delays May 2024

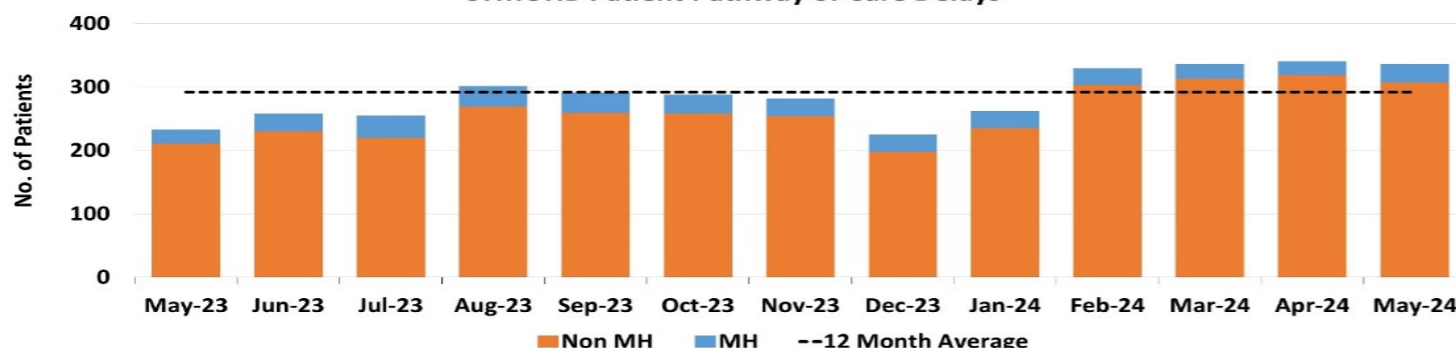
- Assessment Issues
- Care Home placement arrangements
- Home care related issues
- Transfer related issues
- Disagreements/Legislation
- Step down to recover and assess
- Housing Related Issues
- NHS Bed related issues
- Funding Issues
- Home adaptation/equipment issues



Delays by Local Authority - May 2024

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Total
PCH	3		5		15		1	17		41
POW		108				5		3	5	121
RGH		2		1	2	1		65		71
YCC					22			29		51
YCR					2			41		43
Glanrhyd		9								9
Grand Total	3	119	5	1	41	6	1	155	5	336

CTMUHB Patient Pathway of Care Delays





Finance Update – Month 2

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

3. Key Risks/Matters for Escalation

- 3.1 The key risks for the **Performance** quadrant are covered in the summary and main body of the report.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

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

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CTM 2030
Our Health
Our Future

BUILDING HEALTHIER
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Planned Care Update

June 2024



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CTM 2030
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CTM 2030
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BUILDING HEALTHIER
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End of 2024/25 Trajectories

Objective	Target	Trajectory
Total waiting list 156+ weeks	0	0 by end of August 2024
Total waiting list 104+ weeks	0	0 by end of December 2024
Stage 1 52+ weeks	0	0 by end of March 2025

>156 weeks	>156 Trajectory	>156 Actual
Quarter 1	0	
Quarter 2	0	
Quarter 3	0	
Quarter 4	0	

>104 weeks	>104 Trajectory	>104 Actual
Quarter 1	1,949	
Quarter 2	1,148	
Quarter 3	0	
Quarter 4	0	

>52 weeks (Stage 1)	>52 Trajectory	>52 Actual
Quarter 1	10,774	
Quarter 2	7,433	
Quarter 3	3,847	
Quarter 4	0	





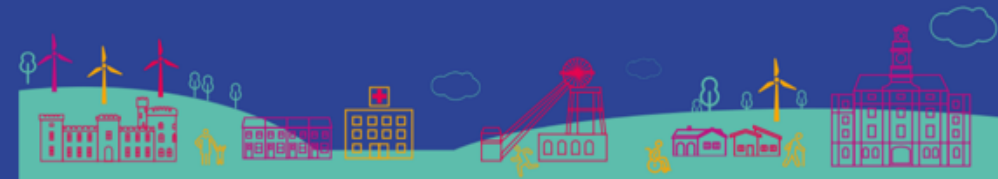
Actions

- Re-structure of performance meetings
- Validation of waiting lists
- Validation team for Stage 1
- Theatre Utilisation Group established
- GiRFT – Theatres, Urology, Ophthalmology, General Surgery, Gynaecology,
- ENT service visit to UHW
- Pre-assessment transformation commenced
- Healthcare Pathways started to be implemented
- Urology improvement group established
- Ophthalmology improvement group established
- Move of major orthopaedic cases creating a day surgery site
- Snowdrop Centre - Centralisation of Breast outpatient and diagnostic services to one unit
- Provision of H&N complex free flap surgery
- Endoscopy weekly performance meeting established
- Endoscopy Mobile Unit extended full year
- Outsourcing of 720 Glaucoma patients
- Regional Ophthalmology activity across ABUHB, CVUHB and CTUHB
- Implementation of CMR robot at RGH for Colorectal surgery

Challenges

- Strike action impact Nursing and Medical
- Workforce challenges across multiple services
- Process needed more control
- Structure and OCP of Operational teams
- Elective bed capacity and unscheduled care pressures
- Number of areas that require transformation and a clinical strategy for reconfiguration
- Diagnostic capacity
- WPAS across former CT and Princess of Wales
- Digital enablers
- Increased Demand - New referral rate increased





2024/25 Forecast

Key risks

- Service fragility (workforce) / Clinical Strategy
- Digital enablers Inc. WPAS
- Recruitment
- Potential strike action
- Demand management
- Number of areas requiring transformation and reconfiguration
- Regional working
- Consultant Pay agreement

Key Initiatives

Initiative	Date	Update
Opening of Additional theatre at RGH for centralisation and disaggregation of CTMUHB Breast surgery	Q1 – April	Completed
Urology transperineal prostate biopsy service to increase at RGH with an additional LATPB machine	Q1 - May	Completed
Launch of Productivity, Improvement and Transformation Programme	Q1-2	
Extension of mobile endoscopy unit at RGH site	Q1&2 – April to Sept	
Opening of new Endoscopy unit and additional Endoscopy room at PCH	Q2	
Ophthalmology treatment centre at POW to enable GiRFT recommendation for	Q2	
Implementation of GiRFT and Further Faster principles across all services	Q2-4	
Implementation of Healthcare Pathways across CTMUHB	Q1-4	
Urology reconfiguration of service	Q2-3	
Implementation of Glaucoma sustainable model	Q3-4	
SBUHB disaggregation of services	Q1-4	
Implementation of INNU / Retrospective application of Access Policy	Q2	
Additional activity to clear back log (ADH/WLI)	Q1-4	
Dermatology transformation and activity increase	Q2-4	



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Stroke Update Planning Performance & Finance Committee

25 June 2024

The Stroke Consultants within CTM cover Stroke services on two acute sites (POWH and PCH). They also provide a 1:6, seven-day Stroke on-call advice service. However, due to vacancies within the consultant workforce the ratio for the on-call rota is currently 1:4 to mitigate consultant gaps.

There are currently 4.0 WTE Stroke Consultants and 4.8 WTE CNS in post across CTM, broken down as follows:

- PCH – 2.0 WTE consultants with 1.0 WTE vacancy
- PCH - 2 WTE Clinical Nurse Specialist
- POWH – 2.0 WTE consultants with an additional 0.6 WTE agency locum Consultant
- POWH - 2.8 WTE Clinical Nurse Specialist

The Stroke Consultants at POWH also have a GIM on-call commitment on a 1:21 rota, comprising of weekday evening, and full weekend day resident cover with non-resident overnight cover.

The service becomes increasingly more fragile from September 2024 when one consultant at PCH will be commencing maternity leave for a 12-month period, from July they will also be coming off the on-call rota. This will leave just 3 substantive consultants undertaking a 1:6 rota with a 50% less workforce, as well as leaving just one consultant at PCH from September which will significantly impact being able to deliver a safe and sustainable Stroke service at PCH.

Stroke services consolidated onto two sites which are PCH and POWH. We no longer offer Stroke provision at RGH and Stroke patients are transferred to PCH once accepted by a Stroke physician. At PCH and POWH we provide on-call, inpatient and outpatient care for Stroke patients.

PCH has a 24 bedded Acute Stroke Unit with dedicated rehab care being provided at YCR with 8 commissioned beds. POWH has a 22 bedded Stroke Unit providing acute and rehab care in one place with no rehab beds being provided in the community.

A recent audit shows that on average we have 7 clinically optimised patients on our stroke wards each day who do not need acute stroke care, as well as having on average 2 – 3 medical outlier patients on our stroke wards each day. This is having a significant impact on being able to deliver the right care to our Stroke patients as well as having an impact on our key performance indicators which we have to report on a monthly basis.

Quality Improvement Measures across PCH and POWH

The CTMUHB Integrated Performance Dashboard is published on a monthly basis and provides the Health Board with an overview of 6 national Quality Improvement Measures (QIMs), which are part of the suite of improvement measures in the SSNAP:

- Direct admission to an acute stroke unit within 4 hours
- Thrombolysis with a door to needle time within 45 minutes
- CT scan within 1 hour
- Assessment by a stroke consultant within 24 hours
- Patients assessed by one of OT, PT, SALT within 24 hours
- Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team

Stroke QIMs as per current month submitted data - April 2024		PCH	POW	YCR	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	35	25	N/A	60
	No. of patients within 4 hours	13	0		13
	% Compliance	37.1%	0.0%		21.7%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	4	0	N/A	4
	No of patients within 45 mins	1	0		1
	% Compliance	25.0%	-		25.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	35	26	N/A	61
	No. of patients within 1 hour	22	14		36
	% Compliance	62.9%	53.8%		59.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	35	26	N/A	61
	No. of patients within 24 hours	21	18		39
	% Compliance	60.0%	69.2%		63.9%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	35	26	N/A	61
	No. of patients within 24 hours	18	17		35
	% Compliance	51.4%	65.4%		57.4%
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	62	69	14	145
	No. of patients with ESD/MDT	27	24	6	57
	% Compliance	43.5%	34.8%	42.9%	39.3%

How are we doing?

- During April, 21.7% (13 out of 60) stroke patients were admitted directly to an acute stroke unit within 4 hours. One (25.0%) of the four eligible patients that were thrombolysed received this within 45 minutes. The 3 other patients were thrombolysed but delays due to presenting outside of the stroke service hours
- 59.0% of patients (36 out of 61 diagnosed patients) had a CT scan within an hour
- 63.9% (39 out of 61) of stroke patients treated in April were seen by a specialist stroke physician within 24 hours of arrival at the hospital.
- 57.4% (35 out of 61) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival.

What are the challenges?

- Insufficient flow throughout the hospital impacted by high levels of clinically optimised patients (current audit shows on average 7 clinically optimised patients each day on stroke wards across PCH and PoW)
- Fragile Stroke consultant workforce
- Insufficient Clinical Nurse Specialist workforce
- Self-presenters from RGH requiring an acute Stroke bed at PCH
- Inability to ringfence stroke beds
- Stroke service set up Monday – Friday core hours only

What progress has been made?

- Brainomix AI for CTs and CT angiograms has been implemented in CTMUHB. The technology has been developed to minimise delays in referral for thrombectomy .
- CTM Stroke Programme Board and Stroke Operational Group established.
- Extension of the Early Supported Discharge Service to cover Bridgend area, enabling specialist support for patients in the community and increased flow of stroke patients in POWH and equity of provision across CTMUHB
- Continued close working with Stroke Association to monitor service level agreement for stroke recovery service providing support in the community for stroke patients on discharge from hospital.
- Community Hospitals Bed Modelling Programme in CTM UHB, including beds for stroke rehabilitation, draft project initiation document in place.
- Modelling for an extended Advanced Clinical Practitioner Specialist Workforce has been undertaken
- CT perfusion can now be carried out at PCH and RGH, however, limited improvement will be seen for thrombolysis and thrombectomy rates due to current workforce constraints
- IRMER training now completed for CNS workforce across CTM to support improvement of CT scanning within one hour of arrival

What are the key priorities for improving Stroke performance and outcomes for patients?

- Recruitment into the Stroke Consultant post
- Business Case to seek resource for the expansion of the ACP workforce to achieve a 7 days per week, extended service
- Business Case to seek resource to extend the Data Co-ordination role at PCH to incorporate POW to ensure robust and consistent processes, data quality, analysis and reporting across the Health Board.
- Development of solution to increase the inpatient Therapy resource.
- Rollout and development of the site flow plans.

What is required to realise the improvement of the 4 hour target?

- 1. Resource the expansion of the CNS workforce**
- 2. Resource Data Co-ordinator role**
- 3. Recruitment to the vacant Stroke Consultant role - long term substantive or short term locum**
- 4. Progress to 7 day workforce model**



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Progress against the Recommendations of the HIW National Review of Flow relating to Stroke

Recommendations	Status
<p>Recommendation 21. Health boards should review the provision of the CNS or ACP stroke specialist service at each acute site and consider how they can maximise their availability throughout the stroke service.</p>	<p>Proposal being finalised to increase the number of ACP roles at PCH to make a more robust model. This would be replicated for POW to ensure equity.</p>
<p>Recommendation 25: All health boards should consider the prompt implementation of Artificial Intelligence for stroke imaging following the completion of the all-Wales procurement which was completed in December 2021.</p>	<p>Brainomix AI has been implemented in CTMUHB since December 2023</p>
<p>Recommendation 27: Health boards and WAST must ensure that all staff associated with potential stroke patients are aware of the updated guidance for thrombolysis treatment window of between 4.5 and nine hours, as highlighted within the National Clinical Guideline for Stroke updated in April 2023.</p> <p>Recommendation 28: Health boards must ensure that sufficient staff in EDs across Wales are awarded time to train and are assessed as competent to administer thrombolysis treatment.</p> <p>Recommendation 29: Health boards must ensure that all possible stroke patients who are clinically appropriate for thrombolysis, receive treatment in a timely manner.</p>	<p>Medical SpRs and IMTs have undergone stroke simulation training CT perfusion scanning has been implemented in PCH and RGH to help us enable extending thrombolysis hours, however, current workforce constraints across CTM is going to limit what improvements can be made</p>
<p>Recommendation 30: Welsh Government must work with the Thrombectomy Wales Oversight Group, the National Clinical Lead for Stroke, and health boards, to consider how timely and equitable access to thrombectomy treatment for stroke can be made, for all relevant people across Wales.</p> <p>Recommendation 31: Health boards must ensure clinicians consider the option of thrombectomy treatment where appropriate, and the decision either way (with rationale), should be clearly recorded within the patient’s clinical records.</p> <p>Recommendation 32:WAST must consider its current response times for patients awaiting interhospital transfers for urgent thrombectomy treatment which are classified as ‘Red’. This is to ensure a thrombectomy can be completed within the six-hour timescale from the onset of symptoms.</p>	<p>Thrombectomy pathways in CTMUHB need to be updated following Bristol’s recent decision to increase thrombectomy availability from 6am to 12am. Current CTM workforce constraints will see minimal improvement. Interhospital transfers are managed by the “Trauma Desk” at highest priority</p>

Recommendations	Status
<p>Recommendation 33: Health boards must explore the options available to improve the process for prioritising stroke patient admissions to acute stroke wards within the four-hour target, to help maximise their clinical outcome.</p> <p>Recommendation 34: Ringfenced stroke beds are frequently used for non-stroke patients, which may impact on a new stroke admission to ED. Therefore, health boards must explore how a ringfenced stroke bed can be maintained, to help ensure the best outcome for a stroke patient following their arrival at ED.</p>	4 hour target remains poor, as not able to ring fence beds due to lack of capacity and delay in seeing acute stroke patients due to reliance on patients being clerked by on call medical team and inherent delays due to business of acute medical intake and WAST policy to handover patients for CT scans.
<p>Recommendation 35: Health boards should consider both the benefits and potential implementation of Early Supported Discharge to patients' physical and mental wellbeing, and to hospitals, with earlier discharge improving flow through the stroke pathway.</p>	The ESD pathway has recently been extended to cover patients in the POWH catchment area
<p>Recommendation 36: Health boards must review their therapies staffing models to ensure there are sufficient resources and staff in place to adequately manage the rehabilitation and recovery of stroke patients in line with NICE guidance. Recent regional survey has shown considerable workforce gaps compared to national standards. No 7 day therapy service.</p>	Recent regional survey has shown considerable workforce gaps compared to national standards. No 7 day therapy service
<p>Recommendation 37: Health boards must consider the need for psychological support for people with stroke, and ensure that adequately trained staff are providing this support to help effectively manage patient recovery.</p>	No psychological support.
<p>Recommendation 38: Health boards must consider introducing the provision of sufficient seven-day therapies services to comply with NICE guidance, to help improve patient flow by supporting a seven-day discharge for patients, and to help meet targets as highlighted within SSNAP.</p>	No 7/7 service
<p>Recommendation 39: Health boards must ensure that stroke rehabilitation environments are appropriate and are adequate to meet the needs of patients.</p>	No space for adequate therapy room within the confines of ward 10
<p>Recommendation 40: Health boards must review their board rounds within stroke wards to consider their efficiency and effectiveness so that any actions identified and resolved in a timely manner to facilitate a timely patient discharge.</p>	<p>Daily Therapy Led Board Rounds</p> <p>10/11</p> <p>127/242</p>

Investment Required

To be delivered through the USC CG Financial Plan

Phase one:

X3 WTE ACP roles - £229,715

Benefits:

- An increase in patients receiving thrombolysis and referred for thrombectomy
- Will increase in the percentage of patients receiving thrombolysis within 45minutes (door to needle time)
- Will improve CT scan within one hour (due to change from one hour to 20 minutes in coming months)
- Will support in providing a more equitable service 7 day service
- Nearly 40% of code 1 & code 2 Stroke calls are outside of current Stroke provision hours
- Will improve patient outcomes and experience
- Will support in achieving a more sustainable service
- Will boost staff morale and what is a current severely fragile workforce

X1 WTE band 6 SSNAP Co-Ordinator role - £50,765

Benefits:

- Will support with significant changes that are coming in from SSNAP
- Will release clinical staff from inputting data, particularly in POWH where no SSNAP role support is provided
- Enable teams to export their data at regular intervals to investigate care processes and outcomes after a stroke
- Will support in reviewing both acute and post acute measures
- Improve data quality to support developing stroke services to improve patient care

Phase two:

X4 WTE ACP roles - £298,287

Benefits:

- To provide 24/7 Stroke service provision
- Would capture all Stroke patients presenting to PCH and POWH Emergency Department
- Improve patient outcomes
- Improve patient experience
- High performance in KPIs, particularly linking to thrombolysis and thrombectomy rates, as well as patients receiving CT scan within one hour

X1 WTE Consultant - £125,000

Benefits:

- Would improve patient care and experience
- Would enable the service to build a sustainable Consultant workforce
- Would enable the Stroke service to fulfil the current a 1:6 on-call rota
- Would minimise ADH/Locum spend
- Allow daily senior reviews to all inpatients
- Would support impact when a Consultant takes leave
- Would support training of our junior workforce

To improve patient outcomes and experience further therapy investment would be required to support 7 day workforce model. Currently the service runs Monday – Friday core hours only. This significantly impacts on the ability to improve KPIs relating to patients being seen by therapy within 24 hours of admission, patients receiving formal swallow screen as well as supporting decreased length of stay if patients were able to have therapy at the weekends, releasing bed pressures on our health board.



Agenda Item

6.1

Planning, Performance and Finance Committee

BUDGET FRAMEWORK FOR 2024/25

Dyddiad y Cyfarfod / Date of Meeting	30/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Mark Thomas, Deputy Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
-------------------------------------------------	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive discussion	Ongoing	Noted

Acronyms / Glossary of Terms	
WG	Welsh Government
LHB	Local Health Board
PPFC	Planning, Performance & Finance Committee
M11 etc	Month 11



1. Situation /Background

The draft financial plan for 2024/25 was agreed by the Health Board on 28 March 2024 and was submitted to the Welsh Government as part of the overall 2024/25 IMTP. We are awaiting feedback from WG.

The draft financial plan is attached at Annex A and is summarised below:

R = recurring NR = non recurring	Financial Plan 2024/25		
	R	NR	Total
	£m	£m	£m
B'Fwd Core Plan deficit	19.4	0.0	19.4
Brought forward financial challenge at 1 April 2023	19.4	0.0	19.4
Income changes			
Confirmed funding:			
Core Discretionary	-36.6	0.0	-36.6
Core MH Funding	-3.8	0.0	-3.8
Health protection and PPE	-6.0	0.0	-6.0
Long Covid	-1.1	0.0	-1.1
Further Faster	-1.8	0.0	-1.8
Optometry	-1.3	0.0	-1.3
Sterile Medicines top slice	0.2	0.0	0.2
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
RLW 24/25	0.0	0.0	0.0
Invest to Save repayments	0.0	1.0	1.0
Robot	0.0	-0.4	-0.4
Sub total income changes	-50.4	0.6	-49.8
Cost pressures and investments			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	21.3	0.0	21.3
Service and demand pressures	20.8	0.0	20.8
Service improvement - locally determined	2.9	0.0	2.9
Service improvement - Health Protection and PPE	6.0	0.0	6.0
Service improvement - Long Covid	1.1	0.0	1.1
Service improvement - Further Faster	1.8	0.0	1.8
Service improvement - Optometry	1.3	0.0	1.3
Other Non-recurring costs	0.0	1.4	1.4
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	55.2	1.4	56.6
Savings and overspend reduction targets :			
New savings targets	-26.3	0.0	-26.3
Sub total	-26.3	0.0	-26.3
Total change on previous year	-21.5	2.0	-19.5
Revised surplus/deficit	-2.1	2.0	-0.1



The purpose of this report is to provide further information on the budget setting principles and assumptions and the allocation of the budget to Care Groups and other corporate directorates. These budgets provide clarity on the financial envelopes for local operational, workforce and financial plans to be developed by the Care Groups and directorates.

