

Planning, Performance & Finance Committee

Tue 28 February 2023, 14:00 - 17:00

Virtual via Teams



Agenda

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

1.1. Welcome and Introductions

Mel Jehu, Chair

1.2. Apologies for Absence

Mel Jehu, Chair

For Noting

1.3. Declarations of Interest

Mel Jehu, Chair

For Noting

14:05 - 14:10 5 min **2. CONSENT AGENDA**

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 25 October 2022

Mel Jehu, Chair

For Approval

2.1.1 Unconfirmed Mins 25.10.22 PPF Cmt for 28.2.23.pdf (13 pages)

2.1.2. Unconfirmed Minutes of the In Committee Meeting held on 25 October 2022

2.1.2 Unconfirmed IC Mins 25.10.22 PPF Cmt for 28.2.23CH.pdf (2 pages)

2.1.3. Committee Annual Cycle of Business 2023-24

Assistant Director of Governance & Risk

For Approval

2.1.3 Cmt Annual Cycle of Business Cover Report PPF Committee 28 February 2023.pdf (2 pages)

2.1.3a Annual Cycle of Business PPF Committee 28 February 2023.pdf (3 pages)

2.2. Items for Noting

2.2.1. Month 10 Monitoring Returns to Welsh Government

Director of Finance

For Noting

2.2.1a M09 - Monitoring Returns PPF Committee 28 February 2023.pdf (4 pages)

- 📄 2.2.1b Annex A - Month 9 Monitoring Returns Narrative PPF Committee 28 February 2023.pdf (20 pages)
- 📄 2.2.1c Annex A - Month 9 - CTM ULHB - Monitoring Tables PPF Committee 28 February 2023.pdf (4 pages)
- 📄 2.2.1d M10 - Monitoring Returns PPF Committee 28 February 2023.pdf (4 pages)
- 📄 2.2.1e Annex A - Month 10 - CTM ULHB - Monitoring Narrative 2022-23- FINAL.pdf (22 pages)
- 📄 2.2.1f Annex A - Month 10 - CTM ULHB - Monitoring Tables 2022-23.pdf (4 pages)

2.2.2. Spinal Services Operational Delivery Network

Director of Strategy & Transformation

For Noting

- 📄 2.2.2 Spinal Operational Delivery Network PPF Committee 28 February 2023.pdf (4 pages)
- 📄 2.2.2a appendix 1 MOU PPF Committee 28 February 2023.pdf (19 pages)

14:10 - 14:15 3. MAIN AGENDA

5 min

3.1. Action Log

Mel Jehu, Chair

For Noting

- 📄 3.1 Action Log PPF Committee 28 February 2023.pdf (17 pages)

14:15 - 14:35 4. GOVERNANCE

20 min

4.1. Organisational Risk Register

Director of Governance

For Discussion/Noting

- 📄 4.1a Organisational Risk Register - PPF Committee Cover Paper - February 2023.pdf (4 pages)
- 📄 4.1b Appendix 1 Master Organisational Risk Register - PPF Committee Assigned Risks - 28223.pdf (4 pages)

4.2. Enhanced Monitoring - Assurance Processes and Governance - Item now deferred

Director of Strategy & Transformation

For Discussion/Noting

14:35 - 15:00 5. IMPROVING CARE

25 min

5.1. Targeted Intervention and Improving Care Presentations

Chief Operating Officer

For Discussion/Noting

- 📄 5.1a Targeted Intervention presentation for PPF final PPFC 28 February 2022.pdf (14 pages)
- 📄 5.1b Improving Care update PPFC 28 February 2023.pdf (5 pages)

5.2. Planned Care and Cancer Delivery Programme - Presentations

Chief Operating Officer

For Discussion/Noting

- 📄 5.2a Countermeasures Template as at 15022023 1st Stage final PPFC 28 February 2023.pdf (6 pages)
- 📄 5.2b Countermeasures Template as at 15022023 104 Stage 4 final PPFC 28 February 2023.pdf (6 pages)
- 📄 5.2c Countermeasures Template Not meeting 4 Hour Performance v1 PPFC 28 February 2023.pdf (6 pages)
- 📄 5.2d Countermeasures Template Not meeting SCP target PPFC 28 February 2023.pdf (6 pages)

 5.2e Countermeasures template not meeting target trajectories final PPFC 28 February 2023.pdf (6 pages)

5.3. Performance Dashboard

Executive Directors


For Discussion/Noting

 5.3 Integrated Performance Dashboard PPF Committee 28 February 2023.pdf (36 pages)

5.4. Sepsis Compliance Progress Report

Medical Director

For Discussion/Noting

 5.4 Sepsis Compliance Improvement Plan PPF CMT 28.2.23.pdf (10 pages)

15:00 - 15:25
25 min

6. SUSTAINING OUR FUTURE

6.1. Month 10 Finance Report

Director of Finance

For Discussion/Noting

 6.1 M10 Finance Report- FINAL PPF Committee 28 February 2023.pdf (24 pages)

 6.1a M10 Finance Performance Report - FINAL PPf Committee 28 February 2023.pdf (27 pages)

6.2. CTM Strategy 2030 - Verbal Update

Director of Strategy & Transformation

For Discussion/Noting

6.3. Integrated Medium Term Plan 2023-26 - Planned Structure & key Messages - Presentation - Presentation


Director of Strategy & Transformation

For Discussion/Noting

6.4. NWSSP - Energy Procurement Proposal

Director of Finance & Procurement

Endorse for Board Approval

 6.4 All Wales Energy Governance Procurement & Management Propoals PPF Committee 28 February 2023.pdf (10 pages)

 6.4a Appendix 1 FINAL NWSSP_Contract_Ratification Gas and Electricity Proposal V6.pdf (8 pages)

 6.4b Appendix 2 BGB Announcement Formal Communication.pdf (1 pages)

15:25 - 15:30
5 min

7. OTHER MATTERS

7.1. Committee Highlight Report to Board

Mel Jehu, Chair

7.2. Committee Forward Plan

Mel Jehu, Chair

 7.2 Forward Work Plan PPF Committee 28 February 2023.pdf (4 pages)

7.3. Any Other Urgent Business

Mel Jehu, Chair

7.4. How Did We Do Today?

Mel Jehu, Chair

7.5. Date & Time of Next Meeting

Mel Jehu, Chair

25 April 2022 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

PRESENT

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

IN ATTENDANCE

- Emrys Elias - Health Board Chair (Observing)
- Jayne Sadgrove - Health Board Vice-Chair (Observing)
- Linda Prosser - Executive Director of Strategy & Transformation
- Sally May - Executive Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Georgina Galletly - Director of Governance
- Paul Dalton - Internal Audit and Assurance
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

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

1.2.0 APOLOGIES FOR ABSENCE

Apologies were received from Cally Hamblyn, Assistant Director of Governance & Risk.

1.3.0 DECLARATIONS OF INTERESTS

M. Jehu declared an interest in Agenda item 5.6 Stroke Action Plan Progress Report with regard to a relative employed within the department.

PART 2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 23 AUGUST 2022

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

2.1.2 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 23 AUGUST 2022

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

2.1.3 'UNCONFIRMED' MINUTES OF THE EXTRA ORDINARY PLANNING PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 20 SEPTEMBER 2022

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

2.1.4 BUSINESS CONTINUITY & EMERGENCY PREPAREDNESS RESPONSE AND RECOVERY POLICY

Resolution: The Policy was **APPROVED** subject to the amendment of the typographical errors.

2.1.5 COMMITTEE EFFECTIVENESS SURVEY OUTCOME AND IMPROVEMENT PLAN

Resolution: The Report was **APPROVED**.

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Committee **NOTED** the Monitoring Returns for Months 5 & 6.

3.0 MAIN AGENDA

3.1.0 ACTION LOG

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

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

3.2.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There were none.

4.0 GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

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

G. Galletly advised that currently the Organisational Risk Register was being reviewed to realign the risks to reflect the new Operating Model and the Care Service Groups. Workshops would be held in October and November 2022 to ensure that the risks were reviewed and aligned.

P. Roseblade referred to Risk 5217 regarding Care Home Capacity and queried the scoring for this risk given that in the report outlined that 80% of patients were waiting for a care home place or receive a care home intervention. L. Prosser advised that it was in relation to the domino effect of several care homes closing. P. Roseblade in response added that it was not stating about care homes closing but about capacity within the whole system and the impact that it was having on the care of patients who needed a hospital bed.

G. Hughes advised that the risk was due to the impact of the cost of living challenges and fuel bills during this winter there was anxiety that it could see a level of care home failure. He advised that the local authority had actions in place to mitigate the risk and it was hoped that the care home in the Pontypridd area would re-open before Christmas with a new provider. In terms of the likelihood, it was noted there were a range of mitigations which were in the remit of the local authority. With regard to the general risk of patient flow and hospital capacity, these were noted to be captured in the Board Assurance Framework and that was a separate risk with regard to the care home market and there would be a need to review general capacity. G. Hughes stated that he would reference some of the mitigating actions that had been put into place as part of his update later in the agenda on the Six Goals.

P. Roseblade responded by adding that this detail was not captured by the risk description.

M. Jehu requested that the risk entries be reviewed and a response be provided to Members outside of the meeting.

N. Milligan referred to Risk 4149 with regard to CAMHS and requested an update for the next meeting.

Resolution: The report was **NOTED**.

Action: Risks in relation to Care Homes to be reviewed and a response provided to Members outside of the meeting.

Action: Update on the CAMHS Risk 4149 to be provided outside of meeting.

5.0 IMPROVING CARE

5.1.0 DELIVERY OF THE PLANNED CARE RECOVERY PROGRAMME

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

C. Donoghue referred to the low scoring of inpatient day cases for paediatrics which was currently 23% of pre-Covid activity and queried what was causing this low percentage. G. Hughes advised that part of the challenge was due to paediatric surgery in specialities such as ENT, urology and dermatology and that there was a fixed capacity for treating those patients both in terms of anaesthetic capacity and availability of surgeons. He advised that steps were being taken to recruit more surgeons and the relevant specialties were developing plans to deal with the number of children waiting in those areas for grommets and tonsil surgery and reassessing the lists. Actions were also in place to move patients out to the Children's Hospital for Wales where appropriate.

C. Donoghue referred to patients being taken-off the waiting list for pain clinic due to them being seen by the Wellness Improvement Service (WISE) and queried whether there would be an opportunity for them to be re-referred. G. Hughes confirmed that for the patients that need to be seen in the pain clinic they would go back to where they were on the original waiting time list so they would not be disadvantaged by accessing the WISE service. He confirmed that over 200 patients had accessed WISE thus far, with nearly all of them having successful outcomes.

P. Roseblade referred to pre-Covid activity levels and in particular, the table showing day case activity that outlined that only one speciality was back to pre-Covid activity levels and queried when they would expect to see improvements. G. Hughes advised that a

contract award had now been agreed with an insourcing provider and each speciality now had these in place. He advised that in relation to theatre lists, some patients were now more complex than they were pre-Covid and constraints had been relaxed further in terms of elective restoration. August 2022 was noted to have been a challenging month due to annual leave, which had impacted upon waiting lists being fully booked but that each speciality had an individual recovery plan as well as work ongoing around bed reconfiguration.

I. Wells referred to the red column in table 5 which outlined the patients waiting more than 104 weeks and queried if these patients had a confirmed appointment. G. Hughes advised that patients waiting for 104 weeks were in the white and green column and the patients that were in the red column were patients that had been booked and were not in the 'treat in turn' cohort. In response, I Wells advised that there was a need for this to be made clear in the table for future reports.

M. Jehu commented that the tables were not in any order and the subject matter came first. G. Hughes confirmed that future iterations would list these in alphabetical order for the next meeting.

Resolution: The Report was **NOTED**.

Action: Review the tables and place content in alphabetical order for the next iteration of the report.

5.2.0 DELIVERY OF THE SIX GOALS FOR EMERGENCY CARE

G. Hughes provided a presentation to the Committee on the Six Goals for Emergency Care.

C. Donoghue queried what the abbreviation for NIV was. It was confirmed that it was 'Non-Invasive Ventilation'.

N. Milligan commented that this item had been presented to the July 2022 Board Meeting where it had been advised that there were about 20 task and finish groups and the majority of people sitting on these were the same people. She queried how realistic this was given the slow progress indicated by the report and also asked when were they going to see timescales with objectives and expected outcomes for these groups. G. Hughes advised that they would bring the timescales back to the next meeting and that this work was based on a 15 month programme. It was acknowledged that there was an issue with people's capacity and efforts were

being made to release people so that that they could prioritise this important work.

I. Wells referred to work stream 2 and the Hot and Rapid Access Clinics and sought clarity as to their purpose. G. Hughes confirmed that for people presenting to either the emergency department or their GP, this would provide them with an alternative in that they might not need to be seen on that day so they could be sent home and brought back within 24 to 48 hours to see a clinician.

N. Milligan advised that it was pleasing to hear that they had recruited into the Minor Injuries Unit. However, staff had been raising concerns that the location of the room that they were in was too small to facilitate wheelchair access. G. Hughes confirmed that they were moving from the current location with a plan to establish two to three treatment rooms.

M. Jehu referred to slide 6, NIV Stroke Ward Flow and Discharge where it stated that the EWB systems were 'clunky' with individual log-ins and there was currently no other way to assign accountability without compromising speed and queried why this had moved from 'red' to 'green' in terms of performance within a month. G. Hughes advised that the log-in issues had now been resolved but there had also been challenges with the electronic white boards.

Resolution: The presentation was **NOTED**.

Action: Update on timescales, outcomes and objectives for the task and finish groups to be brought back to a future meeting.

5.3.0 INTEGRATED PERFORMANCE DASHBOARD

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

P. Roseblade referred to the 'red release' figures which were said to be improving but were in fact deteriorating and queried what was being done to improve this. G. Hughes advised that the main challenge was that it was not only 'red release' but included 'amber release' as well so they were recording both and that was why there was a significant step-up in the number of requests. He advised that staff had since reviewed the criteria for red, amber one and amber two and it might be sensible to break these down for future reports.

P. Roseblade referred to the emergency department four-hour wait target which stated that there had been improvements and queried what had led to that improvement so it could be replicated. G. Hughes advised that part of this improvement related to the maturing of the minor injuries model and the recruitment of advanced nurse practitioners (ANPs). He advised that ANPs had their own area that was ring fenced which was supporting effective patient flow.

C. Donoghue commented that there was an enormous amount of work being undertaken in many different areas, but her concern was that overall performance was not improving and that the Health Board was not where it needed to be in terms of the all-Wales position. She queried whether there was sufficient staff capacity to deliver improvements across all of the work-streams. G. Hughes advised that it was disappointing that it was taking longer to deliver the desired impact and added that the approach around the 'Six Goals' was important because it aimed to focus attention on tackling all the things that were currently having an impact but that there were some long-standing issues that needed to be addressed.

C. Donoghue, in responding, added that it was about trying to get assurance and understand the level of confidence that this would be delivered. G. Hughes advised that they were getting to a level of maturity in the work they had been undertaking over the last few months.

N. Milligan referred to the breast-feeding figures which were provisional and queried if there was any data that provided an indication of why there had been such a drop in order to use that to drive improvement. L. Prosser advised that they would look into this and would bring a report back to the next meeting.

N. Milligan referred to page 19 of the report and the huge amount of work undertaken with regard to change the recruitment process and with TRAC. However, she advised that the new vacancy scrutiny panel was delaying the recruitment process and how was this going to be resolved. She also referred to the staff engagement and suggested that the presentation of the data could be improved in terms of the percentages. L. Prosser advised that they had raised this question previously with the workforce team and would raise it again.

G. Galletly advised that this had been raised at the People & Culture Committee and there needed to be greater clarity around how the elements of the Integrated Performance Dashboard were divided-up to enable it to be effectively scrutinised by the relevant

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Committees. She advised that she would ensure that the point made was referred back and to include a more information or narrative within the target being reported to show that it was representative. She also advised that the point raised with regard to the vacancy scrutiny panel would be raised with workforce colleagues outside of the meeting.

I. Wells referred to percentages of patients commencing definitive cancer treatment within 62 days from point of suspicion and queried whether the more serious forms of cancer would be escalated over other types. G. Hughes advised that the 62 day target was for any patient where there was a suspicion of cancer, the majority of which were referred by their GP and also a cohort of patients who were referred by screening services. He advised that at a previous meeting he had given a presentation about the trajectory required to attain 70% compliance by the end of the financial year and that remained the plan. The challenge however, was to clear the large diagnostics backlog that was predominantly in the specialties of lower GI and Urology. He confirmed that improvements were being seen in a number of tumour sites such as gynaecology and breast and offered to provide a deep-dive into cancer for the next meeting.

E. Elias commented that there was a huge amount of work being undertaken but when preparing future performance reports for this Committee it would be helpful to have an understanding of the outcomes and delivery timescales. He added that sickness rates were reducing which was good but agency rates were increasing and there could be certain areas within the workforce that required more bank staff than other areas. E. Elias also referred to mental health care and treatment planning which had increased and was the lowest for CAMHS in Wales. G. Hughes, in responding advised that additional capacity was being created in the hospitals which had the potential to require agency support but would pick this up as an action outside of the meeting.

With regard to CAMHS, G. Hughes advised that within mental health they had established a Planned Care Recovery Board which was reporting to Welsh Government around the trajectory for improvement for CAMHS and he advised that they would provide an update on CAMHS Mental Health at the next meeting.

E. Elias commented that the reports need to be clearer in terms of actions, outcomes, timescales and mitigations. L. Prosser advised that the performance report content would be reviewed with a view to improving the content.

Resolution: The report was **NOTED**

Action: Review staff engagement percentages with the Workforce Team and advise outside of the meeting.

Action: To receive a report on Breast Feeding compliance at the next meeting.

Action: Workforce colleagues to review the query around vacancy scrutiny panel outside of the meeting.

Action: To receive a deep-dive into cancer and mental health report at the next meeting.

5.4.0 ANNUAL PLAN 2022-23 PROGRESS REPORT

L. Prosser presented the report that provided an update on progress with the Annual Plan for 2022-23.

The Chair thanked L. Prosser for the report and commented that as the Committee received regular updates they were well sighted in terms of this issue, however, it was good to receive the context to the level of detail received.

Resolution: The report was **NOTED**

5.5.0 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023-26

L. Prosser presented the report that provided the Committee with an update on the planning process for the 2023-26 IMTP.

I. Wells commented that significant work was required in a short period of time and queried whether they were confident that there was sufficient time to incorporate all of the innovative ideas into the Plan. He also queried the plan for scrutiny via Board and Board Committees presumed that there would be a need to call extra meetings in January 2023. L. Prosser confirmed that there would be a need for an additional meeting to accommodate this.

Resolution: The Committee **NOTED** the requirement for the development of the IMTP and the approach for this year's Plan development. The Committee would be provided with updates on progress, as required and will receive the draft Plan for consideration.

Action: Planning colleagues to liaise with Governance Team to arrange an extra meeting of the Committee as required in the new year.

5.6.0 STROKE ACTION PLAN PROGRESS REPORT

G. Hughes presented the report that provided the Committee with an update on the Stroke Action Plan.

P. Roseblade referred to paragraph 2.3 where it stated that Prince Charles Hospital had the highest proportion of patients receiving thrombolysis within 45 minutes compared with the other 12 acute stroke sites across Wales. She added that whilst 48% was factually correct, included November 2021 and December 2021 which had very low patient numbers which therefore made it easier to achieve 100% compliance. It was noted that the report suggested that 48% was the average, whereas the average number of patients was significantly higher.

P. Roseblade referred to paragraph 3.7 where it referred to prioritisation of actions and queried why she could not see what the priorities would be and when improvements could be expected. G. Hughes advised that it was a difficult equation to balance and the most important thing was to allocate a stroke patient to a stroke bed as quickly as possible. He advised that the current arrangements for stroke services were not sustainable and there had to be some concurrent work undertaken on the immediate operational matters. He advised that stroke services in Wales were well behind the curve in comparison to England.

P. Roseblade, in response, added that she would like to see something that they could monitor with milestones and timescales. G. Hughes advised that he would pass this on to the team so that that this could be reflected in future reports.

N. Milligan commented that there were three more task and finish groups with no timelines. She advised that SNAP compliance had deteriorated and was now lower than it was back in February 2022 and during a walkabout on the stroke ward the manager had been very clear about the shortage of stroke nurses and it was important that staff felt their concerns were being taken on board. G. Hughes advised that the key goal would be to eradicate blockages in patient flow out of hospitals as this was impacting on their ability to transfer patients from A & E to wards. It was noted that some patients were waiting in excess of 12 hours to reach wards because bed capacity was currently well above 100% which was preventing teams from getting patients to an appropriate bed within four hours.

I. Wells advised that it was good to see the dedicated access beds and queried why the Royal Glamorgan Hospital (RGH) did not have one and also that in Appendix 2, data showed the performance of the Princess of Wales Hospital (POWH) was not as good. G. Hughes advised that there was not a dedicated bed in RGH as it was not a dedicated stroke hospital. He added that the model was different in

POWH compared with Prince Charles Hospital (PCH) Model and they would be looking to change over to this model for POWH, which it was hoped would have a positive impact on thrombolysing patients.

Resolution: The Committee **NOTED** the progress made against the action plan and the successful bid to enhance preventative developments.

NOTED the planned immediate actions to the acute and rehabilitation aspects of the stroke pathway.

NOTED the plan to establish focused task and finish groups reporting to the Stroke Strategy Group, tasked with developing a stroke strategy and improving current service provision.

NOTED the ongoing challenges in performance against the four Quality Improvement Measures in the Performance Framework.

5.7.0 BRIDGEND TRANSITION PROGRESS REPORT

L. Prosser presented the report that provided the Committee with an update on the progress with the Bridgend transition work.

P. Roseblade queried whether some of the services that were originally going to be disaggregated and moved over to Cwm Taf Morgannwg UHB (CTMUHB) were now not going to be, what would that mean for the staff who had already moved over and also in terms of funding. L. Prosser advised that it was very complex, however, most of the staff had stayed within Swansea Bay UHB and she was not aware of any member of staff having gone through TUPE (Transfer of Undertakings). The funding associated with these services was being agreed though the long term agreements around care pathways, criteria and patient flows.

C. Donoghue queried what the maxillofacial surgery issue was and asked if there was any update. L. Prosser advised that it was partly due to the surgical disaggregation areas all having come through at the same time and the managers were having to work through a range of activities. L Prosser undertook to check if the date was correct, and would check.

Resolution: The report was **NOTED**.

6.0 SUSTAINING OUR FUTURE

6.1.0 MONTH 6 FINANCE REPORT

S. May presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of the Health Board as at Month 6.

P. Roseblade referred to the changes in National Insurance and queried whether that would be met by Welsh Government and was it linked to the announcement that had recently been made. S. May confirmed this to be the case.

P. Roseblade commented on the level of uncertainty set out within the report and the significant variance on savings within the plan. S. May advised that there were a couple of emerging things that were causing concern, one of them being prescribing where they were seeing upward pressure because of changes to Category M drugs. There was also pressure around winter and unscheduled care. She advised that in terms of this month's position, they had received a benefit against contracting and commissioning which was about £1.5m and which had been moved over to support the Six Goals. There was also the risk of significant changes with Care Homes being lost and pressure at the front door. She confirmed that at this point in time they still were assuming a £6m release of annual leave accrual and about £1m more that could potentially be released but that would need to be assessed and worked through. There would be more work to do towards the end of the financial year but that in regard to delivery of savings, there was a medium degree of confidence at the current time.

S. May advised that the underlying position would have deteriorated due to non-recurrent money. She added that additional resources to support the extra costs associated with Covid had been in place for two and half years but were due to be stood down as well as exceptional costs such as the energy bill release and improvement in the energy market. It was noted that the associated impact would need to be framed within the Annual Plan and the Integrated Medium Term Plan (IMTP).

N. Milligan commented that the spend on agency staff was at its highest and there were more substantive members of staff leaving to join agencies. S. May responded that it was important to re-emphasise the benefits of NHS employment terms and conditions of employment such as pension and sick pay.

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

7.0.0 OTHER MATTERS

7.1.0 HIGHLIGHT REPORT TO BOARD

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

7.2.0 FORWARD WORK PLAN

The Chair asked Members of the Committee if they had any items that they would like to include for future meetings to let the Governance Team know.

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

Action: Breast Feeding Compliance, Deep Dive into Cancer and Mental Health reports to be added to the Forward Plan.

7.3.0 ANY OTHER URGENT BUSINESS

There was none.

7.4.0 HOW DID WE DO TODAY?

The Committee felt that an appropriate balance had been struck in terms of open discussions with a strategic focus as well as organisational values being taken into account.

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

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

The next full meeting of the Committee was scheduled to be held on the 20 December 2022 at 2:00 pm. (**Post meeting note:** *this particular meeting was later stood down with an agreement that the Committee would next meet in February 2023*).

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE 'IN COMMITTEE'
HELD ON 25 OCTOBER 2022, AS A VIRTUAL MEETING WHICH
WAS HELD VIA MICROSOFT TEAMS**

PRESENT

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

IN ATTENDANCE

- Emrys Elias - Health Board Chair
- Jayne Sadgrove - Health Board Vice-Chair
- Linda Prosser - Director of Strategy & Transformation
- Sally May - Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Georgina Galletly - Director of Governance
- Kathrine Davies - Corporate Governance Manager
(Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

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

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Cally Hamblyn, Assistant Director of Governance & Risk.

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. MAIN AGENDA

2.1.0 OPHTHALMOLOGY ACTION PLAN PROGRESS REPORT

G. Hughes presented the report that provided the Committee with an update on the current Ophthalmology follow-up position. Members expressed concern in relation to the challenges facing the ophthalmology service as outlined within the report and sought assurance as to the immediate actions being taken by the Health

Board to address the risks. Members also sought assurance that concerns were been reported and managed in accordance the Quality Governance Framework.

In recognition of the concerns raised by Members as to the quality and safety impact as a result of the follow-up position, the Committee referred the matter for further scrutiny by the Quality & Safety Committee.

Resolution:

- The Committee **NOTED** the report and current follow-up position outlined by the Chief Operating Officer.
- The quality & safety impact of the ophthalmology follow-up position be **REFERRED** to Quality & Safety Committee for scrutiny.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

The Chair advised the Committee that it was G. Galletly's last meeting prior to taking-up her secondment with Welsh Government. He expressed thanks for her valuable contribution and advised that the organisation was now in a better place than three years ago and wished her well for the future.

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

The next full meeting of the Committee was noted to be scheduled for 20 December 2022 at 2:00 pm. (**Post meeting note: this particular meeting was later stood down with an agreement that the Committee would next meet in February 2023**).



AGENDA ITEM
2.1.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE
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PLANNING, PERFORMANCE & FINANCE COMMITTEE ANNUAL CYCLE OF BUSINESS 2023-24

Date of meeting	28th February 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies , Corporate Governance Manager
Presented by	Cally Hamblyn, Assistant Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR APPROVAL

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

ACRONYMS	

1. SITUATION/BACKGROUND

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

1.2 The Cycle of Business covers the period 1 February 2023 to 31 March 2024.

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

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

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

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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not required.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **APPROVE** the Committee Cycle of Business.

Planning, Performance & Finance Committee

Cycle of Business (1st February 2023 – 31st March 2024)

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 2023 to 31st March 2024.

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 2023 – 31st March 2024)

Strategic Objectives	Provide high quality, evidence based and accessible care	Work with Communities and partners to reduce inequality, promote well-being and prevent ill health	Ensure sustainability in all that we do, economically, environmentally and socially	Co-create with staff and partners a learning and growing culture
Threats to the Strategic Objectives	<ul style="list-style-type: none"> Failure to deliver a high quality, safe and effective service that improves population health Failure to provide timely health and wellbeing care & services Failure to deliver a service user and carer focussed service. 	<ul style="list-style-type: none"> Failure to engage effectively with our communities to inform, develop and deliver an effective, safe and responsive service that meets the health needs of our communities Failure to engage, listen and act on issues / feedback that would help to reduce inequalities, promote wellbeing and prevent ill health within our communities. 	<ul style="list-style-type: none"> Failure to make robust, informed decisions for our communities and execute them within a sound system of Governance Failure to deliver and maintain financial sustainability Failure to continually adapt and respond to a changing environment. Failure to adopt new technology and innovations to enable change and sustainability 	<ul style="list-style-type: none"> Failure to listen, learn and respond appropriately to the views of our staff and partners to enable continual improvement in our services and culture. Failure to engage, listen and act on feedback to shape services and culture. Failure to engage constructively with partners and have a mutual understanding of each other's issues. Failure to sustain an engaged and effective workforce.

Item of Business	Executive Lead	Reporting period	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Preliminary Matters																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Action Log	Director of Corporate Governance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Internal Control & Risk Management																	
Planning, Performance & Finance Committee Annual Report	Director of Corporate Governance	Annually						✓									
Planning, Performance & Finance Committee Annual Self-Assessment	Director of Corporate Governance	Annually						✓									
Planning, Performance & Finance Committee Terms of Reference	Director of Corporate Governance	Annually						✓									
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings		✓		✓		✓		✓				✓		✓	
Committee Highlight Report	Director of Corporate Governance	All Regular Meetings		✓				✓		✓				✓		✓	
Planning, Performance & Finance Committee Annual Cycle of Business	Director of Corporate Governance	Annually		✓												✓	
Planning																	

Item of Business	Executive Lead	Reporting period	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Integrated Medium Term Plan	Director of Strategy & Transformation/ Chief Operating Officer/Director of Finance	Quarterly		✓						✓						✓	
Health Emergency Planning Annual Report	Director of Strategy and Transformation	Annually								✓						✓	
Performance																	
Performance Dashboard	Director of Strategy & Transformation/ Chief Operating Officer/Director of Finance/ Director of Nursing	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Deep dive into one aspect of the Performance Dashboard (subject to be confirmed)	Chief Operating Officer	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Estates Operational Performance and Energy Performance	Director of Finance	Annually				✓											
Finance																	
Finance Report	Director of Finance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Monthly Monitoring Returns to Welsh Government	Director of Finance	All Regular Meetings		✓		✓		✓		✓		✓		✓		✓	
Governance and Assurance																	
Organisational Risk Register	Director of Governance	All Regular Meetings		✓				✓				✓		✓		✓	
Targeted Intervention and Improving Care	Chief Operating Officer	As required		✓				✓				✓		✓		✓	
Enhanced Monitoring	Director of Strategy & Transformation	As required		✓				✓				✓		✓		✓	



AGENDA ITEM

2.2.1a

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 09 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	28 th February 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Thomas, Deputy Director of Finance
Presented by	Sally May, Director of Finance & Procurement
Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Welsh Government	13/01/2023	NOTED

ACRONYMS

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

MONTH 09 MONITORING RETURNS TO WELSH GOVERNMENT

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.
- 1.2 The purpose of this report is to provide the PFC with information from the M09 Financial Monitoring Return submission to Welsh Government.

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

- 2.1 The HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 26 April 2022. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2022/23 financial performance, together with the following requirements:
- 2.2 The Day 9 submission to WG must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.
- 2.3 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.
- 2.4 The following information is provided at Annex A:

Annex A
M09 Narrative report
Table A - Movement
Tables C, C1, C2 & C3



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

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.

3.2 The key information included in the M09 Financial Monitoring returns is summarised below:

	M9 Actual	M9 YTD	M9 Forecast	M8 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	3.3	21.3	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.0	3.1	3.1	3.1	5.0
Energy inflation	1.1	7.5	11.5	12.3	11.6
Real Living Wage for Social Care Workers	0.2	1.8	2.4	2.4	2.4
Anticipated funding	(1.3)	(12.4)	(17.0)	(17.8)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	0.9	11.5	13.9	13.9	15.6
Other	1.2	12.4	16.1	16.2	16.7
Anticipated funding	(2.1)	(23.9)	(30.1)	(30.1)	(32.3)
Total	0	0	0	0	0
Grand total	3.3	21.3	26.5	26.5	26.5

3.3 The M9 YTD position is a £21.3m deficit. This represents a £1.4m adverse variance compared to 9/12th of the £26.5m Core plan deficit.

3.4 It is important to note that M9 internal reporting within the Health Board is reporting a M9 YTD savings consistent with the £0.7m position reported in this Monitoring Return.



	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	12.9	12.9
Year to date actual	(13.6)	(13.6)
Year to date Variance	(0.7)	(0.7)

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

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the contents of the Month 09 Monitoring Returns submitted to Welsh Government for 2022/23.

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

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2022/23

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

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

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

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

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

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

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

	M9 Actual	M9 YTD	M9 Forecast	M8 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	3.3	21.3	26.5	26.5	26.5
Exceptional items:					
National insurance changes	0.0	3.1	3.1	3.1	5.0
Energy inflation	1.1	7.5	11.5	12.3	11.6
Real Living Wage for Social Care Workers	0.2	1.8	2.4	2.4	2.4
Anticipated funding	(1.3)	(12.4)	(17.0)	(17.8)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	0.9	11.5	13.9	13.9	15.6
Other	1.2	12.4	16.1	16.2	16.7
Anticipated funding	(2.1)	(23.9)	(30.1)	(30.1)	(32.3)
Total	0	0	0	0	0
Grand total	3.3	21.3	26.5	26.5	26.5

The key issues to highlight are as follows:

- Core Plan YTD position-** The M9 YTD position is a £21.3m deficit. This represents a £1.4m adverse variance compared to 9/12th of the £26.5m Core plan deficit (£19.9m). This variance includes:
 - A shortfall in assumed funding for pay awards of £1.4m (9/12ths of £1.9m).
- Core Plan Forecast –** At the recent mid-year review meeting we confirmed a forecast break-even position against plan with a potential best-case surplus of up to £4m. As at M8 and M9 we are continuing to forecast a Core plan deficit of £26.5m, with a potential net opportunity of £2.0m. The key risks and opportunities are noted in section 3.
- Dental allocation -** Following further discussions with the WG Policy Team, we are now assuming that the Health Board is unable to retain the forecast underspend on the dental allocation in 22/23.

An anticipated allocation adjustment of £1.6m has therefore been included in our M9 position.

- **Pay award funding**- We have raised several queries regarding the pay award funding which has resulted in a £1.9m recurrent cost pressure for the Health Board. We are awaiting a response to our e mail dated 15 November.
- **Exceptional Items** - We note that the M6 forecasts for RLW and NIC will be issued in full and that the M6 forecast for Energy is a maximum. Our M9 forecast energy overspend of £11.5m includes actual costs for £8.8m (April – October) and estimated costs of £9.4m for remaining 5 months:

Month	All Wales	Veolia	Total
	£k	£k	£k
April	883	347	1,230
May	730	318	1,048
June	785	315	1,099
July	794	332	1,126
August	859	320	1,179
September	1,068	424	1,492
October	1,207	385	1,592
November	1,432	376	1,808
December	1,548	403	1,951
January	1,610	426	2,036
February	1,381	382	1,763
March	1,439	393	1,832
Total cost	13,738	4,420	18,158
Budget	3,949	2,692	6,641
Net cost	9,789	1,728	11,517

- **COVID Costs** - We note that the M8 forecast of £30.1m for Covid (Programme and response) is the new funding ceiling (previously this was the M6 forecast of £30.9m). The latest M9 forecast of £30.1m remains in line with the M8 forecast of £30.1m.
- **Annual Leave Accrual** – The opening annual leave accrual of £17.2m was calculated based on the estimated gross salary costs of the estimated amount of leave outstanding at 31 March 2022 (i.e.

the accrual was not based on the estimated backfill costs of covering the outstanding leave).

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

As at M9, we have released £0.9m of the accrual to cover the cost of selling back annual leave, reducing the accrual to £16.3m

As at M9, our high level estimate of the closing accrual at the end of 22/23 is circa £7.2m. This is based on the key assumption that the carry forward of annual leave at the end of 22/23 will revert to the normal pre Covid level of 5 days, compared to a maximum of 30 days at the end of 21/22.

This represents a potential release of £10.0m comprising £0.9m for sell back and £9.1m for other reasons including covering backfill costs.

Our M9 forecast assumes a release of £6.0m with a further £4.0m shown as an opportunity. As at M9, we have released £4.5m of the accrual which is 9/12ths of £6.0m. We think this is a prudent approach given the uncertainty surrounding the actual annual leave that will be taken in the next 3 months.

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

	December			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M09 £'000	M08 £'000	Movement £'000
RRL	111,503	111,205	298	1,299,206	1,300,669	(1,463)
Donation/Grants	0	0	0	150	150	0
Welsh HBs & NHST	7,515	7,064	451	87,230	85,578	1,652
WHSSC	1,078	974	104	12,261	12,156	105
WG Income	(14)	57	(71)	484	555	(71)
Other Income	3,047	3,209	(162)	38,501	38,663	(162)
Income Total	123,129	122,509	620	1,437,832	1,437,770	62
PC Contractor	14,921	15,124	(203)	150,324	150,526	(202)
PC - Drugs	11,448	9,297	2,151	102,597	99,543	3,054
Pay	52,409	53,265	(856)	627,009	629,358	(2,349)
Non Pay	10,063	9,746	317	110,209	112,699	(2,490)
SC - Drugs	4,813	4,271	542	49,309	47,567	1,742
H/C Other NHS	23,169	22,894	275	252,345	252,070	275
Non H/C Other NHS	288	294	(6)	3,478	3,483	(5)
CHC & FNC	5,191	5,147	44	58,960	59,716	(756)
Private & Vol	1,161	1,486	(325)	15,132	15,963	(831)
Joint & Other	144	293	(149)	7,083	5,146	1,937
DEL	2,784	2,786	(2)	32,989	33,308	(319)
AME	44	10	34	54,954	54,954	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	6	0	6	(57)	(63)	6
Cost - Total	126,441	124,613	1,828	1,464,332	1,464,271	61

The actual expenditure for M9 was £1.8m (1.5%) more than the £126.4m forecast. The most significant movements between the M9 forecast and M9 actuals were as follows:

- **Primary Care Drugs - £2,151k Adverse** - The increase in primary care prescribing reflects further NCSO impacts upon the tariff together with further Cat M price increases and increased core prescribing costs.
- **Provider Pay - £856k Favourable** - The anticipated increases in Bank and overtime payments did not materialise in M9.
- **Secondary Care Drugs - £542k Adverse** - The increase in expenditure is mainly related to a continued increases in NICE drugs.

The year-end forecast expenditure at M9 remains consistent with that in M8 at £1,464m. The most significant changes between the M9 and M8 year-end forecasts are as follows:

- **Welsh HB & NHST Income - £1.7m Favourable** – Recognising consistent increases in income with HBs.
- **Primary Care Prescribing - £3.1m Adverse** – Continuation of adverse impact of NSCO now assumed to remain for Q4 and New Cat M prices announced for Q4 together with underlying growth remaining higher than anticipated following October PAR.
- **Provider Pay - £2.4m Favourable** – Reflecting revised forecasts following continued difficulty in sourcing additional staff to planned levels and consistent pay costs for last 2 months.
- **Provider Non Pay - £2.5m Favourable** – Reflecting revised forecasts and correction of RIF plans transferred to Joint Funding.
- **Secondary Care Drugs - £1.7m Adverse** – Revision of forecast to reflect current NICE/HCD expenditure including HIV prescribing and the transfer of patients for home delivery NICE drugs from Swansea Bay UHB.
- **CHC/FNC - £0.8m Favourable** – Reflecting revised forecasts and correction of earlier transactions following review which resulted in reclassification to balance sheet.
- **Private & Vol Sector - £0.8m Favourable** – Revised forecast following lower than anticipated outsourcing during December.
- **Joint Funding & Other - £1.9m Adverse** – Additional allocations for RPB received in M9 of £1.5m offset by change in Discount Rate of £1.8m and revised RIF plans of £2.4m transferred from Provider Non Pay.

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

The M12 profile for provider non pay includes the IFRS16 reduction of £2.2m.

The M10 profile for Joint funding includes a £1.8m credit for the recent change in discount rate. The M12 profile includes new RPB allocations of £1.5m together with RIF spend plans of £2.4m.

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

The M9 Pay expenditure was £54.1m and the monthly trend is summarised below.

	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£m	£m	£m	£m	£m	£m	£m	£m	£m
A&C	7.2	7.1	7.1	8.5	6.7	6.6	6.8	6.9	7.1
Medical	14.2	14.0	13.5	16.3	13.1	12.9	13.6	13.4	12.5
Nursing	17.1	16.9	17.1	19.9	15.1	16.5	16.7	16.0	17.5
ACS	6.9	7.2	7.1	8.9	6.5	6.8	6.6	6.6	6.8
Other	9.0	9.1	9.0	11.0	9.3	8.4	8.5	8.4	8.5
Total	54.4	54.3	53.8	64.6	50.7	51.2	52.2	51.3	52.4

The Key issues to highlight are as follows:

- The M12 position included additional pension charges of £24.9m plus an additional annual leave accrual of £3.9m. The M12 cost excluding these one-off items was £53.9m.
- The M1 position reported a slight improvement of £1.3m compared with the previous 3 months, after taking account of the M12 comment above.
- The M2 position was a £1.1m improvement over M1. This was mainly due to a reduction in Registered Nursing premium overtime payments. Conversely, Medical & Dental ADH payments increased but this is not anticipated to continue and will be kept under review.
- The M3 position increased by £0.9m compared to M2. This was mainly due to increased Agency costs.
- M4 Position has improved by £1m compared to M3, this is due to the £2m annual leave accrual release offset by £0.8m of payments for Holiday pay on overtime.
- The M5 expenditure reduced by £0.5m compared to M4, after allowing for the annual leave accrual release of £0.5m and holiday pay on overtime payment of £0.2m, the underlying position improved by £1.4m compared to M4.
- The M6 position increased by £13.9m which represents circa 50% of the estimated annual impact of the pay award of £28.3m.
- The M7 position included an estimated impact for the pay award of £2.4m. The figure excluding pay awards was circa £51.4m which was consistent with the average spend in M3-M5.
- The M8 position increased by £0.5m compared to M7, mainly related to increased agency expenditure.
- The M9 position is consistent with M8.

The M9 agency expenditure was £4.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Medical	1.8	1.8	1.5	1.7	1.1	1.4	1.7	1.3	1.2
Nursing	2.6	2.1	2.3	2.3	2.3	2.4	2.4	2.1	2.6
Other	1.2	1.4	0.8	0.9	1.2	1.0	1.0	1.0	0.9
Total	5.6	5.3	4.9	4.9	4.6	4.8	5.1	4.4	4.7

Agency costs have increased in M9 due to additional surge capacity and ITU pressures.

1.4 Covid analysis (Table B3)

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

	M9 Actual	M9 YTD	M9 Year-end forecast	M8 Year-end forecast	Financial Plan- 30 April	Movement between M9 and M8 Forecasts
Programme costs	£m	£m	£m	£m	£m	£m
TTP	0.3	4.7	5.8	5.7	6.5	0
Mass Vaccination	0.5	5.4	6.5	6.4	7.4	0
PPE	0.1	1.4	1.7	1.7	1.6	0
Sub total	0.9	11.5	13.9	13.9	15.6	0.0
Other Covid costs:						
Cleaning Standards	0.2	1.3	1.7	1.7	2.3	0
Capacity & Facilities costs	0.3	3.0	3.7	3.6	3.0	0.1
Prescribing costs	0	0.3	0.4	0.4	2.1	0
Dental income losses	0.1	1.6	2.0	2.0	2.5	0
Increased workforce costs	0.3	3.7	4.7	4.7	2.6	0
Services supporting Covid response:						
Long Covid	0.06	0.4	0.8	0.8	0.8	0
Flu extension	0.1	0.7	1.1	1.1	0.6	0
Discharge support	0.0	0.3	0.3	0.3	0.6	0
Other Covid Response	0.1	1.0	1.5	1.6	2.3	(0.1)
Sub total	1.2	12.4	16.1	16.2	16.7	(0.1)
Total Covid costs	2.1	23.8	30.1	30.1	32.3	0
Anticipated funding	(2.1)	(23.8)	(30.1)	(30.1)	(32.3)	0
Total	0	0	0	0	0	0

There are no significant movements in the in month expenditure.

There are no significant movements between the M9 forecast and the M8 forecast.

2. Month 8 - Forecast recurrent position (Table A)

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

As at M9 we are reporting a forecast Core plan recurrent deficit at the end of 22/23 of £53.9m (M8: £47.6m). This forecast represents a £9.4m deterioration from the B'fwd recurrent deficit at the start of the year and a £25.9m deterioration from the planned recurrent deficit of £28m. This deterioration from plan includes:

- Forecast recurrent shortfalls in savings delivery (£7.2m)- see Section 6.
- Recurrent shortfall in Pay award funding (£1.9m)- see above.
- Forecast recurrent overspends (£11.0m)- Our Integrated Locality Groups (ILGs) and Directorates identified bought forward cost pressures of circa £11m at the start of 22/23. These cost pressures were excluded from the financial plan and the risk has been managed non recurrently in 22/23. However, the latest forecast recurrent cost pressures from the Care Groups and directorates now exceed the original £11m and we consider it prudent to recognise the £11m in the forecast recurrent position for next year.
- A deterioration in Primary care prescribing during 22/23 leading to an estimated recurrent overspend of circa £5.8m.

	Medical & Dental	Registered Nursing	Non Registered Nursing	Total
	£m	£m	£m	£m
Unscheduled care	1.7	1.7	2.8	6.2
Scheduled care	2.8	0.8	1.2	4.8
Total	4.5	2.5	4.0	11.0

A full assessment of the underlying position is being undertaken as part of the IMTP planning process for 2023/24 which will include a detailed 'bridge' showing the key movements between the current year forecast and the recurrent forecast.

It is also important to note that the above forecast is only the Core plan recurrent deficit and excludes any ongoing Covid response costs and Exceptional costs being incurred in 22/23 which are likely to continue into

23/24. Our latest estimates of the ongoing costs for 23/24 are circa £9.0m for Covid response and £27m for Energy. The Energy forecast has been provided by NWSSP/BG and currently excludes any ongoing benefit from the Energy Benefit Relief Scheme (EBRS).

The latest total estimated financial challenge going into 23/24 is therefore £89.9m

3. Risk Management (Table A2)

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

	Month 9	Month 8	Financial Plan – 30 April	Comment
	£m	£m	£m	
Risks:				
Energy funding has been confirmed for the rest of 22/23 based on M6 forecast as a maximum. Potential risk that costs exceed this level due to volume and/or price changes.	tbc	tbc	0	Noted that the default expectation is for organisations to manage this risk. Considered Low risk.
Covid funding has been confirmed for the rest of 22/23 based on M8 forecast as a maximum (Previously M6). Potential risk that costs exceed this level.	tbc	tbc	0	Noted that the default expectation is for organisations to manage this risk.
Risk of further increases in the cost of primary care drugs	0.8	1.0	0	Data is 2m in arrears and we only have M7 data at M9.
Risk of the forecast underspend on the Dental allocation being returned to WG.	0	1.7	0	Please see Section 1.2 above. Anticipated allocation adjustment recognised in M9.
Assumed funding for additional Bank Holiday costs for Queen’s Funeral not received in full	1.2	1.2	0	
Total risks	2.0	3.9	16.1	
Opportunities:				
Potential reduction in Energy costs and Covid costs below the M6 forecast	tbc	tbc	0	Any reduction below the M6 forecasts will be returned to WG.
Potential reduction in Planned care recovery costs below the £26.1m allocation.	tbc	tbc	0	Any underspend to be returned to WG will be confirmed in M10.
Annual leave accrual	-4.0	-4.0	-2.0	A release of £6m has been included in the year end forecast position with a further potential opportunity of £4.0m. Please see Section 1.2 above.

	Month 9	Month 8	Financial Plan – 30 April	Comment
Microsoft contract – potential vat recovery	tbc	tbc	0	Likely to be 23/24.
Potential reduction in costs due to RCN industrial action	tbc	tbc	0	
Benefit from recently announced changes to discount rates	0	-1.9	0	Benefit Included in the M9 forecast position.
Total Opportunities	-4.0	-5.9	-2.0	
Total	-2.0	-2.0	14.1	

4. Ring Fenced Allocations (Tables N&O)

We have completed the new template to provide further information on certain Ring-Fenced allocations. Our latest forecasts are summarised below:

	Total Allocation	Forecast	Comment
	£m	£m	
Planned Care Recovery Funding	26.1	25.6	The latest draft forecast is indicating potential slippage of circa £0.5m. Confirmation of any underspend to be returned to WG will be confirmed in M10.
Outpatient Transformation	0.6	0.6	
Value Based Healthcare	2.6	2.3	The latest forecast is indicating potential slippage of circa £0.35m which will be returned to WG. An anticipated allocation adjustment has been included in M9 and a final review will be undertaken in M10.
Regional Integration Fund	22.0	22.0	This includes the original allocation of £20.145m plus an additional In year allocation of £1.864m.

			Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Urgent Emergency Care (Six Goals)	2.9	2.9	Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Mental Health (SIF)	1.2	1.2	
Total	55.4	54.6	

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

See section 1.4.

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

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

	Month 9			Month 8		
	M9 YTD	22/23	Rec	M8 YTD	22/23	Rec
	£m	£m	£m	£m	£m	£m
Planned savings		14.1			14.1	
Planned income generation		0.2			0.2	
Plans to be finalised		3.0			3.0	
Savings target as at M9	12.9	17.3	17.3	11.5	17.3	17.3
Actual and Forecast Savings	(13.6)	(17.0)	(10.1)	(12.4)	(17.5)	(10.6)
Total	(0.7)	0.3	7.2	(0.9)	(0.2)	6.7

It is important to note that M9 internal reporting within the Health Board is reporting a M9 YTD savings consistent with the £0.7m position reported in this Monitoring Return.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	12.9	12.9
Year to date actual	(13.6)	(13.6)
Year to date Variance	(0.7)	(0.7)

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

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

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

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £3.3m, which is consistent with the information provided by NWSSP.

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

8. Health Care agreements

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

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

9.1 Significant month on month balance sheet movements

Provisions have increased by £1.1m in M9 due to a general increase in quantum, with the corresponding increase in WRP Debtors. This increase was offset by a payment received from WRP, resulting in an overall reduction in Receivables of £2.1m.

Payables decreased by £10m largely due to the reduction of systems creditors.

Fixed Assets have increased by £10m in M9, mainly due to the purchase of the BA site in December.

There have been no significant movements in the projected closing balance position from M8.

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

In relation to aged receivables, there were two NHS invoices greater than 17 weeks old and six greater than 11 weeks as at the 31st of December 2022. Payment has since been received for three of the invoices and the remaining are being reviewed as part of the M9 Agreement of Balances exercise and confirmation of payment dates are being requested.

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

10. Cash Flow Forecast (Table G)

The Core Plan cash flow forecast shows a shortfall of £38.7m at the end of the financial year. This reflects the Core Plan deficit of £26.5m and Movement in Working Balances of £12.2m (see below). This is supported by the strategic cash support of £26.5m.

<u>Area</u>	<u>Value £m</u>	<u>SoFP line</u>	<u>Reason</u>
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Decrease in Revenue Creditors	6.6	Trade and other payables (revenue)	Estimated reduction in revenue creditors including write back towards accountancy gains
Decrease in current provision	0.9	Current provisions	Reduction due to HSE fine at lower value than provided for.
Reduction in capital creditors	4.7	Trade and other payables (capital)	Estimated reduction in year end capital creditors – increased from M06.
Release of annual leave accrual	10.0	Trade and other payables (revenue)	Estimated release of annual leave accrual
WRP Reduction in Debtors	(4.0)	Trade and other receivables	Potential opportunity for further reduction.
IFRS 16 capital cash	2.2	Trade and other payables (capital)	As per reply letter the capital cash for the transition of IFRS has been included in movement working capital balances. This will be a lease liability movement when the transition is implemented.
Estimated increase in trade payables	(7.7)	Trade and other payables (revenue)	Due to increase of core deficit, current cash profile and exceptional pressure spend it is likely there will be an increase in trade payables at year end.
Total Movement in working balances	12.7		
Cash balance b/f	(0.5)	Cash	
Total*	12.2		

* The forecast movement in Working Balances of £12.2m assumes that all other working balances remain unchanged from the previous year, however an estimate has been included for an increase in trade payables at the year end. As the estimate is earlier in the financial year than normal, there is potential of significant changes i.e. significant cash changes relating to WRP claim payments and reimbursements

This cash forecast assumes that all Covid and Exceptional cost pressures will be fully cash funded in 2022/23.

Actions will be taken to try and reduce the requirement for support for working balances cash where reasonable.

During M9 an additional £7.6m Capital cash was drawn down on 19th December to fund the purchase of a site following WG approval. Also on 30th December an additional £11m Revenue cash was required to enable payment of energy bills (£4m), higher than anticipated GMS and Pharmacy payments (£3.5m) and additional creditors invoices (£3.5m), which had not been part of the original cash forecast.

11. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30-day target for the third quarter of 22/23 was 94.7% with a cumulative year-to-date figure of 95% (21/22:95.2%). The 95% target was achieved for November and December, but not for October. We forecast that the target of 95% will be met for year end.

In Quarter 3 NHS compliance was 81.3% with a cumulative year-to-date figure of 85%. (21/22:79.2%). We are working alongside accounts payable and procurement to work on ways this figure can be improved.

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

The M9 CRL is £72.3m in line with the CRL issued on the 19th of December 2022. As at M9, £50.1m has been charged against the CRL.

The table below details some of the forecast over and underspends this year. These are identified as medium or high risks in table J.

Scheme	Over/Underspend	Explanation
Bridgend Health and Wellbeing Centre (Sunnyside)	£0.8m slippage	The scheme remains on hold pending an outcome to the tender process to appoint a new contractor. This has been significantly delayed, a new contractor will not be starting work until at least March 2023 as the PQQ has only just been issued. It is now very unlikely that the CRL of £0.8m will be spent in year.

PCH G&FF Floor Phase 2	Possible £0.65m overspend	CRL is now £48.7m, however latest SCP cash flows are indicating that the spend this year will be c. £650k over this. This is reflected in tables I/J this month. SCP have not given an update this month on this position so this is still subject to review. This risk is being shared with Welsh Government and being explicitly discussed with them. We will continue to monitor closely and update again next month.
National Programme - Imaging Phase 2	Possible underspend £0.188m	As tenders have been received it is looking as though we have possible underspends on the 4 DR rooms of £50k and the MRI upgrade at RGH of £138k. This is reflected in tables I/J.
Anti Ligature Works	Possible overspend £0.1m	Remaining funding on this project being used to fund works at Ty Llidiard. These are potentially going to exceed the allocation by £100k but these works will be funded through our discretionary program.
POW Gamma Camera	Possible underspend £0.08m	As works section is completing it appears that c. £80k will not be required. This is reflected in tables I/J.
Centralising decontamination at POW	Possible overspend £0.06m	Work continuing on this project is in excess of the CRL.
POW Fire Enforcement Notice	£0.1m slippage	The forecast outturn is currently unknown and urgent option appraisal work is under way to determine the way forward. Until the best option is approved we have some

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

£7.8m has been transferred to solicitors for the BA Buildings in M9 and hence this is showing in our return as spent, however the purchase is still ongoing and has not yet completed.

Regarding IFRS16 transitioning leases, the £2.16m adjustment to revenue cash has been added to our working cash balances request. When approved by WG the £317k for new leases will be added to the MMR.

13. Other Issues

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

The M8 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee in January.

14. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 January 2023

Action Points arising from Month 8 Response

Action Point	WG Comment	CTM Response
8.1	I note that you are continuing to forecast a year end deficit of £26.500m. The outturn assumes the delivery of mitigating actions to be finalised of c. £1.5m (c. £1.800m at Month 7) in future months. I trust you will be a position to confirm that all savings/mitigating actions have been finalised within your Month 9 return.	Work ongoing but considered low risk.
7.3	The narrative references that the outturn could improve by £2.000m (previously £4.000m) to £24.500m; I assume this partially relates to the uncommitted ring-fenced spend of c.£0.900m (£0.540m Recovery he recovery category), with your narrative requesting clarification if any underspends will be returned to WG. Please can you confirm if this assumption is correct and describe what the balance of £1.1m relates to.	Please see Section 3 for a breakdown of the £2m net opportunity at M8. This has now been updated in M9.
8.2	I note you have further revised down your Covid expenditure forecast at Month 8. Please continue to review and refine your forecast going forward.	Noted . See Section 1.2 above.
6.4	Movement of Opening Financial Plan to Forecast Outturn (Table A) I acknowledge that Policy colleagues have confirmed the Health Board may retain the forecast Dental Funding underspend this year. Both Table A and Table A2 report the value as £1.700m and the narrative states the underspend has been revised at Month 8. Please ensure your submission at Month 9, which includes the Q3 submission of the Dental Table, reflects the latest value.	Noted . See Section 1.2 above.
7.3	I have made my colleagues aware that your submission states you are still awaiting a response to your Pay related queries. I would again advise that you contact Gwen Kohler.	Noted. Will chase again as still no response.
7.5	Your response to Action Point 7.5 confirms the Accountancy Gains that have been equally phased between October – March reflect the GRNI (Goods Received Not Invoiced) policy of removing invoices older than 18 months. The financial outturn should not include estimated future gains, but only those that have been finalised. Please ensure that only finalised Accountancy Gains are reported and that these are fully released into the current reporting period.	Noted.
8.3	Risks and Opportunities (Table A2) The narrative references a potential opportunity relating to the recent changes to discount rates; I will look to your next submission for an update (please include in the tables if applicable).	Actioned.

8.4	<p>Monthly Positions (Table B) Please provide a supporting explanation for the non-recurring increase (c£3m) in Primary Care Contractor spend projected in December.</p>	This relates to the 23/24 settlement.
8.5	<p>Pay Expenditure Analysis (Table B2) I note that November Agency spend has increased by c.£0.500m in comparison to the previous month, with your narrative confirming that this growth has been experienced across all service areas. Please clarify your current assumption that this increase will not continue into future months.</p>	Please see Section 1.4.
8.6	<p>Covid-19 Analysis (Table B3) I note that the Covid-19 forecast continues to include a projected cost for a LA redundancy provision totalling £0.165m. Please provide an update on the likelihood of this provision requirement being required.</p>	Latest forecast from the LA still includes a £165k requirement.
6.8	<p>The proposed return of Nosocomial funding has decreased to £0.054m from £0.076m. Colleagues have contacted the Policy Lead to inform them of the underspend, the recovery will be actioned in due course unless circumstances have since changed and this funding can now be fully utilised for its designated purpose.</p>	Noted.
8.7	<p>Resource Limit (Table E) I note that you are anticipating IFRS16 lease depreciation funding of £2.537m which relates to approved Transitioning and currently unapproved New/Renewal lease charges. Until approval has been provided, only the Transitioning leases should be included; although it is understood that approval for Q1 and Q2 leases is imminent.</p>	Figure reduced to £2.218m to reflect only approved transitioning leases
6.14	<p>Following Action Point 6.14, I note that you are now including the IFRS16 Capital Working Balances Cash request of £2.483m (£2.166m Transitioning plus £0.317m New/Renewals awaiting approval) under the Capital Drawing Limit column of Table E. The supporting analysis of the cash shortfall reported in the March column of Table G confirms that it includes c.£2.200m for IFRS16 lease payments, indicating that this item is being double counted within your cashflow (i.e., part of cash shortfall but also part of capital cash draw down on Line 4 of Table G). Please review the recording of this item within the cash flow at Month 9.</p>	The value has now been removed from the Capital Drawing Limit from Table E

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
 Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-44,500	0	-44,500	-44,500
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-98,911	-936	-97,975	-97,975
3 Planned Expenditure For Covid-19 (Negative Value)	-35,676	-35,676	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	93,159	2,456	90,703	90,703
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	35,676	35,676	0	0
6 Planned Provider Income (Positive Value)	6,430	0	6,430	6,430
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	14,104	7,683	6,422	7,088
9 Planned (Finalised) Net Income Generation	247	0	247	253
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	0	0	0	0
13 Planning Assumptions still to be finalised at Month 1	2,971	0	2,971	10,001
14 Opening IMTP / Annual Operating Plan	-26,500	9,202	-35,702	-28,000
15 Reversal of Planning Assumptions still to be finalised at Month 1	-2,971	0	-2,971	-10,001
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0	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	-119	0	-119	-125
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,199	-529	-3,670	-3,341
20 Additional In Year Identified Savings - Forecast	6,979	773	6,206	6,266
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-5,595	-5,595	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)	5,595	5,595	0	0
25 In Year Accountancy Gains (Positive Value)	5,989	5,989	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	2,594	2,594	0	-16,800
27 Anticipated Improvement in Recurrent Savings Schemes through the year	0	0	0	0
28 Reverse Accountancy Gain included in IMTP	-4,500	-4,500	0	0
29 Remove COVID Funding Assumption included in IMTP	-2,873	-2,873	0	-9,000
30 Energy Price Pressures (Pre Energy Benefit Relief Scheme for 23/24)	0	0	0	-27,000
31 New Pressure Provision for Primary Care Out of Hours dispute - Holiday Pay	-800	-800	0	0
32 Shortfall in Payaward anticipated allocation	-1,900	-1,900	0	-1,900
33 Retention of Dental Underspend & Other non recurrent benefits	0	0	0	0
34 Change in discount rate	1,800	1,800	0	0
35	0	0	0	0
36 Forecast Outturn (- Deficit / + Surplus)	-26,500	9,756	-36,256	-89,900
37 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-33,375	-44,500
2	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-74,184	-98,911
3	-5,054	-4,673	-4,409	-2,492	-2,492	-2,497	-2,262	-2,298	-2,296	-2,397	-2,404	-2,402	-28,473	-35,676
4	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	69,869	93,159
5	5,054	4,673	4,409	2,492	2,492	2,497	2,262	2,298	2,296	2,397	2,404	2,402	28,473	35,676
6	536	536	536	536	536	536	536	536	536	536	536	536	4,823	6,430
7	677	-103	60	-226	-260	-194	33	29	29	88	87	-220	45	0
8	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	10,788	14,104
9	0	27	17	22	23	23	23	23	23	23	24	24	178	247
10													0	0
11													0	0
12													0	0
13				330	330	330	330	330	330	330	330	330	1,981	2,971
14	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-19,875	-26,500
15	0	0	0	-330	-330	-330	-330	-330	-330	-330	-330	-330	-1,981	-2,971
16													0	0
17													0	0
18	0	-27	15	-11	-12	-12	-12	-12	-12	-12	-13	-13	-82	-119
19	0	-631	-464	-376	-606	181	-229	-295	-354	-327	-401	-696	-2,774	-4,199
20	0	697	434	453	466	1,865	581	508	515	481	484	494	5,519	6,979
21		-38	14	175	482	-1,704	-67	-15	82	-985	886	1,170	-1,071	0
22	0	-2,041	-1,961	190	-601	-99	233	-172	-181	-318	-349	-296	-4,633	-5,595
23													0	0
24	0	2,041	1,961	-190	601	99	-233	172	181	318	349	296	4,633	5,595
25	0	0	0	889	0	4,500	100	100	100	100	100	100	5,689	5,989
26	-154	-108	-123	-346	-254	1,216	883	552	541	129	129	129	2,207	2,594
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28						-4,500							-4,500	-4,500
29		-555	-277	-247	-247	-247	-217	-217	-217	-217	-217	-215	-2,224	-2,873
30													0	0
31				-800									-800	-800
32							-1,108	-158	-158	-158	-158	-158	-1,425	-1,900
33								1,267	-1,267				0	0
34										1,800			0	1,800
35													0	0
36	-2,362	-2,871	-2,609	-2,801	-2,709	-1,239	-2,608	-809	-3,309	-1,728	-1,728	-1,727	-21,317	-26,500
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'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
1	CHC and Funded Nursing Care	Budget/Plan	16	47	47	32	32	32	32	32	32	27	27	27	299	378		378	0				
2		Actual/Fcast	16	349	183	183	183	183	183	183	183	183	185	185	185	1,644	2,197	74.84%	2,197	0	197	2,000	2,000
3		Variance	0	303	136	151	151	151	151	151	151	151	157	158	158	1,345	1,818	450.45%	1,818	0			
4	Commissioned Services	Budget/Plan	15	15	15	45	45	45	40	40	40	40	40	40	301	422		377	45				
5		Actual/Fcast	15	15	15	15	15	1,461	91	141	116	116	116	116	1,883	2,231	84.39%	2,231	0	121	2,110	2,111	
6		Variance	0	(0)	(0)	(30)	(30)	1,416	51	101	76	76	76	76	1,582	1,810	525.38%	1,855	(45)				
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	210	210	235	235	235	243	244	243	244	244	244	244	1,854	2,586		2,461	125			
8		Actual/Fcast	0	8	8	(17)	0	687	116	121	121	122	122	122	1,046	1,412	74.09%	1,412	0	265	1,147	1,726	
9		Variance	0	(201)	(201)	(252)	(235)	452	(127)	(122)	(121)	(122)	(122)	(122)	(808)	(1,173)	(43.57%)	(1,048)	(125)				
10	Non Pay	Budget/Plan	396	418	445	442	491	467	346	349	343	343	343	643	3,697	5,025		4,834	192				
11		Actual/Fcast	396	695	565	807	641	617	599	510	470	435	405	426	5,299	6,565	80.72%	6,565	0	3,601	2,964	3,212	
12		Variance	0	277	120	365	150	149	253	161	127	92	62	(217)	1,602	1,539	43.33%	1,731	(192)				
13	Pay	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	4,637	5,693		5,425	268				
14		Actual/Fcast	340	519	567	407	373	384	420	319	332	300	259	259	3,661	4,479	81.72%	4,479	(0)	3,742	737	965	
15		Variance	(0)	(312)	(84)	(157)	(174)	(122)	23	(78)	(72)	(50)	(91)	(97)	(977)	(1,214)	(21.06%)	(946)	(268)				
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/Fcast	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	Total	Budget/Plan	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	10,788	14,104		13,474	630				
20		Actual/Fcast	766	1,586	1,337	1,395	1,212	3,331	1,409	1,275	1,222	1,157	1,087	1,108	13,533	16,884	80.15%	16,884	(0)	7,927	8,958	10,014	
21		Variance	(0)	66	(30)	77	(139)	2,046	351	213	161	154	83	(202)	2,745	2,780	25.44%	3,410	(630)				
22	Variance in month	(0.00%)	4.34%	(2.20%)	5.85%	(10.31%)	159.18%	33.23%	20.05%	15.13%	15.33%	8.32%	(15.41%)	25.44%									
23	In month achievement against FY forecast	4.54%	9.39%	7.92%	8.26%	7.18%	19.73%	8.35%	7.55%	7.24%	6.85%	6.44%	6.56%										

Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								£'000	
1 Changes in Staffing Establishment	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	Actual/F'cast		0	16	44	43	41	13	9	9	7	1	1	1	1	182	185	98.57%	0	0	185	0	0
	Variance		0	16	44	43	41	13	9	9	7	1	1	1	182	185		185	0				
4 Variable Pay	Budget/Plan		0	0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
8 Locum	Budget/Plan		0	0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
10 Agency / Locum paid at a premium	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
14 Changes in Bank Staff	Budget/Plan		0	0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
17 Other (Please Specify)	Budget/Plan		340	831	651	564	548	506	397	397	404	350	350	356	4,637	5,693		5,425	268				
	Actual/F'cast		340	503	522	364	333	370	411	310	325	299	258	258	3,478	4,294	81.00%	4,294	(0)	3,557	737	965	
	Variance		(0)	(328)	(129)	(200)	(215)	(136)	14	(87)	(79)	(50)	(92)	(98)	(1,159)	(1,399)	(24.99%)	(1,131)	(268)				
19 Total	Budget/Plan		340	831	651	564	548	506	397	397	404	350	350	356	4,637	5,693		5,425	268				
	Actual/F'cast		340	519	567	407	373	384	420	319	332	300	259	259	3,661	4,479	81.72%	4,479	(0)	3,742	737	965	
	Variance		(0)	(312)	(84)	(157)	(174)	(122)	23	(78)	(72)	(50)	(91)	(97)	(977)	(1,214)	(21.06%)	(946)	(268)				

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

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		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 Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								£'000	
1 Reduced usage of Agency/Locums paid at a premium	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
4 Non Medical 'off contract' to 'on contract'	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
8 Medical - Impact of Agency pay rate caps	Budget/Plan		0	0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
11 Other (Please Specify)	Budget/Plan		0	0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
13 Total	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						

This Table is currently showing 25 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	10,788	14,104	7,683	6,422	666	7,088
	Month 1 - Actual/Forecast	766	889	903	942	745	1,466	829	767	707	676	602	613	8,014	9,905	7,154	2,752	996	3,747
	Variance	(0)	(631)	(464)	(378)	(606)	181	(229)	(295)	(354)	(327)	(401)	(696)	(2,774)	(4,199)	(529)	(3,670)	329	(3,341)
	In Year - Plan	0	700	433	445	410	1,064	568	498	498	498	498	497	4,618	6,111	410	5,701	75	5,776
	In Year - Actual/Forecast	0	697	434	453	466	1,865	581	508	515	481	484	494	5,519	6,979	773	6,206	60	6,266
	Variance	0	(3)	1	8	56	801	12	10	17	(17)	(13)	(3)	901	868	363	505	(15)	490
	Total Plan	766	2,220	1,801	1,783	1,761	2,349	1,626	1,560	1,560	1,501	1,501	1,807	15,406	20,215	8,092	12,123	741	12,864
	Total Actual/Forecast	766	1,586	1,337	1,395	1,212	3,331	1,409	1,275	1,222	1,157	1,087	1,108	13,533	16,884	7,927	8,858	1,056	10,014
	Total Variance	(0)	(634)	(463)	(368)	(549)	982	(217)	(285)	(337)	(344)	(414)	(699)	(1,873)	(3,331)	(166)	(3,165)	314	(2,850)
	Net Income Generation	Month 1 - Plan	0	27	17	22	23	23	23	23	23	23	24	24	178	247	0	247	6
Month 1 - Actual/Forecast		0	0	32	11	11	11	11	11	11	11	11	11	96	128	0	128	0	128
Variance		0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(82)	(119)	0	(119)	(6)	(125)
In Year - Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan		0	27	17	22	23	23	23	23	23	23	23	24	24	178	247	0	247	6
Total Actual/Forecast	0	0	32	11	11	11	11	11	11	11	11	11	11	96	128	0	128	0	128
Total Variance	0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(82)	(119)	0	(119)	(6)	(125)
Accountancy Gains	In Year - Plan	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	889	0	0
	In Year - Actual/Forecast	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	889	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	766	1,547	1,384	1,339	1,373	1,308	1,080	1,085	1,084	1,026	1,027	1,333	10,966	14,351	7,683	6,669	672	7,341
	Month 1 - Actual/Forecast	766	889	935	953	756	1,477	839	777	718	686	613	624	8,110	10,033	7,154	2,880	996	3,875
	Variance	(0)	(658)	(448)	(386)	(618)	169	(241)	(307)	(366)	(339)	(414)	(709)	(2,856)	(4,318)	(529)	(3,789)	324	(3,466)
	In Year - Plan	0	700	433	1,334	410	1,064	568	498	498	498	498	497	5,507	7,000	1,299	5,701	75	5,776
	In Year - Actual/Forecast	0	697	434	1,342	466	1,865	581	508	515	481	484	494	6,408	7,868	1,662	6,206	60	6,266
	Variance	0	(3)	1	8	56	801	12	10	17	(17)	(13)	(3)	901	868	363	505	(15)	490
	Total Plan	766	2,247	1,817	2,673	1,784	2,372	1,649	1,583	1,582	1,524	1,524	1,830	16,473	21,351	8,982	12,370	747	13,117
	Total Actual/Forecast	766	1,586	1,369	2,295	1,222	3,342	1,420	1,286	1,233	1,168	1,097	1,118	14,518	17,902	8,816	9,086	1,056	10,142
	Total Variance	(0)	(661)	(448)	(379)	(561)	970	(229)	(297)	(349)	(356)	(427)	(712)	(1,954)	(3,450)	(166)	(3,284)	309	(2,975)



AGENDA ITEM

2.2.1d

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 10 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	28 th February 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Thomas, Deputy Director of Finance
Presented by	Sally May, Director of Finance & Procurement
Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Welsh Government	13/02/2023	NOTED

ACRONYMS

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

MONTH 10 MONITORING RETURNS TO WELSH GOVERNMENT

1. SITUATION/BACKGROUND

- 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.
- 1.2 The purpose of this report is to provide the PFC with information from the M10 Financial Monitoring Return submission to Welsh Government.

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

- 2.1 The HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 26 April 2022. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2022/23 financial performance, together with the following requirements:
- 2.2 The Day 9 submission to WG must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.
- 2.3 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.
- 2.4 The following information is provided at Annex A:

Annex A
M10 Narrative report
Table A - Movement
Tables C, C1, C2 & C3



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

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.

3.2 The key information included in the M10 Financial Monitoring returns is summarised below:

	M10 Actual	M10 YTD	M10 Forecast	M9 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	0.8	22.1	24.5	26.5	26.5
Exceptional items:					
National insurance changes	0.0	3.1	3.1	3.1	5.0
Energy inflation	1.4	9.0	11.4	11.5	11.6
Real Living Wage for Social Care Workers	0.2	2.0	2.4	2.4	2.4
Anticipated funding	(1.6)	(14.1)	(16.9)	(17.0)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	0.8	12.3	13.9	13.9	15.6
Other	1.2	13.6	16.1	16.1	16.7
Anticipated funding	(2.0)	(25.9)	(30.0)	(30.1)	(32.3)
Total	0	0	0	0	0
Grand total	0.8	22.1	24.5	26.5	26.5

3.3 The M10 YTD position is a £22.1m deficit. This represents a breakeven position compared to 10/12th of the £26.5m Core plan deficit.

3.4 It is important to note that M10 internal reporting within the Health Board is reporting a M10 YTD savings consistent with the £0.5m position reported in this Monitoring Return.



	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	14.3	14.4
Year to date actual	(14.8)	(14.8)
Year to date Variance	(0.5)	(0.4)

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

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the contents of the Month 10 Monitoring Returns submitted to Welsh Government for 2022/23.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD MONITORING RETURNS – JANUARY 2023 FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 January 2023.

