

Planning, Performance & Finance Committee

Tue 24 August 2021, 14:00 - 17:00

Virtual Via MS Teams



Agenda

14:00 - 14:00 0 min **1. PRELIMINARY MATTERS**

1.1. Welcome and Introductions

chair

1.2. Apologies for Absence

Chair

To Note

1.3. Declarations of Interest

Chair

To Note

14:00 - 14:00 0 min **2. CONSENT AGENDA**

2.1. For Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 22 June 2021

Chair

For Approval

2.1.1 Unconfirmed Minutes 22.06.21 PPFC 24 August 2021.pdf (11 pages)

2.2. For Noting

2.2.1. Action Log - to follow

Chair

To Note

2.2.2. Monthly Monitoring Returns to Welsh Government

DoF

To Note

- 2.2.2i M3 - Monitoring Returns PPFC 24 August 2021.pdf (4 pages)
- 2.2.2ia M3 - Annex A - Monitoring Return Narrative M03-22.pdf (18 pages)
- 2.2.2ib M3 - Annex A - Monitoring Return Tables M03-22.pdf (10 pages)
- 2.2.2ii M4 - Monitoring Returns PPFC 24 August 2021.pdf (4 pages)
- 2.2.2.iiia M4 - Annex A - Monitoring Return Narrative M04-22.pdf (20 pages)
- 2.2.2iib M4 - Annex A - Monitoring Return Tables M04-22.pdf (7 pages)

14:00 - 14:00
0 min

3. MAIN AGENDA

3.1. Matters Arising Not Previously Considered Within the Action Log

Chair

3.2. PPF Committee Self Assessment Outcome and Improvement Plan

DoG

14:00 - 14:00
0 min

4. PLANNING

4.1. Integrated Medium Term Annual Plan 2021-22 - Verbal Update and Presentation

DoST

For Discussion


14:00 - 14:00
0 min

5. Performance

5.1. Integrated Performance Dashboard

DoST/COO/DoF

For Discussion

 5.1 Integrated Performance Dashboard PPFC 24 August 2021.pdf (12 pages)

 5.1.1 Appendix 1 Assessment Dashboard PPFC 24 August 2021.pdf (15 pages)

5.2. Organisational Risk Register

DoG

For Discussion

 5.2 - Organisational Risk Register PPF August 21- Final.pdf (3 pages)

 5.2.1 Appendix 1 - Organisational Risk Register July MB PPF Committee Augu....pdf (1 pages)

5.3. Ophthalmology Update

COO

For Discussion

 5.3 Ophthalmology Update PPFC 24 August 2021.pdf (15 pages)

14:00 - 14:00
0 min

6. FINANCE

6.1. Month 4 Finance Report

DoF

For Discussion

 6.1 M4 Finance Report PPFC 24 August 2021.pdf (35 pages)

14:00 - 14:00
0 min

7. OTHER MATTERS

7.1. Committee Highlight Report to Board

Chair

For Discussion

Members to identify items to include in the Highlight Report to the Health Board in respect of the following areas:

1. Alert
2. Assure
3. Advise
4. Inform

7.2. Forward Work Plan

Chair

To Note

 7.2 Forward Work Plan PPFC 24 August 2021.pdf (2 pages)

7.3. Any Other Urgent Business

Chair

7.4. Date of Next Meeting

The next meeting is scheduled for the 18 October 2021 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

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

PRESENT

Mel Jehu	-	Independent Member (Chair)
Ian Wells	-	Independent Member
Nicola Milligan	-	Independent Member
Patsy Roseblade	-	Independent Member
Marcus Longley	-	Health Board Chair (in-part)
Jayne Sadgrove	-	Health Board Vice Chair (in-part)
James Hehir	-	Independent Member (in-part)
Dilys Jouvenat	-	Independent Member (in-part)

IN ATTENDANCE

Sara Utlej	-	Audit Wales
Emma Samways	-	NWSSP – Internal Audit & Assurance
Paul Dalton	-	NWSSP – Internal Audit & Assurance
Cally Hamblyn	-	Assistance Director of Corporate Governance & Risk
Lee Leyshon	-	Assistant Director Engagement & Communications (in-part)
Steve Webster	-	Executive Director of Finance
Gareth Robinson	-	Chief Operating Officer
Linda Prosser	-	Executive Director of Strategy & Transformation
Kelechi Nnoaham	-	Executive Director of Public Health
Fiona Jenkins	-	Executive Director of Therapies & Health Science (interim)
Karl Verrecchia	-	Director of Operations, Bridgend ILG
Kate Burton	-	CAMHS Service Manager, Bridgend ILG
Reena Owen	-	Independent Member, Swansea Bay UHB (Observing)
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

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

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Georgina Galletly, Director of Corporate Governance and Philip White, Independent Member.

1.3.0 DECLARATIONS OF INTERESTS

F. Jenkins declared that she was also Executive Director of Therapies & health Sciences at Cardiff & Vale UHB.

PART 2. CONSENT AGENDA

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

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 27 APRIL 2021

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

2.2 FOR NOTING

2.2.1 ACTION LOG

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

2.2.2 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Month 1 and 2 Monitoring Returns were **NOTED**.

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONSIDERED WITHIN THE ACTION LOG

There were none.

3.2.0 PPF COMMITTEE ANNUAL REPORT 2020-21

C. Hamblyn presented the report.

P. Roseblade advised that she was in attendance at the February 2021 meeting as an observer but was listed as a member. C. Hamblyn confirmed that this would be amended.

P. Roseblade queried whether there needed to be more specific detail contained in the report regarding the standing down of Committees and reduced agendas due to the Covid-19 pandemic. C. Hamblyn advised that this was a valid point and would be reviewed outside of the meeting.

Resolution: The Committee **ENDORSED** the Annual Report for submission to the Health Board, subject to the amendments raised.
NOTED the current Terms of Reference (previously approved by the Health Board at its meeting held on 30 July 2020)
AGREED to complete the Annual Self-Assessment questionnaire via Survey Monkey and review feedback at the August 2021 meeting of the Committee.

Action: Report would be amended to reflect comments raised and shared with the Chair outside of the meeting for onward submission to the Health Board.

3.3.0 AUDIT WALES STRUCTURED ASSESSMENT REPORT PHASE 1

C. Hamblyn presented the report.

P. Roseblade advised that the report had been received at the Audit & Risk Committee who were monitoring the overall plan. The Audit & Risk Committee felt that the performance aspect of the Plan should be monitored by the PPF Committee.

Resolution: The Committee **NOTED** the report, and that the monitoring of the Management Response would remain with the Audit and Risk Committee and that the Planning, Performance & Finance Committee would monitor the performance aspect of the Plan.

4.0 PLANNING

4.1.0 INTEGRATED MEDIUM TERM ANNUAL PLAN 2021-22

L. Prosser, S. Webster and G. Robinson provided a presentation on the current position in relation to the development of the Annual Plan for 2021-22.

P. Roseblade queried the narrative in the Plan relating to Welsh Government (WG) requiring a balanced financial plan for this current year which appeared contradictory to what was noted in the report which was that Covid-19 funding was to be used to balance the plan. S. Webster advised that the in-year Covid-19 funding of £26m could only be used to cover Covid-19 costs. However, the assumed additional £20.5m that would be funded from Covid-19 costs could be used to support the balance of the plan but could not be used to include the non-delivery of savings in the current year 2021-22. S. Webster added that most of the funding was non-current and there was a risk that there may be a shortfall of £4m if the allocation received was only £16m resulting in an unplanned increase to the deficit for 2020-21 attributing to Covid-19.

The Chair sought clarity on the governance arrangements for the planned care recovery programme. G. Robinson confirmed that a full outline of the governance arrangements would be contained within the report before submission to WG and the reporting process of this would be monitored via Management Board. However, a section could be added to the Performance Dashboard report for the benefit of this Committee.

P. Roseblade expressed concerns that there did not appear to be any allocation contained within the plan for funding for ophthalmology. S. Webster advised that this would be utilised out of the £16.8m that had been allocated from WG. G. Robinson added that there was a specific focus on ophthalmology as a whole and all areas of ophthalmology would be included as well as a large investment into cataract.

I. Wells welcomed the plan on a page as a clear and accessible document for the public and suggested that the format could be further improved with some graphic designing. L. Prosser advised that they would look to take this suggestion forward.

K. Nnoaham commented that the option of re-opening Ysbyty Seren and not de-commissioning should be considered, even though the number of Covid-19 hospital admissions remained low they were increasing in England and Scotland. The relationship between cases, hospitalisations and deaths had changed however, exponential growth in cases would produce an exponential growth in hospital admissions and hospitalisations from the delta variant may have been masked by larger decreases in the alpha variant. L. Prosser confirmed that the site was available and funded until the end of March 2022, the suggestion was to plan to delay the de-commissioning from November-December 2021 until March 2022

but not to re-open. S. Webster advised that £5m had been allocated for this.

Resolution: The Committee **APPROVED** the updated Annual Plan for submission to Welsh Government and **NOTED** that further updates were expected prior to submission (as described in section 3.2), but these would not fundamentally alter the Plan and would require Executive approval.

Action: A section on the governance arrangements for the plan to be included in the Performance Dashboard Report for future meetings.

Action: Consideration to be given to add some graphic design to the plan on a page.

5.0 PERFORMANCE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

The Committee received a summary update on performance against a number of key quality and performance indicators.

L. Prosser advised Members that the graph showing the data for Child and Adult Mental Health Services (CAMHS) was incorrect and that the correct graph would be circulated to Members outside of the meeting.

N. Milligan commented that Neurodevelopment assessments had dropped slightly again and advised that there had been a discussion in the Planned Care Recovery Group meeting of exploring wider external support such as Halcyon for patients whilst waiting. G. Robinson advised that only Bridgend Integrated Locality Group (ILG) were using Halcyon, however, a package of support had been requested for children waiting to be seen. Discussions were also taking place with local authority partners in education and children's services in relation to integrated pathways to provide further support to families. He added that he would look into the detail of this outside of the meeting and further respond back.

N. Milligan queried why part 1A adult mental health had dropped to 47 percent compliance. G. Robinson advised that a recovery plan was being developed and would be shared once finalised.

N. Milligan queried the drop in the sepsis bundle compliance of inpatients within a month to 42.5 per cent compliance and asked what actions were in place. G. Robinson advised that there had

been data issues with sepsis and a refreshed data set would be shared with members outside of the Committee.

I. Wells sought clarity on why the numbers for pressure ulcers were decreasing and queried whether this was as a result of the Whiteboard Project. G. Robinson advised that it was unclear if it was attributed to the project, however, there had been an increased focus from the ILGs on the quality agenda as one of their key metrics. G. Robinson confirmed that he would explore this further to consider if there was anything specific for the numbers decreasing and would report back.

I. Wells queried why Accident and Emergency (A&E) waits, and Ambulance Handover times were increasing. He also queried that Risk 4090 in relation to this contained on the Risk Register did not have any detail in the action plan as to assurance that the risk was being managed. G. Robinson advised that the last three days had been the busiest since the Covid-19 pandemic with 600 admissions compared to 400 back in March 2021. Admissions remained at about 90 per day, per site, however, there were patients now accessing Emergency Departments where they previously would have accessed them elsewhere which was resulting in waits and delays with handovers. The unscheduled care improvement programme was working to manage those risks with the ultimate drive to reduce ambulance handover waits.

C. Hamblyn advised that with regard to the query raised on the Risk Register, the risks on "Failure to Achieve the 4 and 12 Hour Emergency Waiting Times Targets" had recently been reviewed and had been amalgamated into a new Risk 4458 – "Failure to Deliver Emergency Department Metrics (including 15 Minute Handover and 4 and 12 hour breaches) and had been assigned to the Quality & Safety Committee. The Risk was currently rated as 16 and would be circulated to Members outside of the meeting for information.

P. Roseblade queried the table on page 9 and the huge variation in relation to stroke and asked whether the Chair would give consent to the Committee receiving an individual update on stroke compliance and in particular, patients moving to an acute ward within four hours. F. Jenkins advised that the Population Health & Partnerships Committee and Quality & Safety Committee had recently received an update on stroke. Arising out of those discussions was a recommendation of the development of an action plan and work on this was underway. The period reflected in the dashboard was during the full pandemic where there were no stroke wards available due to them being utilised to accommodate Covid patients that was similar across Wales. It was now beginning to

have an upturn and meetings were being held across the organisation with the Planning and Operations teams looking at the longer-term plan. It was agreed that a report would be brought back to the August meeting.