The detailed working papers supporting the budget allocations have been shared with the Finance leads for each area.

2. Specific Matters for Consideration

A summary of the budget changes, over and above the recurrent budgets, is provided below:

	Unscheduled Care	Planned Care	C&F	Primary Care & Community	Mental Health	DTPS	Facilities	Corporates	Contracting & Commissioning	Non Delegated	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Recurrent investment into											
Delegated budgets	19,066	7,146	1,663	685	1,128	13,111	739	183	445	0	44,167
Inflation	439	596	124	1,290	3,040	5,174	677	1,148	6,240	2,572	21,301
Service and demand pressures	200	0	0	540	860	3,000	68	222	9,559	6,351	20,800
Service improvement	88	611	324	7,534	10	1,456	3	1,399	0	1,675	13,100
Other Non recurring costs	0	0	0	0	0	0	0	85	0	1,315	1,400
Savings targets	(4,106)	(3,951)	(1,919)	(2,091)	(2,753)	(6,036)	(1,090)	(2,050)	(123)	(2,182)	(26,300)
Total	15,687	4,402	193	7,958	2,285	16,705	397	987	16,121	9,731	74,467

Subsequent to the above budget changes, the Care Groups and directorates will need to agree further changes between themselves to ensure that the allocation of the £44m recurrent investment and the £26.3m Savings target are correctly aligned with Phase 2 of the Care Group restructure.

The key principles and assumptions used to allocate the above budgets are described below.

2.2 Forecast recurrent deficits at 31 March 2024-£19.4m

The components of the forecast recurrent deficit at 31 March 24 are summarised below:



	Unscheduled Care	Planned Care	C&F	Primary Care & Community	Mental Health	DTPS	Facilities	Corporates	Contracting & Commissioning	Non Delegated	Total
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Forecast Recurrent deficits at 31											
March 2024	19,067	10,122	2,203	1,981	3,928	13,735	739	399	508	19,400	72,083
Agreed adjustments	0	(2,977)	(540)	(1,296)	(2,800)	(624)	0	(216)	(63)	0	(8,516)
Sub total	19,067	7,146	1,663	685	1,128	13,111	739	183	445	19,400	63,567
Recurring investment into Delegated budgets	(19,067)	(7,146)	(1,663)	(685)	(1,128)	(13,111)	(739)	(183)	(445)	0	(44,167)
Starting point for the 24/25 Financial Plan	0	0	0	0	0	0	0	0	0	19,400	19,400

The forecast recurrent deficit of £72.0m included £52.6m for Delegated budgets (i.e. Care Groups and directorates). These forecasts were based on the forecast positions in their M9 Finance packs. Adjustments of £8.5m were agreed with the Care Groups and directorates following meetings with the Finance Director and Chief Operating Officer. Recurring investment of £44.2m was then made into Delegated budgets to fully fund their adjusted forecast recurrent deficits.

2.3 Recurrent Inflation - £21.3m

Recurrent cost pressure	£m	Allocation
Pay – A4C	Tbc	Awaiting confirmation of pay award for 24/25.
Pay – Medical	Tbc	Awaiting confirmation of pay award for 24/25.
Pay - Agency inflation	2.5	To be held in reserves pending further information on the pay award funding settlement for 24/25.
Pay - Consultant commitment awards	0.3	Allocated based upon the consultants in post.
Non pay inflation – 3.3% estimate	4.3	Allocated based on recurrent non pay budgets.
CHC inflation – 6.3% estimate	3.8	Allocated based on the current CHC placements in Mental Health and Primary & Community Care.
NHSFNC inflation	0.3	100% Primary & Community Care.
Primary Care Prescribing inflation – 3.9% estimate	4.0	100% DTPS
LTA uplifts (inflation and demand pressures)	6.2	100% Contracting but funding to be released based on actual additional costs incurred.
Total	21.3	



2.4 Recurrent cost pressures - £20.8m

Recurrent cost pressure	£m	Allocation
CHC growth	1.4	Allocated based on the current CHC placements in Mental Health and Primary & Community Care.
Primary care prescribing-volume growth	1.0	100% DTPS (Medicines Management)
NICE- internal	2.0	100% DTPS (Medicines Management)
NICE- external	2.5	100% Contracting but funding to be released based on actual additional costs incurred.
Claims Welsh Risk Pool (WRP)	0.6	Non Delegated
WHSCC demand and cost pressures	2.5	100% Contracting
Non pay cost pressures due to increased Planned care activity	2.0	Allocated to Non Delegated initially and will be released based on the agreed actual costs.
Reduction in WG funding for Real Living Wage	2.4	Non Delegated.
Cessation of Covid recovery LTA arrangements from 1 April 2024	3.4	100% Contracting but funding to be released based on actual additional costs
Swansea Bay repatriation (Year 1 impact)	1.0	100% Contracting.
Other Internal cost/demand/service pressures	2.0	£1.5m has been earmarked for approved items and £0.5m held as a contingency for new cost pressures arising in 24/25.
Total	20.8	

2.5 Recurrent Investments - £13.1m

Investment area	£m	Allocation
Earmarked funding:		
Health Protection	5.6	Allocated to Primary & Community Care.
PPE	0.4	Allocated based on 80% of 23/24 actual costs.
Long Covid	1.1	Allocated to DTPS (Therapies)
Further Faster	1.8	Allocated to Primary & Community Care.
Optometry	1.3	Allocated to Primary & Community Care.
Local investment:		
Llantrisant Health Park infrastructure running costs	0.5	Allocated to Non Delegated initially and will be released based on the agreed actual costs.



Digital investment - DHCW	0.8	Allocated to Non Delegated initially and will be released based on the agreed actual costs.
Digital investment – local schemes	0.4	Allocated to Digital
Laboratory Information Management System (LIMS)	0.2	Allocated to DTPS (Pathology)
Robotic surgery	0.5	Allocated to Planned Care
Medical equipment maintenance costs arising from Capital Programme	0.5	Allocated to Non Delegated initially and will be released based on the agreed actual costs
Total	13.1	

2.6 Non-recurring costs - £ 1.4m

Non-recurring costs	£m	Allocation
Invest to Save schemes and other investments to support savings delivery	0.8	Budget held centrally and will be released to fund agreed costs
New retrospective CHC claims settled in year	0.2	Budget held centrally and will be released to fund agreed costs.
Laboratory Information Network Cymru Programme (LINC) costs	0.1	Budget held centrally and will be released to fund agreed costs
Radiology Information system procurement (RISP)	0.1	Budget held centrally and will be released to fund agreed costs
Clinical Services Strategy	0.1	Budget held centrally and will be released to fund agreed costs.
Leadership & Management development	0.1	Budget released to W&OD directorate.
Total	1.4	

2.7 Recurrent savings targets - £26.3m

Following the £44m recurrent investment in Delegated budgets to cover the adjusted forecast recurrent deficits at 31 March 2024, all Care Groups and directorates have allocated a 2.4% savings target for 24/25. The only exceptions are:

- Primary Care – target excludes ring-fenced budgets for GMS and Dental.
- Contracting & Commissioning – target excludes WHSSC budgets
- Planning & partnerships – target excludes RIF budgets



2.8 Accountability letters and budget sign off arrangements

The CEO has sent accountability letters to each Executive Director which includes the formal budget sign off arrangements for 2024/25.

Director	Areas included in CEO accountability letters
Chief Operating Officer (COO)	Planned Care Care Group Unscheduled Care Care Group Children & Families Care Group DTPS Care Group Mental Health Care Group Primary Care & Community Care Group Facilities COO Management
Director of Finance	Finance Estates
Director of Planning	Planning & Partnerships Contracting & Commissioning
Medical Director	Medical Directorate
Director of Nursing	Patient Care & Safety
Director of Workforce	Workforce and OD
Director of Public Health	Public Health
Director of Corporate services	Corporate Development
Director of Digital	Digital

In addition to the above, the COO will also be sending accountability letters to the Care Group directors within his portfolio.

3. Key Risks / Matters for Escalation

There are a number of significant risks around the 2024/25 budget and finances which have been flagged in the draft financial plan. The net risk to the plan are circa £10m (see Annex A). These risks will be clarified through the monthly Finance meetings with Care Groups and directorates and through feedback from Welsh Government on the draft plan.

The key overarching areas of action needed to deliver the planned break-even position for 24/25 are as follows:

- Following the £44m recurring investment in Delegated budgets to cover their adjusted forecast recurrent deficits going into 24/25, it is essential that all Care Groups and directorates exercise strong budgetary control and manage their finances within their increased budgets.



- All Care Groups and directorates will need to develop robust savings plans to fully deliver on their 2.4% savings targets.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) The report discusses the allocation of resources in line with the 24/25 draft financial plan and IMTP.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) The paper is directly relevant to the allocation and utilisation of resources.	

5. Recommendation

- 5.1 The Planning, Performance & Finance Committee (PPFC) are asked to **Discuss** and **Note** the information provided on the budget setting arrangements for 24/25 and the allocation of the budgets to Care Groups and other Directorates.

Appendix A: Cwm Taf Morgannwg University Health Board Financial Plan 2024-25

1. FINANCE

This Finance section includes information on the following areas:

	Section
Statutory Financial Duty	1.1
Financial Performance in 2023/24	1.2
Financial Strategy	1.3
Financial Plan for 2024/25 (Year 1)	1.4
- Income Changes	1.5
- Inflationary, Service Demand and Cost Pressures	1.6
- Investment in Service Improvement	1.7
- Other Non-Recurring Costs and Benefits	1.8
- Savings Plans	1.9
- Key Risks to the 2024/25 Plan	1.10
Indicative Financial Plan for Years 2 and 3	1.11

1.1 STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg University Health Board (CTMUHB) has a statutory duty to achieve break even over a period of 3 financial years. This applies to revenue and capital expenditure. Performance against the 3-year rolling duty for revenue is summarised below:

Revenue:	Actual 2020/21	Actual 2021/22	Actual 2022/23	Forecast 2023/24
	£k	£k	£k	£k
Surplus /(deficit)	88	172	(24,481)	0
Rolling 3 years	971	1,143	(24,221)	(24,309)

The Health Board is forecasting to achieve a break even position in 2023/24 but will not achieve the 3-year breakeven duty due to the significant deficit reported in 2022/23. This position will also apply in 2024/25.

1.2 FINANCIAL PERFORMANCE IN 2023/24

CTMUHB has recently submitted its M11 Monitoring Return to Welsh Government (WG). This showed a forecast break-even position for 2023/24 and a forecast carry forward financial challenge at the end of 2023/24 of £19.4m. The movement between the break-even forecast and the £19.4m carry forward financial challenge is illustrated below:

	£m
Forecast position 23/24B'fwd Financial challenge 1 April 2023	0
Non Recurrent inflation funding	11.4
Accountancy gains	5.0
Non Recurrent Llantrisant Health Park income	1.8
Non Recurrent benefits Rates and VAT	1.2
Other Non Recurrent items	0
Forecast C'fwd Financial challenge 31 March 2024	19.4

The movement between the financial challenge at the start of the year and the carry forward challenge at the end of 2023/24 is summarised below:

	£m
B'fwd Financial challenge 1 April 2023	70.9
Assumed WG funding – conditional upon achieving break even in 23/24	(51.1)
Net other movements	(0.4)
Forecast C'fwd Financial challenge 31 March 2024	19.4

1.3 FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year, and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

1.4 FINANCIAL PLAN FOR 2024/25 (YEAR 1)

The financial plan for 2024/25 builds on the current financial plan and is based on the funding confirmed in the 2024/25 Allocation letter. The key assumptions driving the financial plan for 2024/25 are summarised below:

- A brought forward financial challenge from 23/24 of £19.4m, which is the starting point for the 2024/25 plan.
- Additional recurring allocations from WG for 2024/25 is £50.4m. This includes £40.4m of un-earmarked growth funding (excluding funding for pay awards and contractor professions, which are assumed to be fully funded by WG) plus £10.2m of recurrent funding for Health protection, PPE, Long Covid, Further Faster and Optometry.
- The plan also assumes a net non-recurring WG allocation reduction in 2024/25 of £0.6m.
- Provision for recurring inflation, cost and service pressures of £42.1m. This includes £21.3m for inflationary costs (excluding pay awards and contractor professions) plus £20.8m for other service and demand pressures.

- The plan includes £10.2m for earmarked investment in Health protection, PPE, Long Covid, Further Faster and Optometry.
- The plan also includes a £2.9m provision for local service improvement schemes.
- Provision for non- recurring investments and cost pressures of £1.4m.
- Recurring savings of £26.3m are planned in 2024/25. This is circa 2.4% of an estimated controllable budget for CTM of circa £1,100m.
- Full delivery of the financial plan for 2024/25 would deliver an In year surplus of £19.5m. This would cover the £19.4m brought forward challenge from 23/24 and deliver a break-even position. Full delivery of the plan would also deliver a small recurrent surplus going into 2025/26.
- The plan includes a number of risks and uncertainties (**see Section 1.10**). These risks and cost estimates will continue to be refined and updated during 2024/25.

The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	Financial Plan 2024/25		
	R	NR	Total
	£m	£m	£m
B'Fwd Core Plan deficit	19.4	0.0	19.4
Brought forward financial challenge at 1 April 2023	19.4	0.0	19.4
Income changes			
Confirmed funding:			
Core Discretionary	-36.6	0.0	-36.6
Core MH Funding	-3.8	0.0	-3.8
Health protection and PPE	-6.0	0.0	-6.0
Long Covid	-1.1	0.0	-1.1
Further Faster	-1.8	0.0	-1.8
Optometry	-1.3	0.0	-1.3
Sterile Medicines top slice	0.2	0.0	0.2
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
RLW 24/25	0.0	0.0	0.0
Invest to Save repayments	0.0	1.0	1.0
Robot	0.0	-0.4	-0.4
Sub total income changes	-50.4	0.6	-49.8
Cost pressures and investments			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	21.3	0.0	21.3
Service and demand pressures	20.8	0.0	20.8
Service improvement - locally determined	2.9	0.0	2.9
Service improvement - Health Protection and PPE	6.0	0.0	6.0
Service improvement - Long Covid	1.1	0.0	1.1
Service improvement - Further Faster	1.8	0.0	1.8
Service improvement - Optometry	1.3	0.0	1.3
Other Non-recurring costs	0.0	1.4	1.4
Contingency	0.0	0.0	0.0
Sub total cost pressures and investments	55.2	1.4	56.6
Savings and overspend reduction targets :			
New savings targets	-26.3	0.0	-26.3
Sub total	-26.3	0.0	-26.3
Total change on previous year	-21.5	2.0	-19.5
Revised surplus/deficit	-2.1	2.0	-0.1

The key elements of the 24/25 Financial Plan are explained in the following sections:

1.5 INCOME CHANGES FOR 2024/25

A summary of the assumed new allocations from WG for 2023/24 is shown in the table below:

	24/25 £m
Recurrent:	
Core un-earmarked – share of £245m funding	(36.6)
Core un-earmarked- share of £25.8m Mental Health funding	(3.8)
NHS pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc
Earmarked funding – Health protection	(5.6)
Earmarked funding – PPE	(0.4)
Earmarked funding – Long Covid	(1.1)
Earmarked funding – Further Faster	(1.8)
Earmarked funding – Optometry	(1.3)
Assumed funding for impact of RLW in 24/25	0
Sterile Medicines top slice	0.2
Total Recurrent	(50.4)
Non Recurrent:	
Earmarked funding – Robotic surgery	(0.4)
Invest to Save repayments	1.0
Total Non Recurrent	0.6

The key points to highlight are as follows:

1.5.1 Core un-earmarked funding

The Health Board has received a 3.67% uplift for 2024/25 which equates to £36.6m plus a further £3.8m for Mental Health services.

1.5.2 Earmarked funding

The Health Board has received specific ear-marked funding for the following areas, which have corresponding expenditure budgets within the financial plan (See Section 1.7):

- Health Protection
- PPE
- Long Covid
- Further Faster
- Optometry

1.5.3 Other funding assumptions

As indicated in the Ministers letter to Chairs dated 21st December 2023, funding is being retained by WG to support national recruitment approaches for hard to fill posts and also to support digital investment which delivers increased virtual capacity and improvements in administrative processes. This financial plan does not currently include any anticipated funding for the following programmes, pending agreement on the funding to be provided by WG:

- Overseas Nurse recruitment – CTM requirement £1.9m
- Patient Centred Contact Centre – CTM requirement £1.2m in 24/25 and £1.4m in 25/26.

1.6 INFLATIONARY, SERVICE DEMAND AND COST PRESSURES FOR 2024/25

The table below shows the projected inflationary, demand and other cost pressures for 24/25.

	24/25 £m
Inflationary costs (excluding pay awards and contractor professions)	
CHC inflation	3.8
NHSFNC inflation	0.3
Non-pay inflation	4.3
Primary care prescribing inflation	4.0
LTA uplifts (inflation and demand pressures)	6.2
Agency inflation	2.5
Consultant commitment awards	0.3
Subtotal	21.3
Service and demand pressures	
CHC growth	1.4
Primary care prescribing- volume growth	1.0
NICE- internal	2.0
NICE- external	2.5
Claims Welsh Risk Pool (WRP)	0.6
WHSCC demand and cost pressures	2.5
EASC and NCCU demand and cost pressures	0.0
Non pay cost pressures due to increased Planned care activity	2.0
Reduction in WG funding for Real Living Wage	2.4
Cessation of Covid recovery LTA arrangements from 1 April 2024	3.4
Swansea Bay repatriation (Year 1 impact)	1.0
Other Internal cost/demand/service pressures	2.0
Subtotal	20.8
Total	42.1

The basis for the above estimates is outlined below:

1.6.1 Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC)

The Health Board currently spends circa £61m per annum on external CHC placements. The anticipated cost increases for 2024/25 have been based on average price inflation of circa 6.3% per annum (£3.8m) and volume growth of circa 2.3% per annum (£1.4m). The plan also includes £0.3m for NHSFNC price inflation, which is 4.0% on a base spend of circa £7.4m. Although Consumer Price Inflation (CPI) has reduced from 2023-24, the impact of inflation upon CHC fee rates remains high due to the above inflation increase of the Real Living Wage (RLW).

1.6.2 Non Pay Inflation

The plan includes £4.3m for non-pay inflation on a base spend of £130m. This is based on the All Wales estimate of 3.3% for 2024/25.

1.6.3 LTA uplifts (inflation and demand pressures)

Provision has been made for a 3.67% tariff increase on all income and expenditure LTAs at a net cost of £6.2m for 2024/25. This includes an estimate for non pay inflation of £1.9m plus other unavoidable demand pressures of £4.3m.

1.6.4 Primary Care Prescribing

The financial plan includes provision for the following cost pressures in 24/25 based on a forecast out-turn in 23/24 of £103.5m. This is the starting point for the 24/25 Plan, which includes:

- Price inflation of 3.9% = £4.0m
- Volume growth 0.9% = £1.5m

Any NCSO movements in 24/25 will represent a risk or opportunity to the Plan.

1.6.5 NICE and New High Cost Drugs

The cost of NICE technical appraisals and nationally adopted high cost drugs has been a significant cost pressure in recent years. The latest planning assumption is an annual increase of £4.5m for 2024/25. This includes:

- Internal NICE growth within CTM (£2.0m)
- Anticipated financial impact of growth in NICE and other high cost drugs for CTM residents at Velindre Trust and other Health Boards (£2.5m).

1.6.6 Welsh Risk Pool (WRP)

The cost of clinical negligence and other claims previously met by the Welsh Risk Pool have been met by Health Boards since 2015/16. A risk sharing arrangement has been put in place such that all costs are shared between LHBs proportionate to their shares of the devolved budget. The latest information from NWSSP is indicating an additional charge to CTM in 2024/25 of a further £0.6m (2023/24: £0.2m).

1.6.7 WHSSC Demand and Cost Pressures

The financial plan includes a sum of £2.5m for WHSSC demand and cost pressures in 2024/25. This is consistent with the latest plans from WHSSC, agreed at the Joint Committee, which require additional investment of £2.5m over and above the £3.67m (3.67%) being provided for the LTA uplift for inflation and demand pressures.

1.6.8 EASC Demand and Cost Pressures

The financial plan does not assume any additional funding for EASC and NCCU demand and cost pressures in 2024/25. The CTM financial planning assumption is that any cost pressures would be covered by the 3.67% uplift for LTA baselines.