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2022/23

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

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

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

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

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

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

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

	M10 Actual	M10 YTD	M10 Forecast	M9 Forecast	Financial Plan
	£m	£m	£m	£m	£m
Core plan deficit	0.8	22.1	24.5	26.5	26.5
Exceptional items:					
National insurance changes	0.0	3.1	3.1	3.1	5.0
Energy inflation	1.4	9.0	11.4	11.5	11.6
Real Living Wage for Social Care Workers	0.2	2.0	2.4	2.4	2.4
Anticipated funding	(1.6)	(14.1)	(16.9)	(17.0)	(19.0)
Total	0	0	0	0	0
Covid response costs:					
Programme	0.8	12.3	13.9	13.9	15.6
Other	1.2	13.6	16.1	16.1	16.7
Anticipated funding	(2.0)	(25.9)	(30.0)	(30.1)	(32.3)
Total	0	0	0	0	0
Grand total	0.8	22.1	24.5	26.5	26.5

The key issues to highlight are as follows:

- **Core Plan YTD position-** The M10 YTD position is a £22.08m deficit. This represents a break-even position compared to 10/12th of the £26.5m Core plan deficit (£22.08m).
- **Core Plan Forecast** – At the recent mid-year review meeting we confirmed a forecast break-even position against plan with a potential best-case surplus of up to £4m. We maintained a forecast Core plan deficit in M8 and M9 of £26.5m, with a potential net opportunity of £2.0m. Our M10 forecast is now £24.5m. There are still further opportunities of circa £3m due to significant uncertainty surrounding annual leave, primary care prescribing and contracting movements, which are noted in section 3.
- **Dental allocation** - Following further discussions with WG we are now assuming that the Health Board can retain the forecast

underspend on the dental allocation in 22/23. This was confirmed in the email from WG dated 13 January.

- **Pay award funding**- We have raised several queries regarding the pay award funding which has resulted in a £1.9m recurrent cost pressure for the Health Board. A recent telephone conversation with Gwen Koehler has confirmed that no change will be made to the allocation.
- **Exceptional Items** - We note that the M6 forecasts for RLW and NIC will be issued in full and that the M6 forecast for Energy is a maximum. Our M10 forecast energy overspend of £11.4m includes actual costs for £10.7m (April – November) and estimated costs of £4.35m for the remaining 4 months:

Month	All Wales	Veolia	Total
	£k	£k	£k
April	883	347	1,230
May	730	318	1,048
June	785	315	1,099
July	794	332	1,126
August	859	320	1,179
September	1,068	424	1,492
October	1,293	385	1,678
November	1,481	376	1,857
December	1,480	403	1,883
January	1,546	426	1,972
February	1,342	382	1,724
March	1,376	393	1,769
Total cost	13,637	4,420	18,057
Budget	3,949	2,692	6,641
Net cost	9,688	1,728	11,416

- **COVID Costs** - We note that the M8 forecast of £30.1m for Covid (Programme and response) is the new funding ceiling (previously this was the M6 forecast of £30.9m). The latest M10 forecast of £30.0m remains in line with the M8 forecast of £30.1m.
- **Annual Leave Accrual** – The opening annual leave accrual of £17.2m was calculated based on the estimated gross salary costs of the estimated amount of leave outstanding at 31 March 2022 (i.e.

the accrual was not based on the estimated backfill costs of covering the outstanding leave).

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

As at M10, we have released £0.9m of the accrual to cover the cost of selling back annual leave, reducing the accrual to £16.3m

As at M10, our high level estimate of the closing accrual at the end of 22/23 is circa £7.2m. This is based on the key assumption that the carry forward of annual leave at the end of 22/23 will revert to the normal pre Covid level of 5 days, compared to a maximum of 30 days at the end of 21/22.

This represents a potential release of £10.0m comprising £0.9m for sell back and £9.1m for other reasons including covering backfill costs.

Our M10 forecast assumes a release of £8.0m with a further £2.0m shown as an opportunity. As at M10, we have released £5.0m of the accrual which is 10/12ths of £6.0m. We think this is a prudent approach given the uncertainty surrounding the actual annual leave that will be taken in the next 2 months.

- **Anticipated Allocations** – The M10 forecast assumes that the outstanding anticipated allocations included in Table E will be received in full. This includes:
 - 6 Goals Funding - £2.135m (£2.96m less £0.825 received)
 - WG Funded Medical Trainees - £0.9m
 - Value in Health Hosted Service £2.2m

The following Ringfenced Surplus allocations are forecast to be returned to WG:

- Value Based Healthcare Core allocation - £0.7m
- Nosocomial Investigation - £0.2m

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

	January			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M10 £'000	M09 £'000	Movement £'000
RRL	103,253	104,150	(897)	1,300,760	1,299,205	1,555
Donation/Grants	78	0	78	150	150	0
Welsh HBs & NHST	7,433	7,464	(31)	87,199	87,230	(31)
WHSSC	1,291	974	317	12,778	12,261	517
WG Income	(61)	57	(118)	366	484	(118)
Other Income	2,940	3,209	(269)	37,632	38,501	(869)
Income Total	114,934	115,854	(920)	1,438,885	1,437,829	1,056
PC Contractor	12,611	12,464	147	150,871	150,324	547
PC - Drugs	7,468	9,250	(1,782)	100,815	102,597	(1,782)
Pay	52,658	52,565	93	625,502	627,009	(1,507)
Non Pay	11,107	9,472	1,635	114,174	110,208	3,966
SC - Drugs	3,961	4,671	(710)	48,598	49,309	(711)
H/C Other NHS	19,379	21,094	(1,715)	250,631	252,345	(1,714)
Non H/C Other NHS	288	294	(6)	3,472	3,478	(6)
CHC & FNC	4,987	5,147	(160)	58,900	58,960	(60)
Private & Vol	1,470	1,336	134	15,266	15,132	134
Joint & Other	(1,054)	(1,507)	453	7,236	7,083	153
DEL	2,787	2,786	1	32,990	32,989	1
AME	44	10	34	54,988	54,954	34
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	(57)	(57)	0
Cost - Total	115,706	117,582	(1,876)	1,463,386	1,464,329	(943)

The actual expenditure for M10 was £1.9m (1.6%) less than the £117.6m forecast. The most significant movements between the M10 forecast and M10 actuals were as follows:

- **Primary Care Drugs - £1,782k Favourable** - The decrease in primary care prescribing reflects a better than expected November PAR together with improved NCSO forecast impact for January.
- **Provider Non Pay - £1,635k Adverse** - The deterioration in M10 expenditure compared to forecast was partly due to an optimistic forecast and an increase in delayed facilities expenditure.
- **Secondary Care Drugs - £710k Favourable** - Drug & Vaccine expenditure reduced in M10. This appears to be a short term reduction due to staff absence.
- **Healthcare NHS - £1,715k Favourable** - The improvement is mainly attributed to improved NICE forecasts from Velindre NHST £800k together with an improved EASC position following WG funding

of 400k for costs previously assumed to be met from the Health Board's core plan.

The year-end forecast expenditure at M10 has reduced by £943k from M9. The most significant changes between the M10 and M9 year-end forecasts are as follows:

- **Other Income - £0.9m Adverse** – Recognising consistent levels of other income in recent months.
- **Primary Care Prescribing - £1.8m Favourable** – Reflecting latest growth levels from November PAR reports together with improved NCSO forecast due to January NCSO announcements improving compared to December.
- **Provider Pay - £1.5m Favourable** – The pay forecast has recognised a release of a further £2m of annual leave accrual following the latest assessment of annual leave that remains to be taken.
- **Provider Non Pay - £4.0m Adverse** – Reflecting current month expenditure being worse than anticipated and reflecting this increase in future periods.
- **Secondary Care Drugs - £0.7m Favourable** – Revision of forecast to reflect current month variance, forecast for M11 and M12 continues to assume levels will return to November & December levels.
- **CHC/FNC - £0.8m Favourable** – Reflecting revised forecasts and correction of earlier transactions following review which resulted in reclassification to balance sheet.
- **Healthcare NHS - £1.7m Favourable** – As noted in current month variance, the improvement is mainly attributed to improved NICE forecasts from Velindre NHST £800k together with an improved EASC position of £400k.

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

The M12 profile for provider non pay includes the IFRS16 reduction of £2.2m.

The M10 profile for Joint funding includes a £1.8m credit (£1.5m M10 and £0.15m in M11 & M12) for the recent change in discount rate. The M12 profile includes new RPB allocations of £1.5m together with RIF spend plans of £2.4m.

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

The M10 Pay expenditure was £54.9m and the monthly trend is summarised below.

	M10	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
A&C	7.3	7.2	7.1	7.1	8.5	6.7	6.6	6.8	6.9	7.1
Medical	14.1	14.2	14.0	13.5	16.3	13.1	12.9	13.6	13.4	12.5
Nursing	16.3	17.1	16.9	17.1	19.9	15.1	16.5	16.7	16.0	17.5
ACS	8.1	6.9	7.2	7.1	8.9	6.5	6.8	6.6	6.6	6.8
Other	9.1	9.0	9.1	9.0	11.0	9.3	8.4	8.5	8.4	8.5
Total	54.9	54.4	54.3	53.8	64.6	50.7	51.2	52.2	51.3	52.4

The Key issues to highlight are as follows:

- The M12 position included additional pension charges of £24.9m plus an additional annual leave accrual of £3.9m. The M12 cost excluding these one-off items was £53.9m.
- The M1 position reported a slight improvement of £1.3m compared with the previous 3 months, after taking account of the M12 comment above.
- The M2 position was a £1.1m improvement over M1. This was mainly due to a reduction in Registered Nursing premium overtime payments. Conversely, Medical & Dental ADH payments increased but this is not anticipated to continue and will be kept under review.
- The M3 position increased by £0.9m compared to M2. This was mainly due to increased Agency costs.
- M4 Position has improved by £1m compared to M3, this is due to the £2m annual leave accrual release offset by £0.8m of payments for Holiday pay on overtime.
- The M5 expenditure reduced by £0.5m compared to M4, after allowing for the annual leave accrual release of £0.5m and holiday pay on overtime payment of £0.2m, the underlying position improved by £1.4m compared to M4.
- The M6 position increased by £13.9m which represents circa 50% of the estimated annual impact of the pay award of £28.3m.
- The M7 position included an estimated impact for the pay award of £2.4m. The figure excluding pay awards was circa £51.4m which was consistent with the average spend in M3-M5.
- The M8 position increased by £0.5m compared to M7, mainly related to increased agency expenditure.
- The M9 position was consistent with M8.

- The M10 Position was consistent with M9 and includes a reclassification of agency costs between ACS and Reg Nursing of £1.2m.

The M10 agency expenditure was £5.4m and the monthly trend (excluding accountancy gains) is summarised below.

	M10	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Medical	1.8	1.8	1.8	1.5	1.7	1.1	1.4	1.7	1.3	1.2
Nursing	1.4	2.6	2.1	2.3	2.3	2.3	2.4	2.4	2.1	2.6
Other	2.2	1.2	1.4	0.8	0.9	1.2	1.0	1.0	1.0	0.9
Total	5.4	5.6	5.3	4.9	4.9	4.6	4.8	5.1	4.4	4.7

Agency costs remain consistent with recent months. As noted above, £1.2m of agency costs have been reclassified between ACS and registered nursing.

1.4 Covid analysis (Table B3)

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

	M10 Actual	M10 YTD	M10 Year-end forecast	M9 Year-end forecast	Financial Plan- 30 April	Movement between M10 and M9 Forecasts
Programme costs	£m	£m	£m	£m	£m	£m
TTP	0.3	5.0	5.8	5.8	6.5	0
Mass Vaccination	0.5	5.9	6.5	6.5	7.4	0
PPE	0.1	1.5	1.7	1.7	1.6	0
Sub total	0.8	12.3	13.9	13.9	15.6	0.0
Other Covid costs:						
Cleaning Standards	0.2	1.4	1.7	1.7	2.3	0
Capacity & Facilities costs	0.2	3.2	3.7	3.7	3.0	0
Prescribing costs	0	0.3	0.4	0.4	2.1	0
Dental income losses	0.1	1.7	2.0	2.0	2.5	0
Increased workforce costs	0.3	4.0	4.6	4.7	2.6	(0.1)
Services supporting Covid response:						
Long Covid	0.1	0.5	0.8	0.8	0.8	0
Flu extension	0.1	0.9	1.1	1.1	0.6	0
Discharge support	0.0	0.3	0.3	0.3	0.6	0
Other Covid Response	0.1	1.2	1.5	1.5	2.3	0

Sub total	1.2	13.6	16.1	16.1	16.7	(0.1)
Total Covid costs	2.0	25.9	30.0	30.1	32.3	(0.1)
Anticipated funding	(2.0)	(25.9)	(30.0)	(30.1)	(32.3)	0.1
Total	0	0	0	0	0	0

There are no significant movements in the in month expenditure.

There are no significant movements between the M10 forecast and the M9 forecast.

2. Month 8 - Forecast recurrent position (Table A)

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

As at M10 we are reporting a forecast Underlying deficit of £88.7m. This was shared with WG at our Touchpoint meeting on 7 Feb and includes:

	M10	M9	Comment
	£m	£m	
Core Plan	60.9	53.9	See below
Ongoing local Covid response costs	10.0	9.0	
Ongoing Exceptional energy costs	17.8	27.0	Latest estimates provided by NWSSP/BG.
Total	88.7	89.9	

The forecast Core plan recurrent deficit of £60.9m (M9: £53.9m) forecast represents a £16.4m deterioration from the B'fwd recurrent deficit at the start of the year and a £32.9m deterioration from the planned recurrent deficit of £28m. This deterioration from plan includes:

- Forecast recurrent shortfalls in savings delivery (£7.2m)- see Section 6.
- Forecast recurrent overspends (£11.0m)- Our Integrated Locality Groups (ILGs) and Directorates identified bought forward cost pressures of circa £11m at the start of 22/23. These cost pressures were excluded from the financial plan and the risk has been managed non recurrently in 22/23. The latest forecast recurrent cost pressures from the Care Groups and directorates now exceed the original £11m this has now been reflected forecast recurrent position for next year.

- A deterioration in Primary care prescribing during 22/23 leading to an estimated recurrent overspend of circa £9.4m.
- Recurrent shortfall in Pay award funding (£1.9m)- see above.

3. Risk Management (Table A2)

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

	Month 10	Month 9	Financial Plan – 30 April	Comment
	£m	£m	£m	
Risks:				
Risk of further increases in the cost of primary care drugs	0	0.8	0	
Assumed funding for additional Bank Holiday costs for Queen’s Funeral not received in full	0	1.2	0	Funding now confirmed
Total risks	0	2.0	16.1	
Opportunities:				
Annual leave accrual	-2.0	-4.0	-2.0	A release of £8m has been included in the year end forecast position with a further potential opportunity of £2.0m. Please see Section 1.2 above.
Primary care prescribing	-0.5			As at M10 we have only had prescribing data for 8 months
Further unexpected Contracting improvements with other Health Boards, WHSC and velindre	-0.5			M10 included an unexpected improvement of £1.2m
Microsoft contract – potential vat recovery	tbc	tbc	0	Likely to be 23/24.
Potential reduction in costs due to RCN industrial action	0	tbc	0	
Total Opportunities	-3.0	-4.0	-2.0	
Total	-3.0	-2.0	14.1	

4. Ring Fenced Allocations (Tables N&O)

We have completed the new template to provide further information on certain Ring-Fenced allocations. Our latest forecasts are summarised below:

	Total Allocation	Forecast	Comment
	£m	£m	
Planned Care Recovery Funding	26.1	26.1	
Outpatient Transformation	0.6	0.6	
Original Value Based Healthcare allocation	2.3	1.6	The latest forecast is indicating potential slippage of circa £0.7m which is anticipated to be returned to WG. An anticipated allocation adjustment has been included in M10 returns of £0.7m.
Regional Integration Fund	22.0	22.0	This includes the original allocation of £20.145m plus an additional In year allocation of £1.864m. Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Urgent Emergency Care (Six Goals)	2.9	2.9	Any flexibility within this allocation will be used to meet the additional costs of Winter plans in 22/23. This allocation is therefore fully committed and there is no scope to produce a potential opportunity.
Mental Health (SIF)	1.2	1.2	
Total	55.1	54.4	

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

See section 1.4.

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

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

	Month 10			Month 9		
	M10 YTD	22/23	Rec	M9 YTD	22/23	Rec
	£m	£m	£m	£m	£m	£m
Planned savings		14.1			14.1	
Planned income generation		0.2			0.2	
Plans to be finalised		3.0			3.0	
Savings target as at M10	14.3	17.3	17.3	12.9	17.3	17.3
Actual and Forecast Savings	(14.8)	(17.0)	(10.1)	(13.6)	(17.0)	(10.1)
Total	(0.5)	0.3	7.2	(0.7)	0.3	7.2

It is important to note that M10 internal reporting within the Health Board is reporting a M10 YTD savings consistent with the £0.5m position reported in this Monitoring Return.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	17.3	17.3
Year to date Plan	14.3	14.4
Year to date actual	(14.8)	(14.8)
Year to date Variance	(0.5)	(0.4)

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

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

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

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £3.3m, which is consistent with the information provided by NWSSP.

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

8. Health Care agreements

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

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

9.1 Significant month on month balance sheet movements

Provisions increased by £8m in M10 largely due to the increase in the quantum of one Clinical Negligence case by £10m offset by a reduction in Permanent Injury provision.

Receivables increased by £17m - non-NHS receivables accruals increased by £4.7m, of which £3.6m relates to RCT FNC and CHC Nursing Home Pooled Budget, in addition to the increase in WRP debtors of £10m.

Payables increased by £15m - Systems creditors increased by £4m and £10.7m relates to the timing of the processing and payment of the Pharmacy Contractor Services payments.

The forecast SoFP to year end has been updated. The main change from M9 is an increase in provisions of £2.6m. This mainly reflects an increase in the clinical negligence claims provision as reflected in WRP returns, offset by the reduction in permanent injury provision due to the change in discount rate.

The cash deficit forecast has reduced from £38.7m to £36.4m. This reflects Action point 6.14, which recommends we remove the pressure on cash for the IFRS 16 working balance and include in Table E, which has been actioned.

The forecast general fund position has moved by £2m to reflect the improved forecast core plan deficit.

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

In relation to aged receivables, there was one WG invoice greater than 17 weeks old and three NHS invoices greater than 11 weeks as at the 31st January 2023. Payment has since been received for two of the invoices and confirmation of payment dates has been requested for the remaining two.

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

10. Cash Flow Forecast (Table G)

The Core Plan cash flow forecast shows a shortfall of £36.4m at the end of the financial year. This reflects the forecast Core Plan deficit of £24.5m and Movement in Working Balances of £11.9m (see below). Our original request for strategic cash support of £26.5m has been approved which therefore reduces the forecast cash shortfall to £9.9m.

Area	Value £m	SoFP line	Reason
Decrease in Revenue Creditors	6.6	Trade and other payables (revenue)	Estimated reduction in revenue creditors including write back towards accountancy gains
Decrease in current provision	0.9	Current provisions	Reduction due to HSE fine at lower value than provided for.
Increase in clinical/permanent injury provision	(3.1)	Current / Non-current provisions	As per projected SoFP update
Reduction in capital creditors	4.0	Trade and other payables (capital)	Estimated reduction in year end capital creditors – increased from M06.
Release of annual leave accrual	10.0	Trade and other payables (revenue)	Estimated release of annual leave accrual
WRP Reduction in Debtors	(4.0)	Trade and other receivables	Potential opportunity for further reduction.
Estimated increase in trade payables	(2.0)	Trade and other payables (revenue)	Due to increase of core deficit, current cash profile and exceptional pressure spend it is likely there will be an increase in trade payables at year end.
Total Movement in working balances	10.4		
Cash balance b/f	(0.5)	Cash	
Total*	11.9		

* The forecast movement in Working Balances of £11.9m assumes that all other working balances remain unchanged from the previous year. As always there is potential of significant changes i.e. significant cash changes relating to WRP claim payments and reimbursements

Actions will be taken to try and reduce the requirement for support for working balances cash where reasonable.

11. Public Sector Payment Compliance (Table H)

An update is not required for this return.

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

The M10 CRL is £71.7m, issued on the 2nd February 2023. As at M10, £54.6m has been charged against the CRL.

The table below details some of the forecast over and underspends this year. These are identified as medium or high risks in table J.

Scheme	Over/Underspend	Explanation
Bridgend Health and Wellbeing Centre (Sunnyside)	High Risk - £0.8m slippage	The scheme remains on hold pending appointment of a new contractor. This process has been significantly delayed and the tender is still at PQQ stage. Given that any new contractor will not be starting work until later in 2023/24 the CRL allocation for this financial year will not be spent. This slippage is being managed by the Health Board through discretionary capital.
PCH G&FF Floor Phase 2	Medium Risk	Following a return of funding in January 2023 the scheme is now forecast to deliver against the current CRL allocation. The scheme is however still being reported as a medium risk given the quantum of spend (£8.5m) still to be delivered in the final two months.
National Programme - Imaging Phase	Medium Potential Underspend £0.127m	A procurement saving of £127k has been secured by NWSSP on the recent fluoroscopy purchase.

2/POW Gamma Camera/ Fluoroscopy		The 7 remaining imaging schemes are now either complete or nearing completion and hence an assessment of all remaining contingency allocations is being undertaken to confirm if further underspends are likely. Once this work is complete the Health Board will confirm the final number to the WG capital team and if appropriate discuss the options for reinvestment in further imaging equipment.
National Programmes – Infrastructure/ Decarbonisations/ Mental Health	Medium Potential Underspend £0.06m	Remaining spend on these schemes is being managed across the 3 headings however there is potentially a £60k underspend overall.
Centralising decontamination at POW	High Risk overspend £0.067m	Fees on this project are in excess of the CRL. This is currently being funded from discretionary capital with a plan to recover as part of the business case when submitted.
POW Fire Enforcement Notice	High Risk £0.190m slippage	Option appraisal work is under way to determine the way forward. However, as this is also now linked to work streams starting on the former BA buildings, there will be a delay and hence spend will be less than the CRL allocation. Slippage will be managed by the Health Board.

Disposals

11 Cedar Wood Drive has been disposed in year for £0.215m. The NBV of this, £0.210m, has been added to available spend as per usual process along with £0.006m relating to equipment disposals.

13. Other Issues

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

The M8 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee in February.

14. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 February 2023

Action Points arising from Month 9 Response

Action Point	WG Comment	CTM Response
9.1	The final opportunity to declare a material improvement to the forecast will be your Month 10 position. Should the deficit improve as indicated, the full Month 10 MMR should not include any further risks and all mitigating actions (currently you have £1.5m phased into future months) will need to have been finalised. After that point, the Health Board will be expected to achieve the declared position in that MMR submission.	Noted. Please see Section 1.2 above.
9.2	The Ringfenced Template and narrative both highlight that you may underspend against the Recovery funding by c. £0.500m. Forecast underspends, for this area, will be recovered and therefore you are requested to finalise your position for Month 10. Beyond that point, the Health Board will be expected to achieve the forecast spend declared at Month 10.	Noted. Please see section 4 above.
9.3	This month, on Table A, you have assessed the £2.2m of annual costs, that had originally been assumed to be funded via Covid in your 22/23 Plan but were advised before Month 2 of this year to be Operational, as having a FYE of £9.0m and resulting in a material deterioration of your c/f underlying position. A detailed explanation of each area of spend, with supporting profiles, will be required for Month 10 to validate this FYE assumption. If however, this £9.0m is not linked to the FYE of the £2.2m, and instead reflects the assessment of Covid costs being incurred this year, that will continue into next year, without a source of funding, then please show these on a separate line on Table A - the supporting details are still to be provided, but in the context of explaining what the areas relate to and why the costs are now considered to be recurring. In terms of mitigating action, I acknowledge that this will form part of your 23/24 IMTP.	Noted – Table A has been updated to reflect the continuation of COVID expenditure previously supported with N/R allocations. Full details of the underlying deficit have been shared with FDU at the recent touchpoint meeting.
7.5	Movement of Opening Financial Plan to Forecast Outturn (Table A) Following your response to Action Point 7.5 (“Noted”); Accountancy Gains from the GRNI (Goods Received Not Invoiced) policy have again been equally phased into future months. Please ensure that only finalised Accountancy Gains are reported and that these are fully released into the current reporting period (it is not allowable to project the release of Accountancy Gain in future months).	Comments noted but we think it is appropriate to reflect known Accountancy Gains when the risk is minimal.
9.4	The annual forecast savings have reduced by c.£0.600m since Month 8, which have been offset by an increase to the more general ‘net in year favourable variances’ (Line 26). Please provide details of these new alternative in-year favourable variances totaling c. £0.600m.	Following the concentration of supporting the IMTP process, a drive to recognise the savings delivery will initiated for M11 we believe savings are

		materialising but have not been formally reported due to time pressures.
9.5	<p>Risks/Opportunities (Table A2)</p> <p>I note the risks section of Table A2 does not reflect all the concerns referenced within section 3 of your narrative. As discussed earlier in this letter, we would expect your Month 10 submission to have eliminated any further risk to the outturn. Specifically in relation to the lines with 'TBC' values, clarification has been provided that WG will fund the Exceptional Energy this year and the Local Covid with a Month 8 ceiling.</p>	Noted.
9.6	<p>Pay Expenditure Analysis (Table B2)</p> <p>I note that the expenditure for 'Other services (incl. primary care) pay' (Section A Line ref 12) in October has been adjusted (increased by £0.526m). Please provide an explanation for this increase and ensure future narratives highlight any prior month adjustments.</p>	This increase in other pay costs mainly relates to other Primary care (Non GMS) teams supporting planned care recovery such as WISE programme and Primary Care Therapy support.
9.7	<p>Ringfenced</p> <p>I note that you are currently assuming the return of funding of £0.262m for Value Based Healthcare and colleagues will action that recovery shortly.</p>	Noted.
9.8	<p>PSPP (Table H)</p> <p>Compared to quarters 1 and 2, there has been a material reduction in the payment performance of NHS invoices during quarter 3 (81.3%), resulting in a reported year to date performance of 85.0%. Please provide a progress update on the work being undertaken, with AP and procurement colleagues, to improve the payment performance of NHS invoices.</p>	CTM are actively engaged in All Wales P2P groups including No Po No Pay and NHS invoices sub groups. We are working closely with the teams at bringing in automated process to deal with invoices on hold and flagging with requisitioners. This will include NHS invoices. This is an All Wales issue that requires invoices raised to include

		adequate information including POs to be paid quickly.
6.8	Covid-19 Analysis (Table B3) I note that you have removed the previous anticipated allocation reduction (Table E) to the Covid-19 Nosocomial funding and therefore I assume this will now be fully utilised.	See section 1.2 and table E. Nosocomial Underspend is forecast at £0.2m which is anticipated to be returned.
6.14	Cash Flow (Table G) Our records show that the latest annual capital cash requirement for IFRS16 is £2.483m (£2.166m Transitioning plus £0.317m New/Renewals awaiting approval); as previously suggested, you may anticipate the IFRS 16 Capital Working Balances Cash in Table E rather than incorporating as a pressure (£2.200m reported in the MMR submission at Month 9) within the cashflow.	Actioned
9.9	Statement of Financial Position (Table F) Please can you confirm that you have fully reviewed and updated your forecast closing SoFP at Month 10.	Actioned – All projections have been reviewed. Non-Current assets will be updated at year end when capital charges & transactions are run.

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-44,500	0	-44,500	-44,500
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-98,911	-936	-97,975	-97,975
3 Planned Expenditure For Covid-19 (Negative Value)	-35,676	-35,676	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	93,159	2,456	90,703	90,703
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	35,676	35,676	0	0
6 Planned Provider Income (Positive Value)	6,430	0	6,430	6,430
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	14,104	7,683	6,422	7,088
9 Planned (Finalised) Net Income Generation	247	0	247	253
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	0	0	0	0
13 Planning Assumptions still to be finalised at Month 1	2,971	0	2,971	10,001
14 Opening IMTP / Annual Operating Plan	-26,500	9,202	-35,702	-28,000
15 Reversal of Planning Assumptions still to be finalised at Month 1	-2,971	0	-2,971	-10,001
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0	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	-119	0	-119	-125
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,186	-511	-3,675	-3,343
20 Additional In Year Identified Savings - Forecast	7,010	803	6,206	6,266
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-5,692	-5,692	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)	5,692	5,692	0	0
25 In Year Accountancy Gains (Positive Value)	5,989	5,989	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	950	950	0	-23,800
27 Release of Annual Leave Accrual over £6m plan	2,000	2,000	0	0
28 Reverse Accountancy Gain included in IMTP	-4,500	-4,500	0	0
29 Remove COVID Funding Assumption included in IMTP	-2,873	-2,873	0	0
30 Energy Price Pressures (Pre Energy Benefit Relief Scheme for 23/24)	0	0	0	-17,800
31 New Pressure Provision for Primary Care Out of Hours dispute - Holiday Pay	-800	-800	0	0
32 Shortfall in Payaward anticipated allocation	-1,900	-1,900	0	-1,900
33 Retention of Dental Underspend & Other non recurrent benefits	1,600	1,600	0	0
34 Change in discount rate	1,800	1,800	0	0
35 COVID-19 Continuing Expenditure supported with N/R allocations in 22/23	0	0	0	-10,000
36 Forecast Outturn (- Deficit / + Surplus)	-24,500	11,761	-36,261	-88,702
37 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-3,708	-37,083	-44,500
2	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-8,243	-82,426	-98,911
3	-5,054	-4,673	-4,409	-2,492	-2,492	-2,497	-2,262	-2,298	-2,296	-2,397	-2,404	-2,402	-30,870	-35,676
4	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	7,763	77,633	93,159
5	5,054	4,673	4,409	2,492	2,492	2,497	2,262	2,298	2,296	2,397	2,404	2,402	30,870	35,676
6	536	536	536	536	536	536	536	536	536	536	536	536	5,358	6,430
7	677	-103	60	-226	-260	-194	33	29	29	88	87	-220	133	0
8	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	11,791	14,104
9	0	27	17	22	23	23	23	23	23	23	24	24	200	247
10													0	0
11													0	0
12													0	0
13				330	330	330	330	330	330	330	330	330	2,311	2,971
14	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-2,208	-22,083	-26,500
15	0	0	0	-330	-330	-330	-330	-330	-330	-330	-330	-330	-2,311	-2,971
16													0	0
17													0	0
18	0	-27	15	-11	-12	-12	-12	-12	-12	-12	-13	-13	-93	-119
19	0	-631	-464	-376	-606	181	-229	-295	-354	-360	-355	-696	-3,134	-4,186
20	0	697	434	453	466	1,865	581	508	515	512	484	495	6,031	7,010
21		-38	14	175	482	-1,704	-67	-16	81	86	114	873	-987	0
22	-154	-1,910	-1,938	72	-583	-101	190	-180	4	-364	-355	-372	-4,964	-5,692
23													0	0
24	154	1,910	1,938	-72	583	101	-190	180	-4	364	355	372	4,964	5,692
25	0	0	0	889	0	4,500	100	100	100	100	100	100	5,789	5,989
26	-154	-108	-123	-346	-254	1,216	883	552	541	-1,016	92	-333	1,191	950
27	0	0	0	0	0	0	0	0	0	0	0	2,000	0	2,000
28						-4,500							-4,500	-4,500
29		-555	-277	-247	-247	-247	-217	-217	-217	-217	-217	-215	-2,441	-2,873
30													0	0
31				-800									-800	-800
32							-1,108	-158	-158	-158	-158	-158	-1,583	-1,900
33								1,267	-1,267	1,333	133	133	1,333	1,600
34										1,500	150	150	1,500	1,800
35													0	0
36	-2,362	-2,871	-2,609	-2,801	-2,709	-1,239	-2,608	-810	-3,310	-771	-2,208	-203	-22,089	-24,500
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'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
1	CHC and Funded Nursing Care	Budget/Plan	16	47	47	32	32	32	32	32	32	27	27	27	325	378		378	0				
2		Actual/Fcast	16	349	183	183	183	183	183	183	183	183	185	185	185	1,827	2,196	83.18%	2,196	0	196	2,000	2,000
3		Variance	0	303	136	151	151	151	151	151	151	151	156	158	158	1,501	1,818	461.62%	1,818	0			
4	Commissioned Services	Budget/Plan	15	15	15	45	45	45	40	40	40	40	40	40	341	422		377	45				
5		Actual/Fcast	15	15	15	15	15	1,461	91	141	116	116	116	116	1,999	2,231	89.59%	2,231	0	121	2,110	2,111	
6		Variance	0	(0)	(0)	(30)	(30)	1,416	51	101	76	76	76	76	1,658	1,810	485.80%	1,855	(45)				
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	210	210	235	235	235	243	244	243	244	244	244	2,098	2,586		2,461	125				
8		Actual/Fcast	0	8	8	(17)	0	687	116	121	121	121	122	122	1,168	1,412	82.72%	1,412	0	265	1,147	1,726	
9		Variance	0	(201)	(201)	(252)	(235)	452	(127)	(122)	(121)	(122)	(122)	(122)	(930)	(1,174)	(44.34%)	(1,049)	(125)				
10	Non Pay	Budget/Plan	396	418	445	442	491	467	346	349	343	343	343	643	4,040	5,025		4,834	192				
11		Actual/Fcast	396	695	565	807	641	617	599	510	470	420	450	426	5,719	6,595	86.71%	6,595	0	3,636	2,960	3,210	
12		Variance	0	277	120	365	150	149	253	161	127	77	108	(217)	1,679	1,570	41.56%	1,761	(192)				
13	Pay	Budget/Plan	340	831	651	564	548	506	397	397	404	350	350	356	4,987	5,693		5,425	268				
14		Actual/Fcast	340	519	567	407	373	384	420	319	332	315	259	259	3,975	4,494	88.47%	4,494	(0)	3,757	737	965	
15		Variance	(0)	(312)	(84)	(157)	(174)	(122)	23	(78)	(72)	(35)	(91)	(97)	(1,011)	(1,199)	(20.28%)	(931)	(268)				
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/Fcast	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	Total	Budget/Plan	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	11,791	14,104		13,474	630				
20		Actual/Fcast	766	1,586	1,337	1,395	1,212	3,331	1,409	1,275	1,222	1,155	1,132	1,108	14,688	16,928	86.77%	16,928	(0)	7,975	8,953	10,012	
21		Variance	(0)	66	(30)	77	(139)	2,046	351	213	161	152	129	(202)	2,896	2,824	24.56%	3,454	(630)				
22	Variance in month	(0.00%)	4.34%	(2.20%)	5.85%	(10.31%)	159.18%	33.23%	20.05%	15.13%	15.12%	12.87%	(15.40%)	24.56%									
23	In month achievement against FY forecast	4.53%	9.37%	7.90%	8.24%	7.16%	19.68%	8.32%	7.53%	7.22%	6.82%	6.69%	6.55%										

Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000	
1 Changes in Staffing Establishment	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	Actual/F'cast		0	16	44	43	41	13	9	9	7	1	1	1	1	183	185	99.04%		185	0	0	
	Variance		0	16	44	43	41	13	9	9	7	1	1	1	1	183	185		185	0			
4 Variable Pay	Budget/Plan		0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
8 Locum	Budget/Plan		0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
10 Agency / Locum paid at a premium	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
14 Changes in Bank Staff	Budget/Plan		0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
17 Other (Please Specify)	Budget/Plan		340	831	651	564	548	506	397	397	404	350	350	356	4,987	5,693			5,425	268			
	Actual/F'cast		340	503	522	364	333	370	411	310	325	314	258	258	3,792	4,309	88.01%		4,309	(0)	3,572	737	
	Variance		(0)	(328)	(129)	(200)	(215)	(136)	14	(87)	(79)	(36)	(92)	(98)	(1,195)	(1,384)	(23.96%)		(1,116)	(268)			
19 Total	Budget/Plan		340	831	651	564	548	506	397	397	404	350	350	356	4,987	5,693			5,425	268			
	Actual/F'cast		340	519	567	407	373	384	420	319	332	315	259	259	3,975	4,494	88.47%		4,494	(0)	3,757	737	
	Variance		(0)	(312)	(84)	(157)	(174)	(122)	23	(78)	(72)	(35)	(91)	(97)	(1,011)	(1,199)	(20.28%)		(931)	(268)			

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

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		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 Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000	
1 Reduced usage of Agency/Locums paid at a premium	Budget/Plan		0	0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
4 Non Medical 'off contract' to 'on contract'	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
8 Medical - Impact of Agency pay rate caps	Budget/Plan		0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
11 Other (Please Specify)	Budget/Plan		0	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	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
13 Total	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0							
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						

This Table is currently showing 26 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	766	1,520	1,367	1,318	1,351	1,285	1,058	1,062	1,062	1,003	1,003	1,310	11,791	14,104	7,683	6,422	666	7,088
	Month 1 - Actual/Forecast	766	889	903	942	745	1,466	829	767	707	643	648	613	8,657	9,918	7,172	2,747	998	3,745
	Variance	(0)	(631)	(464)	(378)	(606)	181	(229)	(295)	(354)	(360)	(355)	(696)	(3,134)	(4,186)	(511)	(3,675)	332	(3,343)
	In Year - Plan	0	700	433	445	410	1,064	568	498	498	498	498	497	6,111	5,701	410	5,701	75	5,776
	In Year - Actual/Forecast	0	697	434	453	466	1,865	581	508	515	512	484	495	6,031	7,010	803	6,206	60	6,266
	Variance	0	(3)	1	8	56	801	12	10	17	14	(13)	(3)	915	899	394	505	(15)	490
	Total Plan	766	2,220	1,801	1,783	1,761	2,349	1,626	1,560	1,560	1,501	1,501	1,807	16,907	20,215	8,092	12,123	741	12,864
	Total Actual/Forecast	766	1,586	1,337	1,395	1,212	3,331	1,409	1,275	1,222	1,155	1,132	1,108	14,688	16,928	7,975	8,953	1,058	10,012
	Total Variance	(0)	(634)	(463)	(368)	(549)	982	(217)	(285)	(337)	(346)	(369)	(699)	(2,219)	(3,287)	(117)	(3,169)	317	(2,852)
	Net Income Generation	Month 1 - Plan	0	27	17	22	23	23	23	23	23	23	24	24	200	247	0	247	6
Month 1 - Actual/Forecast		0	0	32	11	11	11	11	11	11	11	11	11	107	128	0	128	0	128
Variance		0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(93)	(119)	0	(119)	(6)	(125)
In Year - Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan		0	27	17	22	23	23	23	23	23	23	24	24	200	247	0	247	6	253
Total Actual/Forecast	0	0	32	11	11	11	11	11	11	11	11	11	107	128	0	128	0	128	
Total Variance	0	(27)	15	(11)	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(93)	(119)	0	(119)	(6)	(125)	
Accountancy Gains	In Year - Plan	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	889	0	0
	In Year - Actual/Forecast	0	0	0	889	0	0	0	0	0	0	0	0	889	889	889	889	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	766	1,547	1,384	1,339	1,373	1,308	1,080	1,085	1,084	1,026	1,027	1,333	11,992	14,351	7,683	6,669	672	7,341
	Month 1 - Actual/Forecast	766	889	935	953	756	1,477	839	777	718	654	659	624	8,764	10,046	7,172	2,875	998	3,873
	Variance	(0)	(658)	(448)	(386)	(618)	169	(241)	(307)	(366)	(372)	(368)	(709)	(3,228)	(4,305)	(511)	(3,794)	326	(3,468)
	In Year - Plan	0	700	433	1,334	410	1,064	568	498	498	498	497	497	6,005	7,000	1,299	5,701	75	5,776
	In Year - Actual/Forecast	0	697	434	1,342	466	1,865	581	508	515	512	484	495	6,920	7,899	1,693	6,206	60	6,266
	Variance	0	(3)	1	8	56	801	12	10	17	14	(13)	(3)	915	899	394	505	(15)	490
	Total Plan	766	2,247	1,817	2,673	1,784	2,372	1,649	1,583	1,582	1,524	1,524	1,830	17,996	21,351	8,982	12,370	747	13,117
	Total Actual/Forecast	766	1,586	1,369	2,295	1,222	3,342	1,420	1,286	1,233	1,166	1,143	1,119	15,684	17,945	8,864	9,081	1,058	10,140
	Total Variance	(0)	(661)	(448)	(379)	(561)	970	(229)	(297)	(349)	(358)	(381)	(712)	(2,313)	(3,406)	(117)	(3,289)	311	(2,977)



AGENDA ITEM

2.2.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

SPINAL NETWORK OPERATIONAL DELIVERY NETWORK

Date of meeting	28/02/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Elizabeth Beadle, Assistant Director of Transformation
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
WHSSC Management Group	25/07/2022	SUPPORTED

ACRONYMS

WHSSC	Welsh Health Specialised Services Committee
ODN	Operational Delivery Network
MoU	Memorandum of understanding

1. SITUATION/BACKGROUND

1.1 Welsh Health Specialist Services Committee (WHSSC) as commissioner of specialised services developed a service specification for the delivery of a Spinal Operational Delivery Network

on behalf of organisations in South Wales, West Wales and (South) Powys. WHSSC conducted a consultation on the proposed service development between 8th March 2022 and 19th April 2022. The service specification has been approved as the basis on which WHSSC will commission the ODN for the population of South Wales, West Wales and South Powys.

- 1.2 Swansea Bay University Health Board has been designated as the host health board to establish and manage the Operational Delivery Network (ODN) for South Wales, West Wales and South Powys.
- 1.3 The primary purpose of the ODN is to provide the management function for the network, to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration.
- 1.4 The hosting agreement takes the form of a memorandum of understanding (MoU) and will be signed by SBUHB as host of the ODN and all health boards within the Spinal Services Operational Delivery Network. This will include SBUHB as a provider of adult spinal surgery. The MoU is attached at Appendix 1.
- 1.5 Following the approval of the ODN business case by the WHSSC Management Group, a programme has been established to support the launch of the ODN on 1st April 2023.

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

- 2.1 Following the completion of the consultation and approval of the business case for the ODN at WHSSC Management Group, the service specification and MoU have been issued to Swansea Bay University Health Board as provider for the ODN.
- 2.2 In addition to approval of the MoU by Swansea Bay University Health Board, each health board will need to approve the MoU through their own organisational processes before 1st April 2023.
- 2.3 The MoU makes reference to a series of policies, as listed below.
 - Clinical Governance Policy
 - Data sharing agreement

- 2.4 The process for these policies is development by the interim network team, submission to the Implementation Board for approval, then onwards to each member Health Board. Each health board is expected to adopt each policy/agreement through their own processes at or before go-live of the ODN.
- 2.5 Recent review of the MoU identified changes to be made to clarify the reporting arrangements for the ODN to confirm that this will be via WHSSC as the commissioner. A revised copy of the MoU will be provided with these requisite changes in due course.

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

- 3.1 The funding for the ODN is committed via the WHSSC commissioning process and the business case for the ODN has received approval via the WHSSC Management Group.
- 3.2 The ODN will be launched on 1st April 2023.
- 3.3 Cwm Taf Morgannwg University Health Board will need to confirm its approval of the MoU and associated policies for the ODN prior to 1st April 2023.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The ODN provides a management and coordination function to ensure the smooth operation of the patient pathway.
Related Health and Care standard(s)	Safe Care
	Timely Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	All relevant assessments have been completed by WHSSC.



Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report. Funding for the ODN is committed within the WHSSC financial resources.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The committee is asked to **NOTE** the report and the memorandum of understanding.

**Memorandum of Understanding – for the Operational Delivery Network (ODN)
as part of the Spinal Services Operational Delivery Network for South Wales,
West Wales and South Powys**

This Memorandum of Understanding is made on **insert date**

Between

SWANSEA BAY UNIVERSITY HEALTH BOARD as host of ODN
1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot
SA12 7BR

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD
Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Headquarters, Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon
Taff CF45 4SN

HYWEL DDA UNIVERSITY HEALTH BOARD
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road,
Carmarthen SA31 3BB

POWYS TEACHING HEALTH BOARD
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3 0LU

SWANSEA BAY UNIVERSITY HEALTH BOARD Headquarters, 1 Talbot Gateway,
Baglan Energy Park, Baglan, Port Talbot SA12 7BR

WELSH AMBULANCE SERVICE NHS TRUST
Headquarters, Ty Elwy, St. Asaph Business Park, St Asaph, Denbighshire, Wales,
LL17 0LJ

VELINDRE UNIVERSITY NHS TRUST

Headquarters, Velindre University NHS Trust, Unit 2, Charnwood Court, Parc
Nantgarw, Nantgarw, Cardiff, CF15 7QZ

Collectively established as the Spinal Services Operational Delivery Network for
South Wales, West Wales and South Powys

- (1) Swansea Bay University Health Board has been identified as the host health board to establish and manage the Operational Delivery Network (ODN). The primary purpose of the ODN is to provide the management function for the network, to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration. Further detail of the role and responsibilities of the ODN are described in paragraph 2 below.
- (2) This Memorandum of Understanding (MoU) should be read in conjunction with the board paper that was approved by each ODN member organisations in **November 2022**.
- (3) The purpose of this MoU is to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all ODN member organisations.
- (4) The ODN membership comprises six Health Boards and two NHS Trusts – Welsh Ambulance Service NHS Trust and Velindre University NHS Trust. The six Health Boards have delegated the responsibility for commissioning the ODN to the Welsh Health Specialised Services Committee.

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1 Background

- 1.1. The vision for the establishment of the Spinal Services Operational Delivery Network (ODN) is to enhance patient outcomes and experience, by maintaining and coordinating patient flow across the spinal pathway. The network will improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is to develop an inclusive, collaborative, world leading spinal services network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.
- 1.2. Following the reorganisation of neurosurgery in South Wales, there have been a number of attempts to improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.
- 1.3. The establishment of an interim network (funded by CVUHB and SBUHB) to take forward the work of the project, and to support the establishment of the ODN (funded by the six Health Boards in Mid, South and West Wales) were approved by members of the NHS Wales Collaborative Executive Group (CEG) in July 2021. The CEG subsequently wrote to WHSSC requesting that WHSSC be asked to commission the ODN on behalf of the networks, as WHSSC has significant expertise commissioning complex and specialised services – see letter at **Appendix 1**.
- 1.4. The programme for the Spinal Services ODN was established, following full endorsement by all six health boards in the region, of the following recommendations made by the South and West Wales spinal surgery project:
 - An Operational Delivery Network should be established with the operational authority to:
 - maintain and coordinate patient flow across the spinal surgery pathway (elective and non-elective).
 - lead the development, and coordinate implementation and delivery of standards and pathways.
 - promote and support cross-organisational and clinical multi-professional collaboration.
- 1.5 On the 7 September 2021 the WHSSC Joint Committee approved that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the WHSSC Integrated Commissioning Plan (ICP) 2022-2025.
- 1.6 All members of the ODN have freely agreed to abide by this MOU. In accordance with the WHSSC Standing Orders any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. (SO 1.1.5)

- 1.7 Swansea Bay University Health Board (SBUHB) was designated as the host of the Operational Delivery Network (ODN) The primary purpose of the ODN is to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration.

2 Responsibilities of Swansea Bay University Health Board (SBUHB)

2.1. Role of SBUHB as host of the Operational Delivery Network (as distinct from SBUHB as provider of Spinal Services) is to manage the ODN in line with the service specification: CP Spinal Services Operational Delivery Network as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the ODN on behalf of:

- ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ

- CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

- CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

Headquarters, Ynysmeurig House, Navigation Park, Abercynon,
Rhondda Cynon Taff CF45 4SN

- HYWEL DDA UNIVERSITY HEALTH BOARD

Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park,
Jobswell Road, Carmarthen SA31 3BB

- POWYS TEACHING HEALTH BOARD

Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3
0LU

- SWANSEA BAY UNIVERSITY HEALTH BOARD

Headquarters, 1 Talbot Gateway, Baglan Energy Park, Baglan, Port
Talbot SA12 7BR

2.2. To undertake the role and responsibilities as detailed below:

Service Specification

- The specifications will need to be in place before the ODN becomes operational (i.e. before Day 1). Each element will be ongoing from the point of implementation, unless otherwise stated.
- Essential - These aspects are considered essential and are critical to the successful delivery of the ODN and its key investment objectives.

Strategic planning

- Provide professional and clinical leadership across the network.
- Collaborate with other relevant networks to ensure coproduction of phases of pathways that may have cross cutting themes.
- Develop and implement an effective framework for monitoring quality and performance; and to establish a network-wide audit programme.
- Develop a value-based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway, and reducing interventions of limited efficacy.
- Provide advice on future service provision to commissioners and providers, including the commissioning, delivery, designation of regional and supra-regional spinal services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments.
- Host a risk and issues register and undertake risk and issue management across the network.
- Produce quarterly and annual reports for the Network Board Delivery Assurance Group and WHSSC
- Develop an annual working plan for the network to deliver against the quality and delivery framework.
- Contribute to a comprehensive evaluation programme of the network.
- Develop a longer-term plan (5-10 years) to ensure new capabilities can be brought into core operations as quickly and efficiently as possible.

Operational delivery

- The ODN will have the operational authority to maintain, coordinate and when necessary, direct/arbitrate patient flow across the spinal surgery pathway.
- Lead the development, and coordinate implementation and delivery of standards and pathways.
- Ensure improved access and equity of access to spinal services.

- Be responsible for monitoring of day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand.
- Support capacity planning and activity monitoring across the whole of the spinal pathway.
- Support workforce monitoring to ensure minimum standards are met in line with network specifications and policies, for areas providing spinal services across the pathway e.g. FCPs, triage & treat APP/ESP/AMP spinal specific appointments, Spinal surgical hub team junior surgeon and medical/ Orthogeriatric cover.
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit and peer review.
- Deliver a Spinal Services Network Annual Report and intended work plan to ensure consistent evaluation and development.

Tactical (local) advice and support to commissioners

- Development of both clinical and operational policies, and specifications to support the commissioning of spinal services.
- Improved availability of quality and performance data to inform the commissioning of spinal services.

Improved quality and standards of care

- Mandate the use of the British Spine Registry across the pathway in line with network and pathway specific specifications.
- Develop and implement network protocols for patients.
- Develop value-based healthcare outcomes
- Deliver a robust clinical governance framework across the ODN.
- Evaluate and ensure consistent revision of policies and protocols where appropriate to support the delivery of spinal services.
- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance.
- Ensure on-going workforce establishment infrastructure, training and best practice models are embedded and contribute to improved quality performance e.g. Frailty and medical models.
- Use both clinical and operational process and outcome measures to compare and benchmark providers.
- Deliver an annual quality improvement and audit programme.

Partnership development

- Engage with patient representatives and all relevant third sector organisations.
- Promote and support cross-organisational and clinical multi-professional collaboration.
- Link with other relevant networks across NHS Wales and NHS England.
- Embed communication strategies and key communication deliverables.
- Monitor and performance manage active engagement by members in the network to improve performance against agreed outputs.
- Participate in relevant national policy or guideline development.

Desirable/aspirational areas of development

- Instigate a research programme for the spinal pathway.
- Instigate a spinal health promotion scheme.
- Support development of spinal networks in other parts of Wales.
- Design and develop an effective and fully integrated digital infrastructure for spinal services.
- Design and develop an effective training and education programme for spinal services across South Wales, West Wales and South Powys.
- Work with all providers across the spinal pathway to review current practice and evaluate the evidence base for non-surgical and surgical interventions.

2.3. The full draft WHSSC Service Specification is aligned to this document.

Note: the service specification remains draft at the time of writing this MoU, any significant changes in the specification will lead to a change in this document.

2.4. Swansea Bay University Health Board responsibilities continued:

- To have in place appropriate governance arrangements and a Scheme of Delegation as necessary and required on the part of SBUHB to enable the ODN to carry out its duties.
- To hold and manage the budget for the ODN making payments and receiving income as necessary.
- To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, procurement contracts, quotations, terms of engagement commissioned by the ODN and to ensure that the individuals appointed and employed to support the functions of the ODN.

- To be authorised to appoint lawyers and other professional advisors and to agree the terms and conditions from time to time on behalf of the ODN/MTN.
- 2.5. SBUHB will *not* be responsible or accountable for the planning, funding or providing of clinical services within the ODN.
- 2.6. In fulfilling its obligations and responsibilities under this MoU, SBUHB shall not be required to or not do and shall not do or omit to do anything which does not comply with SBUHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3 Employment of Staff

- 3.1. To appoint and employ staff in line with the posts agreed through the Operational Delivery Network (ODN) Board.
- 3.2. New staff appointed to work within the ODN will be employed by SBUHB, they will be entitled to be treated as any other SBUHB employee. They will be expected to abide by all SBUHB policies, procedures and guidance including, but not limited to, fire safety and health and safety procedures. ODN staff will benefit from access to all applicable policies and procedures including training and development.
- 3.3. The ODN staff will be accountable for their performance to the Interim Associate Service Director who, for this role, is accountable to the ODN SRO.
- 3.4. The ODN team will be situated on a non-hospital site.
- 3.5. ODN staff members will be expected to maintain professional CPD, complete all mandatory training and uphold competencies in line with the requirements of the role.
- 3.6. ODN staff will be subject to all SBUHB HR policies including annual appraisals/PADR and disciplinary processes.
- 3.7. Where there are unavoidable long term ODN staff absences (> three weeks) network member health boards will contribute to the unplanned costs of cover.

4 Operational Authority

- 4.1. Where there is a difference of opinion with patients waiting to be admitted into a spinal surgery service or an inability of a health board to accept a patient back into their 'home' health board, the Network Clinical Director will have the final say on the action to be taken.

5 Governance Arrangements

- 5.1. SBUHB will have in place appropriate governance arrangements and schemes of delegation as may be necessary and required on the part of the health board to enable the ODN to carry out its functions.

- 5.2. The ODN will be accountable to the SBUHB for all arrangements pertaining to the running of the ODN. This will include, but not be limited to, employment of staff to work within the ODN, provision of all employment and corporate services, accommodation and training.
- The ODN will report quarterly into the SBUHB Senior Leadership Team (SLT) meeting to provide assurance and evidence that the service is being delivered in line with expectations.
 - The SRO of the ODN will report twice yearly into the SBUHB Quality and Safety Committee providing assurance on the on-going compliance with the clinical governance requirements of the service specification. This reporting will include a summary of issues escalated via the Network Board (NB) to the Delivery Assurance Group (DAG).
- 5.3. The ODN will be held to account by the Delivery Assurance Group (DAG) for delivery of all elements of the Service Specification. In discharging its accountability role the ODN will:
- Ensure any significant matters under consideration by the NB are brought to the attention of the DAG.
 - Seek assurance that actions have been taken by ODN member organisations and appropriate Executives (Health Board and Commissioners) of any urgent or critical matters that may compromise patient care and affect the operation of the ODN or the reputation of NHS Wales.
- 5.4. The ODN will discharge its responsibilities for delivery via the following framework of meetings:
- The DAG will meet on a bi-monthly for the first year and quarterly thereafter. The DAG will be chaired by a WHSSC Executive or WHSSC Independent member. Attendance at the DAG will include the ODN Clinical Director and ODN Manager as a minimum.
 - The NB will meet on a monthly basis. Attendance from the ODN will include the ODN SRO, the ODN Clinical Director and service specific Clinical Leads and the ODN Manager. The NB will be chaired by an independent chair, appointed by Host Organisation. Representation from all of the network health boards (including SBUHB) will include the COO along with senior representation from Welsh Ambulance Services Trust (WAST) and Velindre NHS Trust.
 - Note the frequency of the meetings may change, with the agreement of all ODN member organisations, depending on the needs of the network.
- 5.5. The ODN will 'employ' on a sessional basis a Network Clinical Director. This post will not necessarily be clinicians that are substantively employed by SBUHB, rather they are likely to be clinicians employed by other network ODN member organisations. Where this is the case, SBUHB will require written confirmation from the substantive employer that all competence monitoring is up to date and that by taking on the sessional responsibility for the ODN they will not be exceeding the Working Time Directive.

6 Reporting Arrangements

- 6.1. The ODN will discharge its accountability to the DAG via reporting through the Network Board (NB) which will be organised and managed by the ODN.
- 6.2. The DAG report formally to the WHSSC on the DAG's activities and will make recommendations to the Joint Committee on behalf of the DAG relating to the commissioning of services. This includes updates on activity, the submission of DAG minutes and written reports as well as quarterly reports
- 6.3. The DAG will bring any significant matters under consideration by the DAG to the Joint Committee's attention,
- 6.4. The DAG Ensure appropriate escalation arrangements are in place to alert the relevant Director (HB and WHSSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee
- 6.5. Escalation from the NB of clinical concerns will be considered by the DAG and referred to the WHSSC Quality and Patient Safety Sub-Committee as deemed necessary by the DAG in order to provide assurance to the Joint Committee.

7 Delivery Assurance Group meetings

7.1 Frequency of meetings

Meetings shall be held monthly or as the Chair deems necessary in accordance with the work programme.

7.2 Quorum

At least two members from each of the provider organisations and three HB representatives must be present for the DAG to be quorate.

7.3 Dealing with Members Interests During Meetings

Where individual DAG members identify an interest in relation to any aspect of business set out in the DAG's meeting agenda, that member must declare an interest at the start of the meeting. DAG members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the DAG's minutes.

7.4 Withdrawal of individuals in attendance

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussions of particular matters.

7.5 Circulation of Papers

The Chair and Secretariat will ensure that all papers and reports are distributed at least five working days prior to the meeting.

The confirmed Minutes of the Committee will be sent to the Joint Committee for information.

8 Engagement

The Chair must ensure that the DAG's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual DAG members must demonstrate, through their actions, that their contribution to the DAG's decision making is based upon the best interests of the NHS in Wales.

9 Clinical Governance Arrangements

The ODN will not have statutory responsibility for clinical governance arrangements within each health board within the Spinal Services ODN. The ODN will be responsible for ensuring regular and complete reporting into the NB on clinical governance matters relating to the ODN.

All network members will provide the information requirement outlined in the Network Clinical Governance and Quality Improvement Structures document, enabling the ODN to be compliant with reporting requirements.

All network members will provide confirmation to the ODN that clinical governance information and incidents have been reported to their own organisations Quality and Safety Committee.

All network members will report and share learning from concerns and serious incidents into the NB.

10 Data requirements

10.1 Full details of data sharing requirements as per the Wales Accord on the Sharing of Personal Information (WASPI) has been shared with each network member organisation's Information Officer.

10.2 All organisations will be required to report against parameters set out in the clinical governance policy

10.3 In the event of a SUI involving the ODN, ODN member organisations will:

- provide information as required enabling the ODN to complete investigations following SUI;
- Disseminate learning following the outcome of the investigation by the ODN

11 Spinal Services ODN Policies

11.1 The policies listed below have been developed collaboratively and approved by the ODN Network Board. All health board are expected to adopt each policy/agreement through their own processes at or before go-live of the ODN.

- Clinical Governance Policy
- Data sharing agreement

11.2 The policies will be accessible on the SharePoint website to all ODN member organisations. New policies and updates to existing policies will be developed and approved through the ODN governance structure. Each health board will

be responsible for ensuring it has a process in place for receiving and implementing notifications of new policies and updates to existing policies.

12 Clinical Guidelines

- 12.1 All clinical guidelines will be developed collaboratively with the process of development having been approved by the ODN Board. Each health board should acknowledge access to the guidelines.
- 12.2 The ODN will update the clinical guidelines as required and provide notification to all ODN member organisations. ODN member organisations are responsible for having in place a system of receiving updates to clinical guidelines.

13 Budget and Funding

- 13.1 WHSSC will transfer funds to SBUHB on a quarterly basis in advance to allow SBUHB to perform its functions as the Operational Delivery Network, provided that WHSSC may attach conditions to the expenditure of such funds.
- 13.2 SBUHB will set up and manage an income and expenditure account for the ODN. This includes all income received from WHSSC and health boards and all ODN expenditure. This account will be separate from all other SBUHB funds.

14 Ownership of Assets

- 14.1 All assets (including intellectual property rights) acquired by SBUHB in connection with the ODN shall belong to SBUHB but be held upon trust for the ODN.
- 14.2 SBUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the commissioner shall require and within such timescales as are reasonably required.
- 14.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the ODN income and accounted for accordingly.

15 Duty of Care

- 15.1 SBUHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under the agreement properly and efficiently in accordance with this Memorandum of Understanding and its overall responsibilities under the National Health Service (Wales) Act 2006 and all other appropriate legislation. SBUHB shall keep the Commissioner informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this MoU as the Host health board.

16 Legislation

- 16.1 SBUHB shall ensure that it, and its employees and agents, shall in the course of this MoU comply with all relevant legislation, Welsh Government directions and Guidance and procedures.

17 Audit

- 17.1 SBUHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements. This will be in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Government.
- 17.2 SBUHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the ODN.

18 Management of Concerns

- 18.1 Where a matter is received into the ODN and is regarded as an individual concern, SBUHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relates to its geographical area of responsibility. In such circumstances, the Chief Executive of SBUHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.
- 18.2 Individual concerns received into the ODN and relating to patients resident outside SBUHB's geographical area of responsibility will be referred to the Chief Executive of the health board in the appropriate geographical area.
- 18.3 Where a matter is regarded as a concern and where qualifying liability in Tort has been established, SBUHB will only be responsible for managing the arrangements for redress arising from its own resident population.
- 18.4 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

19 Management of FOIA/GDPR Requests

- 19.1 Where a request under the Freedom of Information or General Data Protection Regulations is received by the ODN, the request will be dealt with in accordance with SBUHB's procedures. Where the request is considered to be an issue relating to information which is held by other ODN member organisations, then the request will be forwarded to the Board Secretary of the respective health board to respond in accordance with the Freedom of Information Act Code of Practice.

20 Dispute

- 20.1 In the event of a dispute between the ODN and any of the ODN member organisations that cannot be resolved locally, the issue will be referred up to the DAG and if necessary the Joint Committee.
- 20.2 In resolving the dispute, WHSSC will rely on the Business Framework included within its hosting agreement with all health boards in Wales.
- 20.3 A dispute may include non-adherence to this MoU.

21 General

- 21.1 This MoU shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.
- 21.2 In line with usual NHS arrangements, a notice period of 6 months will apply to a variation or termination of agreement to abide by this MOU.
- 21.3 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU.
- 21.4 This MoU shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 18 above, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.
- 21.5 In the event of SBUHB's determining (acting reasonably) that the performance by SBUHB of its obligations under this MoU is having a detrimental effect on SBUHB's ability to fulfil its core functions, SBUHB may instruct the ODN SRO and SBUHB's Chief Executive to review the operation of this MoU.
- 21.6 In carrying out a review of this MoU further to paragraph 21.4 above, the ODN SRO and SBUHB's Chief Executive shall consider the source and manner of any detriment identified by SBUHB's Board further to paragraph 21.4 and shall put forward such amendments and variations to this MoU and the associated governance arrangements between the ODN and SBUHB as they may consider appropriate.
- 21.7 SBUHB's Board shall consider the recommendations made further to paragraph 21.5 and may recommend to the ODN SRO and the Chief Executive of SBUHB that this MoU and the associated governance arrangements are amended accordingly.

22 Review

The MOU will be reviewed annually by the DAG.

23 Abbreviations

CPD	Continued Professional Development
DAG	Delivery Assurance Group
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulations
IPFR	Individual Patient Funding Request
MoU	Memorandum of Understanding

NB Network Board
OD Operational Delivery Network
QI Quality Improvement
SBUHB Swansea Bay University Health Board
SRO Senior Responsible Officer
WAST Welsh Ambulance Service Trust
WHSSC Welsh Health Specialist Services Committee

Signed for and on behalf of
**ANEURIN BEVAN UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**CARDIFF AND VALE
UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CWM
TAF MORGANNWG
UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**HYWEL DDA UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
POWYS TEACHING HEALTH BOARD

Signature:

Name:

Position:

Date:

Signed for and on behalf of
SWANSEA BAY UNIVERSITY HEALTH BOARD

Signature:

Name:

Position:

Date:

Signed for and on behalf of
WELSH AMBULANCE SERVICE NHS TRUST

Signature:

Name:

Position:

Date:

Signed for and on behalf of
VELINDRE UNIVERSITY NHS TRUST

Signature:

Name:

Position:

Date:

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 15.02.23)
5.1.0	October 2022	Delivery of the Planned Care Recovery programme Review the tables and place content in alphabetical order for the next iteration of the report	Chief Operating Officer	February 2023	Update to be provided at meeting.
5.2.0	October 2022	Delivery of the Six Goals for Emergency Care Update on timescales, outcomes and objectives for the task and finish groups to be brought back to the next meeting	Chief Operating Officer	February 2023	Update to be provided at meeting.
5.3.0	October 2022	Integrated Performance Dashboard To receive a report on Breast Feeding compliance at the next meeting	Strategy Groups	October 2022	Complete Stood down from December 22 meeting and now agreed to be received at the Population Health & Partnerships Committee in May 2023.
5.3.0	October 2022	Integrated Performance Dashboard To receive a deep-dive into cancer	Chief Operating Officer	February 2023	Complete On Agenda – February 2023
5.3.0	October 2022	Integrated Performance Dashboard To receive a deep-dive into Mental Health	Chief Operating Officer	February 2023	In Progress On Forward Plan for April 2023

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2.2.1	August 2022	<p>Committee Effectiveness Outcome</p> <p>Agreed to defer to the October 2022 meeting.</p>	DoG	October 2022	<p>Complete</p> <p>Received at the October 2022 meeting.</p>
5.1.0	August 2022	<p>Reset of the 2022-23 Planned Care Recovery Plan</p> <p>Update on progress with regard to the Ophthalmology Action Plan to be brought to a future meeting of the Committee</p>	COO	October 2022	<p>Complete</p> <p>Received at the October 2022 meeting.</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard</p> <p>To query with Workforce & OD Colleagues outside of the meeting the percentage of staff who report that their line manager takes a positive interest in their Health & Wellbeing. Only one marker captured and no data for 21-22 and when would that be available and reported upon within the Integrated Performance Dashboard.</p>	DoP	October 2022	<p>Completed</p> <p>Outcome of the Wellbeing Survey presented to People & Culture Committee at their meeting held on 8 February 2023.</p>

PREVIOUSLY COMPLETED ACTIONS					
4.1.0	October 2022	Organisational Risk Register Risks in relation to Care Homes to be reviewed and a response provided to Members outside of the meeting	Assistant Director of Governance & Risk	October 2022	Complete Response provided to Committee via email 28.10.22
4.1.0	October 2022	Organisational Risk Register Update on CAMHS Risk 4149 to be provided outside of meeting.	Assistant Director of Governance & Risk	October 2022	Complete Response provided to Committee via email 26.10.22
5.3.0	August 2022	Integrated Performance Dashboard Comparison of bowel screening targets both pre and post Covid-19 would be queried offline with colleagues in public health	DoPH	October 2022	Complete Bowel screening has increased in each of the CTM local authorities in 2019/20 and 2020/21. Merthyr Tydfil is still the lowest in terms of uptake with 62.6% of those eligible returning a sample. In 2020 there was an intervention carried out to increase the uptake by targeting non-responders in Merthyr practices and South Cynon practices. A combination of this and the introduction of FIT tests in January 2019 may have been

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					<p>the reason for the increase in uptake.</p> <p>Bowel screening was paused at the start of the Covid pandemic but each area is now above the previous 60% target.</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard</p> <p>Query the critical vaccination rate to prevent outbreaks, i.e. is the 95% rate that would provide 'herd immunity offline with colleagues in public health</p>	DoPH	October 2022	<p>Complete</p> <p>It is 95% for childhood vaccines ie mmr etc. There is no herd immunity rate for flu or covid though.</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard</p> <p>Query with the Workforce and OD team the overall staff engagement percentage scores</p>	DoP	August 2022	<p>Completed</p> <p>Response and clarification shared via email 24.8.2022</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard</p> <p>Clarify with the Performance Team the Stroke Performance data</p>	DoST	September 2022	<p>Completed</p> <p>Response and clarification shared via email 5.9.2022</p>
5.3.0	August 2022	<p>Integrated Performance Dashboard</p>	DoN	September 2022	<p>Completed</p> <p>Response and clarification shared via email 31.8.2022.</p>

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		To query with Patient Care & Safety colleagues the serious medication error described as a catastrophic reaction to an unknown allergy			
5.5.0	August 2022	<p>Neville Hall Hospital Satellite Radiotherapy Unit</p> <p>Governance Team to liaise with Planning Team with regard to the arrangements for an extra ordinary meeting of the Committee.</p>	DoG	September 2022	<p>Completed Extra Ordinary Meeting held on 20.9.2022. The Committee ENDORSED FOR BOARD APPROVAL the Full Business Cases for the Integrated Radiotherapy Solution and the Satellite Radiotherapy Centre.</p> <p>The Committee further ENDORSED FOR BOARD APPROVAL that the Health Board would maintain its support of the Business Case for the Development of the Radiotherapy Satellite Centre on the basis of the conditions specified.</p>
5.4.0	August 2022	<p>South East Wales Planning Collaborative</p> <p>To feedback to the Collaborative the comments to strengthen</p>	DoST	September 2022	<p>Completed This has been raised in a SEW Directors meeting and will inform the approach to be taken.</p>

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		the guiding principles in regard to smoothing out of waiting lists.			
5.2.0	June 2022	Integrated Performance Dashboard Update on the Action Plan for Stroke to be provided.	COO	August 2022	Complete Received at October 2022 meeting.
6.1.0	August 2022	Finance Report Covid response cost figures to be shared offline	DoF	August 2022	Complete Figures shared outside of meeting via email 18.10.22
6.1.0	June 2022	Finance Report Clarity on the accountancy gain of £4.5m to be provided outside of the meeting	DoF	August 2022	Complete Response provided outside of meeting.
5.4.0	June 2022	Annual Plan 2022-23 Discussions to be held with Public Health in relation to staff smoking near hospital gates.	DoST	August 2022	Completed Response shared with Committee via email 13.9.2022
5.3.0	June 2022	Review of CAMHS Performance Activity Offline update on assessments within 28 days to be provided	DoPCMH	August 2022	Complete Update shared outside of meeting via email 18.10.22
5.2.0	June 2022	Integrated Performance Dashboard To query the filling of staff vacancies via streamlining in relation to diagnostics and therapies.	COO	August 2022	Complete Update provided for October 2022 meeting. Update (25.10.22) Staffing as well as demand and capacity imbalance remain the main risks within Therapies with

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				<p>a significant number of vacancies. Streamliners have come into post more quickly this year than has been the case in the past and there are a few still to come in. Some vacancies have been filled via this route but (as you can see is the case with therapy teams across UK), national shortages, delays in approvals and employment processes mean that the Department is often carrying a high vacancy factor.</p> <p>Turning to Pathology and Radiology, Pathology have found the process positive and have appointed a number of Healthcare Scientists. In Radiology, the situation was slightly different in that team no longer take part in the process as they felt that, for them, it was limiting and at the time, didn't allow applications from outside Cardiff University.</p> <p>Within Audiology, there were no actual vacancies at the time this question was asked, however they had identified future need and they did get a</p>
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					member of staff via streamlining which was helpful.
6.1.0	June 2022	Finance Report Provide more detail on progress on the delivery of core savings at the August meeting	DoF	August 2022	Complete Please see detail captured within the Month 4 Finance Performance Report included on the agenda for the 23 rd August 2022.
5.2.0	June 2022	Integrated Performance Dashboard Detail on the Never Event in May 2022 to be provided outside of the meeting.	DoG	June 2022	Complete Detail on the Never Event was circulated to members via email on the 29 th June 2022.
4.1.0	June 2022	Organisational Risk Register To review Risk 4722 in relation to the Laundry Service	DoG/ADGR	August 2022	Complete The Assistant Director OSS (Facilities) provided a robust update on the status of risk 4772, which was shared via email with Committee members on the 1 st July 2022. A further copy can be shared upon request to the meeting secretariat.
4.1.0	June 2022	Organisational Risk Register Issues in relation to the target dates and how the risks were rated to be reinforced to the Strategic Leadership Group.	DoG/ADGR	August 2022	Complete The Director of Corporate Governance reinforced this action at the Strategic Leadership Group meeting. The Assistant Director of Governance & Risk has also reiterated the position at the

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					monthly risks leads meeting in July and August.
5.2.0	June 2022	Integrated Performance Dashboard Staff engagement scores – clarity to be sought on what the 71% related to and were engaging on.	DFP	August 2022	Complete This query was raised by the Board and at the People & Culture Committee where it was confirmed that this percentage related to the 2020 NHS Wales responses and is based on the CTM response.
5.1.0	April 2022	Performance Dashboard Contract for mobile endoscopy unit to be reviewed.	DoST	April 2022	Completed Response provided and emailed to all Members on 27.04.22
5.1.0	April 2022	Performance Dashboard Further detail on Follow Up Patients Not Booked to be received at next meeting.	DoST/COO	June 2022	Completed Contained within the Performance Dashboard.
5.1.0	April 2022	Performance Dashboard Wording to first paragraph on page 37 in relation to Cardiac to be amended.	DoST	June 2022	Completed
5.1.0	April 2022	Performance Dashboard Invitation to be extended to all Members to attend the next Quality & Safety Committee with regard to the Stroke Report.	DoCG	April 2022	Completed Invitation extended for meeting 24 May 2022.
5.1.0	April 2022	Performance Dashboard	DoPCMH	June 2022	Completed

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		Detailed review of CAMHS to be received at next meeting.			Report on agenda June 2022 meeting.
5.1.0	April 2022	Performance Dashboard Communication to patients in relation to changes for not being treated at the Spire Hospital to be reviewed.	DoST	June 2022	Completed Update provided at June 2022 meeting.
5.1.3	December 2021	Performance Dashboard A detailed report on stroke performance to be brought to the next meeting of the Committee.	Chief Operating Officer/Stroke Team	January 2022	Completed Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting. Updated April 2022 Due to a report on Stroke being presented at the Quality & Safety Committee and to avoid over duplication of reports between Board Committees, Members of the PPF Committee are invited to attend the Quality & Safety Committee in May 2022 and/or receive a copy of the report.
4.1.0	February 2022	Organisational Risk Register Committee Referral to Mental Health Act Monitoring Committee to consider whether they wished to be	Director of Corporate Governance/Board Secretary	March 2022	Completed Referral made and considered at the MHAMC Meeting held on 2 March 2022. The Committee agreed that there was no

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		sighted on mental health related risks (operational) at their future meetings.			relevance in receiving MH operational risks at future meetings as these were reviewed at Audit & Risk Committee and the Health Board.
5.1.0	February 2022	Month 10 Finance Report Discussion with the Director of Corporate Governance/Board Secretary as to whether future face to face Board Development Sessions could be used to take Board Members through the framework of how and when Members are involved in difficult decisions and the challenging choices and decision that are having to be made in the Service	Assistant Director of Governance and Risk/Director of Corporate Governance/Board Secretary	March 2022	Completed This request has been highlighted to the Director of Corporate Governance when planning the items for agendas. Board Development Sessions have also been arranged to provide the opportunity to join virtually and in person.
6.1.0	February 2022	Integrated Performance Dashboard Committee Referral to Quality & Safety Committee to review the "Sepsis Six" bundle.	Assistant Director of Governance & Risk	March 2022	Completed Following referral it had been established that the Quality & Safety Committee had discussed the referred item in full at the meeting held in January 2022. The referral was therefore withdrawn.
6.1.0	February 2022	Integrated Performance Dashboard To provide feedback to the Board on the recent session held in regard to equity of services across the ILGs based on the current model.	Assistant Director of Governance & Risk	March 2022	Completed Assistant Director of Governance & Risk escalated to the Chief of Staff and updates have since been provided through IM Briefings and a

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					report received at the Board in March 2022.
6.1.2	February 2022	Deliver of Planned Elective Care Recovery Programme Additional date to be sought for a reconvened meeting of the Committee to receive the item prior to the end of March 2022.	Assistant Director of Governance & Risk/Chief Operating Officer	March 2022	Completed Date confirmed but then cancelled due to the number of apologies received. It was agreed with the Chair that the report be circulated outside of the meeting for review and any questions. This has now been completed.
06/001	June 2021	Integrated Performance Dashboard Recovery Plan for Part 1A Mental Health to be shared with Members once finalised.	Chief Operating Officer/Director of Primary, Community & Mental Health	July 2021	Completed Each ILG will have one where needed – there was one for M&C and they achieved recovery and same for R&TE – Bridgend had not needed one at that time. Performance reflects the improvement.
08/001	August 2021	Action Log All outstanding updates on the log to be reviewed outside of the meeting with the relevant Executive Lead and updated.	All	October 2021	Completed Outstanding Actions updated and received by the Committee at the October 2021 meeting.
10/001	October 2021	Organisational Risk Register Software issues in relation to Laundry to be queried outside of the meeting.	Director of Finance	December 2021	Complete Capital funding received and orders placed for software and new tank for the 13 stage washer press.