P. Roseblade queried the compliance of targets for Cwm Taf Morgannwg (CTM) patients commissioned by the Welsh Health Specialised Services Committee (WHSSC) and advised that the governance element of this target was monitored by the Audit and Risk Committee but not the performance element. G. Robinson offered the opportunity to have a more in-depth conversation about this outside of the meeting. L. Prosser advised that she would ask the team to look at the data available to ascertain if it was just for CTM patients or all patients.

I Wells advised Members that he was now the Health Board representative on WHSSC.

Resolution: The report was **NOTED**.

- Action: The correct graph for CAMHS would be circulated to Members outside of the meeting.
- Action: Detail of the discussions on the provision of wider external support for Neurodevelopment patients to be looked into and respond back.
- Action: Recovery Plan for Part 1A Adult Mental Health to be shared with Members once finalised.
- Action: Refreshed data set for Sepsis to be shared with Members outside of the meeting.
- Action: A review of the pressure ulcers decreasing will be undertaken to ascertain if there was anything specific resulting in this and report back.
- Action: The new amalgamated Risk 4458 "Failure to Deliver Emergency Department Metrics (including 15 Minute Handover and 4 and 12 hour breaches) will be circulated to Members.
- Action: Stroke update report to be brought to the August Meeting of the Committee and added to the Forward Plan.
- Action: Performance Team to review WHSSC data available to ascertain if it was for CTM patients only or for all patients.

5.2.0 ORGANISATIONAL RISK REGISTER

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

P. Roseblade queried why the target for the ILGs to rationalise and standardise the Clinical Service Group registers was set for October 2021 which seemed quite a long way ahead. C. Hamblyn advised that due to operational pressures on the ILGs in responding to Covid-19 activity as well as the new operating system, the date was set to allow a realistic timeframe. C. Hamblyn commented that meetings were held monthly with locality Heads of Quality & Safety and monthly training sessions were being held on Risk Management and Awareness. C. Hamblyn stressed that it was important for the Committee to note that the ILGs have triaged and escalated their highest risks. G. Robinson re-iterated that all ILGs were reviewing their risks by August 2021 with a second iteration in October 2021.

P. Roseblade queried the amalgamation of the 4 and 12 hour waits with the 15 minute handover delay into a new risk and commented that the actions for the waits and the handovers were quite different, were monitored externally very differently and therefore were not appropriate to be amalgamated. G. Robinson advised that there had been an absence of a consolidated approach in relation to the whole of the pathway for unscheduled care and considered it appropriate that the risks were consolidated. P. Roseblade noted that she disagreed as considered that the risks were intrinsically different. G. Robinson confirmed he would be review the risk entries and consider the separation in light of the feedback from P. Roseblade.

P. Roseblade queried why Risk 4285 on the Remat System had been removed from the Risk Register. C. Hamblyn advised that following the last meeting, discussions had been held with facilities colleagues and it had been agreed to de-escalate the Risk. An update was included on the action log as to the rationale for closure. C. Hamblyn advised that she would seek a further update from facilities colleagues and would report back to Members outside of the meeting.

Resolution: The report was **NOTED**.

Action: Further update to be sought with Facilities colleagues on Risk 4285 and provide feedback to Members outside of the meeting.

5.3.0 CAMHS INTERNAL ENHANCED SPECIAL MEASURES UPDATE

C. Verrecchia and K. Burton presented the report.

I Wells queried whether the issues had arisen due to underfunding or the way the service had been managed. C. Verrecchia advised that it had been recognised that there were issues with the management of the service but also issues with culture and gaps in staffing which were long standing issues which were now being addressed with a significant amount of Organisational Development work and an external psychologist working with staff.

K. Burton advised that the issues were different within the three locality areas and how the service was being run on a day-to-day basis. Pathway improvement work was now being undertaken along with re-modelling of the service.

I Wells queried why there were problems in recruiting staff. K. Burton advised that CAMHS was a very small part of mental health, and whilst they had received funding it was difficult as everyone else in Wales was also trying to recruit from the same small pool of staff.

The Chair commented that capacity was mentioned throughout the whole of the report and queried that if this was a significant problem does it mean that capability was also a problem. K. Burton advised that demand had increased significantly since the schools re-opened with some children finding it difficult at home and others having issues with the return to school. Even with the additional resources provided it was difficult to see all patients referred in a timely manner. The Chair asked for assurance that the service being provided was safe. K. Burton advised that there were inherent risks with national patient flow issues and access to low secure beds which then filters down into the whole of the service as well as the community.

N. Milligan commented that she was pleased to see the whole schools approach to funding and building resilience on identifying earlier and queried whether the service was linking in with all external projects and initiatives. K. Burton advised that a meeting was held on the 21st June with colleagues in education and social services looking at what was a huge complex and rapidly growing landscape and whether it was overwhelming the system with too many initiatives all at once and the whole schools approach in terms of strategy.

C. Verrecchia advised that there was still lots of work to do and agreed to present a further progress report in three months' time.

Resolution: The Committee **NOTED** the performance progress being made with the Interim enhanced management team support.

Action: To receive a further update at the October meeting.

6.0 FINANCE

6.1.0 MONTH 2 FINANCE REPORT

S. Webster presented the report that highlighted the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 2.

P. Roseblade queried whether the timing issues for the in-month overspend for the month 1 monitoring returns had been resolved.

S. Webster advised that this had been due to spending increases that had been agreed but had not been funded internally, the biggest one being the transformation fund.

P. Roseblade queried if the ILGs bottom up savings plans were now coming to fruition and whether they would start to see actions on the plans for month 3. S. Webster advised that the ILGs had now received an increased budget which could convert into non-recurrent savings. The savings plans were quite variable with Bridgend ILG the highest. The ILGs had been asked to undertake a comparison amongst themselves in order to achieve a more consistent level of planning and response on savings targets across the three ILGs.

Resolution: The report was **NOTED**.

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

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

7.3.0 ANY OTHER URGENT BUSINESS

The Chair advised Members that it would be remiss not to mention that this was the last meeting for S. Webster prior to his retirement in August 2021. The Chair paid tribute and extended his thanks and best wishes for a long and happy retirement. Members reiterated the Chairs comments.

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

The next meeting of the Committee was scheduled to be held on 24 August 2021 at 2:00 pm.

UNCONFIRMED



AGENDA ITEM

2.2.2i

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 3 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	24/08/2021
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	13/07/2021	NOTED

ACRONYMS

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

MONTH 3 MONITORING RETURNS TO WELSH GOVERNMENT

1. SITUATION/BACKGROUND

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

The purpose of this report is to provide the Planning, Performance & Finance Committee (PPFC) with information from the M3 Financial Monitoring Return submission to Welsh Government.

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

The HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 23 April 2021. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2021/22 financial performance, together with the following requirements:

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

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A, Table A2, Table B3 and Tables C, C1, C2 & C3) in order to provide the Committee with , transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M3 Narrative report
Table A - Movement
Table A2 - Risks
Table B3 – COVID-19 Analysis
Tables C, C1, C2 & C3

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



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

The key information included in the M3 Financial Monitoring returns is summarised below:

	M3
	£k
In month position	(275)
YTD position	(22)
Forecast Year end position	0
Forecast recurrent position	31,400
Savings:	
Annual target	14,500
Forecast savings	(13,600)
Forecast savings shortfall	900
YTD savings	1,500

This information is consistent with the M3 Finance reports going to Management Board, PPFC and the Board.

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 Well-being Objectives	Ensure sustainability in all that we do, economically, environmentally and socially

5. RECOMMENDATION

The Committee is asked to **NOTE** the contents of the Month 3 Monitoring Returns submitted to Welsh Government for 2021/22.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – June 2021

FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 June 2021.

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2021/22

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

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

- The core plan
- Covid response
- Planned care recovery

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

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

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

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

Please note that the requested additional funding for Other Covid costs has subsequently been increased to £5.5m due to a change of assumptions regarding Long Covid funding. Please see emails between Steve Webstrer and Steve Elliot dated 6 July 2021.

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

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

	M3 Actual	M3 YTD	M3 Forecast
	£m	£m	£m
Core plan	1.5	5.9	21.4
Covid 19	(1.8)	(5.9)	(21.4)
Planned care recovery	0	0	0
Total	(0.3)	0	0

The M3 YTD position is a £22k surplus.

The forecast breakeven position for 21/22 is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

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

	June			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M3 £'000	M2 £'000	Movement £'000
RRL	98,843	97,880	963	1,183,289	1,170,070	13,219
Donation/Grants	0	5	(5)	44	46	(2)
Welsh HBs & NHST	6,918	6,862	56	82,046	82,344	(299)
WHSSC	819	896	(77)	10,441	10,753	(312)
WG Income	311	25	286	403	117	286
Other Income	2,983	2,705	278	32,676	32,991	(315)
Income Total	109,874	108,373	1,501	1,308,899	1,296,321	12,578
PC Contractor	12,820	12,085	736	146,045	142,828	3,217
PC - Drugs	7,873	7,907	(35)	92,048	94,310	(2,262)
Pay	46,433	48,857	(2,423)	582,060	589,632	(7,572)
Non Pay	9,671	8,606	1,065	108,975	98,782	10,193
SC - Drugs	3,150	2,838	312	39,051	35,681	3,370
H/C Other NHS	19,660	19,449	211	236,478	234,373	2,105
Non H/C Other NHS	13	13	(0)	468	648	(180)
CHC & FNC	4,551	4,966	(415)	58,648	55,315	3,333
Private & Vol	1,437	915	522	6,438	12,046	(5,609)
Joint & Other	684	717	(33)	9,308	8,485	822
DEL	3,299	2,008	1,291	29,262	24,100	5,162
AME	10	10	0	122	122	0
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(2)	0	(2)	(3)	(1)	(2)
Cost - Total	109,600	108,372	1,227	1,308,899	1,296,320	12,578

The most significant in month movements from forecast are:

- PC Contractor - £0.7m increase in expenditure due to movements in non cash limited items.
- Provider Pay - £2.4m reduction in M3 expenditure due to lower than anticipated variable pay costs, mainly related to Overtime payments for ACS and Registered nursing.

- Provider Non Pay - £1.1m increase in M3 expenditure due to correction of a month 2 error £0.7m together with Primary Care service contracts £0.3m.
- CHC & FNC - £0.4m reduction in expenditure due to lower than expected occupancy for Q1 in FNC and General Nursing CHC provision.
- Private & Vol Sector - £0.5m increase in expenditure due to increased activity for Planned care recovery outsourcing.

The full year forecast has been updated to reflect the revised IMTP submission and subsequent new allocations including £5.2m Capital Charges.

The forecast has been profiled using latest plans and information. The following items are currently profiled in M12:

- A4C Payaward £4.0m- pending confirmation of the 21/22 payaward. The living wage element has been profiled from M1.
- M&D Payaward £1.4m- pending confirmation of the 21/22 Payaward.

The profile for Month 7 includes anticipated accountancy gains included in our original IMTP against Non Pay and CHC.

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

The M3 Pay expenditure was £47.9 and the monthly trend is summarised below.

	M3	M2	M1	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m
A&C	6.7	6.6	6.4	15.3	6.3	6.7
Medical	11.7	11.9	12.1	23.3	11.5	8.7
Nursing	15.1	15.8	15.6	30.4	15.6	17.9
ACS	5.9	6.9	6.4	14.6	6.2	7.4
Other	8.5	8.7	8.8	19.6	8.54	9.4
Total	47.9	49.9	49.3	103.2	48.1	50.1

The Key issues to highlight are as follows:

- The M1 position was broadly consistent with the previous 3 months, after taking account of the following comments .
 - The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.

- Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
- The increase in Nursing & ACS costs in M10 is due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).
- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused in increase of £0.5m on M1.
- The M3 is £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This is due to reductions in the payments for overtime in M3, this is not anticipated to be sustainable and overtime payment are expected to return to previous levels.
- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. A payment of £11.9m has been made in Q1 for NHS employed staff. There may be further payments to follow and the position will be continually monitored. The financial plan and forecast does not include any potential benefit from a release from the accrual.

The M3 agency expenditure was £3.3m and the monthly trend (excluding accountancy gains) is summarised below.

	M3	M2	M1	Q4 Ave	Q3 Ave
	£'m	£'m	£'m	£m	£m
Medical	1.0	1.0	1.3	1.3	1.3
Nursing	1.5	1.5	1.4	2.0	1.8
Other	0.8	0.7	0.8	0.9	0.7
Total	3.3	3.2	3.5	4.2	3.8

Agency expenditure is anticipated to remain relatively static over the current quarter, with savings being achieved from M4 onwards offset slightly by investment from planned care recovery anticipated to require agency support.

1.5 Covid analysis (Table B3)

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

	M3 Actual	M3 YTD	M3 Year end forecast	30 June plan	Movement from 30 June Plan
Programme costs	£m	£m	£m		
TTP	0.8	2.5	11.9	12.1	(0.2)
Mass Vaccination	1.4	3.7	10.6	10.5	0.1
Extended Flu	0	0	0.5	0.5	0
Cleaning standards	0	0.2	1.9	2.1	(0.2)
CHC/FNC support	0.3	0.9	3.6	3.6	0
PPE	0.3	0.7	1.7	1.7	0
Long COVID	0	0	0.8	0.5	0.3
Sub total	2.8	8.0	31.0	31.0	0
Assumed funding – programme element	(2.8)	(8.0)	(31.0)	(31.0)	0
Total Programme costs	0	0	0	0	0
Other Covid costs:					
Field hospital	0.3	1.2	3.0	3.0	0
Dental income loss	0.3	0.9	2.8	2.8	0
Operational expenditure cost reduction	(0.1)	(0.8)	(1.3)	(1.3)	0
Slippage on Planned investments and re-purposing of development initiatives	0	0	0	0	0
Other covid costs	2.7	6.7	27.1	26.6	0.5
Planned Care Recovery	1.2	1.9	16.8	16.8	0
Sub total	4.4	9.9	48.4	47.9	0.5
Confirmed funding-formula element			(26.1)	(26.1)	0
Confirmed funding- PCR element			(16.8)	(16.8)	0
Requested additional funding for bed modelling etc			(5.5)	(5.0)	(0.5)
Requested additional funding following transfer of £0.9m of Operational expenditure cost reductions to meeting M3 shortfall against £14.5m Savings target			(0.9)	0	(0.9)
Requested funding for Covid overspends from 2020/21			(20.5)	(20.5)	0
Total Other Covid costs			(21.4)	(20.5)	0

The key points to note are as follows:

1. As noted above, the requested additional funding for Other Covid costs has increased from £5.0m to £5.5m due to a change of

assumptions regarding Long Covid funding. Please see emails between Steve Webster and Steve Elliot dated 6 July 2021.

2. Further to the response to our M2 MR submission (Ref 2.4 Annex A), we have now utilised £0.9m of the Operational expenditure reductions due to Covid to close the M3 savings target shortfall. This change has increased the Covid funding request by £0.9m.
3. The forecast for TTP includes £300k for Community testing across CTM and £169k has been invoiced to M3.
4. We have received YTD costs from the LAs for their Mass vaccination and TTP costs but we are still awaiting updated information on their full year forecast costs.
5. The PPE forecast is consistent with the financial plan. This will be reviewed again in M4 following the increased spend in M3.
6. The draft profile for the Planned care recovery plan is as follows:

	Original Plan	Actual/Forecast
	£m	£m
Q1	2.4	1.9
Q2	6.2	5.7
Q3	5.3	5.9
Q4	2.9	3.3
Total	16.8	16.8

1.6 Month 3 - Forecast recurrent position (Table A)

As at Month 3 we are reporting a forecast recurrent deficit of £31.4m (M2-£31.4m) at the end of 21/22. This is consistent with the updated financial plan submitted to WG on 30 June.

2. Risk Management (Table A2)

As noted above the forecast breakeven position for 21/22 is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

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

	M3	Financial Plan- 30 June	M2	Comment
Key risks:	£m		£m	
Shortfall against savings plan	1.1	2.0	2.5	As noted above £0.9m of Operational expenditure reductions have now been used to cover the savings shortfall at 30 June. The latest risk assessment has therefore been reduced by this amount.
Underlying deficit cannot be brought back in line with plan assumption either by reducing costs or increasing funding/income.	3.0	3.0	3.0	This risk includes £2.8m of existing costs associated with SDEC, Think 111 first and urgent primary care centres, which are part of a total bid to WG of £7.0m.
Unavoidable recurring service/cost pressures exceeding plan	1.0	1.0	1.0	The main risk areas are CHC growth and prescribing growth exceeding the planned growth assumptions, together with a range of operational service pressures.
Unavoidable costs of the Transformation programmes exceeding the confirmed WG funding for 2020/21	2.0	2.0	2.0	The M3 position is showing an overspend of £0.5m against the confirmed WG funding for Transformation and D2RA.
Total	7.1	8.0	8.5	

	M3	Financial Plan- 30 June	M2	Comment
Key opportunities:	£m		£m	
Delay / Stop new investments	(0.3)	(0.3)	(0.3)	
Further balance sheet review	(1.2)	(1.2)	(1.2)	Initial assessment only. Continuous review as year progresses
Potential for annual leave reduction being greater than costs incurred.	(1.0)	(1.0)	(1.0)	Initial assessment only. Will be updated on a quarterly basis but will need M6 data to form a more robust assessment.
Potential retention of any write back in relation to the 20/21 accrual for the NHS COVID bonus	(1.5)	0	0	
Total	(4.0)	(2.5)	(2.5)	

3. Ring Fenced Allocations (Tables N&O)

The Health Board can confirm that there are no concerns at M3 on any ring-fenced budgets.

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

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

	Month 3			Month 2		
	M3 YTD	21/22	Rec	M2 YTD	21/22	Rec
	£m	£m	£m	£m	£m	£m
Savings targets	1.5	14.5	16.1	0	14.5	16.1
Actual and Forecast Savings	(1.5)	(13.6)	(8.2)	0	(11.3)	(7.4)
Utilisation of Operational expenditure reductions (see above)	0	(0.9)	0	0	0	0
Total	0	0	7.9	0	3.2	8.7

The financial plan for 2020/21 also includes planned accountancy gains of £6.2m. These will be released into the YTD position by Month 6 at the latest.

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

Table D has been completed and agreed with other organisations.

Table E shows the anticipated allocations assumed within our M3 position.

6. Health Care agreements

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

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

7.1 Significant month on month balance sheet movements

Receivables decreased by £7.8m from month 12 2020-21. This was largely due to the reduction in Local Authority balances offset by the increase in WRP debtors.

Payables also decreased by £26m. £12m relates to the NHS Bonus paid to date, accrued in 2020-21, and paid out in month 2 and 3 salaries. The remaining balance of £14m was as a result of the clearing of system creditors including Capital, Local Authority & NHS invoices.

Provisions increased by £23.7m from month 12 2020-21 as a result of the month 3 increase in the quantum for two Clinical Negligence cases.

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

There were two invoices greater than 11 weeks old outstanding at the 30th June 2021. Confirmation has been received that both invoices have been authorised for payment and we are awaiting the remittance to confirm expected receipt date.

8. Cash Flow Forecast (Table G)

The cash flow forecast is currently showing a forecast surplus of £0.7m in M12. Included within the figures, and shown in the 'Other' income line, is the assumption that £13.5m cash will be received during the year to fund the payment of the bonus payment accrued for in 2020-21.

9. Public Sector Payment Compliance (Table H)

The cumulative percentage for the number of non-NHS invoices paid within the 30 day target for the first quarter of 2021-22 was 92.7%. The target was achieved for Month 3 (95.3%), but not for May (93.7%) and April (89%). The reason for the low percentages is mainly due to specific issues with the Nurse Bank team and delays in paying nursing agency invoices. These processes are being reviewed.

Work continues on the improvement of NHS compliance. The Q1 percentage was 74% (61.5% to quarter 1 2020-21).

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

The M3 funded CRL value is now £85.2m in line with the CRL issued on the 21st June 2021. As at M3 £9.2M has been charged against the CRL.

The risk ratings of all schemes have been reviewed and there are 7 schemes which are considered to be medium or high risk as per the table below. One scheme has increased significantly in risk terms. Bridgend Health and Wellbeing Centre, with the recent announcement that the contractor has gone into administration. The remainder of the scheme risks described below cover the risk of slippage or cost overrun on these schemes with delays caused by Brexit and shortages in soft metal and steel supplies and

in complying with revised Government guidelines having an impact in a number of areas.

Scheme	Risk Rating	Potential Risk Value £	Description
Bridgend Health and Wellbeing Centre (Sunnyside)	High	£3,500-£5,000K slippage	The contractor announced they were going into administration on 8 th July. This will cause significant delay and cost risk to the Scheme which remains under review. It is likely that any additional spend in 21/22 will be to retender. A revised funding position will be discussed at the Capital Review Meeting on 15 th July
PCH G&FF Floor Phase 1B	Medium	£2,348K	Actual inflation of £1,214K and forecast £1,133K to the end of the scheme was not included in initial approval letter. Offset by gain share and additional VAT reclaim to leave a balanced or expected slight underspend outturn position. This is under detailed review for discussion at the next CRM.
PCH G&FF Floor Phase 2	High	-£4-6M	Potential slippage on latest programme. Contractor delay on commencing pathology works causing slippage. Currently under review with a view to mitigate the position and bring expenditure forward. A full discussion will take place at the July Capital Review Meeting.
Anti Ligature	Medium	-£500K	Slippage being confirmed as programme under review. Issues around supply line for doors and windows affected by shortages in supplies.
Electrical Infrastructure Modernisation	Medium	£150K	Soft metal supplies caused cost increase from business case position. Current cost risk covered by contingency but levels low at early stage of project.

National Programme Fire	Medium	-£150K	Slight programme risk in delivery of the programme. Contractor in place and looking to mitigate any risk and keep programme in line with planned completion of 31 st March
National Programme Infrastructure	Medium	£200K slippage	Ongoing review – sample window under test but programme tight to deliver full replacement especially if any further covid peaks impacting on contractor access to ward areas. Reporting via infrastructure dashboard and via CRM mechanism

There are currently a number of risks around projects which are under detailed review and will be discussed with the WG capital estates team at the July CRM when it is clearer which risks are likely to materialise. As in previous years, detailed profiles remain under development and hence the plan to date has been matched to spend.

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

11. Other Issues

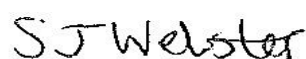
The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers.

The M1 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee in July.