1.6.1 Non pay cost pressures due to increased Planned care activity

A £2.0m provision has been made in the financial plan for 2024/25 to cover the additional non pay costs which are forecast to result from increased planned care activity.

1.6.2 Reduction in WG funding for RLW

Following clarification from WG on the funding principles to support Real Living Wage costs for Social Care Staff, the anticipated allocation for 24/25 is expected to reduce by £2.4m, from £4.8m in 23/24 to £2.4m in 24/25. Since there will not be any corresponding reduction in the fee rates paid to providers, this will result in a cost pressure of £2.4m.

1.6.3 Cessation of Covid recovery LTA arrangements

Since 2020/21, there has been an All Wales agreement to support NHS organisations as services recover and activity levels return back to pre-pandemic levels. This ‘protection arrangement’ will cease in 2024/25 and our LTAs with other Health boards and Trusts will return to pre-pandemic arrangements. The estimated impact of ceasing this ‘protection arrangement’ is a deterioration in our provider income of £5.8m offset by an improvement in the commissioning expenditure of £2.4m leaving a net cost pressure of £3.4m.

1.6.4 Swansea bay repatriation (Year 1 impact)

Agreement has been reached between CTMUHB and SBUUHB to reflect the under-performance of both the provider and commissioner LTAs over a 3 year period commencing in 24/25 through to 26/27. This agreement will reduce the income received from SBU and payments CTM make to SBU. The net impact in 24/25 will be a cost pressure of £1.0m.

1.6.5 Local Cost, Demand and Service Pressures

A £2.0m provision has been made in the financial plan for 2024/25 to cover local cost, demand and service pressures.

1.7 INVESTMENT IN SERVICE IMPROVEMENT IN 2024/25

The following table sets out the planned investments for 2024/25:

Service improvement	24/25
Earmarked Recurring investment:	£m
Earmarked funding – Health protection (See Section 1.5)	5.6
Earmarked funding – PPE (See Section 1.5)	0.4
Earmarked funding – Long Covid (See Section 1.5)	1.1
Earmarked funding – Further Faster (See Section 1.5)	1.8
Earmarked funding – Optometry (See Section 1.5)	1.3
Sub total	10.2
Local Recurring investment:	£m
Llantrisant Health Park infrastructure running costs	0.5
Digital investment - DHCW	0.8
Digital investment – local schemes	0.4
Laboratory Information Management System (LIMS)	0.2
Robotic surgery	0.5
Medical equipment maintenance costs arising from Capital Programme	0.5
Sub total	2.9
Total Recurring investment	13.1

1.8 OTHER NON RECURRING COSTS AND BENEFITS IN 2024/25

The following table set out the planned Non recurrent costs and benefits for 2024/25:

Non Recurring costs	2024/25 £m
Invest to Save schemes and other investments to support savings delivery	0.8
New retrospective CHC claims settled in year	0.2
Laboratory Information Network Cymru Programme (LINC) costs	0.1
Radiology Information system procurement (RISP)	0.1
Clinical Services Strategy	0.1
Leadership & Management development	0.1
Total	1.4

1.9 SAVINGS PLAN FOR 2024/25

Recurring savings of £26.3m are planned in 2024/25. This is circa 2.4% of an estimated controllable budget for CTM of circa £1,100m. Further information on the latest savings plans to meet this target in 2024/25 has been provided in a separate Annex and is summarised below:

	2024/25 £m
Recurring savings target for 2024/25	26.3
Forecast savings	23.0
Further savings required	3.3

1.10 KEY RISKS TO THE 2024/25 FINANCIAL PLAN

The key risks to the 2024/25 financial plan are summarised in the following table:

Risk Assessment of 2024/25 financial plan	Risk and opportunity assessment	£m
Risks:		
Outstanding WG recurrent allocations for 2023-24- Pay awards	M	2.6
Delegated plans – forecast overspends due to savings shortfalls and cost pressures	M	6.0
Delivery risk on latest savings plans	M	2.4
Delegated risk assessments- High risk (100%)	H	4.3
Delegated risk assessments – Medium risk (50%)	M	0.9
Further deterioration in M12 to Delegated starting positions for 24/25.	M	tbc
Further industrial action in 24/25.	H	tbc
Opportunities:		
Balance sheet opportunities.	H	(5.0)
Retrospective Microsoft vat recoveries.	M	(1.8)
Potential reduction in Energy costs	M	tbc
Total		9.4

1.11 INDICATIVE FINANCIAL PLAN FOR YEARS 2 AND 3

The key assumptions driving Year 2 and Year 3 of the 3 Year financial plan are summarised below:

- A brought forward surplus from 24/25 of £(2.1)m, which is the starting point for the Year 2 plan.
- Additional recurring allocations from WG for Year 2 and Year 3 of 2.0% per annum. This compares to the 3.67% confirmed funding in Year 1.
- Pay awards and contractor professions settlements will continue to be fully funded by WG in years 2 & 3.
- Provision for recurring inflation, cost and service pressures of £29.2m for Year 2 and £29.8m for Year 3. This compares to £42.1m for Year 1.
- The plan includes increased provision for local service improvement schemes, Year 1: £2.9m , Year 2: £6m and Year 3: £6m
- Recurring savings of £17.5m (1.6%) per annum are planned for Year 2 and Year 3. This compares to £26.3m (2.4%) in Year 1.
- Full delivery of the 3 year financial plan would deliver an In year surplus each year and a small recurrent surplus at the end of Year 3.

Full delivery of the recurrent financial plan in Year 1 (2024/25) should therefore present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.

The indicative financial plan for Years 2 and 3 is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

	2024/25 - 2026/27 SUMMARY FINANCIAL PLAN									
	2024/25			2025/26			2026/27			Total
R = recurring NR = non recurring	R	NR	Total	R	NR	Total	R	NR	Total	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Brought forward recurring deficit/-surplus	19.4		19.4	-2.1		-2.1	-2.5		-2.5	
Income changes										
Confirmed funding:										
Core Discretionary	-36.6	0.0	-36.6	-19.9	0.0	-19.9	-20.3	0.0	-20.3	-76.9
Core MH Funding	-3.8	0.0	-3.8	-2.1	0.0	-2.1	-2.1	0.0	-2.1	-8.0
Health protection and PPE	-6.0	0.0	-6.0	0.0	0.0	0.0	0.0	0.0	0.0	-6.0
Long Covid	-1.1	0.0	-1.1	0.0	0.0	0.0	0.0	0.0	0.0	-1.1
Further Faster	-1.8	0.0	-1.8	0.0	0.0	0.0	0.0	0.0	0.0	-1.8
Optometry	-1.3	0.0	-1.3	0.0	0.0	0.0	0.0	0.0	0.0	-1.3
Sterile Medicines top slice	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Assumed funding:	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc	0.0
RLW 24/25	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Invest to Save repayments	0.0	1.0	1.0	0.0	1.0	1.0	0.0	1.0	1.0	0.0
Robot	0.0	-0.4	-0.4	0.0	-0.3	-0.3	0.0	0.0	0.0	0.0
Sub total income changes	-50.4	0.6	-49.8	-22.0	0.7	-21.3	-22.5	1.0	-21.5	-95.1
Cost pressures and investments										
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	0.0	tbc	0.0	0.0	tbc	0.0	0.0	0.0
Other inflationary costs (Excluding pay awards and contractor professions)	21.3	0.0	21.3	16.2	0.0	16.2	16.2	0.0	16.2	53.6
Service and demand pressures	20.8	0.0	20.8	13.0	0.0	13.0	13.6	0.0	13.6	47.4
Service improvement - locally determined	2.9	0.0	2.9	6.0	0.0	6.0	6.0	0.0	6.0	14.9
Service improvement - Health Protection and PPE	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0
Service improvement - Long Covid	1.1	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	1.1
Service improvement - Further Faster	1.8	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	1.8
Service improvement - Optometry	1.3	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	1.3
Other Non-recurring costs	0.0	1.4	1.4	0.0	1.2	1.2	0.0	1.2	1.2	0.0
Contingency	0.0	0.0	0.0	4.0	0.0	4.0	4.0	0.0	4.0	8.0
Sub total cost pressures and investments	55.2	1.4	56.6	39.2	1.2	40.3	39.8	1.2	40.9	134.1
Savings and overspend reduction targets :										
New savings targets	-26.3	0.0	-26.3	-17.5	0.0	-17.5	-17.5	0.0	-17.5	-61.4
Sub total	-26.3	0.0	-26.3	-17.5	0.0	-17.5	-17.5	0.0	-17.5	-61.4
Total change on previous year	-21.5	2.0	-19.5	-0.4	1.9	1.5	-0.2	2.2	2.0	-22.3
Revised surplus/deficit	-2.1	2.0	-0.1	-2.5	1.9	-0.6	-2.7	2.2	-0.5	-1.2

The table below shows the projected inflationary, demand and other cost pressures over the 3 years of the plan and explains the key changes from Year 1.

	24/25 £m	25/26 £m	26/27 £m	Assumptions for Year 2 and 3
Inflationary costs (excluding pay awards and contractor professions)				
CHC inflation	3.8	2.9	2.9	6.3% Yr1, reducing to 5% in Years 2 and 3
NHSFNC inflation	0.3	0.3	0.3	4.0% Yr1, reducing to 3% in Years 2 and 3
Non-pay inflation	4.3	3.9	3.9	3.3% Yr1, reducing to 3% in Years 2 and 3
Primary care prescribing inflation	4.0	3.0	3.0	3.9% Yr1, reducing to 3% in Years 2 and 3
LTA uplifts (inflation & demand pressures)	6.2	3.4	3.4	3.67% Yr1, reducing to 2%% in Years 2 and 3. Linked to assumed reduction in WG funding uplift
Agency inflation	2.5	2.4	2.4	
Consultant commitment awards	0.3	0.3	0.3	
Subtotal	21.3	16.2	16.2	
Service and demand pressures				
CHC growth	1.4	1.4	1.4	
Primary care prescribing- volume growth	1.0	1.0	1.0	
NICE- internal	2.0	2.0	2.0	
NICE- external	2.5	2.5	2.5	
Claims Welsh Risk Pool (WRP)	0.6	0.6	0.6	
WHSCC demand and cost pressures	2.5	2.5	2.5	
EASC and NCCU demand and cost pressures	0	0	0	
Non pay cost pressures due to increased Planned care activity	2.0	0	0	Investment in Year 2 and 3 to be considered as part of local investment choices.
Reduction in WG funding for Real Living Wage	2.4	0	0	One off impact in Year 1
Cessation of Covid recovery LTA arrangements from 1 April 2024	3.4	0	0	One off impact in Year 1
Swansea Bay repatriation (Year 1 impact)	1.0	1.0	1.6	
Other Internal cost/demand/service pressures	2.0	2.0	2.0	
Subtotal	20.8	13.0	13.6	
Total	42.1	29.2	29.8	

(Agenda Item) 6.2 **25 June 2024** **Planning , Performance & Finance Committee** **M1 Finance Report**

Report Details:

FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2024-25 Finance Report

Month 01

Summary

Situation

This Finance report outlines our financial performance for Month 1 (i.e. the period to 30 April 2024).

This Finance report is discussed at the Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 1 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.

Background

Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers.

Our draft financial plan for 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m.

It is important to note that , even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.

Summary

Assessment	Recommendation
<p>Overall Revenue position - 2024/25:</p> <ul style="list-style-type: none"> The M1 position was a £0.9m deficit. As at M1 we are continuing to forecast a break even position for 24/25, which is consistent with the break-even plan submitted to WG. The key risks to the forecast break even position at M1 are estimated at £9.9m and these are summarised on Page 17. <p>Recurrent Revenue position:</p> <ul style="list-style-type: none"> The b'fwd recurrent deficit at the end of 23/24 was £19.4m. As at M1 we are reporting a forecast underlying surplus at the end of 24/25 of £2.1m. This is consistent with the IMTP submitted on 31 March 2024 and this position will be reviewed at the end of Q1. 	<p>The Board, the PFFC and the ELG are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 30th April 2024.</p>

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7	YTD Performance & Forecast
8	Forecast Underlying Position
9-11	Pay Expenditure Trends
12	Non pay Expenditure Trends
13	Income Trends
14-15	Income Assumptions
16	Savings
17	Risk Management
	The following areas will be reported from M2 onwards:
	<ul style="list-style-type: none"> • Statement of Financial Position • Cash Flow forecast • Public Sector Payment Policy Compliance • Capital Expenditure

Overall Revenue Position

- The M1 position was a £0.9m Deficit.
- The Health Board is continuing to forecast a break even position for 24/25, which is consistent with the break-even plan submitted to WG.
- The key risks to the forecast break even position at M1 are estimated at £9.9m and these are summarised on Page 17.

Savings Position

- Actual savings in M1 was £0.5m which was £1.8m below the M1 target of £2.0m.
- The M01 forecast In year savings is £23.0m. The savings increase significantly from M4 onwards, by over £1.5m each month when compared to M1 actuals.
- The M01 forecast Recurrent savings is £22.6m, which is £4.7m below the £27.3m target.



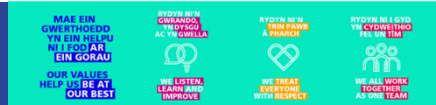
Summary Income & Expenditure Account



	M1 Actual	M1 YTD	Year End Forecast
	£k	£k	£k
01. Revenue Resource Limit	(112,809)	(112,809)	(1,370,636)
02. Capital Donation / Government Grant Income	(0)	(0)	(0)
03. Welsh NHS Local Health Boards & Trusts Income	(6,612)	(6,612)	(79,344)
04. WHSSC Income	(1,020)	(1,020)	(12,240)
05. Welsh Government Income (Non RRL)	525	525	448
06. Other Income	(3,953)	(3,953)	(47,436)
Total Allocations & Income	(123,869)	(123,869)	(1,509,208)
08. Primary Care Contractor	12,479	12,479	155,600
09. Primary Care - Drugs & Appliances	8,833	8,833	104,772
10. Provided Services - Pay	55,989	55,989	673,517
11. Provider Services - Non Pay	9,644	9,644	115,728
12. Secondary Care - Drugs	4,740	4,740	58,230
13. Healthcare Services Provided by Other NHS Bodies	22,457	22,457	269,484
14. Non Healthcare Services Provided by Other NHS Bodies	0	0	0
15. Continuing Care and Funded Nursing Care	5,775	5,775	73,461
16. Other Private & Voluntary Sector	1,016	1,016	12,192
17. Joint Financing and Other	(392)	(392)	(4,704)
18. Losses Special Payments and Irrecoverable Debts	1,730	1,730	20,591
22. DEL Depreciation\Accelerated Depreciation\Impairments	2,518	2,518	30,215
23. AME Donated Depreciation\Impairments	10	10	122
25. Profit\Loss Disposal of Assets	0	0	0
Total Expenditure	124,799	124,799	1,509,208
Grand total	(930)	(930)	0

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The year to date position is reporting a deficit of £930k
- The Year end forecast remains a breakeven position.



Year to Date Performance and Forecast

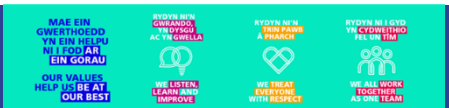


	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0

Key Points:

The main driver for the overspend in M1 is the £1.7m shortfall in savings delivery compared to the straight-line savings target of £2.2m per month. This has been offset by the following improvements:

- An anticipated reduction in Contracting & Commissioning costs compared to the financial plan. This reduction is subject to agreement of the LTAs for 24/25 and the estimated M1 benefit is £0.4m.
- An anticipated reduction in Agency costs compared to the financial plan. The estimated M1 benefit is £0.2m.
- Other underspends £0.2m



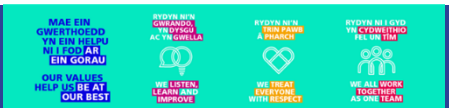
Forecast Underlying Position



Underlying Deficit	Plan £'m	M1 F/Cast £'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2
Savings Target	(26.3)	(26.3)
Grand Total	(2.1)	(2.1)

Key Points:

- The b'fwd recurrent deficit at the end of 23/24 was £19.4m.
- As at M1 we are reporting a forecast underlying surplus at the end of 24/25 of £2.1m. This is consistent with the IMTP submitted on 31 March 2024 and will be reviewed at the end of Q1.
- **The indicative financial plan for Year 2 and Year 3 of the IMTP shows that full delivery of the recurrent financial plan in Year 1 (2024/25) should present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.**





Pay Expenditure Trends

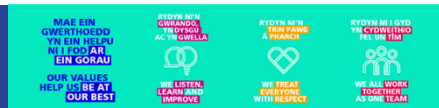


Staff Group	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Qtr Ave £'m	Apr-24 £'m
Administrative & Clerical	7.6	7.5	7.7	7.1	7.4	7.5
Medical And Dental	15.4	15.5	15.7	15.1	15.5	15.5
Nursing And Midwifery Registered	18.0	18.2	19.3	19.7	19.0	17.9
Add Prof Scientific And Technical	1.6	1.7	1.7	1.4	1.6	1.7
Additional Clinical Services	7.3	7.3	7.5	7.7	7.5	7.3
Allied Health Professionals	3.6	3.6	3.8	3.6	3.7	3.6
Healthcare Scientists	1.1	1.1	1.2	1.1	1.1	1.2
Estates And Ancillary	3.3	3.4	3.3	3.3	3.3	3.5
Students	.1	.1	.1	.1	.1	.0
Grand Total	58.1	58.4	60.4	59.2	59.3	58.1

Spend category	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Qtr Ave £'m	Apr-24 £'m
Core	50.0	50.1	51.0	49.8	50.3	49.9
Agency	3.8	3.4	4.5	3.7	3.9	3.3
Overtime	1.3	1.7	1.8	2.1	1.9	1.5
ADH	1.7	1.9	1.8	2.1	1.9	2.0
Bank	1.1	1.2	1.2	1.3	1.2	1.1
WLI	.1	.1	.1	.2	.1	.2
Grand Total	58.1	58.4	60.4	59.2	59.3	58.1

Key Points:

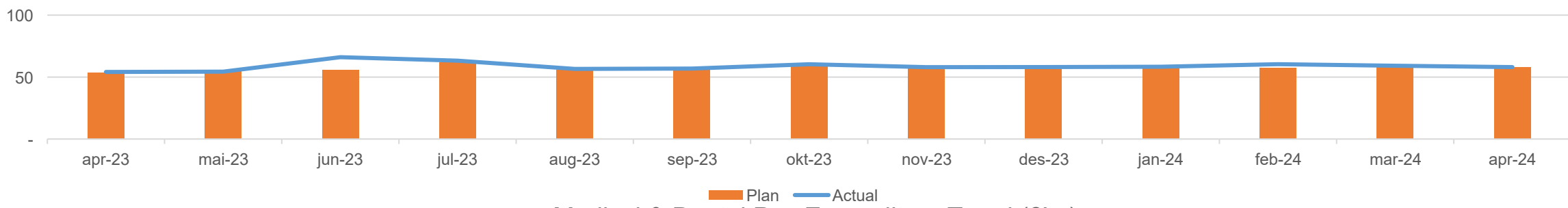
- Nursing is showing a £1.1m improvement compared to the previous quarter average. The high nursing costs experienced during M11 & M12 appear to have eased in M1, with Nursing pay costs returning to previous levels.
- Medical is consistent with the previous quarter average. However, since M1 is the first month since December not to have incurred industrial action (estimated impact of £0.3m per month in Q4), underlying costs have increased by £0.3m.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.
- The Medical & Nursing agency pressures experienced during M11 & M12 appear to have eased in M1, with agency costs returning to previous levels.
- Overtime costs have reported a decrease compared to the previous quarter average, this mainly relates to Registered Nursing.