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10/002	October 2021	<p>Organisational Risk Register</p> <p>Comments and queries in relation to the register to be raised with the Asst. Director of Governance and Risk outside of the meeting and could also be explored further at the Board Development Session on Risk Appetite on 21 October 2021.</p>	Head of Corporate Governance & Board Business/Asst. Director of Governance and Risk	October 2021	<p>Completed</p> <p>Board Development Session held on risk in October 2021 in conjunction with ILG leads and how the leads were continuing to request that risks were regularly reviewed and the status of risks explained with clearer narratives. Ongoing action which is also highlighted via the monthly risk training sessions.</p> <p>As to the reference to 'no changes to the content of the risk register', this was as the risks had remained unchanged and this would be more accurately referenced in future. Any updates to risks would be made in red within the report.</p>
10/004	October 2021	<p>Ophthalmology Update</p> <p>DNA rates to be included within future reports to the Committee.</p>	Chief Operating Officer	December 2021	<p>Completed</p> <p>Rates would now be included in future reports to the Committee.</p>
10/005	October 2021	<p>Integrated Performance Dashboard</p> <p>One hour and 15 minute ambulance handover waits to be included in future reports along with baseline and narratives where applicable.</p>	Director of Strategy and Transformation	November 2021	<p>Completed</p> <p>Report amended to reflect comments raised and was circulated to the Committee 16.11.21.</p>

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10/009	October 2021	Forward Work Plan Committee agreed to receive a report on mitigating the risks with regard to paediatric nurses rotation and the Emergency Department to the December 2021 meeting.	Chief Operating Officer	December 2021	Completed A detailed reply in the form of a report was produced in response to the query and was circulated to Members of the Committee outside of the meeting. The Chair and IM who had raised the initial query agreed that the item need not come back as part of the main agenda reporting process.
19/164	November 2019	Estates Performance Further report to be received for the Bridgend locality element of the Estate to be presented to the February 2020 meeting of the Committee	Director of Finance	January 2022	Completed Recommended action closed and replaced with new action to review Estate Performance Reporting at the February 2022 meeting that had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
08/002	August 2021	IMTP Update Committee to be kept updated in terms of governance and assurance on the concerns raised by Welsh Government in relation to the plan and the actions being undertaken.	Director of Strategy & Transformation/Chief Operating Officer/Director of Finance	February 2022	Completed The Board are receiving regular updates. Committee received an update at the December 2021 meeting and further update on the agenda for February 2022.
10/004	October 2021	Overview of Winter Response Planning Update report to be received at next meeting and the CTM	Chief Operating Officer	December 2021	Completed Report and Plan received by the Committee at the December 2021 meeting.

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		plan would be circulated to the Committee outside of the meeting, once finalised.			
10/006	October 2021	Performance Dashboard Data on hip fractures for the over 70's which had dropped in percentages to be reviewed outside of the meeting.	Chief Operating Officer	December 2021	Completed Arrangements for orthogeriatricians are under review as part of the recovery and restoration fund. Fundamentally, the absence of orthogeriatricians across the UHB is the cause of the low compliance rate. £395k recurrent funding has been incorporated within the Planned Care Recovery Fund from 22/23 to develop the Orthogeriatrics service and will come forward for approval as part of the IMTP process.
10/008	October 2021	Access to GP Services Committee agreed to receive a further update in January 2022	Assistant Director of Primary Care	January 2022	Completed Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
4.1.0	December 2021	Organisational Risk Register Risk 4149 CAMHS to be reviewed with DoCG and an	Chief Operating Officer	February 2022	Completed Risks have been reviewed and updated on the Register.

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		update to be shared with the Committee outside of the meeting			
5.1.0	December 2021	<p>Delivery of Elective Planned Care Recovery Programme</p> <p>Check that the reminder system for DNA's had been activated.</p>	Chief Operating Officer	February 2022	<p>Completed</p> <p>Reminder system in place.</p>
5.1.3	December 2021	<p>Performance Dashboard</p> <p>No data available on the % of patients with a positive sepsis screening who received all elements of the 'Sepsis Six' care bundle within 1 hour of positive screening.</p> <p>Query raised about where joint SIs are reported and monitored? – This was particularly in relation to joint SIs involving CTM & WAST for example.</p> <p>Both queries to be reviewed outside of the meeting and response shared with the Committee once received.</p>	Director of Corporate Governance/Director of Nursing	February 2022	<p>Completed</p> <p>Email response sent to Committee outside of meeting.</p>
5.1.3	December 2021	<p>Performance Dashboard</p> <p>A detailed report on stroke performance to be brought to the next meeting of the Committee.</p>	Chief Operating Officer/Stroke Team	January 2022	<p>Completed</p> <p>Originally added to Forward Plan for February 2022 meeting which had been stood down. Meeting now re-instated for only standard</p>

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					agenda items, and has now been added to the Forward Plan for the April 2022 meeting.
5.1.3	December 2021	Performance Dashboard Further detail on red releases to be provided in the report for the next meeting	Chief Operating Officer	January 2022	Completed Information of red release contained within Performance report for February 2022 meeting.
5.1.4	December 2021	Development of the IMTP 2022-25 Presentation to be shared with Members outside of the meeting.	Director of Strategy & Transformation	December 2021	Completed Presentation shared with Members of the Committee following the meeting.



AGENDA ITEM

4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting	28 th February 2023
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FOI Status	Open
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If closed please indicate reason	Not a applicable public meeting
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Prepared by	Cally Hamblyn, Assistant Director of Governance & Risk
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Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
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Approving Executive Sponsor	Paul Mears, Chief Executive
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Report purpose	FOR REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Service, Function and Executive Formal Review	December 2022 / January 2023	RISKS REVIEWED
Executive Leadership Group	16.1.2023	RISKS REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	13.2.2023	RISKS REVIEWED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks escalated to the Organisational Risk Register are in accordance with the Risk Management Strategy.

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

- 2.1 The Executive Leadership Group supported "Guiding Principles: Quality Governance & Accountability during the Operating Model Transition" where the following transitional arrangements have been agreed:
- **Organisational Risk Register:** Workshop approach to realign risks on the Organisational Risk Register led by Nurse Directors. Timeframe: Realignment to complete by 31.1.2023. Assistant Director of Governance and Risk and COO Team met with each Care Group Leadership Group to review and agree assigned risks on the Organisational Risk Register.
- 2.2 Care Group Directors have undertaken the initial alignment of risks on the Organisational Risk Register to the new Care Group model and are in the process of undertaking detailed reviews on risks assigned to their areas.
- 2.3 Service / Winter pressures along with planning to respond to the impact of Industrial Action has posed significant challenges which should be recognised in light of the ability to keep pace with the timeframes to undertake this review and update risks this period.
- 2.4 The Assistant Director of Governance & Risk and Chief Operating Officer are holding a workshop with Executive Leads in January 2023 to review the Organisational Risk Register in terms of consistency of risk scoring, robustness of narrative and review of actions being taken to mitigate risks.
- 2.5 Monthly Risk Management Awareness Sessions (Virtually via Teams). The monthly sessions are set in the calendar until the end of 2023. 369 members of staff trained to date.
- 2.6 Risks on the organisational risk register have been updated as indicated in **red**.



3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Nil as assigned to this Committee.

3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED during the period
Nil as assigned to this Committee.

b) Risks where the risk rating DECREASED during the period
Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER People and Culture Directorate

Nil as assigned to this Committee.

3.4 DISCUSSION POINTS

Changes to Risks

The Executive Medical Director is initiating a review of Datix Risk ID 4590 - Critical Care Pharmacist Resource and Datix Risk ID 5214 - Critical Care Medical Cover, with the view to amalgamate these two risks.

Emerging Risks

As part of the review of current risks following alignment to the new Operating Model new risks and changes to risks are in development to come forward to a future iteration of the Organisational Risk Register.

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

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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not applicable for the Risk Register item.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to:

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

Datix ID	Strategic Risk owner	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
4491	Chief Operating Officer	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety	Failure to meet the demand for patient care at all points of the patient journey	<p>IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey.</p> <p>Then: The Health Board's ability to provide high quality care will be reduced.</p> <p>Resulting in: Potential avoidable harm to patients</p>	<p>Controls are in place and include:</p> <ul style="list-style-type: none"> Technical list management processes as follows: Specialist 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 specialty 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. 	<p>The Health Board has established a Planned Care Board, with a full programme of work to address FUNB, demand and capacity and a recovery programme which will include cancer patients; The plans have timescales – which are being monitored, however it is likely that it will take time to reduce waiting times to acceptable levels in the post-covid-19 environment. The PCH Improvement Programme has significantly accelerated a number of mitigating actions designed to improve flow, reduce risk and improve the quality of care in the unscheduled care pathway. Updates on this are provided through the Quality & Safety Committee including specific actions and measures. There is also a PCH Improvement Board that meets monthly with the COO as the SRO. The Health Board is centralising the operational management and decision making around all elective services with the clear aim of increasing and protecting elective activity as we deal with the pressures of the Covid-19 pandemic and winter. This process commenced in late October 2021 and greater clarity will be provided in the next review.</p> <p>The IMTP process will drive the development and prioritisation of these plans ahead of implementation in 2022-2023. Additionally as part of the IMTP Process we will be able to complete robust capacity and demand planning for all surgical specialities for the first time, this will allow us to fully understand our likely trajectory for recovery during 2022-2023 and beyond.</p> <p>Update July 2022 - Risk scoring unchanged. Revised Improvement trajectories for each speciality now in place updated via the Planned Care Recovery Programme Board. The Health Board is working with Cardiff and Vale University Health Board and Swansea Bay University Health Board to support recovery actions in high risk specialities.</p> <p>Update September 2022 - Continue delivery of the Planned Care Recovery Actions. Reconfiguration orthopaedic inpatient operation. Commissioning the insourcing of the workforce to deliver to Theatres. Amalgamation of Health Board wide capacity plans.</p> <p>Significant work ongoing in relation to FUNB which is being captured in the performance reports.</p> <p>Update October 2022 - Procurement exercise commenced 20 Oct 22 re the insourcing of the workforce to deliver to Theatres. Recruitment to theatres transformation role from 28 Oct 22. Amalgamation of Health Board wide capacity plans. Significant work continuing in relation to FUNB which is being captured in the performance reports.</p>	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 C4 x L3	↔	11.01.2021	28.10.2022	30.11.2022
5153	Executive Director of Finance & Procurement	Central Support Function - Finance	Deputy Director of Finance	Sustaining Our Future	Financial Stability Risk	Failure to achieve financial balance in 2022/23.	<p>IF: The Health Board is not able to plan and deliver changes which enable current run rates of expenditure to align with the available funding for 2022/23 (including funding for Covid response costs and Exceptional Items).</p> <p>Then: The Health Board will not be able to deliver a break-even financial position for 2022/23.</p> <p>Resulting in: Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.</p> <p>The context is that the draft financial plan for 22/23, submitted to WG at the end of April, has three elements: A core plan which has a planned deficit of £26.5m, excluding Ongoing Covid response costs of £32.3m and Exceptional Items of £19.0m. Assumed non-recurring funding for the Covid and Exceptional costs has yet to be confirmed by WG. Delivery of the Core plan is also predicated on a delivery of efficiency savings of £17.3m which is a significant step up in savings compared to recent years.</p>	<p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.</p> <p>Routine monitoring arrangements in place.</p> <p>Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.</p>	<p>Further discussions needed with Welsh Government to understand the likely funding position for 22/23.</p> <p>Update September 2022</p> <p>Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.</p> <p>Update 24.10.2022 - Position remains as reported for September 2022. No change to risk score.</p> <p>Update 3rd Jan 2023 - The funding position for 22/23 in relation to Exceptional items and ongoing Covid -19 response costs has now been clarified by WG. The forecast Core plan overspend for 22/23 at M8 is still £26.5m and there is no change to the risk score.</p>	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	8.7.22	3.1.2023	01.3.2023
5154	Executive Director of Finance & Procurement	Central Support Function - Finance	Deputy Director of Finance	Sustaining Our Future	Financial Stability Risk	Failure to reduce the planned recurrent deficit of £28.0m at the end of 2022/23.	<p>IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2023/24.</p> <p>Then: The Health Board will not be able to develop a break-even financial position for 2023/24 and deliver it.</p> <p>Resulting in: Potential deficit in 2023/24 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.</p>	<p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Further develop the savings planning processes via the Value and Efficiency programme.</p> <p>Routine monitoring arrangements in place.</p> <p>Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.</p>	<p>Update October 2022 - The M6 YTD position is a £14.6m deficit. This represents a £1.4m adverse variance compared to 9/12th of the £26.5m Core plan deficit. The M6 Savings position is forecasting £17.5m of Savings in 22/23 but only £10.4m on a Recurrent basis. (Savings target for 22/23 = £17.3m). The forecast underlying recurrent deficit at 31/3/23 is now £34.9m. This position represents a £6.9m deterioration from the planned recurrent deficit of £28.0m and is due to the forecast shortfall in recurrent savings delivery in 22/23.</p> <p>Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.</p> <p>Update 3rd Jan 2023 - The M8 YTD position is a £18.0m deficit. This represents a £0.3m adverse variance compared to 9/12th of the £26.5m Core plan deficit (£17.7m). The M8 Savings position is forecasting £17.5m of Savings in 22/23 but only £10.6m on a Recurrent basis. (Savings target for 22/23 = £17.3m). The forecast underlying recurrent deficit at 31/3/23 is now £47.6m. This position represents a £19.6m deterioration from the planned recurrent deficit of £28.0m and includes forecast shortfalls in recurrent savings delivery in 22/23 (£6.7m) and forecast recurrent overspends in Care Groups and directorates (£11.0m).</p> <p>The key actions are to further develop the savings planning/recovery planning processes via the Value and Efficiency programme and the Financial Plan for 2023/24.</p>	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	8.7.22	3.1.2023	01.3.2023
4071	Chief Operating Officer All Integrated Locality Groups Linked to RTE 5039 / 4513	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.	<p>IF: The Health Board fails to sustain services as currently configured to meet cancer targets.</p> <p>Then: The Health Boards ability to provide safe high quality care will be reduced.</p> <p>Resulting in: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.</p>	<ul style="list-style-type: none"> Tight management processes to manage individual cases on the cancer pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk. Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three ILGs are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around 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 ILG now reports actions against an agreed improvement trajectory. <p>Weekly monitoring led by the Chief Operating Officer to monitor progress. Pathology backlog clearance plan funded and in delivery.</p>	<p>Update September 2022 - Score remains unchanged. Recovery actions continue with focus on Urology and Lower GI. Improvements are being recognised in Gynaec and Breast Surgery which are currently ahead of plan. Cancer treatments remain higher than pre-Covid levels.</p> <p>Update October 2022 - Score remains unchanged. New Cancer Assurance cycle from November 2022. Recovery actions continue with focus on Urology, Lower GI and Dermatology. Improvements are being recognised in Gynaec and Breast Surgery which remain in line with plan. Cancer treatments continue to be higher than pre-Covid levels.</p> <p>Update December 2022 - Score remains unchanged. Health Board is now in targeted intervention for cancer. Additional assurance meeting with WG, WCN and DU underway. New cancer assurance cycle from November 2022 embedding. Recovery actions continue with focus on Urology, Lower GI and Dermatology. Improvements are being recognised in Gynaec and Breast Surgery which remain in line with plan. Cancer treatments continue to be higher than pre-Covid levels. Referral rates are higher than pre Covid, but reducing from their highest levels. Challenges remain with diagnostic capacity, short term outsourcing has improved wait times, but longer term solution needed. The mobile endoscopy unit is also providing additional capacity, and reducing waiting times, but a longer term solution is required for after this. 104+ day harm review panels are paused on two sites, recruitment underway for administration support to recommence.</p>	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	↔	01/04/2014	23.12.2022	31.1.2023
4149	Chief Operating Officer	Mental Health Care Group	Clinical Service Group Manager - CAMHS.	Improving Care	Patient / Staff /Public Safety	Failure to sustain Child and Adolescent Mental Health Services	<p>IF: The Health Board continues to face challenges in the CAMHS Service (covering locality CAMHS in CTM and Swansea Bay as well as specialist CAMHS services commissioned by WHSSC - Inpatient Unit at Ty Llidard and FACTS service)</p> <p>Then: there could be an impact in maintaining a quality service</p> <p>Resulting in: recruitment and retention challenges and detrimental impact on wellbeing of existing workforce, long waiting times; inability to implement new models of care required to meet increasing demand; supporting patient pathways via services and standards of care planning required by the All Wales Mental Health Measure. If the specialist WHSSC commissioned services are not sustained the impact would be far reaching given the population they serve (inpatient - South Wales, FACTS - whole of Wales) and would result in more complex patients not being supported and treated in Wales.</p> <p>Difficulties remain with waiting times for specialist CAMHS; recruitment of key staff and ability to implement new model of care and the new neurodevelopmental service remains challenging.</p>	<p>o Reported local and Network pressures across the CAMHS Network with variable problems dependent on the area of the network.</p> <p>o Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed.</p> <p>o Service Model developed around Core CAMHS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care.</p> <p>o A new investment impact being routinely monitored internally via the SMT and via monitoring meetings with the ILG</p> <p>Monthly commissioning meeting discussions taking place across the Network in relation to service pressures and funding. Additional funding received for investment in services</p> <ul style="list-style-type: none"> Implementation of the Choice and Partnership Approach (CPA) with a new service model introduced ensuring the service aligns itself with All Wales Mental Health Measure. All referrals accepted to CAMHS will now receive a Part 1 Mental Health Assessment to determine the level of support required. Performance is being reported and monitored via monthly performance meetings A number of service reviews in relation to Ty Llidard undertaken and monitored via Q,SR Committee. Additional nursing leadership implemented and progress on required action plans and proposed staffing model. Business case being drafted for additional investment to support staffing model in March 22. Workshops scheduled with WHSSC to review service specification and gap analysis. First workshop took place on 15th Feb 22. Staff and stakeholder consultation event took place in April. Improvement Board set up and improved reporting to WHSSC on actions taken and progress being made. Survey undertaken with colleagues demonstrating improvement. Community CAMHS in both CTM UHB and Swansea Bay UHB are carrying out WLI via the planned care recovery (PCR) scheme. The additional clinics and dedicated team for assessment and single point of access have helped to reduce waiting times in CTM UHB to approx. 4 weeks. Number of patients on CTM waiting list has reduced from 365 to just over 200 patients. The waiting times in Swansea Bay UHB have reduced significantly (from 32 weeks+ to 1.9 weeks). Capacity and demand work has been undertaken with clear 	<p>Risk reviewed and updated the controls</p> <p>Ongoing improvement in community CAMHS performance in relation to waiting list - Swansea Bay waiting list reduced down from 462 to 90 in September. CTM waiting list reduced from 365 in May 2022 to 200 in September. Work ongoing to improve compliance with part 1a and 1b. New SJF MH bids funding received and in progress of recruitment.</p> <p>Further work required for community CAMHS performance on part 2, improvement plans in both areas.</p> <p>Continued improvements being made in the escalation plan for Ty Llid via the Improvement Board. values and behaviour leadership survey undertaken which demonstrates good feedback from colleagues on improvement but also helps identifies areas for improvement.</p> <p>FACTS service - consultant interviews taking place on 1st November. Progressing recruitment plan to address vacancies</p> <p>Update 29.11.2022 - Improvement in compliance for SB CAMHS for MHM Part 1a 83% in October and backlog addressed. Slight improvement for CTM CAMHS in MHM Part 1a but waiting list has increased due to increased demand in October. SB meeting Part 2 compliance but numbers reported low. Improvement plan in place for CTM Part 2 compliance.</p> <p>Continued improvements being made in Ty Llidard, NCCU attended in November and reviewed clinical notes and positive feedback. Awaiting formal feedback via WHSSC escalation meeting on 5th December. Weekly audit reviewing clinical records in place using QI methodology and demonstrating improvement. Ty Llidard Away Day planned in December to focus on developing the team approach. New therapies lead starting in December.</p> <p>FACTS service - consultant appointed awaiting start date. Ongoing recruitment to vacancies in service. Plan to advertise clinical lead role once consultant has been appointed</p>	Planning, Performance & Finance Committee & Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	01/01/2015	29.11.2022	31.01.2023

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
4458	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety	Failure to Deliver Emergency Department Metrics (Including 15 minute Handover and 4 and 12 hour breaches.)	<p>If: The Health Board fails to deliver against the Emergency Department Metrics</p> <p>Then: The Health Boards ability to provide safe high quality care will be reduced. Patients will be waiting in the ambulance rather than being transferred to the Emergency Department.</p> <p>Resulting In: A poor environment and experience to care for the patient.</p> <p>Delaying the release of an emergency ambulance to attend further emergency calls.</p> <p>Compromised safety of patients, potential avoidable harm due to waiting time delays.</p> <p>Potential of harm to patients in delays waiting for treatment.</p>	<p>Senior Decision makers available in the Emergency Department.</p> <p>Regular assessments including fundamentals of care in line with National Policy.</p> <p>Additional Capacity opened when safe staffing to do so.</p> <p>Senior presence at Health Board Capacity Meeting to identify risk sharing.</p> <p>Winter Protections Schemes Implemented within ILGs.</p> <p>Operational Performance is now monitored through the monthly performance review.</p> <p>Performance review process has been restructured to bring more rigour with a focus on specific operational improvements.</p> <p>Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.</p>	<p>The Unscheduled Care Improvement Board will monitor progress on the programme on a monthly basis. Given the decrease in compliance for 12 and 4 hour waits, it is impossible to outline progress at this point. It is anticipated that the work of the Urgent Care Improvement Group will be able to report some improvement in the coming months.</p> <p>Update September 2022 Update - UEC Six Goals Improvement Programme now commenced - workstream 2 (integrated front door) - rapid mobilisation of other elements of the front door (SDEC, Acute frailty assessment, Hot/rapid access clinics) to facilitate ED de-crowding and timely ambulance offload.</p> <p>Update 3.11.2022 - now being addressed via UEC 6 goals programme, workstreams 2, 3 and 4. Aim to improve whole hospital/system flow, implementing D2RA model and pathways Dec 22, implementing enabling processes to improve flow and discharge - including e-whiteboards/e-discharge referrals, discharge hub, additional components of integrated front door (including acute frailty ax, hot clinics, SDEC), discharge lounges on each site.</p>	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	↔	04/12/2020	3.11.2022	31.12.2022
4772	Chief Operating Officer	Central Support Function - Facilities	Governance and compliance manager, Facilities	Improving Care	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes. Service /business interruption	Replacement of press software on the 13 & 10 stage CBW presses	<p>If: The 10 & 13 stage Lavatec presses have old software control systems, and are both vulnerable to failure. Following a fault developing and a recent maintenance call out it was identified that the 10 stage press is working intermittently caused by a software problem.</p> <p>Then: If the 10 Stage press control system fails the consequence of not purchasing the software replacement would result in the laundry service being unable to produce to full capacity and reduced to around 55%. If the Stage 10 press control system software fails then it could also impact on the Stage 13 press. The consequence of both presses failing and not purchasing the software replacement would result in the laundry service being unable to process any laundry which will result in all CTMUBH laundry being outsourced to commercial laundries. The costs will be significantly higher than those incurred in-house. Resulting In:</p> <ul style="list-style-type: none"> • Potential of service failure due to existing system. • Potential of CTM sites being without bedding and linen at existing volumes and turnaround times. • Potential increased costs resulting from having to outsource laundry processing to commercial laundries in the event of equipment failure. 	<p>The All - Wales Laundry review continues, and at the current time, it is likely that services will be provided from CTM laundry until at least 2024. After this time, the equipment could be moved and rehoused elsewhere to continue to support CTM and the All-Wales Laundry agenda.</p> <p>Previous IMTP submissions have included as a priority £375K for a replacement automated sorting and roll cage washer/dryer system at the laundry. The software that controls system</p> <p>Benefits of equipment being replaced:</p> <ul style="list-style-type: none"> • Reduced risk of service failure and therefore improved confidence in continued production. • Easier to diagnose and put right any mechanical defects. <p>The Laundry is being monitored remotely by the system supplying company. This ensures that we are able to run the system and any problems quickly rectified on the 13 stage CBW. The 10 stage new software has now been installed and updated and all snagging completed. We were in the process of arranging a date for the 13 stage CBW software to be updated when the bolts on the 10 stage sheared, this will be repaired Monday 4th July 2022 we will then arrange for the new software to be updated on the 13 stage.</p> <p>There is a robust contingency plan in place we are able to continue with a normal service until these issues are resolved. We also have the ability to call upon the other L4 region production units. The contingency plan provides for a 5 day full service with ability to call on the other L4 within the All Wales Laundry agreement to produce our linen if needed.</p>	<p>Update on actions December 2022</p> <p>SON to be submitted and if successful replacement software purchased and installed. Timescale: 31/03/2023.</p> <p>SON approved and funding provided, awaiting installation. Update from Deputy Linen Services Manager that order has been raised to replace.</p> <p>10 stage press received completed software upgrade.</p> <p>The 13 stage press is due to have the update to software data. Since the last review there have been constant breakdowns within the laundry which has kept putting the upgrade back. As a contingency the 13 stage press is being monitored and the Health Board hopes to complete the software upgrade before March 31st 2023.</p> <p>Based on this update the risk remains as a high risk and will be reviewed in 3 months time or once the software has been installed (DW 11/11/2022).</p> <p>Review Date: 28/02/2023</p>	Quality & Safety Committee Planning, Performance & Finance Committee	15	15 (C5xL3)	5 (C5xL1)	↔	27.07.2021	08.12.2022	28.02.2023
5207	Executive Director of Strategy & Transformation	Primary & Community Care Group or Central Function?	Deputy Director of Strategy and Partnerships	Improving Care	Patient / Staff /Public Safety	Care Home Capacity	<p>If: the rising costs of delivering care in private facilities drives a number of providers to cease trading.</p> <p>Then: there will be a loss of capacity within the system.</p> <p>Resulting In: exacerbated delays in hospital flow, an impact on wait times and increased admission to hospital for displaced patients. Patient experience will be impacted due to increased hospital stays. There will also be a longer term impact on residential care opportunities.</p>	<p>Multi Agency Operational Group established that effectively risk assesses the homes and manages any emergent contractual/ provider/ safeguarding issues, we wonder if this is forward looking enough in the current context.</p> <p>Local Authorities have regular contact with Care Homes to assess any challenges that they are facing and will intervene as appropriate based on risk and circumstances.</p>	<p>Via the Regional Partnership Board and other partnership meetings questions will continued to be escalated to seek assurance.</p> <p>Reports on specific incidents will be taken to Planning, Performance & Finance Committee.</p> <p>Care Providers will continue to engage with Welsh Government to escalate their concerns around the current position.</p> <p>Update December 2022 - Working with Care Inspectorate Wales (CIW) to understand how the Health Board can become a registered provider of care if appropriate.</p>	Quality & Safety Committee Planning, Performance & Finance Committee	15	C5xL3	10 C5xL2	↔	19.8.2022	30.12.2022	28.02.2023

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
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Nil as assigned to this Committee

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
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Nil as assigned to the Committee



Cwm Taf Morgannwg UHB Targeted Intervention

**MAE EIN
GWERTHOEDD
YN EIN HELPU
NI I FOD AR
EIN GORAU**
**OUR VALUES
HELP US BE AT
OUR BEST**

**RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA**



**WE LISTEN,
LEARN AND
IMPROVE**

**RYDYN NI'N
TRIN PAWB
A PHARCH**



**WE TREAT
EVERYONE
WITH RESPECT**

**RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TIM**



**WE ALL WORK
TOGETHER
AS ONE TEAM**

Thursday, 9th February 2023



Quality related to long waiting times

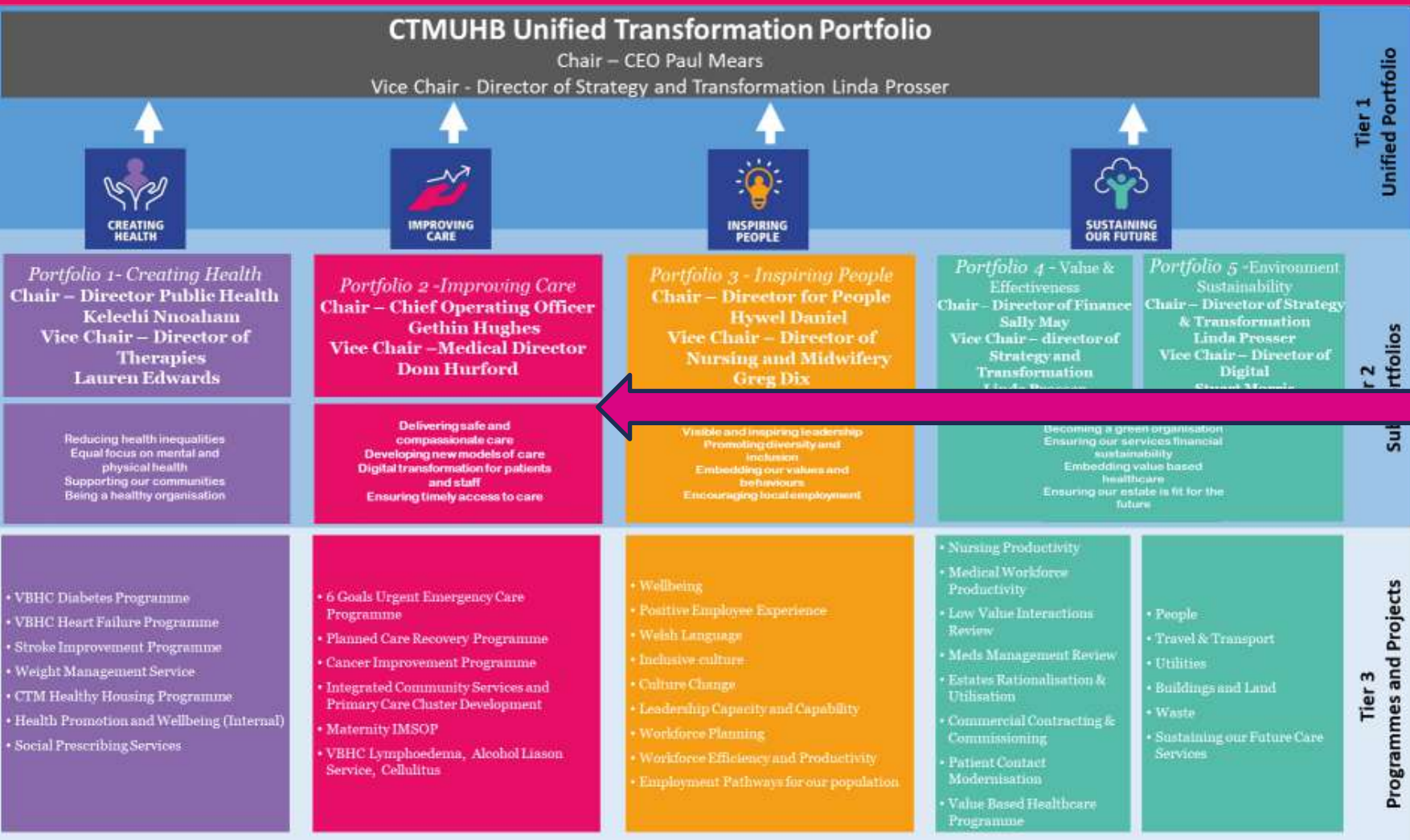
- Improved planned care performance against an agreed trajectory maintained over six months
- Improved cancer performance with performance against an agreed backlog trajectory maintained over six months
- Improved CAMHS and neurodevelopment performance with performance against an agreed trajectory maintained over six months
- Consistency in urgent and emergency care over a six month period.
- Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over six months.



Targeted Intervention: Performance

- Long waiting times - overview

SRO – Gethin Hughes



The Unified Transformation Portfolio is aligned with the CTM: 2030 strategy for the HB. The unified portfolio will be structured against the 4 strategic aims of:

- Creating Health
- **Improving Care**
- Inspiring People
- Sustaining our Future – Value and Effectiveness & Green Agenda



In year goals

Breakthrough objectives (23/24)

Improving Access to Care	30% of discharges to be achieved by noon
	maximum wait of 52 weeks for Stage 1 and stage 4
	achieve 75% compliance with SCP
	70% of CAMHS pts will receive 1st assesment within 28 days
Making Care Safer	Reduce referrals to secondary care in ENT and Dermatology by 30%
	90% compliance with Sepsis 6 Budles in A&E
	50% reduction in patients presenting to ED with a pressure ulcer from DN (District Nurse) caseloads
	15% reduction in the number of falls with harm
Transforming our services	Resistance prescribing rates by 20%
	Reduce by 15% number of incidents resulting in Severe and moderate harm
	Ensure 50% improvement in front door stroke metrics
	Ensure minimum of 20% of all follow up activity is converted to SOS/PIFU
Improve our learning	Implementation of digitalisation of admin programme
	Ensure only 15% of bed days are occupied by clinically optimised patients

Long Term Ambitions

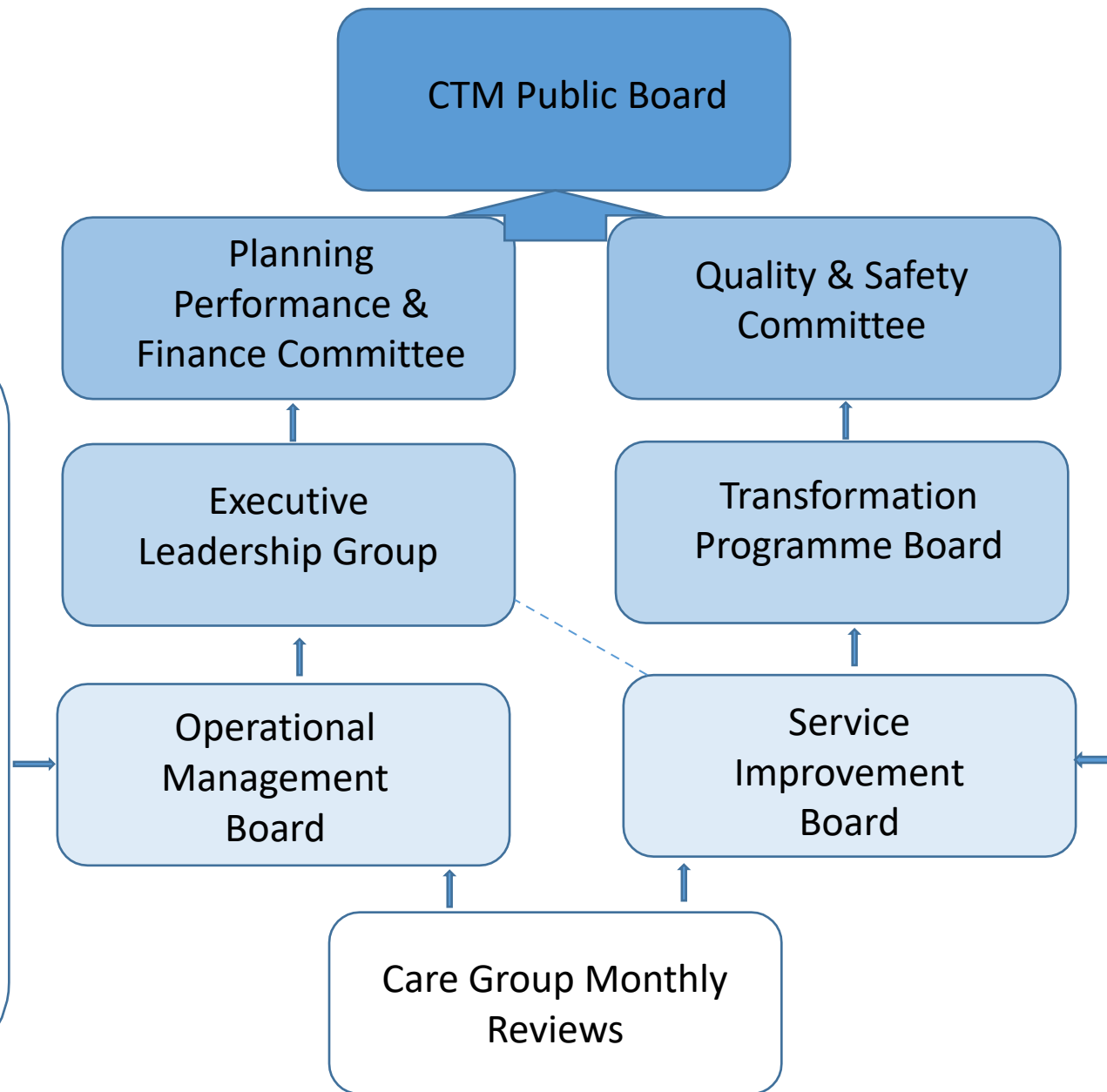
True North end of 25/26

Improving Access to Care	90% delivery of the 4 hour standard for emergency care
	achieve RTT compliance
	Cancer compliance by end of 24/25
	90% of CAMHS pts will receive 1st assesment within 28 days
Making Care Safer	Reduce referrals to secondary care by 30%
	Lowest avoidable mortality in Wales
	Zero avoidable pressure ulcers
	50% reduction in the number of falls with harm
Transforming our services	Resistance prescribing rates by 90%
	Reduce by 50% number of incidents resulting in Severe and moderate harm
	Delivery of SSNAP A rated Stroke Service
	Achieve highest rate of PIFU and SOS delivery within Wales
Improve our learning	Implementation of digitalisation of admin programme
	Ensure only 5% of bed days are occupied by clinically optimised patients
Improving Access to Care	30% of discharges to be achieved by noon
	maximum wait of 52 weeks for Stage 1 and stage 4
	achieve 75% compliance with SCP
	70% of CAMHS pts will receive 1st assesment within 28 days



Improving Care Dashboard





A forum for sharing information and communication of operational matters across the Care Groups and corporate Departments. To monitor key performance metrics and to discuss and approve business cases, service changes, proposals and similar documents prior to onward progression through the UHB.

A number of groups will report to the Board, including:

- Operational Capital Group
- H&S and Fire Group
- Local Partnership Group
- QSR Care Group Committee CG Papers

A forum for the sharing of information and communication of improving care issues across the Care Groups and corporate Departments within the Health Board, to monitor Improvement projects, service changes, proposals and similar documents prior to onward progression through the UHB.

A number of groups will report to the Board, including:

- Six Goals Programme
- Cancer Board
- Digital and Data Update
- PC and Community Transformation Programme
- Mental Health & Learning Disability Transformation Programme
- Improving Care Dashboards

This structure is in its early days and it is likely that there will be changes and adaptations needed as the new Care Group structure develops and beds in.



Cancer Improvement

Proposed SCP Improvement Trajectory*

Q1 – 48% - 144 pts

Q2 – 56% - 168 pts

Q3 – 62% - 186 pts

Q4 – 70% - 210 pts

104 day Reduction Trajectory

Q1 – 190 pts

Q2 – 170 pts

Q3 – 150 pts

Q4 – 130 pts

*modelled on 300 confirmed cases per month





Cancer Improvement

- Skin
 - Cancer is being prioritised
 - Max Fax pathways and significant SB/CTM pathology delays in Q4
- Lower GI
 - Waiting time for Endoscopy – total LGI diagnostics waits down by 14% on last month. Further work to increase productivity and efficiencies.
 - Challenges with BSW – To meet current demand and clear backlog – 6 BSW lists required currently run 4 lists. Interim plans to increase lists through WLI's and backfilling symptomatic lists.
- Urology
 - Diagnostic pathway challenged
 - Clinical capacity
- Breast
 - Outpatient capacity
 - Treatment capacity access to wires at NPT
- UGI
 - Waiting time for Endoscopy – Total UGI diagnostic waits down by 12% on last month. TNE plan to increase capacity.

- Skin
 - Appointing Specialty Dr to increase clinic and MOP capacity. Need additional sessions have JD could go out to recruit if funding available. Would need review of space and admin/nursing for clinic in PCR Bid 2022/23
- Lower GI
 - Internal changes to improve current utilisation and expansion of current rooms through extended sessions and 7 day working and re allocation of OGD capacity to Colons by increasing Trans-nasal Endoscopy (TNE's). Increase planned templates (mobile unit) to offset DNA's. Development of a Transformation Programme for Gastro & Endoscopy. Endoscopy Programme Board to commence.
- Urology
 - Appointing new surgeon and PCR investment in additional LAPB lists.
- Breast
 - New clinic opening 20/2/23 appointing additional consultant March
- UGI
 - Implementation of TNE for OGDs increase capacity and one stop clinics. Working with the Clinicians and site General Manager to agree capacity increase and a sustainable location on the RGH footprint.





Urgent Care Improvement

4 Hour improvement trajectory

Q1 – 65%

Q2 – 68%

Q3 – 72%

Q4 – 72%

Ambulance 4 hour reduction trajectory

Q1 – 350

Q2 – 250

Q3 – 175

Q4 – 130





Urgent Care Improvement

4 Hour

- Congestion and occupancy levels in Emergency Departments.
- Attendance v admission.
- LoS in Emergency and Acute Medicine front door footprint.
- Onward inpatient acute hospital flow.
- Pan CTM approach to Emergency Pressures Escalation.

Ambulance 4 Hour

- Acute Hospital flow and discharge.
- Integrated Discharge approach.
- 7 day, in and out of hours requires consistent approach to handover of Ambulance and management of escalation of emergency pressures.

4 Hour

- Deployment of Navigation Hub.
- Directory of services under construction.
- Develop direct pathway to SDEC and Acute Frailty.
- Increase WAST utilisation.
- Ensure equitable access to Minor Injury Units across CTM – provision of walk in access.
- Implement a CTM standardised emergency pressures escalation procedure and review effectiveness of actions.
- Focus on 50% of discharges by noon

Ambulance 4 Hour

- Implement ambulance handover escalation plan (in line with escalation plan).
- Review cross CTM - “on-boarding” and “Full Capacity Protocol” to support agile response to escalation of emergency pressures.
- Six Goals programme re-prioritised for delivery – targets set.
- Deployment of D2RA Hub to support discharge.
- D2RA data component delivered by eWhiteboards “live view system” in conjunction with National Care Pathways, transparency and clear reporting.
- Discharge referrals standardised across CTM with Local Authorities.
- Review and implement robust evening and weekend planning.





Planned Care Improvement

- End of June Targets
 - Delivery of the **104 week** target for **stage 4** in all specialties excluding
 - Gynaecology – end Q2
 - ENT - end Q3
 - Urology – end Q3
 - Delivery of the **52 week** target for **stage 1** in all specialties excluding
 - Ophthalmology – end Q3
 - ENT – end Q3
 - Dermatology – end Q2
 - Urology – end Q3
 - Orthodontics/Restorative dentistry
- End of March 24
 - Working towards a **78 week** RTT position





Planned Care Improvement

Stage 1

- Outpatient Capacity
- Unwarranted levels of demand in key specialties

Stage 4

- Theatre capacity challenges
- Consultant capacity in key

Stage 1

- Additional outsourcing prior to march 23
- Additional appointments to key specialties
- Application of new INNU policy
- Establishment of interface services in Dermatology and ENT

Stage 4

- Additional insourcing to open 2 theatres at POW
- Revised Orthopaedic Trauma model
- Centralisation of Urology and H&N oncalls
- Application of new INNU policy



Mental Health Improvement

Part 1a Mental Health Measure CAMHS – Assessment

Over 28 days trajectory	Performance – seen in 28 days
• Q1 200	35%
• Q2 100	40%
• Q3 50	50%
• Q4 10	70%

Part 1b Mental Health Measure CAMHS – Interventions

Over 28 days trajectory	Performance – intervention started in 28 days
• Q1 160	35%
• Q2 120	40%
• Q3 80	50%
• Q4 40	60%





Mental Health Improvement

- Part 2 Care & Treatment Planning - Mental Health Measure CAMHS

Q1 50%

Q2 55%

Q3 65%

Q4 70%

Psychology waiting over 26 weeks trajectory

Q1 360

Q2 300

Q3 250

Q4 200





Improving Care Portfolio Update

Gethin Hughes – Chair

Dom Hurford – Vice Chair



Improving Care

- Overarching programme on improving care across the HB
- Driven by a set of metrics which sets out longer term ambition for services across Care Groups
- Year 1 priorities to 'turn the dial' on the longer term goals
- Each care group will be able to develop local metrics
- Dashboard will form the basis of the Care Group performance reviews



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CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'W GILYDD



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
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Improving Care

- The programme has been sub divided into 4 distinct areas of focus
- Improving Access
- Making Care Safer
- Transform our services
- Improve our learning



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Long Term Ambitions

True North end of 25/26	Improving Access to Care	90% delivery of the 4 hour standard for emergency care achieve RTT compliance Cancer compliance by end of 24/25 90% of CAMHS pts will receive 1st assesment within 28 days Reduce referrals to secondary care by 30%
	Making Care Safer	Lowest avoidable mortality in Wales Zero avoidable pressure ulcers 50% reduction in the number of falls with harm Resistance prescribing rates by 90% Reduce by 50% number of incidents resulting in Severe and moderate harm
	Transforming our services	Delivery of SSNAP A rated Stroke Service Achieve highest rate of PIFU and SOS delivery within Wales Implementation of digitalisation of admin programme Ensure only 5% of bed days are occupied by clinically optimised patients
	Improve our learning	
	Improving Access to Care	30% of discharges to be achieved by noon maximum wait of 52 weeks for Stage 1 and stage 4 achieve 75% compliance with SCP 70% of CAMHS pts will receive 1st assesment within 28 days Reduce referrals to secondary care in



Improving Care Dashboard

In year goals

Breakthrough objectives (23/24)	Improving Access to Care	30% of discharges to be achieved by noon maximum wait of 52 weeks for Stage 1 and stage 4 achieve 75% compliance with SCP 70% of CAMHS pts will receive 1st assesment within 28 days Reduce referrals to secondary care in ENT and Dermatology by 30%
	Making Care Safer	90% compliance with Sepsis 6 Budles in A&E 50% reduction in patients presenting to ED with a pressure ulcer from DN (District Nurse) caseloads 15% reduction in the number of falls with harm Resistance prescribing rates by 20% Reduce by 15% number of incidents resulting in Severe and moderate harm
	Transforming our services	Ensure 50% improvement in front door stroke metrics Ensure minimum of 20% of all follow up activity is converted to SOS/PIFU Implementation of digitalisation of admin programme Ensure only 15% of bed days are occupied by clinically optimised patients
	Improve our learning	
	Improve our learning	



The Change Hub



GIG CYMRU NHS WALES
 Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Improving Care aims:
 Delivering safe and compassionate care
 Developing new models of care
 Digital transformation for patients and staff
 Ensuring timely access to care

OVERALL RAG



STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Baseline Projects	<ul style="list-style-type: none"> Baseline projects reviewed and provisionally allocated into Improving Care Strategic pillar. These are being assessed to determine suitability and priority. 	Green
Governance	<ul style="list-style-type: none"> Improving Care Board meetings have been initiated on a monthly basis. ToR and PID TBA. 	Yellow
Strategic Portfolio Development	<ul style="list-style-type: none"> Draft Structure agreed and will consist of four domains under the Improving Car Strategic Pillar. Work is continuing to define and detail the key measures including year one “breakthrough” and 3 – 5 year “true north” measures and also to ensure alignment with the Quality Strategy. These measures will be incorporated into scorecards which will form the basis of the performance management framework 	Green
Project and Programmes	<ul style="list-style-type: none"> Work is still ongoing to produce the list of key projects and programmes which will underpin the delivery of the strategic objectives, identify any strategic gaps and review which current projects should be deprioritised. 	Yellow
Resources	TBA	

KEY METRICS:

- See attached slides

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Competing priorities	Competing priorities with Improving Care aims and Winter pressures	Red
Financial Constraints and economic climate impacts	Impacting on ability to delivery projects and adversely affecting operational performance	Red
Staffing constraints	Impact on performance	Yellow

ESCALATIONS/ DECISIONS TO BOARD:

None

Countermeasure Area

Owner: Director of Planned Care

Metric: Stage 1 OP Zero 52 wk

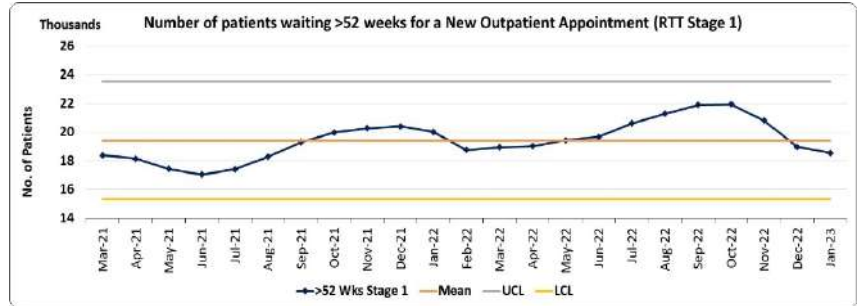
Trending: **+VE**

Problem Statement - Delivery of the 52 week target by End of June 2023 – Target zero

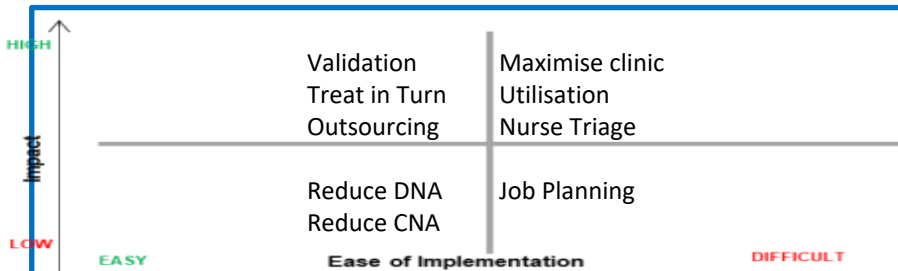
1. Historic Trend Data (March)

Census Date	Total	No TCI	TCI
31/01/23	31571	29626	1945
15/02/23	29538	27502	2036
	-2023	-2124	+91

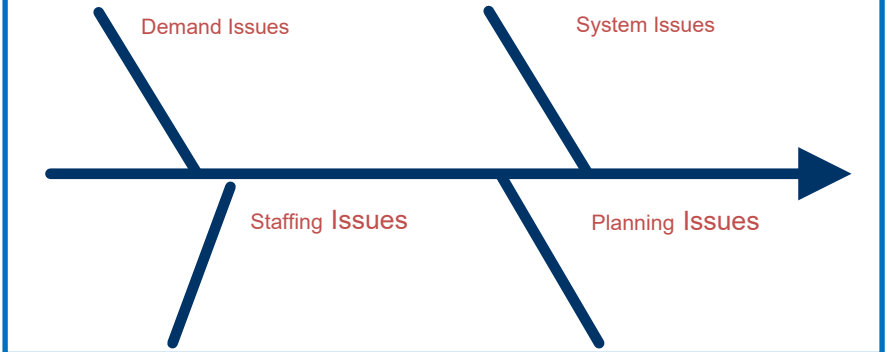
2. Stratified Data



4. Opportunities and Countermeasures: Appraisals Core



3. Top Contributors / Pareto



5. Action plan

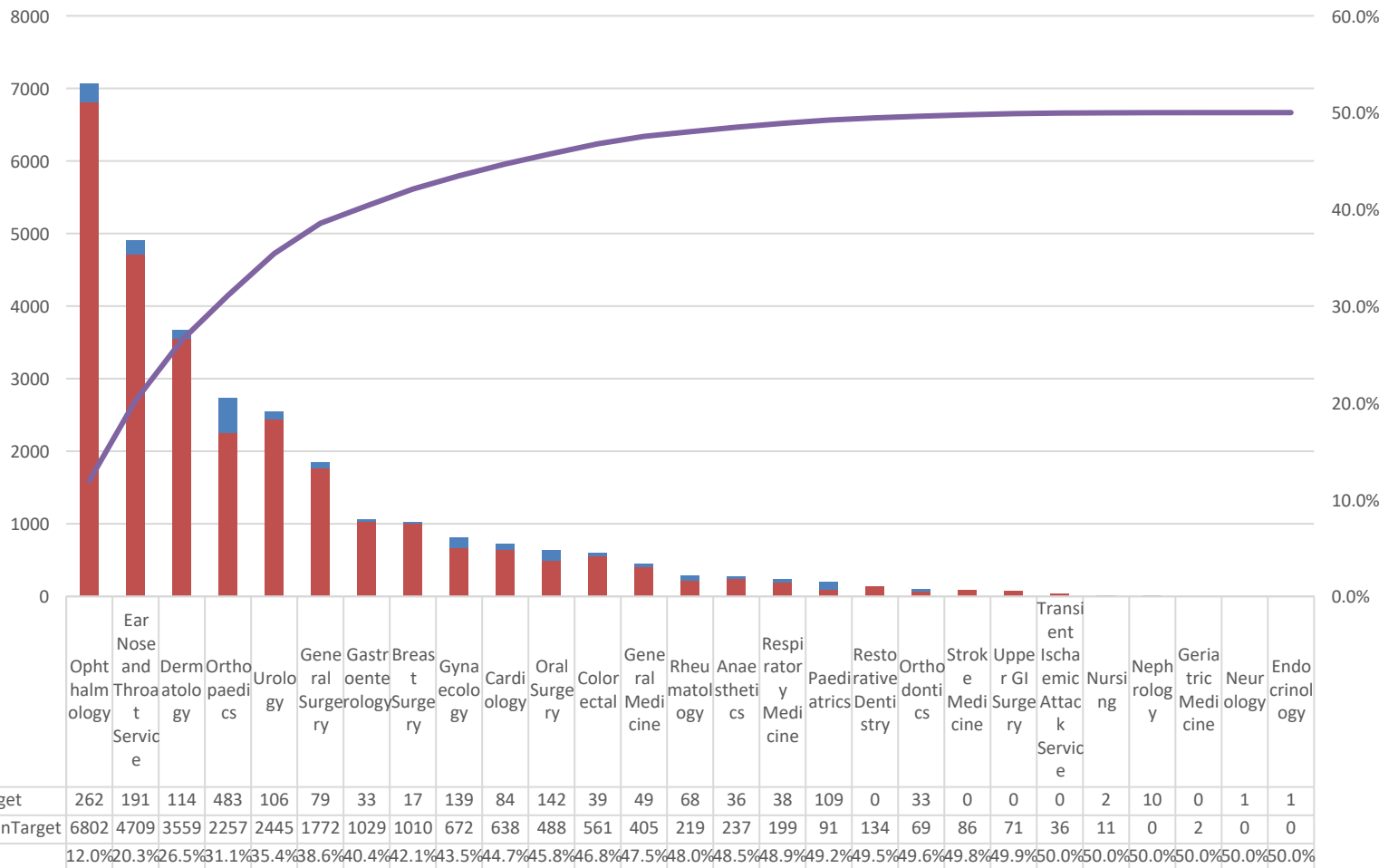
Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating

1. Historic Trend Data (15th February Data – cohort to end June 2023)

Specialty	PatientsWithTCIInTarget	PatientsWITHOUTTCIInTarget	AllPatients	Cumulative
Ophthalmology	262	6802	7064	12.0%
Ear Nose and Throat Service	191	4709	4900	20.3%
Dermatology	114	3559	3673	26.5%
Orthopaedics	483	2257	2740	31.1%
Urology	106	2445	2551	35.4%
General Surgery	79	1772	1851	38.6%
Gastroenterology	33	1029	1062	40.4%
Breast Surgery	17	1010	1027	42.1%
Gynaecology	139	672	811	43.5%
Cardiology	84	638	722	44.7%
Oral Surgery	142	488	630	45.8%
Colorectal	39	561	600	46.8%
General Medicine	49	405	454	47.5%
Rheumatology	68	219	287	48.0%
Anaesthetics	36	237	273	48.5%
Respiratory Medicine	38	199	237	48.9%
Paediatrics	109	91	200	49.2%
Restorative Dentistry	0	134	134	49.5%
Orthodontics	33	69	102	49.6%
Stroke Medicine	0	86	86	49.8%
Upper GI Surgery	0	71	71	49.9%
Transient Ischaemic Attack Service	0	36	36	50.0%
Nursing	2	11	13	50.0%
Nephrology	10	0	10	50.0%
Geriatric Medicine	0	2	2	50.0%
Neurology	1	0	1	50.0%
Endocrinology	1	0	1	50.0%
	2036	27502	29538	

2. Stratified Data – cohort to end June on 15th Feb 2023

Over 52 Weeks Stage 1, RTT at 30 JUN 2023



3. Top Contributors / Pareto: Appraisals Core

Demand Issues

Backlog versus demand

Right size demand and backlog temporary position with small exceptions of services pre-covid that were not compliant e.g. Dermatology and Cardiology, T & O

Need to reduce urgent/cancer to 4 weeks and 28 day diagnosis to address ongoing RTT.

System Issues

Sub optimal waiting list management:

1. Treat in Turn
2. Out patient management – utilisation and productivity
3. Template sign off to meet demand.

Staffing Issues

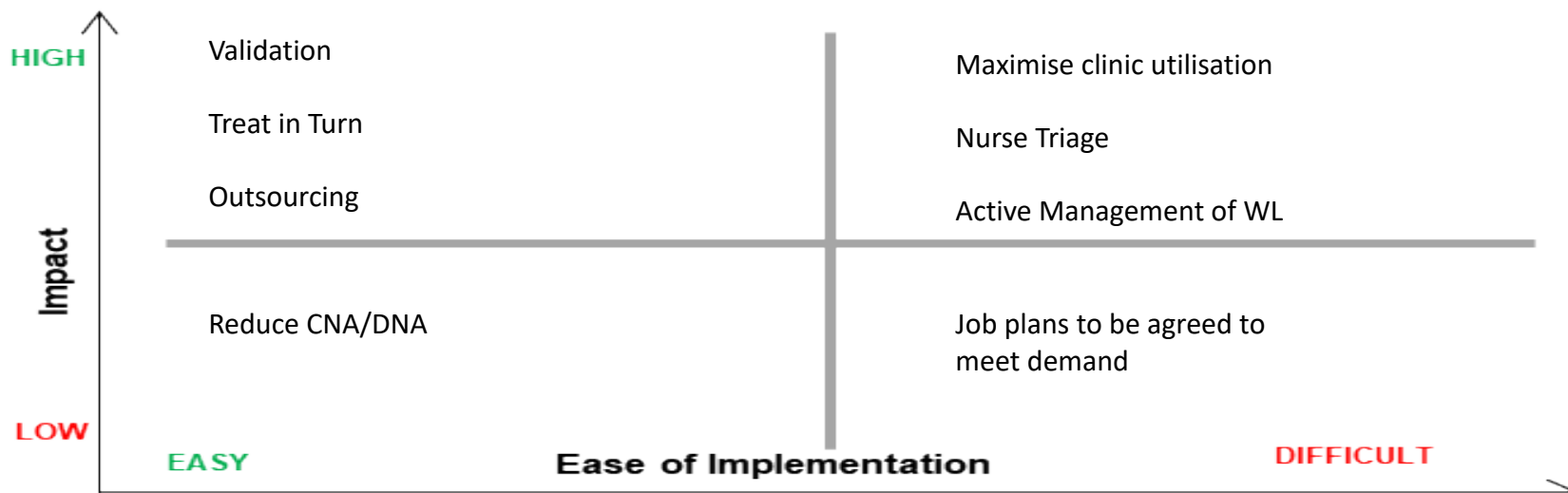
1. Afc Banding issues affecting rates for nurses where there is high impact of improvement
2. Job planning needs to be agreed to meet baseline demand.
3. Sickness rates
4. Morale is low

Planning Issues

There is a need to synergise pathways across the HB, moving towards single services which will aid waiting list management.

IMTP planning process requires the use of D&C model to produce service plans that sustainably meet demand once backlog cleared or backlog will continue to be a problem.

4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease
WL not validated	Service Ownership	Service and General Managers to validate WL	High	Easy
Treat in turn not being implemented	Lack of focus	Directors of Ops and Service/General Managers target correct patients	High	easy
Partial booking and Validation for long waiters	Central Booking practices	Move to direct booking and validation and out of hours services.	Very high	Easy
Job plans not matching demand	No job planning – covid changes.	Agree service job plans to meet demand assumptions	high	Difficult

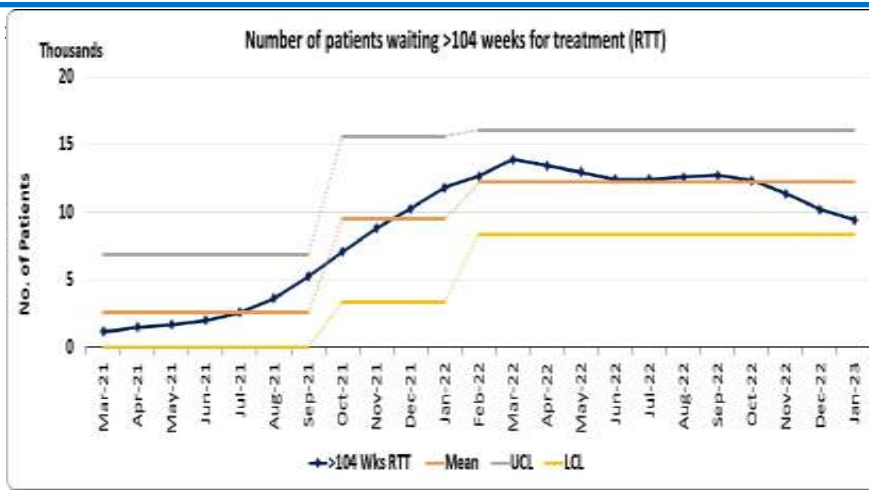
5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Backlog	Covid pandemic	Outsourcing	COO	June 2023	
Clinic Templates right sized to baseline demand	Covid changes	Job planning of services to meet baseline agreed demand to ensure no further backlog develops All templates to have Director of ops sign off	Directors of Operations	End March 2023	
Clinic Management 6:4:2	Poor management processes	Escalation and agreed SOP	Deputy COO	End March 2023	
Treat in Turn	Partial Booking	Direct booking for long waiters Out of hours booking team for validation and direct booking.	Deputy COO	Mid March 2023	
Data Quality	Waiting lists not validated	Service and General Managers to validate their own WL	Directors of Operations	End Feb 2023	
Increase utilisation	DNA/CNA Poor management practices	Preview of clinics by GM's and DDO's 2 weeks prior Calls to patients 2-3 days before Escalation and overbooking where high DNA rates.	Directors of Operations	End Feb 2023	
Consider Nurse Assessment 1 st OP	Lack of leadership/culture change	Identify Opportunities e.g. Urology, Cardiology, dermatology for nurse led services - linked to template/capacity sign offs	Directors of Nursing	End March 2023	

Countermeasure Area

Problem Statement - Delivery of the 104 Stage 4 target by End June 2023
 Delivery of the 78 week Stage 4 target by End March 2024

Owner: Director of Ops PC
 Metric: Stage 4 – 104/78 wk
 Trending: +VE



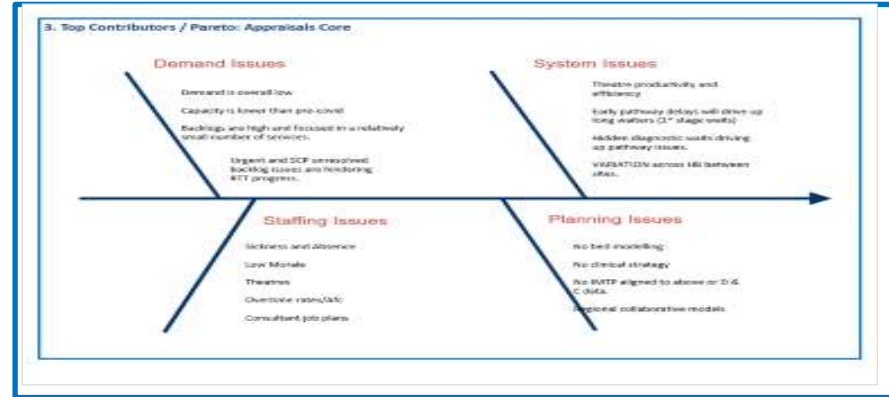
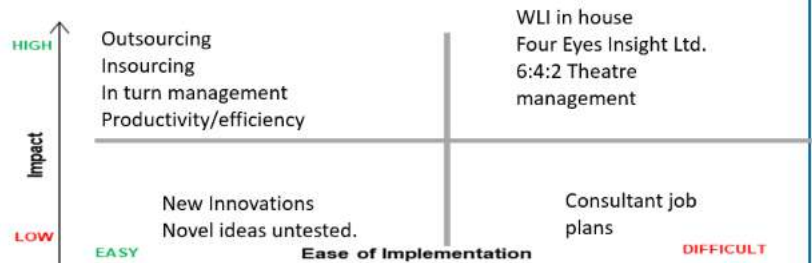
2. Stratified Data – Data: 15th February 2023

Over 104 Weeks Stage 4, RTT at 03:24 2023

Specialty	Patients WITHIN Target	Patients WITHOUT IN Target	All Patients	Cumulative	%
Orthopaedics	132	1400	1532	33.0%	33.0%
Neurology	48	310	358	24.0%	57.0%
Ear, Nose and Throat	18	608	626	35.0%	92.0%
Services	66	307	373	36.0%	96.0%
General Surgery	18	505	523	42.0%	98.0%
Urology	33	505	538	42.0%	98.0%
Gynaecology	63	281	344	45.0%	98.0%
Anaesthetics	14	150	164	46.0%	98.0%
Dial Surgery	3	120	123	48.0%	98.0%
Colonial	10	111	121	49.0%	98.0%
Breast Surgery	8	95	103	49.0%	98.0%
Cardiovascular	0	15	15	49.0%	98.0%
Cardiology	0	4	4	49.0%	98.0%
Paediatrics	0	4	4	50.0%	98.0%
Dermatology	0	2	2	50.0%	98.0%
General Medicine	0	2	2	50.0%	98.0%
	337	3887	4224		

Variation from 31st Jan: Total 5542 (-269), Dated 458 (+31), without date 5085 (-238)

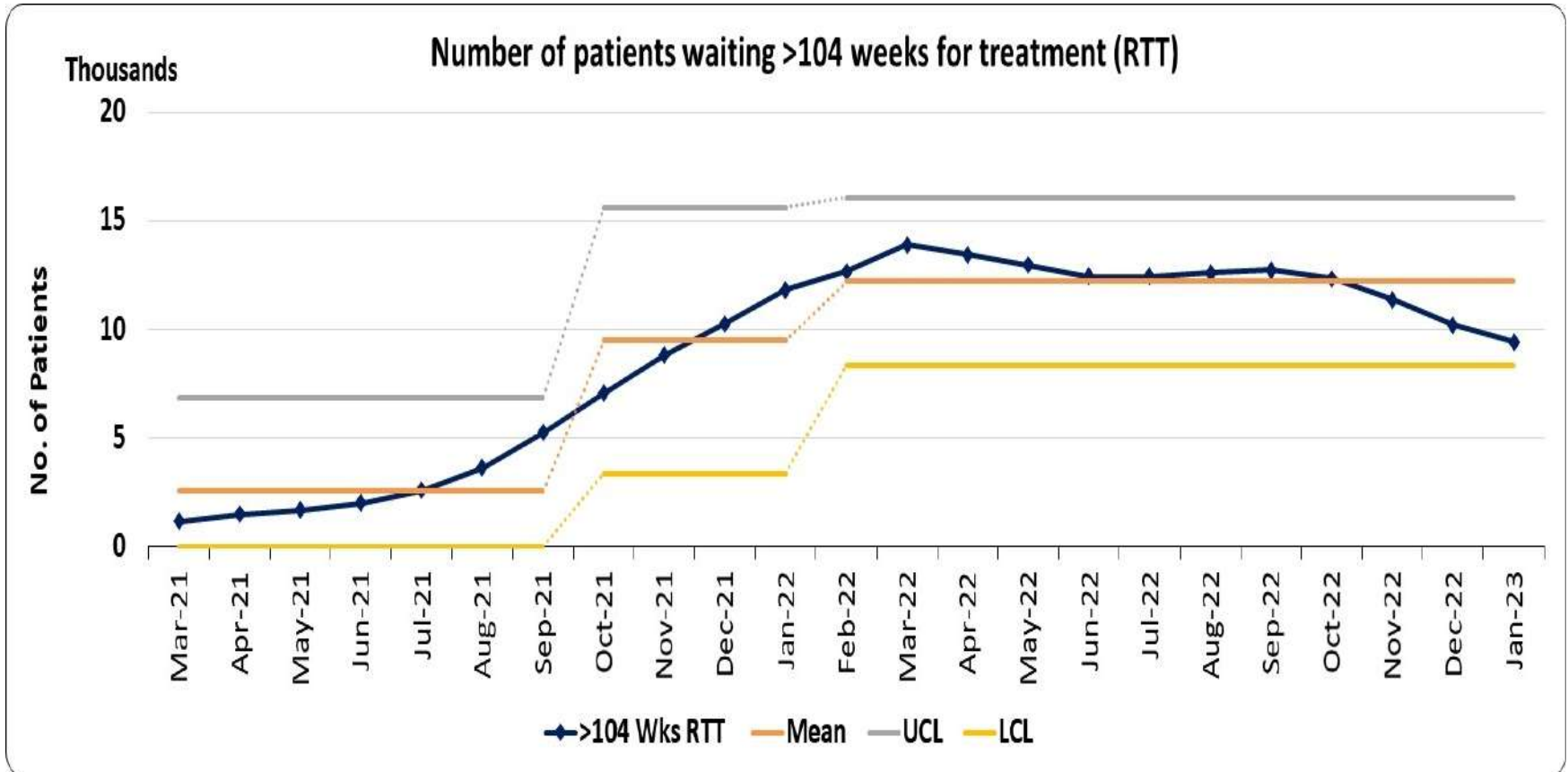
4. Opportunities and Countermeasures: Appraisals Core



5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Overstretched core medical protection on elective + theatre	Not planning to sustain 3 acute beds on all dates impacts on the availability of consultants to provide elective theatre	Progression of consolidation of acute takes and merging on call roles	Deputy COO	18.03	
Ability to open up all available theatre clinical capacity	Lack of new workforce	Use of temporary services to open up additional theatre, diagnostic and outpatient capacity	Dir of Planned Care	31.03.23	
Lack of booking in turn	Lack optimal booking practices	Full implementation of 'Booking core at least'	Dir of Planned Care and Director of Diags	30.04.23	
Demand continues to outstrip capacity	Poor application of demand management capabilities	Review of theatre patient application and further access criteria	Deputy COO	ongoing	
Elective activity not running at an usual level	Not all patients have been able to be fully booked	Book all patients for elective clinical care fully booked	Core Clinical Medical Directors	30.04.23	
Elective activity not running at an usual level	Lack of standardised theatre offer	Move to a standardised theatre day offering at 2:00 on all dates	Dir of Planned Care	01.03.23	
Rate of reduction in waiting times not fast enough	Need to increase non-urgent cases to accommodate the reduction	Reduce elective activity	Dir of Operations	31.03.23	

1. Historic Trend Data: 15th Feb. 2023



2. Stratified Data – Data 15th February 2023

Ov 104 Weeks Stage 4, RTT at 30 JUN 2023				
Specialty	PatientsWithTCIInTarget	PatientsWITHOUTTCIInTarget	AllPatients	Cumulative
Orthopaedics	132	1450	1582	15.0%
Gynaecology	43	910	953	24.0%
Ear Nose and Throat Service	65	648	713	30.8%
General Surgery	78	557	635	36.8%
Urology	13	545	558	42.1%
Ophthalmology	63	281	344	45.4%
Anaesthetics	14	150	164	46.9%
Oral Surgery	1	123	124	48.1%
Colorectal	10	111	121	49.2%
Breast Surgery	8	45	53	49.7%
Gastroenterology	0	15	15	49.9%
Cardiology	0	4	4	49.9%
Paediatrics	0	4	4	50.0%
Dermatology	0	2	2	50.0%
General Medicine	0	2	2	50.0%
	427	4847	5274	

Variation from 31st Jan: Total 5542 (-269), Dated 458 (+31), without date 5085 (-238)

3. Top Contributors / Pareto: Appraisals Core

Demand Issues

Demand is overall low

Capacity is lower than pre-covid

Backlogs are high and focused in a relatively small number of services.

Urgent and SCP unresolved backlog issues are hindering RTT progress.

System Issues

Theatre productivity and efficiency

Early pathway delays will drive up long waiters (1st stage waits)

Hidden diagnostic waits driving up pathway issues.

VARIATION across HB between sites.