14. Authorisation



P Mears
Chief Executive



S Webster
Director of Finance

Date: 12 July 2021

Action Points arising from Month 2 Response

Action Point	WG Comment	CTM Response																									
2.1	I note the revised breakeven year end position; this includes anticipated income assumptions that remain subject to further challenge and final agreement. It is also acknowledged that this outturn is current being assisted by c. £3.200m of ‘anticipated improvements in savings plans’. Your narrative does state that these will be fixed by Month 3, as you recognise that in order for assumptions to be included in the final plans and within your Month 3 submission, they need to be finalised.	Noted																									
2.2	At Month 2, generally across Wales, monthly forecast Covid-19 spend appears to reflect a rudimentary approach i.e. straight line phasing, or replicating current month actual in all future month periods etc. All organisations are therefore requested to again review the future month expenditure totals and profiles to ensure they reflect a robust assessment of future month spend.	Noted																									
2.3	<p>Movement of Opening Financial Plan to Forecast Outturn (Table A)</p> <p>As we are still in the planning stage, I acknowledge the details behind changes and how this has impacted on the mitigating actions (funding/savings/assumptions still to be finalised) will form part of your final plan submission in June which will be reviewed by the FDU. Please however, provide an explanation for the below non Covid-19 related annual plan movements since Month 1 (note that any changes after the plan has been finalised and submitted will need explaining in the MMR narrative):</p> <table><tr><td></td><td></td><td>Month 1</td><td>Month 2</td><td></td></tr><tr><td></td><td></td><td>In Year Effect</td><td>In Year Effect</td><td>Movement</td></tr><tr><td>Table A line Line Ref:</td><td>Table A Description:</td><td>£'000</td><td>£'000</td><td>£'000</td></tr><tr><td>2</td><td>Planned New Expenditure (Non Covid-19) (Negative Value)</td><td>-37,384</td><td>-30,500</td><td>6,884</td></tr><tr><td>4</td><td>Planned Welsh Government Funding (Non Covid-19) (Positive Value)</td><td>30,417</td><td>29,400</td><td>-1,017</td></tr></table>			Month 1	Month 2				In Year Effect	In Year Effect	Movement	Table A line Line Ref:	Table A Description:	£'000	£'000	£'000	2	Planned New Expenditure (Non Covid-19) (Negative Value)	-37,384	-30,500	6,884	4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	30,417	29,400	-1,017	<p>The financial plan has been updated to reflect the 30 June IMTP submission.</p> <p>The reduction in Planned New Expenditure includes:</p> <ul style="list-style-type: none">• Inhouse Transformation• Increased timing slippage• Overseas Nurse Recruitment• Prescribing growth• Reduced digital plans <p>The movement in Planned WG Funding relates to</p>
		Month 1	Month 2																								
		In Year Effect	In Year Effect	Movement																							
Table A line Line Ref:	Table A Description:	£'000	£'000	£'000																							
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-37,384	-30,500	6,884																							
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	30,417	29,400	-1,017																							

	6	Planned Provider Income (Positive Value)	1,958	0	-1,958	<p>'Topslices' being recognised as an Allocation reduction rather than cost pressures.</p> <p>The movement in Planned Provider income was due to netting off Inflation cost pressures in M2. This has been corrected in M3.</p>
2.4	In line with last year's principles, please consider if the £1.348m of in year cost releases due to Covid-19 (Line 27) are required in the first instance, to partly offset the £3.181m of planning assumptions still to be finalised. If there are releases in excess of the 'gap', then this balance would be available to reduce the Covid-19 Funding requirements from WG.					Noted and actioned. £0.9m of the forecast £1.3m cost release due to Covid has been used to mitigate the In year savings gap at M3.
1.4	The narrative again confirms that your 2021/22 Plan includes Accountancy Gains of £6.200m within the Non Pay and CHC categories; these however, are not included within all the applicable Tables - acknowledging the guidance prohibits Accountancy Gains from the Plans, this would have to be reported as in-year mitigating issue only, yet your current gap of planning assumptions still to be finalised is £3.181m. If Accountancy Gains form part of your forecast outturn position, please report them as such in Table C3 at Month 3, as an in-year item. In addition, the narrative states that these are phased into the position at Month 6; however, the SoCNE (Table B) indicates the Accountancy Gains are projected to be released into October. I trust that the timing of Accountancy Gains releases will comply with the timeframes directed in Monitoring Return Guidance (WHC 2021/011).					Noted and actioned.
2.5	For the second consecutive month, the year to date position (£0.252m deficit at Month 2) is described as being as a result of timing issues. I trust action will be taken before Month 3 to address these. In future narratives, please ensure that the applicable items contributing favourably or adversely to the year to date position are confirmed and their impact explained. In addition, please review the current assumption that the year to date deficit will not be recovered until March.					Noted. We are now reporting a £22k YTD surplus at M3.
2.6	Table A2 Risk / Opportunities (Table A2)					The ILG plans for 21/22 identified forecast recurring

	<p>You are reporting a financial risk (£3.000m) that the ‘underlying deficit cannot be brought back in line with plan assumptions’. The narrative states ‘ILG plans are showing underlying deficits above the plan assumption’. Please can you clarify if this Risk is referring to the 21/22 mitigating actions that are at risk of delivery (in which case, please describe the action that is considered to be at risk); or, if you are stating that the assessed value of the b/f underlying deficit is understated. The latter should be addressed by ensuring the correct value is included in your final plans and an explanation for the change since the M12 MMR provided in Plan and the next MMR submission. This would be a concern, as I note that you made a material change in the M12 MMR to reflect a higher FYE of recurring cost pressure of £4.363m.</p>	<p>overspends at the end of 20/21 which were greater than the funding they have received for 21/22. The financial plan assumes that these overspends will be mitigated and the risk relates to the associated delivery risk of fully mitigating the forecast overspends. The M3 risk assessment has been updated in Section 2.</p>
2.7	<p>Monthly Positions (Table B) In line with your previous helpful practice in 2020/21, please enhance the narrative supporting Table B for the following key areas: 1) Material movements between current month actual outturn, by category, compared to those forecast in the previous month. 2) Material movements, by category, in annual forecast income and expenditure. 3) Key assumptions supporting future month income and expenditure profile (e.g. reduction in Healthcare Services provided by other NHS bodies in future months).</p>	<p>Please see Section 1.3</p>
2.8	<p>Please provide supporting explanation for the non-recurring increase in Secondary Care Drug spend and non-recurring decrease in non pay expenditure reported within May.</p>	<p>Plans have been revised following IMTP submission.</p>
1.8	<p>Thank you for providing the requested update regarding the ‘Provider’ bonus payment to applicable staff. Please continue to provide this update going forward.</p>	<p>Noted and included in Section 1.4.</p>
2.9	<p>Covid-19 Analysis (Table B3) Within Section A7 ‘Other’, you are projecting annual pay costs of c. £21.000m (excluded recovery related spend) which is a c. £11.000m increase from the total reported at Month 1. Please ensure that your narrative comprehensively explains the service areas which are driving this Pay spend.</p>	<p>Plans have been revised following IMTP submission.</p>
2.10	<p>Please ensure that the WHSSC C-19 slippage value (Line 221) is updated to reflect the latest position reported by WHSSC (e.g. £0.107m @ M2).</p>	<p>Updated to M3 reported position.</p>

2.11	<p>Please provide supporting explanations for the following Covid-19 expenditure assumptions:</p> <p>1) Line 169 – No cleaning standard spend was incurred in May, even though £0.193m was expended in April and this amount is then forecast for each of the remaining months.</p> <p>2) Line 191 – Non pay spend will materially step up in second half of the financial year.</p> <p>3) Line 197 – CHC/FNC monthly expenditure will be exactly £0.300m (actual and forecast).</p>	<p>1 – Estimated costs were included in M1 which were higher than actual costs incurred in M1 and M2. The actual reported costs to M3 continue to be £193k. The expenditure in future periods is predicted to achieve forecast levels.</p> <p>2- The Non pay profile has been updated following the IMTP submission.</p> <p>3 – The CHC forecast is currently based on the average occupancy levels for 2020/21. This forecast will be reviewed and updated as the year progresses based on actual occupancy levels in 21/22.</p>
	<p>Savings Tables (Table C, C1, C2 & C3)</p> <p>Unlike almost all other NHS Wales organisations, you are not reporting any savings delivery to date. In your previous submission, you projected a delay until Month 5; it is acknowledged that, at Month 2, this has been brought forward to Month 3. I therefore look forward to reading that the forecast c. £1.000m (as a minimum) was achieved at Month 3.</p>	<p>Savings profiles have been revised following submission of IMTP.</p>
2.12	<p>Income / Expenditure Assumptions (Table D)</p> <p>Please provide confirmation that all provider and commissioner LTAs have now been agreed and also signed.</p>	<p>Confirmed.</p>
2.13	<p>Underlying Position (Table A1)</p>	

	Please report the projected £2.500m improvement to the underlying position within the FYE of recurring savings column.	The £2.5m movement is the movement in the financial plan as detailed in table A.
1.13	Covid-19 Analysis (Table B3) I note that you are recording the 'Covid Recovery' spend against pay and non pay free text lines within Section A7 'Other' of Table B3. From Month 3, please report this spend against the appropriate designated Section A7 categories. Free text lines should only be used with our prior agreement.	Noted
2.14	I refer to the recently announced Long Covid-19 funding; the specific impact by Health Board may not be known until after the Plans have been finalised but we expect this to be recorded, when appropriate, within section A7 'other' and a specific section included within your narrative to provide supporting details. For ease, we have separately provided a spreadsheet (to all NHS organisations) which we would be grateful if you could complete and submit on Day 9. This allows us to prescribe the level of detail required so we can consistently obtain and consolidate the analysis of these 'high profile' specific spend areas, which otherwise would be lost within the Table B3 section A7.	Actioned
2.15	Resource Limits (Table E) As per the guidance, please provide the full WG contact name, in Table E, for all anticipated allocations in your next return.	Noted
2.16	In order to prevent reporting discrepancies, please ensure that the values added in the 'Allocated' column, within the C19 funding section, are populated to nearest £000 (e.g. Recovery funding of £16.833m).	Noted
2.17	I understand that a revision to the 2021/22 risk sharing split has been issued by NWSSP which is to be reflected in the final plan; your Health Board's updated share value is now £2.053m. Please therefore update all impacting Tables/sections, as applicable.	Noted
2.18	Please ensure that the value of the recovery of Donated / Govt Grant Resource (Line 10) is consistent with the corresponding amount reported in both Table B and Table I.	Noted
1.17	Other As requested in Action Point 1.17, please confirm who will sign off the Monitoring Return submission in the absence of either yourself or the Chief Executive.	Deputy Chief Executive to be confirmed in M4 returns.

		Deputy Director of Finance – Mark Thomas.
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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 1 errors

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

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-33,900	0	-33,900	-33,900
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-42,956	-6,122	-36,834	-36,834
3 Planned Expenditure For Covid-19 (Negative Value)	-80,301	-80,301		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	39,889	18,628	21,261	21,261
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	100,801	100,801		
6 Planned Provider Income (Positive Value)	1,958	0	1,958	1,958
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	12,939	6,706	6,233	7,510
9 Planned (Finalised) Net Income Generation	725	0	725	725
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	845	0	845	7,880
14 Opening IMTP / Annual Operating Plan	0	39,712	-39,712	-31,400
15 Reversal of Planning Assumptions still to be finalised at Month 1	-845	0	-845	-7,880
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	0	0		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0			
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-466	-466		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	1,311	1,311		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	6,150	6,150	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31 Accountancy Gain netted off N/R Cost Pressure in IMTP	-6,150	-6,150		
32 Anticipated improvements in savings plans	0	0	0	7,880
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	40,557	-40,557	-31,400

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-8,475	-33,900
2	-3,109	-3,109	-3,109	-3,109	-3,192	-3,526	2,074	-4,076	-4,076	-4,076	-4,076	-9,576	-9,327	-42,956
3	-5,494	-6,010	-7,897	-6,737	-6,649	-6,519	-7,550	-8,062	-6,825	-6,599	-6,204	-5,756	-19,400	-80,301
4	3,726	4,063	2,103	2,827	3,169	3,395	-2,573	3,597	3,588	3,506	3,512	8,975	9,893	39,889
5	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	24,525	100,801
6			490	163	163	163	163	163	163	163	163	#####	490	1,958
7	509	-100	389	46			-141	-141	-142	-141	-141	-138	798	0
8	0	1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939
9	0	0	0	0	0	7	120	120	120	120	120	120	0	725
10													0	0
11													0	0
12													0	0
13							141	141	141	141	141	141	0	845
14	9	-261	252	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	-141	-141	-141	-141	-141	-141	0	-845
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	-500	-162	-137	-46			141	141	141	141	141	140	-799	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25													0	0
26	0	0	0	-125	-171	-170	0	0	0	0	0	0	0	-466
27	500	162	137	171	171	170	0	0	0	0	0	0	799	1,311
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	6,150	0	0	0	0	0	0	6,150
30			22									-22	22	0
31							-6,150						0	-6,150
32	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	9	-261	274	0	0	0	0	0	0	0	0	-23	22	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker	(1,473)	Medium
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13	Shortfall against savings plan	(2,000)	Medium
14	Underlying deficit cannot be brought back in line with plan assumption	(3,000)	Medium
15	Unavoidable recurring service/cost pressures exceeding plan	(1,000)	Medium
16	Unavoidable transformation costs exceeding WG Funding	(2,100)	Medium
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(9,573)	
	Further Opportunities (positive values)		
27	Delay / Stop new investments	250	Medium
28	Further balance sheet review	1,250	Medium
29	Potential for annual leave reduction being greater than costs incurred	1,000	Medium
30			
31			
32			
33			
34	Total Further Opportunities	2,500	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(7,072)	
38	Best Case Outturn Scenario	2,500	