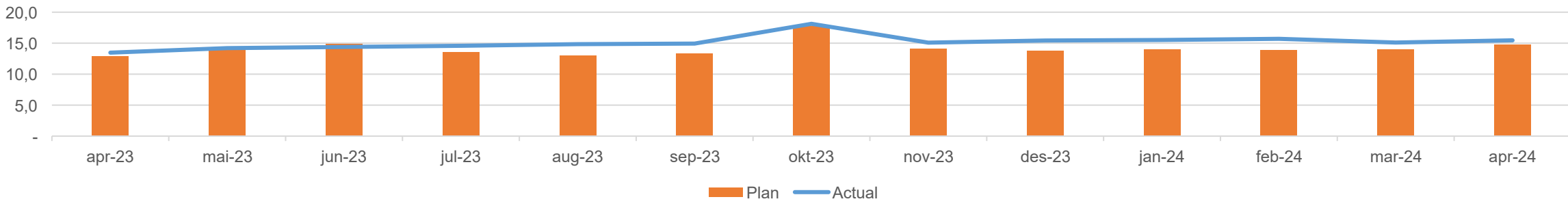
Pay Expenditure Trends



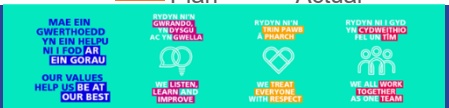
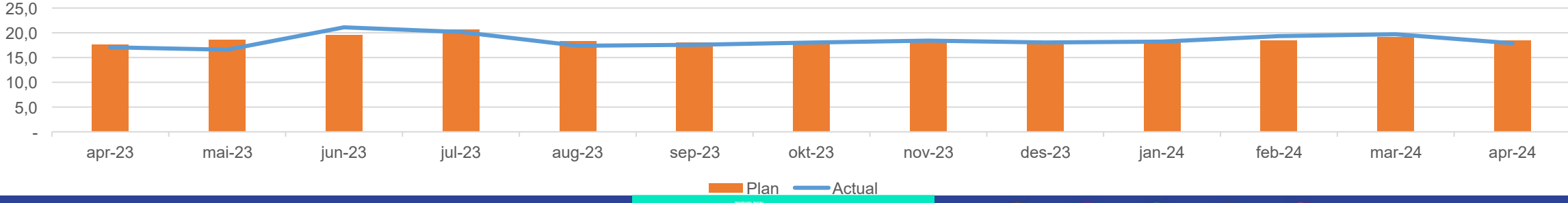
Total Pay Expenditure Trend (£'m)



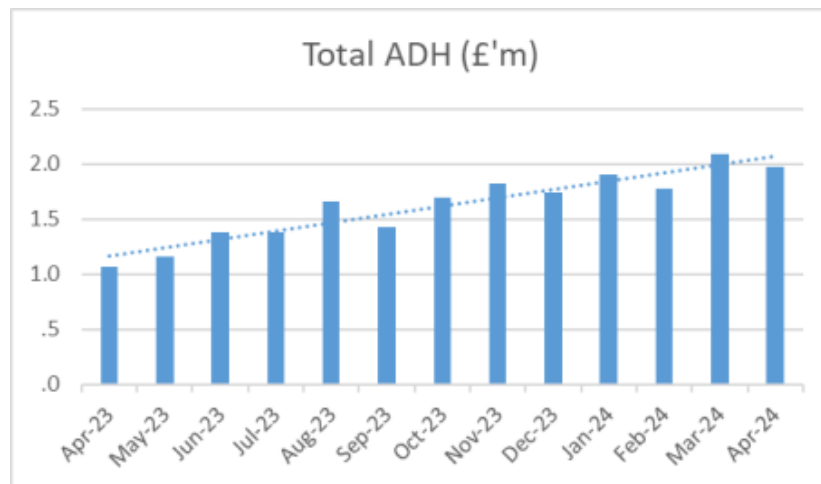
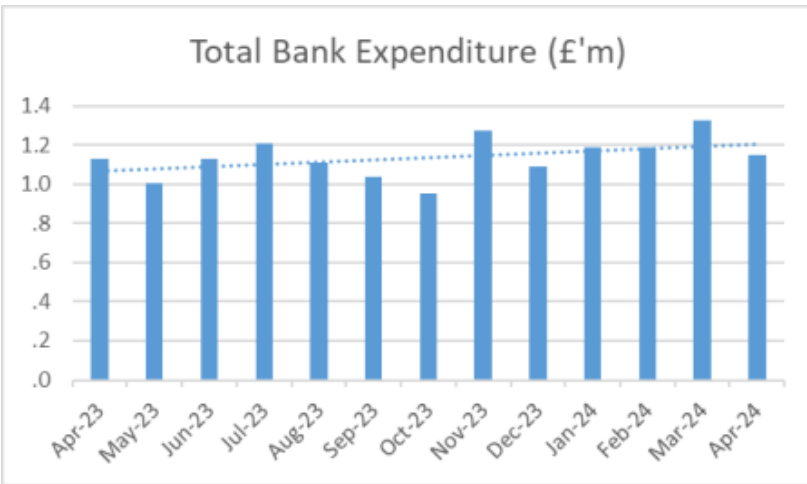
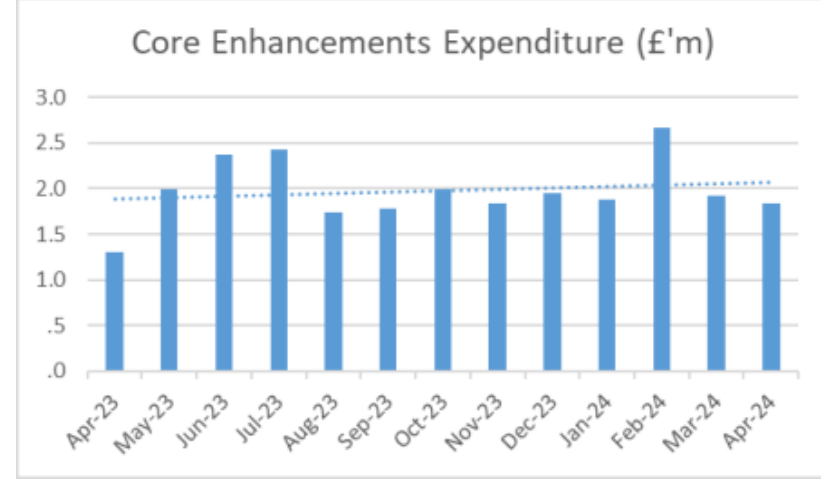
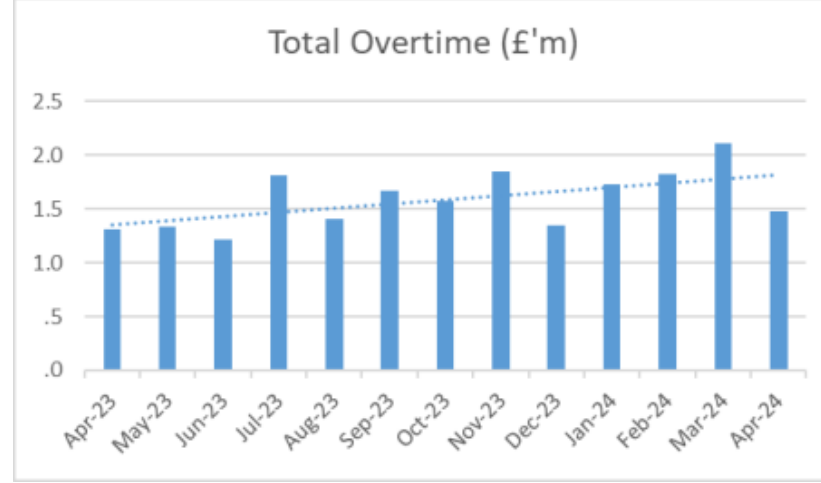
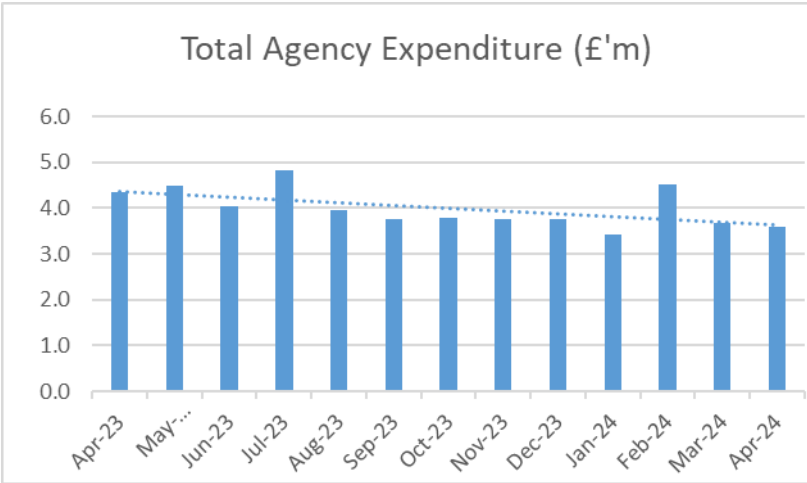
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)

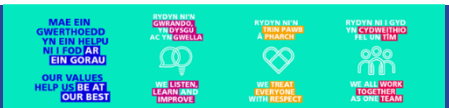


Variable Pay Expenditure Trends



Key Points :

- Total agency expenditure in M1 decreased by £0.4m when compared to M12.
- Overtime payments and core enhancements in M1 decreased by £0.6m & £0.1m respectively when compared to M12.



Non Pay Expenditure Trends

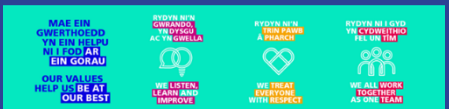
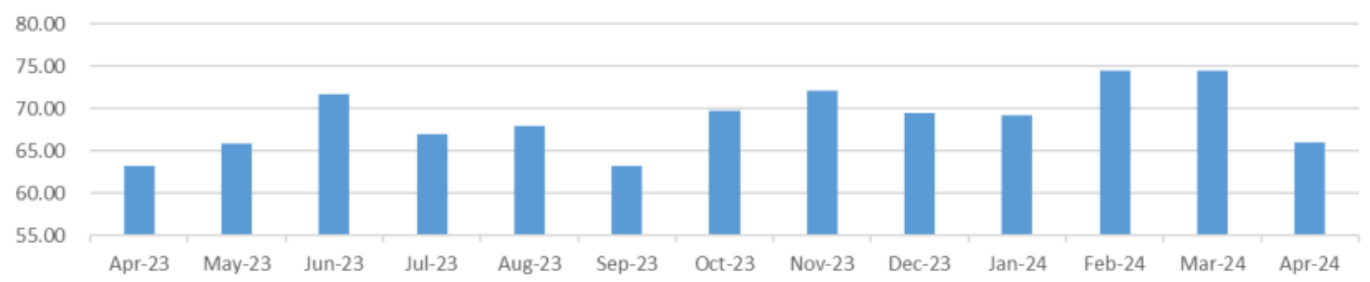


Non Pay Group	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Apr-24 £'m
Primary Care Contractors	11.6	13.0	12.7	16.5	14.5	11.6
Primary Care Drugs	8.5	8.2	8.5	8.4	8.5	8.8
Provider Non Pay	9.1	9.6	11.4	9.3	9.5	9.6
Secondary Care Drugs	5.4	4.4	4.8	4.9	4.6	4.7
Healthcare Commissioning	25.6	22.4	20.3	24.0	30.1	22.5
CHC & FNC	6.0	6.5	6.2	5.7	5.5	6.0
Other	5.9	5.6	5.1	5.6	1.8	4.8
Total Expenditure	72.1	69.5	69.2	74.5	74.5	68.1

Key Points:

- The level of expenditure in M11 & M12 was higher than normal due to a number of year end adjustments and arrears being processed. The total spend in M1 of £68.1m was £1.1m lower than M10 (Jan-24). The main movements from M10 were:
- Decrease in Primary care contractors £1.1m – This mainly relates to a delay in a technical adjustment for Non Cash Limited..
- Increase in PC Drugs £0.3m – M1 is an estimate and includes growth and inflation assumptions for 24/25.
- Decrease in Provider Non Pay - £1.8m – M10 included a retrospective adjustment for Laundry recharges with NWSSP of £1m and one off costs of recruitment and training of £0.4m, M1 has reported a reduction in clinical supplies & Services of £0.4m.
- Increase in Healthcare commissioning £2.2m – M10 included a retrospective adjustment of £2m. The average spend in Nov, Dec and Jan was £22.8m.
- Decrease in Other £0.3m – relates to capital charge estimates, revised estimates will be provided from M3 onwards.

Non Pay Expenditure Trend (£'m)

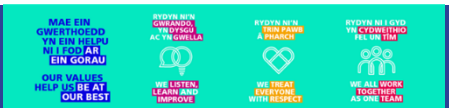
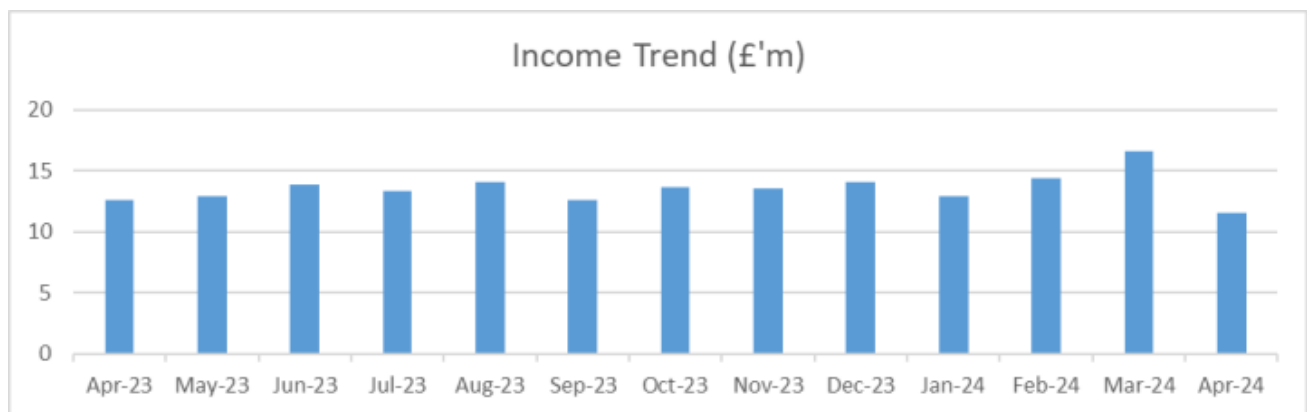


Income Trends



Income Group	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Apr-24 £'m
Welsh NHS Income	7.3	7.4	5.7	7.2	7.7	6.6
WHSSC Income	1.0	1.1	1.1	1.0	1.1	1.0
Primary Care Contractor Income	1.3	1.4	1.6	1.4	1.2	1.0
CHC Income	0.5	0.5	0.5	0.4	0.5	0.4
Other Income	3.5	3.7	4.0	4.3	6.0	4.0
Total Income	13.6	14.1	12.9	14.4	16.6	13.0

- Key Points:**
- The level of income received in M12 was higher than normal due to a number of year end adjustments .
 - The total Income in M1 of £13.0m was £1.4m lower than M11 (Feb-24). The main movements from M11 were:
 - Decrease in Welsh NHS Income of £0.6m- This reflects the removal of COVID protection arrangements for LTAs in 24/25.
 - Decrease in Other income of £0.3m – Various small movements with a reduction in Injury cost recovery income of £0.2m being the most significant.
 - Decrease in Primary Care Contractor income £0.4m – M11 had recognised one off income from ABUHB for OOH.



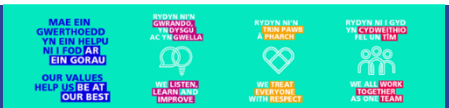
Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,172.1	29.7	25.0	83.5	1,310.3
Anticipated Allocations:					
2022/23 Pay award	8.9				8.9
2023/24 Pay award	31.9				31.9
2024/25 RLW Pay award	2.6				2.6
Substance Misuse Funding	4.0				4.0
Emergency/Urgent Care	3.0				3.0
RLW Social Care	2.4				2.4
MH Investment	4.1				4.1
IFRS 16 Adjustment	(2.4)				(2.4)
WRP Recovery	(4.6)				(4.6)
GP Pay Uplift 23/24				3.0	3.0
Other Allocations	7.7				7.7
	1,229.6	29.7	25.0	86.5	1,370.8

Key Points:

- As at M1 the confirmed Revenue Resource allocation was £1,310.3m.
- The forecast position assumes a further £67.6m of additional allocations offset by a reduction of £7.0m for IFRS and NWSSP Risk Pool to give a Total allocation of £1,370.8m.
- Our M1 year end forecast position assumes that our anticipated allocations for Pay awards (£43.4m) will be fully funded by WG. However, until formally confirmed, there remains a risk that the final allocations will be lower than anticipated. This risk is included in our M1 Risk assessment on Page 17.



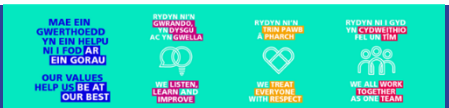
Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.0	2.1	22.1
Betsi Cadwaladr University	0	0.3	0.3
Cardiff & Vale University	17.2	1.1	18.3
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.5	1.0
Powys	5.1	1.2	6.3
Public Health Wales	3.3	1.3	4.6
Velindre	0	11.8	11.8
NWSSP	0	0.0	0.0
DHCW	0.7	0.7	1.4
Wales Ambulance Services	0.0	0.1	0.1
JCC	11.5	1.0	12.5
HEIW	0.0	15.7	15.7
NHS Wales Executive	0.0	0.0	0.0
Total	88.3	33.3	121.5

Key Points :

- Draft proposals for the 24/25 LTAs have been submitted to all providers and commissioners, apart from SBUHB.
- However, there are a number of disputes in respect to the 24/25 inflation uplift for both LTAs and SLAs which have yet to be agreed with other Health Board's and Trusts.
- The Health Board is working to agree all of the LTAs by the Welsh Government deadline of the 28th June 2024. Failure to agree LTAs by this date will result in organisations having to request arbitration by Welsh Government.



Savings

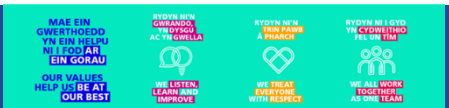
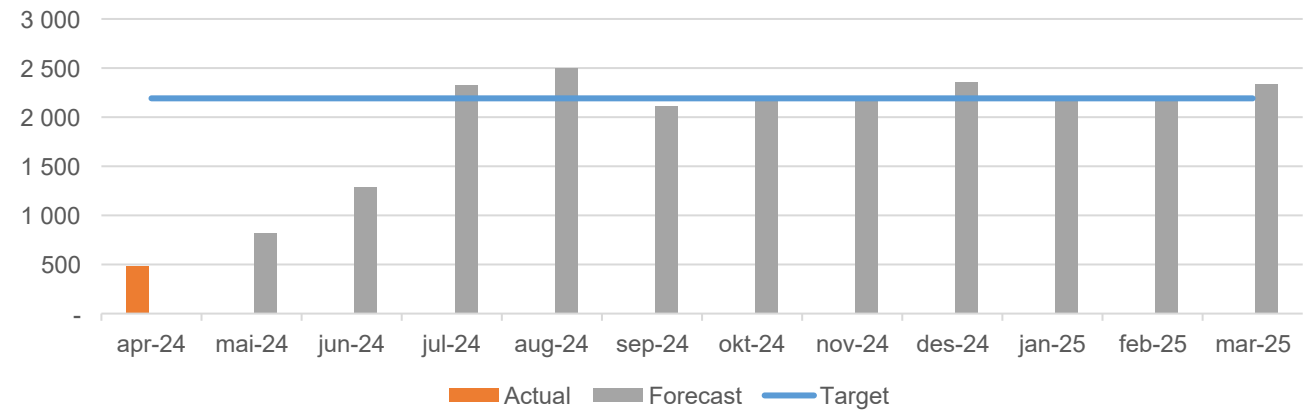


	Month 1		
	YTD	24/25	Rec
	£m	£m	£m
Savings target as at M1	2.2	26.3	26.3
Actual and Forecast Savings	(0.5)	(23.0)	(22.6)
Total	1.7	3.3	3.7

Key Points:

- Actual savings in M1 was £0.5m which was £1.7m below the M1 target of £2.2m.
- The M1 forecast In year savings is £23.0m, which is £3.3m below the £26.3m target. The M1 savings profiles from Care Groups and directorates are showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings are forecast to reach £2.0m per month.
- The M1 forecast Recurrent savings is £22.6m, which is £3.7m below the £26.3m target.

Savings Profile £'000s



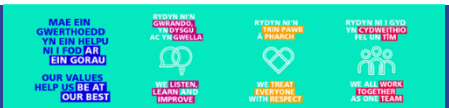
Risk Management Risks and Opportunities



	M1 £m	IMTP £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	2.6	2.6	Further clarification needed on funding assumptions for 24/25
Risk of the 24/25 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement of £2.6m in M1 forecast savings plans of £23m to achieve break even position at year end.	2.6	3.3	Risk of not delivering the anticipated improvement.
Delivery risk on latest savings plans for £23m	6.5	2.4	This risk is estimated at 50% of all Amber schemes
Cost pressures	5.0	7.9	
Further industrial action in 24/25.	Tbc	Tbc	
Total Risks	16.7	16.2	
Opportunities			
Balance sheet opportunities in 24/25	(5.0)	(5.0)	
Retrospective vat recoveries – Microsoft contract	(1.8)	(1.8)	
Potential reduction in Energy costs	Tbc	Tbc	
Total Opportunities	(6.8)	(6.8)	
Total	9.9	9.4	

Key Points :

- As at M1 we are reporting an estimated net risk of £9.9m.
- The M1 forecast savings plans of £23m have been risk assessed as £10m Green and £13m Amber. The savings delivery risk at M1 has been estimated at 50% of the Amber schemes.