Staffing Issues

Sickness and Absence

Low Morale

Theatres

Overtime rates/Afc

Consultant job plans

Planning Issues

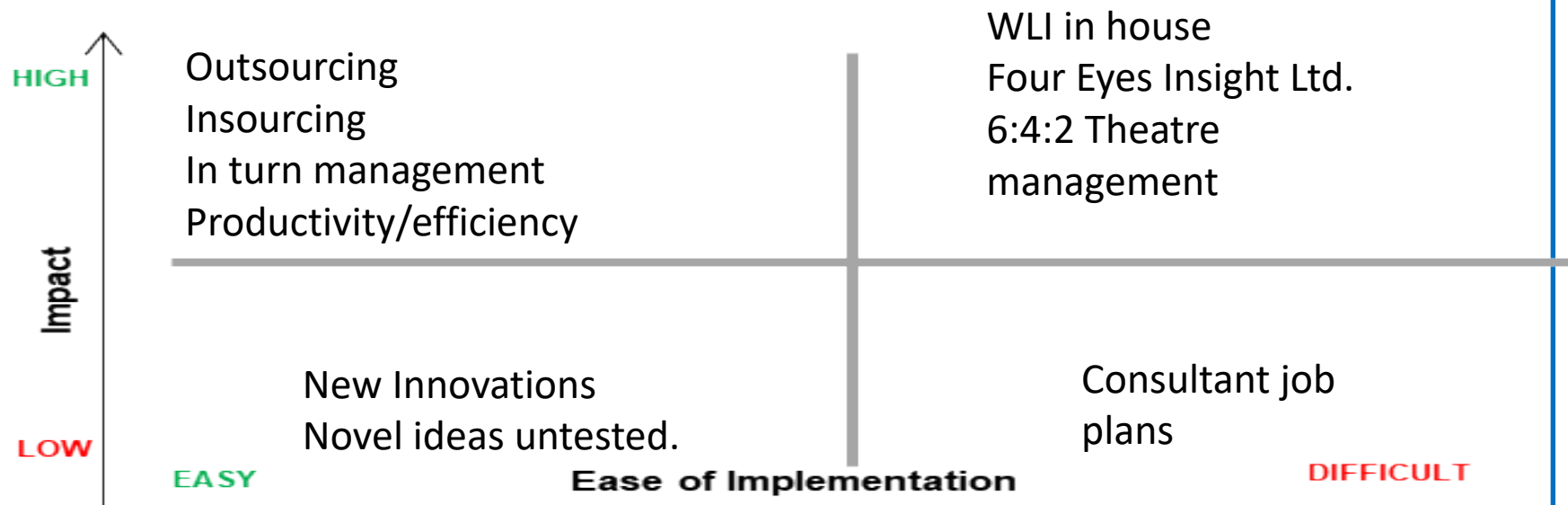
No bed modelling

No clinical strategy

No IMTP aligned to above or D & C data.

Regional collaborative models

4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease
Consultant Productivity	Job planning and culture Leadership	Performance metrics consultant level Unmanaged leave arrangements	Medium	Intense
Low capacity	Historical lack of investment	Outsourcing	High	Easy
Lack of beds	No bed modelling	Ring fenced elective beds Increase day case rates Reduced LoS to Upper Quartile	High	Moderate
Preoccupation with emergency flow		Bed Model with D & C Outsource		

5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Unscheduled care model impacting on elective capacity	Job planning to sustain 3 acute takes on all sites impacts on the availability of consultants to provide elective service	Programme of consolidation of acute takes and merging on call rotas	Deputy COO	1.8.23	
Inability to open up all available elective clinical capacity	Lack of key workforce	Use of insourcing services to open up additional theatre, diagnostic and outpatient capacity	Dir of Planned Care	31.3.23	
Lack of booking in turn	Sub optimal booking practices	Full implementation of booking control room	Dir of Planned Care and Director of Digital	30.4.23	
Demand continues to outstrip capacity	Poor application of demand management opportunities	Review of INNU policy application and further access criteria	Deputy COO	ongoing	
Elective activity not running at pre covid levels	Not all job plans have been able to be fully restored	Ensure all sessions for direct clinical care fully restored	Care Group Medical Directors	30.4.23	
Elective activity not running at pre covid levels	Lack of standardised theatre day	Move to a standardised theatre day finishing at 1800 across all sites	Dir of Planned Care	Q1 23	
Rate of reduction in waiting times not fast enough	Need to increase non recurrent capacity to accelerate the reduction	Adhoc clinical activity	Dir of Operations	31.3.23	

Countermeasure Area

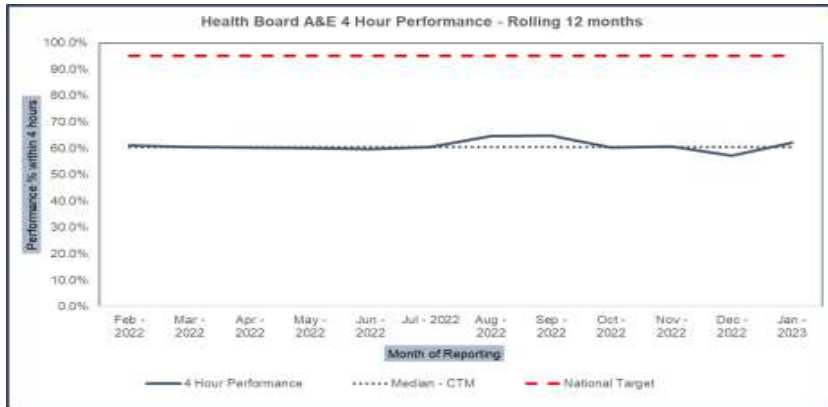
Owner: Sarah Follows

Metric: 95%

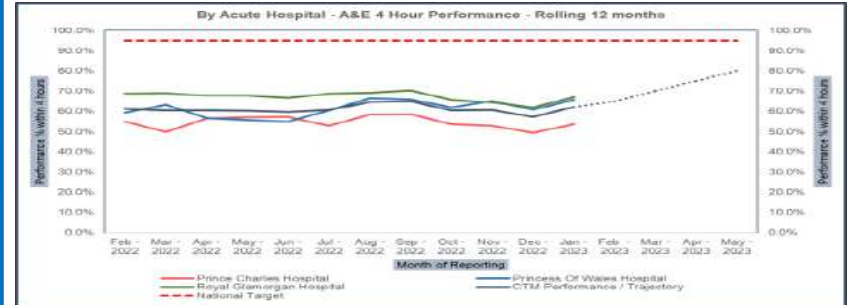
Trending:

Problem Statement – Current 4 hour performance within our Emergency Departments is not meeting the Tier 1 Target as set by Welsh Assembly Government of 95%

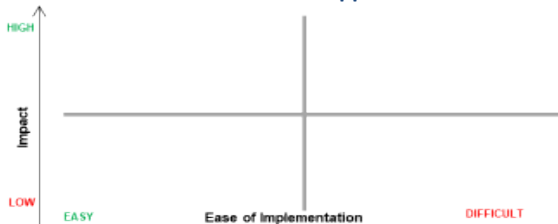
1. Historic Trend Data (March)



2. Stratified Data

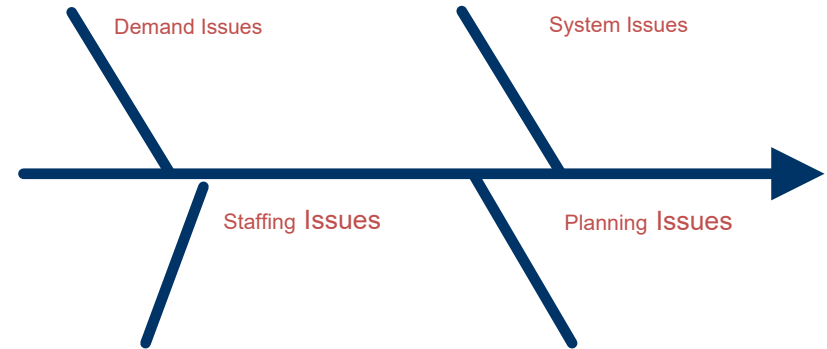


4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease

3. Top Contributors / Pareto



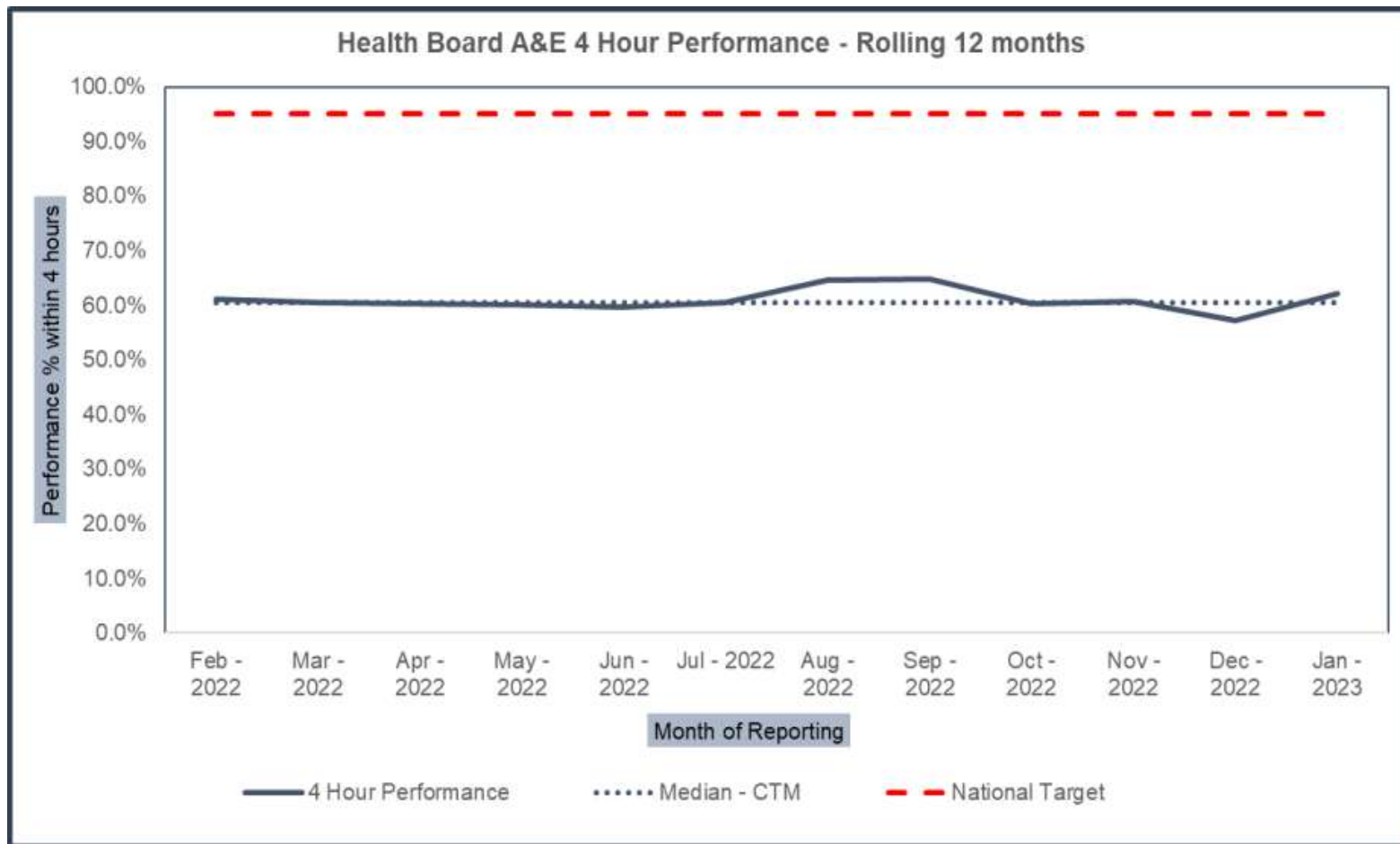
5. Action plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating

Historic Trend Data (March)

- Month on Month from Feb last year (rolling 12 month going forward) of 4 hour performance as CTM

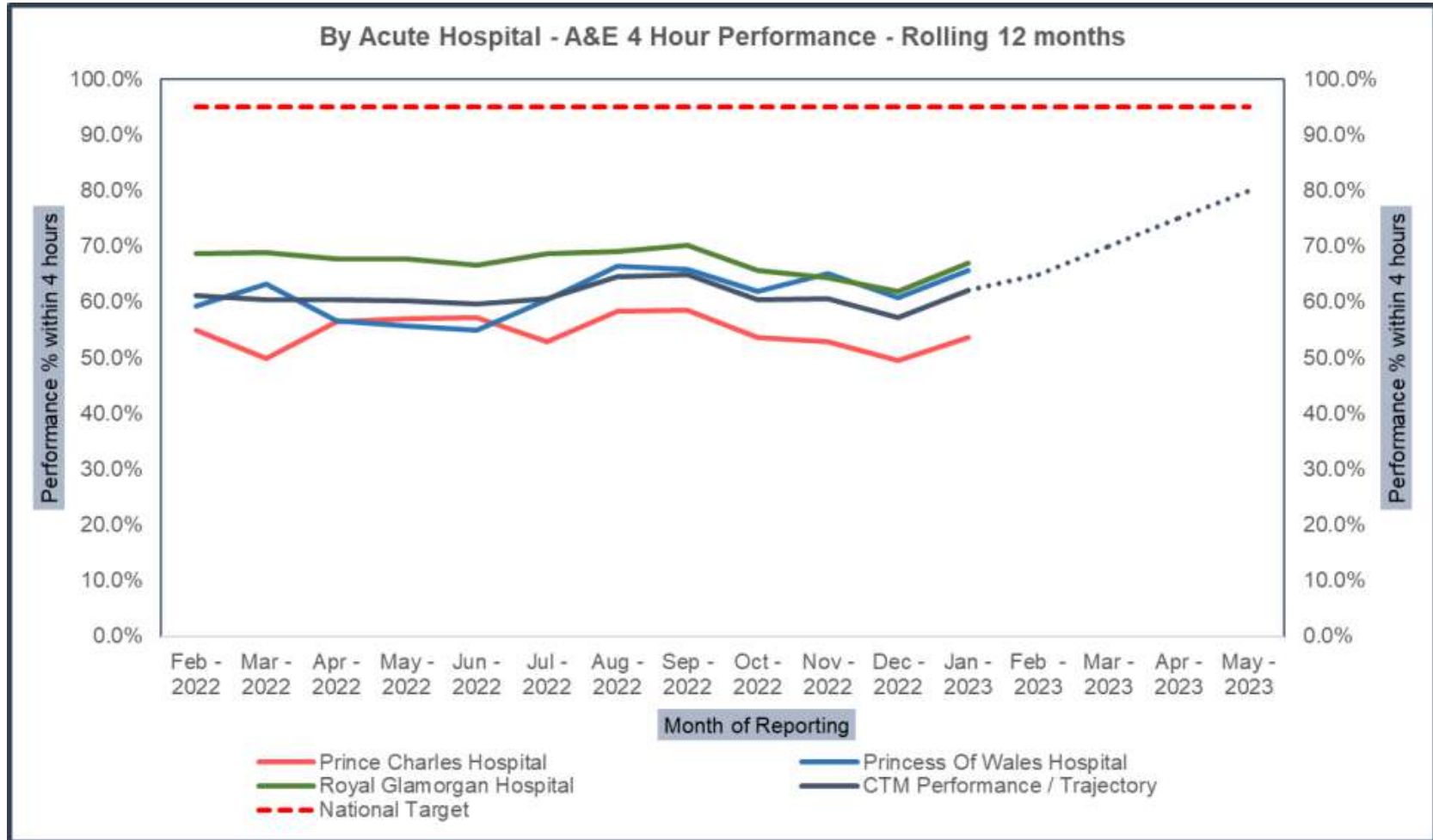
The data shown here only includes attendances that are applicable for national compliance reporting.



Stratified Data

- Trajectory on for April to hit 75%, May 80%

The data shown here only includes attendances that are applicable for national compliance reporting.



3. Top Contributors / Pareto: Appraisals Core

Demand Issues

- Variation in hours v out of hours
- Self presenting v conveyances
- Variation in acuity for self presenting patients
- Speciality referrals
- Clearly defined clinical pathways

System Issues

- Variation in electronic reporting
- BI is not as fully developed as in other Health Boards

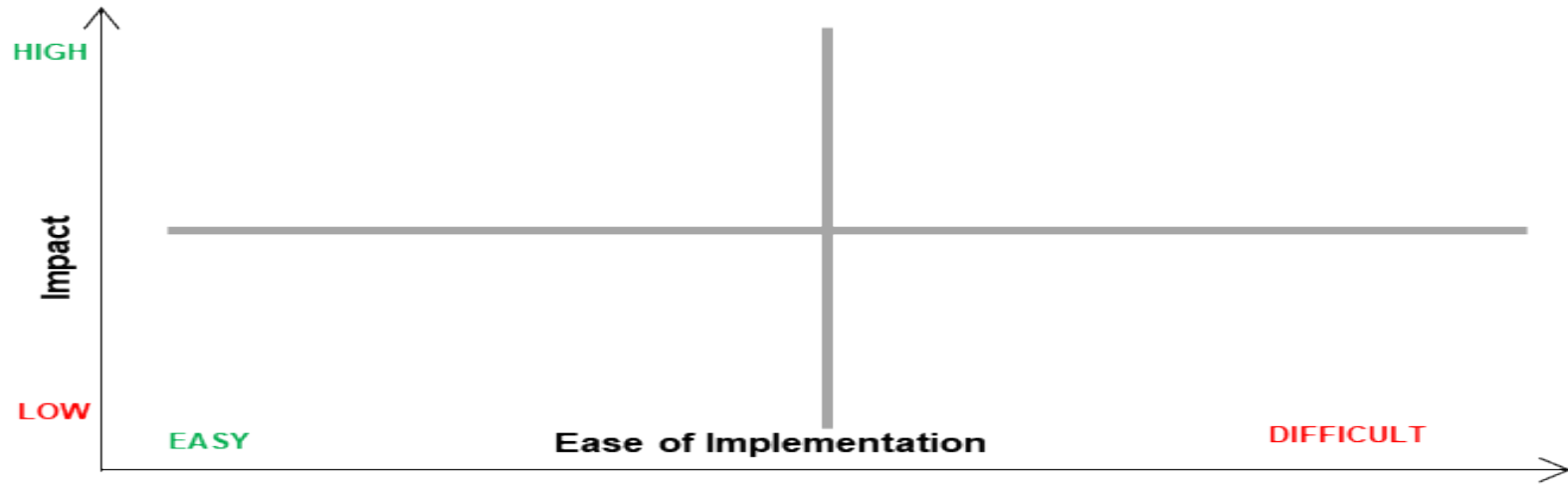
Staffing Issues

- Right workforce aligned to footprint
- Reliance on temporary staffing
- Ability to provide real time patient tracking

Planning Issues

- Workload prioritisation of clinical and managerial staff
- Post COVID footprint /Workforce/Pathway review
- Development of SDEC and Navigation Hub

4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease

5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Footprint review	Variation cross site in footprint challenges post COVID	Review footprint/activity/workforce	Owen Weeks/Emma James/Sarah Follows	30 June 2023	R
Clinical Pathways	Clear clinical pathways Lack of defined CDU	Review current/potential clinical pathways Virtual CDU	Owen Weeks	31 May 2023	R
Electronic systems	Variation across sites and variation in footprints	Review electronic systems and reporting Real time patient tracking	Sarah Follows/Owen Weeks/Neil Poulton	31 May 2023	R
Emergency pressures	Emergency escalation procedures not robust and equitable	Review pan CTM emergency pressures escalation policy	Sarah Follows/Rob Foley	20 March 2023	A

Countermeasure Area

Owner: Director of Planned Care

Metric: 48% SCP by Q1

Trending: ↑

Problem Statement –

1. Failure to meet Single Cancer Pathway target of 75%.

1. Historic Trend Data (March)

Percentage of Patients Treated In Month Within the SCP Target



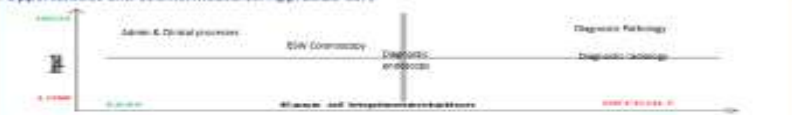
2. Streamflow Data



3. Top Contributors / Pareto: Appraisals Core



4. Opportunities and Countermeasures: Appraisals Core



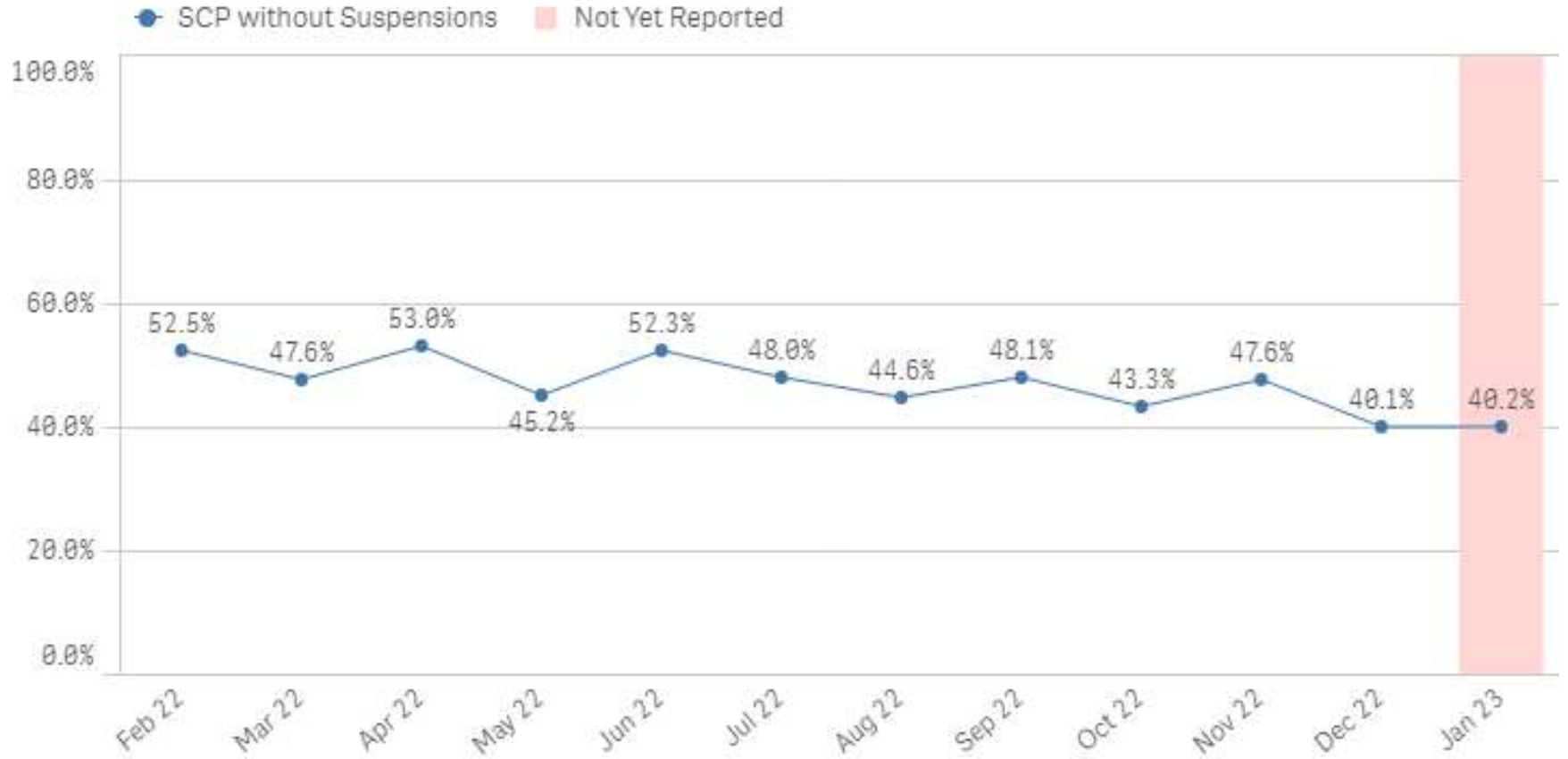
Contributor	Root Cause	Counter-Measure	Impact	Ease
Diagnostic Pathology	Delays in reporting turnaround times, wait to in test and oncology cancer sites	All pathology in or found in a USC to be reported in maximum 10 days. Improved reporting times in oncology & skin will positively improve overall RFP performance due to them being high income treatment sites.	High Medium	Difficult
Admin & Clinical processes	Demand outstripping capacity, insufficient operating appointments & SPTs	Implementation of HT Training of more screening radiographers Recruitment & training of SPTs	Fairly high High Medium	Medium Fairly easy - will take time Fairly easy
Diagnostic Pathology	Unsuitable centre across CMA	De-escalating, based in each actual site across sites	Medium	Medium - difficult Fairly easy PCV
Diagnostic Pathology	Insufficient staff time to book, unsuitable test sites in maximum of 30 min across all relevant sites	Funding & recruitment of staff Prioritisation of all USC requests Workload balancing processes More staff trained in nuclear test techniques	Fairly high Medium Medium Medium	Difficult - takes time Easy - has impact on non USC requests Fairly easy Medium
Admin & Clinical processes	Not compliant with RCOG Nucleic Acid & Radiology practices	Compliance with all RCOG's Review of process & implementation of engineering	High Medium	Relatively easy to comply with but difficult re time constraints Fairly easy

5. Action Plan

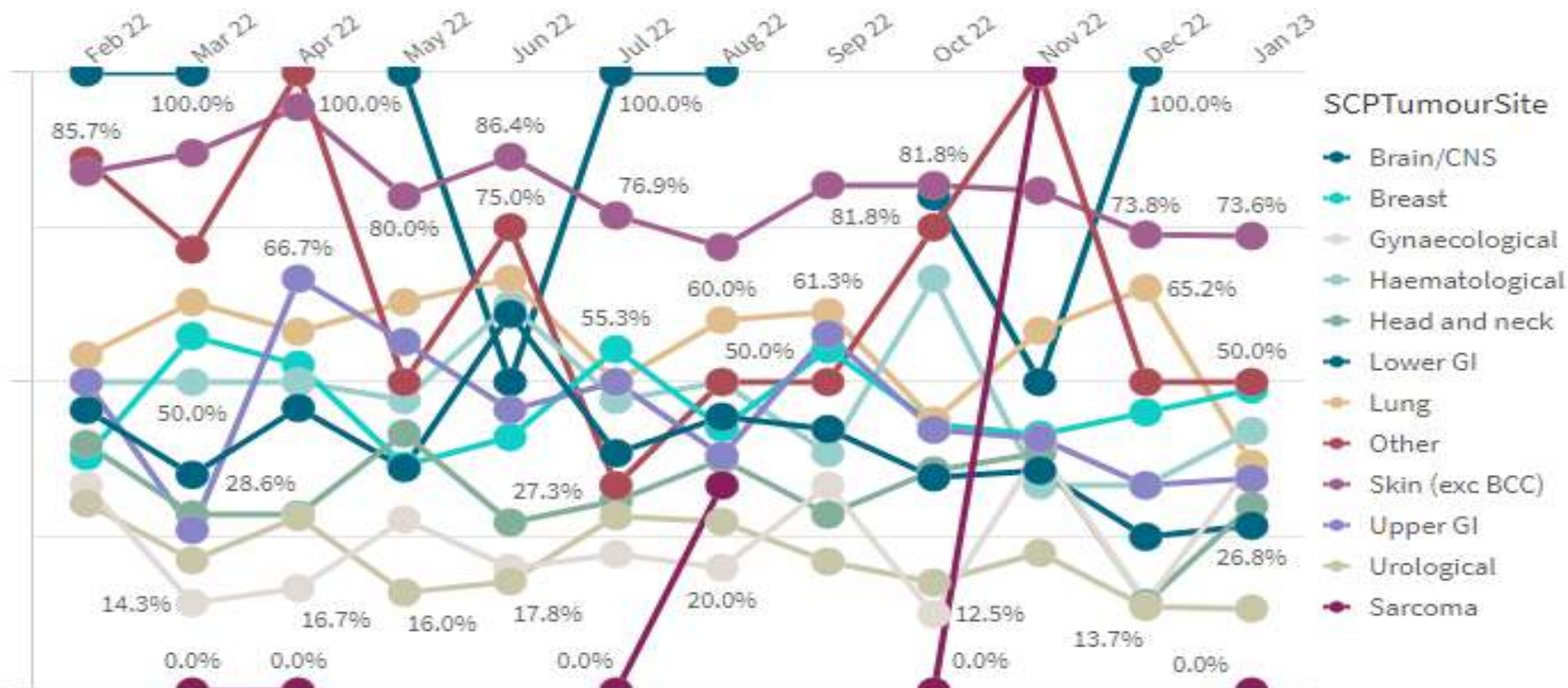
Contributor	Potential Root Cause	Resolution / Counter-Measure	Owner	Completion Date	RAG Rating
Diagnostic Pathology	Delays in reporting turnaround times, wait to in test and oncology cancer sites	All pathology in or found in a USC to be reported in maximum 10 days. Improved reporting times in oncology & skin will positively improve overall RFP performance due to them being high income treatment sites.	Diagnostic Pathology	2023-03-31	Red
Admin & Clinical processes	Demand outstripping capacity, insufficient operating appointments & SPTs	Implementation of HT Training of more screening radiographers Recruitment & training of SPTs	Admin & Clinical processes	2023-03-31	Yellow
Diagnostic Pathology	Unsuitable centre across CMA	De-escalating, based in each actual site across sites	Diagnostic Pathology	2023-03-31	Yellow
Diagnostic Pathology	Insufficient staff time to book, unsuitable test sites in maximum of 30 min across all relevant sites	Funding & recruitment of staff Prioritisation of all USC requests Workload balancing processes More staff trained in nuclear test techniques	Diagnostic Pathology	2023-03-31	Yellow
Admin & Clinical processes	Not compliant with RCOG Nucleic Acid & Radiology practices	Compliance with all RCOG's Review of process & implementation of engineering	Admin & Clinical processes	2023-03-31	Yellow

1. Historic Trend Data (March)

Percentage of Patients Treated In Month Within the SCP Target



2. Stratified Data



SCP target 75%	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan *
Total Treated	288	298	229	298	271	303	291	279	316	310	249	281
Total Treated in Target	148	135	119	134	135	145	134	129	139	145	97	115
Total Breached	141	163	110	164	136	158	157	150	177	165	152	166
Performance %	51.4	45.3	52.0	45.2	49.8	47.9	46.0	46.2	44.0	46.8	39.0	40.9
Retrospective performance %	52.2	46.5	52.1	44.9	52.3	48.5	45.9	47.2	43.3	47.8		

3. Top Contributors / Pareto: Appraisals Core

Demand Issues

Sustained increase in referrals FY 21/22 – 22/23 ↑ 5%
Resulted increased demand on:

- Outpatients
- Diagnostics (Radiology, Endoscopy, Pathology)
- Follow Up
- Treatments (Surgery, RT, SACT, Immunotherapy, Clinical trials)

BSW screening threshold

System Issues

Electronic referrals & triage
Text & remind limited
Digital dictation not widely implemented
Different PAC systems in Pow to RGH & PCH
BI not as fully developed as in other HB's

Staffing Issues

SSP ↓ 50% in endoscopy (recruited into & awaiting start date)

Radiology training for nuclear med injections required for more staff

Number of Consultant, CNS vacancies & admin vacancies

Insufficient staff to run additional clinics / lists

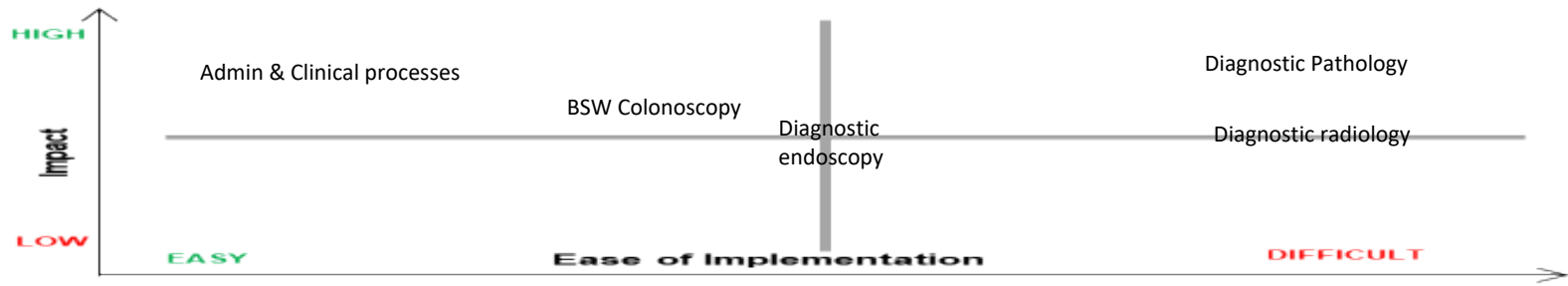
Planning Issues

Workload prioritisation of clinical & managerial staff

Insufficient removals at all pathway stages to provide sustainability within services

Delivery of trajectories planned dependent upon diagnostic turnaround target which is not being achieved.

4. Opportunities and Countermeasures: Appraisals Core

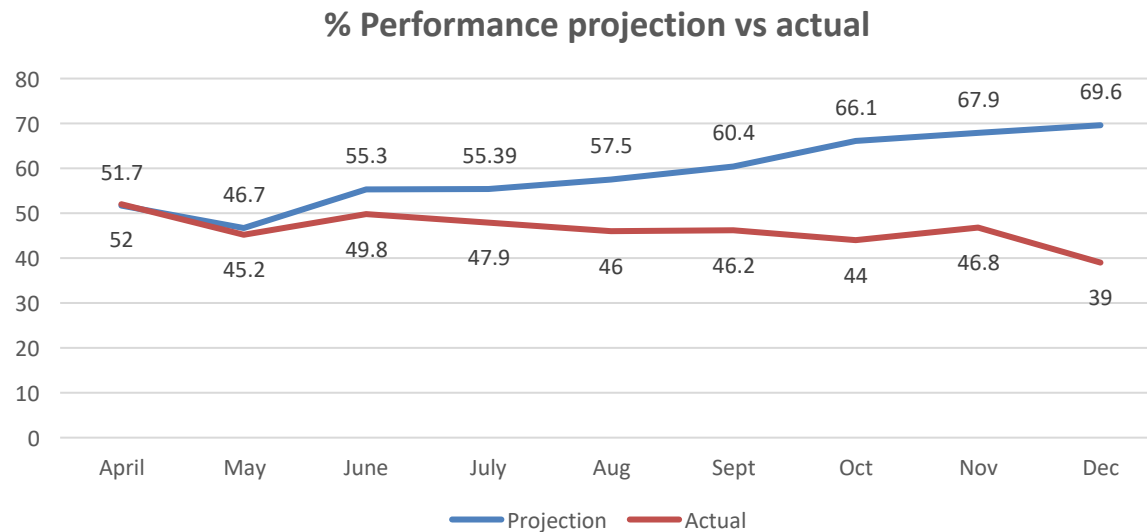
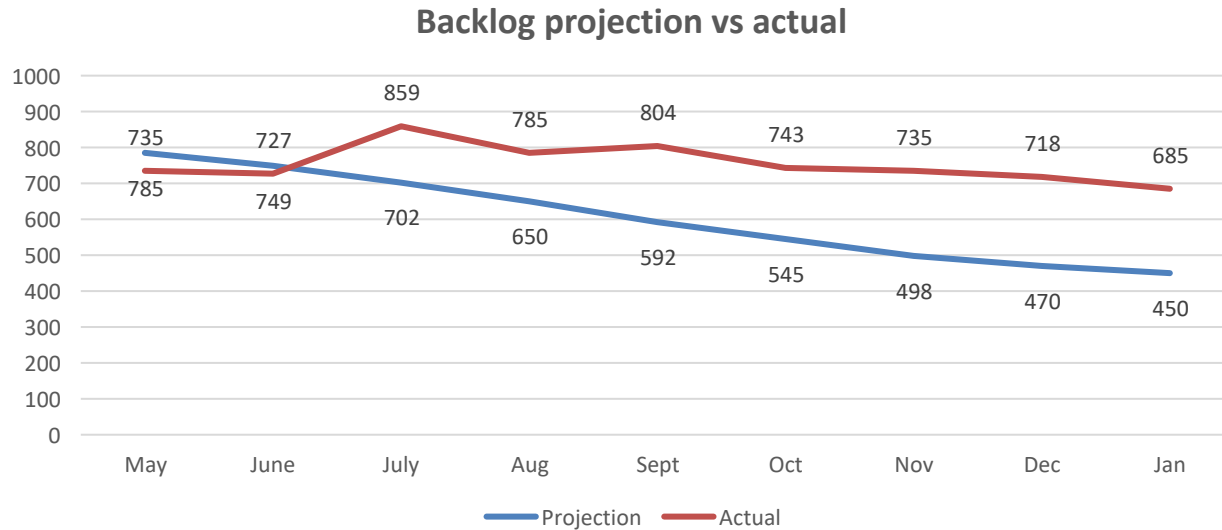


Contributor	Root Cause	Counter-Measure	Impact	Ease
Diagnostic Pathology	Delays in reporting turnaround times; more so in skin and urology tumour sites	All pathology prioritised as a USC to be reported in maximum 10 days. Improved reporting times in Urology & Skin will positively improve overall HB performance due to them being high volume treatment sites.	High Medium	Difficult Difficult
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Implementation of FIT Training of more screening colonoscopists Recruitment & training of SSP's	Fairly High High Medium	Moderate Fairly easy - will take time Fairly easy
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites	Medium	Moderate – different interface in POW
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Funding & recruitment of staff Prioritisation of all USC requests Improved booking processes More staff trained in nuclear med injections	Fairly high Medium Medium Medium	Difficult – takes time Easy – but impact on non USC requests Fairly easy Moderate
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's Review of processes & recommendations implemented	High Medium	Relatively easy to comply with but difficult re: timeline compliance Fairly Easy

5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Diagnostic Pathology	Delays in reporting turnaround times; more so in skin and urology tumour sites	All pathology prioritised as a USC to be reported in maximum 10 days. Improved reporting times in Urology & Skin will positively improve overall HB performance due to them being high volume treatment sites.	Carl Verrecchia		
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Implementation of FIT Training of more screening colonoscopists Recruitment & training of SSP's	J Berrill/ J Geen/ J Armstrong Medical Director Steve Court / Gareth Blandford		
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites	Gareth Blandford		
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Funding & recruitment of staff Prioritisation of all USC requests Improved booking processes More staff trained in nuclear med injections	Chris Goodwin / Bronwyn Baldwin		
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's Review of processes & recommendations implemented	All CSGM / David Williams		
System Issues	IT system differences across CTM	Development of BI tool Merging of IT patient systems (WPAS, PACS, RADIS, LIMS etc)	Stuart Morris		
Insufficient removals of patients at all pathway stages	Demand & available capacity	Daily review of cancer PTL to ensure all available capacity is booked in a timely manner Enforcement of escalation policy	Director of Planned Care		

1. Historic Trend Data



2. Stratified Data

		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Actual
All sites	H&N	13	11	11	11	11	11	17
	Upper GI	93	88	86	84	82	82	74
	Lower GI	149	144	139	134	129	129	219
	Lung	5	0	0	0	0	0	21
	Sarcoma	0	0	0	0	0	0	2
	Skin	30	30	30	30	30	30	25
	Brain/CNS	0	0	0	0	0	0	0
	Breast	60	40	20	0	0	0	30
	Gynae	120	110	100	90	80	70	80
	Urological	170	160	150	140	130	120	200
	Haem	6	5	5	5	4	4	12
	Other	4	4	4	4	4	4	5
All sites	All sites	650	592	545	498	470	450	685

%	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Actual
H&N	30.8	30	30	40	50	70	70	70	70	14.3
Upper GI	65	52.2	65	65	65	70	70	70	70	33.3
Lower GI	45.5	36.4	45	45	45	45	50	55	60	25
Lung	58.1	62.2	60	60	65	65	70	70	70	65.2
Skin	91.4	80	85	85	85	85	85	85	85	73.8
Breast	50	38.9	50	50	50	60	80	80	80	45.1
Gynae	25	15.8	25	25	30	40	45	50	55	14.3
Urological	28.2	13.6	30	30	30	30	35	40	45	13.7
Haem	46.7	30.8	45	50	55	60	65	70	70	33.3
Other	100	100	75	75	80	80	85	85	90	50

3. Top Contributors / Pareto: Appraisals Core

Demand Issues

Complex pathways
Tertiary centres for investigations and treatments
BSW colonoscopies
Diagnostics – radiology, pathology, endoscopy, prostate biopsies

System Issues

Electronic referrals & triage
Text & remind limited
Different PAC systems in Pow to RGH & PCH
Inefficient pathways

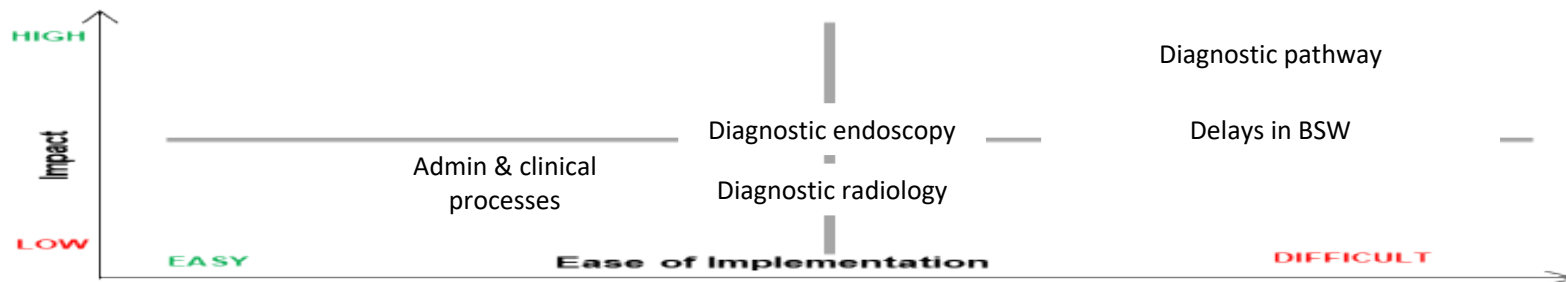
Staffing Issues

SSP ↓ 50% in endoscopy (recruited into & awaiting start date)
Radiology training for nuclear med injections required for more staff
Insufficient staff to run additional clinics / lists
Vacancies

Planning Issues

Workload prioritisation of clinical & managerial staff
Pathway review needed
Increase STT
Insufficient removals at all pathway stages to provide sustainability within services
Delivery of trajectories planned dependent upon diagnostic turnaround target which is not being achieved.

4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease
Diagnostic Pathology	Delays in reporting turnaround times; more so in skin and urology and gynaecology tumour sites	All backlog pathology prioritised as a USC to be reported in maximum 10 days.	High	Difficult
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Regional support Recruitment & training of SSP's Additional colonoscopy lists Insourcing Review of booking processes	Moderate	Fairly Difficult – will take time
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites Review of booking processes	Moderate	Medium,
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Overtime, bank, locum until Funding & recruitment of staff completed Prioritisation of all USC requests Improved booking processes	Moderate	Medium
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's Review of processes & recommendations implemented	Moderate	Fairly easy – will take time

5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Diagnostic Pathology	Delays in reporting turnaround times; more so in skin and urology tumour sites	All pathology prioritised as a USC to be reported in maximum 10 days.	Carl Verrecchia		
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Review of booking processes Recruitment & training of SSP's	Gareth Blandford		
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites Overbooking of lists Text & remind Broadcast messenger	Gareth Blandford		
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Prioritisation of all USC requests Improved booking processes More staff trained in nuclear med injections	Chris Goodwin / Bronwyn Baldwin		
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's Review of processes & recommendations implemented	All CSGM / David Williams		
Insufficient removals of patients at all pathway stages	Demand & available capacity	Daily review of cancer PTL to ensure all available capacity is booked in a timely manner Enforcement of escalation policy	Director of Planned Care		
Theatres	Insufficient theatre for Gynae tumour site	Tumour sites with insufficient USC theatre capacity to be offered backfills 1st	Director of planned care		



AGENDA ITEM
5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(28/02/2023)
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Jose Roper, Senior Performance Monitoring Officer
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Presented by	Linda Prosser, Executive Director of Strategy and Transformation
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Approving Executive Sponsor	Linda Prosser, Executive Director of Strategy and Transformation
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Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
STRATEGIC LEADERSHIP GROUP	22/02/2023	Choose an item.

ACRONYMS	
AMU	Acute Medical Unit
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CTM	Cwm Taf Morgannwg
CTP	Care and Treatment Plan
CYP	Children and Young People



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

1. SITUATION/BACKGROUND

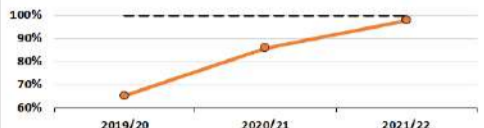
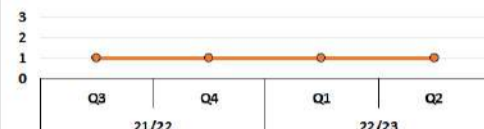
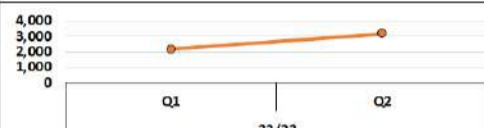
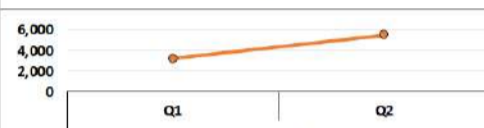
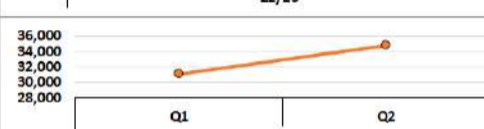
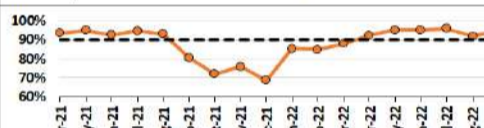
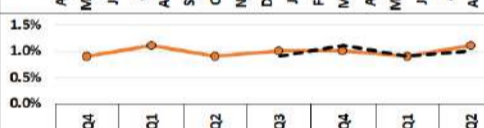
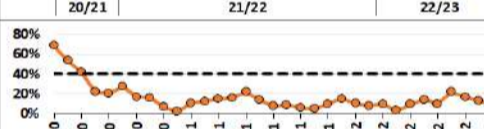
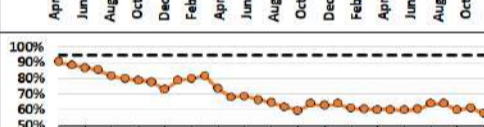
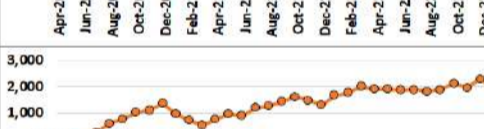
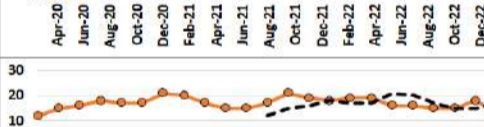
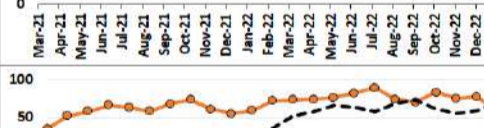
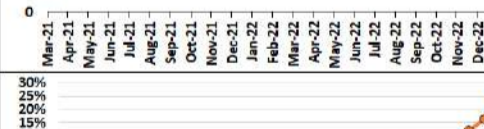
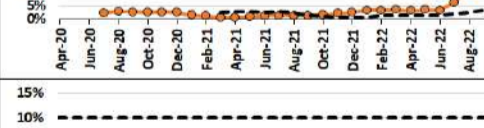
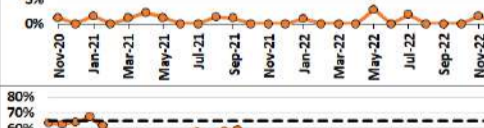
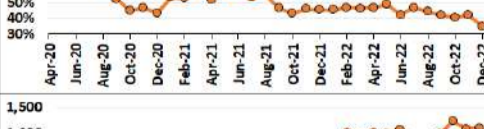
- 1.1** This report sets out the UHB's performance against the Welsh Government's (WG) Performance Framework and other priority areas for the UHB.
- 1.2** The report is intended to provide an ongoing assessment of the UHB's progress in delivering the Ministerial and Health Board's priorities as described in our Integrated Medium Term Plan, concentrating on areas of greatest priority and those areas where a significant change in performance has been observed, rather than a full discrete evaluation of all measures.

Quadruple Aim 2 Strategic Scorecard continues to be included in section 2.1 of this paper, in order to provide visible and robust assurance to CTMUHB Board and its Committee's on delivery, facilitating scrutiny and challenge progress against performance on a regular basis.

The Quadruple Aim metrics endorsed by Welsh Government, continues into 2022/23 and incorporates the Ministerial Priorities: <https://gov.wales/nhs-wales-performance-framework-2022-2023>

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

2.1 The UHB's strategic assessment of progress towards delivery of the NHS Wales Quadruple Aim 2 is shown below:

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	
			Latest Position		
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		98%	2021/22
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in the Health Board's Six Goals Programme Plan		1	Q2 2022/23
	Number of new patients (children aged under 18 years) accessing NHS dental services	4 Quarter Improvement Trend		3,183	
	Number of new patients (adults aged 18 years and over) accessing NHS dental services			5,524	
Number of existing patients accessing NHS dental services			34,816		
Urgent & Emergency Care	% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%		94.9%	Sep-22
	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 Quarter Improvement Trend		1.1%	Q2 2022/23
	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	40.9% (SSNAP Quarterly Average)		10.2%	Dec-22
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		64.1%	Jan-23
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero		1,926	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend Target 17		13	55
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend Target 72			
	% of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month improvement trend Target >1.2%		22.9%	Oct-22
	% of stroke patients who receive mechanical thrombectomy	10%		0.0%	Dec-22
	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		41.1%	Jan-23
	Number of ambulance patient handovers over 1 hour	Zero		954	



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		
Patient Flow & Discharge	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend Target <824		836	Oct-22
	% of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend Target <54.2%		55.4%	
	% of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%		53.9%	Oct-22
Elective Planned Care	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	80%		39.0%	Dec-22
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by Spring 2024		3,108	
	Number of patients waiting more than 8 weeks for a specified diagnostic	12 month reduction trend towards zero by spring 2024		16,134	
	Number of patients waiting more than 14 weeks for a specified therapy	12 month reduction trend towards zero by spring 2024		1,320	Dec-22
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by June 2023		18,547	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	National Target <=19,606 by March 2023		32,077	
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		63.2%	Dec-22
	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023		9,432	
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026		48,649	Jan-23
	% of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026		47.5%	



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	Latest Position	
			Key: Target Achieved Target Failed	
Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population	Annual Reduction		4.02	2021/22
% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			58.3%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		28.8%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)			30.8%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		38.6%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD a neurodevelopment assessment	80%		27.6%	
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%		86.5%	Dec-22
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTs that have received a follow up assessment by the CRHTs within 24 hours of admission	100%		100.0%	
% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)			96.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		92.7%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			50.0%	
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over	90%		89.5%	



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

Measure	Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved	Target Failed
			Latest Position	
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	53		69	Cumulative Numbers Apr to Jan 2023
Cumulative number of laboratory confirmed bacteraemia cases: p. aeruginosa	20		29	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,000 population		85.38	Cumulative Rate Apr to Jan 2023
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia	20.00 per 100,000 population		33.94	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	25.00 per 100,000 population		24.13	
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction against the same month in 2021-22 <35.0%		41.6%	Dec-22
% of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Reduction against the same month in 2021-22 <6.8%		19.1%	

2.2 Access

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

2.2.1 Urgent Care:

During January, just over 64% of patients were treated within 4 hours in our Emergency and Minor Injury Departments, with around a fifth of ambulances ready to respond to the next '999' call within 15 minutes of arrival at an ED.

There were 13,917 attendances over the course of the month, a similar number of attendances in the equivalent period last year.

The CTM 15 minute ambulance handover compliance marginally improved to 22.1% during January, but compliance continues to remain at low levels as seen throughout 2022/23. Similarly, the 60-minute compliance rose to 55.1% from a low of 46.2% in the previous month, however compliance continues to fall short of the WG target; all handovers occurring within the hour of arrival to ED.

2.2.2 Stroke Care:

Overall, performance against the desired standards in stroke care continues to remain low. Whilst absolute performance varies month on month, statistical analysis would suggest that any variances are natural rather than special cause in nature.

Unfortunately, during the month no stroke patient was admitted to the stroke unit at POW within the 4 hour timeframe and only 6 of the 40 stroke patients at PCH received this required timeliness of care. Just over half (52.5%) of the total diagnosed stroke patients within CTM received a scan within the hour, whilst 36 of the 59 (61%) admitted stroke patients were assessed by a stroke specialist within 24 hours.

2.2.3 Planned Care & Cancer Care:

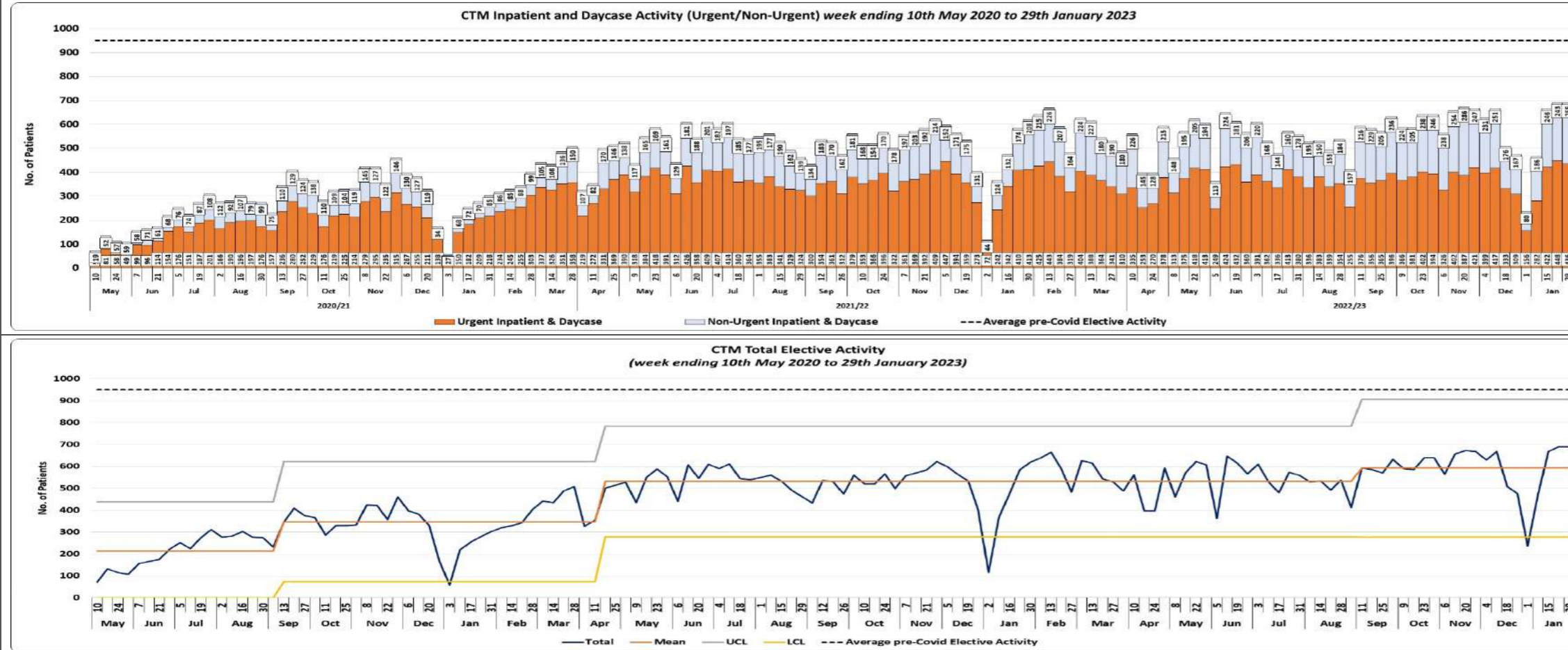
The CTM performance against the health board's improvement trajectories for access to planned care and cancer care (shown page 19), indicates that we remain behind where we should be in regards to treatments and new outpatient productivity and waiting times, with a deterioration in the management for follow up outpatient appointments.



2022/23 Improvement Trajectory & Performance against National Target

ACCESS TO TIMELY PLANNED CARE	Measure	Performance Against Target	Key: National Target Met National Target Failed -- Trajectory — Actual																																											
	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by June 2023		<table border="1"> <thead> <tr> <th></th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>Trajectory</td> <td>13,925</td> <td>13,387</td> <td>12,848</td> <td>12,375</td> <td>12,483</td> <td>12,595</td> <td>12,818</td> <td>12,188</td> <td>11,209</td> <td>10,017</td> <td>10,010</td> <td>10,004</td> <td>13,846</td> </tr> <tr> <td>Actual</td> <td>13,885</td> <td>13,439</td> <td>12,968</td> <td>12,441</td> <td>12,449</td> <td>12,605</td> <td>12,715</td> <td>12,345</td> <td>11,361</td> <td>10,218</td> <td>9,432</td> <td></td> <td></td> </tr> </tbody> </table>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory	13,925	13,387	12,848	12,375	12,483	12,595	12,818	12,188	11,209	10,017	10,010	10,004	13,846	Actual	13,885	13,439	12,968	12,441	12,449	12,605	12,715	12,345	11,361	10,218	9,432		
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Activity Undertaken within Internal Hospital Capacity – Inpatient and Day Case



Greatest Volume Specialties compared to pre & intra Covid

Monthly Elective Treatment Activity compared to pre & intra Covid period					
Specialty	Jan-20	Jan-21	Jan-22	Jan-23	2023 as % 2019
Gastroenterology	804	493	719	779	97%
Urology	480	220	266	386	80%
Orthopaedics	437	15	200	308	70%
Ophthalmology	378	26	215	281	74%
General Surgery	516	55	120	251	49%
General Medicine	79	75	56	143	181%
Gynaecology	245	51	126	122	50%
ENT	208	37	77	115	55%
Cardiology	93	22	53	110	118%
Breast Surgery	97	34	56	97	100%
Oral Surgery	97	15	10	48	49%
Pain	35	0	3	41	117%
Paediatrics	38	0	21	24	63%
Total (all specialties)	3654	1063	1949	2762	76%

The table above compares the greatest volume specialties of elective activity compared to the average pre & intra Covid levels.

As can be seen, internal activity levels during January surpassed the pre-Covid levels in 4 of the specialties listed above (green), with Gastro making good progress (yellow).

How are we doing?

As per the charts above, the number of weekly elective treatments has been gradually increasing, and indeed for the last two weeks of January elective treatments were the highest seen since the start of the pandemic, with 691 treatments during each of those two weeks. Despite this increase, elective cases are 24% fewer than pre-Covid. In total 2,762 cases were undertaken in January, which compares to 1,949 in January 2022 (42% increase), 1,063 in January 2021 (160% increase) and 3,654 in January 2020 (pre-Covid) (24% reduction).

Since the start of the 2021/22 financial year to date, CTM have sent 2,507 patients to be treated at Spire and Nuffield Hospitals. Of these patients, 1,658 (on average 75 patients per month) have been treated, as detailed below:

Outsourced Activity as at end of January 2023						
Specialty	Sent to Date	Returned	Treated to Date	Dated	Outpatient Booked	Outstanding
SPIRE - Orthopaedics	1024	133	716	96	79	0
SPIRE - Shoulders	25	10	15	0	0	0
SPIRE - Gynaecology	100	30	49	7	14	0
SPIRE - General Surgery	152	25	90	20	17	0
NUFFIELD - Orthopaedics	442	114	295	17	2	14
NUFFIELD - General Surgery	83	24	59	0	0	0
NUFFIELD - Gynaecology	241	58	141	14	14	14
NUFFIELD - Ophthalmology	427	87	280	29	19	12
NUFFIELD - Prostate Biopsy	13	0	13	0	0	0

Source: Spire / Nuffield Healthcare

What actions are we taking & when is improvement anticipated?

Although December had been a challenging month, the focus has been on reducing the number of patients waiting over 156 weeks for treatment and reducing the number of patients waiting over 104/156 weeks for a first outpatient appointment.

Ophthalmology: CTM and C&VUHB has commenced the Q4 Vanguard programme to reduce waiting times for patients waiting for a cataract operation. Between January and March 2023 C&VUHB will be undertaking operations for long waiting Stage 4 cataract patients. Capacity has been divided between C&VUHB, CTM and AB Health Boards. CTM have been allocated 500 slots. Patients must be suitable for a day case operation under local anesthetic and suitable within a Vanguard theatre environment. The initial outpatient stage (stage 1) will continue to be undertaken by CTM and patients sent to CAV will be stage 4 longest waiting and long waiting stage 1 conversions. CAV will provide a one stop assessment appointment and a cataract operation for each patient, which will be carried out by the CAV clinical team.

Orthopaedics and Day Surgery: Additional theatre staff have been procured from an insourcing company which will allow for centralisation of Orthopaedic inpatients in RGH and increase capacity by approx. 17 Orthopaedic elective cases per week. The insourced staff will allow for an additional 2 all day surgery theatre lists a week to be undertaken in PCH across a number of specialties including Gynaecology, General Surgery and Oral Maxillofacial Surgery. This should generate an additional 12 patients a week.

T & O Day Unit Expansion and WLI schemes.

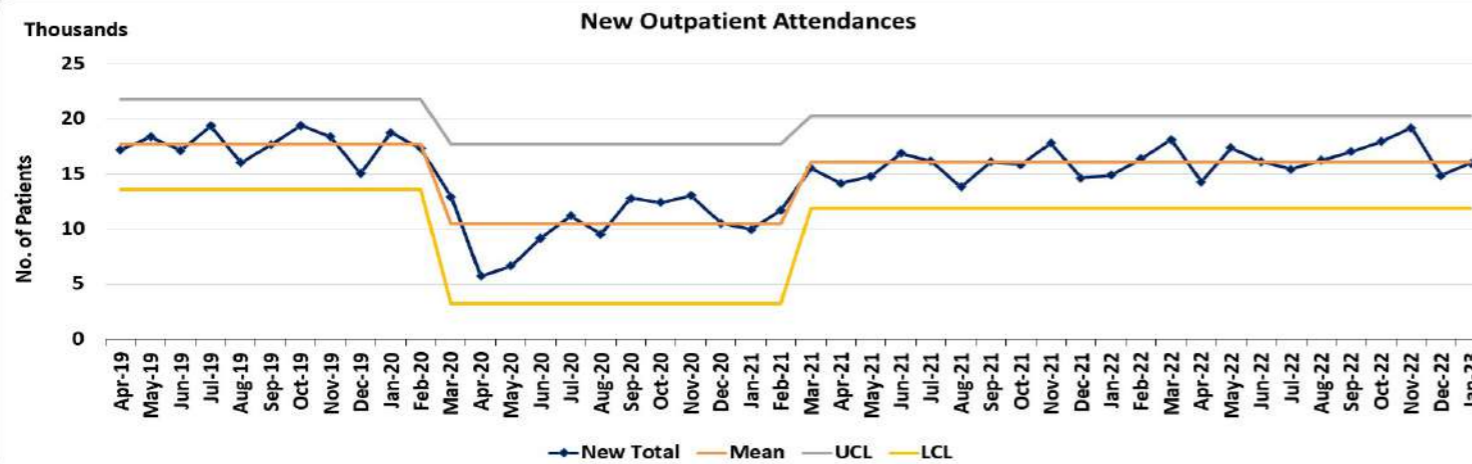
Theatre Productivity and Improvement Schemes to maximize utilisation: a theatres steering group meets each month and is currently working on productivity and efficiency and the production of a number of key metrics.

Validation Programme: progressing in Derm and T&O, resulting in a reported 15% validation rate.

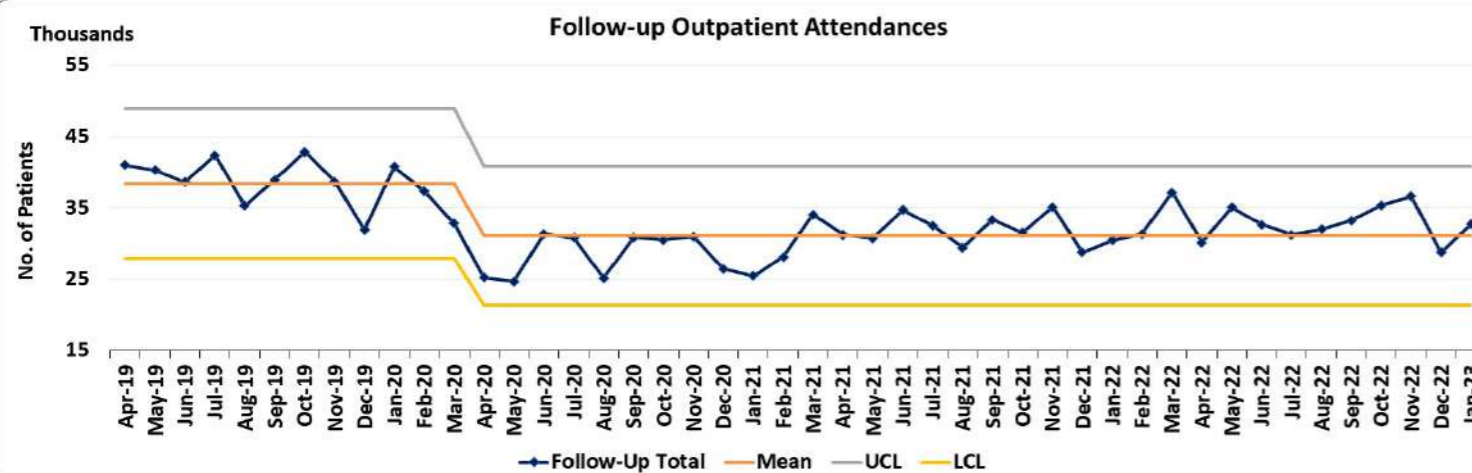
What are the main areas of risk?

- There are sizeable backlogs of urgent patients which will impact on how quickly efforts to reduce the routine backlog are observed in the data
- Funding for the planned care programme is largely already committed towards roll over schemes from 2022/23; increased funding for new schemes is limited.
- The organisational change process has the potential to disrupt delivery
- Ophthalmology and Orthopaedics remain areas of risk from a pure volume perspective.
- Availability of 'elective bed capacity'; currently POW only has 9 beds identified for elective care, although plans to reinstate the Day Unit are being progressed and will conclude shortly.

New Outpatient Attendances January 2023 – provisionally 16,015 attendances



Follow-up Outpatient Attendances January 2023 – provisionally 32,716 attendances



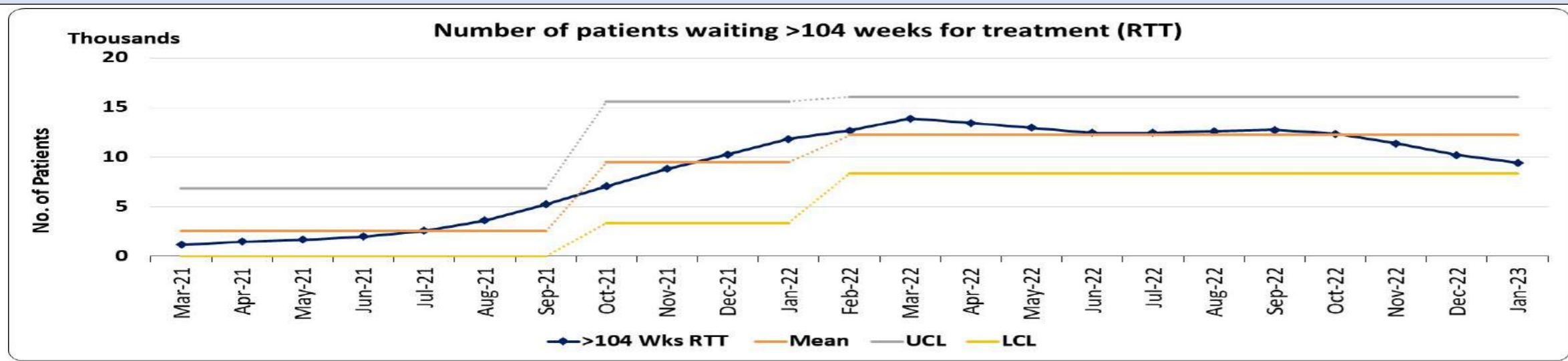
Expected number of patients who will be waiting over 104 weeks for New Outpatient Appointment by end of March 2023 - 1600

NOPs waiting >104 wks - March	31/12/2022	31/01/2023	28/02/2023	31/03/2023
General Surgery	68	68	0	0
Urology	780	780	746	712
Breast Surgery	226	226	207	199
Trauma & Orthopaedics	87	87	0	0
ENT	846	846	846	300
Ophthalmology	1309	1309	949	376
Oral Surgery	33	33	0	0
Restorative Dentistry	55	55	34	13
Anaesthetics	2	2	0	0
General Medicine	83	83	0	0
Gastroenterology	57	57	0	0
Endocrinology	0	0	0	0
Haematology	0	0	0	0
Cardiology	17	17	0	0
Medicine	0	0	0	0
Dermatology	1391	1391	688	0
Respiratory Medicine	1	1	0	0
Nephrology	0	0	0	0
Rheumatology	47	47	0	0
Paediatrics	1	1	0	0
Geriatric Medicine	0	0	0	0
Gynaecology	1	1	0	0
NOPs waiting >104 wks - March	5004	5004	3470	1600

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>As at the end of January 2023, there were provisionally 70,378 patients awaiting a new outpatient appointment, of which, 15,616 (22%) patients were categorised as urgent and 11,373 (16.2%) were ophthalmic patients who are prioritised to alternative clinical triage criteria. The total waiting list volume represents an increase of around 1.6% (1,134) on the 69,244 patients waiting at the end of the equivalent period last year.</p> <p>WG have set a target of having no patients waiting over 104 weeks for a first outpatient appointment at the end of March 2023. As it currently stands, at the end of January there were 4,051 patients who had waited in excess of two years for a new outpatient appointment and we anticipate that if our plans are effectively implemented we will reduce the position to c.1600.</p> <p>Additionally, there were 17,977 patients who were awaiting treatment and of these, 6,150 (34.2%) were categorised as clinically urgent, a rate that has been sustained for the last quarter.</p>	<p>The following actions are being taken to eliminate waits of >104 weeks throughout Quarter 4 2022/23.</p> <p>Outpatient utilisation and improvement programme: initiated with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's.</p> <p>Prioritisation exercise: underway to review the realised benefits of recovery schemes to inform the allocation of PCR funds for the next financial year.</p> <p>Use of WISE for Pain Management patients: CTM's Wellness Improvement Service (WISE) is now established as the initial intervention for Pain Management Stage 1 referrals and for any patient coming back to us requiring treatment (stage 4), we have set up additional backfill pain lists. Of the first cohort of 366, all offered assessment and 39% (142) chose to be off-listed and the remainder (224) underwent assessment and enrolment to Wise. Additional 921 Patients were referred in December.</p> <p>Super Saturday Clinics: being undertaken in Oral Maxillofacial Surgery and Cardiology.</p> <p>Health Board wide Waiting Lists: weekly performance meetings on a specialty, rather than locality level, allowing for whole HB focus on waiting list performance. Addressing inequity across sites e.g. General Surgery patients being transferred from RGH to PCH who have a higher rate of virtual appointments.</p> <p>Stage 1-52+ Week Validation: external validation company commissioned by the National Planned Care recovery programme to provide administrative and telephone validation to all patients waiting over 52 weeks started work in October. The administrative validation undertaken resulted in a low impact in terms of numbers removed and focus for the remaining validation activity has been directed towards telephone validation.</p> <p>Dermatology: Waiting on start date for a Locum Consultant who will prioritise inflammatory patients in job plan and are looking for opportunities with the wider MDT including nursing and pharmacy support. This will reduce rather than eliminate >104 weeks.</p> <p>LGI: CTM has been successful in obtaining funding for cancer pathways relating to Endoscopy. A root cause analysis has been undertaken and the investment will be used in a combination of additional Endoscopy activity and new SOP's for the scheduling of activity.</p>	<p>The main areas of risk in terms of meeting the WG revised priority of no patients waiting over 104 weeks (1st Outpatient Appointment) by the end of March 2023 are in Dermatology, Ophthalmology, ENT, Urology and Cardiology.</p> <p>Those specialties with a high Urgent Suspected Cancer referral rate have highlighted that the capacity for referrals prioritised as routine will continue to experience long waits.</p>

 **Referral to Treatment Times (RTT) – January 2023 (Provisional Position) – Total Open Pathways 115,739**

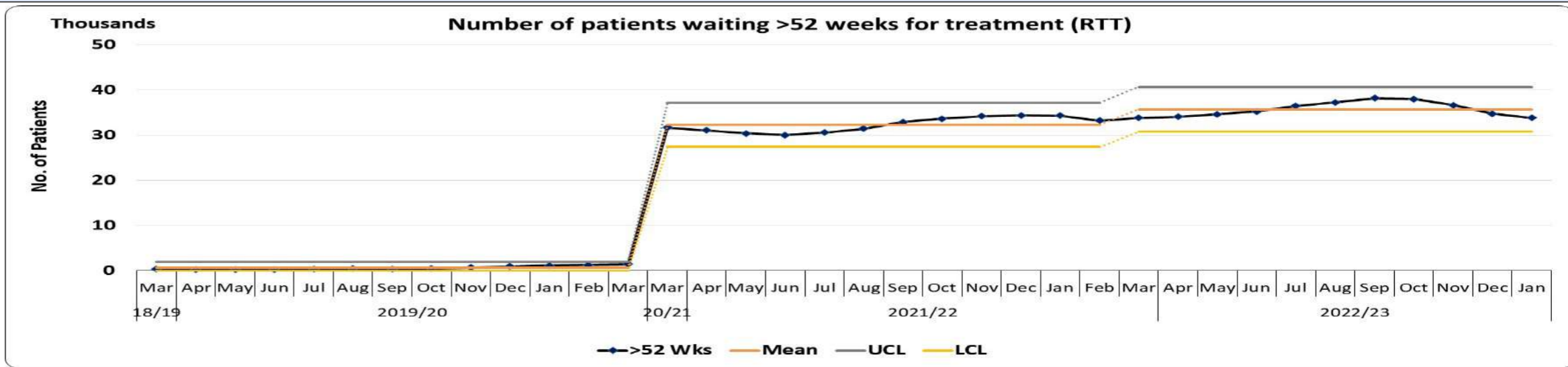
Number of patients waiting >104 weeks (9,432) Target - Improvement Trajectory towards a national target of Zero by June 2023



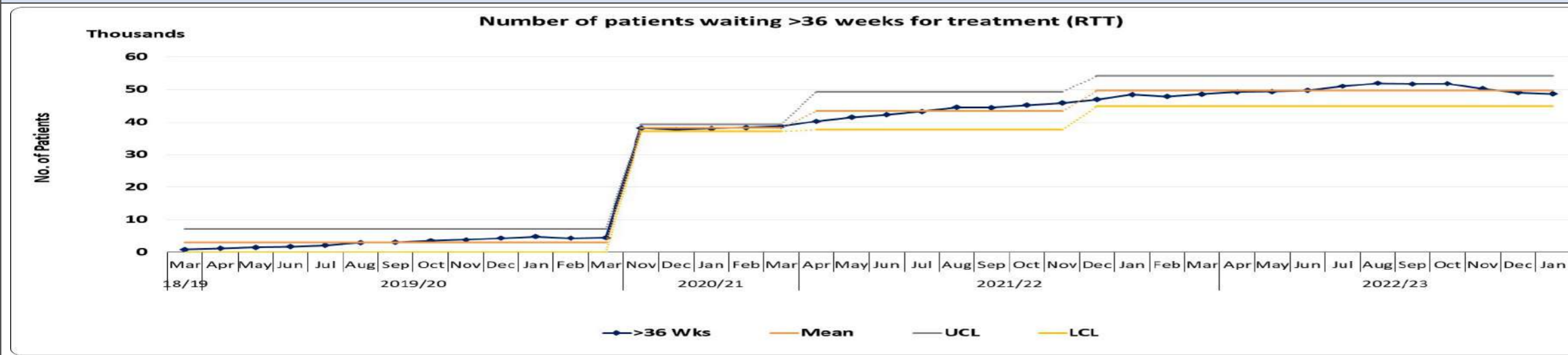
The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of January is 9,432, which as it currently stands is a reduction of almost 8% (786) from the reported December position.