Cwm Taf Morgannwg ULHB

Period : Jun 21

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
A1	Enter as positive values													
1	Testing (Additional costs due to C19) enter as positive values - actual/forecast													
2	Provider Pay (Establishment, Temp & Agency)													
3	Administrative, Clerical & Board Members	80	115	31	107	107	107	107	107	107	107	107	226	1,190
4	Medical & Dental												0	0
5	Nursing & Midwifery Registered	43	20	33	48	48	48	48	48	48	48	48	96	530
6	Prof Scientific & Technical												0	0
7	Additional Clinical Services	48	97	144	71	71	71	71	71	71	71	71	289	930
8	Allied Health Professionals												0	0
9	Healthcare Scientists	25	101	(37)	64	65	64	65	57	57	57	56	89	631
10	Estates & Ancillary												0	0
11	Students												0	0
12	Sub total Testing Provider Pay	196	333	171	291	292	291	292	284	284	284	284	700	3,281
13	Primary Care Contractor (excluding drugs)												0	0
14	Primary Care - Drugs												0	0
15	Secondary Care - Drugs												0	0
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	23	154	69	69	69	69	69	69	69	69	69	246	867
17	Healthcare Services Provided by Other NHS Bodies												0	0
18	Non Healthcare Services Provided by Other NHS Bodies												0	0
19	Continuing Care and Funded Nursing Care												0	0
20	Other Private & Voluntary Sector												0	0
21	Joint Financing and Other (includes Local Authority)	47	52	118	150	50	50	50	50	50	50	50	217	764
22	Other (only use with WG agreement & state SoCNE/ line ref)												0	0
23													0	0
24													0	0
25													0	0
26	Sub total Testing Non Pay	70	206	187	219	119	119	119	119	119	119	119	463	1,631
27	TOTAL TESTING EXPENDITURE	266	539	358	510	410	409	410	402	402	402	403	1,163	4,912
28	PLANNED TESTING EXPENDITURE (In Opening Plan)	266	539	358	510	410	409	410	402	402	402	403	1,163	4,912
29	MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
A2	Tracing (Additional costs due to C19) enter as positive values - actual/forecast													
30	Provider Pay (Establishment, Temp & Agency)													
31	Administrative, Clerical & Board Members	15	18	40	24	24	24	24	24	24	24	24	73	289
32	Medical & Dental	12	16	21	16	16	16	16	16	16	16	16	49	193
33	Nursing & Midwifery Registered												0	0
34	Prof Scientific & Technical			0	21	21	21	21	21	21	21	21	0	189
35	Additional Clinical Services			3									3	3
36	Allied Health Professionals												0	0
37	Healthcare Scientists												0	0
38	Estates & Ancillary												0	0
39	Students												0	0
40	Sub total Tracing Provider Pay	27	34	64	61	61	61	61	61	61	61	61	125	674
41	Primary Care Contractor (excluding drugs)												0	0
42	Primary Care - Drugs												0	0
43	Secondary Care - Drugs												0	0
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7												0	0
45	Healthcare Services Provided by Other NHS Bodies												0	0
46	Non Healthcare Services Provided by Other NHS Bodies												0	0
47	Continuing Care and Funded Nursing Care												0	0
48	Other Private & Voluntary Sector				15				15	10	10	10	0	70
49	Joint Financing and Other (includes Local Authority)	480	446	338	465	465	465	465	665	665	665	665	1,264	6,246
50	Other (only use with WG agreement & state SoCNE/ line ref)												0	0
51													0	0
52													0	0
53													0	0
54	Sub total Tracing Non Pay	480	446	338	480	465	465	465	680	675	675	675	1,264	6,316
55	TOTAL TRACING EXPENDITURE	507	480	402	541	526	526	526	741	736	736	736	1,389	6,990
56	PLANNED TRACING EXPENDITURE (In Opening Plan)	507	480	402	541	526	526	526	741	736	736	736	1,389	6,990
57	MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0

A3	Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast														
58	Provider Pay (Establishment, Temp & Agency)														
59	Administrative, Clerical & Board Members	52	65	89	67	67	67	67	67	67	67	67	67	206	809
60	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61	Nursing & Midwifery Registered	39	47	42	54	54	45	45	45	45	45	45	45	128	551
62	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	Additional Clinical Services	186	279	284	338	338	338	338	338	338	338	338	338	749	3,791
64	Allied Health Professionals	6	4	25	23	23	23	23	23	23	23	23	23	35	242
65	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66	Estates & Ancillary	16	21	20	29	29	28	28	28	28	28	28	29	57	312
67	Students													0	0
68	Sub total Mass COVID-19 Vaccination Provider Pay	299	416	460	511	511	501	501	501	501	501	501	502	1,175	5,705
69	Primary Care Contractor (excluding drugs)	586	562	318										1,466	1,466
70	Primary Care - Drugs													0	0
71	Secondary Care - Drugs													0	0
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	87	162	476	156	156	156	156	156	156	156	156	156	725	2,129
73	Healthcare Services Provided by Other NHS Bodies													0	0
74	Non Healthcare Services Provided by Other NHS Bodies													0	0
75	Continuing Care and Funded Nursing Care													0	0
76	Other Private & Voluntary Sector													0	0
77	Joint Financing and Other (includes Local Authority)	79	134	99	109	109	109	109	109	109	109	109	109	312	1,293
78	Other (only use with WG agreement & state SoCNE/I line ref)													0	0
79														0	0
80														0	0
81														0	0
82	Sub total Mass COVID-19 Vaccination Non Pay	752	858	893	265	265	265	265	265	265	265	265	265	2,503	4,888
83	TOTAL MASS COVID-19 VACC EXPENDITURE	1,051	1,274	1,353	776	776	766	766	766	766	766	766	767	3,678	10,593
84	PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)	1,051	1,274	1,353	776	776	766	766	766	766	766	766	767	3,678	10,593
85	MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A4	Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast														
86	Provider Pay (Establishment, Temp & Agency)														
87	Administrative, Clerical & Board Members													0	0
88	Medical & Dental													0	0
89	Nursing & Midwifery Registered													0	0
90	Prof Scientific & Technical													0	0
91	Additional Clinical Services													0	0
92	Allied Health Professionals													0	0
93	Healthcare Scientists													0	0
94	Estates & Ancillary													0	0
95	Students													0	0
96	Sub total Extended Flu Vaccination Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
97	Primary Care Contractor (excluding drugs)							25	50	75	75	10		0	235
98	Primary Care - Drugs							25	50	75	75	10		0	235
99	Secondary Care - Drugs													0	0
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7													0	0
101	Healthcare Services Provided by Other NHS Bodies													0	0
102	Non Healthcare Services Provided by Other NHS Bodies													0	0
103	Continuing Care and Funded Nursing Care													0	0
104	Other Private & Voluntary Sector													0	0
105	Joint Financing and Other (includes Local Authority)													0	0
106	Other (only use with WG agreement & state SoCNE/I line ref)													0	0
107														0	0
108														0	0
109														0	0
110	Sub total Extended Flu Vaccination Non Pay	0	0	0	0	0	0	50	100	150	150	20	0	0	470
111	TOTAL EXTENDED FLU VACC EXPENDITURE	0	0	0	0	0	0	50	100	150	150	20	0	0	470
112	PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)	0	0	0	0	0	0	50	100	150	150	20	0	0	470
113	MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0

A5	Field Hospital / Surge (Additional costs due to C19) enter as positive value - actual/forecast															
114	Provider Pay (Establishment, Temp & Agency)															
115	Administrative, Clerical & Board Members	15	15	4	5	5	5	2	2	2	2	2	2	2	34	62
116	Medical & Dental	169	59	(2)	34	34	13	0	0	0	0	0	0	0	226	307
117	Nursing & Midwifery Registered	128	81	76	60	60	60	60	60	60	60	0	0	0	285	646
118	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
119	Additional Clinical Services	64	7	18	29	29	29	29	29	29	0	0	0	0	89	265
120	Allied Health Professionals	32	21	22	15	15	15	0	0	0	0	0	0	0	75	121
121	Healthcare Scientists	3	2	3	0	0	0	0	0	0	0	0	0	0	8	8
122	Estates & Ancillary	90	49	34	20	20	20	0	0	0	0	0	0	0	173	232
123	Students	0	0												0	0
124	Sub total Field Hospital / Surge Provider Pay	501	234	155	163	163	142	92	92	92	2	2	2	2	890	1,641
125	Primary Care Contractor (excluding drugs)														0	0
126	Primary Care - Drugs														0	0
127	Secondary Care - Drugs														0	0
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	108	110	139	110	109	110	110	109	110	110	109	108	108	357	1,341
129	Provider - Non Pay (Decommissioning Costs)														0	0
130	Healthcare Services Provided by Other NHS Bodies														0	0
131	Non Healthcare Services Provided by Other NHS Bodies														0	0
132	Continuing Care and Funded Nursing Care														0	0
133	Other Private & Voluntary Sector														0	0
134	Joint Financing and Other (includes Local Authority)														0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)														0	0
136	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
137															0	0
138															0	0
139															0	0
140	Sub total Field Hospital / Surge Non Pay	108	110	139	110	109	110	110	109	110	110	109	108	108	357	1,341
141	TOTAL FIELD HOSPITAL / SURGE EXPENDITURE	609	344	294	273	272	252	202	201	202	112	111	110	110	1,247	2,981
142	PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)	609	344	294	273	272	252	202	201	202	112	111	110	110	1,247	2,981
143	MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A6	Cleaning Standards (Additional costs due to C19) enter as positive value - actual/forecast															
144	Provider Pay (Establishment, Temp & Agency)															
145	Administrative, Clerical & Board Members		0	0	0	0	0	0	0	0	0	0	0	0	0	0
146	Medical & Dental		0	0	0	0	0	0	0	0	0	0	0	0	0	0
147	Nursing & Midwifery Registered		0	0	0	0	0	0	0	0	0	0	0	0	0	0
148	Prof Scientific & Technical		0	0	0	0	0	0	0	0	0	0	0	0	0	0
149	Additional Clinical Services		0	0	0	0	0	0	0	0	0	0	0	0	0	0
150	Allied Health Professionals		0	0	0	0	0	0	0	0	0	0	0	0	0	0
151	Healthcare Scientists		0	0	0	0	0	0	0	0	0	0	0	0	0	0
152	Estates & Ancillary	187	0	0	187	187	187	187	187	187	187	187	187	187	187	1,871
153	Students														0	0
154	Sub total Cleaning Standards Provider Pay	187	0	0	187	187	187	187	187	187	187	187	187	187	187	1,871
155	Primary Care Contractor (excluding drugs)														0	0
156	Primary Care - Drugs														0	0
157	Secondary Care - Drugs														0	0
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	6	0	0	6	6	6	6	6	6	6	6	6	6	6	62
159	Healthcare Services Provided by Other NHS Bodies														0	0
160	Non Healthcare Services Provided by Other NHS Bodies														0	0
161	Continuing Care and Funded Nursing Care														0	0
162	Other Private & Voluntary Sector														0	0
163	Joint Financing and Other (includes Local Authority)														0	0
164	Other (only use with WG agreement & state SoCNE/I line ref)														0	0
165															0	0
166															0	0
167															0	0
168	Sub total Cleaning Standards Non Pay	6	0	0	6	6	6	6	6	6	6	6	6	6	6	62
169	TOTAL CLEANING STANDARDS EXPENDITURE	193	0	0	193	193	193	193	193	193	193	193	193	193	193	1,933
170	PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)	193	0	0	193	193	193	193	193	193	193	193	193	193	193	1,933
171	MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