(Agenda Item) 6.3 **25 June 2024** **Planning , Performance & Finance Committee** **M1 Finance Performance Report**

FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2024-25 Finance Performance Report Month 1

Summary

Situation	Background
<p>The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M1 (i.e. the Delegated budget position).</p> <p>This Finance performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG) meetings. Where required, PPFC may request further information or a 'deep dive' on the financial performance of individual ILGs and directorates.</p> <p>A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M1. The overall financial position report is discussed at the Full Board, PPFC and ELG .</p>	<p>The financial plan for 24/25 made provision for a £44m recurrent investment in Care Groups and directorates to cover their forecast recurrent deficits at the end of 23/24 and also included a £26.3m savings target for 24/25.</p> <p>The forecast recurrent deficits were based on the recurrent forecasts in the M9 Finance packs for 23/24. Adjustments totalling £8.5m were made to the Care Groups' recurrent forecasts following review meetings with the Finance director and the COO. These adjustments were mainly where the Care Group recurrent forecasts were greater than the 23/24 out-turn positions and the Care Groups agreed to re-deliver some of the Non Recurrent benefits that were reported in 23/24.</p> <p>All Care Groups and directorates are therefore expected to deliver a 2.4% savings target and also to manage costs within their budgets in order to deliver a break even position in 24/25. All Care Groups and directorates will have Accountability letters which confirms this expectation.</p>

Summary

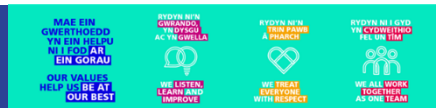
Assessment	Recommendation
<p>The M1 Delegated overspend was £2.2m. The main drivers are as follows:</p> <ul style="list-style-type: none"> • A £1.9m shortfall against the £24.2m Delegated savings target for 24/25. • £0.3m of other adverse operating variances (See Page 7). <p>The main overspending areas are as follows:</p> <ul style="list-style-type: none"> • Unscheduled Care - £0.7m • DTP&S - £0.7m • Facilities - £0.4m • Planned Care - £0.3m 	<p>The ELG and the PPFC are asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 30 April 2024.</p>



Contents



Slide	Subject Area
5	Executive Summary
6-8	Summary Performance
9-10	Summary Performance – Corporate directorates
11-19	Annex A - Savings Analysis
20-26	Annex B- Operating Variance Analysis





Executive Summary



Current Month Analysis

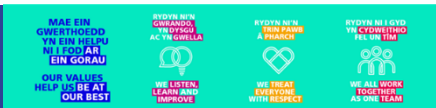
- The M1 **Delegated** overspend was £2.2m and includes:
 - A shortfall against the M1 **Delegated** savings target of £1.9m.
 - Other adverse Operating variances of £0.3m.

Savings Plan Analysis

- The M1 savings is only £0.1m. This represents a shortfall of £1.9m compared to the monthly savings target of £2.0m.
- The forecast In year delegated savings achievement is £20.1m. This represents a forecast shortfall of £4.1m compared to the annual savings target of £24.1m.
- The forecast recurrent delegated savings achievement is £20.1m. This also represents a forecast shortfall of £4.1m compared to the recurrent savings target of £24.1m.

Operating Variance Analysis

- The total Operating Variances in M1 was a £0.3m overspend. This includes Pay overspends of £0.2m and Income shortfalls £0.1m.
- The main overspending areas were:
 - USC £0.4m
 - DTPS £0.2m
 - Facilities £0.3m
 - Planned care £0.1m

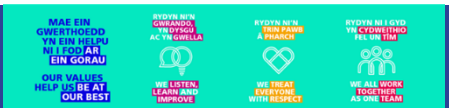


Summary Performance M1



	Annual Budget	M1 Variance	M1 YTD Variance
	£'000	£'000	£'000
Delegated Budgets			
Planned Care	185,324	341	341
Unscheduled Care	146,601	720	720
Primary & Community Care	204,910	(306)	(306)
Mental Health & Learning Disabilities	117,523	164	164
Children & Families	78,587	213	213
Diagnostics, Therapies & Specialties (Med Mgt)	266,983	726	726
Corporate directorates	121,231	(108)	(108)
Facilities	43,730	366	366
Contracting & Commissioning	162,778	45	45
Total Delegated Budgets	1,327,668	2,161	2,161

- Key Points :**
- The M1 Delegated position is showing a £2.2m overspend.
 - The main overspending areas are as follows:
 - Unscheduled Care - £0.7m
 - DTP&S - £0.7m
 - Facilities - £0.4m
 - Planned Care - £0.3m
 - Children & Families - £0.2m
 - Mental Health & LD – £0.2m
 - A breakdown of the £2.2m overspend is provided on page 7.
 - Year end forecasts – will be provided from M3 onwards





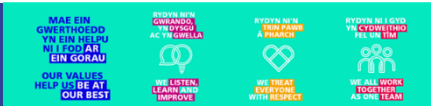
Summary Performance M1



DELEGATED BUDGETS	Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Planned Care	259	82	341
Unscheduled Care	297	423	720
Primary Care & Community	170	(477)	(306)
Mental Health & LD	189	(25)	164
Children & Families	160	54	213
Diagnostics, Therapies & Specialties	499	227	726
Corporate directorates	172	(280)	(108)
Facilities	85	281	366
Contracting & Commissioning	10	35	45
TOTAL DELEGATED BUDGETS	1,841	320	2,161

Key Points :

- The £2.2m YTD Overspend includes:
 - A shortfall against the M1 savings target of £1.9m.
 - Other Operating Variances of £0.3m.
- Further information on the savings shortfalls is provided at Annex A.
- Further information on the Other Operating variances is provided at Annex B.
- A breakdown of the Corporate directorate positions is provided on Page 8.





Summary Performance M1- Corporate directorates



Corporate Directorates	Annual Budget	M1 Variance	M1 YTD Variance
	£'000	£'000	£'000
Patient Care & Safety	13,639	18	18
Corporate Development	641	5	5
Chief Executive	3,606	(15)	(15)
Finance	4,662	(19)	(19)
Public Health	4,045	(87)	(87)
Digital	22,276	45	45
Medical Director	694	(13)	(13)
National Imaging Academy	1,617	(0)	(0)
Planning & Partnership	21,447	(5)	(5)
Research & Development	904	(1)	(1)
Estates	29,321	47	47
Therapies & Healthcare Sciences	94	(1)	(1)
People Services	9,156	(5)	(5)
COO Management	9,129	(76)	(76)
Grand total	121,231	(108)	(108)

Key Points :

- The M1 position is reporting a favourable variance of £108k.
- The only Corporate directorates overspending at M1 are:
 - Estates - £47k
 - Digital - £45k
 - PC&S - £18k
 - Corporate Development - £5k
- A breakdown of the £108k underspend is provided on page 9.



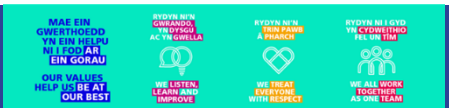
Summary Performance M1 – Corporate directorates



Corporate directorates	Year to Date Variance		
	Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Patient Care & Safety	28	-11	18
Corporate Development	1	4	5
Chief Executive	7	-22	(15)
Finance	9	-28	(19)
Public Health	4	-91	(87)
Digital	44	1	45
Medical Director	1	-15	(13)
National Imaging Academy	0	0	0
Planning & Partnership	6	-12	(5)
Research & Development	0	-1	(1)
Estates	43	4	47
Therapies & Healthcare Sciences	0	-2	(1)
People Services	18	-23	(5)
COO Management	8	-85	(76)
TOTAL	172	(280)	(108)

Key Points :

- The M1 YTD favourable variance of £0.1m includes favourable Other Operating Variances of £280k.
- The main causes of the overspends in Estates, Digital, PC&S are savings shortfalls.



Annex A

Savings Performance

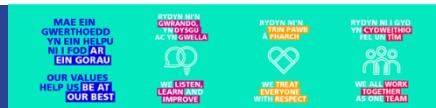
Month 1



Contents



Slide	Contents
12	Executive Summary
13	Savings principles
14	In month Savings
15	YTD Savings
16	Forecast Savings
17	Forecast Savings- RAG ratings
18	Forecast Savings – Health Board trend line
19	Forecast Savings – Care Group and Directorate trend lines



Executive Summary- Month 1

In month Savings

- The M1 savings is only £0.1m. This represents a shortfall of £1.9m compared to the monthly savings target of £2.0m.

YTD Savings

- The M1 YTD savings is only £0.1m. This represents a shortfall of £1.9m compared to the M1 YTD savings target of £2.0m

Forecast In year Savings

- The M1 forecast In year delegated savings achievement is £20.1m. This represents a forecast shortfall of £4.1m compared to the annual savings target of £24.1m.
- The forecast savings of £20.1m includes £9.0m of Green schemes, £10.2m Amber schemes and £0.9m Red.
- The M1 savings profiles from Care Groups and directorates are showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings are forecast to reach circa £2.0m per month.

Recurrent Savings

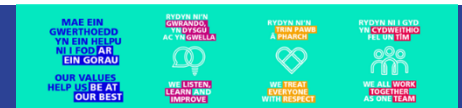
- The M1 forecast In year delegated savings achievement is £20.1m. This represents a forecast shortfall of £4.1m compared to the annual savings target of £24.1m.
- The forecast savings of £20.1m includes £7.0m of Green schemes, £11.5m Amber schemes and £1.4m Red.

Savings principles



The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing** - Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – Non-Recurrent savings plans will not be reviewed until M4. The first call for any NR savings will be any other operating overspends within a Care Group.



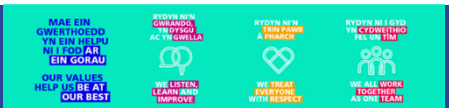
In Month Savings – Month 1



DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 1 Savings £'000	Month 1 Variance from Target £'000
Planned Care	4,252	354	98	256
Unscheduled Care	3,562	297	0	297
Primary Care & Community	2,091	174	4	170
Mental Health & LD	2,753	229	40	189
Children & Families	1,920	160	0	160
Diagnostics, Therapies, Pathology & Specialties	6,279	523	18	505
Corporate Executives	2,158	180	8	172
Facilities	1,022	85	0	85
Contracting & Commissioning	123	10	0	10
TOTAL DELEGATED BUDGETS	24,159	2,013	168	1,845

Key Points :

- The M1 savings position is reporting an adverse variance of £1.8m against the monthly savings target of £2.0m.



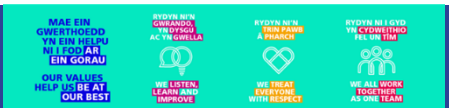
YTD Savings– Month 1



	Annual Savings Targets	Month 1 YTD Savings Targets	Month 1 Savings	Month 1 YTD Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	4,252	354	98	256
Unscheduled Care	3,562	297	0	297
Primary Care & Community	2,091	174	4	170
Mental Health & LD	2,753	229	40	189
Children & Families	1,920	160	0	160
Diagnostics, Therapies, Pathology & Specialties	6,279	523	18	505
Corporate Executives	2,158	180	8	172
Facilities	1,022	85	0	85
Contracting & Commissioning	123	10	0	10
TOTAL DELEGATED BUDGETS	24,159	2,013	168	1,845

Key Points :

- The M1 year to date position is reporting an adverse variance of £1.8m against the M1 YTD savings target of £2.0m.



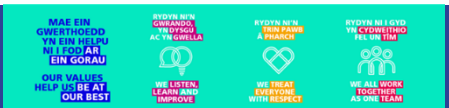
Forecast Savings- Month 1



	Annual Savings Targets	Forecast Achievement	Forecast Variance	Rec Forecast Achievement	Rec Forecast Variance
DELEGATED BUDGETS	£'000	£'000	£'000	£'000	£'000
Planned Care	4,252	3,466	786	3,206	1,046
Unscheduled Care	3,562	5,227	(1,665)	5,157	(1,595)
Primary Care & Community	2,091	1,255	836	1,082	1,009
Mental Health & LD	2,753	2,414	339	2,791	(39)
Children & Families	1,920	1,031	889	1,417	503
Diagnostics, Therapies, Pathology & Specialties	6,279	4,016	2,263	3,476	2,803
Corporate Executives	2,158	1,018	1,140	742	1,416
Facilities	1,022	1,283	(262)	1,799	(777)
Contracting & Commissioning	123	325	(202)	420	(297)
TOTAL DELEGATED BUDGETS	24,159	20,035	4,124	20,089	4,070

Key Points :

- The forecast delegated Savings achievement is £20.0m compared to the £24.1m savings target, giving an adverse variance of £4.1m for delegated budgets.
- The forecast recurrent delegated savings achievement is £20.1m compared to the recurrent target of £24.1m, also giving a recurrent adverse variance of £4.1m.
- The following areas are forecasting to achieve their savings targets::
 - **Unscheduled Care 147%** forecast achievement
 - **Facilities 126%** forecast achievement
 - **Contracting & Commissioning 265%** forecast achievement
- The following areas are forecasting to deliver less than 75% of their savings targets:
 - **Children & Families 54%** forecast achievement
 - **DTPS 64%** forecast achievement
 - **Primary Care & Community 60%** forecast achievement
 - **Corporates 47%** forecast achievement



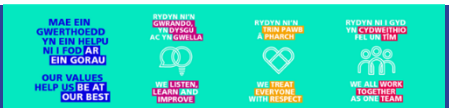
Forecast Savings RAG ratings - Month 1



DELEGATED BUDGETS	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes)	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'001	£'002
Planned Care	4,252	2,200	1,265	0	786	1,940	1,265	0	1,046
Unscheduled Care	3,562	1,595	3,632	0	(1,665)	1,525	3,632	0	(1,595)
Primary Care & Community	2,091	753	217	286	1,121	233	278	571	1,580
Mental Health & LD	2,753	943	1,471	0	339	578	2,213	0	(39)
Children & Families	1,920	309	532	190	1,079	270	777	370	873
Diagnostics, Therapies, Pathology & Specialties	6,279	2,479	1,538	0	2,263	2,201	1,275	0	2,803
Corporate Executives	2,158	659	360	0	1,140	412	330	0	1,416
Facilities	1,022	14	1,138	132	(130)	15	1,652	132	(645)
Contracting & Commissioning	123	0	25	300	98	0	120	300	3
TOTAL DELEGATED BUDGETS	24,159	8,951	10,177	907	5,031	7,174	11,542	1,373	5,443

Key Points :

- As at M1, the forecast delegated savings of £20.0m includes £9.0m of Green schemes with £10.2m of Amber schemes and £0.9m Red. It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.

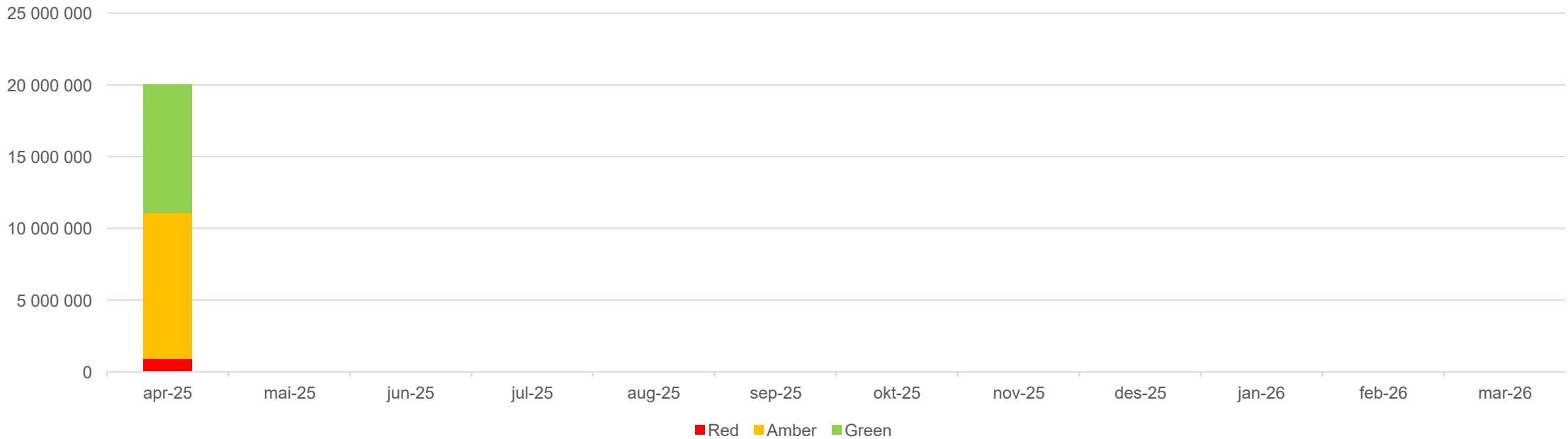




Forecast Savings Health Board trend line - Month 1

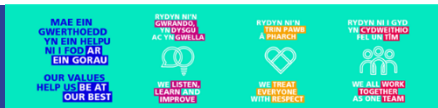


Forecast Savings by RAG Rating £'s



Key Points :

- As at M01, the forecast delegated 24/25 WG Savings achievement of £20.0m includes £9.0m of Green schemes with £10.2m of Amber and £0.9m of Red.
- The forecast savings trends will become more informative as future months are populated.





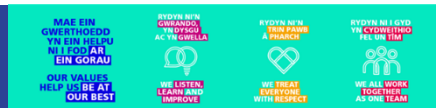
Forecast Savings Care Group and Directorate trend lines - Month 1



DELEGATED BUDGETS	Month 1 £'000
Planned Care	3,466
Unscheduled Care	5,227
Primary Care & Community	1,255
Mental Health & LD	2,414
Children & Families	1,031
Diagnostics, Therapies, Pathology & Specialties	4,016
Corporate Executives	1,018
Facilities	1,283
Contracting & Commissioning	325
TOTAL DELEGATED BUDGETS	20,035

Key Points :

- The M1 forecast is reporting savings plans of £20m.
- The forecast savings trends will become more informative as future months are populated.



Annex B

Operating Variance Analysis

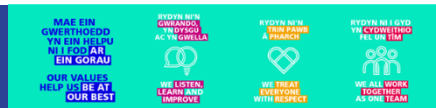
Month 1



Contents



Slide	Contents
22	Executive Summary
23	M1 Operating variances
24	M1 YTD Pay variances
25	M1 YTD Non pay variances
26	M1 YTD income variances



Executive Summary- Month 1

Pay Variance

- The M1 position is reporting an adverse variance of £0.2m.
- The most significant overspends are within:
 - Medical & Dental Staff £0.7m
 - Estates & ancillary £0.2m
- The most significant underspends are within:
 - Registered Nursing £0.5m
 - Administrative & Clerical £0.3m

Non Pay Variance

- The M1 position is reporting an overall break even position.
- The most significant overspends are within:
 - Clinical Supplies & Services £0.4m
 - Premises and fixed plant £0.2m
- The most significant underspends are within:
 - Primary & Secondary Care £0.5m

Income Variance

- The M1 position is reporting an adverse variance of £0.1m.
- The most significant overspends are within:
 - Other Income £0.3m
- The most significant underspends are within:
 - Welsh NHS Income £0.1m

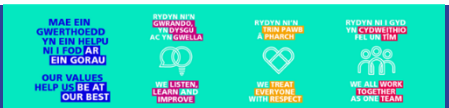
M1 Operating Variances



	Month 1				Year to Date			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	97	20	(35)	82	97	20	(35)	82
Unscheduled Care	374	40	9	423	374	40	9	423
Primary & Community Care	(266)	(341)	131	(477)	(266)	(341)	131	(477)
Mental Health & Learning Disabilities	25	(55)	05	(25)	25	(55)	05	(25)
Children & Families	(23)	43	34	54	(23)	43	34	54
Diagnostics, Therapies & Specialities	(16)	267	(24)	227	(16)	267	(24)	227
Corporates	(212)	(37)	(32)	(280)	(212)	(37)	(32)	(280)
Facilities	214	68	(1)	281	214	68	(1)	281
Contracting & Commissioning	0	0	35	35	0	0	35	35
Grand total	194	4	122	320	194	4	122	320

Key Issues

- The M1 overspends on Pay and Income are a concern, particularly given the significant recurrent investment in Care Groups/Directorates to meet their recurrent overspends from 23/24.
- A detailed analysis of the Pay, Non pay and Income overspends is provided on the following pages.



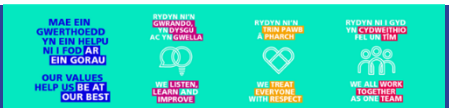
M1 YTD Pay Variances



	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(8)	(34)	(83)	108	(6)	(2)	292	(191)	21	97
Unscheduled Care	16	84	(56)	1	0	0	331	(15)	14	374
Primary & Community Care	(12)	(43)	(67)	(29)	8	()	(16)	(108)	0	(266)
Mental Health & Learning Disabilities	(39)	67	(6)	(17)	0	1	104	(95)	8	25
Children & Families	(4)	11	1	13	(6)	0	22	(60)	0	(23)
Diagnostics, Therapies & Specialities	(80)	(23)	(8)	(40)	(3)	42	55	(3)	44	(16)
Corporates	3	(1)	(116)	(3)	12	14	(70)	(50)	0	(212)
Facilities	-	(6)	(10)	(1)	234	0	0	0	(3)	214
Grand total	(123)	55	(345)	32	240	56	717	(523)	50	194

Key Issues

- At a bottom line level, the most concerning overspends are Medical & Dental (£717k) and Estates & Ancillary (£240k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.