Number of patients waiting >52 weeks (33,874)

The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of January is 33,874, which as it currently stands is a reduction of 2.6% (919) from the December reported position.



Number of patients waiting >36 weeks (48,649) Target – Improvement Trajectory towards a national target of Zero by 2026



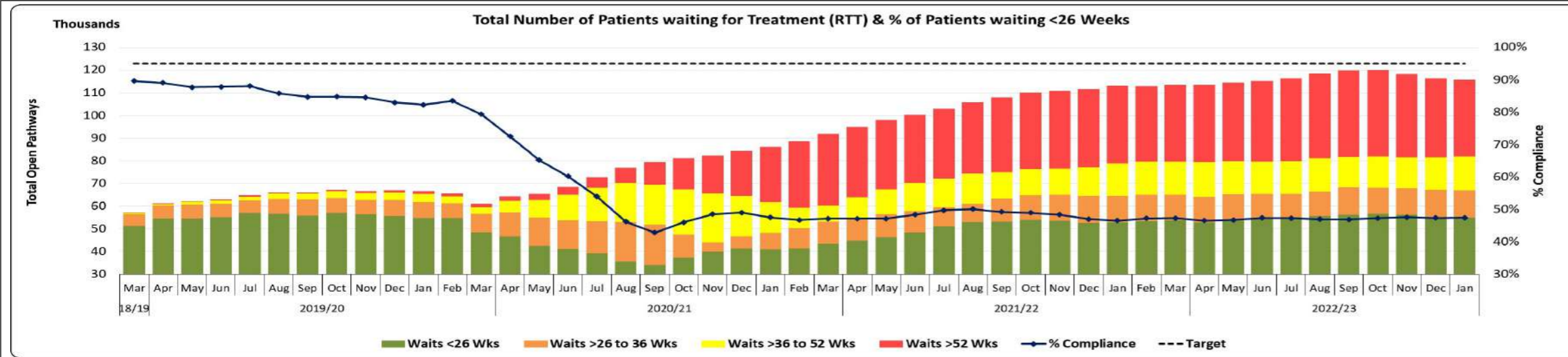
The number of patients waiting over 36 weeks at the end of January, across Cwm Taf Morgannwg, is a provisional position of 48,649 patients, which is a reduction of 0.7% (366) from December (N.B. includes the 33,874 patients waiting over 52 weeks).

RTT continued on the next page...



Cont'd...Referral to Treatment Times (RTT) – January 2023 (Provisional Position) – Total Open Pathways 115,739

% of patients waiting less than 26 weeks (47.5%) Target – Improvement Trajectory towards a national target of 95% by 2026

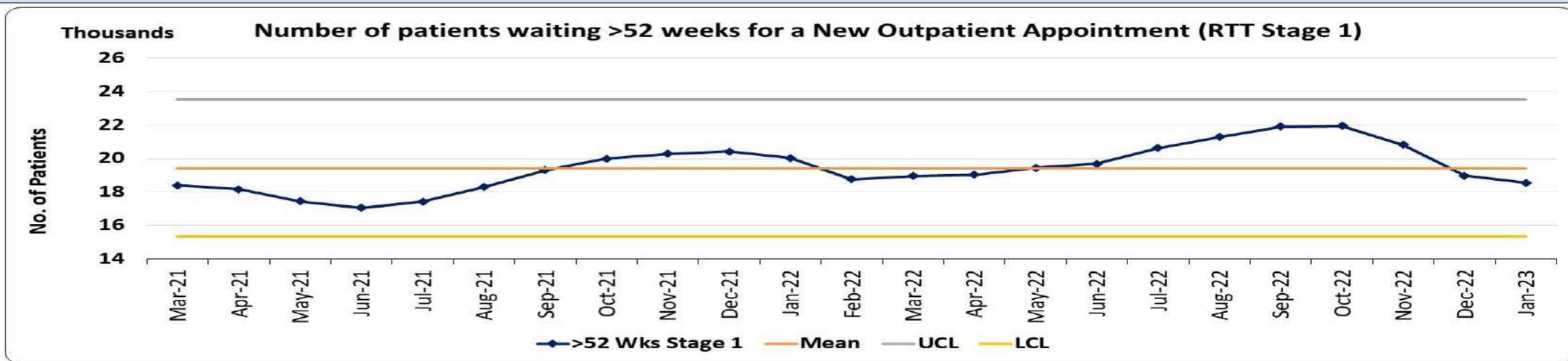


In terms of the 26 week position (including the provisional direct access Diagnostic & Therapy figures), performance for January across Cwm Taf Morgannwg is a provisional 47.5%.

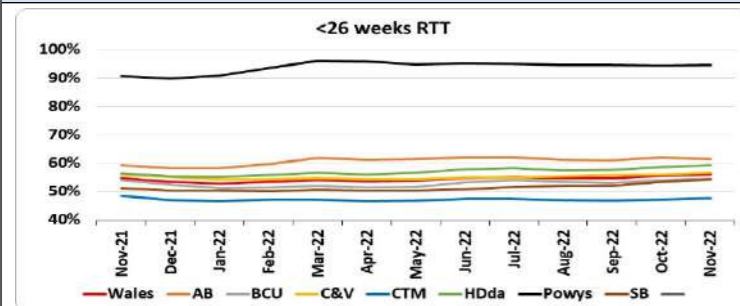
Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access.

Number of patients waiting over 52 weeks for a new outpatient appointment (18,547) Target - Improvement Trajectory towards eliminating over 52 week waits by June 2023

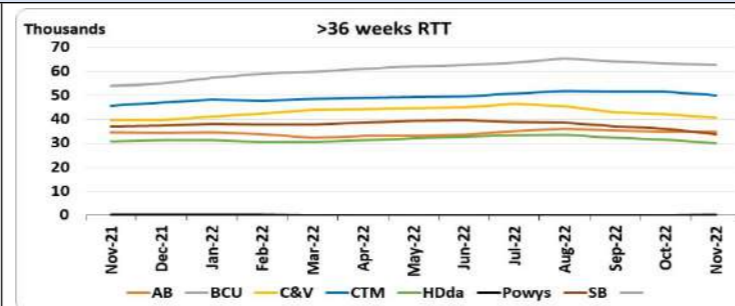
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of January is 18,547, which as it currently stands is a reduction of 2.3% (433) from the December reported position.



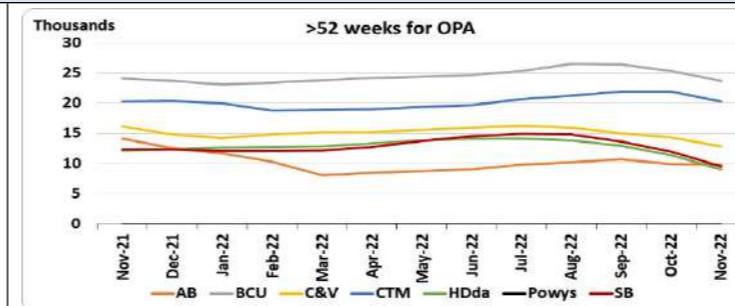
How do we compare with our peers?



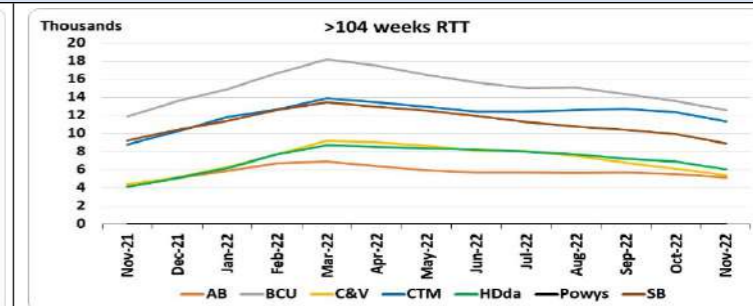
Status as at November 2022		
Health Board	Compliance	Rank
Powys	94.6%	1st
AB	61.4%	2nd
HDda	59.4%	3rd
C&V	56.6%	4th
BCU	54.4%	5th
SB	54.3%	6th
CTM	47.6%	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	104	1st
HDda	30,122	2nd
SB	33,933	3rd
AB	34,923	4th
C&V	40,775	5th
CTM	50,232	6th
BCU	62,690	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	0	1st
HDda	9,028	2nd
SB	9,546	3rd
AB	9,840	4th
C&V	12,903	5th
CTM	20,280	6th
BCU	23,704	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	0	1st
AB	5,156	2nd
C&V	5,421	3rd
HDda	6,086	4th
SB	8,927	5th
CTM	11,361	6th
BCU	12,643	7th

RTT continued on the next page...

Specialty Breakdown

Total number of open pathways per specialty - January 2023 (provisional)							
Specialty	<26 Weeks	26 Weeks Compliance	>26 to 36 Weeks	>36 to 52 Weeks	> 52 Weeks to 104 Weeks	>104 Weeks	Total Open Pathways
Anaesthetics	397	36.9%	160	206	156	157	1076
Cardiology	3226	62.0%	764	660	401	156	5207
Care of the Elderly	29	96.7%	0	0	1	0	30
Dermatology	3791	44.9%	904	1058	1390	1293	8436
Endocrinology	220	80.0%	34	19	2	0	275
Gastroenterology	1920	51.4%	421	495	755	146	3737
General Medicine	1781	65.7%	316	321	209	83	2710
Nephrology	135	78.5%	18	18	1	0	172
Respiratory Medicine	1362	70.1%	197	202	172	9	1942
Rheumatology	740	56.8%	138	164	174	86	1302
Sport and Exercise Medicine	11	100.0%	0	0	0	0	11
Thoracic Medicine	503	87.5%	43	29	0	0	575
Geriatric Medicine	5	100.0%	0	0	0	0	5
Diagnostics	5192	53.2%	874	1208	2281	213	9768
Therapies	1848	80.6%	229	123	87	6	2293
Ophthalmology	5602	38.2%	1489	1927	4367	1284	14669
Oral Surgery	1932	56.7%	398	462	496	122	3410
Orthodontics	194	59.7%	43	44	837	881	325
Restorative Dentistry	57	27.8%	14	24	61	49	205
Ear, Nose & Throat Service	4770	38.8%	1109	1545	3425	1448	12297
Gynaecology	4312	53.2%	846	1045	1099	797	8099
Paediatric Neurology	0	0.0%	3	0	0	0	3
Paediatrics	2093	79.9%	308	149	69	2	2621
Haematology (Clinical)	198	98.0%	4	0	0	0	202
General Surgery	3746	39.8%	943	1396	2489	839	9413
Trauma & Orthopaedic	5254	37.0%	1740	2239	4519	458	14210
Urology	3319	42.7%	570	870	1891	1116	7766
Colorectal	1671	46.7%	417	441	849	200	3578
Breast Surgery	680	48.5%	120	130	385	87	1402
Total	54988	47.5%	12102	14775	24442	9432	115739

How are we doing?

At the end of January 2023, the provisional position for the over 52 week waiting list saw volumes reduce by 2.6% on the previous month, bringing the total to 33,874. The current position also represents a reduction of around 1.5% on the equivalent period last year in the number of patients waiting in excess of 52 weeks. Due to increased funding from WG, there are a number of schemes that should improve this position at Stage 1, across ENT, Dermatology and Ophthalmology. This should result in zero 156 + week waits at Stage 1 with an overall reduction of approximately 2,400 at Stage 1.

Ophthalmology – an additional 590 (stage 1 to stage 4) cataract patients will receive their treatment in a partnership with the independent sector by the end of March 2023.

Dermatology – 1,350 patients will receive a stage 1 appointment in partnership with the Independent Sector by 31st March 2023

What actions are we taking & when is improvement anticipated?

As described previously, it is anticipated that the length of time that patients are waiting will reduce across all specialties, with patients being seen for first outpatients within two years within all specialties other than ENT, Urology, Ophthalmology and Dermatology. In each of these four specialties there are actions being taken to increase capacity. (Weekend clinics and theatre sessions in Ophthalmology and ENT, the recruitment of a Locum Consultant and additional pharmacy and primary care resource in Dermatology).

Focus on waits currently showing in Rheumatology, Cardiology, Dermatology and Breast Surgery with transfer of patients across locality/consultant waiting lists, additional clinics and re-direction of Pain referrals to Wellness Improvement Service (WISE) are in place. Improvement programmes are in place to realise efficiencies in outpatient departments with a focus on clinic utilisation booking processes, standardisation and reduction of DNA's. Partial booking is now in place across all specialties which strengthens validation and complements the clinical and administrative validation across all specialties.

Additional IP/DC capacity is in place running to end of March 2023 through the insourcing of theatre staff enabling the centralisation of Orthopaedic inpatient activity and more concentrated day case capacity in PCH. Insourcing in PCH theatres is anticipated to deliver circa 20 cases per week.

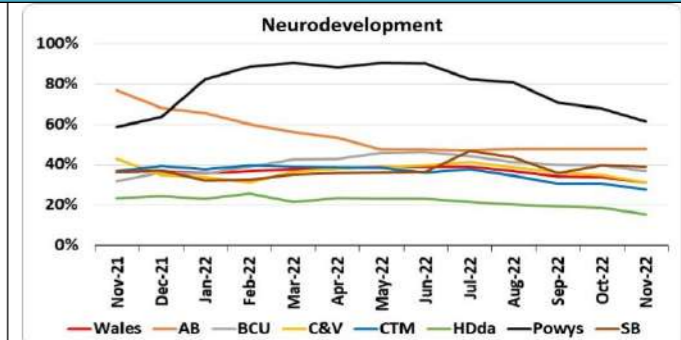
What are the main areas of risk?

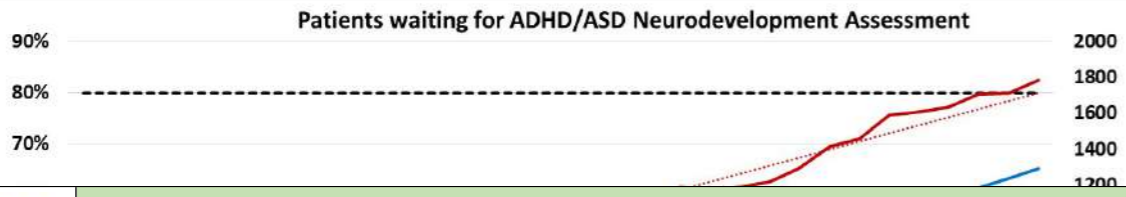
- Insufficient theatre staff to enable our theatres to run at full capacity. This is looking to be mitigated through insourcing with independent providers, but at increased costs if provided in house.
- Recruitment – remains challenging. Delays in approval to recruit to existing posts within the structure that have become vacant and new posts. The Scrutiny Panel is adding further delays to an already protracted process.
- Staff fatigue / willingness to support additional capacity - additional activity reliant on staff support and less attractive to a number of staff groups following the previously enhanced rates ceasing.
- WPAS issue do not facilitate pooled waiting lists across the UHB increasing the administrative cost and the risk of duplicate entries and 'lost patients', which results in losses in productivity, over-reporting and potentially adverse outcome for our patients. A mitigation plan is being developed for pooled lists.
- The availability of sufficient bed capacity.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (27.6%) - Target 80%

The chart to the left highlights that there has been a significant deterioration in the compliance against the 26 week target for Neurodevelopment services, with compliance at just 27.6% for December, well below the target threshold of 80%.

The chart depicts the total waiting list volume (red), the number of patients waiting in excess of 26 weeks for ND Assessment (blue) and the proportion waiting less than 26 weeks (WG target – yellow). As the waiting list volume has been growing at a fairly constant rate of 40 patients per month throughout the period, this has increased the number and proportion of long waiting patients commensurately.





Status as at November 2022		
Health Board	Compliance	Rank
Powys	61.4%	1st
AB	47.7%	2nd
SB	39.1%	3rd
BCU	36.7%	4th
C&V	31.3%	5th
CTM	27.8%	6th
HDda	15.6%	7th



Diagnostics & Therapies – December 2022 (Provisional Position)

Number of patients waiting >8 weeks for Diagnostics
Target Zero

Number of patients waiting >14 weeks for Therapies
Target Zero

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

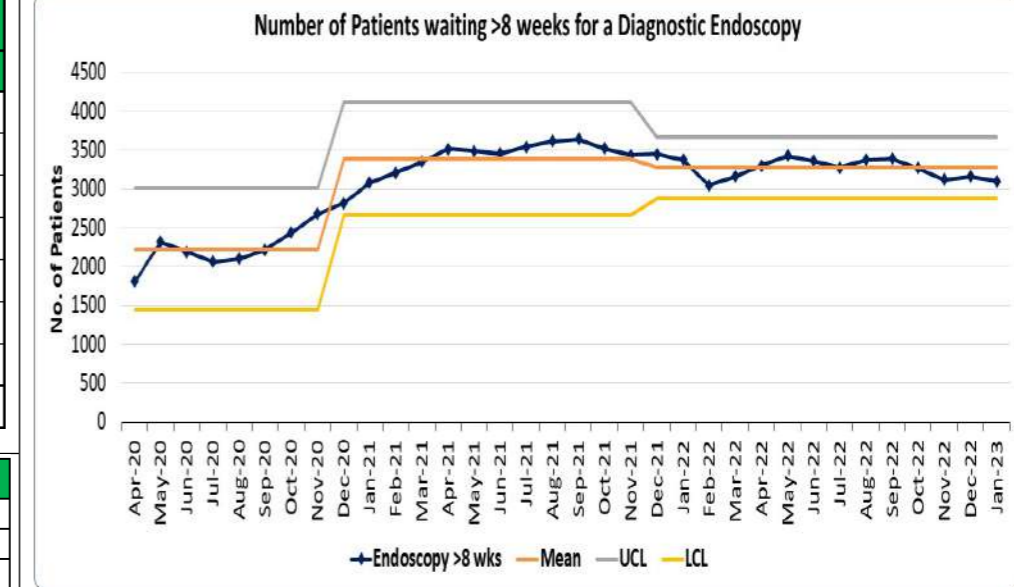
Total >8 weeks 16,134

Total >14 weeks 1,474

Total >8 weeks 3,108

CTMUHB - Number of Patients waiting more than 8 Weeks for a Diagnostic Test		
Service		
Cardiology	Echo Cardiogram	597
	Cardiac CT	65
	Cardiac MRI	14
	Diagnostic Angiography	101
	Stress Test	57
	DSE	41
	TOE	13
Cardiology Services	Heart Rhythm Recording	204
	B.P. Monitoring	1
Bronchoscopy		3
Colonoscopy		663
Gastroscopy		820
Cystoscopy		553
Flexi Sig		1069
Radiology	Non-Cardiac CT	698
	Non Cardiac MRI	1300
	NOUS	9294
	Non-Cardiac Nuclear Medicine	42
Imaging	Fluoroscopy	58
Physiological Measurement	Urodynamics	141
Neurophysiology	EMG	200
	NCS	200
Total		16134

CTMUHB - Number of Patients waiting more than 14 Weeks for a Therapy	
Service	
Arts Therapy	2
Audiology	191
Dietetics	1075
Occupational Therapy	6
Physiotherapy	4
Podiatry	5
Speech & Language	37
Total	1320



Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6,338	10,282	10,508	10,429	10,561	10,338	10,631	11,052	11,747	12,776	12,759	12,890
2021/22	13,019	13,113	13,313	14,111	14,855	15,134	14,705	14,308	15,200	15,841	14,501	14,285
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,134		

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1,020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	268	363	416	570	663	691	873	918	969
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,320		

How are we doing?

Diagnostics: Provisionally, at the end of January, 16,134 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an increase of 1.6% on the previous month. Endoscopy observed a slight fall of just under 2% (59) in the number patients waiting in excess of eight weeks, with the number of patients currently breaching the target now standing at 3,108. The NOUS service continues to have the highest volume of breaching patients with 9,294 currently waiting over 8 weeks for a scan and is a reduction of 2.5% (239) on the reported position for December.

Therapies: There are provisionally 1,320 patients breaching the 14 week target for therapies in January, a reduction of almost 12% (154) on the reported position for December, due in part by a reduction of the number of breaching patients in Audiology and Dietetics (119 & 47 respectively) .

The Dietetic service accounts for over 80% of the total patients waiting beyond the 14 week target for therapies.

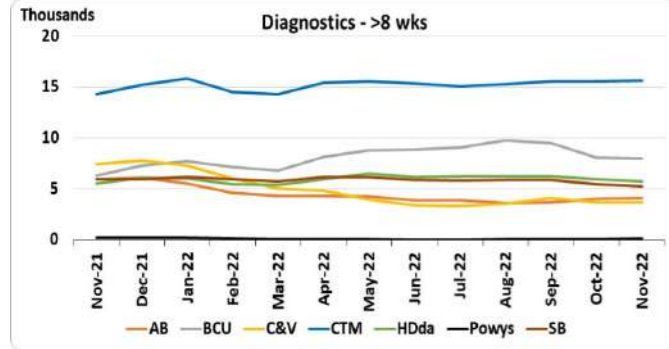
What actions are we taking & when is improvement anticipated?

- Structured performance meetings with CT, MR & US Modality Teams in order to monitor performance and productivity and to agree remedial actions.
- Weekly tracker implemented to monitor performance.
- Ongoing validation of US, MR, CT lists, inappropriate referrals redirected.
- Realigning patient bookings around clinical priority, an improved position has been seen through reduction in USC waits.
- Modality Action Plans and Business Cases being developed to support existing services and to create additional capacity.
- Review of sequences/protocols in MR resulting in time savings which will subsequently increase scanner capacity.
- Pathway work around accelerated imaging for Endoscopy CT/MR and review of current modality pathways.
- Work around staffing rosters to enable operation of the 2nd MR scanner at RGH.
- Additional staff funded for the new Breast Unit.
- Work ongoing in streamlining the Single Cancer Pathway.
- Pathway/process mapping being undertaken to further drive efficiencies.
- Additional patient lists running to reduce waiting times, which has maintained a static position.
- Demand and Capacity monitoring and forecasting of services commenced.
- Funding agreed through Planned Care Recovery Board for in house NOUS solutions, insourcing/outsourcing request to be considered by Board when cases for MRI and CT are also complete.

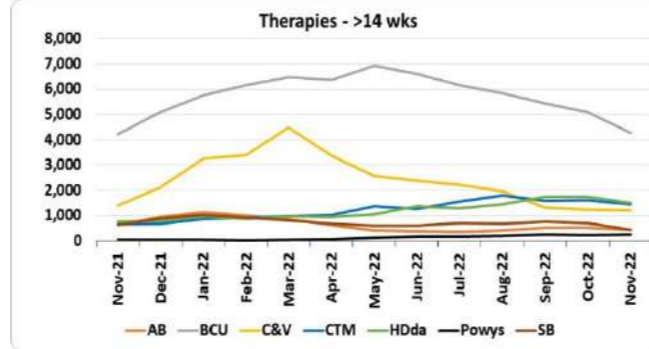
What are the main areas of risk?

- Current vacancies being held at scrutiny panel.
- Demand and Capacity imbalance.
- Securing funding for additional activity.
- Current sickness and vacancies within the administration teams.
- Lack of Band 2 and Band 3, HCA support staff.
- Consultant vacancies and inability to recruit.
- Radiographer vacancies and inability to recruit.
- Timely appointments for USC/Urgent patients.
- Capital replacement programme work and refurb of 2nd MR scanner at RGH reducing current capacity.

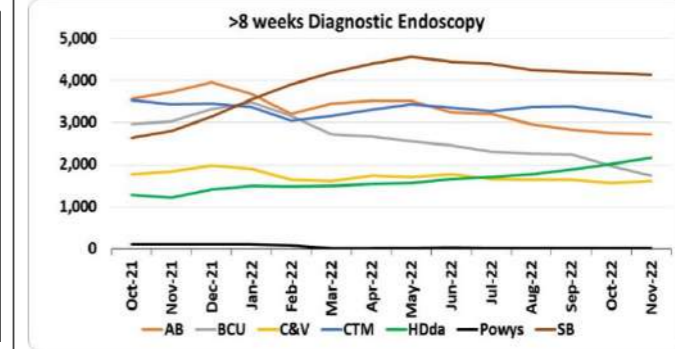
How do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
Powys	129	1st
C&V	3,654	2nd
AB	4,137	3rd
SB	5,207	4th
HDda	5,754	5th
BCU	8,034	6th
CTM	15,651	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	258	1st
SB	441	2nd
AB	450	3rd
C&V	1,209	4th
CTM	1,452	5th
HDda	1,503	6th
BCU	4,271	7th



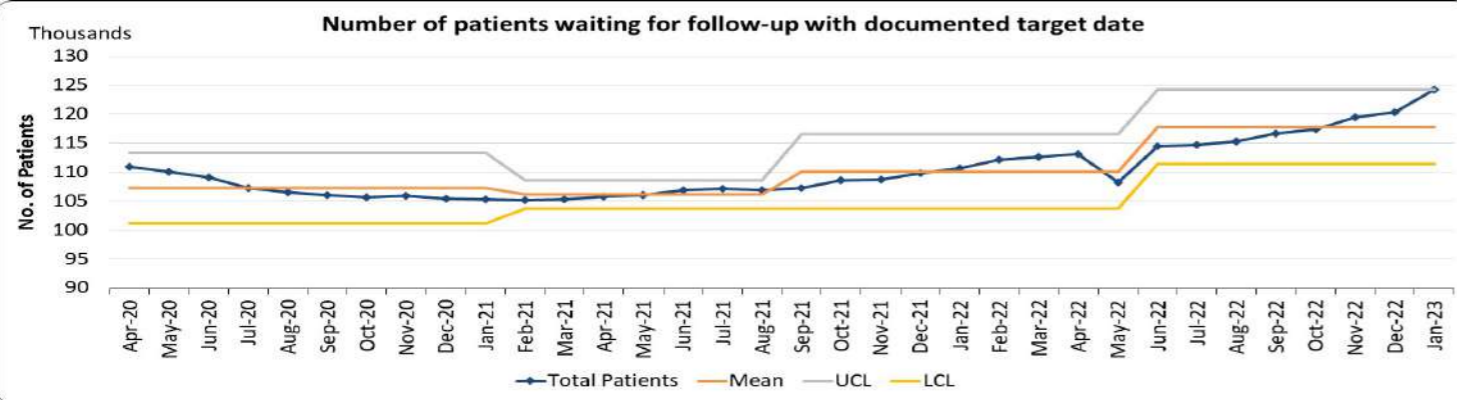
Status as at November 2022		
Health Board	Compliance	Rank
Powys	4	1st
C&V	1,607	2nd
BCU	1,745	3rd
HDda	2,172	4th
AB	2,727	5th
CTM	3,126	6th
SB	4,136	7th



Follow-up Outpatients Not Booked (FUNB) – Provisional Position January 2023

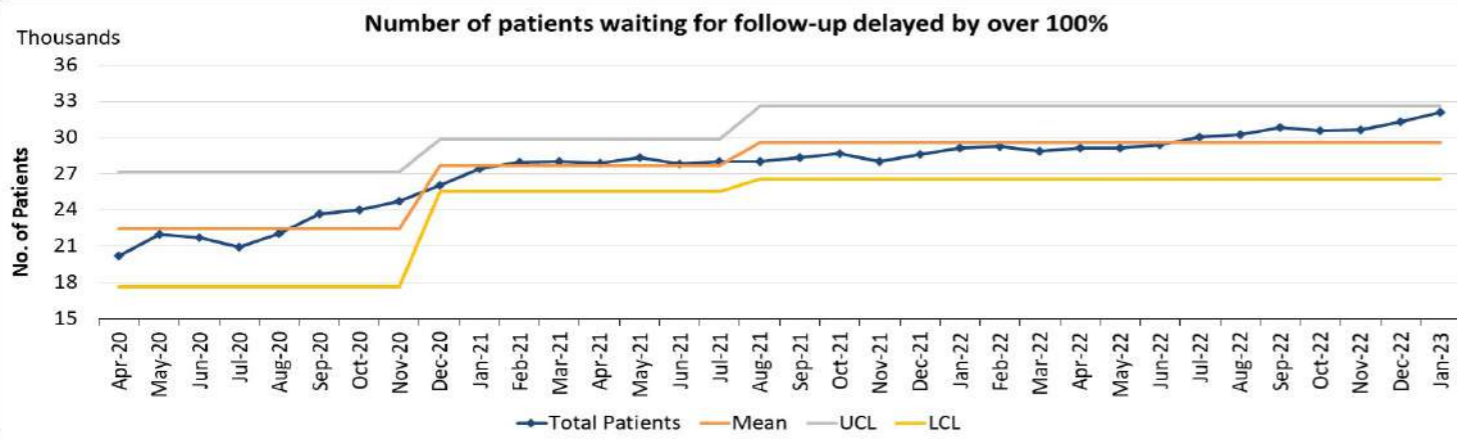
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
4	76,543	47,689	124,236



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

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
25,560	6,517	32,077	25.8%



How are we doing?

Provisionally, the total number of patients waiting for a follow-up appointment in Cwm Taf Morgannwg UHB, at the end of January 2023, currently stands at 124,236 and of those patients waiting, 32,077 (around 26%) have seen delays of over a 100% past their target date, representing a 10% increase on the equivalent period last year.

The number of patients without a documented target date stands at 4.

What actions are we taking & when is improvement anticipated?

Clinical validation of follow-ups not booked (FUNB) by CTM Consultants in Ophthalmology has concluded and outcomes have been updated on WPAS.

Of this cohort, 47% have been discharged. Targeted work on reducing the number of follow-ups not booked across specialties has significantly reduced the number of years that FUNBs are reported as waiting by 5 years.

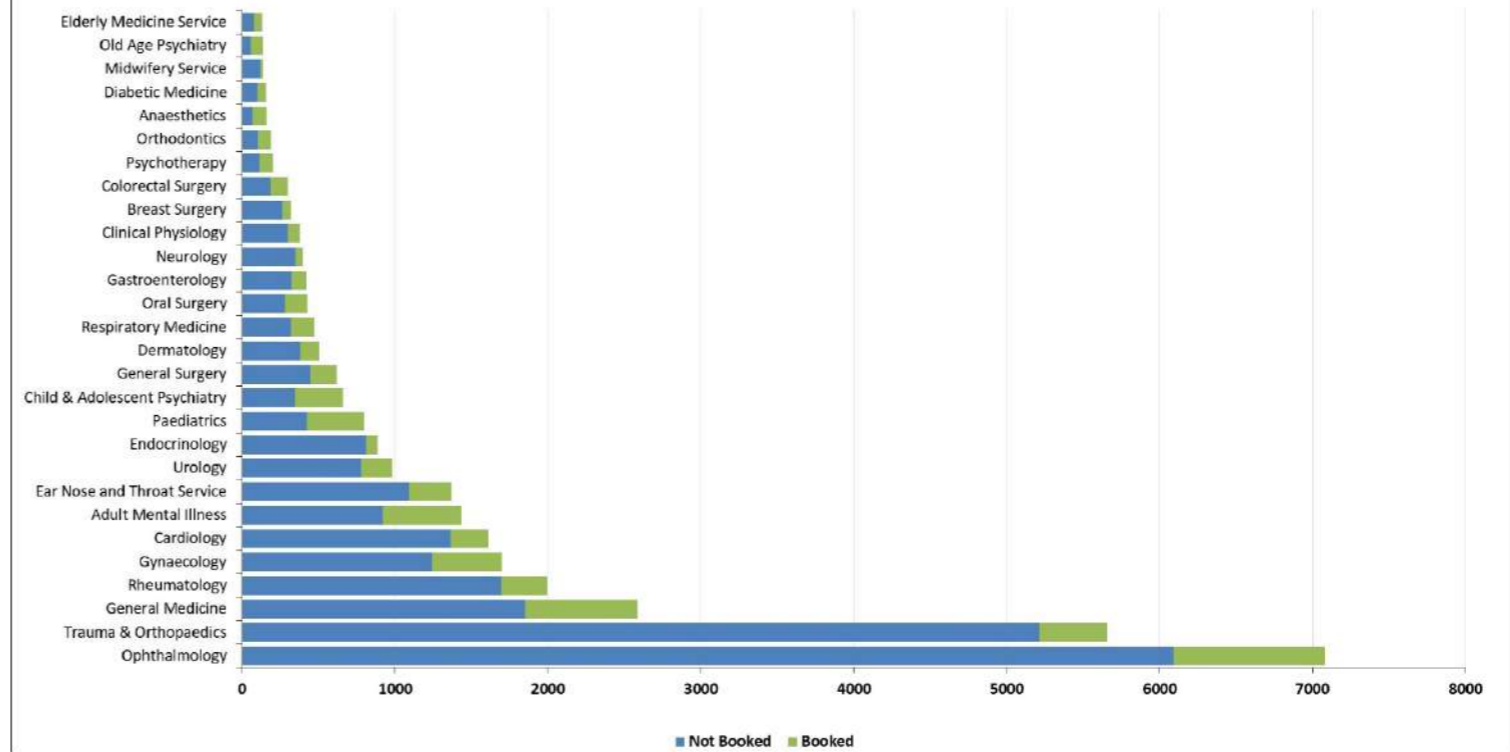
What are the main areas of risk?

As at January 2023, there has been very little significant movement in terms of the overall number of patients waiting for a follow up, currently equating to 124,232 patients (76,543 not booked & 47,689 booked). Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and T&O specialties across the health board, with figures currently at 31,053 for those two specialties, of which around 41% (12,742) are delayed beyond 100% of their target date.

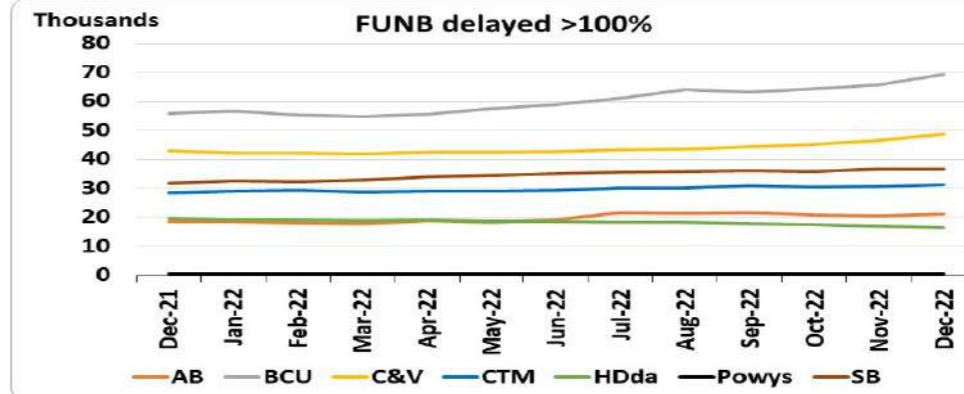
Outpatient activity levels continue to be below pre-Covid levels with the provisional January 2023 figures below; for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 16,015; which as it currently stands is around a reduction of around 12% on the Pre-Covid average (19/20) of 18,186, but is over 7% higher than attendances during the same period last year.
- Total Follow-up Patients seen: 32,716; around a 26% reduction on the Pre-Covid average (19/20) of 40,500, but is over 7.5% higher than the equivalent period last year.

CTMUHB - Follow-up patients delayed beyond 100% where total patient volumes exceed 100 (January 2023)



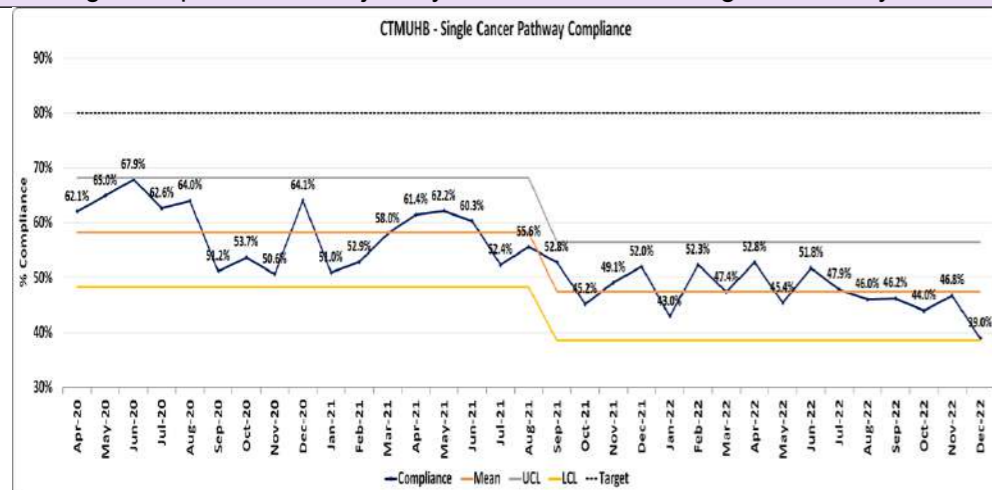
How do we compare with our peers?



Status as at December 2022		
Health Board	Compliance	Rank
Powys	504	1st
HDda	16,560	2nd
AB	21,233	3rd
CTM	31,307	4th
SB	36,761	5th
C&V	48,841	6th
BCU	69,346	7th

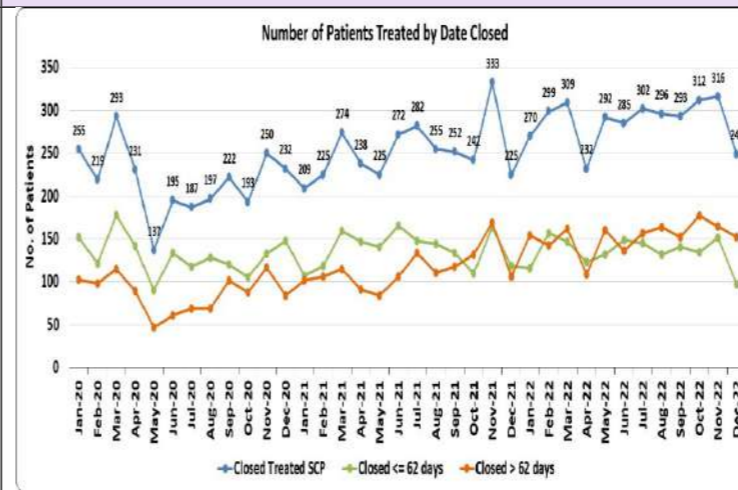
Single Cancer Pathway (SCP) – December 2022

% of patients starting first definitive cancer treatment within 62 days from point of suspicion
 Target - Improvement Trajectory towards a national target of 80% by 2026 – **Compliance December 2022 - 39.0%**

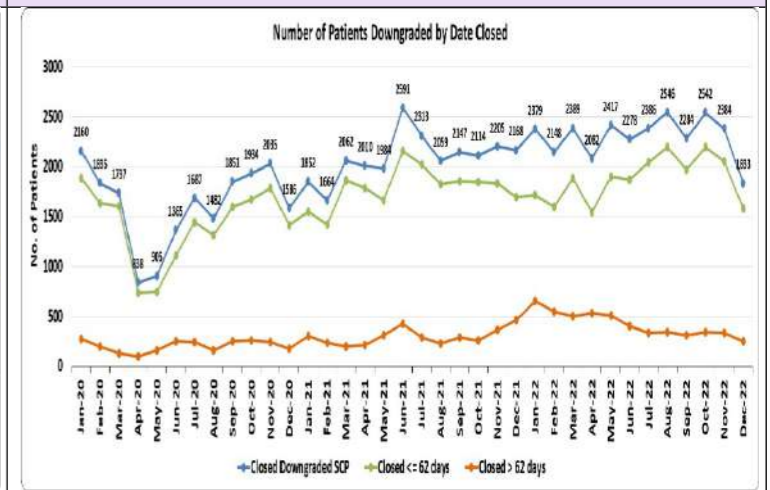


Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	1	6	7	14.3%
Upper GI	5	10	15	33.3%
Lower GI	8	26	34	23.5%
Lung	15	8	23	65.2%
Skin (exc BCC)	28	13	41	68.3%
Brain/CNS	2	0	2	100.0%
Breast	23	28	51	45.1%
Gynaecological	1	6	7	14.3%
Urological	7	44	51	13.7%
Haematological	4	8	12	33.3%
Other	3	3	6	50.0%
Total	97	152	249	39.0%

Patients Treated by Closed Date



Patients Downgraded by Closed Date

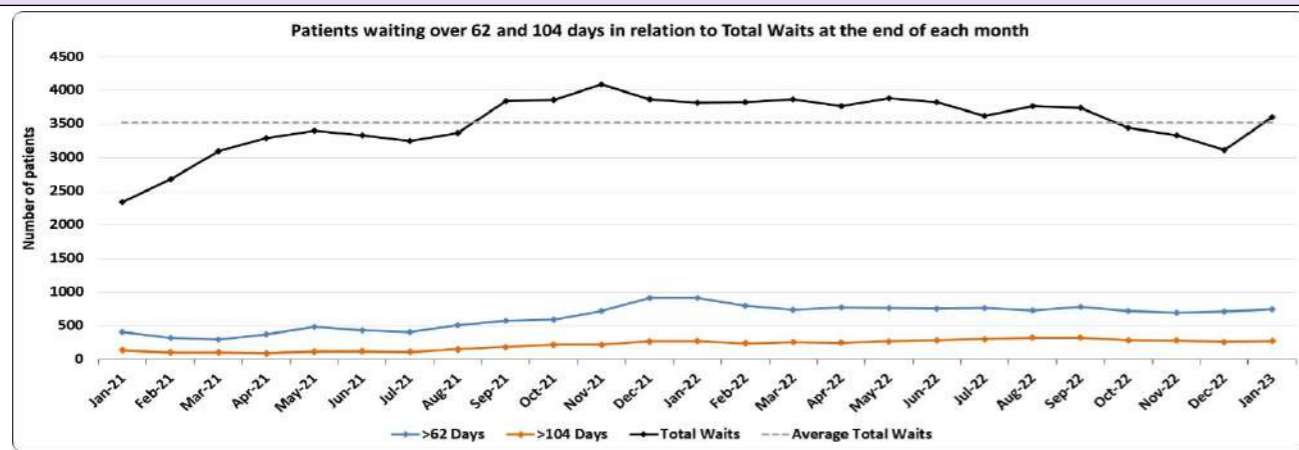


Performance for December 2022 fell to its lowest level of 39.0%, with predicted compliance for January currently at 40.9%. The only tumour site to achieved the SCP target was Brain. Delays at first outpatient (36%) and diagnostic stage (46%) continue to be the biggest concern and significant factor for not achieving target. A 22% reduction in clinical activity noted in relation to closed pathways due to holiday period, increased planned annual leave and industrial strike action. Treated volumes down by 15%, but those treated outside of target demonstrated a high ratio. Backlog clearance continues.

Overall cancer treatment volumes have increased marginally during the past 12 months to around 300 per month compared to 250 in the equivalent period of the previous year. Reduction in treated volumes in December in keeping with overall reduction in clinical activity.

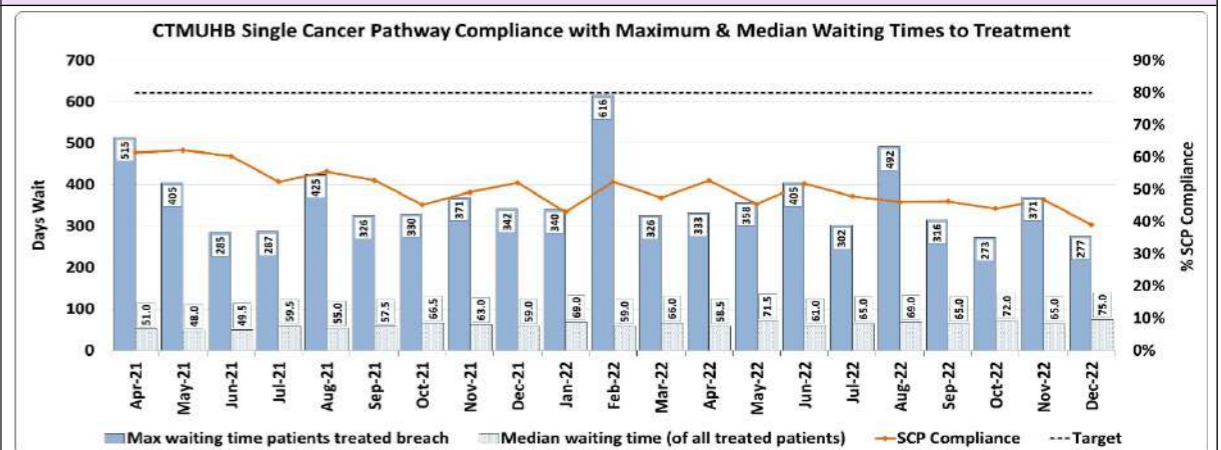
The number of patients on the SCP pathway who have been downgraded (told they do not have cancer) after having been seen at 1st Outpatient appointment or following a diagnostic test, has followed a monthly upward trend with the average for the past 12 months being 10% higher than the equivalent time span of the previous year.

Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62 days as at 1st February 2023



CTMUHB	SCP Cases 62-90 days	SCP Cases 91-104 days	SCP Cases >104 days
Head and neck	12	1	6
Upper GI	46	8	27
Lower GI	110	31	94
Lung	15	2	6
Sarcoma	1		1
Skin (exc BCC)	15	6	8
Breast	26	3	3
Gynaecological	52	13	25
Urological	100	34	77
Haematological	7	1	4
Other	5		
Grand Total	389	99	251

SCP Compliance detailing Maximum & Median Waiting Times to Treatment



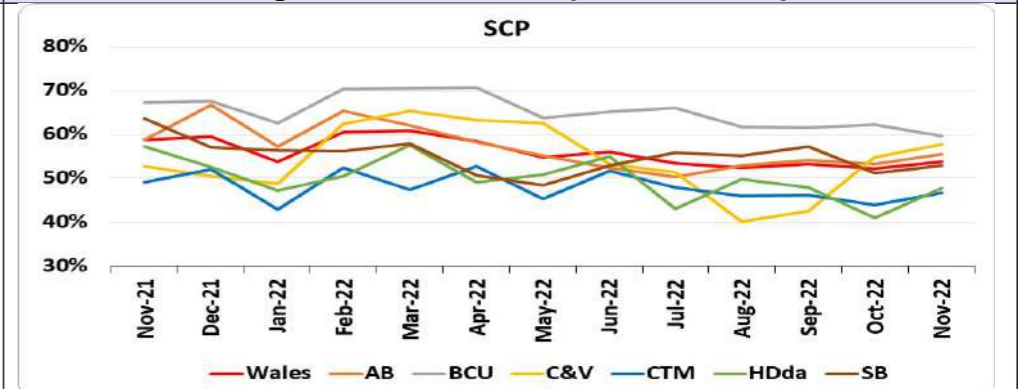
What actions are we taking & when is improvement anticipated?

- Additional theatre activity in January in breast has reduced treatment volumes by 22%
- Breast plans submitted with full backlog clearance and sustainability of the service expected by June 2023.
- Full review of endoscopy service, with efficiency improvements planned in booking processes, utilisation, pathway's and standardisation across the whole of CTM
- Development of CTM endoscopy board.
- Rollout of accelerated imaging for both upper and lower GI services.
- Focus specifically on reducing backlog.
- Merging of Urology MDT's and streamlining of processes / pathways
- Review and standardisation of lower GI pathway
- Outsourcing in pathology continues.
- Weekly assurance meetings chaired by the Director of Planned Care.
- Disaggregation of Gynae SLA with SB UHB
- Insourcing of SP's to assist with increasing capacity for BSW.

What are the main areas of risk?

- Performance challenges evident in all tumour sites whilst backlog clearance remains focus.
- 82% of all patients on the active SCP are at 1st outpatient or diagnostic stage
- Resources required to effectively plan and implement the Wrapper / Canisc replacement programme.
- Delays in pathology, endoscopy and radiology continue
- Delays in tertiary investigations & treatments at SB, Velindre Cancer Centre and C&V.
- Confirmation that there is no regional support from BSW available.

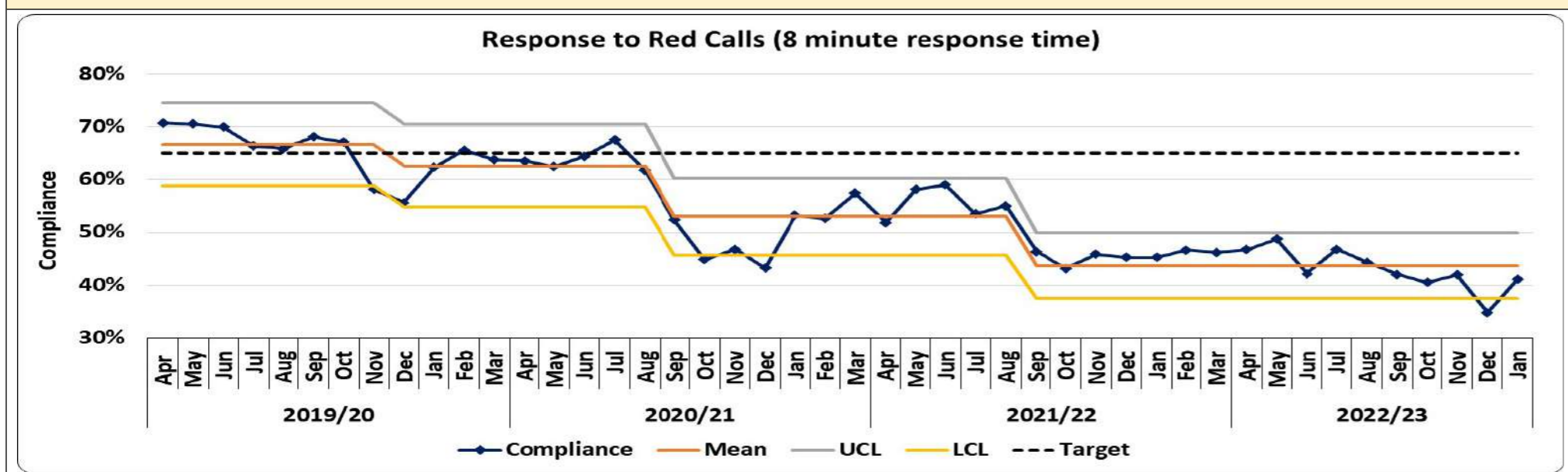
How are we doing & how do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
BCU	59.7%	1st
C&V	57.8%	2nd
AB	55.6%	3rd
SB	52.9%	4th
HDda	47.7%	5th
CTM	46.8%	6th

Emergency Ambulance Services – Response to Red Calls & Red Release Requests – January 2023

Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes (Target 65%) January 2023 – 41.1%



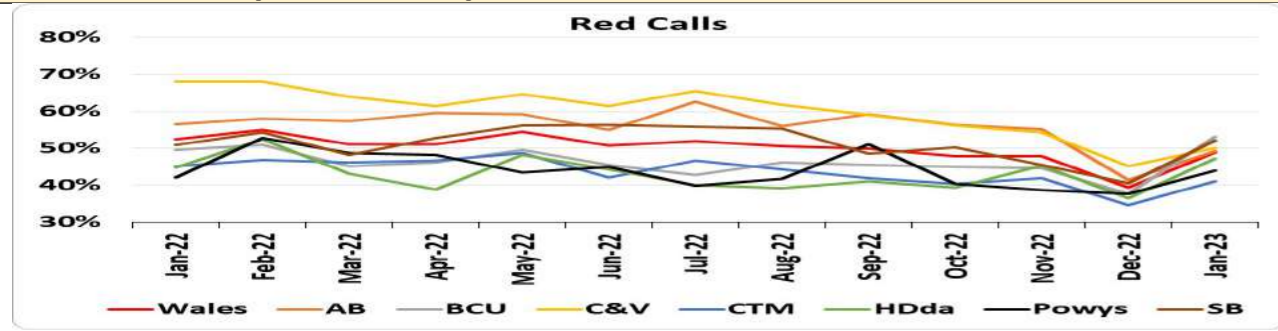
Immediate Vehicle Release Requests

Period	PCH			RGH			POW		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-22	12	10	83.3%	11	9	81.8%	12	1	8.3%
Feb-22	17	13	76.5%	8	3	37.5%	18	2	11.1%
Mar-22	12	5	41.7%	13	10	76.9%	11	2	18.2%
Apr-22	12	7	58.3%	11	4	36.4%	10	3	30.0%
May-22	15	13	86.7%	11	5	45.5%	12	5	41.7%
Jun-22	14	11	78.6%	15	10	66.7%	25	8	32.0%
Jul-22	20	13	65.0%	10	9	90.0%	31	7	22.6%
Aug-22	23	7	30.4%	24	15	62.5%	47	4	8.5%
Sep-22	24	13	54.2%	33	14	42.4%	47	2	4.3%
Oct-22	41	26	63.4%	22	12	54.5%	55	4	7.3%
Nov-22	39	24	61.5%	24	15	62.5%	28	9	32.1%
Dec-22	37	25	67.6%	43	26	60.5%	42	1	2.4%
Jan-23	15	11	73.3%	21	8	38.1%	9	1	11.1%

Please note that January 2023 data is provisional and will be subject to change in future reports.

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>Response to Red Calls: Response times to life-threatening calls remained low in January at 41.1%, with performance consistently below the compliance threshold of 65%. As can be seen in the chart above, for the past 16 months compliance has fluctuated around the average response times of 44% for Cwm Taf Morgannwg UHB.</p> <p>The National compliance for January saw 48.9% of emergency responses arriving at the scene within 8 minutes, which as it stands sits around the 12 month average of 49%. Compliance has remained below target since August 2020.</p> <p>The volume of Red Calls during January (613) for the CTM area was not as high as those in December (773), but is around 7% higher than the 12 month average of 575. Volumes continue to remain higher than pre-Covid levels and 21% higher than the equivalent period of 2022.</p> <p>Immediate Release Requests (<i>shown above right</i>): received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call, provisionally totalled 45 during January. The ED services were able to support affirmatively only 20 (44.4%) of those requests. The Ministerial requirement is for all red release requests to be supported.</p>	<p>ED Task and Finish Group has now been taken down as part of the Six Goals of Urgent and Emergency Care and superseded by a new working group through the Unscheduled Care Group. There will be a focus through this group around cultural change within the Emergency Departments to support improvement</p> <p>Ongoing work around Immediate Release Standard Operating Procedure will be taken in to the Bed Management & Flow Task and Finish Group to re-affirm associated actions required by the site management team when an immediate release request comes in</p> <p>There is a planned workshop to also re-design the CTM escalation framework planned for the end of February to support how risk is balanced across the organisation alongside associated triggers and actions</p>	<p>System flow and lack of in-patient capacity across sites remains the major risk in responding to red release requests</p> <p>Ring fencing offload capacity to ensure immediate release is a challenge due to the acuity of patients self presenting in an ambulant way (as a marker, 50% of the total admissions to ITU from ED originally walk in to the departments, whilst 48% of ambulance arrivals end up being discharged from ED).</p>

How do we compare with our peers?



Status as at January 2023		
Health Board	Compliance	Rank
BCU	53.2%	1st
SB	52.1%	2nd
C&V	50.2%	3rd
AB	49.3%	4th
HDda	47.3%	5th
Powys	44.1%	6th
CTM	41.1%	7th

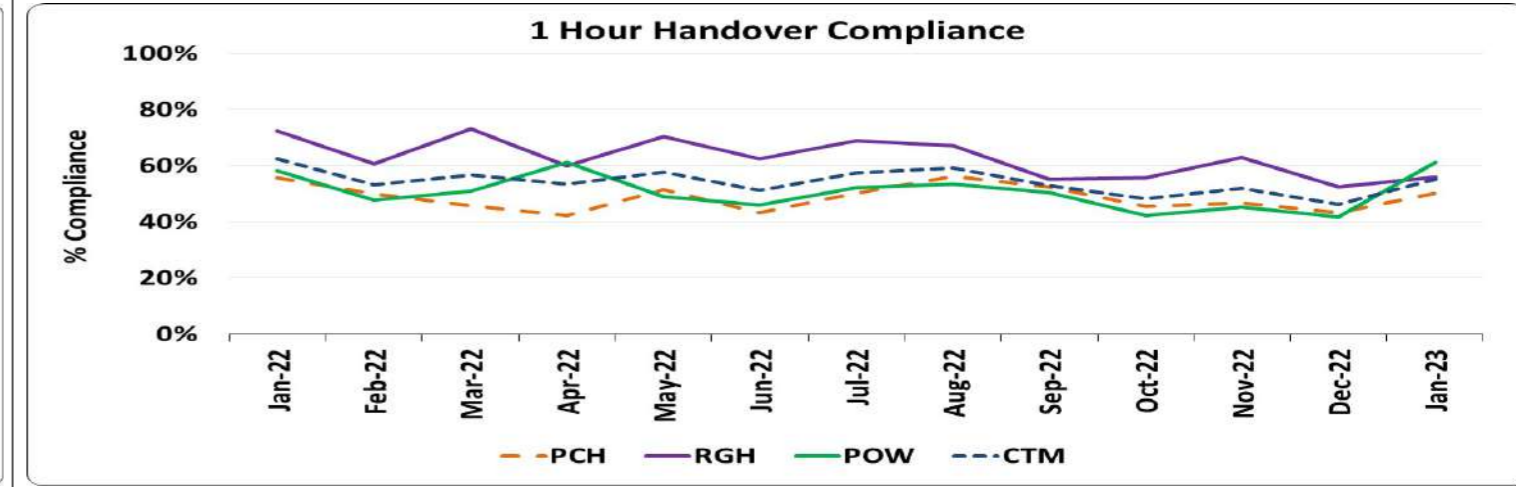
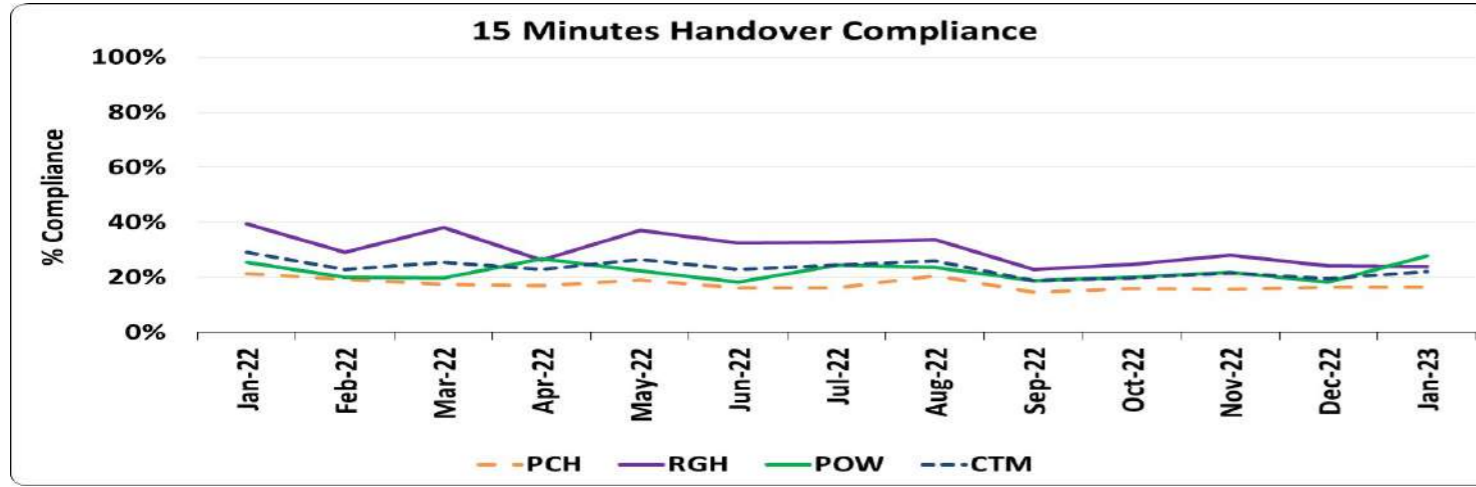
Emergency Ambulance Services - Handover Compliance – January 2023

Number of ambulance handovers within 15 minutes – Target Improvement

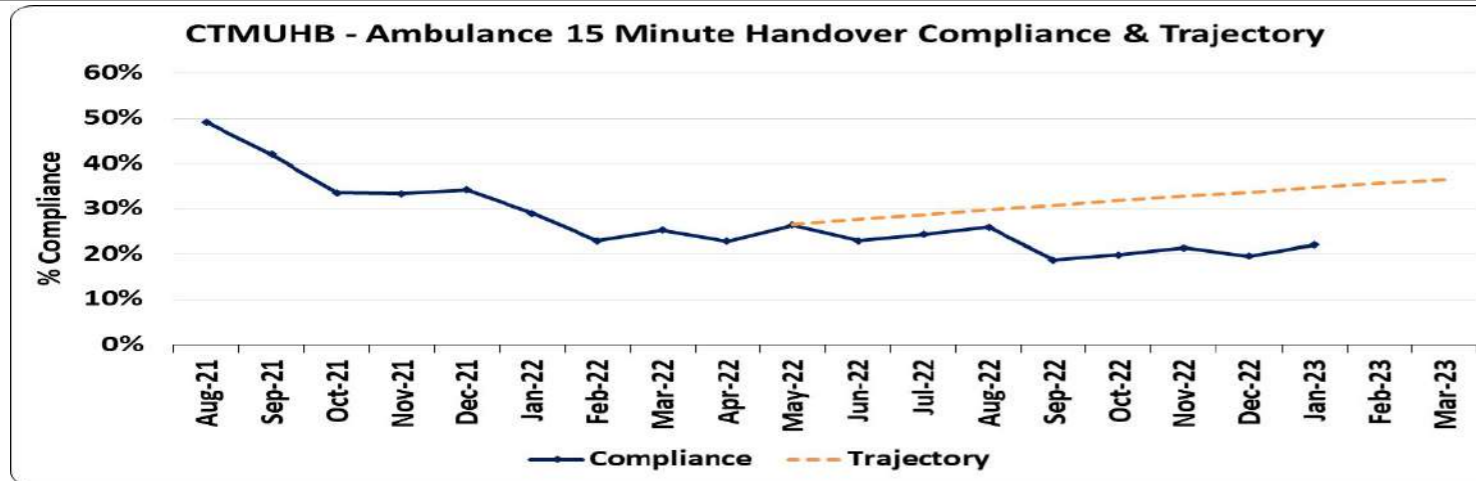
Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,126 of which 470 handovers were within 15 minutes (22.1%)

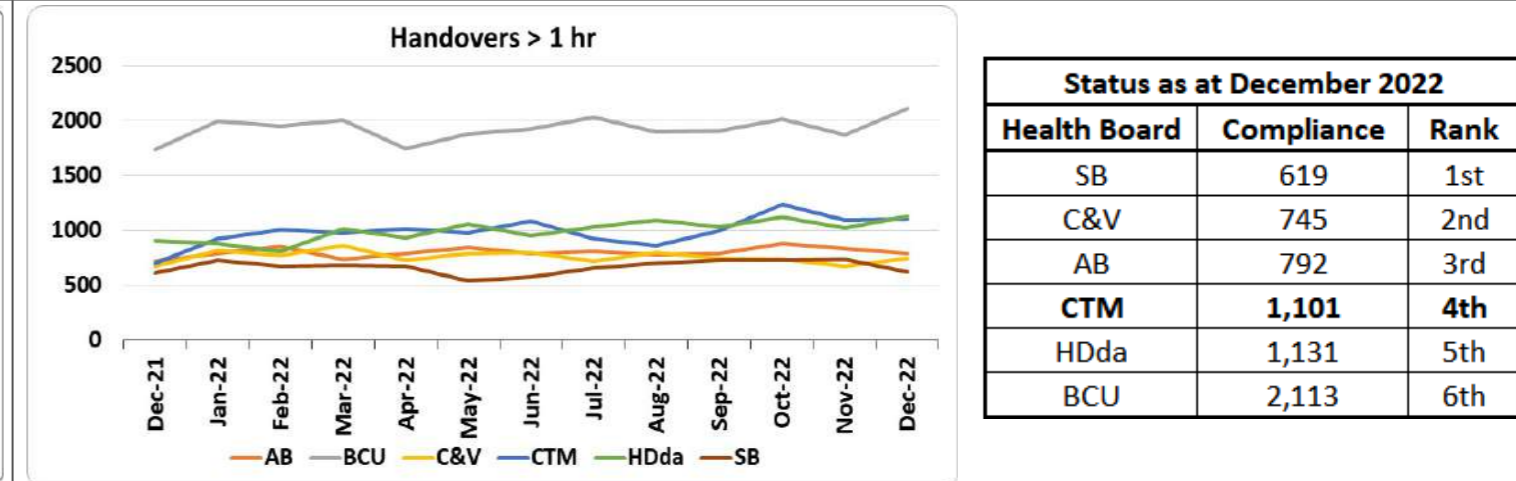
954 handovers were over 1 hour (55.1% of handovers were within 1 hour)



15 Minute Handover Trajectory



How do we compare with our peers?



Status as at December 2022		
Health Board	Compliance	Rank
SB	619	1st
C&V	745	2nd
AB	792	3rd
CTM	1,101	4th
HDda	1,131	5th
BCU	2,113	6th

How are we doing?

During January the 15 minute handover compliance remained low at 22.1%, as did the compliance of handovers within one hour (55.1%). Compared to December, the volume of handovers were around 4% higher, bringing the total number of ambulance conveyances to our major emergency departments to 2,126 and is just under the 12 month average of 2,198 per month.

The current volume is around 13% less than the volume seen in the comparable period of 2022.

What actions are we taking & when is improvement anticipated?

The Navigation Hub was launched in December 2022, demonstrating positive results in terms of reduced conveyances following a WAST contact. However, WAST contacts remain low, so work is now underway to engage with colleagues from WAST at a local and national level around utilisation of this service prior to conveyance

E Whiteboard List View was launched in January 2023 to support optimal patient flow through the hospital sites, with the aim of improving how we do tomorrow's work today. There is an operational dashboard developed to support oversight across the organisation of patient flow – however as this is a new system, there are current accuracy issues being worked through.

The Unscheduled Care Group have been presented with a draft 6 month implementation plan to support improving patient flow at ward level through the Six Goals of Urgent and Emergency Care and are currently working on the feasibility of delivering this at pace

A new, pan CTM, Safe 2 Start template is nearing completion to be launched across the three acute sites. Teams implementing this will be encouraged to utilise the pre-emptive boarding SOP to support early moves out of the Emergency Department

What are the main areas of risk?

The levels of acuity of patients walking into ED departments remains high. Recent data shows, of the total patients admitted to ICU, 50% were not conveyed by ambulance.

The data analysis also shows that 48% of patients conveyed by WAST were discharged from ED the same day.

System flow remains highly impacted by capacity within social care.



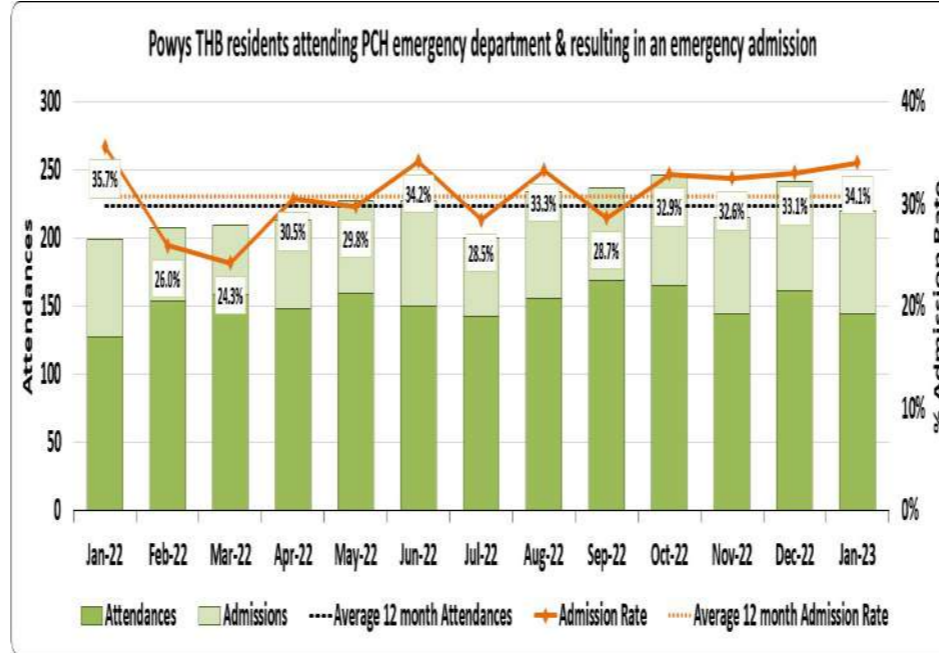
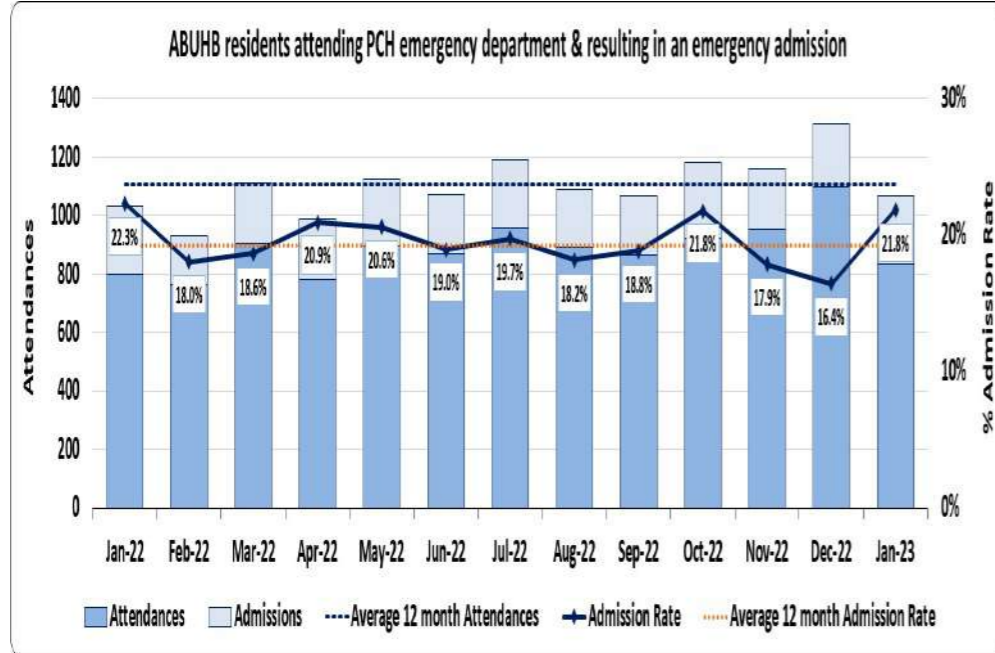
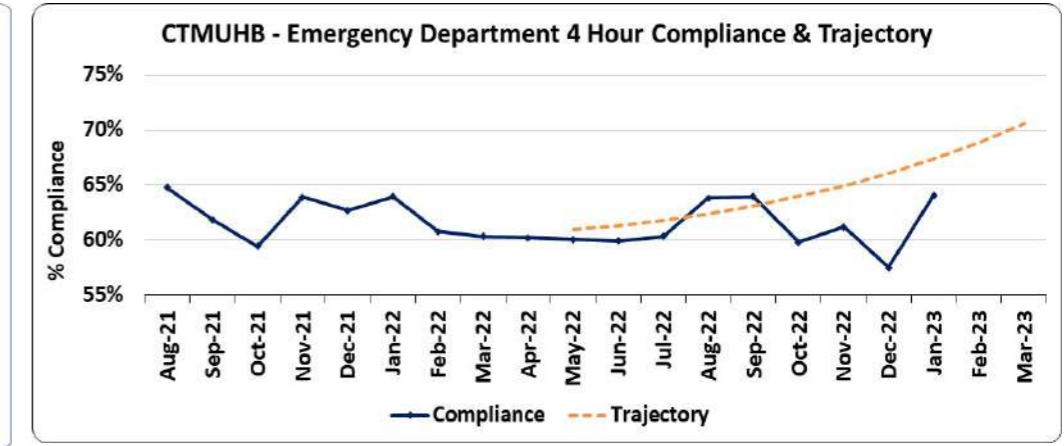
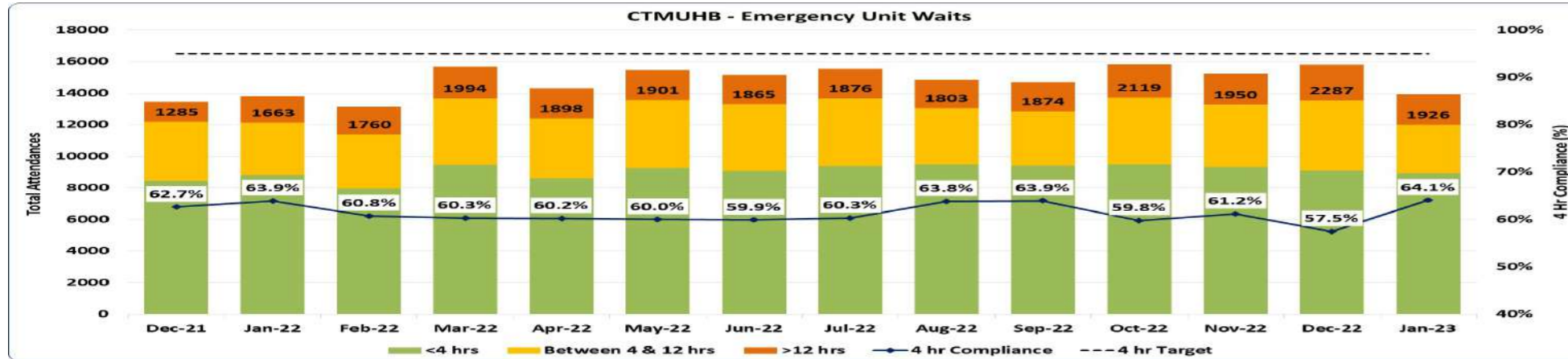
Emergency Unit Waits – January 2023 (Provisional Position) - Total Attendances 13,917

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

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

64.1% were seen within 4 hours (Waiting >4 hrs 5,000)

13.8% of patients were waiting over 12 hours (1,926)



How do we compare with our peers?