A7	Other (Additional costs due to C19) enter as positive value - actual/forecast														
172	Provider Pay (Establishment, Temp & Agency)														
173	Administrative, Clerical & Board Members	135	160	185	160	160	160	160	160	160	160	160	147	480	1,907
174	Medical & Dental	157	269	723	815	850	908	877	825	468	367	352	340	1,149	6,952
175	Nursing & Midwifery Registered	499	603	706	603	603	524	963	963	964	963	913	839	1,808	9,142
176	Prof Scientific & Technical	0	100	87	62	62	62	62	62	57	57	50	37	188	703
177	Additional Clinical Services	631	756	881	756	706	606	881	881	881	881	852	807	2,269	9,522
178	Allied Health Professionals	11	36	61	36	36	36	36	36	36	36	36	36	107	428
179	Healthcare Scientists	0	25	50	25	25	25	25	25	25	25	25	25	75	300
180	Estates & Ancillary	62	114	50	87	75	75	75	75	75	75	62	50	227	876
181	Students													0	0
182	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0
183	Long COVID							128	128	128	128	128	128	0	770
184														0	0
185														0	0
186	Sub total Other C-19 Provider Pay	1,495	2,064	2,744	2,545	2,517	2,397	3,207	3,156	2,795	2,693	2,578	2,409	6,303	30,600
187	Primary Care Contractor (excluding drugs)	(135)	(135)	(287)	(135)	(135)	(135)	15	15	15	15	15	15	(557)	(872)
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income	335	300	276	250	250	245	220	210	209	179	150	150	911	2,774
189	Primary Care - Drugs	300	(300)	0	0	0	0	0	0	0	0	0	0	0	0
190	Secondary Care - Drugs													0	0
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line	40	500	853	297	277	302	277	247	256	252	252	194	1,393	3,747
192	Provider - Non Pay - PPE	150	261	291	150	150	150	100	100	100	100	100	100	702	1,752
193	Healthcare Services Provided by Other NHS Bodies													0	0
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS													0	0
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS													0	0
196	Non Healthcare Services Provided by Other NHS Bodies													0	0
197	Continuing Care and Funded Nursing Care	300	300	300	300	300	300	300	300	300	300	300	300	900	3,600
198	Other Private & Voluntary Sector			930	930	1,051	1,051	1,051	1,398	468	468	347	347	930	8,041
199	Other Private & Voluntary Sector - Private Hospital Providers													0	0
200	Joint Financing and Other (includes Local Authority)													0	0
201	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0
202	6 - Other Income - loss of Private Patient Income	233	233	233	233	233	233	233	233	233	233	233	233	699	2,796
203	6 - Other Income - loss of catering income	150	150	150	0	0	0	0	0	0	0	0	0	450	450
204														0	0
205														0	0
206	Sub total Other C-19 Non Pay	1,373	1,309	2,746	2,025	2,126	2,146	2,196	2,503	1,581	1,547	1,397	1,339	5,428	22,288
207	TOTAL OTHER C-19 EXPENDITURE	2,868	3,373	5,489	4,569	4,643	4,543	5,403	5,659	4,376	4,240	3,975	3,748	11,730	52,888
208	PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)	2,868	3,373	5,489	4,444	4,472	4,373	5,403	5,659	4,376	4,240	3,975	3,748	11,730	52,422
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	0	0	0	(125)	(171)	(170)	0	0	0	0	0	0	0	(466)
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	5,494	6,010	7,897	6,862	6,820	6,689	7,550	8,062	6,825	6,599	6,204	5,756	19,400	80,767
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)	5,494	6,010	7,897	6,737	6,649	6,519	7,550	8,062	6,825	6,599	6,204	5,756	19,400	80,301
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	0	0	0	(125)	(171)	(170)	0	0	0	0	0	0	0	(466)

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

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

C - In Year Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Negative values</i>														
218	Expenditure Reductions (due to C19) - Actual/Forecast													(780)	(1,230)
219	Reduction of non pay costs due to reduced elective activity	(480)	(150)	(150)	(150)	(150)	(150)	0	0	0	0	0	0	0	0
220	Reduction of outsourcing costs due to reduced planned activity													(19)	(81)
221	WHSSC C-19 Slippage (as advised by WHSSC)	(20)	(12)	13	(21)	(21)	(20)							0	0
222	Other (please specify):													0	0
223														0	0
224														0	0
225														0	0
226														0	0
227														0	0
228	TOTAL EXPENDITURE REDUCTION	(500)	(162)	(137)	(171)	(171)	(170)	0	0	0	0	0	0	(799)	(1,311)

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

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

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

240	ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19	4,994	5,848	7,760	6,691	6,649	6,519	7,550	8,062	6,825	6,599	6,204	5,756	18,601	79,456
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E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>														
241	PLANNED WG FUNDING FOR COVID-19	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	24,525	100,801
		0	0	0	0	0	0	1	1	1	1	1	1		
242	MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
243	TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	24,525	100,801

244	ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19	2,208	1,870	1,845	1,754	1,708	1,708	1,708	1,708	1,708	1,708	1,708	1,708	5,924	21,345
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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

Period : Jun 21

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	250	83	83	83	83	86	86	86	86	86	250	1,015		1,000	15			
2		Actual/F'cast	0	0	250	83	83	83	83	86	86	86	86	86	250	1,015	24.63%	1,000	15	0	1,015	1,036
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	3	1	1	1	237	237	245	245	245	245	3	1,460		11	1,448			
8		Actual/F'cast	0	0	3	1	1	1	237	237	245	245	245	245	3	1,460	0.20%	11	1,448	0	1,460	1,506
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
10	Non Pay	Budget/Plan	0	1	586	397	284	321	360	362	362	415	415	426	587	3,931		1,544	2,387			
11		Actual/F'cast	0	1	586	397	284	321	360	362	362	415	415	426	587	3,931	14.93%	1,544	2,387	2,533	1,399	1,932
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
13	Pay	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	657	6,517		4,689	1,828			
14		Actual/F'cast	0	0	657	708	608	672	652	627	628	657	651	658	657	6,517	10.08%	4,689	1,828	4,157	2,360	3,035
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	16	0	16		16	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	16	0	16	0.00%	16	0	16	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939		7,260	5,679			
20		Actual/F'cast	0	1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939	11.57%	7,260	5,679	6,706	6,233	7,510
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
22	Variance in month in month achievement against			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							
23	FY forecast		0.00%	0.01%	11.56%	9.19%	7.55%	8.32%	10.30%	10.14%	10.22%	10.85%	10.80%	11.07%								

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	177	60	67	106	112	112	113	113	108	177	1,078		246	832			
2		Actual/F'cast	0	0	177	60	67	106	112	112	113	113	108	177	1,078	16.39%	246	832	451	627	711
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
4	Variable Pay	Budget/Plan	0	0	73	335	197	222	215	190	190	190	184	184	73	1,978	1,313	664			
5		Actual/F'cast	0	0	73	335	197	222	215	190	190	190	184	184	73	1,978	1,313	664	913	1,064	1,250
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		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	19	165	195	195	195	195	195	225	225	225	19	1,831	1,500	331			
11		Actual/F'cast	0	0	19	165	195	195	195	195	195	225	225	225	19	1,831	1,500	331	1,163	668	1,074
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	388	149	149	149	131	131	131	130	130	142	388	1,630	1,630	0			
17		Actual/F'cast	0	0	388	149	149	149	131	131	131	130	130	142	388	1,630	1,630	0	1,630	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
19	Total	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	657	6,517	4,689	1,828			
20		Actual/F'cast	0	0	657	708	608	672	652	627	628	657	651	658	657	6,517	4,689	1,828	4,157	2,360	3,035
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			

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

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	8	132	162	162	162	162	162	192	192	192	8	1,527	1,196	331			
2		Actual/F'cast	0	0	8	132	162	162	162	162	162	192	192	192	8	1,527	1,196	331	1,163	364	683
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	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			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	11	33	33	33	33	33	33	33	33	33	11	304	304	0			
11		Actual/F'cast	0	0	11	33	33	33	33	33	33	33	33	33	11	304	304	0	0	304	391
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
13	Total	Budget/Plan	0	0	19	165	195	195	195	195	195	225	225	225	19	1,831	1,500	331			
14		Actual/F'cast	0	0	19	165	195	195	195	195	195	225	225	225	19	1,831	1,500	331	1,163	668	1,074
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			

Table C3 - Tracker

This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect	
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0		1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939	6,706	6,233	1,276	7,510
	Month 1 - Actual/Forecast	0		1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939	6,706	6,233	1,276	7,510
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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		1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939	6,706	6,233	1,276	7,510
	Total Actual/Forecast	0		1	1,496	1,190	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	1,497	12,939	6,706	6,233	1,276	7,510
	Total Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	0		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725
	Month 1 - Actual/Forecast	0		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725
	Total Actual/Forecast	0		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725
	Total Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0		0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	0	0	0
	In Year - Actual/Forecast	0		0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	0	0	0
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	0		1	1,496	1,190	976	1,084	1,452	1,432	1,442	1,523	1,517	1,551	1,497	13,664	6,706	6,958	1,276	8,235
	Month 1 - Actual/Forecast	0		1	1,496	1,190	976	1,084	1,452	1,432	1,442	1,523	1,517	1,551	1,497	13,664	6,706	6,958	1,276	8,235
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0		0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	0	0	0
	In Year - Actual/Forecast	0		0	0	0	0	0	6,150	0	0	0	0	0	0	6,150	6,150	0	0	0
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0		1	1,496	1,190	976	1,084	7,602	1,432	1,442	1,523	1,517	1,551	1,497	19,814	12,856	6,958	1,276	8,235
	Total Actual/Forecast	0		1	1,496	1,190	976	1,084	7,602	1,432	1,442	1,523	1,517	1,551	1,497	19,814	12,856	6,958	1,276	8,235
	Total Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



AGENDA ITEM

2.2.2ii

PLANNING, PERFORMANCE & FINANCE COMMITTEE

MONTH 4 MONITORING RETURNS TO WELSH GOVERNMENT

Date of meeting	24/08/2021
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	12/08/2021	NOTED

ACRONYMS

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

MONTH 4 MONITORING RETURNS TO WELSH GOVERNMENT

1. SITUATION/BACKGROUND

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

The purpose of this report is to provide the Planning, Performance & Finance Committee (PPFC) with information from the M4 Financial Monitoring Return submission to Welsh Government.

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

The Health Board (HB), Strategic Health Authority (SHA) & Trust Monthly Financial Monitoring Return Guidance was issued on 23 April 2021. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2021/22 financial performance, together with the following requirements:

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

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A, Table A2, Table B3 and Tables C, C1, C2 & C3) in order to provide the Committee with , transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M4 Narrative report
Table A - Movement
Table A2 - Risks
Table B3 – COVID-19 Analysis
Tables C, C1, C2 & C3

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

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

The key information included in the M4 Financial Monitoring returns is summarised below:

	M4
	£k
In month position	(80)
YTD position	(102)
Forecast Year end position	0
Forecast recurrent position	39,300
Savings:	
Annual target	14,500
Forecast savings	(12,900)
Forecast savings shortfall	1,600
YTD savings	2,100

This information is consistent with the M4 Finance reports going to Management Board, PPFC and the Board.

It is important to note that M4 internal reporting within the Health Board is reporting a M4 YTD savings shortfall of £0.8m compared to the £0.6m reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the Q1 target = £1.5m (Actual savings in Q1) and the balance of £13m has been phased equally over M4-M9.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	14.5	14.5
Year to date Plan	2.7	2.9
Year to date actual	2.1	2.1
Year to date Variance	0.6	0.8



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 Well-being Objectives	Ensure sustainability in all that we do, economically, environmentally and socially

5. RECOMMENDATION

The Committee is asked to **NOTE** the contents of the Month 4 Monitoring Returns submitted to Welsh Government for 2021/22.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MONITORING RETURNS – July 2021

FINANCIAL COMMENTARY

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2021/22

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

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

- The core plan
- Covid response
- Planned care recovery

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

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

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

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

Please note that the requested additional funding for Other Covid costs has subsequently been increased to £5.5m due to a change of assumptions regarding Long Covid funding. Please see emails between Steve Webstrer and Steve Elliot dated 6 July 2021.

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

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

	M4 Actual	M4 YTD	M4 Forecast
	£m	£m	£m
Core plan	1.8	7.7	21.7
Covid 19	(1.9)	(7.8)	(21.7)
Planned care recovery	0	0	0
Total	(0.1)	(0.1)	0

The M4 YTD position is a £102k surplus.