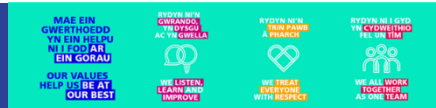
M1 YTD Non Pay Variances



	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	18	16	(1)	(13)	20
Unscheduled Care	64	0	0	(24)	40
Primary & Community Care	46	50	(428)	(9)	(341)
Mental Health & Learning Disabilities	(19)	4	(53)	13	(55)
Children & Families	72	3	2	(35)	43
Diagnostics, Therapies & Specialities	186	10	(15)	86	267
Corporates	(14)	69	(27)	(64)	(37)
Facilities	6	58	0	3	68
Contracting & Commissioning	0	0	(0)	0	0
Grand total	357	211	(522)	(42)	4

Key Issues

- At a bottom line level, the most concerning overspends are Clinical Services & Supplies (£357k) and Premises & Fixed Plant (£211k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.



M1 YTD

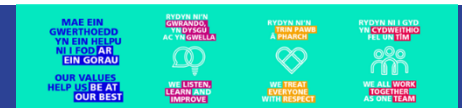
Income Variances



	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(26)	0	0	(9)	(35)
Unscheduled Care	4	0	0	5	9
Primary & Community Care	(24)	0	(30)	185	131
Mental Health & Learning Disabilities	(5)	0	0	10	05
Children & Families	18	0	0	16	34
Diagnostics, Therapies & Specialities	(66)	0	0	42	(24)
Corporates	(20)	(5)	0	(7)	(32)
Facilities	(6)	0	0	6	(1)
Contracting & Commissioning	0	0	0	35	35
Grand total	(127)	(5)	(31)	285	122

Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£285k).
- At a Care Group/Directorate level, the more significant income shortfalls are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.



(Agenda Item) 6.4 **25 June 2024** **Planning , Performance & Finance Committee** **M2 Finance Report**

Report Details:

FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2024-25 Finance Report

Month 02

Summary



Situation

This Finance report outlines our financial performance for Month 2 (i.e. the period to 31 May 2024).

This Finance report is discussed at the Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 2 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.

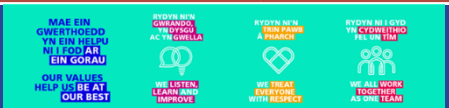
Background

Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers.

Our draft financial plan for 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m.

It is important to note that , even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.



Summary

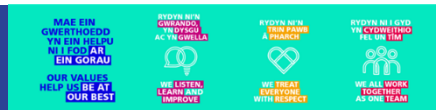
Assessment	Recommendation
<p>Overall Revenue position - 2024/25:</p> <ul style="list-style-type: none"> The M2 position was a £1.4m deficit in month. The M2 YTD position is now a £2.3m deficit. The main driver for the £2.3m YTD deficit is a £3.5m shortfall in savings delivery compared to the straight-line YTD savings target of £4.4m (£2.2m per month). This has been offset by £1.2m of other improvements. As at M2 we are continuing to forecast a break even position for 24/25. This is consistent with the break-even plan submitted to WG. The key risks to the forecast break even position at M2 are estimated at £11.2m and these are summarised on Page 17. The main risk is the delivery of the £26.3m savings target. <p>Recurrent Revenue position:</p> <ul style="list-style-type: none"> The b'fwd recurrent deficit at the end of 2023/24 was £19.4m. The planned recurrent surplus at the end of 2024/25 is £2.1m. However, we are currently off plan at M2 and this presents a risk to the both the In year forecast and the recurrent forecast. The forecast recurrent position at the end of 24/25 will be reviewed after Q1. 	<p>The Board, the PPFC and the ELG are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 31st May 2024.</p>



Contents



Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7	YTD Performance & Forecast
8	Forecast Underlying Position
9-11	Pay Expenditure Trends
12	Non pay Expenditure Trends
13	Income Trends
14-15	Income Assumptions
16	Savings
17	Risk Management
18	Capital Expenditure
	The following areas will be reported from M3 onwards:
	<ul style="list-style-type: none"> • Statement of Financial Position • Cash Flow forecast • Public Sector Payment Policy Compliance



Overall Revenue Position

- The M2 position was a £1.4m deficit and the M2 YTD position is now a £2.3m deficit.
- The main driver for the £2.3m YTD deficit is a £3.5m shortfall in savings against the straight-line YTD savings target of £4.4m (£2.2m per month). This has been offset by £1.2m of other improvements.
- The Health Board is continuing to forecast a break even position for 24/25. This is consistent with the break-even plan submitted to WG.
- The key risks to the forecast break even position at M2 are estimated at £11.2m and these are summarised on Page 17. The main risk is delivery of the £26.3m savings target.

Savings Position

- Actual savings in M2 was £0.4m which was £1.8m below the M2 target of £2.2m. The M2 YTD savings is now £0.9m which is £3.5m below the M2 YTD target of £4.4m.
- The M2 forecast In year savings is £22.2m, which is £4.1m below the £26.3m target. The M2 savings profiles from Care Groups and directorates are showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings are forecast to reach £2.0m per month.
- The £22.2m forecast savings plans have been risk assessed as £9.6m Green and £12.6m Amber. The estimated savings delivery risk at M2 has been estimated at £8.2m. This risk is included in our M2 Risk assessment on Page 17.
- The M02 forecast Recurrent savings is £23m, which is £3.3m below the £26.3m target.



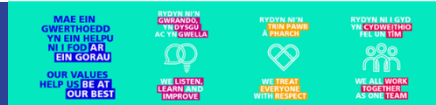
Summary Income & Expenditure Account



	M2 Actual	M2 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(114.8)	(227.6)	(1,374.1)
02. Capital Donation / Government Grant Income	0.0	0.0	0.0
03. Welsh NHS Local Health Boards & Trusts Income	(6.6)	(13.2)	(79.4)
04. WHSSC Income	(1.0)	(2.0)	(12.2)
05. Welsh Government Income (Non RRL)	(0.7)	(0.2)	(1.1)
06. Other Income	(3.8)	(7.7)	(47.3)
Total Allocations & Income	(126.9)	(250.8)	(1,514.0)
08. Primary Care Contractor	13.5	26.0	155.8
09. Primary Care - Drugs & Appliances	7.9	16.8	104.1
10. Provided Services - Pay	56.5	112.5	673.9
11. Provider Services - Non Pay	10.0	19.7	116.3
12. Secondary Care - Drugs	5.4	10.1	58.9
13. Healthcare Services Provided by Other NHS Bodies	22.9	45.4	270.0
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.7	12.4	73.7
16. Other Private & Voluntary Sector	1.0	2.0	12.2
17. Joint Financing and Other	(5.1)	(5.5)	(9.4)
18. Losses Special Payments and Irrecoverable Debts	6.4	8.1	25.1
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.9	5.5	32.8
23. AME Donated Depreciation\Impairments	0.1	0.1	0.7
25. Profit\Loss Disposal of Assets	0.0	0.0	0.0
Total Expenditure	128.3	253.1	1,514.0
Grand total	1.4	2.3	0.0

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The year to date position is reporting a deficit of £2.3m.
- The Year end forecast remains a breakeven position.
- The risks to this forecast position are shown on Page 17.



Year to Date Performance and Forecast



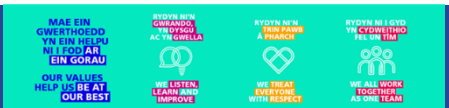
	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0
Month 2	1.4	2.3	0

Key Points:

The main driver for the £1.4m overspend in M2 is the £1.8m shortfall in savings delivery compared to the straight-line monthly savings target of £2.2m.

The main driver for the £2.3m YTD overspend is the £3.5m shortfall in savings against the straight-line savings target of £4.4m (£2.2m per month). This has been offset by the following improvements compared to plan:

- An anticipated reduction in Contracting & Commissioning costs compared to the financial plan. This reduction is subject to agreement of the LTAs for 24/25 and the estimated year to date benefit is £0.8m.
- An anticipated reduction in Agency costs compared to the financial plan. The estimated year to date benefit is £0.4m.



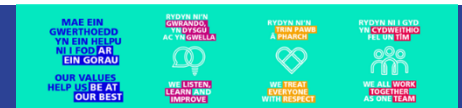
Forecast Underlying Position



Underlying Deficit	Plan £'m	M1 F/Cast £'m	M2 F/Cast
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2
Savings Target	(26.3)	(26.3)	(26.3)
Grand Total	(2.1)	(2.1)	(2.1)

Key Points:

- The b'fwd recurrent deficit at the end of 23/24 was £19.4m.
- The planned recurrent surplus at the end of 2024/25 is £2.1m and full delivery of the recurrent financial plan in 2024/25 (Year 1)) should present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.
- **However, we are currently off plan at M2 and this presents a risk to the both the In year forecast and the recurrent forecast. The forecast recurrent position at the end of 24/25 will be reviewed after Q1.**





Pay Expenditure Trends

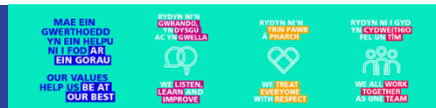


Staff Group	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Qtr Ave £'m	Apr-24 £'m	May-24 £'m
Administrative & Clerical	7.5	7.7	7.1	7.4	7.5	7.6
Medical And Dental	15.5	15.7	15.1	15.5	15.5	15.4
Nursing And Midwifery Registered	18.2	19.3	19.7	19.0	17.9	18.3
Add Prof Scientific And Technical	1.7	1.7	1.4	1.6	1.7	1.7
Additional Clinical Services	7.3	7.5	7.7	7.5	7.3	7.5
Allied Health Professionals	3.6	3.8	3.6	3.7	3.6	3.6
Healthcare Scientists	1.1	1.2	1.1	1.1	1.2	1.1
Estates And Ancillary	3.4	3.3	3.3	3.3	3.5	3.4
Students	.1	.1	.1	.1	.0	.0
Grand Total	58.4	60.4	59.2	59.3	58.1	58.6

Key Points:

- Nursing expenditure increased slightly in M2; However, the year-to-date average is showing a £0.9m improvement compared to the Q4 average. The high nursing costs experienced during M11 & M12 appear to have eased in M1 & M2, with Nursing pay costs returning to previous levels.
- Medical expenditure remains consistent with the Q4 average. However, since M1 & M2 does not include any industrial action costs (estimated impact of £0.3m per month in Q4), the underlying costs have increased by £0.3m per month.
- All other staff groups are broadly consistent with the Q4 average.
- Agency costs and Overtime costs are both showing an improvement in M1 and M2, compared to the Q4 average.

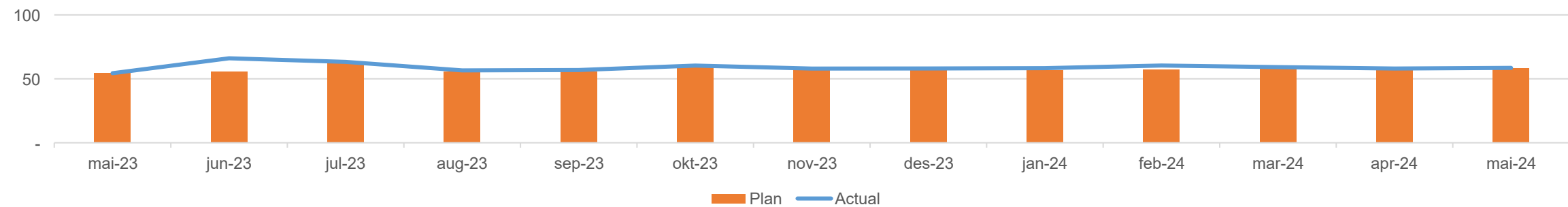
Spend category	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Qtr Ave £'m	Apr-24 £'m	May-24 £'m
Core	49.6	51.0	49.8	50.3	49.9	50.2
Agency	3.4	4.5	3.7	3.9	3.3	3.6
Overtime	1.7	1.8	2.1	1.9	1.5	1.4
ADH	1.9	1.8	2.1	1.9	2.0	2.1
Bank	1.2	1.2	1.3	1.2	1.1	1.3
WLI	.1	.1	.2	.1	.2	.1
Grand Total	57.9	60.4	59.2	59.3	58.1	58.6



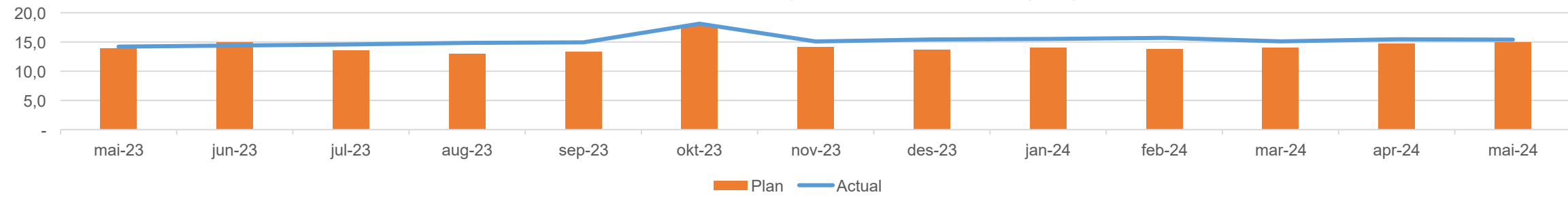
Pay Expenditure Trends



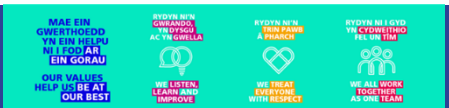
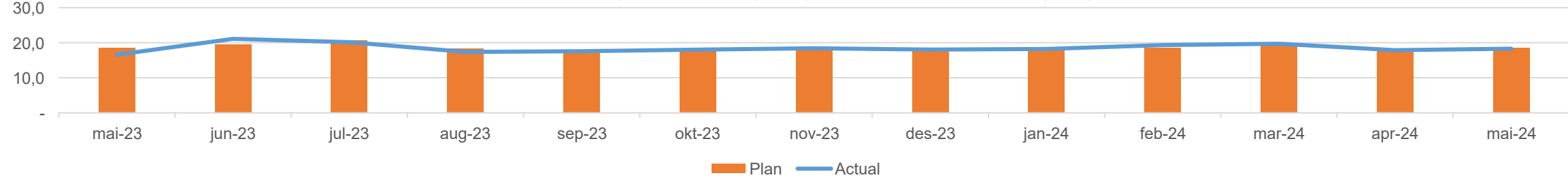
Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)



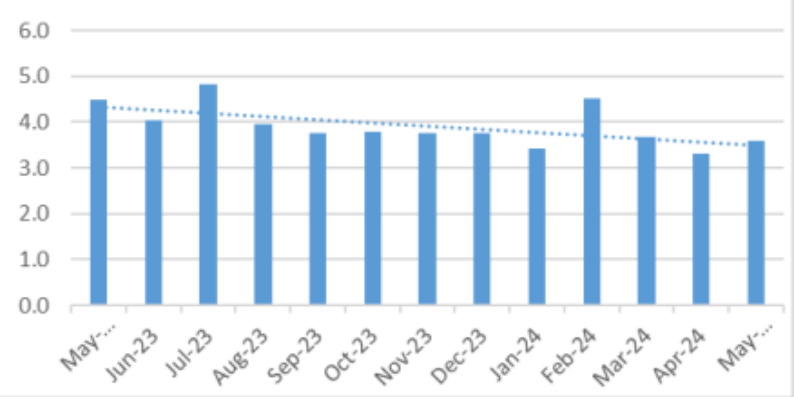
Nursing & Midwifery Pay Expenditure Trend (£'m)



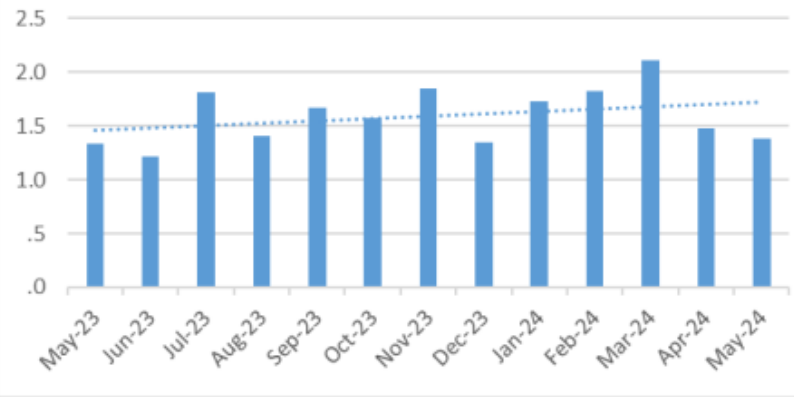
Variable Pay Expenditure Trends



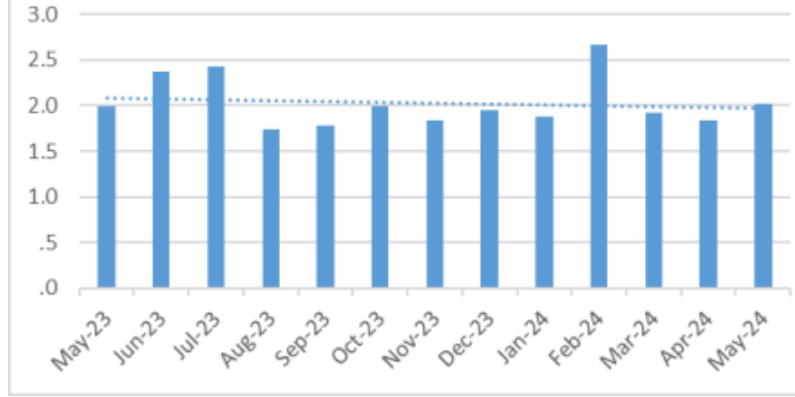
Total Agency Expenditure (£'m)



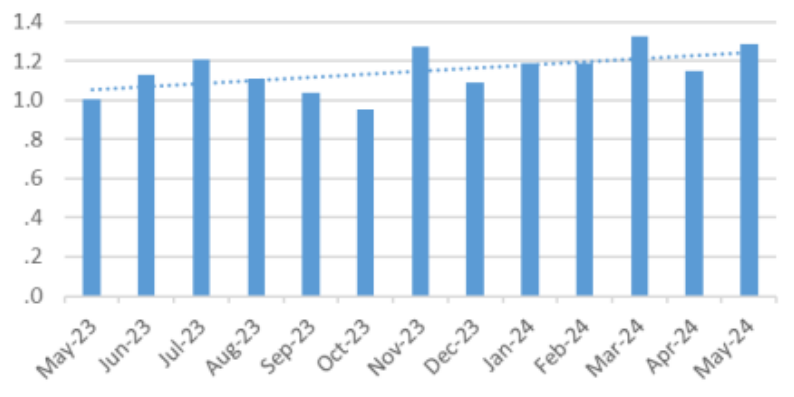
Total Overtime (£'m)



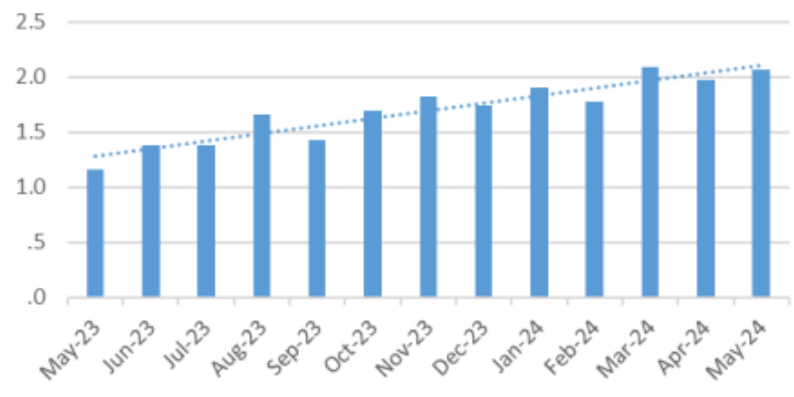
Core Enhancements Expenditure (£'m)



Total Bank Expenditure (£'m)

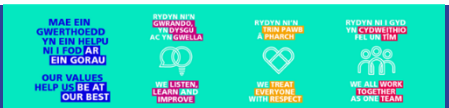


Total ADH (£'m)



Key Points :

- ADH spend – small increase in M2 but an increasing trend.
- Bank - £0.2 increase in M2 and an increasing trend.
- Agency spend – £0.3m increase in M2 but overall a downward trend.
- Overtime payments- £0.1m reduction in M2 and trend broadly flat.
- Core enhancements - £0.2m increase in M2 and trend broadly flat.