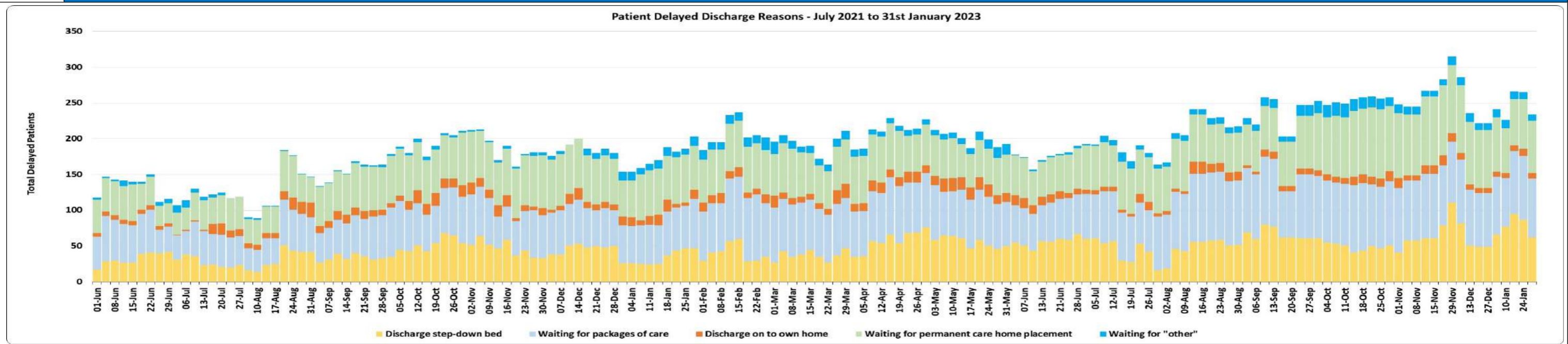
Health Board	Compliance	Rank
Powys	99.9%	1st
AB	69.6%	2nd
HDda	67.8%	3rd
SB	61.4%	4th
C&V	60.4%	5th
BCU	60.1%	6th
CTM	57.5%	7th

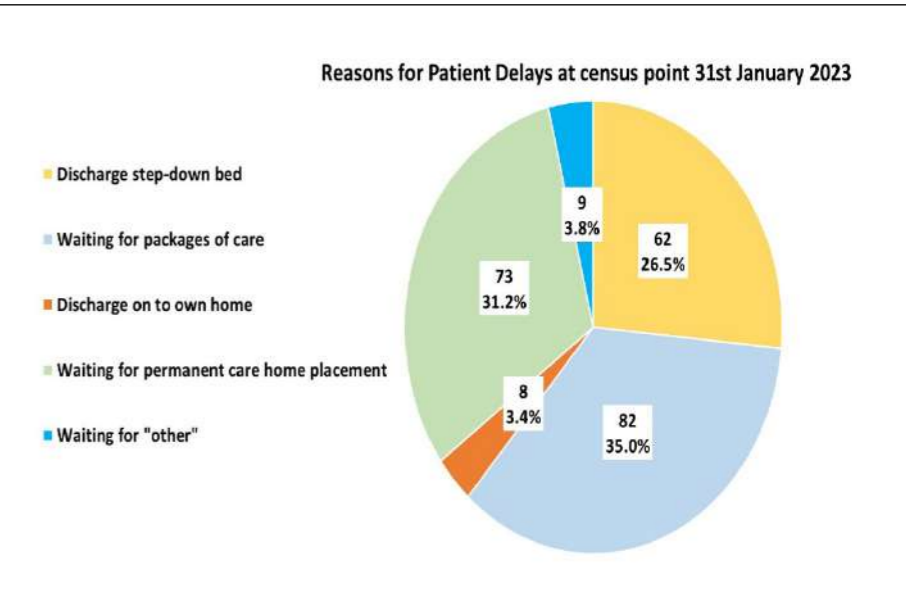
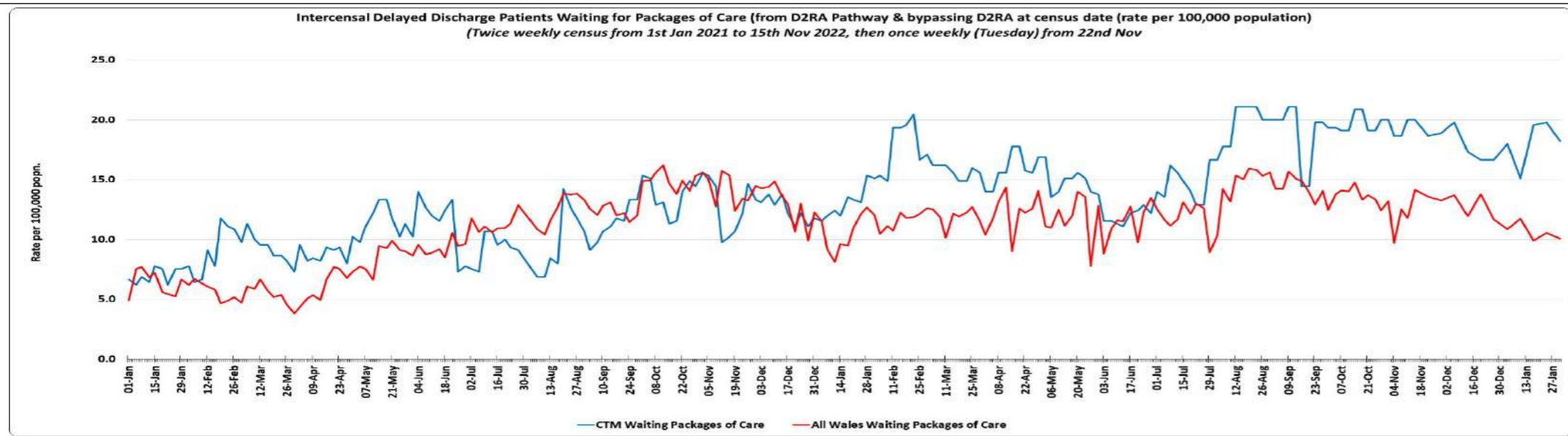
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,177	2nd
HDda	1,527	3rd
SB	1,645	4th
AB	2,075	5th
CTM	2,287	6th
BCU	3,388	7th

How are we doing?	What actions are we taking & when is improvement	What are the main areas of risk?
<p>During January the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival, improved to 64.1% and is the highest level seen since August 2021. A total of 607 patients attended the re-opened unit at YCC, however it is not yet clear if this has impacted on levels of demand or compliance at PCH. Collectively a reduction in attendances by residents from neighbouring ABUHB & Powys was observed, but in contrast performance at PCH only marginally improved despite a reduction of 896 attendances on the previous month.</p> <p>CTMUHB continues to experience ongoing challenges at PCH, with compliance around 53% for the four hour waiting times measure, with RGH & POW seeing compliance levels improving to 67% and 64% respectively. All of the UHB's EDs observed a fall in the proportion of patients waiting in excess of twelve hours, with the overall total decreasing to 1,926 patient breaches; a reduction of around 16% on the volume seen in December.</p> <p>The number of patients waiting over 12 hours by unit was: PCH – 804 RGH – 568 POW - 554</p>	<p>The Unscheduled Care Nurse Director will be leading on work to standardise the MIU options available to residents across CTM as there are currently different referral routes in to YCC/YCR alongside a significantly disproportionate attendance.</p> <p>Work is ongoing to define and implement medical SDEC's within PCH and POW, incorporating acute frailty. Both models are working to an implementation date of the end of February and associated benefits should include the "pull" of medical referred patients out of ED</p> <p>Associated work as described above around improving flow, should also begin to improve the 4 hour performance</p>	<p>Significant risk in social care capacity and funding. On the whole, the ready to leave position across CTM remains fairly static, with consistently >150 patients ready to leave CTM</p> <p>There are anticipated capital requirements for the SDEC implementation at PCH and POW and the therapies portion to support front door turn around is yet to be approved. This remains a high risk and has been highlighted at government level</p>



Monitoring Patient Discharge & Flow to 31st January 2023





How are we doing?

As is shown in the top chart, the total number of patients currently awaiting their next stage of care, equates to 234 patients, which as it currently stands is an overall increase of 5.4% (12 patients) on the reported position at the end of December. The reasons for patients experiencing a delay in the transfer of their care are detailed in the pie chart bottom right, with the highest proportion of patients either waiting for a package of care (35%) or a permanent care home placement (31.2%).

The bottom left hand chart provides a run chart of the volume of patients whose transfer of care is delayed due to waiting for packages of care (on both the D2RA and bypassing pathways), with comparison to the all Wales position. The UHB remains at a similar high level to those seen at the start of November with 82 individuals delayed. This equates to approximately 18.2 delays per 100,000 population, and as it currently stands is around 80% higher than the national rate which is 10.1 per 100,000 population .

What actions are we taking & when is improvement anticipated?

Discharge to Recover and Assess has now formally been launched in conjunction with local authority partners.

A discharge to recover and assess hub is currently functioning out of RGH and acts as a single referral management centre for the organisation. The referral documentation has been standardised across CTM to all local authorities

Owing to the continued delays within Bridgend in particular, meetings are currently being held three times a week with local authority to accelerate discharge

Digital enablers - eWhiteboards List View, Supported Discharge Notification form and electronic Transfer of care were completed in line with the initial deadline.

What are the main areas of risk

Addressing risk and mitigation plans included in implementation plans for delivery of D2RA Hub and Supported Discharge Team:

February 2023 – conduct formal work around D2RA Pathway 1 (LA-led pathway) using Rightsizing tools for demand and capacity in community utilising D2RA KPI metrics and supported by Delivery Unit. Fully automate D2RA Hub to ensure optimal referral management. Targeted discharge interventions in winter surge wards. Cohort rehab patients (D2RA Pathway 2.1) on one ward in YCR and YCC to augment therapy provision.

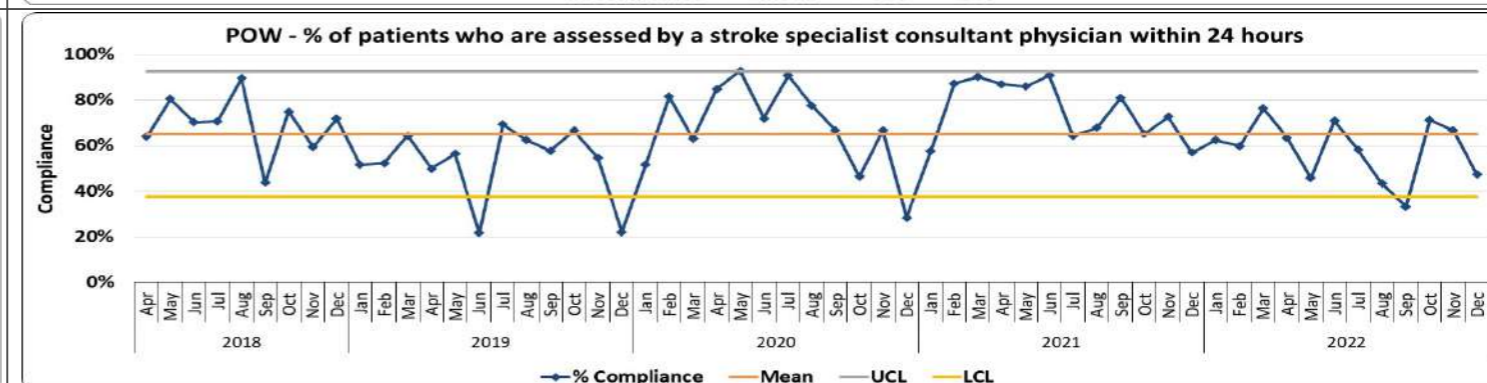
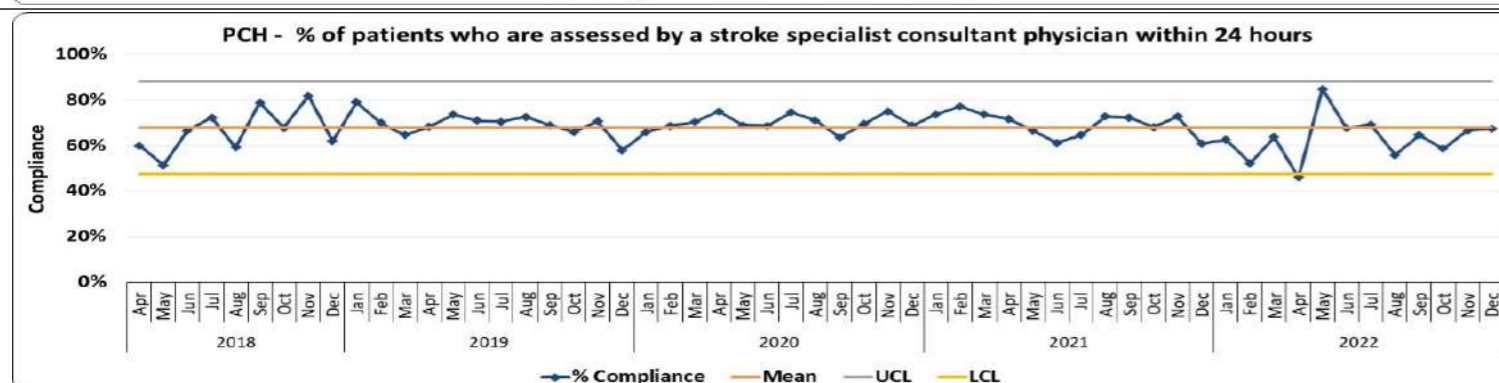
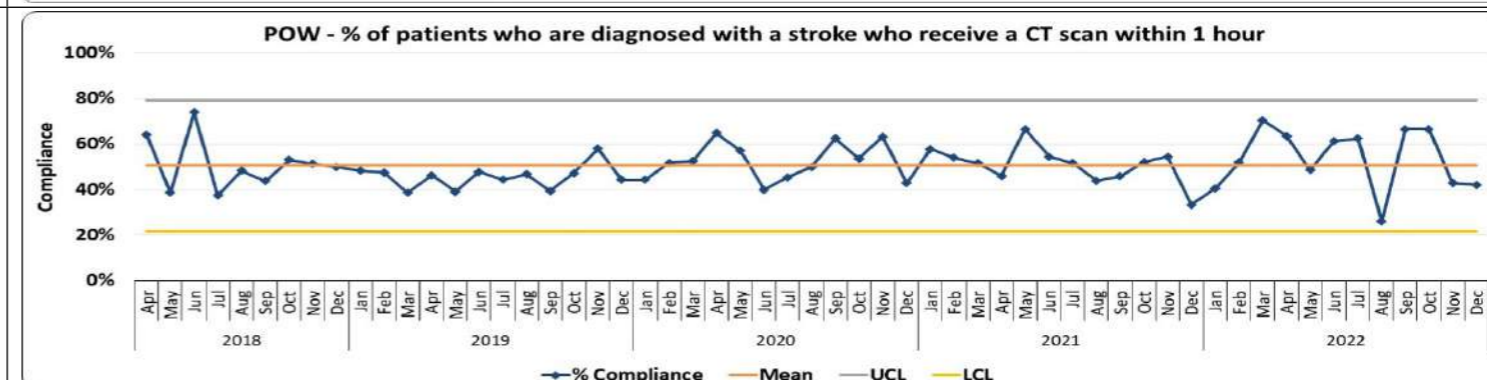
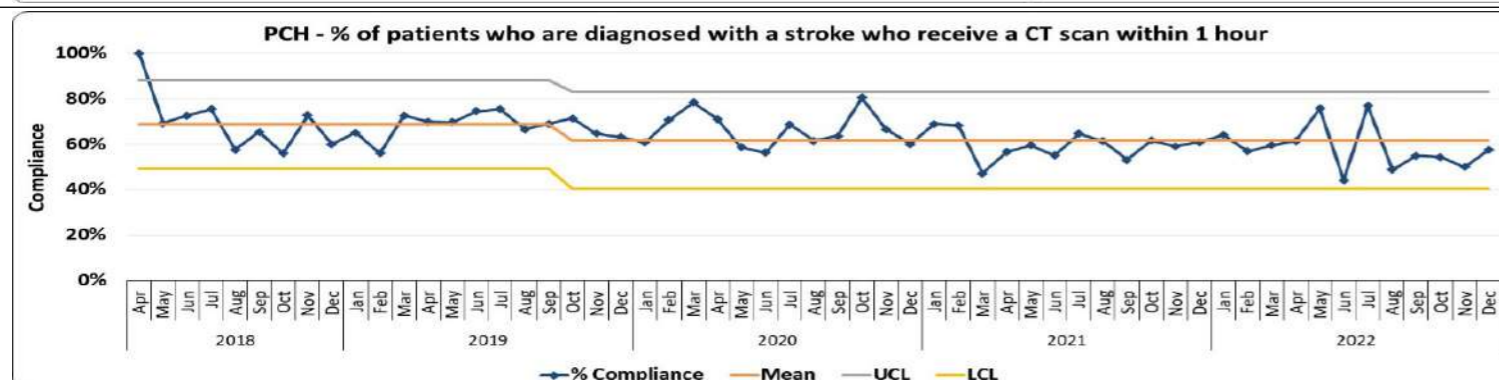
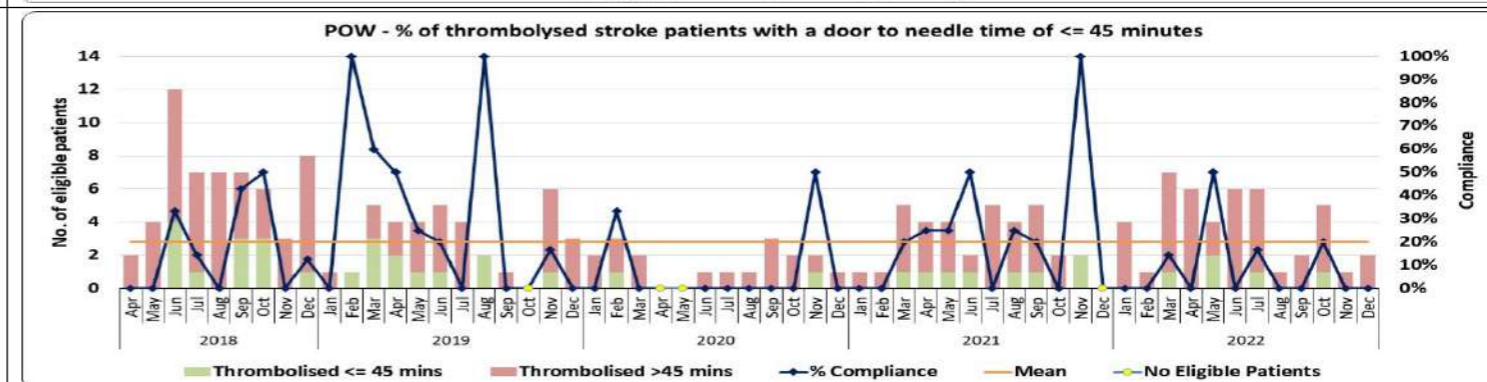
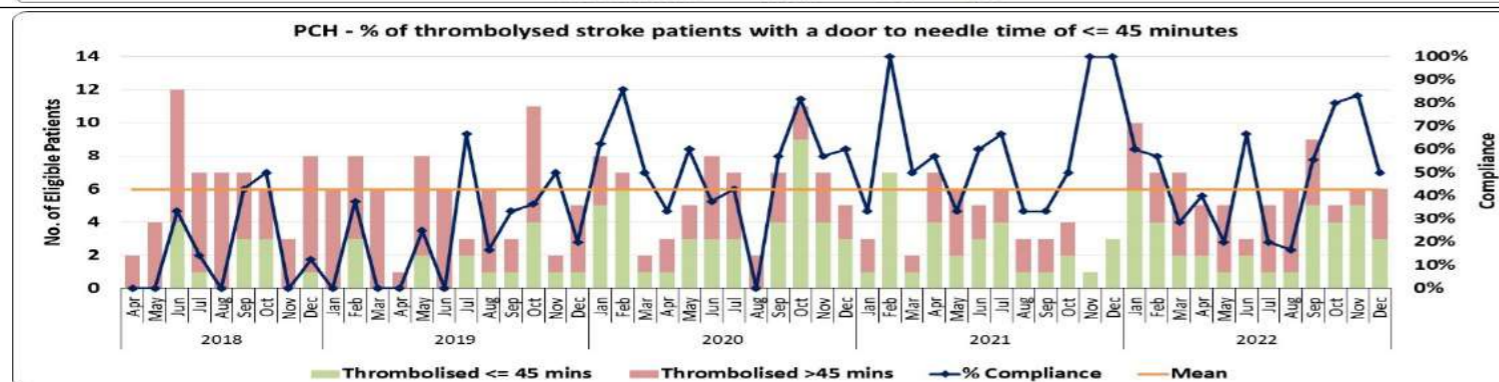
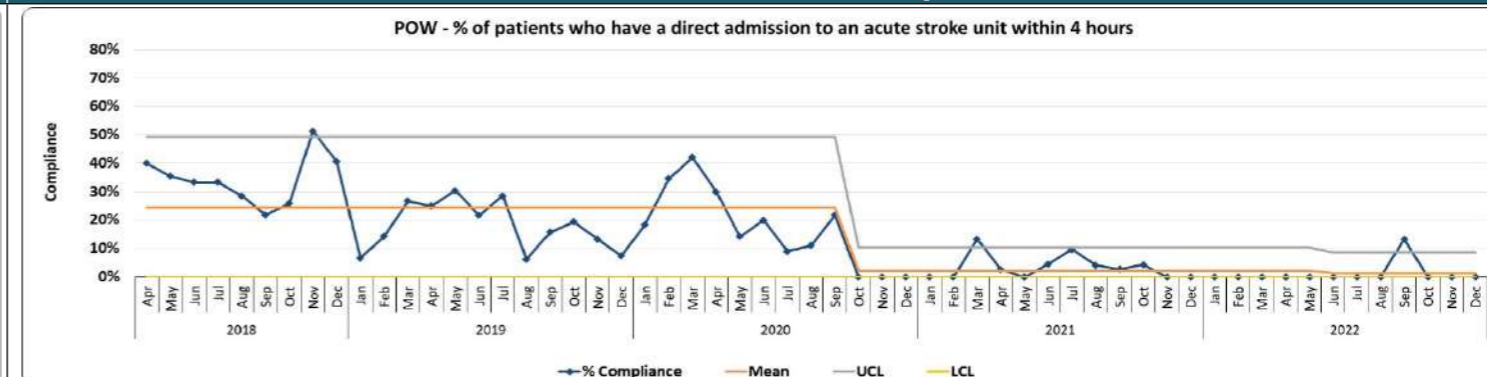
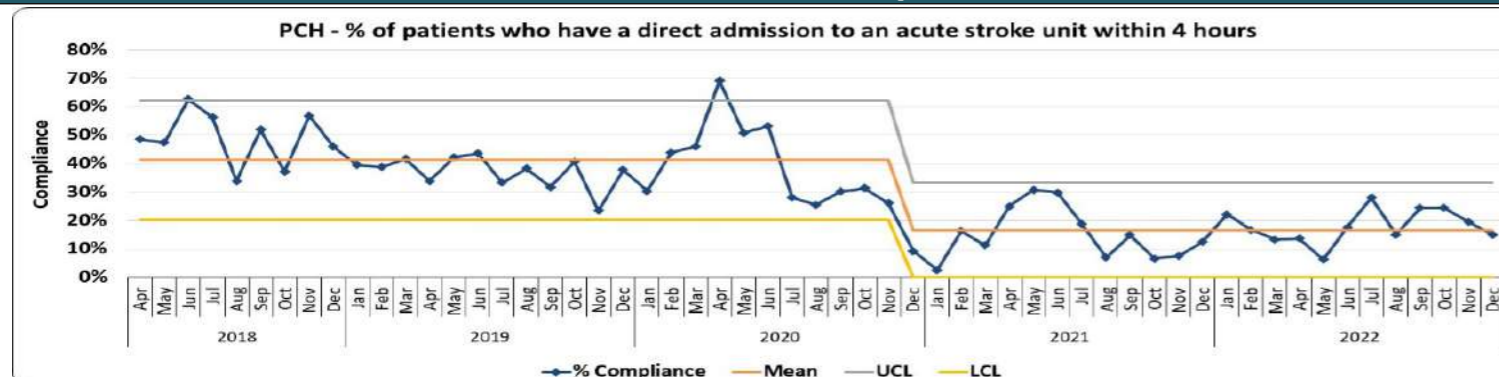
March 2023 – confirm funding and sign off investment to close any demand and capacity gaps for Pathway 1 (RIF). Conduct formal work around D2RA Pathway 2 using Rightsizing tool for community beds. Close winter surge beds.

April 2023 – Realign social care resources in acute wards using Pathway 2 KPIs. Revisit Therapy resource and use Rightsizing outputs and implement a collaborative plan to increase community capacity through 2023.

% compliance with direct admission to an acute stroke unit within 4 hours			% compliance of thrombolysed stroke patients with a door to needle time within 45 minutes			% compliance of patients diagnosed with stroke received a CT scan within 1 hour			% compliance assessed by a stroke consultant within 24 hours		
PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM	PCH	POW	CTM
15.0%	0%	10.2%	50.0%	0.0%	37.5%	57.5%	42.1%	52.5%	67.5%	47.4%	61.0%

Prince Charles Hospital

Princess of Wales Hospital



Stroke QIMS continued on the next page...

How are we doing?

Stroke QIMs - December 2022		PCH	POW	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	40	19	59
	No. of patients within 4 hours	6	0	6
	% Compliance	15.0%	0.0%	10.2%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	6	2	8
	No. of patients within 45 mins	3	0	3
	% Compliance	50.0%	0.0%	37.5%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	40	19	59
	No. of patients within 1 hour	23	8	31
	% Compliance	57.5%	42.1%	52.5%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	40	19	59
	No. of patients within 24	27	9	36
	% Compliance	67.5%	47.4%	61.0%

During December just 10.2% (6 out of 59 admissions) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Three of the eight eligible patients were thrombolysed within 45 minutes (37.5%) and 52.5% of patients (31 out of 59 diagnosed patients) had a CT scan within an hour. There were also 36 out of the 59 stroke patients (61.0%) seen by a specialist stroke physician within 24 hours of arrival at the hospital.

Key factors contributing to poor performance against stroke care standards include:

- 5-day/week service model for medical and therapy provision.
 - Lack of access to an Early Supported Discharge team and adequate bedded rehabilitation unit impact on length of stay and flow of stroke patients through the Princess of Wales hospital
 - Unprecedented demand for acute beds and the challenges maintaining a ring-fenced stroke bed impact on the ability to admit to the stroke wards within 4 hours across the whole hospital site.
- Pressures within adult social care resulting in delayed discharges and increased pressure across all inpatient areas.

What actions are we taking & when is improvement anticipated?

The CTM Stroke Strategy Group has agreed an integrated action plan with a number of short, medium and long term actions, some of which have resource implications. Progress is being made in a number of areas:

- Following the resignation of Consultant Stroke Physician at PCH, recruitment process ongoing following recent job planning exercise. In the meantime, the CSG continue to work with medical staffing agencies with the recruitment of a Locum Consultant.
- A CTM-wide stroke consultant rota, with joint working between PCH and POW consultants, in place enabling a more stable rota. Continued dialogue with C&VUHB to look at long term solutions, feeding into the South Central Wales Regional Programme Board.
- Regional developments with C&VUHB continue, representatives from both UHBs attended a national programme workshop in January to inform the development of modelling, optimal stroke pathway and service specifications. Successful recruitment has been made to the role of Clinical Lead for Stroke for the South Central Wales Stroke Delivery Network which will enable further progress to be made in response to national service specifications.
- Board briefing in January 2023, with input from national stroke leads.
- Prescribing nurse has been identified to support the initiation of the AF and BP project in Primary Care, with support of the GP with special interest and possibly additional pharmacists, commencing next month. The blood pressure element will be initially targeted at those patients previously identified through the Health Check programme where they will be reviewed in terms of ensuring their management is optimised. The AF element will be initiated in 2 or 3 clusters in the Bridgend area and work again commences next month.
- Work ongoing to develop services in CTM to respond to planned 24/7 access to thrombectomy in Bristol:
 - Awaiting final approval for radiographer approved CTA
 - Implementing CT perfusion (CTP) scanning to extend the window of thrombolysis and thrombectomy
 - Development of new stroke thrombolysis and thrombectomy pathway in anticipation of new stroke guidelines to be published in April 2023
 - Task and Finish group to look at implementation of Brainomix, AI software for interpretation of CTA and CTP to help streamline thrombectomy.
 - Awaiting confirmation of date Southmead Hospital to commence 24/7 thrombectomy for patients in Wales

What are the main areas of risk?

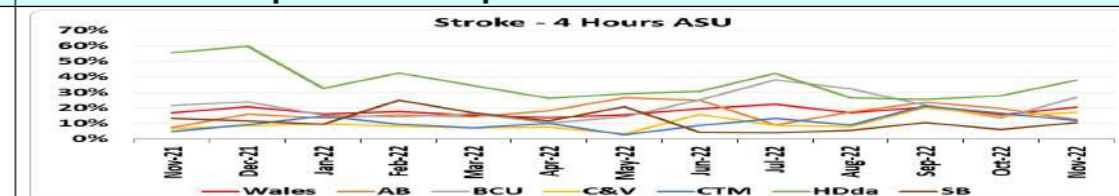
The intended impact of the short and long term actions, along with the regional and national stroke programmes, is to improve the quality, safety and experience of care for patients, their families and our workforce. CTM will develop a strategy and improvement plan for progressing towards a SSNAP rating of 'A'.

The main risks to achieving this rating are resource challenges and the wider patient flow problems experienced in ED and throughout the hospital, which make it difficult to ring fence stroke beds, particularly affecting the 4 hour target. This is part of the wider unscheduled care improvement programme and the wider performance management of the system.

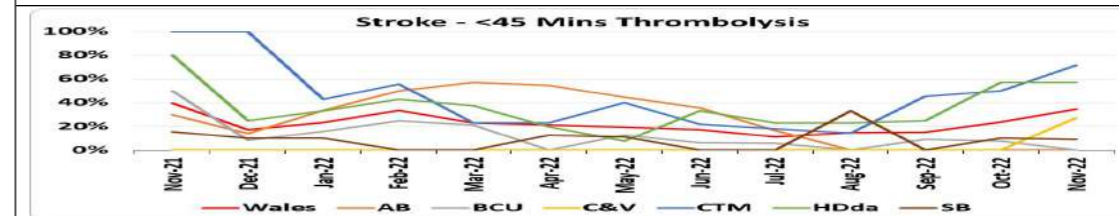
In POW, the ongoing staffing challenges within the therapy services are affecting the ability to update the information on SSNAP in a timely manner which will affect the accuracy of the therapy performance measures.

The inability to access ESD and a specialist bedded rehabilitation unit for POW patients impacts on outcomes, length of stay and flow. Expanding these services to support all localities across CTM requires additional or re-allocation of resource.

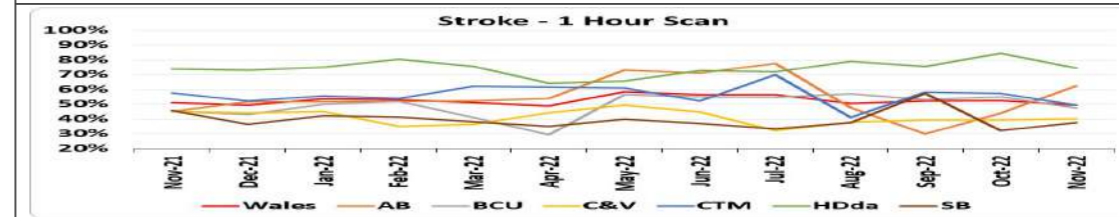
How do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
HDda	38.0%	1st
BCU	26.9%	2nd
C&V	17.2%	3rd
AB	12.5%	4th
CTM	12.1%	5th
SB	10.7%	6th



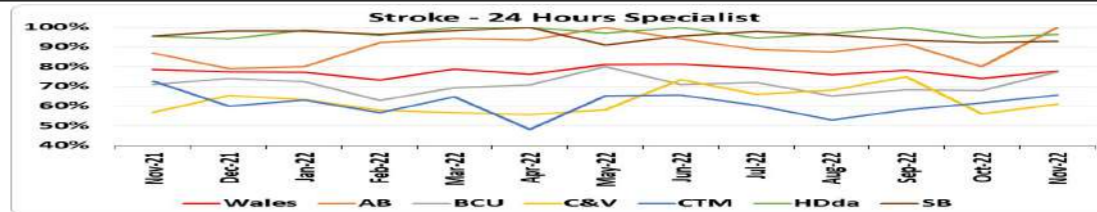
Status as at November 2022		
Health Board	Compliance	Rank
CTM	71.4%	1st
HDda	57.1%	2nd
C&V	27.3%	3rd
SB	9.1%	4th
AB	0.0%	5th
BCU	0.0%	6th



Status as at November 2022		
Health Board	Compliance	Rank
HDda	74.5%	1st
AB	62.5%	2nd
CTM	49.3%	3rd
BCU	47.4%	4th
C&V	40.3%	5th
SB	37.5%	6th



CTM Mental Health Services (excluding CAMHS) – December 2022



Status as at November 2022		
Health Board	Compliance	Rank
AB	100.0%	1st
HDda	96.4%	2nd
SB	92.9%	3rd
BCU	77.3%	4th
CTM	65.7%	5th
C&V	61.1%	6th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.5%) - Target 80%



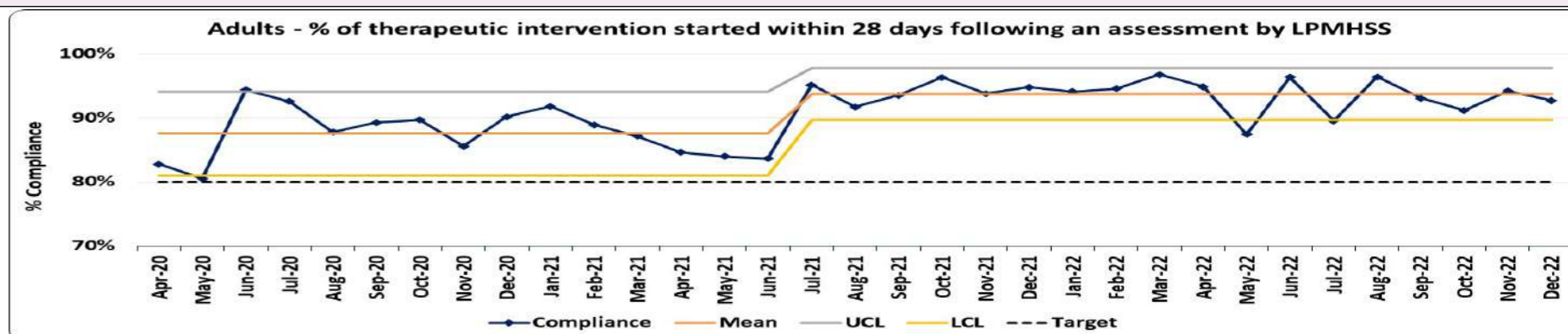
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The adult mental health services compliance for December remains above the threshold with 96.5% of the total assessments (314) carried out within the required timescale.

Referrals fell back to similar levels seen during August, totalling 588 patients. This represents a fall of around 26% on the average number of referrals received during the previous three months (795). Pre-Covid levels were in the region of 1,000 to 1,100 with the average referrals, thus far for 2022/23, averaging 698 per month.

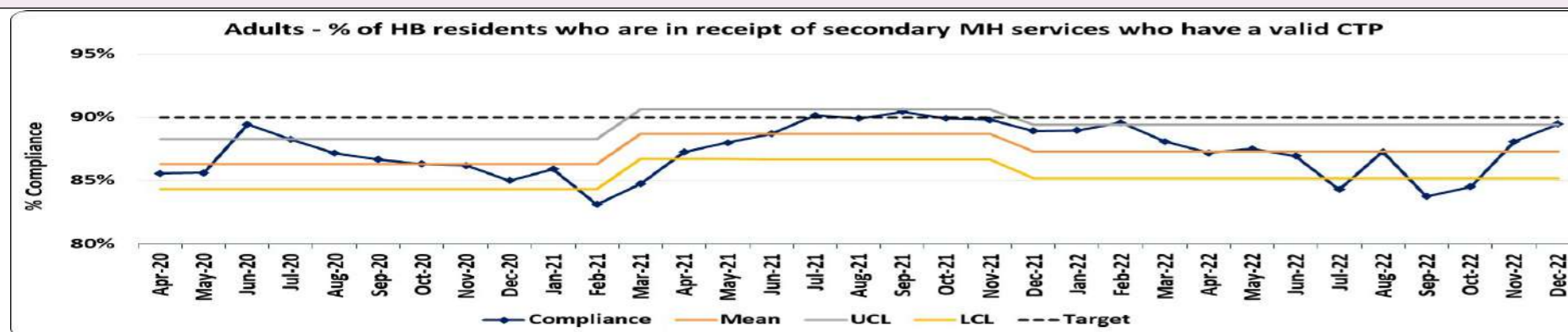
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (92.7%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained above the WG target with compliance at 92.7%.

This resulted in just 20 of the 275 interventions carried out being outside of the required timescale of four weeks.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (89.5%) - 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 was 89.5% during December and remaining just below the target threshold of 90%.

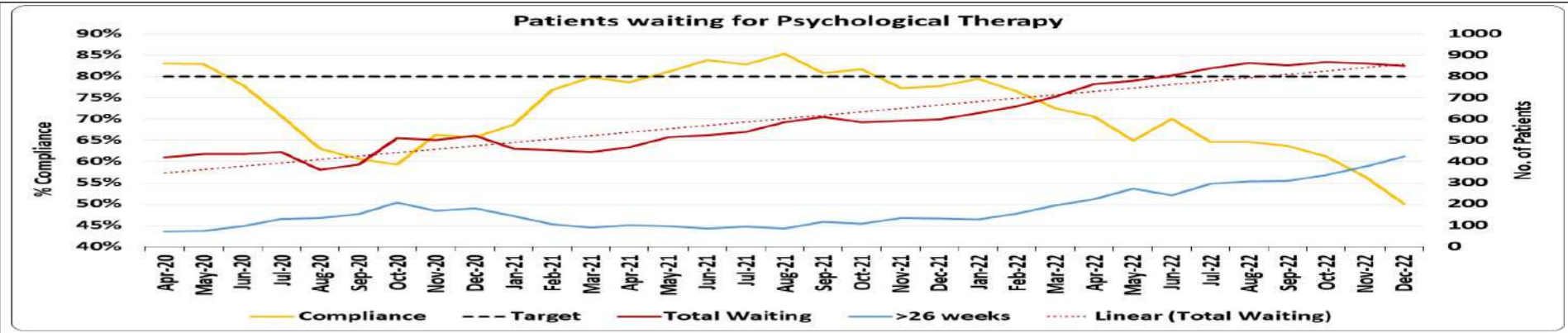
As seen in the chart to the left, compliance has remained under the target since April 2020, with the exception July and September 2021.

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

% of patients waiting less than 26 weeks to start a Psychological Therapy (50.0%) - Target 80%

During December Psychological Therapies compliance fell further to its lowest level of 50.0% since April 2020 and continuing to remain below the 80% compliance threshold.

The chart to the right depicts 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). The waiting list volume has been growing at a fairly constant rate throughout the period, with demand 13 patients higher than treatment each month. In the period to August 2021 the service improved their waiting list management and treat in turn which resulted in their compliance improving. However, thereafter the waiting list volume has grown to such an extent that the increase in the backlog has been resulting in an almost exact increase in the number of patients waiting over 26 weeks (which has grown at a constant of 21 per month since August 2021).

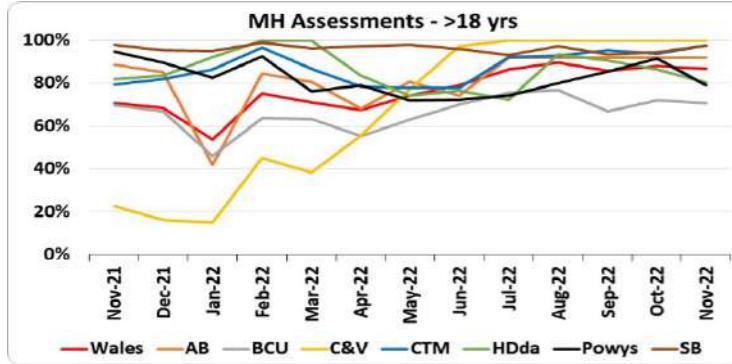


Adult Mental Health Services continued on the next page...

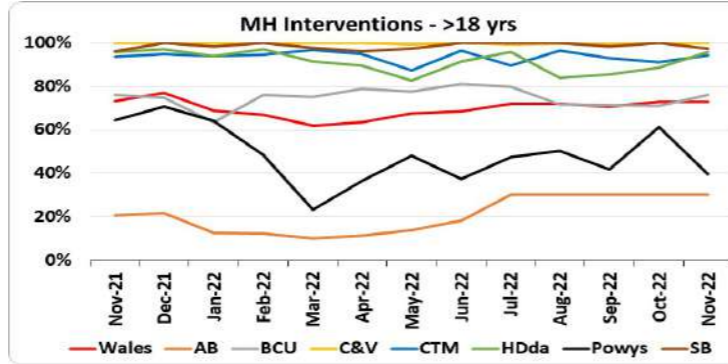
Cont'd...Mental Health Services (excluding CAMHS)

How are we doing and what actions are we taking?	When is improvement anticipated and what are the main areas of risk?
<p>Part 1a: Adult mental health services performance decreased slightly from 97.7% in November to 96.5% in December.</p> <p>Part 1b: Adult mental health services performance decreased from 94.2% in November to 92.7% in December.</p> <p>Part 2: Compliance for both Adult, Older Adult and Learning Disability Services combined has increased to 89.5% from 88.1% and is below the target threshold of 90%</p> <ul style="list-style-type: none"> • Adult Services increased from 86.9% to 87.8% • Older Adult Services improved from 91.1% to 93.2% • Learning Disability Services improved from 92.6% to 96.8% <p>Analysis is on-going on Non-Compliant CTPs to identify and prioritise work to reducing risk and providing assurances.</p> <p>Psychological Therapies: The waiting time standard is; at least 80% of the people who are waiting for an intervention should be waiting for less than 26 weeks. In December, 50% are waiting for less than 26 weeks.</p>	<p>Part 1a: compliance continues to be above the target of 80%. Increased demand during the winter months and the possibility of reduced capacity due to staff absence poses a risk to fluctuations in performance. Systems are in place to regularly monitor performance.</p> <p>Part 1b: compliance continues to remain above target.</p> <p>Part 2: Targeted work on non-compliant CTPs continues which is evidenced by an in month overall compliance increase to 89.5%. It is anticipated to further increase to above target compliance (90%) by the end of March (Quarter 4, 2022/23). Work continues with Local Authority partners to ensure non-compliant social worker led CTPs are prioritised based on reducing risk which is evidenced by a month on month compliance increase whilst caseload has increased slightly. The main risk to anticipated improvements remains the reduction in staffing capacity caused by increased sickness and turnover. Managers are being asked to monitor compliance closely in their teams and evidence risks being managed for patients with non-compliant CTPs. Senior Nurses have been asked to develop action plans in order to increase compliance. Monitored through Mental Health Planned Care Recovery Board.</p> <p>Psychological Therapies: Given the present vacancy levels within the department, 2 sources of external capacity has been secured to address the capacity gap</p> <ol style="list-style-type: none"> 1. Outsource intervention for 80 people. 2. Recruit two Assistant Psychologists to implement and evaluate a number of tests of change designed to improve waiting list data, ensure “waiting well” and improve utilisation of existing capacity. Both commence end of February, a month ahead of trajectory. <p>Adverts for CMHT Psychology vacancies have closed, one application received. Arrangements are being made to backfill the remaining 2 WTE with locum staff to maximise core capacity. Both schemes are being monitored against trajectories by the Mental Health Planned Care Recovery Board.</p> <p>Concurrent work is being underway on medium term plans to improve quality and performance and sustainable change. Delivery is planned over three stages which seek to (1) develop the capacity and capability for evidence based decision making, (2) make use of data to develop and agree strategies to maximise existing capacity and to develop the business case to address gaps; options appraisal to support prioritisation of agreed initiatives and (3) implement agreed strategies.</p>

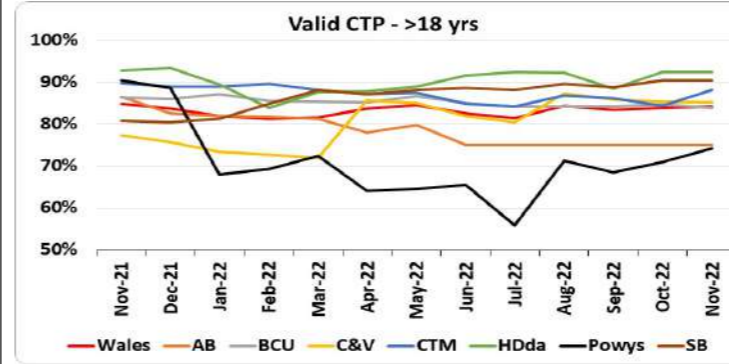
How do we compare with our peers?



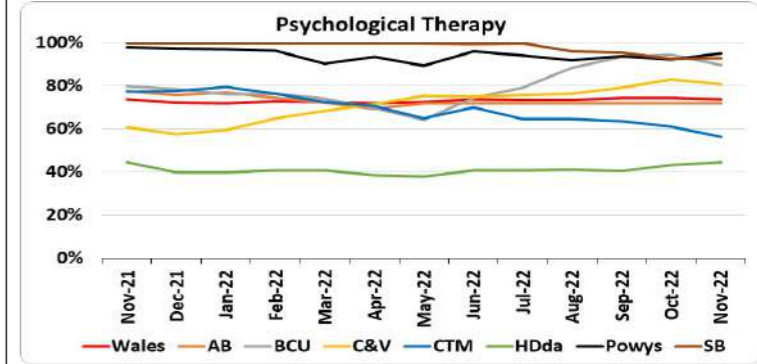
Status as at November 2022		
Health Board	Compliance	Rank
C&V	99.8%	1st
CTM	97.7%	2nd
SB	97.6%	3rd
AB	91.9%	4th
HDda	80.4%	5th
Powys	79.2%	6th
BCU	70.7%	7th



Status as at November 2022		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	97.6%	2nd
HDda	96.0%	3rd
CTM	94.2%	4th
BCU	76.1%	5th
Powys	39.7%	6th
AB	30.2%	7th

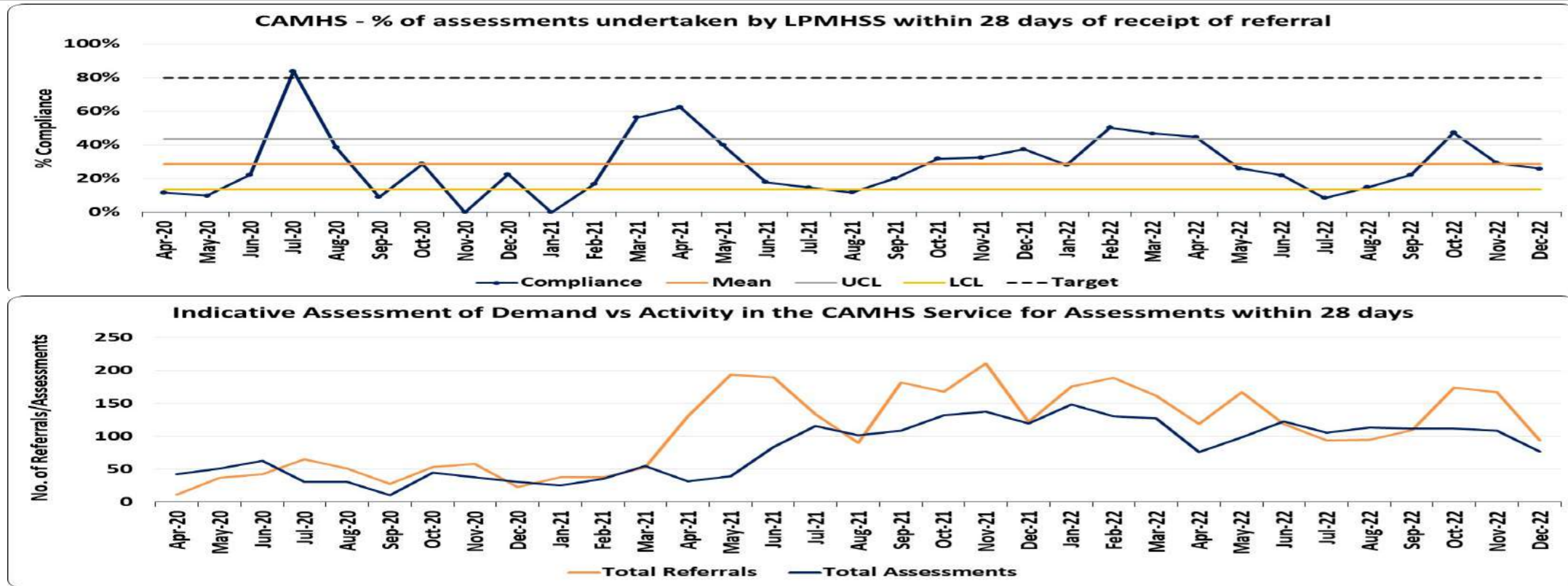


Status as at November 2022		
Health Board	Compliance	Rank
Powys	74.3%	1st
AB	75.0%	2nd
BCU	83.8%	3rd
C&V	85.1%	4th
CTM	88.1%	5th
SB	90.5%	6th
HDda	92.4%	7th



Status as at November 2022		
Health Board	Compliance	Rank
Powys	95.3%	1st
SB	92.9%	2nd
BCU	89.8%	3rd
C&V	81.0%	4th
AB	72.0%	5th
CTM	56.4%	6th
HDda	44.7%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (26.0%) - Target 80%



Compliance during December continues to be at a low level and similar to that seen earlier on in the year with just over a quarter of assessments (26.0%) undertaken within 28 days of referral.

Performance remains well below the WG's minimum expected standard of 80%, (the last time the target being met was in July 2020).

Compliance continues to be poor in both Part 1a & b with efforts being made to improve capacity and activity in the short and longer term, activity levels in December were affected by Industrial Action and sickness, resulting in the waiting list increasing slightly

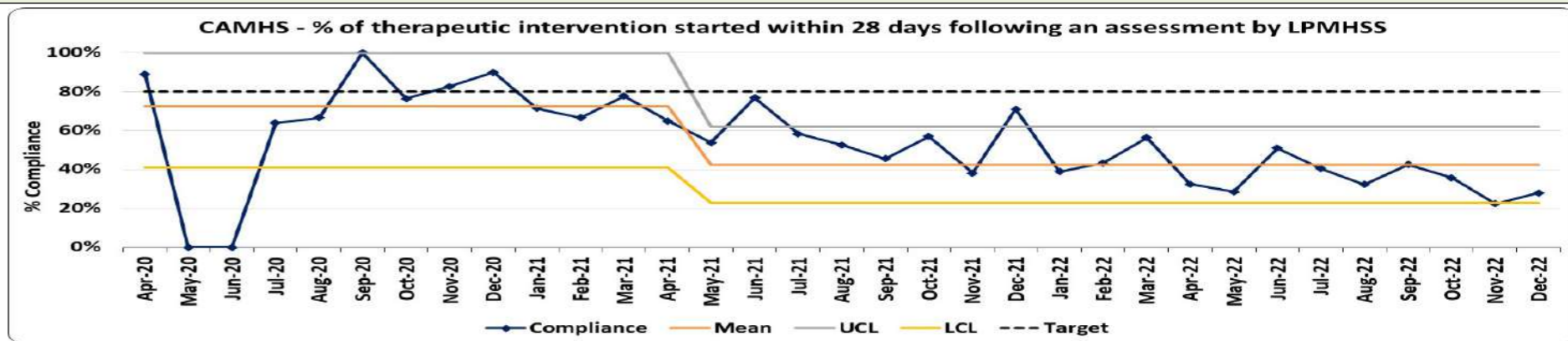
Achievement of the 28 day standard requires a significant waiting list reduction as detailed in the chart 2nd left where demand continues to exceed activity, the number of patients on the waiting list for assessment was approx. 260 in December with over 100 patients waiting more than 28 days

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (28.0%) - Target 80%

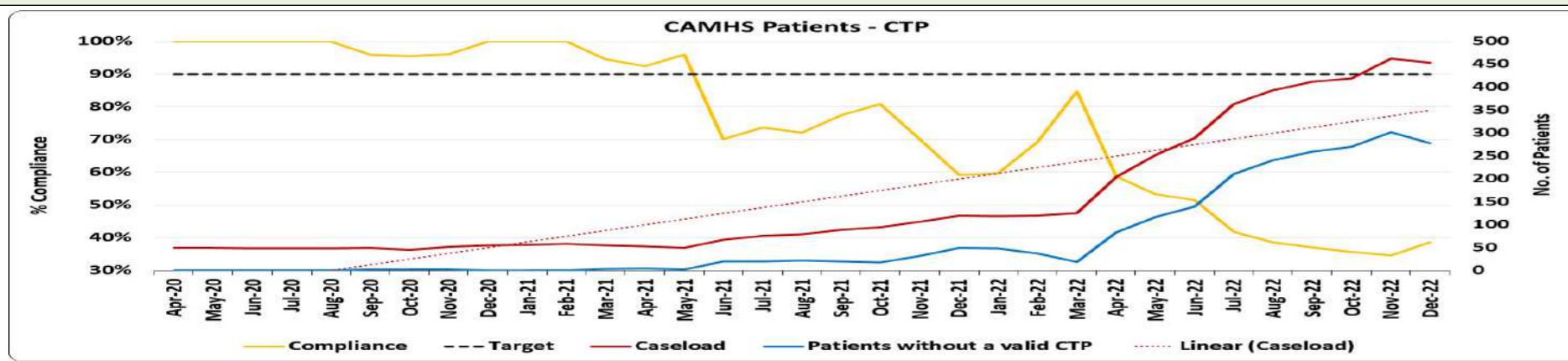
Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remains low at 28.0%, with just 14 of the 50 interventions for December commencing within 28 days.

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

The number of interventions started in December was affected by Industrial Action although the number of patients waiting for intervention has been reduced.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (38.6%) - 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 continues to remain at low levels of compliance.

As seen in the chart to the left; from the start of the period to May 2021 the caseload volume had been fairly constant and compliance remained above the target threshold. Thereafter, caseload volumes increased incrementally until a sharp rise was seen in April 2022, where caseloads have grown, on average by 28 patients each month. The backlog has grown to such an extent that less than 40% of patients currently have a valid CTP, which is on a par with the current average for 2022/23 (41.4%).

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



How are we doing and what actions are we taking?

Demand has continued to exceed activity in December, as the service was also affected by Industrial Action. The acuity of the Children and Young People (CYP) remains high and evidenced by the increasing number of CYP requiring Part 2 in the service as well as patients requiring more interventions prior to discharge. Performance has continued to be for both Part 1a and Part 1b, due to a backlog of patients waiting longer than 28 days for assessment and intervention. The focus has been to ensure patients are treated in order of longest waits and there is equity in access across the locality teams, unless there is clinical urgency. There has been increased capacity in recent months for assessments and interventions and this capacity has been used for patients waiting longer than 28 days. This has led to a slight decrease in performance although the number of patients waiting for intervention under Part 1b has reduced significantly.

Patients presenting with higher levels of need and risks are being identified and are in receipt of a Care Treatment Plan (CTP). The number of CYP who require a Part 2 CTP continues to increase within the service (increasing to over 450 CYP). This increase in patients identified under Part 2 of the service has resulted from quality improvement work to improve the understanding and awareness of the criteria of Part 2. Work has been ongoing to ensure these patients are allocated a care co-ordinator and meet with the patient to put in place a valid CTP. The overall number of patients with a valid CTP has increased from 120 in April 2022 to 175 in December 2022.

Actions being taken: An improvement action plan and trajectories had been developed to improve compliance for all Mental Health Measures targets. In light of the increasing demand plans are being revised and reviewed with the senior clinical leads. Meetings are in place with the service team leads and senior clinical leads on a fortnightly basis. As part of this work the service is revising the performance trajectories to detail when improvement will be expected.

Actions already taken place to support improvement include movement of resources to areas of longest waits; review of caseloads and supporting clinicians with identifying discharge plans and caseload review and wellbeing support for the workforce. Additional WLIs have been in place since September and are providing additional capacity in the interim to recruitment to new posts in the service. The service team leads and administrative support have also received demand and capacity training by the DU.

Recruitment has taken place for new posts funded via the Mental Health Service Improvement Fund in the following areas:

- Band 5 RMN (Start March) and Band 3 (Start Feb) Healthcare Support Workers – These staff will provide additional capacity for assessments and interventions ;
- Primary care liaison posts – these staff are now in post to provide additional capacity to the Single Point of Access team and work closely with GP clusters to provide advice and consultation to help manage demand into the service. The first phase of this work will include a professional contact telephone line to discuss any CYP.

The service has been working on some new pathways with third sector organisations to provide groups on specific areas of support for CYP. The first pilot of this work will start in February 2023 with Mental Health Matters. This will provide interventions and reduce the waiting times for interventions as well as provide CYP with peer group support. The service is also planning on implementing a referral pathway to Silvercloud which will provide CYP the option to receive therapy intervention via a 12 week online course. This is anticipated to be implemented by April, subject to support by Silvercloud.

The In-Reach Service/Whole Schools Approach was implemented at the beginning of September with the first 40 pilot schools and this has been rolled out to a further 40 schools. This service will underpin early intervention and prevention in partnership with other organisations, supporting emotional wellbeing resilience in CYP and aim to prevent onward referrals into specialist CAMHS.

To improve compliance with Part 2 performance, non-clinical time has been reduced and additional time has been given to appointments in November, December and January to enable care co-ordinators to complete the CTP. At the end of January it is anticipated that performance will improve from 35% to approx. 65% and further improvement to 90% by the end of March 2023.

In addition to the above the following actions are being progressed to improve performance:

- Review of current job plans and recruitment to increase capacity for assessments – a further 3 posts are due to be advertised which will provide some additional capacity
- Implementing text reminders to maximize the available capacity (awaiting ICT support although no confirmation of timescales)
- Review of the clinical model and review and support for caseload management given the increased acuity in the service

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

Outputs of improvements

Part 1a and 1b :

- The additional activity and a slight reduction in demand in December has meant the waiting list for Part 1a has reduced slightly reducing the overall waiting time and number of patients waiting more than 28 days. However as the service continues to treat patients in order unless there is clinical urgency then it is anticipated that performance will continue to be lower in next few months in order to reduce the backlog of patients waiting more than 28 days. The actions being taken to increase and maximise capacity available including recruitment to new posts and working with third sector organisations will be implemented from February, it is anticipated there will be more sustainable improvement subject to demand levels from April 2023
- The actions taken to manage demand, namely primary care liaison and roll out of the schools in-reach provision are part of a wider systematic approach to supporting wellbeing and mental health and are anticipated to take longer to have an impact on referral number and trends with expectation of having an impact in the medium to longer term towards the summer of 2023.

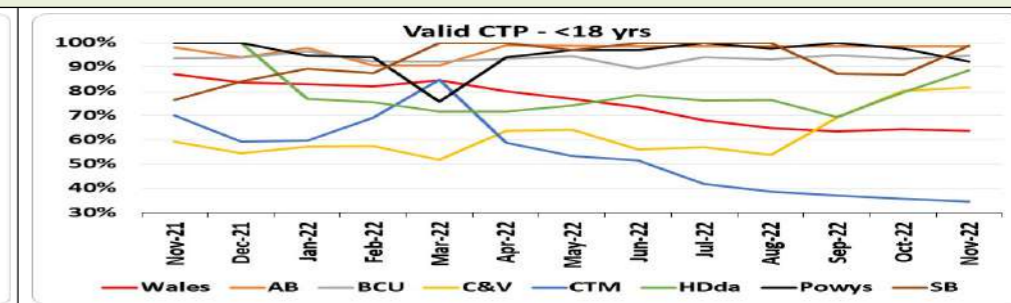
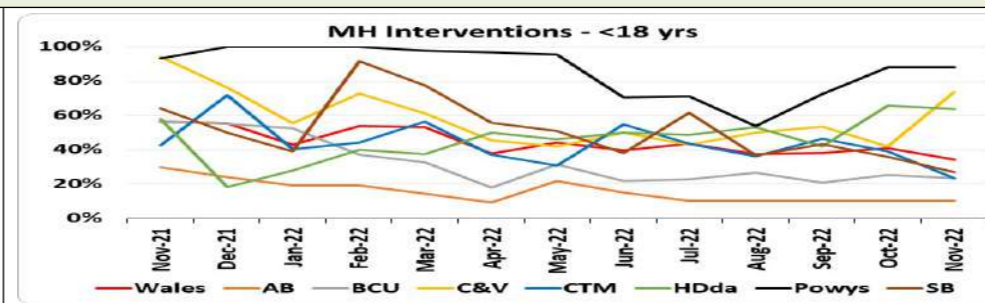
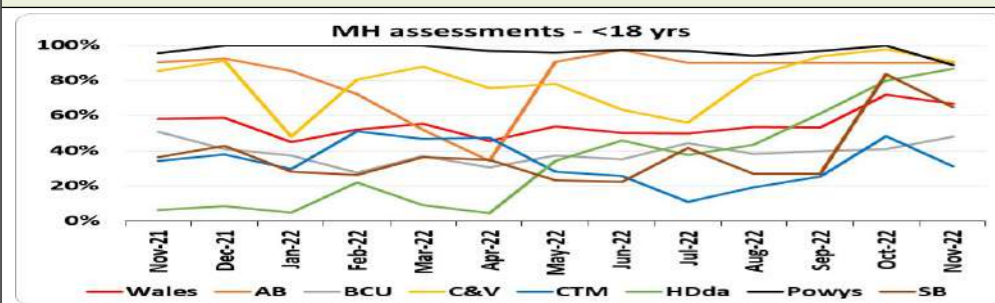
Part 2:

There has been a focus on providing additional capacity and time to support care co-ordinators to complete CTPs with their patients from November through to the end of January. Alongside this, the work on capacity and demand concluded at the end of December. It is anticipated there will be an improvement in performance from January 2023 to approximately 65% and the further improvement in line with the performance target by the end of March 2023.

Main areas of risk

- Demand and capacity imbalance increasing the backlog of patients waiting to be seen – the service has seen an increase in demand in the winter of 2022 and despite making improvements to the waiting list over the summer, the waiting list has increased again since October. In the last couple of months the waiting list has started to reduce
- Reduced capacity - Staff uptake in doing additional clinics has been limited in November and December. The Industrial Action also had an impact with a number of appointments cancelled on both days reducing the activity significantly in December. It is anticipated there will be a further detrimental impact with Industrial Action in February
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work or possible admission.

How do we compare with our peers?



Status as at November 2022		
Health Board	Compliance	Rank
C&V	90.7%	1st
AB	90.1%	2nd
Powys	88.9%	3rd
HDda	86.8%	4th
SB	64.8%	5th
BCU	48.2%	6th
CTM	31.3%	7th

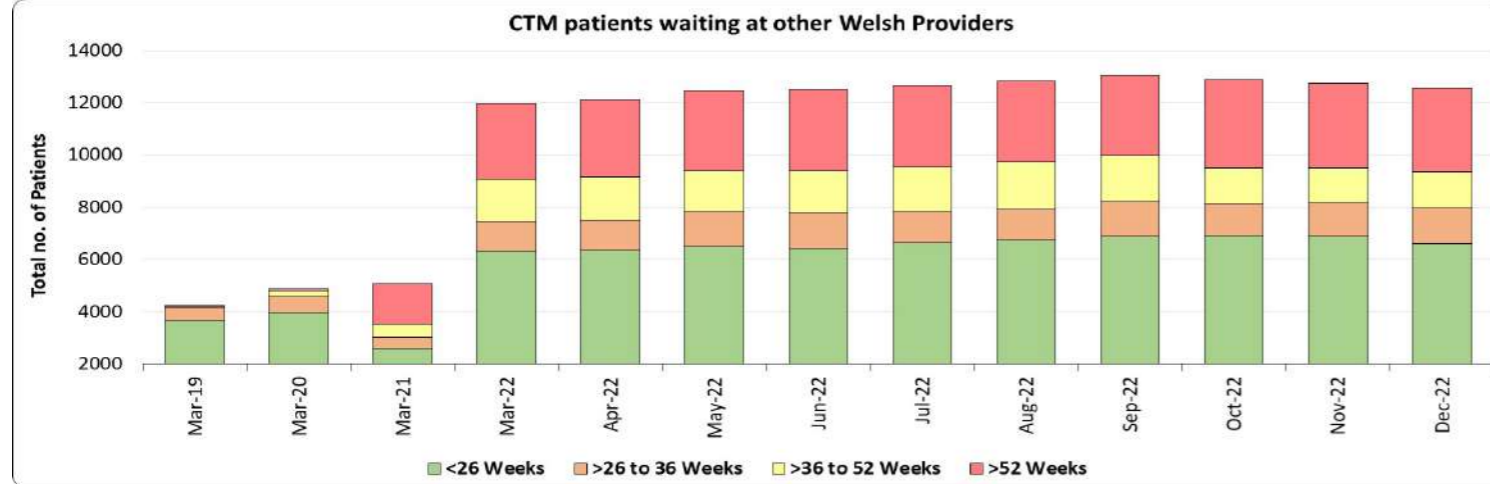
Status as at November 2022		
Health Board	Compliance	Rank
Powys	88.0%	1st
C&V	73.7%	2nd
HDda	63.6%	3rd
SB	26.8%	4th
CTM	23.4%	5th
BCU	23.3%	6th
AB	10.3%	7th

Status as at November 2022		
Health Board	Compliance	Rank
SB	98.7%	1st
AB	98.6%	2nd
BCU	94.6%	3rd
Powys	92.3%	4th
HDda	88.7%	5th
C&V	81.7%	6th
CTM	34.6%	7th



WHSSC – Welsh Health Specialised Services Committee

CTM Residents Waiting for Treatment at other Welsh Providers – **Please note that w.e.f. from June 2021, Swansea Bay UHB have applied a LHB residents code to their waiting list submission that has had the impact of revealing an increase in the number of CTM residents waiting for treatment at SB that were previously regarded as being their own residents. This does not affect the management of the patients as they have been reported on SB waiting lists and will continue to do so until the patients are treated.*



Using data collected and reported by Digital Health and Care Wales (DHCW), the chart above shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.

Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards. The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting for treatment at three specific Welsh providers together with a specialty breakdown of the number of patients waiting.

The number of CTM patients waiting over 36 weeks (RTT) at these three Health Boards in November is 4,601 of which 3,205 are waiting more than 52 weeks. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards is 306 and there are just 4 patients waiting over 14 weeks for a therapy.

CTMUHB Patients waiting at Cardiff & Vale UHB		
Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	208	808
Neurology	224	406
Ophthalmology	99	197
Clinical Immunology And Allergy	38	195
General Surgery	42	85
Urology	19	40
Gynaecology	21	29
Paediatric Surgery	21	28
ENT	12	27
General Medicine	21	27
Oral Surgery	16	20
Dental Medicine Specialties	11	16
Gastroenterology	8	15
Paediatrics	31	14
Cardiology	26	5
Clinical Pharmacology	2	1
Paediatric Dentistry	6	1
Restorative Dentistry	0	1
Cardiothoracic Surgery	3	0
Dermatology	7	0
Neurosurgery	7	0
Orthodontics	6	0
Pain Management	1	0
Grand Total	829	1915

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	80	52
Cardiology	128	43
Radiology	213	37
Physiological Measurement	12	9
Imaging	1	0
Neurophysiology	4	0
Total	438	141

Therapies		
Service	Total Waits	>14 wks
Dietetics	16	2
SALT	2	2
Occupational Therapy	3	0
Physiotherapy	25	0
Total	46	4

CTMUHB Patients waiting at Aneurin Bevan UHB		
Specialty	>36 to 52 Weeks	>52 Weeks
Urology	8	67
Trauma & Orthopaedics	11	45
ENT	5	32
Ophthalmology	10	15
General Surgery	7	8
Oral Surgery	7	5
Orthodontics	0	5
Cardiology	0	1
Dermatology	1	0
Urology	1	0
Endocrinology	1	0
Gastroenterology	5	0
Gynaecology	10	0
Neurology	1	0
Grand Total	66	178

Diagnostics		
Service	Total Waits	>8 wks
Endoscopy	25	15
Radiology	24	7
Physiological Measurement	1	1
Cardiology	5	0
Total	55	23

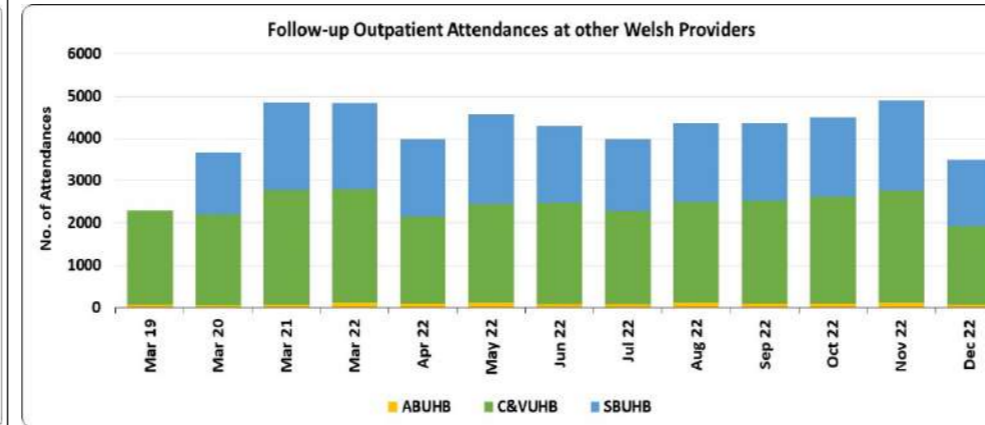
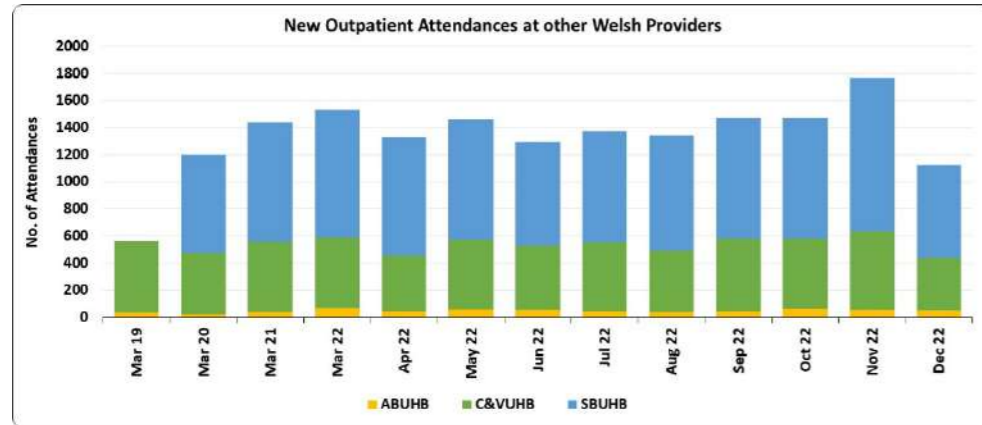
Therapies		
Service	Total Waits	>14 wks
Physiotherapy	15	
Dietetics	3	
SALT	1	
Occupational Therapy	1	
Total	20	

CTMUHB Patients waiting at Swansea Bay UHB		
Specialty	>36 to 52 Weeks	>52 Weeks
Oral Surgery	189	417
Plastic Surgery	76	222
Trauma & Orthopaedics	63	174
Orthodontics	22	103
Gynaecology	28	64
General Surgery	74	62
ENT	2	21
Gastroenterology	6	19
Urology	1	15
Ophthalmology	6	6
Paediatrics	4	6
Neurology	24	4
Dermatology	1	0
Diagnostic	4	0
Paediatric Neurology	1	0
Grand Total	501	1113

Diagnostics		
Service	Total Waits	>8 wks
Neurophysiology	185	92
Endoscopy	39	33
Cardiology	73	15
Physiological Measurement	2	2
Total	299	142

CTM patients waiting at specific health boards (RTT)						
December 2022	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
Weeks Wait	Total Patients	% waiting	Total Patients	% waiting	Total Patients	% waiting
<26 Weeks	3433	49.3%	329	51.3%	2835	57.4%
>26 to 36 Weeks	792	11.4%	68	10.6%	491	9.9%
>36 to 52 Weeks	829	11.9%	66	10.3%	501	10.1%
>52 Weeks	1915	27.5%	178	27.8%	1113	22.5%
Total Waiting	6969		641		4940	
% of Total Waiting	55.4%		5.1%		39.3%	

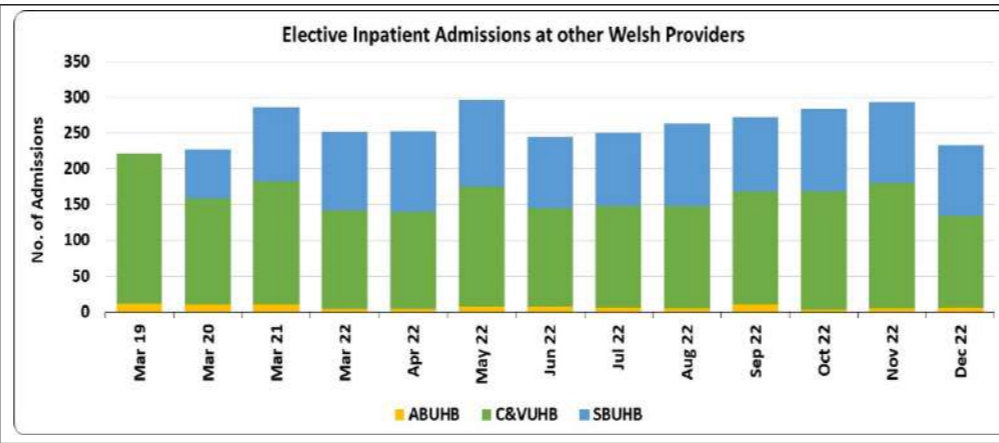
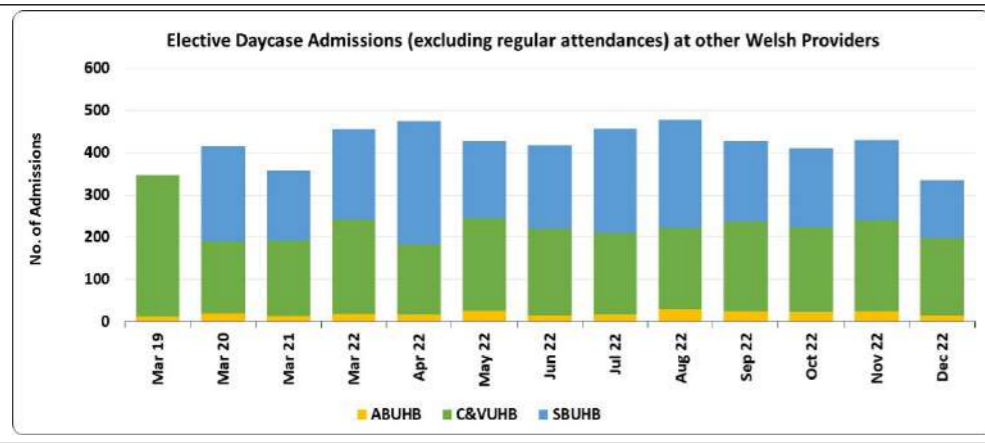
CTM Outpatient Attendances at other Welsh Providers



The December 2022 position (January reporting period) continues to show marginal change from the previous reported positions.