The forecast breakeven position for 21/22 is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

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

	July			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M4 £'000	M3 £'000	Movement £'000
RRL	97,532	97,993	(461)	1,235,712	1,183,289	52,423
Donation/Grants	29	0	29	200	44	156
Welsh HBs & NHST	7,276	6,906	370	83,492	82,046	1,446
WHSSC	867	870	(3)	10,476	10,441	35
WG Income	688	25	663	1,361	403	957
Other Income	3,395	2,737	658	32,634	32,676	(42)
Income Total	109,787	108,531	1,256	1,363,874	1,308,899	54,975
PC Contractor	12,516	11,885	631	148,191	146,045	2,147
PC - Drugs	8,009	7,629	380	92,429	92,048	380
Pay	46,374	48,257	(1,882)	576,844	582,060	(5,216)
Non Pay	10,044	8,970	1,074	115,942	108,975	6,967
SC - Drugs	3,047	3,242	(195)	38,856	39,051	(195)
H/C Other NHS	20,094	19,985	110	239,338	236,478	2,861
Non H/C Other NHS	13	41	(28)	440	468	(28)
CHC & FNC	5,615	4,877	738	59,386	58,648	738
Private & Vol	995	455	540	6,978	6,438	540
Joint & Other	409	741	(332)	8,976	9,308	(332)
DEL	2,429	2,439	(10)	29,232	29,262	(30)
AME	162	10	151	47,266	122	47,144
Res & Cont	0	0	0	0	0	0
P&L on Disposal	1	0	1	(2)	(3)	1
Cost - Total	109,708	108,530	1,177	1,363,875	1,308,899	54,976

The most significant in month movements between the M4 forecast and M4 actuals are as follows:

- Primary Care Contractor - £631k adverse – the impact of the NHS bonus being paid to GMS contractors in M4 (£946k)

- Pay - £1,882k Favourable – Impact of a correction of NI for NHS Bonus (£430k) together with continuation of lower than anticipated ADHs and Overtime payments.
- Non Pay - £1,074k adverse – Greater than expected increase in M&S supplies and implants (£600k) and Advertising and recruitment fees (£300k).
- CHC/FNC - £738k adverse – Increased growth of placements together with revised rates for framework providers adjusted back to M1.
- Private & Voluntary - £540k – reclassification of outsourcing / insourcing.

The most significant changes between the M3 and M4 year end forecasts are as follows:

- Welsh HB's & Trusts - £1,446k favourable – Mainly due to increased activity with Powys for the planned flows due to the Grange.
- WG Income - £957k favourable – revised assumptions for Non Cash Limited. The monthly value remains volatile and will be reviewed again in M5.
- Primary Care - £2,147k adverse – mainly reflects the NHS bonus payments across all contractors (£2.3m).
- Pay - £5,216k favourable – Reflecting lower than anticipated variable pay and delays in recruitment.
- Non Pay - £6,967k adverse – Mainly relates to increased PPE costs of £1.7m, continuation of recent trends on M&S and Implants £5m
- Healthcare NHS - £2,861k – Increased costs of NICE/HCD commissioned from Velindre, Swansea Bay and Cardiff & Vale.

The forecast has been profiled using latest plans and information. The following items are currently profiled in M12:

- A4C Payaward £4.0m- pending confirmation of the 21/22 payaward. The living wage element has been profiled from M1.
- M&D Payaward £1.4m- pending confirmation of the 21/22 Payaward.

The profile for M6 includes anticipated accountancy gains included in our original IMTP against Non Pay and CHC.

Note that the M4 forecasts do not include the impact of the recent payaward announcement.

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

The M4 Pay expenditure was £48.0m and the monthly trend is summarised below.

	M4	M3	M2	M1	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	6.4	6.7	6.6	6.4	15.3	6.3	6.7
Medical	11.8	11.7	11.9	12.1	23.3	11.5	8.7
Nursing	15.2	15.1	15.8	15.6	30.4	15.6	17.9
ACS	6.0	5.9	6.9	6.4	14.6	6.2	7.4
Other	8.6	8.5	8.7	8.8	19.6	8.54	9.4
Total	48.0	47.9	49.9	49.3	103.2	48.1	50.1

The Key issues to highlight are as follows:

- The M1 position was broadly consistent with the previous 3 months, after taking account of the following comments .
 - The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
 - Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
 - The increase in Nursing & ACS costs in M10 was due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).
- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused an increase of £0.5m on M1.
- The M3 position was £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This was due to reductions in the payments for overtime in M3.
- The M4 position has remained consistent with M3 with no significant movements.
- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. Total payments to M4 are £12.4m (M3: £11.9m) for NHS employed staff. There may be further payments to follow and the position will be continually monitored. The financial plan and forecast does not include any potential benefit from a release from the accrual. This has been noted as a potential opportunity in Section 2 below.

The M4 agency expenditure was £3.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M4	M3	M2	M1	Q4 Ave	Q3 Ave
	£'m	£'m	£'m	£'m	£m	£m
Medical	1.2	1.0	1.0	1.3	1.3	1.3
Nursing	1.7	1.5	1.5	1.4	2.0	1.8
Other	0.9	0.8	0.7	0.8	0.9	0.7
Total	3.8	3.3	3.2	3.5	4.2	3.8

The increase in M4 agency costs were higher than anticipated and further work is being progressed to understand the impact on future periods. Despite the increase in agency costs the total cost for Medical & Nursing pay were consistent with M3.

1.5 Covid analysis (Table B3)

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

	M4 Actual	M4 YTD	M4 Year end forecast	30 June plan	Movement from 30 June Plan
Programme costs	£m	£m	£m		
TTP	0.9	3.5	10.5	12.1	(1.6)
Mass Vaccination	0.7	4.4	10.6	10.5	0.1
Extended Flu	0	0	0.5	0.5	0
Cleaning standards	0.1	0.2	1.8	2.1	(0.3)
CHC/FNC support	0.3	0.9	3.6	3.6	0
PPE	0.3	1.0	3.4	1.7	1.7
Long COVID	0	0	0.8	0.5	0.3
Sub total	2.3	10.4	31.1	31.0	0.1
Assumed funding – programme element	(2.3)	(10.4)	(31.1)	(31.0)	0.1
Total Programme costs	0	0	0	0	0
Other Covid costs:					
Field hospital	0.2	1.4	2.7	3.0	(0.3)
Dental income loss	0.3	1.2	2.8	2.8	0
Operational expenditure cost reduction	(0.1)	(0.9)	(1.2)	(1.3)	0.1
Slippage on Planned investments and re-purposing of development initiatives	0	0	0	0	0
Other covid costs – see below	2.8	10.2	27.3	26.6	0.7
Planned Care Recovery	1.2	3.1	16.8	16.8	0
Sub total	4.4	15.0	48.4	47.9	0.5
Confirmed funding-formula element			(26.1)	(26.1)	0
Confirmed funding- PCR element			(16.8)	(16.8)	0
Requested additional funding for bed modelling etc			(5.5)	(5.0)	(0.5)
Requested additional funding following transfer of £1.2m of Operational expenditure cost reductions to meeting M4 shortfall against £14.5m Savings target			(1.2)	0	(1.2)
Requested funding for Covid overspends from 2020/21			(20.5)	(20.5)	0
Total Other Covid costs			(21.7)	(20.5)	(1.2)

The key points to note are as follows:

1. As noted above, the requested additional funding for Other Covid costs has increased from £5.0m to £5.5m due to a change of

assumptions regarding Long Covid funding. Please see emails between Steve Webster and Steve Elliot dated 6 July 2021.

2. A breakdown of the Other Covid costs is provided below:

	M4 Year end forecast	30 June plan	Movement from 30 June Plan
Other Covid costs:	£m		
Long covid	0.5	0	0.5
Dental contract savings – to reduce the income loss	(0.9)	(0.9)	0
Covid response ILGs	17.9	17.9	0
Covid response outside ILGs	4.3	4.1	0.2
Increased covid response to reflect revised assessment of bed demand	5.5	5.5	0
Total	27.3	26.6	0.7

3. Further to the response to our M2 MR submission (Ref 2.4 Annex A), we have now utilised £1.2m of the Operational expenditure reductions due to Covid to close the M4 savings target shortfall. This change has increased the Covid funding request by £1.2m (M3: £0.9m).
4. As at M3 we had only received the M3 YTD costs from the LAs for their Mass vaccination and TTP costs and were awaiting updated information on their full year forecast costs. This information has now been received and this has resulted in a £1.6m reduction in the M4 forecast for TTP.
5. The PPE forecast has been reviewed and increased by £1.7m in M4. This forecast assumes a continuation of the M3 and M4 levels of expenditure.
6. The draft profile for the Planned care recovery plan is as follows:

	Original Plan	Actual/Forecast
	£m	£m
Q1	2.4	1.9
Q2	6.2	4.5
Q3	5.3	5.9
Q4	2.9	4.5
Total	16.8	16.8

7. The CHC forecast remains a high level estimate pending actual data. This will be reviewed again at the end of Q2.
8. As agreed with WG, the recent payaward announcement has not been reflected within the M4 returns. This will increase the above COVID forecast when it is applied.

1.6 Month 4 - Forecast recurrent position (Table A)

As at Month 3 we were reporting a forecast recurrent deficit of £31.4m (M2-£31.4m) at the end of 21/22. This was consistent with the updated financial plan submitted to WG on 30 June.

As at M4 , the forecast recurrent deficit has been increased to £39.3m to reflect the £7.9m forecast shortfall in savings delivery against the £16.1m recurrent savings target noted in Section 4 below.

2. Risk Management (Table A2)

As noted above the forecast breakeven position for 21/22 is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

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

	M4	M3	Financial Plan- 30 June	Comment
Key risks:	£m	£m		
Shortfall against savings plan	1.0	1.1	2.0	Risk of under delivery on Amber schemes per Savings tracker- Table B3 .
Underlying deficit cannot be brought back in line with plan assumption either by reducing costs or increasing funding/income.	2.8	3.0	3.0	This risk includes £2.8m of existing costs associated with SDEC, Think 111 first and urgent primary care centres, which are part of a total bid to WG of £7.4m.
Unavoidable recurring service/cost pressures exceeding plan	1.0	1.0	1.0	The main risk areas are CHC growth and prescribing growth exceeding the planned growth assumptions, together with a range of operational service pressures.
Unavoidable costs of the Transformation programmes exceeding	2.0	2.0	2.0	The M4 position is showing an overspend of £0.7m against the confirmed WG funding for Transformation and D2RA.

the confirmed WG funding for 2020/21				
Total	6.8	7.1	8.0	

	M4	M3	Financial Plan- 30 June	Comment
Key opportunities:	£m	£m		
Delay / Stop new investments	(0.3)	(0.3)	(0.3)	
Further balance sheet review	(1.2)	(1.2)	(1.2)	Initial assessment only. Continuous review as year progresses
Potential for annual leave reduction being greater than costs incurred.	(1.0)	(1.0)	(1.0)	Initial assessment only. Will be updated on a quarterly basis but will need M6 data to form a more robust assessment.
Potential retention of any write back in relation to the 20/21 accrual for the NHS COVID bonus	(1.0)	(1.5)	0	See Section 4 above.
Total	(3.5)	(4.0)	(2.5)	

3. Ring Fenced Allocations (Tables N&O)

The Health Board can confirm that there are no concerns at M4 on any ring-fenced budgets.

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

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

	Month 4			Month 3		
	M4 YTD	21/22	Rec	M3 YTD	21/22	Rec
	£m	£m	£m	£m	£m	£m
Planned savings		12.9				
Planned income generation		0.7				
Plans to be finalised		0.9				
Savings target as at M3	2.7	14.5	16.1	1.5	14.5	16.1
Actual and Forecast Savings	(2.1)	(12.9)	(8.2)	(1.5)	(13.6)	(8.2)
Utilisation of Operational expenditure reductions (see above)	0	(1.2)	0	0	(0.9)	0
Total	0.6	0.4	7.9	0	0	7.9

It is important to note that M4 internal reporting within the Health Board is reporting a M4 YTD savings shortfall of £0.8m compared to the £0.6m reported in this Monitoring Return. This is due to a different phasing of the savings target in the HB plan where the Q1 target = £1.5m (Actual savings in Q1) and the balance of £13m has been phased equally over M4-M9.