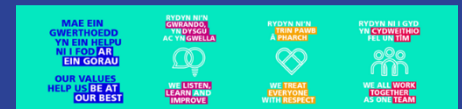
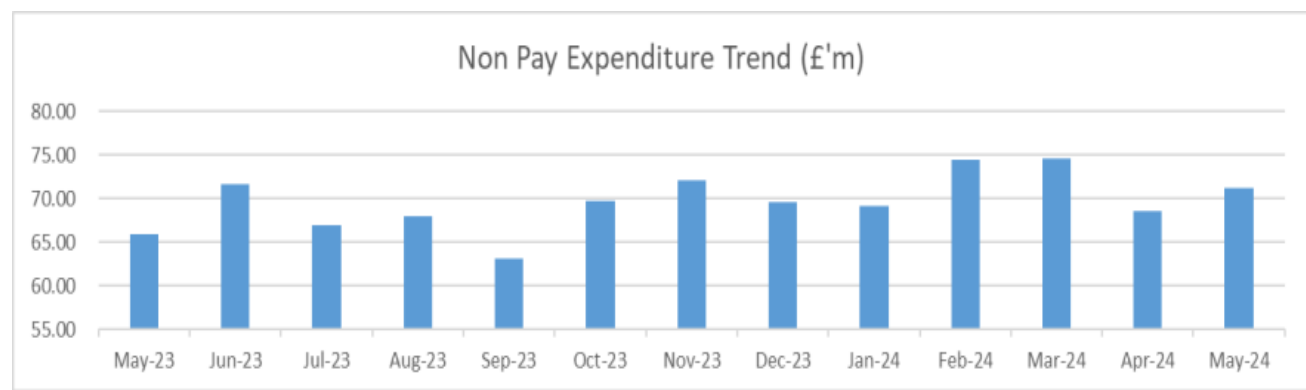
Non Pay Expenditure Trends



Non Pay Group	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Apr-24 £'m	May-24 £'m
Primary Care Contractors	13.0	12.7	16.5	14.5	11.6	12.8
Primary Care Drugs	8.2	8.5	8.4	8.5	8.8	7.9
Provider Non Pay	10.9	12.7	10.6	13.0	9.6	11.2
Secondary Care Drugs	4.4	4.8	4.9	4.6	4.7	5.4
Healthcare Commissioning	22.0	19.9	23.7	29.8	22.5	22.9
CHC & FNC	6.5	6.2	5.7	5.5	6.0	6.8
Other	4.6	4.3	4.7	(1.4)	4.9	4.2
Total Expenditure	69.5	69.2	74.5	74.5	68.1	71.2

Key Points:

- The level of expenditure in M11 & M12 was higher than normal due to a number of year end adjustments and arrears being processed.)
- The total spend in M2 of £71.2m was £3.1m higher than M1. The main movements were:
- Increase in Primary care contractors £1.2m – This mainly relates to a correction of Non Cash Limited expenditure not reported in M1.
- Reduction in PC drugs £0.9m – The M1 & M2 position reflects the current plan as no actual data will be received until M3.
- Increase in Secondary Care drugs £0.7m – Mainly relates to increased expenditure within Rheumatology and Dermatology.
- Increase in CHC & FNC £0.8m – This reflects the application of inflation to placements with effect from M2 including arrears for M1.

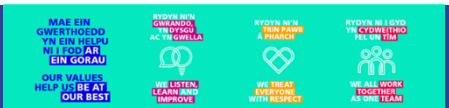
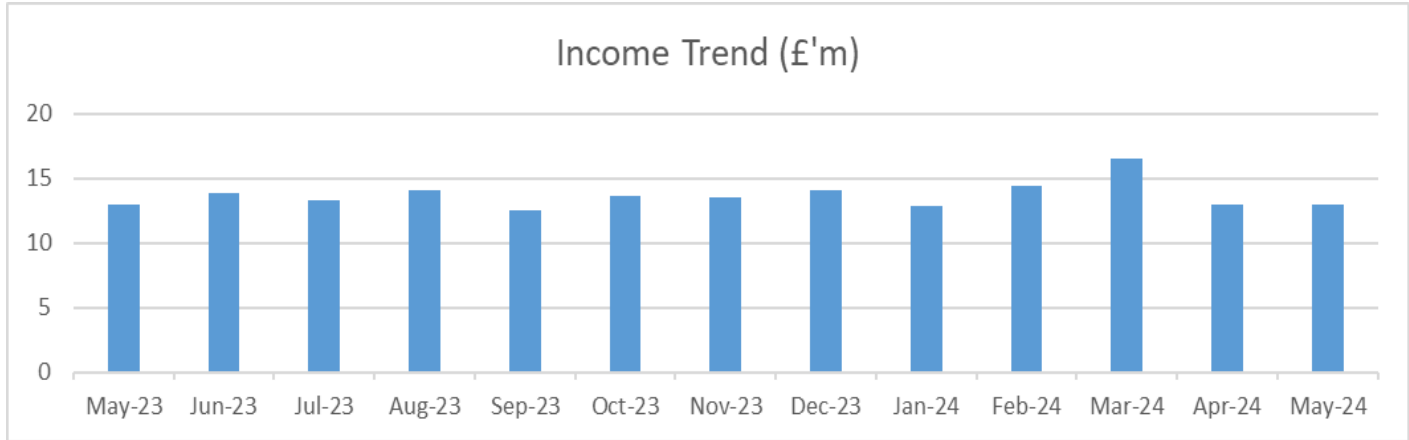


Income Trends



Income Group	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m	Apr-24 £'m	May-24 £'m
Welsh NHS Income	7.4	5.7	7.2	7.7	6.6	6.6
WHSSC Income	1.1	1.1	1.0	1.1	1.0	1.0
Primary Care Contractor Income	1.4	1.6	1.4	1.2	1.0	1.1
CHC Income	0.5	0.5	0.4	0.5	0.4	0.4
Other Income	3.7	4.0	4.3	6.0	4.0	3.8
Total Income	14.1	12.9	14.4	16.6	13.0	13.0

- Key Points:**
- The level of income received in M12 was higher than normal due to a number of year end adjustments .
 - The total Income in M2 of £13.0m remains consistent with M1.



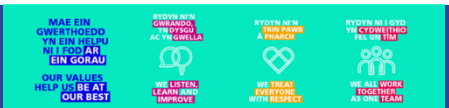
Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,172.1	29.7	25.0	86.5	1,313.3
Anticipated Allocations:					
2022/23 Pay award	8.9				8.9
2023/24 Pay award	31.9				31.9
2024/25 RLW Pay award	2.6				2.6
Substance Misuse Funding	4.0				4.0
Emergency/Urgent Care	3.0				3.0
RLW Social Care	2.4				2.4
MH Investment	4.1				4.1
IFRS 16 Adjustment	(2.4)				(2.4)
WRP Recovery	(4.6)				(4.6)
Depreciation	2.6				2.6
Other Allocations	13.6				10.6
	1,235.2	29.7	25.0	86.5	1,376.4

Key Points:

- As at M2 the confirmed Revenue Resource allocation was £1,313.3m.
- The forecast position assumes a further £63.1m of additional allocations offset by a reduction of £7.0m for IFRS and NWSSP Risk Pool to give a Total allocation of £1,376.4m.
- Our M2 year end forecast position assumes that our anticipated allocations for Pay awards (total £43.4m) will be fully funded by WG. However, until formally confirmed , there remains a risk that the final allocations will be lower than anticipated. This risk is included in our M2 Risk assessment on Page 17.





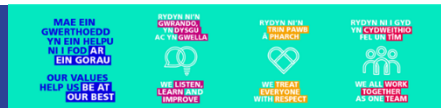
Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.0	2.1	22.1
Betsi Cadwaladr University	0	0.3	0.3
Cardiff & Vale University	17.2	1.1	18.3
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.5	1.0
Powys	5.1	1.2	6.3
Public Health Wales	3.3	1.3	4.6
Velindre	0	11.8	11.8
NWSSP	0	0.0	0.0
DHCW	0.7	0.7	1.4
Wales Ambulance Services	0.0	0.1	0.1
JCC	11.7	1.0	11.7
HEIW	0.0	15.7	15.7
NHS Wales Executive	0.0	0.0	0.0
Total	88.4	33.3	120.7

Key Points :

- Draft proposals for the 24/25 LTAs have been submitted to all providers and commissioners.
- However, there are a number of disputes in respect to the 24/25 inflation uplift for both LTAs and SLAs which have yet to be agreed with other Health Board's and Trusts.
- The Health Board is working to agree all of the LTAs by the Welsh Government deadline of the 28th June 2024. Failure to agree LTAs by this date will result in organisations having to request arbitration by Welsh Government.



Savings

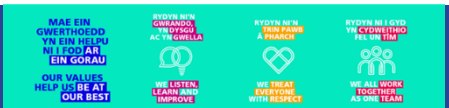
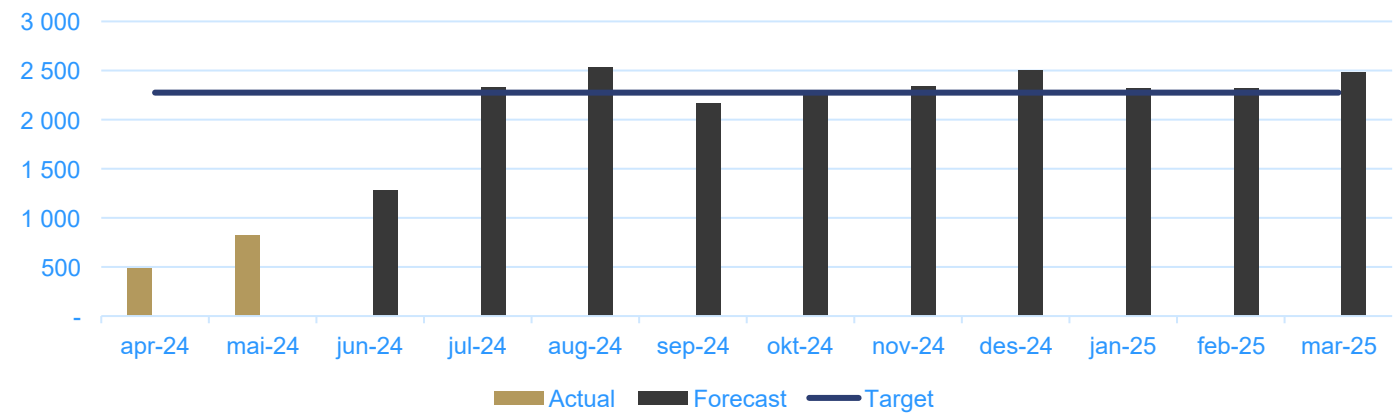


	Month 2			Month 1		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	4.4	26.3	26.3	2.2	26.3	26.3
Actual and Forecast Savings	(0.9)	(22.2)	(24.2)	(0.5)	(23.0)	(22.6)
Total	3.5	4.1	2.1	1.7	3.3	3.7

Key Points:

- Actual YTD savings in M2 was £0.9m which was £3.5m below the target of £4.4m.
- The M2 forecast In year savings is £22.2m, which is £4.1m below the £26.3m target. The M2 savings profiles from Care Groups and directorates are showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings are forecast to reach £2.0m per month.
- The £22.2m forecast savings plans have been risk assessed as £9.6m Green and £12.6m Amber. The estimated savings delivery risk at M2 has been estimated at £8.2m. This risk is included in our M2 Risk assessment on Page 17.
- The M2 forecast Recurrent savings is £24.2m, which is £2.1m below the £26.3m target.

Savings Profile £'000s



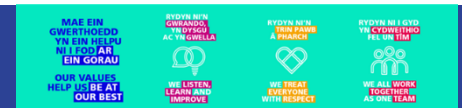
Risk Management Risks and Opportunities



	M2 £m	M1 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	2.6	2.6	Further clarification needed on funding assumptions for 24/25
Risk of the 24/25 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement in forecast savings plans of £22.2m	2.7	2.6	
Delivery risk on latest savings plans for £22.2m	8.2	6.5	65% of Amber schemes £12.6m
Cost pressures	5.0	5.0	
Further industrial action in 24/25.	Tbc	Tbc	
Total Risks	18.5	16.7	
Opportunities			
Balance sheet opportunities in 24/25	(5.0)	(5.0)	
Retrospective vat recoveries – Microsoft contract	(2.3)	(1.8)	Updated assessment from DHCW.
Potential reduction in Energy costs	Tbc	Tbc	
Total Opportunities	(7.3)	(6.8)	
Net Risk	11.2	9.9	

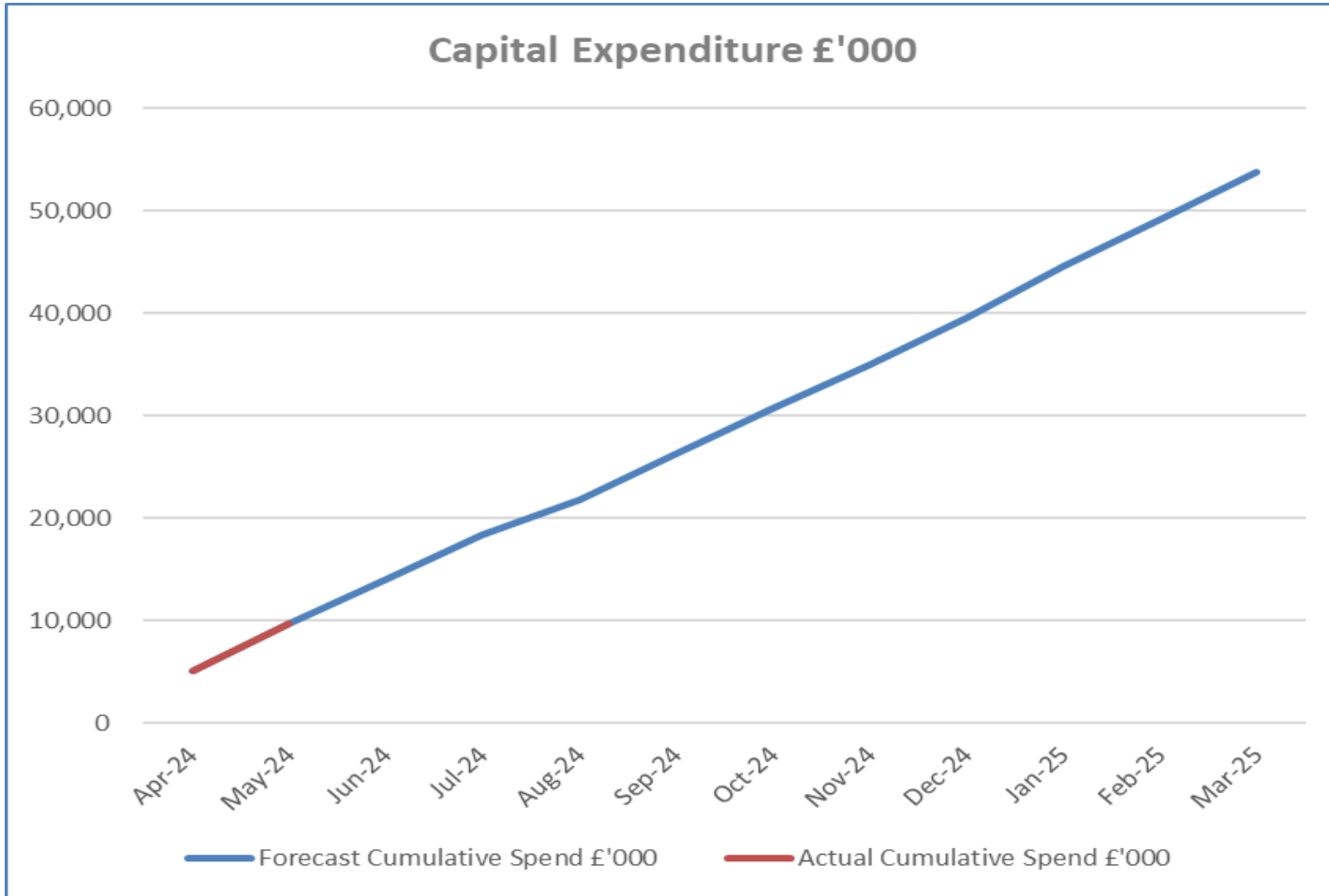
Key Points :

- As at M2 we are reporting an estimated net risk of £11.2m.
- The M2 forecast savings plans of £22.2m have been risk assessed as £9.6m Green and £12.6m Amber. The estimated savings delivery risk at M2 has been estimated at £8.2m, which is 65% of the Amber schemes.

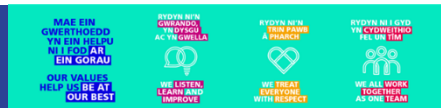




Capital Expenditure



- Key Points:**
- The latest Capital Resource Limit for 2024-25, issued on the 2nd May 2024 is £53.8m.
 - Expenditure to M2 amounted to £9.7m
 - The outturn capital position is forecast to be balanced against the CRL target.



2024-25 Finance Performance Report

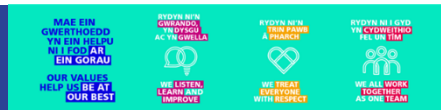
Month 2



(Agenda Item) 6.5	25 June 2024	Planning , Performance & Finance Committee	M2 Finance Performance Report
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FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

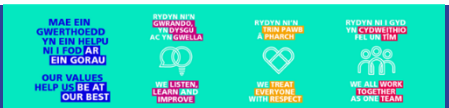
Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.



Summary



Situation	Background
<p>The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M2 (i.e. the Delegated budget position).</p> <p>This Finance performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG) meetings. Where required, PPFC may request further information or a 'deep dive' on the financial performance of an individual Care Group or directorate.</p> <p>A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M2. The overall financial position report is discussed at the Board, PPFC and ELG .</p>	<p>The financial plan for 24/25 made provision for a £44m recurrent investment in Care Groups and directorates to cover their forecast recurrent deficits at the end of 23/24 and also included a £26.3m savings target for 24/25.</p> <p>The forecast recurrent deficits were based on the recurrent forecasts in the M9 Finance packs for 23/24. Adjustments totalling £8.5m were made to the Care Groups' recurrent forecasts following review meetings with the Finance director and the COO. These adjustments were mainly where the Care Group recurrent forecasts were greater than the 23/24 out-turn positions and the Care Groups agreed to re-deliver some of the Non Recurrent benefits that were reported in 23/24.</p> <p>All Care Groups and directorates are therefore expected to deliver a 2.4% savings target and also to manage costs within their budgets in order to deliver a break even position in 24/25. All Care Groups and directorates will had Accountability letters which confirms this expectation.</p>

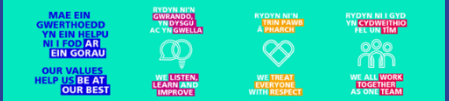




Summary



Assessment	Recommendation
<p>The M2 Delegated position reported a £2.6m deficit in M2, which increases the YTD deficit to £4.8m. This includes:</p> <ul style="list-style-type: none"> • A £3.8m shortfall against the £24.2m Delegated savings target for 24/25. • £1.0m of other adverse operating variances. <p>The main overspending areas are as follows:</p> <ul style="list-style-type: none"> • Unscheduled Care - £1.9m • DTSPS - £1.2m • Planned Care - £1.0m • Children & Families - £0.7m • Facilities - £0.5m • Mental Health & LD – £0.4m 	<p>The ELG and the PPFC are asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 31 May 2024.</p>

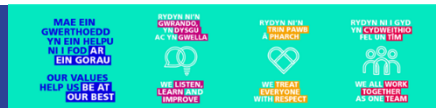




Contents



Slide	Subject Area
5	Executive Summary
6-7	Summary Performance
8-9	Summary Performance – Corporate directorates
10-19	Annex A - Savings Analysis
20-26	Annex B- Operating Variance Analysis



Current Month Analysis

The M2 Delegated position reported a £2.6m deficit in M2, which increases the YTD deficit to £4.8m. This includes:

- A £3.8m shortfall against the £24.2m Delegated savings target for 24/25.
- £1.0m of other adverse operating variances

Savings Plan Analysis

- M2 savings is £0.1m and the M2 YTD savings is only £0.3m. This represents a shortfall of £3.8m compared to the M2 YTD savings target of £4.1m
- The forecast In year delegated savings is £18.3m, which is a shortfall of £5.8m compared to the annual savings target of £24.1m.
- The forecast savings of £18.3m includes £8.6m of Green schemes and £9.7m Amber schemes.
- The M2 savings profiles from Care Groups and directorates are showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings are forecast to reach circa £2.0m per month.
- The M2 risk assessment includes a significant savings delivery risk against the £18.3m forecast savings.