There are three CTMUHB residents waiting up to 52 weeks for Cardiac Surgery at Cardiff and Vale UHB and no 52 week breaches.

The performance of Neurosurgery has remained stable, with no patients waiting more than 52 weeks currently. Six patients have waited between 36 and 52 weeks (an increase of 1 on the previous month). Neurology waits remain a significant concern with a total of 406 patients waiting more than 52 weeks, although there is a marginal reduction from the previous month.



Cardiff and Vale paediatric surgery waits are still over 52 weeks with 28 breaches currently, an increase of 7 on the previous month.

Plastic Surgery remains an area of concern for Swansea Bay performance. The number of CTMUHB residents waiting over 52 weeks currently sits at 222.

2.3 Finance update – Month 10

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.

- £3M of the accrual which is 6/ of £6.0m.

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

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

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not yet assessed



Legal implications / impact	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

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

AGENDA ITEM
5.4

PLANNING, PERFORMANCE & FINANCE COMMITTEE

SEPSIS COMPLIANCE IMPROVEMENT PLAN

Date of meeting	28/02/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Dr Esther Flavell/Richard Jones/Vanessa Jones
Presented by	Dr Dom Hurford
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

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

ACRONYMS	
RADAR	Recognition of Acute Deterioration and Resuscitation
NEWS	National Early Warning Score
CTMUB	Cwm Taf Morgannwg University Health Board
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
CCOT	Critical Care Outreach Team

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide an overview of governance and activity across CTMUHB in relation to the recognition, escalation and early treatment of Sepsis. This report details, themes and cases, analysis of the sepsis 6 bundle and our ongoing approach to improving sepsis recognition and treatment.
- 1.2 Sepsis is one of the leading causes of Acute Deterioration and therefore our response to the acutely deteriorating patient has Sepsis at its core.
- 1.3 The attached report describes the CTMUHB approach to sepsis with Reference to:
- Themes, numbers and aspects of the sepsis bundle that may be missed
 - The picture across the three acute sites
 - Training and governance structures
 - Compliance with the Welsh Government Sepsis Guidelines (2017) and the monthly requirement to provide them with Sepsis Metrics.
 - Future areas for work

1.4 Numbers of deaths across CTM

The table below gives the total numbers of deaths for each site from 2020 onwards where sepsis was listed as a cause of death on the death certificate.

Site	Deaths with sepsis 2020 onwards
PCH	141
POW	137
RGH	110

1.5 Age spread of patients dying with sepsis on the death certificate

The tables below give details of the age ranges of patients at two of the sites for sepsis deaths. Figures for RGH were not available.

We can see from the tables that the vast majority of deaths occurred in the older age groups. We know that classic signs of sepsis may be harder to recognise in these groups.

PCH ages of deaths from sepsis

Age	% of total(deaths)
>90	11.19
80-90	41.04
70-80	32.8
60-70	8.9
<60	5.9

POW deaths from sepsis by age

age	% of total deaths
>90	13.7
80-90	36.27
70-80	25.8
60-70	15.5
<60	8.6

1.6 Sources of sepsis in CTM

The table below shows the most common sources of sepsis listed on death certificates. These are similar across the three sites with all sites seeing chest, intra-abdominal and urosepsis as the leading sources.

Commonest sources per site

Top sources	RGH	POW	PCH
1	uro-sepsis	chest	chest
2	chest	Intra-abdominal	urosepsis
3	Intra-abdominal	urosepsis	Intra-abdominal
4	> 1 source	unknown	unknown
5	Soft tissue	biliary	Soft tissue
6	unknown	Soft tissue	biliary

Scale of 1-5 where 1 is most common
Taken from death certificates

1.7 Themes

The deaths related to sepsis in stage 3 mortality reviews and ombudsman cases have been analysed to look for themes across the cases where certain aspects of the care bundle may have been missed. These cases do date from 2019 onwards and may not reflect what is happening now. There has

been a lot of work detailed below into sepsis training and audits taking place that have happened since 2019.

- Acting on NEWS
- Appropriate escalation by nurses and medical staff
- Achieving the full sepsis 6 bundle
- Delays in receiving treatment especially antibiotics and fluids
- Overlooking relevance of subtle signs
- Overlooking relevance of acute kidney injury as part of sepsis
- Documentation especially of specific targets and rationale for withholding treatment if de-escalation is appropriate

1.8 areas where sepsis bundle not completed within 1 hour

Datix reports where sepsis bundle was not completed within an hour were used to see which areas had highest levels of non-compliance.

Location	Bridgend	Merthyr	RTE
Labour ward	5	5	-
ITU	4	5	9
ED	10	18	11
Home	17	7	4
AMU	4	-	-
Admissions	-	4	-
CDU	-	9	-
Fracture clinic	-	1	-
Ward 18	4	-	-
Ward 9	-	4	-
Ward 2	-	-	4

2.1 Structures

2.1.1 The improvement in CTMUHB governance arrangements since 2019 with the formation of the Recognition of Acute Deterioration and Resuscitation Committee (RADAR) and ILG sub-RADAR subgroups.

2.1.2 Recognition of the impact and progress made with Acute Deterioration (AD) programme through the appointment of a Clinical Lead (medical) and an AD Lead (nursing).

2.1.3 The essential role of the Critical Care outreach team and the progress made towards establishing 24/7 service equity on all the acute sites across CTMUHB.

2.2 Acute Deterioration Processes

- 2.2.1 Updating and embedding NEWS Cymru to have a structured and unified approach across CTMUHB in all clinical areas to allow rapid objective detection of deterioration.
- 2.2.2 Awareness of our NEWS and Escalation Procedure that provides best practice guidance to health care professionals in determining and identifying patients within our care who are at risk of becoming unwell or presenting with abnormal physiological status.
- 2.2.3 The current use of a Sepsis Screening tool and the Sepsis improvement work plan, Sepsis Working group and proposed sepsis screening tool (appendix 1 of attached position report).
- 2.2.4 Development of the Treatment Escalation Plan (TEP) as a response to linked work with mortality reviews, where appropriate escalation and de-escalation have been issues in the identified themes.

2.3 Outcomes and assurances

- 2.3.1 The establishment of audit and feedback processes to monitor and improve performance e.g. NEWS Cymru compliance audit, Analysis of rapid response and cardiac arrest calls to monitor effectiveness of identification, escalation, and response to acute deterioration within CTMUHB. The most recent figures for this are given below for both ED and inpatients, showing 47% and 80% compliance respectively.
- 2.3.2 Standardisation of rapid response emergency call throughout CTMUHB.
- 2.3.3 Progress with the establishment of 24/7 Critical Care Outreach (CCOT) services on each acute site. Services are now 24/7 at RGH and POW. PCH is currently at 12/7 service which is anticipated to become 24/7 following the induction of newly recruited staff by March 2022.
- 2.3.4 Establishment of CCOT standard operating procedures.
- 2.3.5 Compliance status with Welsh Government Sepsis Guidelines 2017.
- 2.3.6 Training to include subtle signs of sepsis in older patients.

- 2.3.7 Sepsis working group continuing to roll out training in ED at all three sites and audits of this is ongoing. Regular meetings are occurring to monitor this process with representatives from each site.
- 2.3.8 ITU/Labour ward to look at their cases where sepsis 6 was not completed within the first hours. This has been discussed and notes requested for review, reflection and learning points to be shared.
- 2.3.9 Request made to look at admissions with sepsis via coding. This has been done previously for public health Wales and will also real time tracking rather than analysis of death certificates.
- 2.3.10 Focus of the training work is on ED but will be rolled out to cover other areas.
- 2.3.11 Acute kidney injury bundle is next for roll out and an NHS Wales bundle sticker has been produced for ease of use. This is also included in the sepsis 6 audit tool.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Structural

- 3.1.1 Recurrent funding needs to be identified for Acute Deterioration and Resuscitation Medical and Nursing leads.
- 3.1.2 Critical Care Outreach teams being pulled/ redeployed to cover other areas impacting on
- Clinical rapid response to the acutely deteriorating patient and severe sepsis.
 - Education and training for Sepsis+ NEWS Cymru,
 - Measurement/audit of sepsis compliance.
- 3.1.3 Lack of accommodation for training in NEWS, Acute Deterioration, Sepsis, Rapid Response, and resuscitation.
- 3.1.4 Ongoing administration support for ILG RADAR meetings.

3.2 Process/Outcome

- 3.2.1 Pace of progress limited by the current resource for acute deterioration.

- 3.2.2 Implementation barriers as staff not being able to attend training due to current workplace pressures.
- 3.2.3 Barrier to compliance due to clinical pressures - 80% of suspected sepsis cases are located in our Emergency departments and Admission Units. Pressures in these areas make timely delivery of care and documentation of care a challenge. Pressures within ED are still a huge issue in terms of triage and observations being taken in a timely manner when there are staff and space constraints.
- 3.2.4 Need for IT infrastructure support to create a digital NEWS and Sepsis tool.
- 3.2.5 Inability of clinical teams to visualise data collected around compliance. Need for Performance and Informatics resource / time to develop a real-time dashboard for frontline staff, senior clinicians and governance groups.
- 3.2.6 Need for Communications support to promote implementation, engage all staff groups and to advertise good practice.

4 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Timely Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) Not applicable
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.



Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Health

5 RECOMMENDATION

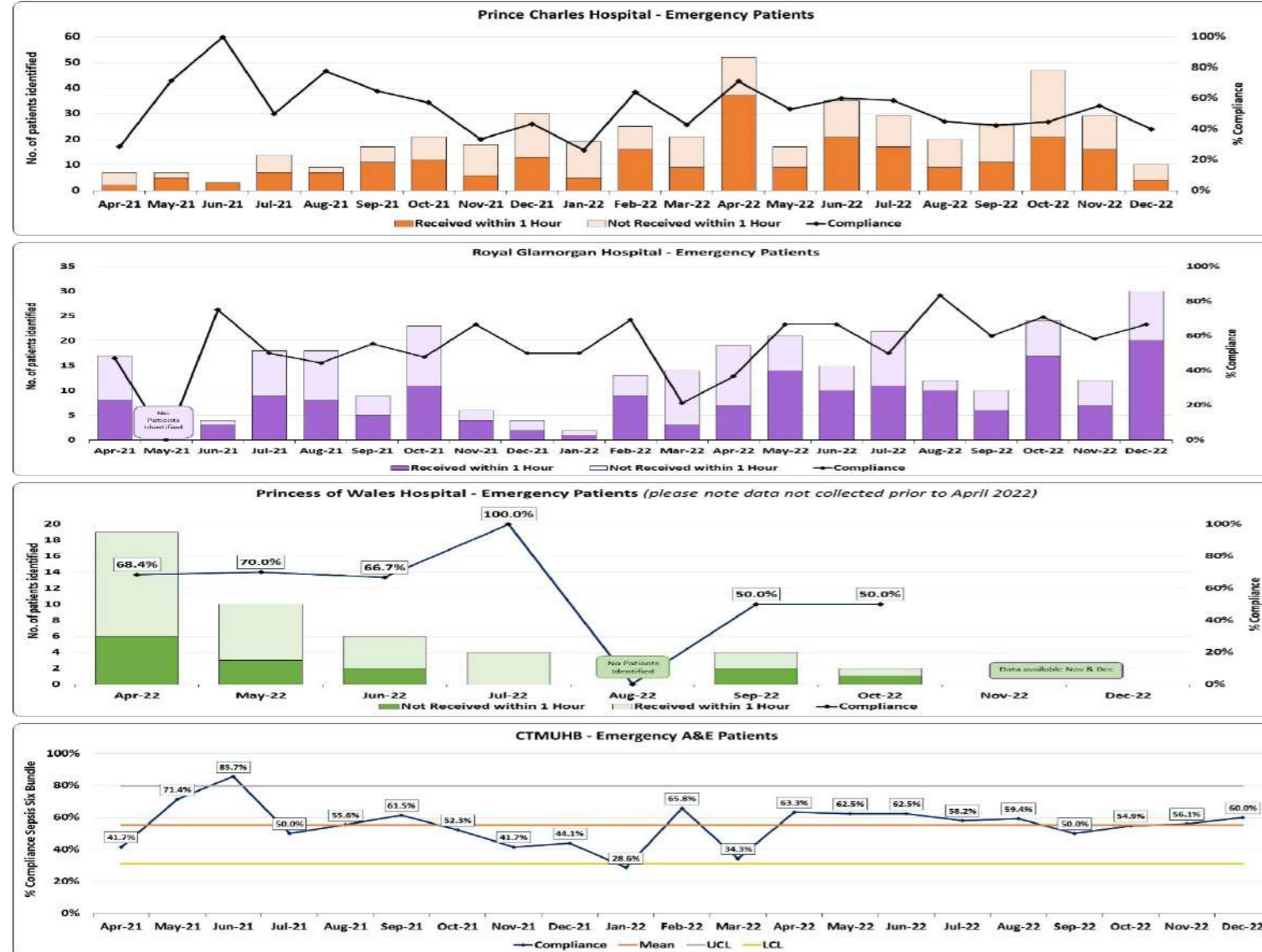
5.1 The Committee is asked to:

- **NOTE** the content of this report.
- Recognise the role of a RADAR Clinical Lead and an Acute Deterioration Lead to give improvement in this area.
- Recognise the essential role that the Critical care outreach teams have in the both the response to acute deterioration and the education of others.

APPENDIX 1 – Sepsis Six Bundle

Emergency A&E Patients

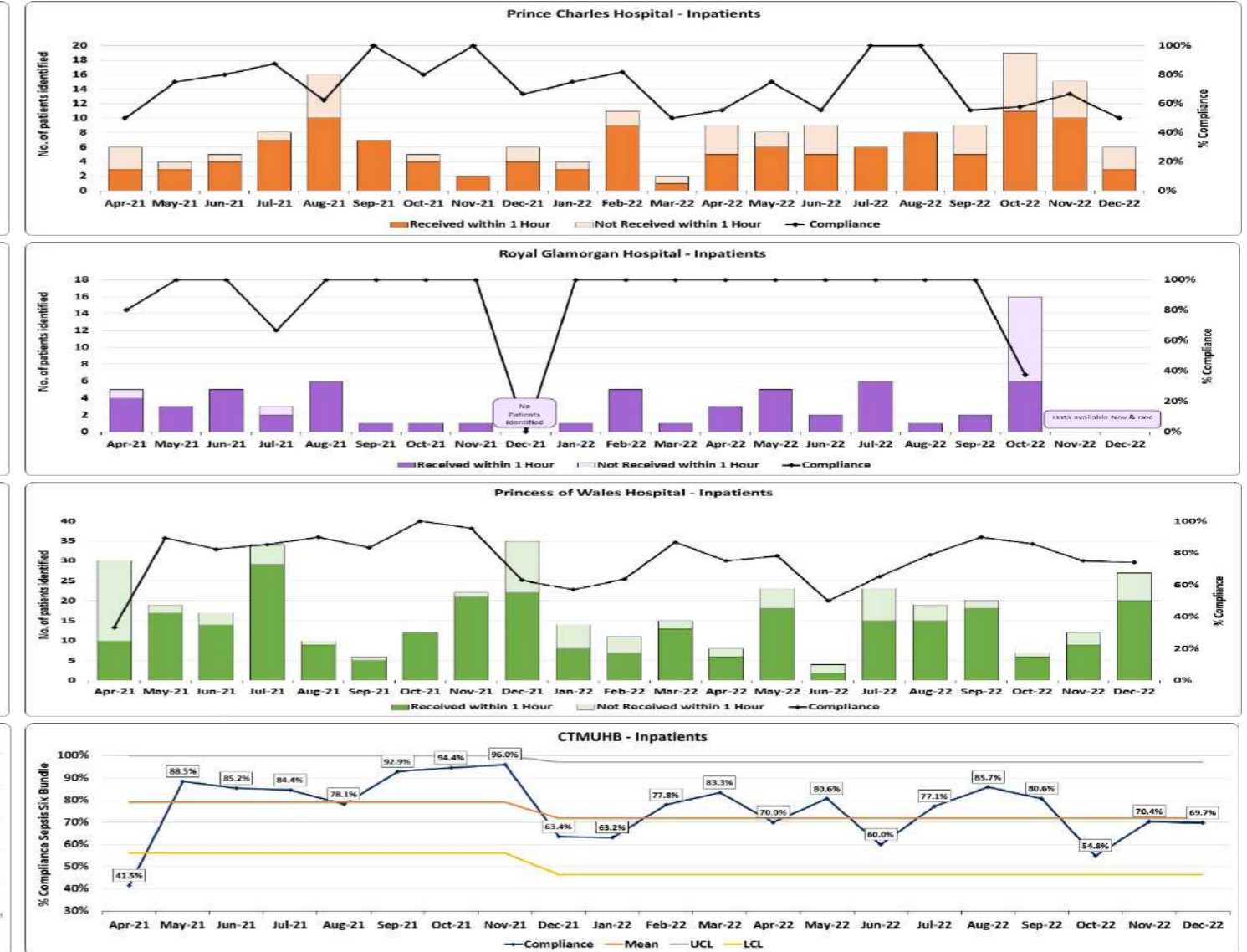
% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the “Sepsis Six” Bundle within 1 Hour – Emergency A&E - CTMUHB December 2022 – 60.0%



How are we doing & what actions are we taking?

Inpatients

% of Patients with a Positive Screening for Sepsis who have received all 6 Elements of the “Sepsis Six” Bundle within 1 Hour – Inpatients - CTMUHB December 2022 – 69.7%



When is improvement anticipated & what are the risks?

To standardise care within CTM the sepsis screening tool has been revised. This revision risk stratified patients into 'probable sepsis', 'possible sepsis' and 'sepsis unlikely' which is based on current evidence. The aim of risk stratification is to ensure that patients with 'probable sepsis' receive timely treatment of the sepsis 6 interventions within 1 hour. Patients with 'possible sepsis' require time for further investigation with an antibiotic decision being made within 3 hours and patients with 'unlikely sepsis' requiring a search for other diagnosis and re-assessment if their condition changes.

In March 2022* a trial of the revised tool was conducted within our three Emergency Departments (EDs). Following positive feedback the tool was introduced within all wards in RGH/PCH/PoWH in September 2022. ED compliance results are varied across the three sites, however the number of patients identified with either probable or possible sepsis has increased (compliance data is only presented for the sepsis probable patient group) the number of patients identified with probable sepsis within PCH and RGH is between 20-54 per month. Due to a different process of recording data within PoWH numbers are low, however the process has been reviewed and actions agreed to gain more robust sepsis data moving forward. Overall compliance for the 3 ED'S has increased to 60 % in December 22 and there is a more consistent compliance range compared to pre March 2022

The numbers of inpatients identified with probable sepsis has increased since roll out in September 22 there are more forms being completed by ward staff however compliance has dipped in all inpatient sites due to incomplete forms therefore resulting in incomplete data. Inpatient compliance pre Sept 22 in higher due to the reliance on outreach teams completing the sepsis tool.

*(Data pre March 22 represents a different assessment process for sepsis therefore results are not comparable)

The introduction of the new tool and the associated education showed instant improvement in gathering data on cases of sepsis. However compliance has varied across sites due to different factors which are mostly related to the clinical acuity pressures in the EDs and also the presence or absence of Outreach staff.

The new sepsis tool is in use on all PCH, RGH and POW adult ward areas (excluding Mental Health for now). There is ongoing sepsis education for medical and nursing staff. There is monthly reporting of sepsis probable incidence and compliance. The Acute deterioration team are working with WG and Peers in other HBs to standardise our approach across Wales. The Risks to this improvement are:

- Inability to know the true number of patients presenting to ED with Sepsis (to provide a number to which to aspire to treat.)
- Need to emphasise that clinical tools are just part of wider clinical judgement which should be made in a timely fashion by suitably senior clinical decision makers.
- Education and clinical response are often provided by the Outreach teams which, in times of clinical pressures, are pulled back into critical care, thus reducing their inability to respond to cases of sepsis.
- The Acute Deterioration clinical leads who developed and maintain the tool are funded non-recurrently and there is no plan from the care groups to ensure continued funding of sepsis and other work streams from next April.

2022-23 Finance Report

Month 10

(Agenda Item) 6.1 **28 February 2023** **Planning , Performance & Finance Committee** **M10 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.

Summary

Situation	Background
<p>Our revised draft financial plan was submitted to Welsh Government (WG) on 29 April 2022 and was analysed into three elements; core, exceptional cost pressures and ongoing COVID response costs. Our core plan submission was a deficit of £26.5m. The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.</p> <p>Our deficit core plan includes savings of £17.3m to be delivered in year. In addition, recovery actions are required to address bought forward cost pressures of circa £11m. Meeting these requirements will represent a step change in savings delivery.</p> <p>In accordance with WG plan guidance, additional allocations have been assumed in respect of our assessed exceptional cost pressures (£19.0m) and ongoing COVID response costs (£32.3m).</p> <p>There remain a number of residual risks and uncertainties spanning all elements of our plan and our cost estimates and risk assessments will continue to be refined and updated during 2022/23.</p> <p>This report outlines our financial performance against our draft plan for the period to 31st January 2023</p>	<p>Our financial performance for 2021-22 was a small surplus of £0.037m and thus we achieved our break even financial duty against its Revenue Resource Limit over the 3 year period 2019-20 to 2021-22.</p> <p>However, our underlying position deteriorated during 2021-22 to a recurrent deficit of £44.5m, compared with a planned recurrent deficit of £31.4m. This deterioration was primarily due to a recurrent shortfall in savings delivery.</p> <p>We planned to achieve savings of £14.5m by the end of March 2022 and £16.1m was planned to be delivered recurrently. We achieved in year savings of £14.5m, of which £5.0m was delivered recurrently. Our recurrent savings shortfall in 2021-22 was therefore £11.1m.</p> <p>During 2021-22, we received COVID funding of £93.6m plus Planned Care Recovery funding of £20.8m.</p>

Summary

Assessment	Recommendation
<p>As at Month 10, we are:</p> <ul style="list-style-type: none"> Improving the forecast Core plan deficit from £26.5m to £24.5m. Forecasting that Exceptional costs will reduce to £16.9m (M9: £17.0m). Forecasting that COVID costs will slightly improve to £30.0m (M9: £30.1m). <p>Key financial issues to note include:</p> <ul style="list-style-type: none"> WG have indicated that the M10 will be the final opportunity for organisations to update their forecasts, with the reported M10 position expected to be managed and delivered by the Health Board for the core plan, the exceptional costs and the COVID costs . The forecast Core plan recurrent deficit has deteriorated to £60.9m (M9: £53.9m). This forecast represents a £32.9m deterioration from the planned recurrent deficit of £28m (see page 5). This forecast excludes any ongoing Covid response costs and Exceptional costs being incurred in 22/23 which are likely to continue into 23/24. Our latest estimates of the ongoing costs for 23/24 are circa £10.0m for Covid response and £17.8m for Energy. The latest total estimated financial challenge going into 23/24 is therefore £88.7m. This estimate will continue be reviewed and updated as part of the IMTP planning process for 23/24. The Core Plan cash flow forecast shows a shortfall of £9.9m at the end of the year. This is due to movements in working balances which WG have cash funded in previous years. We are assuming that this position will continue in 22/23. (See page 5). 	<p>The Board is asked to DISCUSS and NOTE financial performance for the period to 31 January 2023.</p>



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14	Exceptional Cost Pressures Expenditure
15	Savings (including Accountancy gains)
16-18	Income Assumptions
19	Risk Management – Risks and Opportunities
20	Statement of Financial Position
21	Cash Flow forecast
22	Public Sector Payment Policy Compliance
23	Capital Expenditure



Executive Summary



<p>Year to Date Revenue</p>	<ul style="list-style-type: none"> The M10 in month Core plan position reported a £0.8m deficit (M9: £3.3m deficit). The M10 YTD Core position is a £22.1m deficit (M9: £21.3m). The M10 YTD position is in line with 10/12ths of the planned deficit of £26.5m (M9 £1.4m overspend). M10 YTD COVID Programme expenditure of £12.3m (M9: £11.5m) and YTD Response expenditure of £13.6m (M9: £12.4m). M10 YTD Exceptional cost pressure expenditure of £14.1m (M9: £12.4m).
<p>Key Financial Issues - Forecast</p>	<ul style="list-style-type: none"> Forecast Core plan deficit has improved to £24.5m (M9:£26.5m). Forecast Exceptional costs have decreased to £16.9m (M9: £17.0m). Forecast COVID costs have slightly improved to £30.0m (M9: £30.1m). WG have stated that the M10 reported positions for the Core plan, Exceptional costs and COVID costs are expected to be managed and delivered through to year end.
<p>Recurrent Position</p>	<ul style="list-style-type: none"> The forecast Core plan recurrent deficit at 31 March 2023 has increased to £60.9m (M9: £53.9m) .This represents a £32.9m deterioration from the planned deficit of £28.0m. This is mainly due to: <ul style="list-style-type: none"> Shortfalls in recurrent savings delivery of £7.2m plus shortfall in Recurrent pay award funding from WG of £1.9m Forecast recurrent overspends from Primary Care Prescribing of circa £9.4m Forecast recurrent overspends from Care groups and directorates of £11.0m.
<p>Cash</p>	<ul style="list-style-type: none"> The M10 cash flow forecast is showing a cash shortfall of £36.4m which includes a forecast Core plan deficit of £24.5m plus a forecast movement in Working Balances of £11.9m, This forecast assumes that all Covid and Exceptional cost pressures will be fully cash funded in 2022/23. WG has confirmed cash support for our original planned core deficit of £26.5m, which therefore reduces the forecast cash shortfall to £9.9m. In previous years WG have funded any movements in working balances and we are assuming that this position will continue for 22/23.
<p>Capital</p>	<ul style="list-style-type: none"> The Capital Resource Limit (CRL) is currently £71.7m. As at M10, £54.9m has been incurred against the CRL. The forecast capital position remains breakeven to the CRL. There are a number risks to the programme that are subject to ongoing review and management.





Year to Date Performance



	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)	Page reference
Pay	647.0	0.1	(0.7)	8
Non Pay	843.3	(1.6)	(2.2)	12
CRES	(0.8)	0.3	(0.4)	15
Income	(154.5)	(0.3)	3.3	16
Allocations	(1,308.6)	0.0	0.0	
Planned Deficit (£26.5m)	(26.5)	2.2	22.1	
Grand Total	0.0	0.8	22.1	



Pay Expenditure



Staff Group	Plan	YTD Actual	YTD Variance
	£'m	£'m	£'m
Administrative & Clerical	74.9	71.4	(3.5)
Medical And Dental	130.8	137.9	7.1
Nursing And Midwifery Registered	177.9	169.6	(8.3)
Add Prof Scientific And Technical	16.3	14.7	(1.6)
Additional Clinical Services	66.5	71.4	4.9
Allied Health Professionals	33.2	32.6	(0.7)
Healthcare Scientists	10.8	10.8	0.0
Estates And Ancilliary	31.1	30.8	(0.3)
Students	0.0	1.2	1.2
Pay Budget Adjustments	(0.5)	0.0	0.5
Grand Total	541.2	540.5	(0.7)

Key Points:

- The M10 YTD pay expenditure is £540.5m . This represents a £0.7m favourable variance compared to the M10 plan of £541.2m.
- The M10 YTD pay expenditure includes a £5.0m benefit from the release of annual leave accruals from 21/22 (10/12ths of £6.0m).
- The £7.1m adverse variance in Medical & Dental is mainly due to increased ADH payments and agency costs.
- The £4.9m adverse variance in Additional Clinical Services includes additional cover provided to manage registered nursing vacancies.
- The pay award funding confirmed for 22/23 is £1.9m less than our assumed funding.





Pay Expenditure Trends



Staff Group	Aug-22 £'m	Sep-22 £'m	Oct-22 £'m	Nov-22 £'m	Dec-22 £'m	Jan-23 £'m
Administrative & Clerical	6.4	8.5	7.2	7.0	7.2	7.3
Medical And Dental	12.6	16.7	13.5	14.0	14.2	14.1
Nursing And Midwifery Registered	15.2	19.9	17.1	16.9	17.1	16.3
Add Prof Scientific And Technical	1.3	1.7	1.5	1.5	1.5	1.5
Additional Clinical Services	6.2	9.0	7.1	7.2	6.9	8.1
Allied Health Professionals	3.0	4.0	3.1	3.4	3.3	3.3
Healthcare Scientists	1.0	1.3	1.1	1.1	1.1	1.1
Estates And Ancillary	2.8	4.0	3.1	3.0	3.0	3.1
Students	0.1	0.2	0.2	0.2	0.2	0.1
Pay Budget Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	48.7	65.2	53.8	54.3	54.4	54.9

Staff Group	Aug-22 £'m	Sep-22 £'m	Oct-22 £'m	Nov-22 £'m	Dec-22 £'m	Jan-23 £'m
Core	40.6	54.9	45.4	45.1	45.2	45.0
Agency	4.6	5.5	4.2	5.3	5.6	5.4
Overtime	1.2	1.9	1.6	1.5	1.2	2.0
ADH	1.2	1.1	1.1	1.3	1.3	1.2
Bank	1.0	1.6	1.2	1.0	0.8	1.1
WLI	0.1	0.2	0.2	0.2	0.3	0.1
Grand Total	48.7	65.2	53.8	54.3	54.4	54.9

Key Points for Pay Expenditure Trends:

- M10 expenditure was £54.9m which is an increase of £0.5m compared to M9 (£54.4m).
- M10 core staffing costs decreased by £0.2m compared to M9.
- M10 agency costs also decreased by £0.2m compared to M9.
- M10 overtime costs increased by £0.8m. This increase is mainly attributed to enhanced rates being offered during December and January to support significant operational pressures. These enhanced rates have now ceased.
- Bank costs increased by £0.3m in M10.
- During M10, a retrospective adjustment was made between Nursing and ACS to reclassify £1.2m of agency staff costs incorrectly attributed to nursing costs.

Pay Expenditure Trends

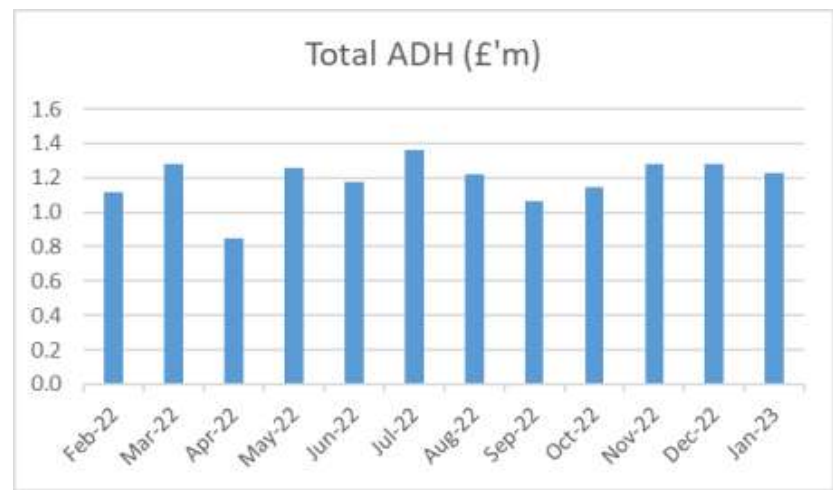
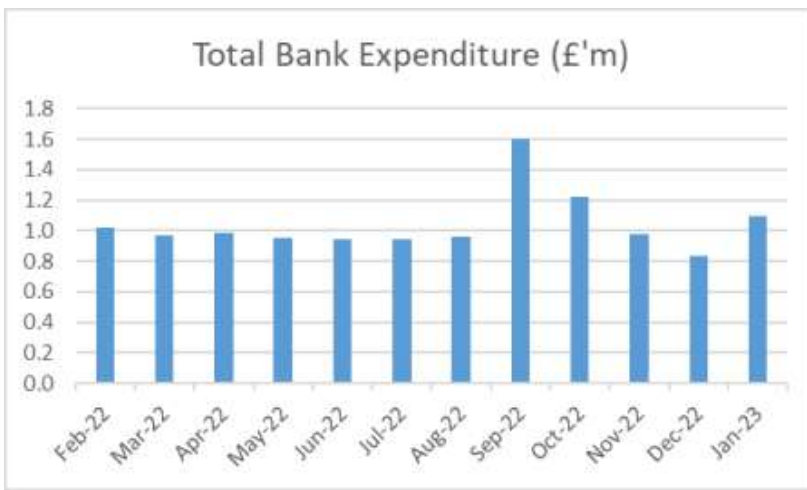
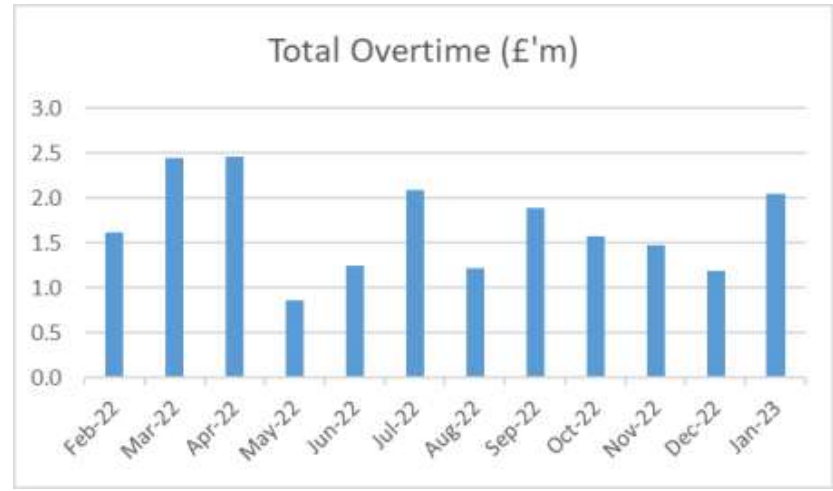
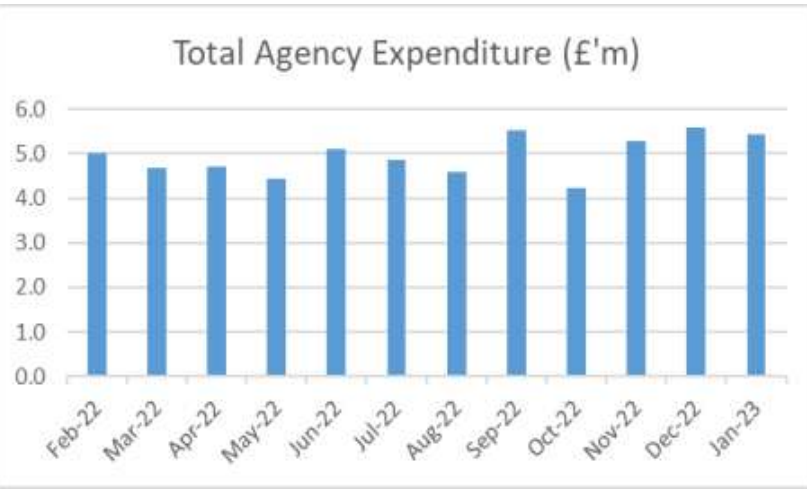


Key Points for Pay Expenditure Trends:

- M10 total pay expenditure increased by £0.5m compared to M9.
- Medical pay was £14.1m in M10, a decrease of £0.1m compared to M9.
- Nursing pay was £16.3m in M10, a decrease of £0.8m compared to M9. This was mainly due to the reclassification of agency costs noted above.



Variable Pay Expenditure Trends



- #### Key Points for Variable Pay Expenditure:
- Total agency expenditure decreased by £0.2m in M10 to £5.4m.
 - Overtime costs increased by £0.8m in M10, which stops the downward trend seen in October, November and December. As noted above, the M10 increase is mainly due to enhanced rates being offered during December and January to support significant operational pressures. These enhanced rates have now ceased.
 - Bank Expenditure increased by £0.3m, also stopping the downward from October.
 - ADH expenditure decreased by £0.1m compared to M9.



Non Pay Expenditure



Staff Group	Plan £'m	YTD Actual £'m	YTD Variance £'m
Primary Care Contractors	112.9	111.2	(1.8)
Primary Care Drugs	77.8	84.6	6.8
Provider Non Pay	143.6	149.5	5.9
Commissioned Activity	276.8	275.1	(1.7)
Capital Charges	28.2	28.2	(0.0)
Other Non Pay	(0.0)	(11.4)	(11.4)
Total Expenditure	639.3	637.1	(2.2)

Key Points for Non Pay Expenditure:

- The M10 YTD non pay position is reporting a £2.2m surplus.
- The main overspending area relates to Primary Care Drugs which is reporting £6.8m adverse variance. The most recent M8 prescribing data is showing that YTD growth is higher than planned which, together with adverse NCSO & Cat M pricing movements, is creating the YTD variance of £6.8m. (NCSO - This is where contractors are unable to source products at the agreed tariffs, a temporary concession is offered to increase the price to match current market conditions).
- Provider non-pay has a YTD adverse variance of £5.9m. This is mainly relating to £1.6m NICE drugs, £1.6m Secondary Care drugs, £1.3m for Energy (Laundry - which is offset by £1.3m in Commissioned Activity) & £1.5m within Premises and fixed plant.
- The favourable Commissioned Activity position of £1.7m includes an underperformance on LTA and commissioning budgets of £4.3m (See income) offset by a £2.6m overspend on CHC.
- The underspend of £11.4m in Other Non pay includes a release of non delegated reserves of £11.4m.
- M10 expenditure has returned back to normal levels following adjustments and arrears processed in M9 mainly related to:
 - £4.5m adjustment for PC drug growth and NCSO for prior months.
 - £1.6m – Arrears in GMS settlement paid in M9



COVID Expenditure



	M10 Actual	M10 YTD	M10 Forecast	M9 Forecast	Financial Plan	Change
	£m	£m	£m	£m	£m	£m
Programme costs						
TTP	0.3	5.0	5.8	5.8	6.5	0.0
Mass Vaccination	0.5	5.9	6.5	6.5	7.4	0.0
PPE	0.1	1.5	1.7	1.7	1.6	0.0
Sub total	0.8	12.3	13.9	13.9	15.6	0.0
COVID Response Costs:						
Cleaning Standards	0.2	1.4	1.7	1.7	2.3	0.0
Capacity & Facilities costs	0.2	3.2	3.7	3.7	3.0	0.0
Prescribing costs	0.0	0.3	0.4	0.4	2.1	0.0
Dental income losses	0.1	1.7	2.0	2.0	2.5	0.0
Increased workforce costs	0.3	4.0	4.6	4.7	2.6	(0.1)
Long Covid	0.1	0.5	0.8	0.8	0.8	0.0
Flu extension	0.1	0.9	1.1	1.1	0.6	0.0
Discharge support	0.0	0.3	0.3	0.3	0.6	0.0
Other Covid Response	0.1	1.2	1.5	1.5	2.3	0.0
Sub total	1.2	13.6	16.1	16.1	16.7	(0.1)
Total Covid costs	2.0	25.9	30.0	30.1	32.3	(0.1)
Anticipated funding	(2.0)	(25.9)	(30.0)	(30.1)	(32.3)	0.1
Total	0.0	0.0	0.0	0.0	0.0	0.0

- Key Points for the M9 COVID Expenditure:**
- Programme Costs – the M10 spend of £0.8m was marginally lower than the M9 spend of £0.9m.
 - Other COVID Costs – the M10 spend of £1.2m was the same as the M9 spend .
 - The M10 Covid forecast has improved by £0.1m compared to M9.
 - WG have stated that the M10 reported position will need to be managed and delivered at Year End.





Exceptional Cost Pressures Expenditure



	M10 Actual	M10 YTD	M10 Forecast	M9 Forecast	Financial Plan	Change
	£m	£m	£m	£m	£m	£m
National insurance changes	0.0	3.1	3.1	3.1	5.0	0.0
Energy inflation	1.4	9.0	11.4	11.5	11.6	(0.1)
Real Living Wage for Social Care Workers	0.2	2.0	2.4	2.4	2.4	0.0
Total Exceptional Costs	1.6	14.1	16.9	17.0	19.0	(0.1)
Anticipated funding	(1.6)	(14.1)	(16.9)	(17.0)	(19.0)	0.1
Grand total	0.0	0.0	0.0	0.0	0.0	0.0

Key Points:

- The M10 spend of £1.6m was £0.3m higher than the M9 spend of £1.3m. This was due to an increase in energy costs.
- The M10 forecast has reduced by £0.1m compared to M9.
- WG have stated that the M10 reported position will need to be managed and delivered at Year End.



Savings (including Accountancy Gains)



	Month 10		
	M10 YTD	22/23	Rec
	£m	£m	£m
Planned savings		14.1	
Planned income generation		0.2	
Plans to be finalised		3.0	
Savings targets as at M10	14.4	17.3	17.3
Actual and Forecast Savings	(14.8)	(17.0)	(10.1)
Total	(0.4)	0.3	7.2

- Key Points for Savings achievement:**
- The actual savings in M10 was £1.2m which is equal to M9.
 - M10 forecast In year savings has remained constant when compared to M9 at £17.0m.
 - M10 forecast Recurrent savings have also remained constant when compared to M9 at £10.1m.
 - Urgent work is still needed to develop a robust savings plan to deliver £17.3m of savings on a recurrent basis. The M10 position is still £7.2m short of this plan.
 - In addition to the £17.3m savings target the financial plan includes a target of £4.5m for accountancy gains. Delivery of this target is classified as Green and is considered to be low risk.



Income Group	Plan £'m	YTD Actual £'m	YTD Variance £'m
Health Organisations Income	86.8	84.9	1.9
Local Authorities Income	9.6	9.8	(0.1)
Catering Income	2.5	1.9	0.6
Private Patients	0.2	0.3	(0.1)
Other Income	29.8	28.8	1.1
Total Expenditure	129.0	125.6	3.3

Key Points for Non Pay Expenditure:

- The M10 year to date income position is reporting a £3.3m overspend .
- Healthcare organisations are reporting a £1.9m overspend, which is mainly due to underperformance on LTA Inpatient & Day case activity. This variance needs to be seen alongside a Non Pay favourable variance of £4.3m for contracting & commissioning LTAs.
- Catering Income is reporting an adverse variance of £0.6m, following reduced footfall at sites.
- The other income adverse variance of £1.1m includes:
 - £0.6m of reduced injury cost recovery scheme income
 - £0.4m of reduced dental patient charges income



Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,092.7	28.5	25.5	83.7	1,230.4
Anticipated Allocations:					
AME/DEL Capital Adjustments	57.2				57.2
COVID Programmes	3.8				3.8
Other COVID Response	2.7				2.7
Energy	3.9				3.9
Unscheduled Care 6 Goals	2.1				2.1
Value in Health Care Hosting	2.2				2.2
Medical Trainees	0.9				0.9
VBHC New In Year Funding	0.1				0.1
Specialist Registrars	0.2				0.2
IFRS DEL Adjustment	(2.2)				(2.2)
Other	(0.7)				(0.7)
Total Allocations	1,163.0	28.5	25.5	83.7	1,300.7

Key Points for Allocations:

- As at M10 the confirmed revenue resource allocation was £1,230.4m.
- The forecast position assumes a further £70.3m of Anticipated allocations to give a Total allocation of £1,300.7m.
- Recent correspondence from WG has confirmed the assumed allocations for Covid costs and Exceptional energy costs.
- The £57.2m AME/DEL capital adjustment relates to accounting treatment for the major schemes at PCH and has been agreed with Welsh Government.



Income Assumptions- NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	33.1	0.7	33.7
Aneurin Bevan University	20.7	1.3	22.0
Betsi Cadwaladr University	0.0	0.2	0.2
Cardiff & Vale University	17.1	1.6	18.6
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.3	0.8
Powys	4.9	0.5	5.4
Public Health Wales	3.0	0.8	3.7
Velindre	0.0	8.7	8.7
NWSSP	0.0	0.0	0.0
DHCW	1.2	0.0	1.2
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.1	1.1	12.2
EASC	0.0	0.0	0.0
HEIW	0.0	13.5	13.5
NHS Wales Executive	0.0	0.0	0.0
Total	91.4	28.6	120.0

Key Points :

- The M10 plan assumes £120m of income from Welsh NHS organisations.
- A further £38.2m of non NHS income is also included in the financial plan of which £11.5m relates to Local Authority income and £4.4m for patient dental charges.
- Over the last 2 years there has been an All Wales agreement to support 'stability of LTA income' by retaining a block arrangement based on 19/20 income levels uplifted for inflation. The All Wales agreement has changed for 2022/23 and will transition towards a hybrid Cost & Volume agreement where performance is measured against 19/20 activity levels and variances will impact LTA income & expenditure.
- With current LTA activity levels below 19/20 activity this represents a risk to our income assumptions.
- All LTAs for 22/23 have been fully signed off.



Risk Management Risks and Opportunities



	Month 10 £m	Month 09 £m	Financial Plan – 30 April £m
Risks:			
Risk of further increases in the cost of primary care drugs	0.0	0.8	0.0
Assumed funding for additional Bank Holiday costs for Queen's Funeral not received in full. This was received in M10.	0.0	1.2	0.0
Total risks	0.0	2.0	16.1
Opportunities:			
Annual leave accrual	(2.0)	(4.0)	(2.0)
Microsoft contract – potential vat recovery	tbc	tbc	0.0
Potential reduction in costs due to RCN industrial action	0.0	tbc	0.0
Primary Care Prescribing Improvements	(0.5)	0	0
Contracting & Commissioning Improvements	(0.5)	0	0
Total Opportunities	(3.0)	(4.0)	(2.0)
Total	(3.0)	(2.0)	14.1

- Key Points :**
- The forecast position now includes an £8.0m release from the 21/22 annual leave accrual. There is a further opportunity of £2.0m
 - Primary care prescribing growth and NSCO improved during M10. Prescribing data is delayed by 2 months and we currently only have M8 data . There is a potential for further improvements before year end.
 - The Contracting & Commissioning position recorded two significant unplanned improvements in M10: with Velindre NICE costs reducing by £0.8m and EASC development costs of £0.4m unexpectedly being funded by WG . There is a potential for further unplanned improvements arising before year end.



Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2022)	Closing Balance as at M09	Closing Balance as at M10	Forecast Closing Balance M12
	£'000	£'000	£'000	£'000
Non Current Assets				
Property, Plant & Equipment	603,871	628,442	630,372	603,871
Intangible Assets	3,596	3,586	3,586	3,596
Trade and Other Receivables	43,216	43,216	43,216	43,216
Total Non-Current Assets	650,683	675,244	677,174	650,683
Current Assets				
Inventories	6,856	7,083	7,000	6,856
Trade and Other Receivables	91,571	64,073	80,913	87,571
Cash and Cash Equivalents	438	1,935	1,548	(36,397)
Total Current Assets	98,865	73,091	89,461	58,030
Current Liabilities				
Trade and Other Payables	182,269	144,021	158,890	164,233
Provisions	27,052	19,949	27,729	30,052
Total Current Liabilities	209,321	163,970	186,619	194,285
Non-Current Liabilities				
Trade and Other Payables	976	976	976	976
Provisions	49,555	49,555	49,555	48,255
Total Non-Current Liabilities	50,531	50,531	50,531	49,231
TOTAL ASSETS EMPLOYED	489,696	533,834	529,485	465,197
Financed By:				
General Fund	427,163	471,301	466,952	402,664
Revaluation Reserve	62,533	62,533	62,533	62,533
TOTAL	489,696	533,834	529,485	465,197

- Key Points on the Statement of Financial Position:**
- The closing cash balance at M10 was £1.548m.
 - Provisions increased by £8m in M10. This was largely due to the increase in the quantum of one Clinical Negligence case by £10m offset by a £2m reduction in the Permanent Injury provision.
 - Payables increased by £15m in M10. Systems creditors increased by £4m and £10.7m relates to the timing of the processing and payment of the Pharmacy Contractor Services payments.
 - Receivables increased by £17m - Non-NHS receivables increased by £4.7m, of which £3.6m relates to RCT FNC and CHC Nursing Home Pooled Budget. This was in addition to the increase in WRP debtors of £10m.
 - The main change in the forecast position from the forecasted position in M09 is an increase in provisions of £2.6m which reflects an increase in the Clinical Negligence provision, offset by the reduction in Permanent Injury provision due to the change in discount rate.



Cash Flow Forecast



Cashflow	Actual/Forecast												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Receipts													
WG Revenue Funding	108,788	99,263	95,000	98,090	102,644	114,275	89,811	107,280	121,903	97,475	104,000	85,982	1,224,511
WG Capital Funding	9,000	4,000	5,000	5,000	6,500	5,000	4,500	3,000	13,100	4,500	4,800	9,750	74,150
Sale of Assets	5	(7)	233	0	0	35	8	6	(5)	0	0	0	275
Welsh NHS Org'ns	12,037	12,061	16,108	9,633	16,269	9,933	14,186	9,470	13,906	10,234	15,300	10,300	149,437
Other	4,256	6,004	3,238	4,476	3,121	2,669	2,948	7,357	1,559	3,122	2,500	2,500	43,750
Total Receipts	134,086	121,321	119,579	117,199	128,534	131,912	111,453	127,113	150,463	115,331	126,600	108,532	1,492,123
Payments													
Primary Care Services	26,653	7,211	19,962	16,489	16,595	28,126	7,118	18,784	32,939	7,731	18,031	17,770	217,409
Salaries and Wages	47,067	50,967	50,466	49,819	49,246	54,113	57,327	52,382	52,208	51,056	51,000	51,000	616,651
Non Pay Expenditure	52,316	51,147	47,978	45,541	55,418	48,347	42,279	50,274	55,166	51,192	49,000	68,175	616,833
Capital Payments	6,433	7,201	4,973	4,275	5,154	3,536	4,709	5,261	12,683	5,739	4,300	13,801	78,065
Other	0	0	0	0	0	0	0	104	(104)	0	0	0	0
Total Payments	132,469	116,526	123,379	116,124	126,413	134,122	111,433	126,805	152,892	115,718	122,331	150,746	1,528,958
Net Cash In/Out	1,617	4,795	(3,800)	1,075	2,121	(2,210)	20	308	(2,429)	(387)	4,269	(42,214)	
Balance B/F	438	2,055	6,850	3,050	4,125	6,246	4,036	4,056	4,364	1,935	1,548	5,817	
Balance C/F	2,055	6,850	3,050	4,125	6,246	4,036	4,056	4,364	1,935	1,548	5,817	(36,397)	

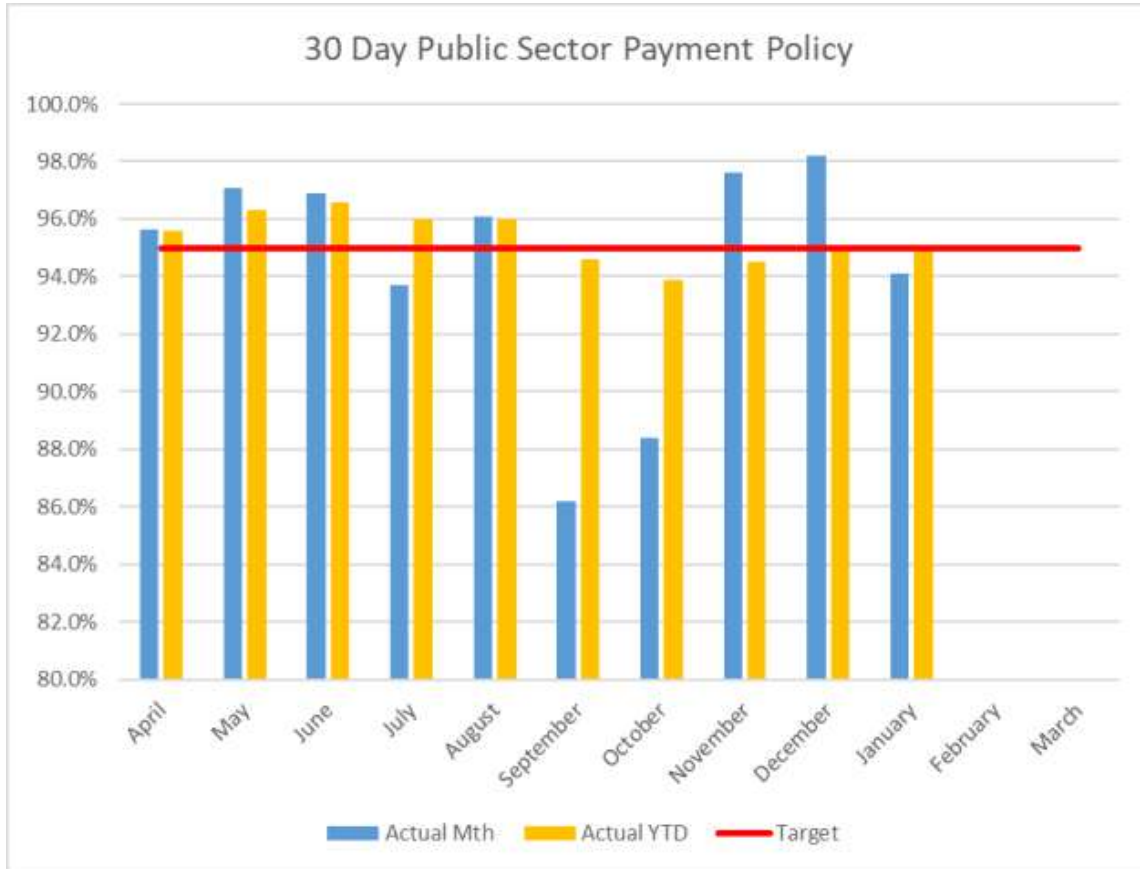
Key Points within the Cash Flow Forecast :

- The closing cash balance at M10 was £1.548m.
- The Core Plan cash flow forecast noted above shows a shortfall of £36.4m at the end of the financial year. This includes a forecast Core Plan Deficit of £24.5m plus movement in working balances of £11.9m. We have submitted an Accountable Officer letter to WG requesting cash support for the Core plan deficit of £26.5m. Confirmation of this support has been received from WG which reduces the forecast cash shortfall to £9.9m.
- The forecast movement in Working Balances of £9.9m assumes that all other working balances remain unchanged from the previous year. As always there is potential for significant changes i.e. significant cash changes relating to WRP claim payments and reimbursements. Actions will be taken to try and reduce the requirement for support for working balances cash where reasonable.





Public Sector Payment Policy



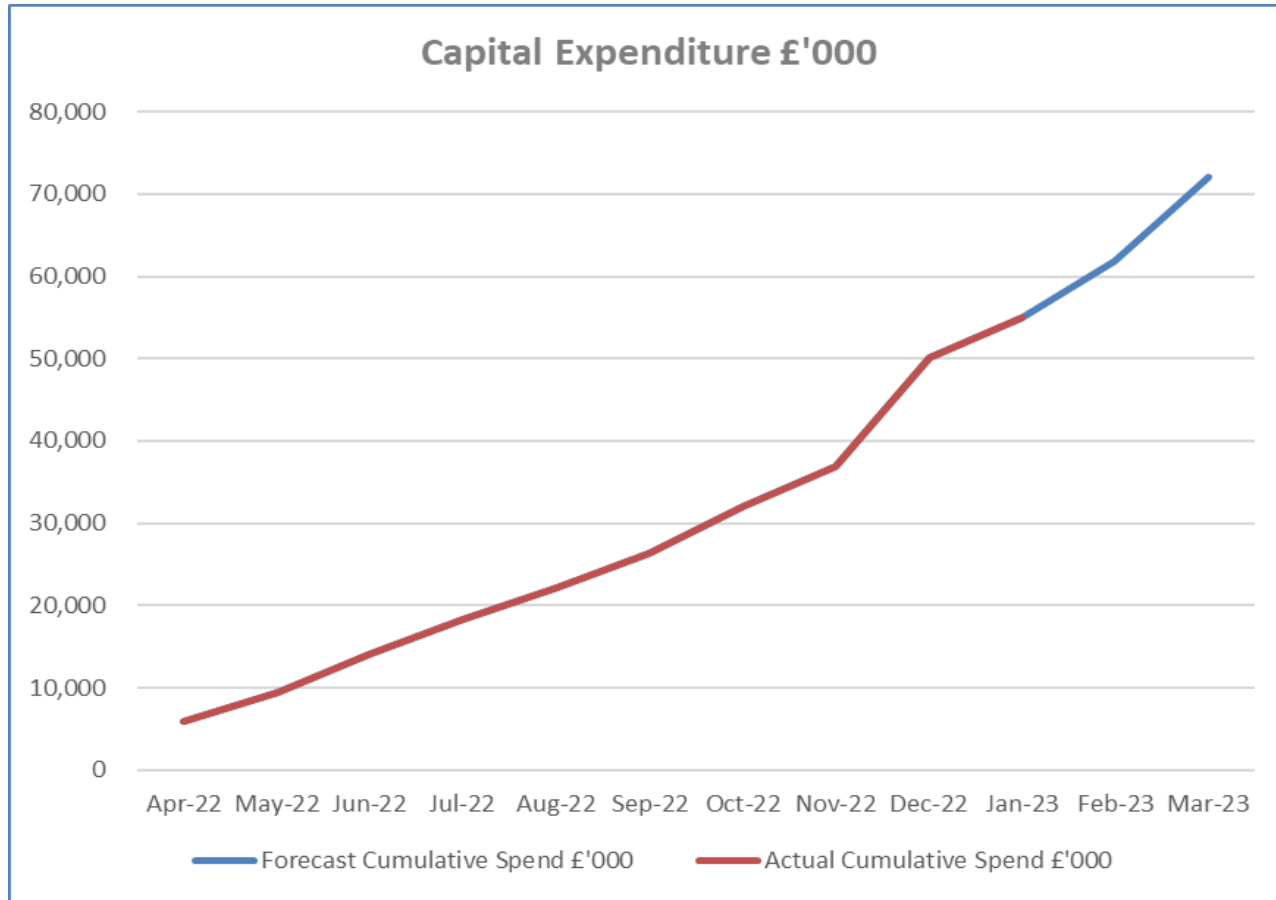
Key Points in the Public Sector Payment Policy :

- Welsh Government have set a target of 95% for non NHS invoices to be paid within 30 days (by number of invoices).
- The percentage for the number of non-NHS invoices paid within the 30 day target in January was 94.1% .
- The cumulative percentage year to date is 94.9%, which is just below the targeted value of 95%.
- The Health board is forecasting that the 95% target will be achieved for 22/23.





Capital Expenditure



Key Points in Capital Expenditure:

- The Capital Resource Limit of £71.7m was issued on the 2nd February 2023
- This is supplemented by £0.15m of donated funds and £0.21m of assets disposed of in this financial year giving an overall programme of £72.03m.
- Expenditure to M10 amounted to £54.9M.
- The forecast outturn capital position is breakeven to the CRL target



2022-23 Finance Performance Report Month 10

(Agenda Item) 6.1a **28 February 2023** **Planning , Performance & Finance Committee** **M10 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.

Summary

Situation	Background
<p>A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M10.</p> <p>The purpose of this report is focus on the financial performance of the individual Care Groups and directorates as at M10 (i.e. the Delegated budget position).</p> <p>The overall financial position report is discussed at the Full Board, the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG).</p> <p>This financial performance report is discussed at the PPFC and ELG meetings .</p> <p>Where required, PPFC may request further information or a 'deep dive' on the financial performance of individual ILGs and directorates.</p>	<p>The IMTP submitted to Welsh Government in April 2022 set out the financial plan for the UHB for the financial year 2022-23. In accordance with Welsh Government guidance, our financial plan was set out into 3 parts:</p> <ul style="list-style-type: none"> • Core Plan • COVID Response • Exceptional Cost Pressures <p>The Core plan includes a recurrent savings target of £17.3m. In addition, our Integrated Locality Groups (ILGs) and Directorates identified brought forward recurrent cost pressures of circa £11m. These cost pressures are not included in the financial plan for 22/23 and recovery plans are required to manage these overspends back to delegated budgets.</p>

Summary

Assessment	Recommendation
<p>The M10 Delegated overspend was £1.0m (M9: £8.3m). The main improvements are as follows:</p> <ul style="list-style-type: none"> M9 overspend on Medicines Mgt of £4.3m has reduced to £1.4m in M10. Improvement of £2.9m. The M9 overspend on Primary care of £1.6m has now changed to a £2.1m surplus . Improvement of £3.7m. This is mainly due to WG confirmation that the Health Board can retain the underspend on the dental contract. Other net improvements £0.7m. <p>The M10 Delegated overspend now stands at £19.8m. This includes a £3.6m shortfall against the M10 savings targets plus other overspends of £16.2m. These other overspends include adverse variances against Pay (£3.7m), Non Pay (£9.2m) and Income (£3.4m).</p> <p>The most significant overspends (excluding savings shortfalls) at M10 are being reported by Unscheduled Care (£9.0m), Diagnostic, Therapies & Specialties (£7.9m) and Planned Care (£4.2m). The £11m forecast recurrent overspends from 21/22 that were excluded from the 22/23 financial plan therefore appear to be largely continuing for the first 10 months of 22/23 and are not being fully covered by recovery plans (10/12ths of £11m = £9.2m).</p> <p>The Delegated savings position also remains a concern:</p> <ul style="list-style-type: none"> The M10 YTD Delegated savings achievement was £11.4m, which is a £3.6m shortfall compared to the M10 YTD target of £15.0m The forecast Delegated savings for 22/23 is only £13.0m and is £5.0m below the £18m annual target. The forecast Delegated Recurrent savings is only £6.1m, which is £11.9m below the £18m target. 	<p>The Executive Leadership Group is asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 31st January 2023.</p>



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14-18	Unscheduled Care Care Group– Performance
19-23	Diagnostics, Therapies & Specialties Care Group– Performance
24-26	Corporate Directorates - Performance



Current Month Analysis

- The M10 Delegated overspend was £1.0m (M9: £8.3m). The main movements from M9 are as follows:
 - The M9 overspend on Medicines Mgt of £4.3m has reduced to £1.4m in M10. Improvement of £2.9m, mainly in primary care prescribing.
 - The M9 overspend on Primary care of £1.6m has now changed to a £2.1m surplus . Improvement of £3.7m. This is mainly due to WG confirmation that the Health Board can retain the underspend on the dental contract.
 - Other net improvements £0.7m.

Year to Date Analysis

- The M10 Delegated position is reporting a YTD overspend of £19.8m. Key overspending areas include:
 - Unscheduled Care - £9.6m (Savings shortfall £1.6m and Other overspends £8.0m).
 - Planned Care - £4.0m (Savings shortfall £0.2m and Other overspends £3.8m).
 - Diagnostics, Therapies & Specialties £7.3m (Savings shortfall £1.0m and Other overspends £6.3m)
 - Children & Families - £1.0m (Savings £0.3m and Other overspends £0.7m)
 - Facilities - £0.8m (Savings £0.5m and Other overspends £0.3m)

Savings Position

- The M10 YTD Delegated savings achievement was £10.6m. This represents a shortfall of £2.9m compared to the M10 YTD target of £13.5m
- The forecast Delegated savings is only £13.0m. This forecast is 5.0m below the £18m annual target.
- The forecast Delegated Recurrent savings is only £6.1m. This forecast is £11.9m below the £18m target.

M10 Summary Performance



	Annual Budget	M10	M10 YTD	M10 Forecast
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	156.7	0.7	4.7	6.4
Unscheduled Care	158.8	1.3	10.9	12.8
Primary & Community Care	194.9	(2.1)	(2.6)	(0.5)
Mental Health & Learning Disabilities	111.0	(0.1)	(0.2)	(0.2)
Children & Families	74.4	0.0	1.0	1.2
Diagnostics, Therapies & Specialities	214.6	1.7	9.0	10.7
Corporate Executives	120.2	(0.7)	(1.9)	(1.8)
Facilities (non Hub)	54.7	0.2	1.1	0.4
Contracting & Commissioning	132.8	0.0	(2.2)	(2.6)
Total Delegated Budgets	1,218.2	1.0	19.8	26.3
Non Delegated Budgets				
Other Control Accounts	(1,225.9)	(2.5)	(7.3)	0.0
Reserves & Contingencies	34.3	0.1	(12.4)	(54.8)
Planning Deficit	(26.5)	2.2	22.1	26.5
Total Non Delegated Budgets	(1,218.2)	(0.2)	2.3	(28.3)
Grand total	0.0	0.8	22.1	(2.0)

- Key Points :**
- The M10 Delegated overspend was £1.0m (M9: £8.3m). The main improvements are as follows:
 - M9 overspend on Medicines Mgt of £4.3m has reduced to £1.4m in M10. Movement of £2.9m, mainly due to reduced primary care prescribing costs..
 - The M9 overspend on Primary care of £1.6m has now changed to a £2.1m surplus . Improvement of £3.7m. This is mainly due to WG confirmation that the Health Board can retain the underspend on the dental contract.
 - Other net improvements £0.7m.
 - The M10 YTD Delegated position is showing a £19.8m overspend. The most significant overspends are in the following areas and further information is provided later in this report:
 - Unscheduled Care £10.9m
 - Diagnostics, Therapies & Specialities £9.0m
 - Planned Care £4.7m
 - An analysis of the performance of the Corporate directorates is also provided later in this report.
 - The latest Delegated forecasts prior to M10 reporting was reporting a deficit of £26.3m. This is a deterioration of £1.0m from last months forecast of £25.3m.



M10 Savings –Actual



	Annual Target	YTD Target	YTD Actual	YTD Variance
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	3.7	3.1	2.6	0.5
Unscheduled Care	2.9	2.4	0.6	1.8
Primary & Community Care	0.7	0.6	0.6	0.0
Mental Health & Learning Disabilities	2.0	1.7	1.4	0.3
Children & Families	1.8	1.5	1.2	0.3
Diagnostics, Therapies & Specialities	4.4	3.6	2.6	1.1
Facilities (Non Hub)	0.6	0.5	0.2	0.3
Corporate Executives	1.6	1.3	0.7	0.6
Contracting & Commissioning	0.4	0.4	1.8	(1.4)
Total Delegated Budgets	18.0	15.0	11.4	3.6
Non Delegated	(0.7)	(0.6)	3.3	(4.0)
Grand total	17.3	14.4	14.8	(0.4)

Key Points :

- Total savings to M10 is £14.8m which is £0.4m higher than target.
- However, **Delegated** savings to M10 is only £11.4m, which is £3.6m below the Delegated savings target of £15.0m.
- The largest YTD shortfalls are in:
 - Unscheduled Care £1.8m
 - Diagnostics, Therapies & Specialities £1.1m
 - Corporate directorates £0.6m.
- Contracting & Commissioning have overachieved by £1.4m against the YTD target.



M10 Savings - Forecast



Savings	Annual Savings Target	Current Year Forecast savings	Current Year Forecast Variance	Forecast Recurrent Savings	Forecast Recurrent variance
	£m	£m	£m	£m	£m
Delegated Budgets					
Planned Care	3.7	2.8	0.9	0.1	3.6
Unscheduled Care	2.9	0.6	2.2	0.2	2.7
Primary & Community Care	0.7	0.7	0.0	0.3	0.5
Mental Health & Learning Disabilities	2.1	1.7	0.4	0.3	1.8
Children & Families	1.8	1.3	0.5	0.4	1.3
Diagnostics, Therapies & Specialities	4.4	3.0	1.3	2.0	2.3
Facilities (Non Hub)	0.6	0.2	0.4	0.1	0.5
Corporates	1.6	0.9	0.7	0.9	0.7
Contracting & Commissioning	0.4	1.9	-1.5	1.9	-1.5
Total Delegated Budgets	18.0	13.0	5.0	6.1	11.9
Non Delegated	-0.7	4.0	-4.7	4	-4.7
Grand total	17.3	17.0	0.3	10.1	7.2

Key Points :

- The M10 current year savings forecast is showing a small deficit of £0.3m compared to the annual target of £17.3m.
- However, the forecast **Delegated** savings is only £13.0m. This forecast is £5.0m below the Annual target.
- The largest forecast savings shortfalls are in:
 - **Unscheduled Care** £2.2m,
 - **Diagnostics, Specialties & Therapies** £1.3m
 - **Planned Care** £0.9m.
- The M10 Recurrent savings forecast of £10.1m is £7.2m below the annual target of £17.3m.
- The forecast **Delegated** Recurrent savings is £6.1m. This forecast is £11.9m below target.
- The largest recurrent savings gaps are in
 - **Planned Care** £3.6m,
 - **Unscheduled Care** £2.7m,
 - **Diagnostics, Specialties & Therapies** £2.3m,
 - **Mental Health & Learning Disabilities** £1.8m
 - **Children & Families** £1.3m.

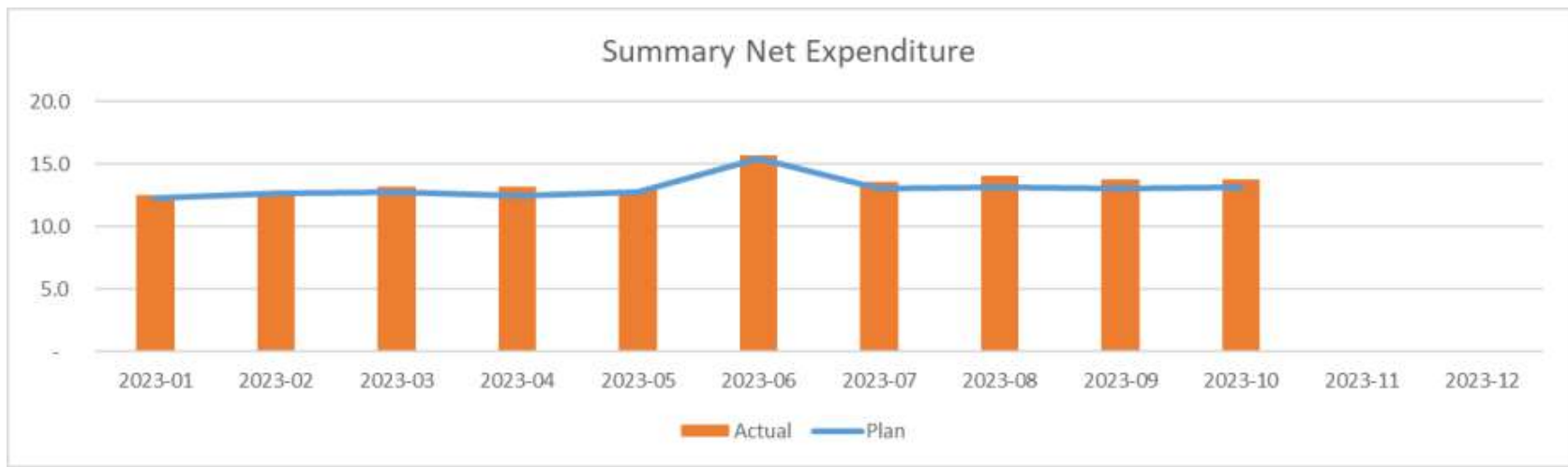


Planned Care Group M10 Finance Summary



Summary	Annual Budget (£m)	Cur Month Budget (£m)	Cur Month Actual (£m)	Cur Month Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Current Year Forecast
Pay	132.8	11.2	11.8	0.6	110.8	116.0	5.2	
Non Pay	27.9	2.3	2.3	(0.0)	22.6	21.8	(0.8)	
CRES	(0.9)	(0.2)	0.0	0.2	(0.5)	0.0	0.5	
Income	(3.1)	(0.2)	(0.2)	(0.1)	(2.1)	(2.3)	(0.1)	
Grand Total	156.7	13.2	13.8	0.7	130.8	135.5	4.7	6.4

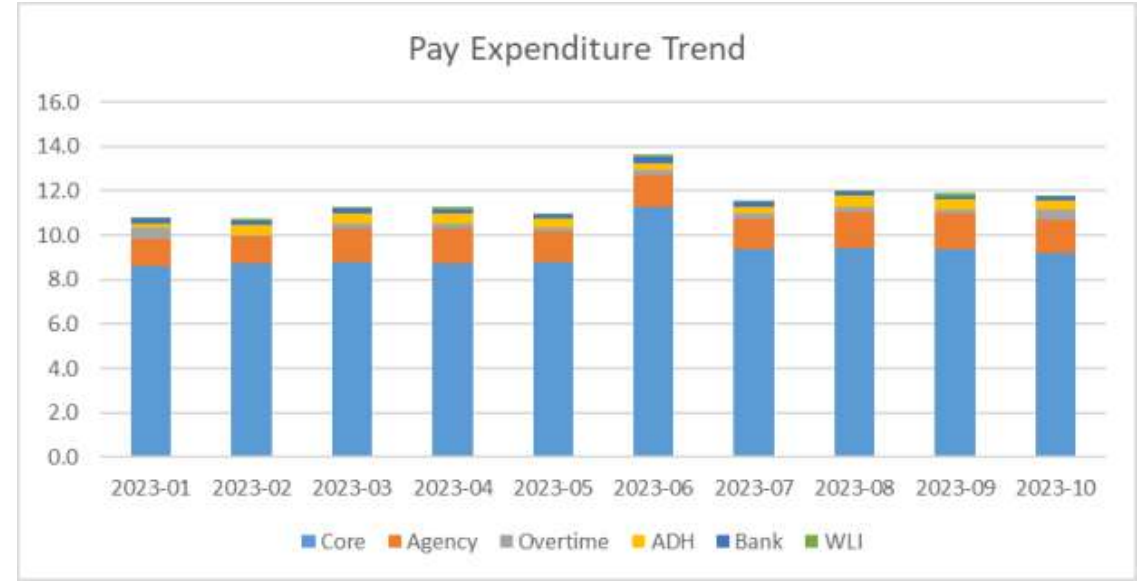
- Key Points :**
- The M10 current period variance is a £0.7m overspend (M9: £0.7m).
 - The M10 year to date variance is a £4.7m overspend.
 - The Current year forecast of £6.4m was provided prior to the reporting of M10. This indicates an overspend of £1.7m over the next 2 months, circa £0.8m/month.
 - Net Expenditure in M10 was £13.8m, which was consistent with M9.



Planned Care Group M10 Performance- Pay



Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
Add Prof Scientific And Technical	0.6	(0.0)	(0.1)
Additional Clinical Services	14.3	0.2	1.7
Administrative & Clerical	11.2	(0.0)	(0.5)
Allied Health Professionals	4.4	(0.0)	0.1
Estates And Ancilliary	0.7	(0.0)	(0.0)
Healthcare Scientists	1.5	(0.0)	(0.1)
Medical And Dental	57.5	0.3	3.5
Nursing And Midwifery Registered	42.5	0.0	0.0
Pay Budget Adjustments	0.1	(0.0)	(0.1)
Students	0.0	0.1	0.6
Grand Total	132.8	0.6	5.2



Key Points for Year to Date Pay Performance:

- The M10 YTD position is reporting a £5.2m adverse position.
- The most concerning areas are Medical & Dental which is overspending by £3.5m and Additional Clinical Services which is overspending by £1.7m.
- Both these overspends reflect agency costs without any mitigating underspends in core substantive pay costs.

Key Points for Pay Trends:

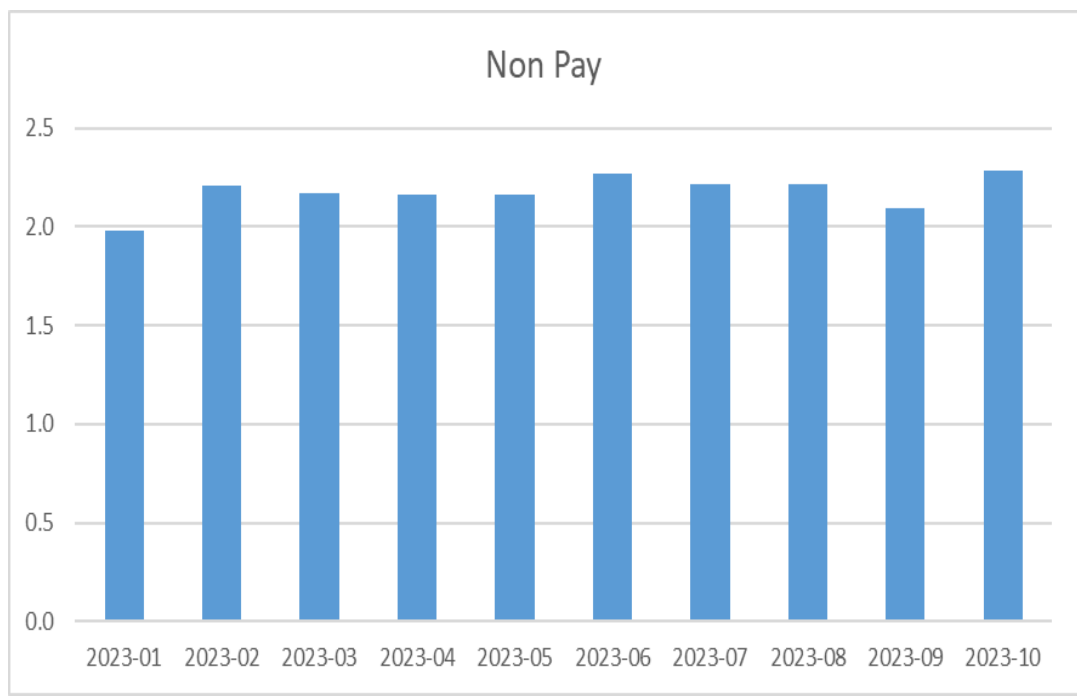
- The M10 position is reporting expenditure of £11.8m.
- This represents a small decrease of £0.1m from M9.



Planned Care Group M10 Performance- Non pay



Non Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
FNC & CHC	0.0	0.0	0.0
DRUGS	7.1	0.1	0.7
M&SE	10.6	(0.0)	(0.5)
SERVICES FROM OTHER NHS BODIES	0.6	0.0	(0.0)
ESTABLISHMENT EXPENSES	1.4	(0.0)	(0.0)
APPLIANCES	5.6	(0.1)	(1.1)
PURCHASE OF HEALTH CARE SERVICES	0.2	0.0	0.0
MISCELLANEOUS SERVICES	0.8	(0.0)	(0.1)
PREMISES & FIXED PLANT	0.5	0.0	0.3
PRIMARY & SECONDARY CARE	0.0	0.0	0.0
PROVISIONS	0.0	(0.0)	0.0
GENERAL SUPPLIES & SERVICES	0.8	(0.0)	(0.2)
OTHER CLINICAL SERVICES & SUPPLIES	0.1	0.0	0.1
Grand Total	27.9	(0.0)	(0.8)



Key Points for Year to Date Non Pay Performance:

- The most significant adverse non pay variance relates to Drugs which is reporting an overspend of £0.7m at M10.
- Appliances are reporting an underspend of £1.1m which reflects the reduced activity being undertaken compared to pre COVID levels.

Key Points for Non Pay Expenditure Trend:

- Non pay expenditure in M10 has increased by £0.2m to £2.3m.



Income	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
HEALTH ORGANISATIONS	(1.5)	(0.1)	(0.1)
PRIVATE PATIENTS	(0.5)	(0.0)	(0.2)
LOCAL AUTHORITIES	0.0	0.0	0.0
CATERING	0.0	0.0	0.0
OTHER INCOME	(1.0)	0.0	0.1
Grand Total	(3.1)	(0.1)	(0.1)

Key Points for Year to Date Income Performance:

- There are no significant income variances to report.

Savings	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
CRES Target	(3.7)	0.3	3.1
Achievement	2.8	(0.1)	(2.6)
Grand Total	(0.9)	0.2	0.5

Key Points for Year to Date Savings Performance:

- The M10 YTD savings performance is reporting an adverse variance of £0.5m.
- The Care Group are forecasting in year forecast of £2.8m for 22/23 which is £0.9m below target and a recurrent forecast of only £0.1m which is £3.6m below target. This indicates that nearly all of the £2.8m of savings in 22/23 are non recurring.

Planned Care M10 Performance

Additional Comments and Key Actions – Planned Care:

- Key drivers of current month and year to date position:
 - Medical Pay overspend £3.5m. This includes £2.1m in POW Surgery, mainly driven by MSK SHO tier rota, general Surgery rota changes and gaps, critical care 3rd tier rota and ophthalmology plus £1.3m in PCH Surgery mainly driven by ADH and agency cover in Anaesthetics, Gen Surg, T&O and Max Facs.
 - HCSW overspend of £1.7m relating primarily to agency and bank spend within POW surgery with 1:1 enhanced care as the main driver. Control around agency bookings and clarity on processes is expected to generate improvements through the POW Nurse leadership team, supported by the Nurse Productivity Group and Bank office. There has been focused reviews and a number of issues are being tackled. Process and controls around agency bookings and on boarding of new recruits are specific areas being actively targeted.
 - Overseas nursing project spend of £0.6m whilst nurses complete OSCE qualifications.
 - Non pay underspend of £0.8m, driven by a reduction in elective activity.
- CRES plans and further opportunities to reduce spend all reviewed on a regular basis.
- Covid escalation measures all reviewed and de-escalated where possible. Funding continues for PPE, NSA impact and nosocomial COVID investigations.
- CRES target £3.7m with £2.8m forecast delivery in year but only £0.1m recurrently.
- The latest forecast for planned care indicated a year end outturn of £6.0m and recurrent position of £11.5m
- Risks not included in current forecast position but rated as high risk include; premium cost of maintaining POW T&O rotas, SB SLA/LTA cessation, staff re-bandings and claims regarding non compliant T&O rota in POW.
- Opportunities not included in current position but rated as highly probable include; increased PCRFP funding, SB SLA/LTA disaggregation, continuation of non-rec non pay underspends into the next financial year and slippage on RGH PACU posts.

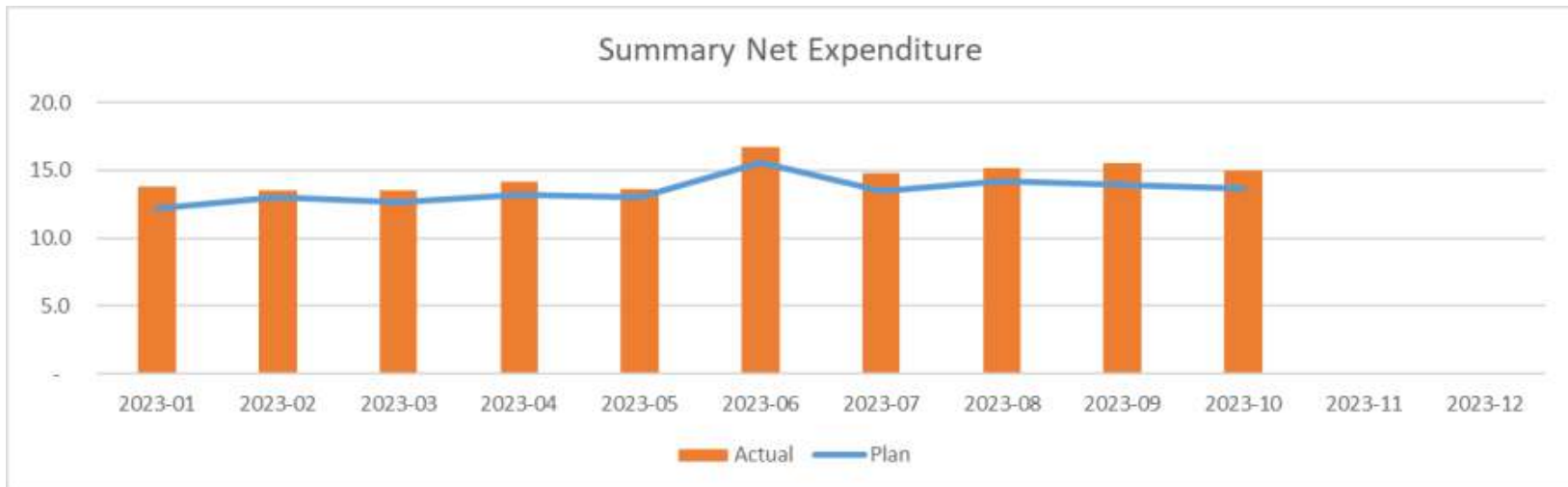
Unscheduled Care M10 Finance Summary



Summary	Annual Budget (£m)	Cur Month Budget (£m)	Cur Month Actual (£m)	Cur Month Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Current Year Forecast
Pay	132.1	11.3	12.0	0.7	110.9	118.1	7.2	
Non Pay	30.4	2.7	3.0	0.4	26.9	28.8	1.9	
CRES	(2.3)	(0.2)	0.0	0.2	(1.8)	0.0	1.8	
Income	(1.3)	(0.1)	(0.1)	(0.0)	(1.1)	(1.2)	(0.1)	
Grand Total	158.8	13.7	14.9	1.3	134.8	145.7	10.9	12.8

Key Points :

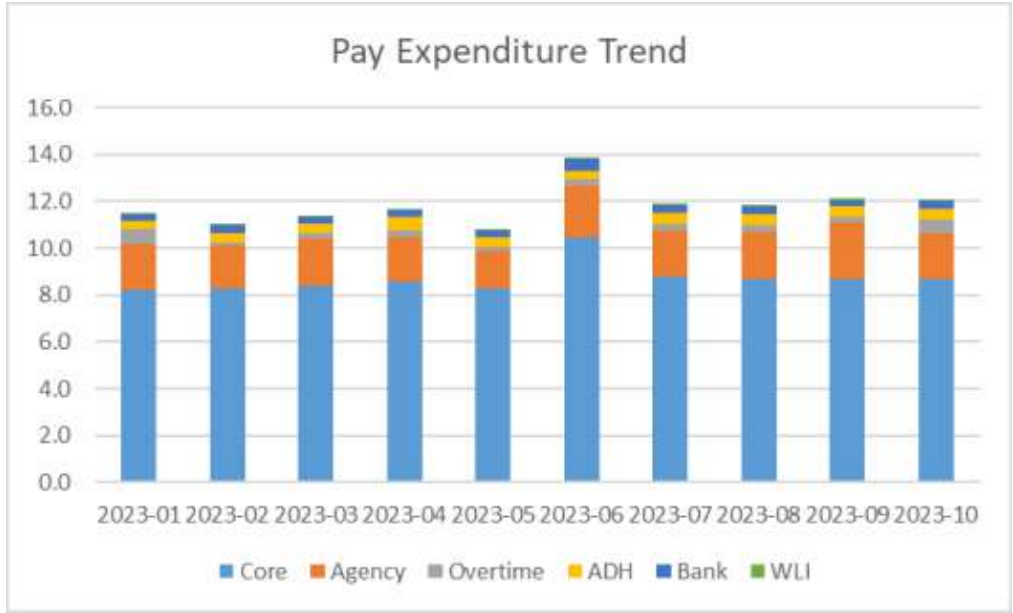
- The M10 current period variance is an overspend of £1.3m (M9: £1.6m).
- The M10 year to date variance is a £10.9m overspend.
- The current year forecast of £12.8m was provided prior to the reporting of M10. This indicates an overspend of £1.9m over the next 2 months, circa £1.0m /month.
- Net Expenditure in M10 was £14.9m an decrease of £0.6m from M9. This was driven by a reduction in non-pay spend.



Unscheduled Care M10 Performance- Pay



Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
Add Prof Scientific And Technical	0.3	0.0	0.1
Additional Clinical Services	20.1	1.2	3.8
Administrative & Clerical	8.9	0.0	(0.1)
Allied Health Professionals	0.1	0.0	0.0
Estates And Ancilliary	0.2	0.0	0.1
Healthcare Scientists	2.6	(0.0)	0.0
Medical And Dental	40.4	0.4	3.2
Nursing And Midwifery Registered	59.3	(0.9)	(0.4)
Pay Budget Adjustments	0.0	(0.2)	(0.1)
Students	0.0	0.1	0.6
Grand Total	132.1	0.7	7.2



Key Points for Year to Date Pay Performance:

- The M10 YTD position is reporting a £7.2m adverse variance.
- The most concerning area is Additional Clinical Services, which is overspending by £3.8m. This is primarily HCSW agency and bank, which is also being partially offset by Band 2 vacancies
- Medical & Dental is also overspending by £3.2m due primarily to agency costs being partially offset by vacancies.

Key Points for Pay Trends:

- The M10 position is reporting expenditure of £12.0m which is marginally lower than M9 (£12.1m).

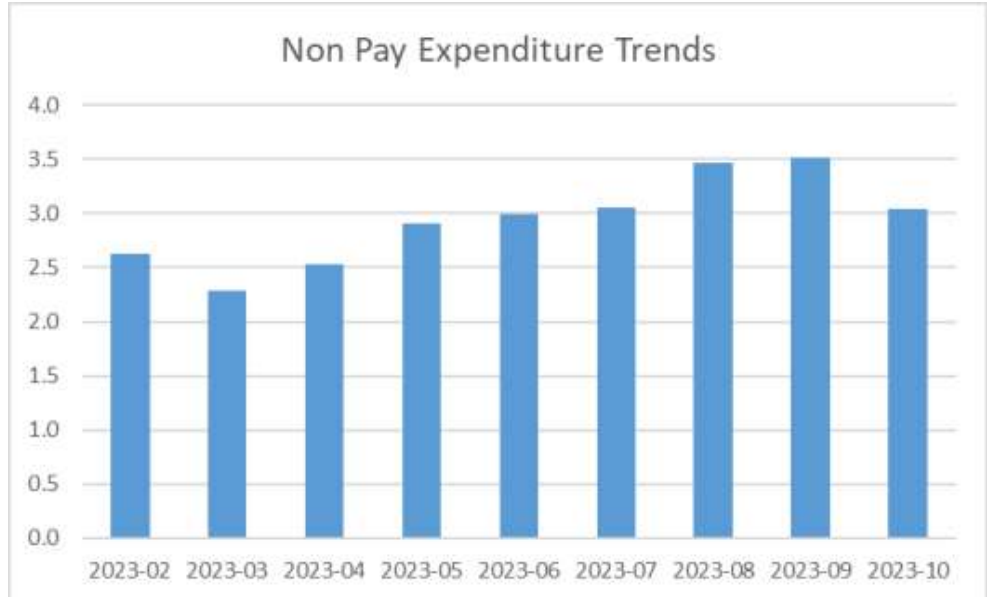


Unscheduled Care M10 Performance - Non pay

Non Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
FNC & CHC	0.0	0.0	0.0
DRUGS	17.6	0.2	0.6
M&SE	7.2	0.1	0.7
SERVICES FROM OTHER NHS BODIES	0.6	(0.0)	(0.0)
ESTABLISHMENT EXPENSES	1.3	0.0	0.0
APPLIANCES	2.1	0.0	0.0
PURCHASE OF HEALTH CARE SERVICES	0.1	(0.0)	(0.0)
MISCELLANEOUS SERVICES	0.6	0.0	0.1
PREMISES & FIXED PLANT	0.7	0.0	0.3
PRIMARY & SECONDARY CARE	0.0	0.0	0.0
PROVISIONS	0.0	0.0	0.0
GENERAL SUPPLIES & SERVICES	0.3	0.0	0.0
OTHER CLINICAL SERVICES & SUPPLIES	0.1	0.0	0.1
Grand Total	30.4	0.4	1.9

Key Points for Year to Date Non Pay Performance:

- The most significant adverse non pay variance relates to M&SE which is reporting an overspend of £0.7m at M10.



Key Points for Non Pay Expenditure Trend:

- M10 non pay expenditure has decreased by £0.5m when compared to M9.

Unscheduled Care M10 Performance – Income & Savings



Income	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
HEALTH ORGANISATIONS	(0.6)	(0.0)	(0.0)
PRIVATE PATIENTS	0.0	0.0	0.0
LOCAL AUTHORITIES	0.0	0.0	0.0
CATERING	0.0	0.0	0.0
OTHER INCOME	(0.7)	(0.0)	(0.1)
Grand Total	(1.3)	(0.0)	(0.1)

Key Points for Year to Date Income Performance:

- There re no significant variances at M10.

Savings	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
CRES Target	(2.9)	0.2	2.4
Achievement	0.6	(0.0)	(0.6)
Grand Total	(2.3)	0.2	1.8

Key Points for Year to Date Savings Performance:

- The M10 YTD savings performance is reporting a £1.8m adverse variance.
- The Care Group are reporting an in year forecast of £0.6m for 22/23 which is £2.2m below target and a recurrent forecast of £0.2m which is £2.7m below target.



Unscheduled Care M10 Performance



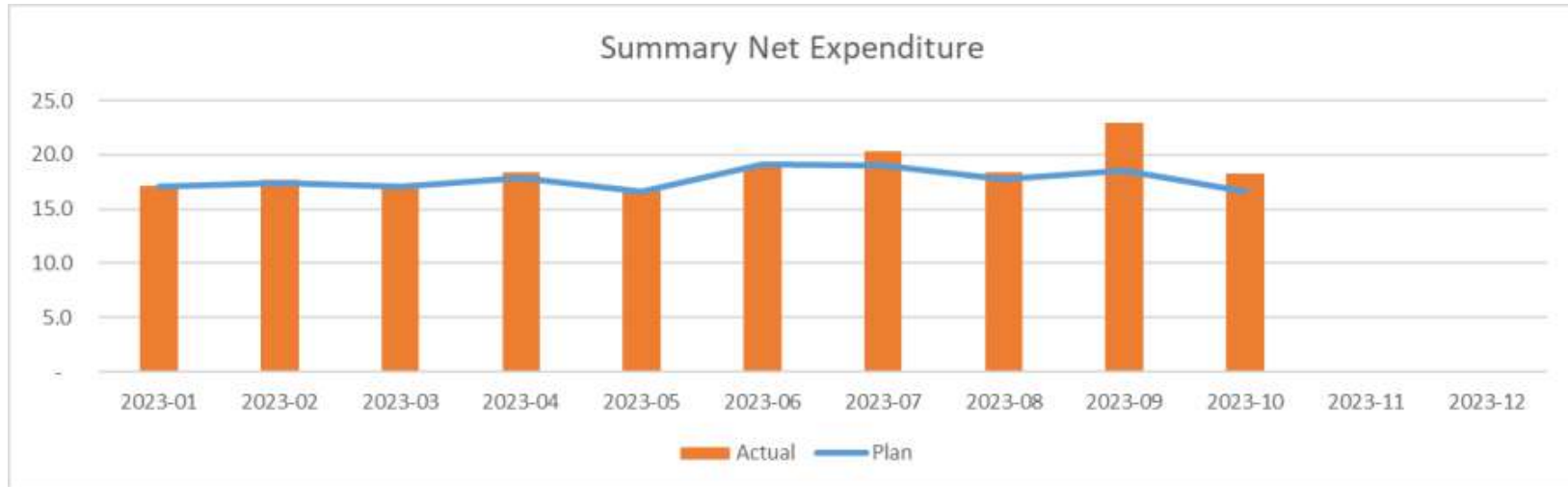
Additional Comments and Key Actions –Unscheduled Care:

Key drivers of current month and year to date position:

- Medical pay overspend £3.2m. POW £1.4m, PCH £1.1m and RGH £0.7m. These overspends are mainly linked to premium cost of agency and ADHs covering sickness, vacancies and rota gaps. The pressure is spread between ED & Medicine for each site, across a mixture of consultant and junior grades.
- Nursing overspend £3.3m, RN £0.4m underspend, HCAs £3.8m overspend. Bridgend £3.6m and M&C £0.2m, with an underspend for RTE. HCA spend, particularly HCA agency spend in POW, is driven by enhanced care on NSA wards and an establishment differential compared to other sites. The premium cost of RN agency spend is a factor across all sites.
- Students are incurring a pressure of £0.6m linked to the latest cohort of overseas nursing. This is a higher cost than planned linked to OSCE delays and filling RN posts.
- Key non pay overspends are drugs £0.6m, M&SE £0.7m and premises and fixed plant £0.3m. A key driver within RTE M&SE is £0.6m linked to diabetic pumps & consumables.
- Covid escalation measures continue to be reviewed with an expectation of de-escalation when possible. Covid spend forecast for the year currently is £6.8m, offset by Covid funding.
- CRES target of £2.9m with £0.6m forecast delivery in year (only £0.2m recurrently).The biggest gap is for Bridgend CSG with only 10% achievement forecast against the target in year. Further opportunities to develop CRES and Recovery plans to reduce spend continue to be reviewed and developments sought, though the focus of this is now in relation to saving opportunities to feed into the IMTP and 2023/24.
- Risks not included in the current position which could land in 2022/23 include increased use of medical ADH/Agency cover, escalation of ADH rates, nursing/HCA increase in agency use through the winter months beyond the current forecast.
- Opportunities not included in the current position include slippage on winter funding and NHS recruitment into medical rota gaps to cover vacancies, on call etc but at this stage, any improvement beyond the forecast is expected to be relatively small.
- The Care Group is actively developing a financial recovery action plan to support IMTP savings.



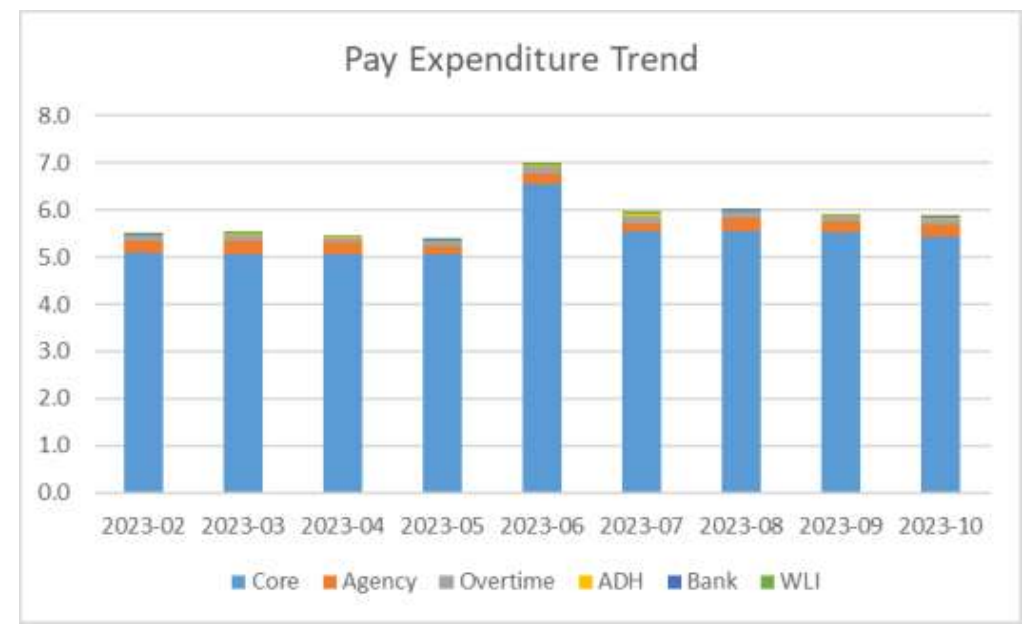
Summary	Annual Budget (£m)	Cur Month Budget (£m)	Cur Month Actual (£m)	Cur Month Variance (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Current Year Forecast
Pay	70.6	5.9	5.9	(0.0)	59.0	58.2	(0.7)	
Non Pay	155.6	11.7	13.3	1.6	127.6	136.6	9.0	
CRES	(1.4)	(0.1)	0.0	0.1	(1.1)	0.0	1.1	
Income	(10.1)	(0.9)	(0.9)	(0.0)	(8.3)	(8.7)	(0.4)	
Grand Total	214.6	16.6	18.3	1.7	177.1	186.1	9.0	10.7



Key Points :

- The M10 current period variance is a £1.7m overspend (M9: £4.4m). A significant increase in Primary Care Prescribing costs was reported in M9 which has now reduced in M10.
- The M10 year to date variance is a £9.0m overspend.
- The Current year forecast of £10.7m was provided prior to the reporting of M10. This indicates an overspend of £1.7m over the next 2 months (circa £0.9m /month) which is a further improvement from the M10 overspend of £1.7m.
- Net Expenditure in M10 was £18.3m an decrease of £4.6m from M9 and broadly consistent with M8. The M10 position reflects the most recent M8 data . This continue to show that primary care prescribing growth is higher than planned . NICE costs have also increased this month.

Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
Add Prof Scientific And Technical	10.7	(0.0)	(0.3)
Additional Clinical Services	9.0	(0.1)	(0.8)
Administrative & Clerical	4.5	(0.0)	0.0
Allied Health Professionals	29.2	(0.1)	(0.4)
Estates And Ancillary	0.0	0.0	0.0
Healthcare Scientists	6.9	0.0	0.2
Medical And Dental	9.3	0.1	0.1
Nursing And Midwifery Registered	1.4	(0.0)	(0.1)
Pay Budget Adjustments	(0.5)	0.0	0.5
Students	0.0	0.0	0.0
Grand Total	70.6	(0.0)	(0.7)



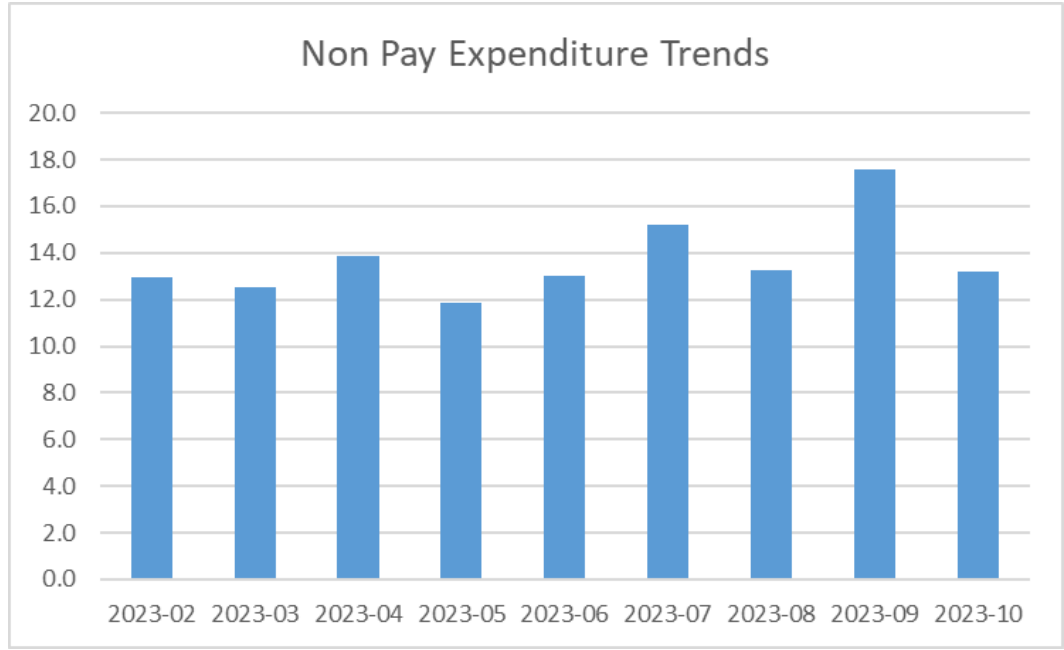
Key Points for Year to Date Pay Performance:

- The M10 YTD position is reporting a £0.7m favourable variance.

Key Points for Pay Trends:

- The M10 position is reporting expenditure of £5.9m which is consistent with M8.

Non Pay Expenditure	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
FNC & CHC	0.6	(0.0)	0.0
DRUGS	13.4	0.1	(0.1)
M&SE	2.3	0.1	(0.1)
SERVICES FROM OTHER NHS BODIES	8.2	(0.0)	0.5
ESTABLISHMENT EXPENSES	1.3	(0.0)	0.1
APPLIANCES	0.8	0.0	(0.0)
PURCHASE OF HEALTH CARE SERVICES	3.2	0.0	0.2
MISCELLANEOUS SERVICES	1.4	0.8	1.6
PREMISES & FIXED PLANT	0.6	0.0	0.1
PRIMARY & SECONDARY CARE	117.4	0.6	6.7
PROVISIONS	0.0	0.0	0.0
GENERAL SUPPLIES & SERVICES	0.1	0.0	0.1
OTHER CLINICAL SERVICES & SUPPLIES	6.4	0.1	(0.1)
Grand Total	155.6	1.6	9.0



Key Points for Year to Date Non Pay Performance:

- The most significant non pay variance relates to a £6.7m adverse variance for Primary & Secondary Care which relates to primary care prescribing.
- Miscellaneous services is also has a £1.6m adverse variance due to increased NICE expenditure.

Key Points for Non Pay Expenditure Trend:

- Non pay expenditure in M10 has decreased by £4.4m when compared to M9. This is mainly due to a reduction in primary care prescribing costs.

Income	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
HEALTH ORGANISATIONS	(4.7)	(0.0)	(0.5)
PRIVATE PATIENTS	(0.2)	0.0	0.1
LOCAL AUTHORITIES	(1.4)	0.0	0.1
CATERING	0.0	0.0	0.0
OTHER INCOME	(3.9)	(0.0)	(0.0)
Grand Total	(10.1)	(0.0)	(0.4)

Key Points for Year to Date Income Performance:

- As at M10 income is reporting a 0.4m favourable variance.

Savings	Annual Budget (£m)	Cur Month Variance (£m)	YTD Variance (£m)
CRES Target	(4.4)	0.4	3.6
Achievement	2.9	(0.3)	(2.6)
Grand Total	(1.4)	0.1	1.1

Key Points for Year to Date Savings Performance:

- The M10 YTD savings performance is reporting a deficit of £1.1m.
- The Care Group are reporting an in year forecast of £3.0m for 22/23 which is £1.3m below target and a recurrent forecast of £2.0m which is £2.3m below target. Significant Non recurring savings of £1m are therefore being reported in 22/23

Additional comments and Key Actions – Diagnostics, Therapies & Specialties:

- Key drivers of current and year to date position:
 - Pay underspend of £0.7m. Mainly due to vacancies within Therapies, Medicines Management and Radiology.
 - Non pay overspend of £9m. Mainly driven by overspends on Primary care prescribing £6.8m and NICE drugs £1.6m.
 - CRES under achievement of £1.1m. (£0.9m in Med Mgt and £0.1m in Radiology)
- CRES plans, Recovery Plans and further opportunities to reduce spend all reviewed on a regular basis.
- COVID escalation measures all reviewed and de-escalated where possible. Funding continues for Adferiad, Extended Flu and PPE.
- CRES target £4.4m with £3.2m forecast delivery in year (£2.2m recurrently).
- The latest forecast for DT&S indicated a year end overspend of £10.8m in line with previous month. The recurrent forecast position is a £13m overspend .

Corporate directorates M10 Summary Performance



Corporate Directorates	Annual Budget	M10	M10 YTD	Current year forecast
	£k	£k	£k	£k
Patient Care & Safety	16,092	(244)	(448)	(960)
Corporate Development	594	22	3	6
Chief Executive	3,493	(18)	95	53
Finance	4,609	(43)	(284)	(262)
Public Health	13,478	(41)	(217)	(105)
Digital	21,881	(295)	(393)	(262)
Medical Director	1,157	19	(47)	(87)
National Imaging Academy	1,553	0	0	0
Value Based Healthcare	2,307	(0)	(0)	0
Planning & Partnership	17,900	6	(234)	(267)
Research & Development	1,350	3	31	0
Estates	26	0	(0)	(479)
Therapies & Healthcare Sciences	195	12	(1)	0
Workforce & Organisational Development	9,563	(35)	(228)	(372)
COO Management	11,346	180	362	204
Facilities Hub	13,995	(171)	251	755
Grand total	119,539	(603)	(1,110)	(1,776)

- Key Points for Year to Date Performance:**
- The M10 YTD position is reporting a £1,110k surplus.
 - Significant M10 movements include:
 - COO Mgt - £180k overspend – in month impact of VER payments included in forecast
 - Digital - £295k underspend – funding/ income for E whiteboards etc released into position (£203k)
 - PC&S - £244k underspend – MCA and Outpatient Improvement funding released into position
 - Facilities Hub - £171k underspend - £60k re CPU staff dining recharge £86k re laundry energy recovery adjustment in forecast plus various other small non pay underspends
 - The most concerning YTD overspends are in COO Mgt (£362k) and Facilities Hub (£251k).
 - The Current year forecast prior to the reporting of M10 was a £1,776k underspend. This indicates an underspend of £0.7m over the next 2 months (circa £0.3m /month) .
 - The most significant forecast overspends are reported in:
 - Facilities Hub £755k
 - COO Management £204k



Corporate directorates M10 Savings –Actual



Corporate Directorates	Annual Target	YTD Target	YTD Act	YTD Var
	£k	£k	£k	£k
Patient Care & Safety	292	243	37	206
Corporate Development	61	51	27	24
Chief Executive	45	28	28	(0)
Finance	33	28	28	(0)
Public Health	35	29	29	(0)
Digital	229	191	92	99
Medical Director	0	0	0	0
National Imaging Academy	0	0	0	0
Value Based Healthcare	0	0	0	0
Planning & Partnership	27	23	23	0
Research & Development	7	0	0	0
Estates	361	301	272	29
Therapies & Healthcare Sciences	0	0	0	0
Workforce & Organisational Development	97	81	85	(4)
COO Management	12	11	33	(22)
Facilities Hub	367	306	2	304
Grand total	1,566	1,290	656	634

Key Points for Savings:

- Total savings to M10 is £656k which is £634k below target.
- The largest M10YTD shortfalls are being reported in:
 - Facilities Hub - £304K
 - PC&S- £206K
 - Digital - £99K.



Corporate directorates M10 Savings - Forecast



Corporate Directorates	Annual Savings Target	M10 F/Cast Savings	M10 F/Cast Variance	M10 F/Cast Recurrent Savings	M10 F/Cast Recurrent Variance
	£k	£k	£k	£k	£k
Patient Care & Safety	292	57	235	50	242
Corporate Development	61	65	(4)	97	(36)
Chief Executive	45	46	(1)	41	4
Finance	33	33	0	33	0
Public Health	35	35	(0)	0	35
Digital	229	88	141	82	147
National Imaging Academy	0	0	0	0	0
Value Based Healthcare	0	0	0	0	0
Planning & Partnership	27	27	0	0	27
Research & Development	7	0	7	0	7
Estates	361	350	11	403	(42)
Therapies & Healthcare Sciences	0	0	0	0	0
Workforce & Organisational Development	97	102	(5)	102	(5)
COO Management	12	70	(58)	43	(31)
Facilities Hub	367	28	339	45	322
Grand total	1,565	901	664	896	669

Key Points for Savings:

- The Forecast savings at M10 is £901k which is £664k below target. The largest forecast shortfalls are in:
 - Facilities Hub – £339k
 - PC&S – £235k
 - Digital - £141k
- The Forecast Recurrent savings is £896k. This forecast is £669k below target.
- The largest forecast recurrent shortfalls are also in the three areas noted above .





AGENDA ITEM
6.4

PLANNING, PERFORMANCE & FINANCE COMMITTEE
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All Wales NHS Energy Governance & Procurement Management Arrangements
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Date of meeting	28 th February 2023
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Sally May, Executive Director of Finance
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Presented by	Sally May, Executive Director of Finance
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Approving Executive Sponsor	Executive Director of Finance
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Report purpose	FOR APPROVAL
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	



1. SITUATION/BACKGROUND

- 1.1 This paper outlines a proposed and recommended approach to revising the All Wales NHS Energy Governance & Procurement management arrangements for 2023/24.

Executive Summary

- 1.2 The NHS Wales procurement arrangements for purchasing Energy (Gas & Electric) have been in place since 2005 and pre-dates the current NHS organisational structure.

Given the exceptional energy price increases and volatility experienced during 2022/23, there was a review undertaken by the All Wales Directors of Finance group (AWDoFs) to consider current arrangements and how they may be strengthened and made more sustainable for the future.

The current situation has been assessed, options have been considered and benefits identified to support the recommended approach.

In addition the current Energy provider 'British Gas Business' (BGB) have confirmed they will be exiting the industrial & commercial market in the future and will not be offering a renewed contract option. As such a new provider has been sought and Crown Commercial Services are judged to offer the best option for NHS Wales.

The proposal recommended in this paper aims to:

- Continue with the All Wales 'Once for Wales' approach
- Establish a revised compliant procurement arrangement with Crown Commercial Services for NHS Wales – managed through NWSSP
- Establish a new Wales Energy Group (WEG) & a Wales Energy Operational Group (WEOG) as a sub group to the WEG, which will report to the NWSSP Board.

Recommendation

- 1.3 The Committee is recommended to approve the proposed approach to Energy procurement governance arrangements, including;
- The revised governance group arrangements, and
 - The proposed new Energy procurement contractual arrangements with Crown Commercial Services

Situation

- 1.4 The current global energy price crisis has driven significant volatility in the market place with price increases not previously experienced.

The AWDoFs group has considered the need to review and revise the current governance and procurement arrangements in light of the issues currently being experienced.

Given the historical long standing Energy management arrangements via the 'Energy Price Risk Management Group' (EPRMG), there is a recognised need to ensure future governance arrangements are appropriate and the operational management and procurement arrangements are aligned to explicit delegated responsibilities of the current NHS bodies in Wales. Additionally, a resilient and sustainable solution is required which must be less onerous and time consuming and less reliant on a few experts in order to make the process more manageable.

Background

- 1.5 Current national governance arrangements for management and procurement are described below.

All Wales NHS - Energy Price Risk Management Group (EPRMG)

- Established in 2005, when energy was administered by Welsh Health Common Services Authority (WHCSA) for NHS trusts.
- Decisions on when and how much to purchase is taken by EPRMG, chaired by an NHS Director of Finance.
- Membership from All NHS organisations and NWSSP, generally estates, procurement and finance staff
- Purchasing Strategy determined by EPRMG based on Market Analysis, Current Prices and Inherent Risk
 - Traditionally meetings held 4-6 times per annum
 - Currently on a weekly basis
 - During periods of extreme volatility in the last year – 3 meetings a week
- Daily Monitoring of prices undertaken jointly by DoF as EPRMG chair and NWSSP which allows prices to be tracked and tranches of volumes secured when appropriate – benchmarking shows strong historical performance
- EPRMG TORs suggests that the group is established as a sub group under the AWDOFs group and is "accountable to the Directors of Finance" in HBs and Trusts.



All Wales Procurement of Energy Contracts

- Procurement for All Wales Energy contracts is undertaken by NWSSP (excludes PFI and leasehold properties)
- Gas and Electricity is supplied by BGB through two All Wales Contracts
 - Power (electricity) – let 2015; extended May 2022; contract end date 31 March 2025
 - Gas – commenced 1 April 2022; contract end date 31 March 2027
- Ability to purchase Energy on a Monthly or Quarterly basis through multiple tranches
- Market Experts provide 'In Person' monthly Market Analysis and daily Market Overview Briefing documents
- Contracts permit tranches of energy to be forward purchased via the British Gas trading desk

Context

- 1.6 The current situation which is advocating the need to refresh management governance arrangements and the requirement to consider revised procurement arrangements are presented below:
- Energy Market 'spiked' inexplicably in Autumn 2021
 - Expected to be short lived because there were no underlying factors such as 'outages of processing' or shortage of supply
 - When Markets began to reduce to lower levels, Russia invaded Ukraine in Spring 2022
 - When Markets show sign of reducing to lower levels, flows by Gazprom reduce/stop
 - Supply/Demand in Europe is finely balanced due to closure of Nuclear and Coal Plants and loss of Oil and Gas supply from Russia
 - UK appears sufficiently supplied but there are pipelines for both Gas and Electricity to Europe – Energy operates on a Global price Market basis
 - The outlook and market direction for energy remains unpredictable

Between August '21 and August '22 NHS Wales energy prices rose by 670% for Gas (£44 to £281 per therm) and 484% for Electricity (£40 to £218 per Mega Watt hour) – these are prior to the non-recurrent government price cap support.

Management Governance -

- EPRMG TORs states that "representatives should have delegated authority of their respective organisations" – given the establishment in 2005 it is unclear whether this is explicitly in place for current organisation structures.



- NHS Energy Management in Wales report (Wales Audit Office, Dec-2005) notes that Welsh Health Supplies had established an energy price risk management group to agree, in advance, target price thresholds with “decision-making delegated further down the management chain than is normal”.

Procurement –

- BGB announcement in Aug-22 of withdrawal from industrial and commercial sector but will honour current contracts.
- While there is a termination period under the contract, there is an option to terminate early without penalty being discussed with BGB to allow for a new arrangement to be put in place

Resilience & Sustainability

- Expertise is limited with a potential single point of failure in the leadership of the current purchasing arrangements via EPRMG
- Meetings were 4 to 6 times per year and are now up to 3 times per week
- A refreshed arrangement is required to manage the current volatility more sustainably

Assessment & Proposal

The volatility of the current global economic environment, particularly impacted by the Ukraine crisis, is affecting the energy market globally, with significant volatility being experienced. While the UK government is supporting costs with ‘caps’, this is not recurrent and a future proofed solution is required for NHS Wales.

The key points identified above for ‘context’ support the need to refresh management arrangements for NHS Wales (this could potentially grow to Public sector Wales, but this paper focusses on proposals for NHS Wales as a priority).

An AWDofFs Task & Finish Group was established to progress a review, consider options and make recommendations.

Management Options

The AWDofFs considered several permutations and options including;

- Continuing with EPRMG in current form
- Retaining decisions at organisation level (no national procurement)
- Establishing a revised all Wales approach, with clear organisational Board delegation for decision making and monitoring

The preferred option is to establish a revised all Wales approach, with clear organisational Board delegation for decision making and monitoring. This includes;



- Advocating the continuation of the All Wales, 'Once for Wales' approach – ie. single decisions for all NHS Wales procurement.
- NWSSP Board (**NWSSPB**) to act as the oversight Board for All Wales Energy Purchasing.
- Establish a new Wales Energy Group (**WEG**) - with delegated authority to agree national purchasing decisions (ToR and membership tbc) & report to NWSSPB – to meet quarterly.
- Establish a new Wales Energy Operational Group (**WEOG**) as a sub-group to the WEG – for operational management issues (ToR and membership tbc) -to meet monthly

Procurement Options

NWSSP undertook market analysis to identify alternative service providers and contractual routes to market with a view to replace BGB as the business intelligence provider and market interface for Energy procurement.

Additional information is contained within **Appendix 1**- NWSSP Procurement Services, Contract ratification paper Public Sector Procurement Organisations (Energy Framework Agreements)

A number of public sector buying organisations (and associated Framework Agreements) were reviewed as follows:

- Crown Commercial Services (CCS)
- LASER Energy Services (operated by Kent County Council)
- North East Procurement Organisation (NEPO)
- Yorkshire Purchasing Organisation (YPO)

The largest, consolidated energy provision contractual arrangement has been identified as CCS. The combined expenditure of the remaining three organisational frameworks above and combined with a range of smaller public sector organisations is estimated to be approximately 30% of the total CCS public sector energy expenditure.

Commercial Brokers

Other NHS Trusts in England utilise commercial brokers as advised by CCS. Three of the largest are:

- Inspired Energy
- Energy Information Centre
- Inenco

CCS estimate that all commercial brokers combined would not reach 1/3 of CCS total public sector spend.



Alternative Frameworks

In addition to the above, CCS estimate that 6-8 English NHS Trusts utilise NHS Countess of Chester Hospital framework, and some Trusts source energy themselves as per NHS Wales' current arrangements.

Energy Consultancy

At present no such consultancy is available within the market outside of the energy brokerage and procurement organisation options stated above. As a consequence, the recommendation is that the WEG will be established with delegated authority to make purchasing decisions for energy. The key decisions will be around "basket selection" and are therefore anticipated to be less frequent than the current process with commitments for periods of 6 months through to 30 months dependent on type of basket selected.

Contract Proposal

The current Energy market landscape has highlighted exposure to risk of utilities supply. This has been demonstrated by a few suppliers who have dissolved over the past 12 months in particular. Additionally, the reduced number of participants within the larger I&C supply market means procurement exercises will be subject to reduced or no competition.

In addition to aggregation benefits that the CCS RM6011 framework can offer, the benefit of collaborating with other public sector organisations within the CCS family (customer base) in this time of huge energy market uncertainty will enable NHS Wales to have a protected market supply whereby the UK government can intervene in case of emergencies/force majeure. Therefore, the option to join the CCS framework should be considered.

CCS have the largest aggregated public sector energy spend in the UK with 1104 customers for supply period fy 22/23. This is made up of 34% Central Government, 35% NHS, and 31% wider public sector. For fy 21/22 approximately 60% of NHS England trusts utilised the framework. The scale of CCS energy team of circa 36-colleague would offer NHS Wales security that the sourcing of energy would be handled appropriately by a team of energy experts and analysts. CCS have indicated that their independent risk management strategy group would welcome NHS Wales colleague/s to participate in their risk strategy governance.

CCS offers several Baskets which are either locked (prices are secured prior to delivery period) or variable (purchasing continues

into the delivery period). Variable 30 is the most comparable basket compared to NHS Wales' current flexible trading arrangement. However, further information and data analysis can be provided by CCS to aid and inform the decision of basket(s) that NHS Wales may consider utilising. CCS confirmed that it is possible for different NHS sites to utilise different basket options to manage the portfolio across NHS Wales appropriately.

In addition to the basket options, there are also bespoke baskets for consideration. CCS have indicated that they would not be willing at this stage to consider creating a new bespoke basket for NHS Wales, but that the option to join existing bespoke baskets may be available. CCS have confirmed that fees for utilising the framework are charged at meter level and are based on an annual fixed fee which is paid monthly within non-commodity charges. They estimate based on NHS Wales portfolio that the annual fee would be circa. £100k.

Consideration should be taken for the reduced resource and time requirements of NHS Wales staff across the EPRMG, Energy team and finance team who are involved in purchasing strategy and currently meet weekly. This has increased to as frequent as 3-times per week at the start of the Ukraine conflict. Interaction and communication between the Energy team and BGB trading desk takes place several times per day.

The transfer of purchasing arrangements is expected to take approximately 6 months to allow for a termination of the BGB contract and the new establishment of the CCS contract.

Recommendation

- 1.7 It is recommended that NHS Wales commences negotiation with BGB to discuss the early exit of both contracts NMD-OJEU-36871 Supply of Natural Gas, and AW3642 Supply of Electricity and progresses the process of joining CCS framework RM6011 Supply of Energy and Ancillary Services for both Gas and Electricity by no later than the **15 March 2023** deadline. Consideration and insight should be given to which basket choices would be most suitable for NHS Wales' portfolio.

Benefits

The proposed changes will create a more sustainable arrangement for Energy purchasing for NHS Wales which will:

- Re-align and make explicit management governance and delegated decision making with current NHS Wales organisational structures.
- Provide clarity on the future of Energy procurement arrangements for NHS Wales



- Improve resilience in future decision making and monitoring

Conclusion

- 1.8 The proposal recommended in this paper aims to:
- Continue with the All Wales 'Once for Wales' approach
 - Establish a revised compliant procurement arrangement with Crown Commercial Services for NHS Wales – managed through NWSSP
 - Establish a new Wales Energy Group (WEG) & a Wales Energy Operational Group (WEOG) as a sub group to the WEG, which will report to the NWSSP Board.

2. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Choose an item. If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
Link to Strategic Goals	Sustaining Our Future

3. RECOMMENDATION

- 3.1 The Committee is recommended to approve the proposed approach to Energy procurement governance arrangements, including:
- The revised governance group arrangements, and
 - The proposed new Energy procurement contractual arrangements with Crown Commercial Services

NWSSP PROCUREMENT SERVICES CONTRACT RATIFICATION PAPER

Contract:	Supply of Natural Gas NMD-OJEU-36871 Supply of Electricity AW3642 (over & sub 100KW Sites)
Contract period (dates):	Gas: 1 st April 2022 to 31 st March 2027 (with 3-year compliant extension option) Electricity: 1 st April 2015 to 31 st March 2025
Value of current contract:	Gas fy 22/23 – £63,662,387* Gas fy 23/24 - £108,915,654** Power fy 22/23 - £57,868,334* Power fy 23/24 - £117,289,618**

*mid-view forecast including EBRS Winter 22 (Oct 22 to Mar 23), provided by BGB 01.12.2022

**mid-view forecast not including EBRS for any period, provided by BGB 17.11.2022

• Market Overview

The global energy market has been experiencing unprecedented volatility in recent times, and particularly since mid-2021. Whilst market prices were low during the height of the pandemic (2020), there are numerous influences that have led to the upward trend volatility, which include – but are not limited to – the following contributors:

- Covid recovery last year across global markets.
- Tensions in Ukraine with Russian troop build-up and NS2 project
- Multiple UK supplier failures
- Infrastructure constraints either through outages or planned closures
- Russian Invasion of Ukraine
- Countries across the globe started imposing economic sanctions on Russia, coal and oil included but not gas
- Nordstream 2 cancelled
- EU plan to reduce dependency on Russian commodities (REPowerEU)
- Russia demand for payment for gas in Rubles

More recently, further factors that have contributed to the volatility are:

- Gazprom cut off multiple countries in Ruble payment row
- Nordstream 1 turbine issues
- Russian flows ceased
- US Freeport LNG fire
- Some European countries increased gas emergency warning to level 2
- China Covid-19 lockdowns damping demand

- European ban on Russian coal and oil
- Low French nuclear power generation forecast
- Strong CCGT (gas) generation and UK Elec exports to continent
- BEIS asked National Grid to explore options to bolster winter security
- Strong supplies of LNG to North-West Europe
- European Storage Levels optimised
- Government Interventions

Information source: CCS NHS Wales Energy Presentation Nov 22 and BGB Market Information Nov 22

Market volatility has led to ‘a perfect storm’ whereby uncertainty within the market has led to less liquidity. This in turn has led to fewer participants willing to buy and sell gas/power which led to significant price increase. Price rises have led to credit issues with some suppliers which in turn causes liquidity issues. And so, the cycle continues.

The Industrial & Commercial (I&C) sector has become less attractive with the heightened risk associated. What was an already limited supply market commonly referred to as ‘the big 6’ has seen 2 suppliers make announcements in 2022 regarding supply of the I&C market. Scottish Power announced their withdrawal from the I&C market in March 2022, and BGB advised of their withdrawal from larger I&C customer accounts in August 2022 (although no formal press release has been issued by BGB, see Appendix 1 – formal document received from BGB).

As detailed below, the recent NWSSP gas tender (2021) resulted in only 2 bids being received. Of these 2 bidders, BGB has now withdrawn from the larger customer I&C market – which further validates the concern that a procurement exercise on behalf of NHS Wales would be subject to little or no competition and interest.

- **Contract Overview**

Energy Purchasing Arrangements

NHS Wales currently procures both gas and electricity via a flexible purchasing model that allows NHS Wales to manage its exposure to price fluctuations by securing pricing via live market prices. The process for securing the commodity price is managed through the Energy Price Risk Management Group (EPRMG), which determines the purchasing strategy and provides oversight of the utility’s contracts. The group includes representation from Procurement Services as well as knowledgeable personnel from all participating Health Boards/Trusts (Energy Managers, Finance colleagues etc.).

Gas

NHS Wales current contract for supply of Natural Gas NMD-OJEU-36871 runs from 1st April 2022 until 31st March 2027, including the option for 3-year extension. A restricted procedure under the OJEU was undertaken, with 4 suppliers passing the PQQ stage and subsequently 2 choosing to submit a final tender. Owing to the commodity and non-commodity costs being beyond the control of the contract, the only measurable commercial aspect considered was the management fee charged by the Utility Supplier (it should be noted that the value of this element is extremely low in comparison to the overall contract). Owing to this limited financial scope, combined with concerns re the quality of service on the previous contract, the award criteria & weightings were Quality 70%, Commercial 30%. Following evaluation in accordance with the published award criteria and scoring methodology, the incumbent supplier British Gas Business (BGB) scored higher overall and were therefore awarded the contract.

Gas Forecast Value Breakdown by Organisation

Organisation	Mid View Forecast FY2022/23*	Mid View Forecast FY2023/24**
Cardiff & Vale	£14,051,727	£24,905,831
Cwm Taf Morgannwg UHB	£7,468,019	£13,012,435
Aneurin Bevan	£11,043,097	£18,638,932
Swansea Bay	£7,615,156	£11,612,170
Betsi	£14,084,588	£24,388,538
Hywel Dda	£6,568,218	£11,343,464
Powys	£1,562,410	£2,720,191
Velindre NHS Trust	£529,395	£1,024,158
Welsh Ambulance	£544,955	£920,608
NHS Wales Shared Services Partnership	£94,404	£164,909
Health Education	£43,968	£85,381
Public Health	£56,451	£99,037
TOTAL	£63,662,387	£108,915,654

*FY 2022/23 mid-view forecast including EBRS Winter 22 (Oct 22 to Mar 23), provided by BGB 01.12.2022

**FY 2023/24 mid-view forecast not including EBRS for any period, provided by BGB 17.11.2022

Electricity

NHS Wales current contract initial period was from 1st April 2015 to 31st March 2020 and included the option for up to 60 months compliant extension. Before the current contract extension, the contract had been extended to 30th September 2022. The energy market has experienced extreme volatility since approximately mid-2021, which had led to unprecedented market prices and several Utility companies going into administration. Due to these factors, coupled with the NHS Wales position of being unable to secure electricity beyond 30th September 2022, the EPRMG agreed at the end of 2021 that NWSSP PS should endeavour to secure a contract extension for the final compliant period to 31st March 2025.

Management fee and balance/imbalance fee formed part of this negotiation; however, it must be noted that the largest factor was the price of Renewable Energy Guarantee of Origin certificates (REGO's). NHS Wales were purchasing at a cost of £0.60/MWh, and the price had risen substantially at the time of extension negotiations (this rise was partly attributed to the push for carbon neutrality and validated by benchmarking with Crown Commercial Services (CCS) and NHS England). NHS Wales were purchasing REGO certificates from natural sources (i.e., wind power, solar power, geothermal power, wave power and tidal power) and following EPRMG meeting discussions, the group decided to continue to purchase REGO's from natural sources for the initial 18-month contract extension period. BGB agreed to provide NHS Wales with periodic REGO pricing information to allow NHS Wales to react to any upwards market trend by fixing accordingly. The extension was finalized on 13th May 2022, which then allowed NHS Wales to make purchases until 31st March 2025.

Welsh Government have given a commitment to NHS organisations to manage centrally the FY-2022/2023 risk of increase in energy prices. Having brought to the attention of Welsh Government the cost implications of continuing to purchase REGO certification for natural source power, they confirmed that certification costs can be included in the funding to support NHS Wales in terms of providing further in-year funding at an appropriate point.

Electricity Forecast Value Breakdown by Organisation

Organisation	Mid View Forecast FY2022/23*	Mid View Forecast FY2023/24**
Betsi	£13,663,300	£26,181,261
Cardiff & Vale	£8,594,044	£17,778,317
Aneurin Bevan	£9,830,566	£19,885,355
Cwm Taf Morgannwg UHB	£6,908,152	£16,027,332
Swansea Bay	£8,571,279	£17,081,976
Hywel Dda	£6,065,413	£11,990,100
Velindre NHS Trust	£1,581,846	£3,371,839
Powys	£1,113,576	£2,091,770
Digital Health and Care Wales	£145,685	£290,126
Welsh Ambulance	£797,089	£1,441,725
Public Health	£266,397	£483,959
Health Education	£88,980	£187,969
NHS Wales Shared Services Partnership	£242,006	£477,888
TOTAL	£57,868,334	£117,289,618

*FY 2022/23 mid-view forecast including EBRS Winter 22 (Oct 22 to Mar 23), provided by BGB 01.12.2022

**FY 2023/24 mid-view forecast not including EBRS for any period, provided by BGB 17.11.2022

BGB Announcement

In August 2022, as detailed above BGB notified NHS Wales that it was their intention to withdraw from the larger accounts of the Industrial & Commercial market (I&C). British Gas Business assured NHS Wales through both written and verbal communication during EPRMG meetings, that it was the intention of BGB to honour all aspects of the current contract in a 'business as usual' manner. The fundamental change resulting from the announcement was that the ability to extend the contract utilising the 3-year compliant extension option was no longer possible, as BGB would not be willing to agree to this. In addition, BGB confirmed that they would no longer be prepared to bid for a future contract. Contractually NHS Wales is subject to an early exit fee. However, recent discussion with BGB has indicated that if this transition project was implemented as agreed and followed accurately then it would be unlikely that a termination fee would be applied as all hedging/volumes would form part of that discussion and project management piece. BG have provided an indicative timeline of 6 months for transition and the expiry date should be at the end of a season (therefore either 30th September 2023 or 31st March 2024).

- **Market Research**

Prompted by the BGB announcement, the EPRMG requested that alternative procurement routes be investigated to inform NHS Wales of future procurement decisions for the purchase of Gas and Electricity.

CCS

CCS framework RM6011 Supply of Energy and Ancillary Services was identified as a suitable option and NWSSP Procurement Services (NWSSP PS) were requested to undertake a benchmarking exercise. Due to the expertise required to carry out such a benchmarking exercise, CCS colleagues supported this in collaboration with NWSSP PS, and produced benchmarking documents for fy 20/21, 21/22, and 22/23. The current broad purchasing strategy adopted for fy 22/23 at time of

benchmarking, was to purchase on month ahead where forward risk factoring had been reduced. Owing to this strategy, at time of benchmarking (mid-September 2022) NHS Wales' position for fy 22/23 was largely unsecured beyond September 22. Therefore, large percentages of both commodity prices were based on open market prices which were not necessarily reflective of the prices that NHS would secure. In combination with this factor was the knowledge that the UK Government had announced the Energy Bill Relief Scheme (EBRS), with the final details and mechanics yet to be confirmed. It was therefore deemed that the 22/23 benchmarking data did not reflect accurately owing to these reasons and should not be presented alongside the previous financial years benchmarking. A summary of the benchmarking outcome is shown in the below table:

Commodity	Period (Financial year)	NHS Wales – achieved WAP p/KWh	CCS – achieved WAP p/KWh spread*
Gas	20/21	1.50	1.30 to 1.92
Gas	21/22	1.94	1.81 to 2.59
Electricity	20/21	5.00	4.72 to 5.52
Electricity	21/22	10.43	4.90 to 6.55

*Based on 4 CCS Basket options available during benchmarked period. Prices include estimated p/KWh CCS fee equivalent charge – Actual CCS fee is paid annually per meter within non-commodity charging mechanism.

NHS Trust References

NWSSP PS requested reference sites from NHS England trusts utilising the CCS framework. CCS have since provided this and the intention is to invite referees to an EPRMG meeting to facilitate questions and clarifications in relation to their experiences of utilising the CCS RM6011 framework.

Public Sector Buying Organisations

The following public sector buying organisations are alternatives to CCS

- LASER (owned by Kent County Council)
- NEPO
- YPO

When combined with smaller public sector organisations, it is estimated that these organisations' (large and small) total spend is equal to approximately 30% of CCS public sector spend of £2.1bn.

Commercial Brokers

Other NHS Trusts in England utilise commercial brokers as advised by CCS. Three of the largest are:

- Inspired Energy
- Energy Information Centre
- Inenco

It is estimated that all commercial brokers combined would not reach 1/3 of CCS total public sector spend.

Alternative Frameworks

In addition to the above, it is estimated that 6-8 English NHS Trusts utilise NHS Countess of Chester Hospital framework, and some Trusts source energy themselves as per NHS Wales' current arrangements.

- **Contract Proposal**

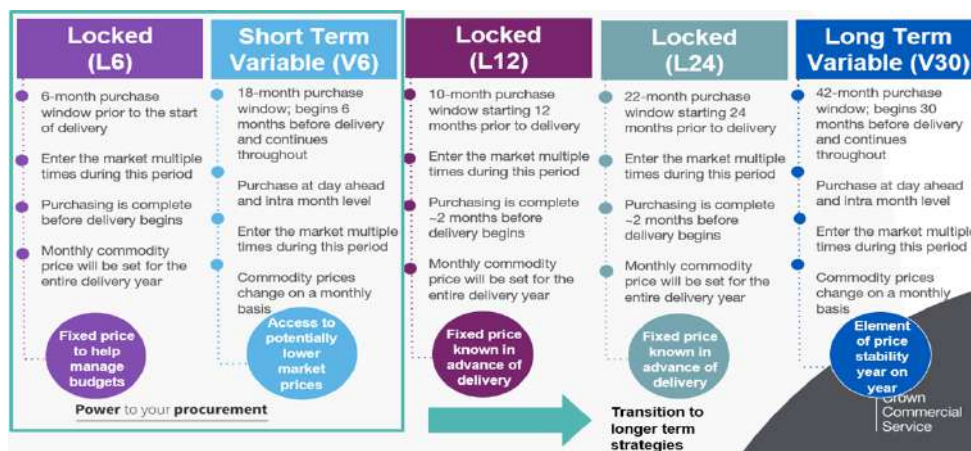
The current Energy market landscape has highlighted exposure to risk of utilities supply. This has been demonstrated by a few suppliers who have dissolved over the past 12 months in particular. Additionally, the reduced number of participants within the larger I&C supply market means procurement exercises will be subject to reduced or no competition.

In addition to aggregation benefits that the CCS RM6011 framework can offer, the benefit of collaborating with other public sector organisations within the CCS family (customer base) in this time of energy market uncertainty will enable NHS Wales to have a protected market supply whereby the UK government can intervene in case of emergencies/force majeure. Contracts currently in place do not offer such protection and volatility experienced in recent time resulting in suppliers' liquidation has highlighted the vulnerability of supply chain. Therefore, consideration should be given to the value-added benefit and assurance of protection that this collaborative approach under the UK Government's framework would provide to NHS Wales.

CCS have the largest aggregated public sector energy spend in the UK with 1104 customers for supply period fy 22/23. This is made up of 34% Central Government, 35% NHS, and 31% wider public sector. For fy 21/22 approximately 60% of NHS England trusts utilised the framework. The scale of CCS energy team of circa 36-colleague would offer NHS Wales security that the sourcing of energy would be handled appropriately by a team of energy experts and analysts. CCS have indicated that their independent risk management strategy group would welcome NHS Wales colleague/s to participate in their risk strategy governance.

CCS offers several Baskets which are either locked (prices are secured prior to delivery period) or variable (purchasing continues into the delivery period). Variable 30 is the most comparable basket compared to NHS Wales' current flexible trading arrangement. However, further information and data analysis can be provided by CCS to aid and inform the decision of basket(s) that NHS Wales may consider utilising. CCS confirmed that it is possible for different NHS sites to utilise different basket options to manage the portfolio across NHS Wales appropriately. Features and benefits of basket options available are illustrated in the below table.

CCS Basket Options – *Commercially Sensitive Information*



In addition to the above basket options, there are also bespoke baskets for consideration. CCS have indicated that they would not be willing at this stage to consider creating a new bespoke basket for NHS Wales, but that the option to join existing bespoke baskets may be available.

CCS have confirmed that fees for utilising the framework are charged at meter level and are based on an annual fixed fee which is paid monthly within non-commodity charges. They estimate based on NHS Wales portfolio that the annual fee would be circa. £100k. Consideration should be taken for the reduced resource and time requirements of NHS Wales staff across the EPRMG, Energy team and finance team who are involved in purchasing strategy and currently meet weekly. This has increased to as frequent as 3-times per week at the start of the Ukraine conflict. Interaction and communication between the Energy team and BGB trading desk takes place several times per day.

- **NHS Wales Meetings and Discussions**

The position of energy supply to NHS Wales has been an agenda point at NHS Wales Director of Finance (DoF) meetings following the announcement by BGB in 2022. NWSSP presented to the group an overview of the current NHS Wales contractual position, information on the CCS RM6011 framework option, and fy 20/21 and 21/22 benchmarking outcomes. An All-Wales DoF Forum Task and Finish Group was formed in December 2022 consisting of DoF, Deputy DoF and Director of Procurement, responsible with progressing the matter to a suitable point in which a decision could be reached by DoF to switch current energy provider and route to market via CCS. Acknowledging the tight timescales to make a commitment to join the CCS baskets by mid-March 2023 deadline, combined with the required governance, this project was progressed at speed.

In parallel to DoF's discussions, stakeholders within the EPRMG were engaged on this matter and meetings held on 3rd and 25th November 2022 to discuss the proposed switch. CCS attended the latter to present a brief overview of their framework and answer questions from the group. The next steps from this meeting were to seek further clarification to inform NHS Wales on the option to join the CCS framework.

Governance Review

In addition to progressing the project, the All-Wales DoF Forum Task and Finish Group have been tasked with reviewing the governance, resilience, and efficiency for managing the current and future contract.

- **Recommendation**

It is recommended that NHS Wales progress the arrangements to facilitate a move to CCS framework RM6011 Supply of Energy and Ancillary Services for both Gas and Electricity by the 15th March 2023 deadline. In parallel to this, NHS Wales should proceed with the appropriate necessary action with British Gas to exit the current arrangements.

Appendix

Appendix 1 – BGB Announcement Formal Communication



NHS Letter Exit from
Larger I&C Market Ac

NHS Wales Shared Services
FAO: Emma Cavanagh
4th Floor, Crown Way
Cardiff
CF14 3UB

September 2022

Important British Gas Business strategy update

Dear Emma,

As we've discussed today, British Gas Business is shifting its focus in supplying energy to business customers away from very large consumers to small and medium enterprises and smaller industrial and commercial (I&C) consumers.

We recognise that this may have come as a surprise, and we're sorry if you've heard this update from other sources before we've spoken to you.

We've made this decision due to two key factors;

1. Volatility in the commodity markets has increased the operational challenges of supplying larger businesses.
2. We're focusing on simplifying our business and moving away from maintaining many bespoke and complex individual customer arrangements.

What this means for you

As a result of this announcement, we will not be able to enter usual renewal discussions with you, unless we agree otherwise. However, your current supply contract arrangements will continue until the end of your current contract term.

What happens next

We can reassure you that nothing will change immediately for you. We're committed to honouring all existing contracts and acting in good faith on in-flight contract negotiations which we'll see through to conclusion. We'll continue to support you throughout, including assisting in the switching process when the time comes, to make the transition as smooth as possible.

If you have a dedicated customer managed relationship, this will continue for your account for the duration of your contract and until you transfer to a new supplier.

If you hold other products with Centrica, these remain unaffected and will continue. We remain committed to solar, battery, combined heat and power (CHP) and large multi-technical public projects through our Centrica Business Solutions division, and on negotiating corporate Power Purchase Agreements (PPAs) through our Energy Marketing & Trading (EM&T) business.

Yours sincerely,



Matt Wood
Director of Energy Supply

3092/08/22

PLANNING, PERFORMANCE & FINANCE COMMITTEE- FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Request made by DoST via email	Deferred Item	LINC / Citadel Contract Change Notice (CCN) - Hosting infrastructure change from 'On-premise' to 'public cloud hosting	Director of Strategy & Transformation	28 February 2023 (In Committee)
Requested at meeting held with AD for Strategy & Transformation 10.02.23	Additional Item	New Velindre Cancer Centre Full Business Case	Director of Strategy & Transformation	28 February 2023 (In Committee)
Requested at meeting held with AD for Strategy & Transformation 10.02.23	Additional item	South East Wales Cataract Business Case	Director of Strategy & Transformation	28 February 2023 (In Committee)
Action following the October 2022 meeting to receive an update.	Deferred Item	Planned Care and Cancer Performance	Chief Operating Officer	28 February 2023
Action following the October 2022 meeting for an update.	Deferred Item	Sepsis Compliance Programme	Medical Director	28 February 2023

Request made at Agenda Planning meeting for February 23	Additional item	Enhanced Monitoring – Assurance Processes and Governance	Director of Strategy & Transformation/Chief of Staff	28 February 2023 – Item now deferred to April 2023 meeting
Request made at Agenda Planning meeting for February 23	Additional Item	Targeted Intervention and Improving Care	Chief Operating Officer	28 February 2023
Request via email from DoG October 2022	Additional Item	Spinal Services Operational Delivery Network	Director of Strategy & Transformation	28 February 2023
Request made by DoF via email	Additional item	NWSSP - Energy Procurement Proposal	Director of Finance	28 February 2023
Request made by DoST via email	Deferred Item	RISP Programme FBC Approval Process	Director of Strategy & Transformation	25 April 2023
Action agreed at October 2022 meeting.	Additional item	Mental Health Performance – Deep Dive	Chief Operating Officer	25 April 2023

Completed Activity from the Forward Work Programme

Request received via email.	Additional Item	Specialised Services Operational Delivery Network: CP241 Spinal Services Operational Delivery Network.	Director of Strategy & Transformation	25 October 2022 - Completed
Request made by Committee at August	Additional Item	Ophthalmology Follow Up Patients Not Booked	Chief Operating Officer	25 October 2022 (In Committee) - Completed

2022 meeting to receive a detailed report.				
Action from August 2022 meeting to bring a report to the October 22 meeting.	Additional Item	Delivery on the Six Goals for Emergency Care	Chief Operating Officer	25 October 2022 - Completed
Added at the Agenda Planning meeting for October 22 meeting.	Additional Item	Bridgend Transition Progress Report	Director of Strategy & Transformation	25 October 2022 - Completed
Request via email to hold extra ordinary PPF Committee	Additional Item	Integrated Radiotherapy Solution and Satellite Radiotherapy Centre Full Business Case	Director of Strategy & Transformation	20 September 2022 - Completed
Requested at agenda planning meeting for August 22 meeting.	Additional Item	South East Wales Planning Collaborative	Director of Strategy & Transformation	23 August 2022 - Completed
Action from April 2022 meeting for a detailed report to be received at June 2022 meeting	Additional Item	Review of CAMHS Performance Activity	Director of Primary Care & mental Health	28 June 2022 - Completed

Action from October 2021 meeting to receive a further update at April 2022 meeting.	Additional Item	Access to GP Practices Follow Up Report	Director of Primary Care & Mental Health	26 April 2022 - Completed
Deferred item from 2021	Additional Item	Review of Estates Performance Reporting	Director of Finance & Procurement	26 April 2022 - Completed
Added at agenda planning meeting for April 2022	Additional item	Swansea Bay Disaggregation	Director of Strategy & Transformation	26 April 2022 - Completed