Operating Variance Analysis

- The M2 overspend was £0.7m which increases the M2 YTD overspend to £1.0m. This includes Pay overspends of £0.5m, Non pay £0.3m and Income shortfalls £0.2m.
- The most significant YTD variances are within
- Pay - Medical & Dental (£1.4m) and Estates & ancillary (£0.4m)
- Non pay- Clinical supplies (£1.0m)
- Income – Other income £(0.5m)



Summary Performance M2



	Annual Budget	M2 Variance	M2 YTD Variance
	£'000	£'000	£'000
Delegated Budgets			
Planned Care	186,812	615	955
Unscheduled Care	147,122	1,187	1,907
Primary & Community Care	204,838	(345)	(652)
Mental Health & Learning Disabilities	117,423	267	431
Children & Families	78,607	471	684
Diagnostics, Therapies & Specialties (Med Mgt)	265,204	514	1,240
Corporate directorates	122,505	(59)	(174)
Facilities	43,173	132	505
Contracting & Commissioning	164,339	(155)	(110)
Total Delegated Budgets	1,330,023	2,627	4,787

Key Points :

- The M2 Delegated position reported a £2.6m deficit in M2, which increases the YTD deficit to £4.8m.
- The main overspending areas are as follows:
 - Unscheduled Care - £1.9m
 - DTSPS - £1.2m
 - Planned Care - £1.0m
 - Children & Families - £0.7m
 - Facilities - £0.5m
 - Mental Health & LD – £0.4m
- A breakdown of the £4.8m overspend is provided on page 7.
- Year end forecasts – will be provided from M3 onwards





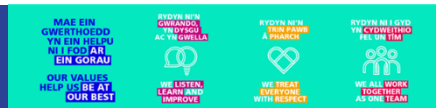
Summary Performance M2



DELEGATED BUDGETS	M2 Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Planned Care	609	347	956
Unscheduled Care	593	1,314	1907
Primary Care & Community	343	(995)	(652)
Mental Health & LD	386	45	431
Children & Families	320	364	684
Diagnostics, Therapies & Specialties	973	267	1240
Corporate Directorates	335	(510)	(174)
Facilities	170	335	505
Contracting & Commissioning	21	(130)	(109)
TOTAL DELEGATED BUDGETS	3,750	1,037	4,787

Key Points :

- The M2 YTD overspend of £4.8m includes:
 - A shortfall against the M2 YTD savings target of £3.8m.
 - Other Operating Variances of £1.0m.
- Further information on the savings shortfalls is provided at Annex A.
- Further information on the Other Operating variances is provided at Annex B.
- A breakdown of the Corporate directorate positions is provided on Page 8.





Summary Performance M2- Corporate directorates



Corporate Directorates	Annual Budget	M2 Variance	M2 YTD Variance
	£'000	£'000	£'000
Patient Care & Safety	13,778	(73)	(55)
Corporate Governance	641	5	10
Chief Executive	3,606	1	(14)
Finance	4,662	(10)	(29)
Public Health	4,315	(90)	(177)
Digital	22,673	23	68
Medical Director	694	(12)	(25)
National Imaging Academy	1,617	(0)	(0)
Planning & Partnership	21,255	(35)	(41)
Research & Development	904	(1)	(2)
Estates	29,321	125	171
Therapies & Healthcare Sciences	94	(1)	(3)
People Services	9,271	25	19
COO Management	9,674	(15)	(98)
Grand total	122,505	(59)	(174)

- Key Points :**
- The Corporate directorates reported a £59k surplus in M2, which increases the YTD surplus to £174k.
 - The only Corporate directorates reporting an overspend at M2 are:
 - Estates - £171k
 - Digital - £68k
 - People services - £19k
 - Corporate Governance - £10k
 - A breakdown of the £174k underspend is provided on page 9.



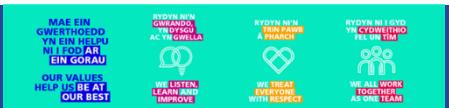
Summary Performance M2 – Corporate directorates



Corporate directorates	Year to Date Variance		
	Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Patient Care & Safety	57	(112)	(55)
Corporate Governance	3	7	10
Chief Executive	15	(29)	(14)
Finance	18	(47)	(29)
Public Health	0	(177)	(177)
Digital	88	(20)	68
Medical Director	3	(28)	(25)
National Imaging Academy	0	0	0
Planning & Partnership	13	(53)	(41)
Research & Development	0	(2)	(2)
Estates	86	85	171
Therapies & Healthcare Sciences	1	(4)	(3)
People Services	36	(17)	19
COO Management	17	(115)	(98)
TOTAL	335	(509)	(174)

Key Points :

- The M2 YTD favourable variance of £174k includes a savings shortfall of £335k offset by favourable operating variances of £(509)k.
- The main causes of the overspends are as follows:
- Estates - £86k savings shortfalls and £85k other overspends. These relate to Building and Engineering contracts and other utilities (mainly water in POW)
- Digital – £88k savings shortfalls and £20k of other underspends.
- People services – £35k savings shortfall and £17k of other underspends.



Annex A

Savings Performance

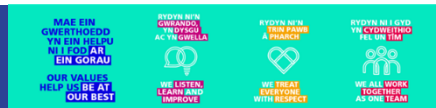
Month 2



Contents



Slide	Contents
12	Executive Summary
13	Savings principles
14	In month Savings
15	YTD Savings
16	Forecast Savings
17	Forecast Savings- RAG ratings
18	Forecast Savings – Health Board trend line
19	Forecast Savings – Care Group and Directorate trend lines



Executive Summary- Month 2

In month Savings

- The M2 savings is only £0.1m. This represents a shortfall of £1.9m compared to the monthly savings target of £2.0m.

YTD Savings

- The M2 YTD savings is only £0.3m. This represents a shortfall of £3.7m compared to the M2 YTD savings target of £4.0m

Forecast In year Savings

- The M2 forecast for Delegated In year savings achievement (excluding Red schemes) is £18.3m. This represents a forecast shortfall of £5.8m compared to the annual savings target of £24.1m.
- The forecast savings of £18.3m includes £8.6m of Green schemes and £9.7m Amber.
- The M2 savings profiles from Care Groups and directorates are showing low levels of savings in M2 and M3 before increasing significantly from M4 onwards, when savings are forecast to reach circa £2.0m per month.
- The M2 risk assessment includes a significant savings delivery risk against the £18.3m forecast savings.

Recurrent Savings

- The M2 forecast for Delegated Recurrent savings achievement (excluding Red schemes) is £20.4m. This represents a forecast shortfall of £3.7m compared to the recurrent savings target of £24.1m.
- The forecast savings of £20.4m includes £7.6m of Green schemes and £12.8m Amber.

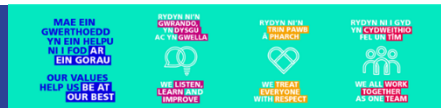


Savings principles



The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing** - Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – Non-Recurrent savings plans will not be reviewed until M4. The first call for any NR savings will be any other operating overspends within a Care Group/directorate.



In Month Savings – Month 2



DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 2 Savings £'000	Month 2 Variance from Target £'000
Planned Care	4,252	354	10	344
Unscheduled Care	3,562	297	0	297
Primary Care & Community	2,091	174	1	173
Mental Health & LD	2,753	229	32	197
Children & Families	1,920	160	0	160
Diagnostics, Therapies, Pathology & Specialties	6,279	523	56	468
Corporate Executives	2,158	180	8	172
Facilities	1,022	85	0	85
Contracting & Commissioning	123	10	0	10
TOTAL DELEGATED BUDGETS	24,159	2,013	107	1,907

Key Points :

- The M2 savings position is reporting an adverse variance of £1.9m against the monthly savings target of £2.0m.



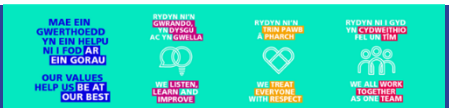
YTD Savings– Month 2



	Annual Savings Targets	Month 2 YTD Savings Targets	Month 2 Savings	Month 2 YTD Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	4,252	709	108	601
Unscheduled Care	3,562	594	0	594
Primary Care & Community	2,091	349	5	343
Mental Health & LD	2,753	459	73	386
Children & Families	1,920	320	0	320
Diagnostics, Therapies, Pathology & Specialties	6,279	1,047	74	973
Corporate Executives	2,158	360	15	345
Facilities	1,022	170	0	170
Contracting & Commissioning	123	21	0	21
TOTAL DELEGATED BUDGETS	24,159	4,026	275	3,752

Key Points :

- The M2 YTD savings position is reporting an adverse variance of £3.8m against the M2 YTD savings target of £4.0m.



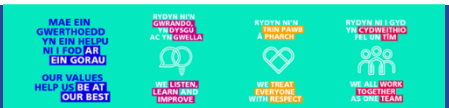
Forecast Savings- Month 2



	Annual Savings Targets	Forecast Savings	Forecast Variance	Recurrent Forecast Savings	Recurrent Forecast Variance
DELEGATED BUDGETS	£'000	£'000	£'000	£'000	£'000
Planned Care	4,252	3,621	631	4,149	103
Unscheduled Care	3,562	4,338	(776)	5,794	(2,232)
Primary Care & Community	2,091	970	1,121	511	1,580
Mental Health & LD	2,753	2,311	442	2,531	222
Children & Families	1,920	785	1,135	1,047	873
Diagnostics, Therapies, Pathology & Specialties	6,279	4,019	2,260	3,484	2,795
Corporate Executives	2,158	1,018	1,140	742	1,416
Facilities	1,022	1,225	(204)	1,982	(960)
Contracting & Commissioning	123	25	98	120	3
TOTAL DELEGATED BUDGETS	24,159	18,312	5,847	20,360	3,799

Key Points :

- The forecast savings achievement (excluding Red schemes) is £18.3m compared to the £24.1m savings target, giving an adverse variance of £5.8m.
- The forecast recurrent savings achievement is £20.4m which represents a recurrent adverse variance of £3.7m.
- The following areas are forecasting to achieve their savings targets::
 - Unscheduled Care 122% forecast achievement
 - Facilities 120% forecast achievement
- The following areas are forecasting to deliver less than 75% of their savings targets:
 - Children & Families 41% forecast achievement
 - DTPS 64% forecast achievement
 - Primary Care & Community 46% forecast achievement
 - Corporates 47% forecast achievement
 - Contracting & Commissioning 20% forecast achievement



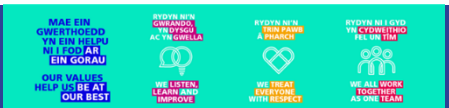
Forecast Savings RAG ratings - Month 2



DELEGATED BUDGETS	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes)	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'001	£'002
Planned Care	4,252	2,005	1,616	0	631	2,045	2,104	0	103
Unscheduled Care	3,562	1,004	3,334	0	(776)	1,146	4,648	0	(2,232)
Primary Care & Community	2,091	753	217	286	1,121	233	278	571	1,580
Mental Health & LD	2,753	934	1,377	61	442	578	1,953	61	222
Children & Families	1,920	273	512	190	1,135	270	777	370	873
Diagnostics, Therapies, Pathology & Specialties	6,279	2,482	1,538	0	2,260	2,209	1,275	0	2,795
Corporate Executives	2,158	659	360	0	1,140	412	330	0	1,416
Facilities	1,022	446	780	132	(204)	698	1,284	132	(960)
Contracting & Commissioning	123	0	25	300	98	0	120	300	3
TOTAL DELEGATED BUDGETS	24,159	8,554	9,758	968	5,847	7,592	12,768	1,434	3,799

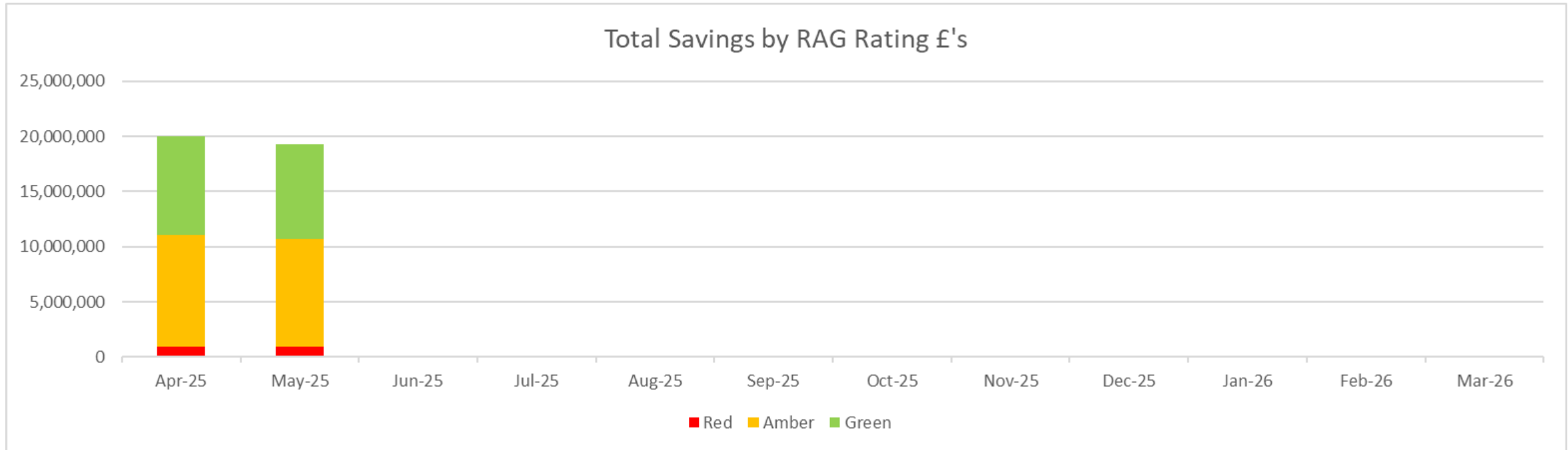
Key Points :

- As at M2, the forecast delegated savings of £18.3m includes £8.6m of Green schemes and £9.8m of Amber schemes. It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.



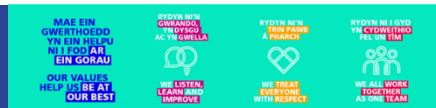


Forecast Savings Health Board trend line - Month 2



Key Points :

- As at M2, the forecast savings of £19.3m includes £8.6m of Green schemes, £9.8m of Amber schemes and £1.0m Red
- The forecast savings trends will become more informative as future months are populated.





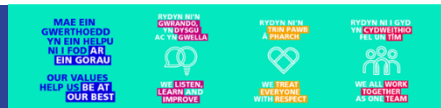
Forecast Savings Care Group and Directorate trend lines - Month 2



	Month 1 £'000	Month 2 £'000
DELEGATED BUDGETS		
Children & Families	841	785
Mental Health & LD	2,414	2,311
Planned Care	3,466	3,621
Diagnostics, Therapies, Pathology & Specialties	4,016	4,019
Unscheduled Care	5,227	4,338
Primary Care & Community	970	970
Facilities	1,151	1,225
Corporate Executives	1,018	1,018
Contracting & Commissioning	25	25
TOTAL DELEGATED BUDGETS	19,128	18,312

Key Points :

- The M2 forecast is reporting savings plans of £18.3m (excluding Red schemes).
- The forecast savings trends will become more informative as future months are populated.



Annex B

Operating Variance Analysis

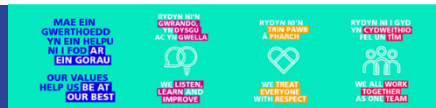
Month 2



Contents



Slide	Contents
22	Executive Summary
23	M2 Operating variances
24	M2 YTD Pay variances
25	M2 YTD Non pay variances
26	M2 YTD income variances



Executive Summary- Month 2



Operating Variance

- The M2 operating variance is a £0.7m overspend and the M2 YTD overspend is now £1.0m.

Pay Variance

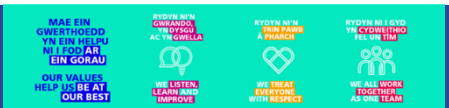
- The M2 overspend is £0.3m and the M2 YTD overspend is now £0.5m.
- The most significant YTD variances are within:
 - Medical & Dental Staff £1.4m
 - Estates & ancillary £0.4m
 - Registered Nursing £(0.7)m
 - Administrative & Clerical £(0.9)m

Non Pay Variance

- The M2 overspend is £0.3m and the M2 YTD overspend is also £0.3m .
- The most significant YTD variances are within:
 - Clinical Supplies & Services £1.0m
 - Premises and fixed plant £0.6m
 - Primary & Secondary Care £(0.7)m

Income Variance

- The M2 overspend is £0.1m and the M2 YTD overspend is now £0.2m.
- The most significant variances are within:
 - Other Income £0.5m
 - Welsh NHS Income £(0.2)m



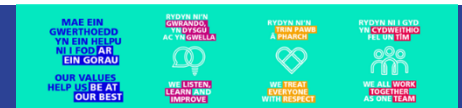
M2 Operating Variances



	Month 2				Year to Date			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	109	100	55	265	206	120	20	347
Unscheduled Care	702	190	(1)	890	1,076	230	07	1,314
Primary & Community Care	(349)	(316)	147	(518)	(615)	(658)	278	(995)
Mental Health & Learning Disabilities	(8)	62	17	70	17	07	22	45
Children & Families	97	192	22	311	74	234	56	364
Diagnostics, Therapies & Specialities	(11)	34	17	40	(27)	301	(7)	267
Corporate Directorates	(321)	93	5	(223)	260	104	(27)	337
Facilities	106	(8)	(51)	47	(472)	11	(51)	(512)
Contracting & Commissioning	0	(46)	(119)	(165)	0	(46)	(84)	(130)
Grand total	325	300	93	718	519	304	214	1,037

Key Issues

- The M2 overspends are a concern, particularly given the significant recurrent investment in Care Groups/Directorates to meet their recurrent overspends from 23/24.
- A detailed analysis of the Pay, Non pay and Income overspends is provided on the following pages.



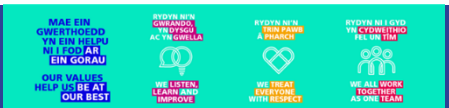
M2 YTD Pay Variances



	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(12)	(9)	(189)	252	(5)	(4)	428	(289)	35	206
Unscheduled Care	34	257	(85)	3	0	0	725	129	15	1,076
Primary & Community Care	(34)	(71)	(182)	(67)	17	(0)	(53)	(225)	(0)	(615)
Mental Health & Learning Disabilities	(109)	137	(32)	(25)	0	0	184	(155)	16	17
Children & Families	(2)	43	4	19	(2)	0	49	(38)	0	74
Diagnostics, Therapies & Specialities	(138)	(88)	(67)	31	(5)	40	119	(8)	88	(27)
Facilities	9	22	(363)	(9)	23	(36)	(87)	(32)	0	(472)
Chief Operating Officer	0	6	(29)	(1)	357	0	(20)	(48)	(6)	260
Grand total	(253)	299	(943)	203	385	0	1,345	(666)	148	519

Key Issues

- At a bottom line level, the most concerning overspends are Medical & Dental (£1,345k), Estates & Ancillary (£385k) and ACS (£299k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.





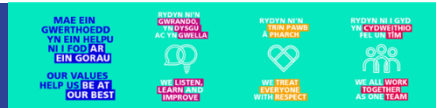
M2 YTD Non Pay Variances



	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	105	27	(1)	(11)	120
Unscheduled Care	178	17	0	35	230
Primary & Community Care	135	79	(731)	(141)	(658)
Mental Health & Learning Disabilities	(29)	1	46	(12)	7
Children & Families	286	1	13	(65)	234
Diagnostics, Therapies & Specialities	321	8	2	(30)	301
Corporates	(25)	341	(66)	(146)	104
Facilities	11	104	3	(107)	11
Contracting & Commissioning	0	0	(3)	(43)	(46)
Grand total	983	577	(737)	(518)	304

Key Issues

- At a bottom line level, the most concerning overspends are Clinical Services & Supplies (£983k) and Premises & Fixed Plant (£577k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.





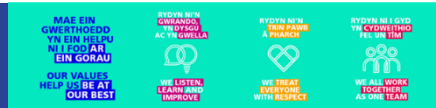
M2 YTD Income Variances



	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	6	0	0	14	20
Unscheduled Care	4	0	0	4	7
Primary & Community Care	(58)	0	(59)	395	278
Mental Health & Learning Disabilities	(7)	(0)	0	29	22
Children & Families	28	0	0	28	56
Diagnostics, Therapies & Specialities	(56)	(5)	(3)	57	(7)
Corporates	(22)	1	(1)	(5)	(27)
Chief Operating Officer	(3)	0	0	(48)	(51)
Contracting & Commissioning	(110)	(0)	0	25	(84)
Grand total	(219)	(4)	(63)	500	215

Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£500k).
- At a Care Group/Directorate level, the more significant income shortfalls are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.



PLANNING, PERFORMANCE & FINANCE COMMITTEE- FORWARD WORK PLAN 2024/25				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Requested via email following agenda planning meeting	Additional Item	Budget Framework for 2024-25	Executive Director of Finance & Procurement	25 June 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	25 June 2024
Request received via email	Additional Item	Regional Diagnostic Business Cases Progress Update	Executive Director of Strategy & Transformation	25 June 2024
Annual Cycle of Business 2024-25	New Annual Item	CTM Value Based Health Care Steering Group Highlight Report	Executive Director of Finance & Procurement	25 June 2024
Annual Cycle of Business 2024-25	Deferred Item (from June 2024 meeting)	Estates and Facilities Operational Performance and Energy Performance	Executive Director of Finance & Procurement	27 August 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	27 August 2024
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	27 August 2024
Action arising from	October 2023 meeting	Brainomix – Statistics and Outcomes	Chief Operating Officer/Stroke Physician/Regional clinical lead for Stroke	27 August 2024
Requested via email	Additional Item	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	29 October 2024

Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	19 December 2024
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Completed Activity from the Forward Work Programme

Request received via email	Additional Item	Regional Diagnostic Business Cases Progress Update	Executive Director of Strategy & Transformation	30 April 2024 (deferred from February 24 meeting) - Completed
Requested at Agenda Planning Meeting	Changed Item to the normal substantive report on Planned Care Recovery	Planned Care Trajectories for 2024-25 - Forward Look	Chief Operating Officer	30 April 2024 - Completed
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	30 April 2024 - Completed