	Monitoring Return Table C	Internal HB reporting
	£m	£m
Annual Plan	14.5	14.5
Year to date Plan	2.7	2.9
Year to date actual	2.1	2.1
Year to date Variance	0.6	0.8

The financial plan for 2020/21 also includes planned accountancy gains of £6.2m. These will be released into the YTD position by Month 6 at the latest.

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

Table D has been completed and agreed with other organisations.

Table E shows the anticipated allocations assumed within our M4 position.

6. Health Care agreements

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

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

7.1 Significant month on month balance sheet movements

There have been no significant balance sheet movements between M3 and M4.

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

There were twenty two invoices greater than 11 weeks old (21 with Wales NHS and 1 with WG), and one invoice (WG) greater than 17 weeks, old at the 31st July 2021. Fifteen invoices have been paid and remittances received for a further four. The WG invoices remain outstanding.

To be consistent with previous returns, WG invoices >11 weeks (included in Table M from M4) are not included in the figure reported in Table F.

8. Cash Flow Forecast (Table G)

The cash flow forecast is currently showing a forecast surplus of £0.7m in M12. Included within the figures, and shown in the 'Other' income line, is the assumption that £12.5m will be received during the year to fund the payments already made in 21/22 for the NHS bonus payment. See Section 1.4 above.

An additional draw down of £1.7m cash was required during the month to fund the bonus payment for contractor payments.

9. Public Sector Payment Compliance (Table H)

Not required for this return.

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

The M4 CRL value is now £75.2m in line with the CRL issued on the 4th August 2021 which is a reduction of £10m from the previous CRL. We have returned £5m for BHCW (Sunnyside) due to the delays caused by the contractor going into administration and £5m for the PCH GFF phase 2 project due to SCP cash flow adjustments. As at M4 £13.2M has been charged against the CRL.

The risk ratings of all schemes have been reviewed and there are 7 schemes which are considered to be medium or high risk as per the table below. The scheme risks described below cover the risk of slippage or cost overrun on these schemes with delays caused by Brexit and shortages in soft metal and steel supplies and in complying with revised Government guidelines having an impact in a number of areas.

Scheme	Risk Rating	Potential Risk Value	Description
Bridgend Health and Wellbeing Centre (Sunnyside)	High	£3.5m-£5.0m slippage	The contractor announced they were going into administration on 8 th July. This will cause significant delay and cost risk to the Scheme which remains under review. It is likely that any additional spend in 21/22 will be to retender. A revised funding position for 21/22 was discussed at the Capital Review Meeting on 15 th July and the CRL adjusted by £5m.
PCH G&FF Floor Phase 1B	Medium	£2.3m	Actual inflation of £1,214K and forecast £1,133K to the end of the scheme was not included in initial approval letter. Offset by gain share and additional VAT reclaim to leave a balanced or expected slight underspend outturn position. This is under detailed review for discussion at the next CRM.
PCH G&FF Floor Phase 2	High	£4m-6m slippage	Potential slippage on latest programme. Contractor delay on commencing pathology works causing slippage. Currently under review with a view to mitigate the position and bring expenditure forward. This was discussed at the July Capital Review Meeting and CRL was reduced by £5m for 21/22.

Anti Ligature	Medium	£0.5m slippage	Slippage being confirmed as programme under review. Issues around supply line for doors and windows affected by shortages in supplies.
Electrical Infrastructure Modernisation	Medium	£150k	Soft metal supplies caused cost increase from business case position. Current cost risk covered by contingency but levels low at early stage of project.
National Programme Fire	Medium	-£150K	Slight programme risk in delivery of the programme. Contractor in place and looking to mitigate any risk and keep programme in line with planned completion of 31 st March
National Programme Infrastructure	Medium	£200K slippage	Ongoing review – sample window under test but programme tight to deliver full replacement especially if any further covid peaks impacting on contractor access to ward areas. Reporting via infrastructure dashboard and via CRM mechanism

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

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

11. Other Issues

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

The M1 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee on 24 August.

14. Authorisation



G Padmore Dix
Deputy Chief Executive



S May
Director of Finance

Date: 12 August 2021

Action Points arising from Month 3 Response

Action Point	WG Comment	CTM Response
1.4a	<p>Movement of Opening Financial Plan to Forecast Outturn (Table A) Your narrative provides an inconsistent message of when the £6.150m of Accountancy Gains (non pay and CHC) will be released with page 4 referencing Month 7 and page 9 confirming a release date by Month 6. The Tables (Table A, Table B Section D and Table C3) indicate that these are being released in Month 7. Please review and respond to the following :</p> <ul style="list-style-type: none"> As per the timeframe set in WHC 2021/011, Accountancy Gains must be released by Month 6; unless there is a specific issue such as Audit Committee, which may influence the timing of the release. Please confirm is these will be released at Month 6 or provide the reason for the later month. (Action Point 1.4a) 	Noted and corrected.
3.1	<p>As these Accountancy Gains were included in your Plan net of new non-recurring cost pressures; please can you confirm what n/r pressures these related to and in what spend category and quantify. This is required, as we are unable to see the impact of the release of the material Gains in the SoCNE. i.e. was the n/r pressure in the same category as the Accountancy Gain (Pay & CHC) and the same values? (Action Point 3.1)</p>	See attached IMTP Financial Plan section 1.11.
3.2	<p>As reported via Line 32 'Anticipated improvements in savings plans', the forecast c/f underlying deficit position of £31.400m is currently being assisted by a stand-alone projected FYE savings aspiration totalling £7.880m. I again wish to re-iterate that the FYE of saving schemes can only support the underlying c/f position if an element of the savings, linked to a scheme in the Tracker, will be delivered in the current financial year. Please consider the inclusion of this item at Month 4 and if genuinely linked to existing savings schemes, then replace this with the correct values in the Tracker (otherwise the aspiration has no sound basis for inclusion in the MMR). Also ensure, that the c/f underlying position is discussed in detail within your supporting commentary. (Action Point 3.2)</p>	This has been amended in M4. Please see Section 1.6.
	Table A2 Risk / Opportunities (Table A2)	

3.3	As your position is no longer being supported by unidentified or pipeline savings, please consider the inclusion of the £2.000m 'shortfall against savings plan' risk. I note that you are also recording a risk of delivery against identified savings (line 4) of c£1.5m, which will need to be regularly reviewed. (Action Point 3.3)	Table A2 in the M3 submission was not consistent with the narrative. This has been corrected in M3. Please see Section 4 above.
3.4	Monthly Positions (Table B) Your narrative confirms that provider pay in June was c £2.400m below the forecast provided last month due to lower than anticipated variable pay costs (e.g. overtime payments in ACS and Registered Nurses). Please provide an explanation why you are not anticipating that this material reduced monthly spend will not continue into future months. (Action Point 3.4)	Provider pay forecasts have been updated to reflect the lower than anticipated levels of expenditure.
3.5	Please provide a supporting explanation for the assumption that monthly Healthcare Services provided by other NHS bodies (Line 14) expenditure will be at its highest level between August and November. (Action Point 3.5)	Noted and revised in M4.
2.7	Following Action Point 2.7, I note that you have provided a useful Table within Section 1.3 of your narrative which highlights material movements, by category, in annual forecast income and expenditure. Your narrative however, does not explain the reasons for these material forecast movements. Please ensure this key information is included within future narratives. Also, within your Month 4 narrative be provide the omitted explanations for the material forecast movements at Month 3 (i.e. Pay, Non Pay and Private & Voluntary). (Action Point 2.7)	Noted
3.6	Covid-19 Analysis (Table B3) On line 198 'Other Private & Voluntary' there are forecast annual costs of £8.041m which exceeds the total reported amount reported within Line 16 of the SoCNE. In addition, your June MDS highlights that these costs of £8.041m relate to 'Purchase of Healthcare Services from Other NHS Bodies' which indicates that they should be reported on Line 193 'Healthcare provided by other NHS bodies' of Section A7. Please review the categorisation of this item at Month 4 and ensure that all spend is consistently categorised between the SoCNE (Table B) and Table B3. (Action Point 3.6)	Noted and corrected for M4 onwards in table B3.

3.7	Acknowledging Recovery, Long Covid and items such as PPE, please ensure that your narrative provides sufficient detail of the remaining Covid-19 spend areas (totalling c. £33.000m) reported within Section A7 'other'. (Action Point 3.7)	Please see Section 1.5.
3.8	There continues to be a number of future month expenditure values (e.g. Testing Pay, Cleaning Standards, CHC and Mass Vaccination) where you report primarily the same spend value for each month going forward. Please can you confirm that these reflect a robust assessment, or confirm in the narrative if work is ongoing to further refine the values. (Action Point 3.8)	<p>Noted. See section 1.5 for CHC comment.</p> <p>Testing, Cleaning & Mass vaccination are continuing to recruit to their agreed establishments. Once fully recruited they are expected to remain at these agreed levels.</p>
3.9	<p>Public Sector Payment Policy (Table H)</p> <p>Please provide further details on the specific actions being undertaken to improve the current payment performance of both Non NHS (92.7%) and NHS invoices (74.0%). (Action Point 3.9)</p>	<p>There has been a substantial improvement in the past 2 months for non NHS invoices - which has seen an improvement for month 4 invoices to 96.1%.</p> <p>eEnablement P2P training has now been distributed to requisitioners. We will monitor the take up of this to ensure it is being utilised.</p> <p>The self-billing project for nurse agency invoices is progressing well and is</p>

		<p>planned to be in place late Autumn, which should further improve the performance.</p> <p>Actions already taken on NHS invoices has seen an improvement in the last two months, with month 4 increasing to 87.5% in month.</p>
	<p>Movement of Opening Financial Plan to Forecast Outturn (Table A) In comparison to your Plan submission, you are recording £2.400m of Provider Income, but showing this against 'Planned Welsh Government funding – non covid-19' (Line 4) within Table A. Please consider if this value should reported against Line 6 'Planned Provider Income' within future Table A submission.</p>	<p>The £2.4m included in line 4 of table A refers to the anticipated Mental Health funding. Due to restriction on the number of lines in the WG IMTP template it was shown as separate line.</p>
2.13	<p>Underlying Position (Table A1) As requested in Action Point 2.13, please report the projected £2.500m improvement to the underlying position within the FYE of recurring savings column in Table A1. (Action Point 2.13)</p>	<p>The £2.5m improvement in Table A1 is the net improvement in the financial plan.</p> <p>As noted above we have deteriorated the forecast recurring position by £7.9m to reflect the forecast shortfall in savings delivery.</p>
3.10	<p>Monthly Positions (Table B) Please ensure that Section C of Table B (& Table E) is updated with your latest non cash requirements (e.g. August Non Cash submission @ Month 4). (Action Point 3.10)</p>	<p>Actioned</p>

3.11	Covid-19 Analysis (Table B3) I note that you are recording the 'Long Covid' spend against a free text line within Section A7 (description - 'Pay'). From Month 4, please report this spend against the appropriate designated Section A7 categories. Free text lines should only be used with our prior agreement. (Action Point 3.11)	Noted, the plan is being finalised and this will be reflected in the correct lines before the actual expenditure is incurred in M6.
3.12	Resource Limits (Table E) Please note that the WRP risk sharing contribution will be actioned as a resource and cash revenue adjustment. (Action Point 3.12)	Amended
3.13	Aged Debtors (Table M) In respect of any outstanding invoices raised against Welsh Government which are > 11 weeks old, please list within Table M by using the 'Organisation' option (there is no Welsh Government option) from the 'Debtor' drop down list. For confirmation, please also include a statement in the comments column clarifying the invoice relates to Welsh Government. (Action Point 3.13)	Actioned

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-33,900	0	-33,900	-33,900
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-42,956	-6,122	-36,834	-36,834
3 Planned Expenditure For Covid-19 (Negative Value)	-80,301	-80,301		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	39,889	18,628	21,261	21,261
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	100,801	100,801		
6 Planned Provider Income (Positive Value)	1,958	0	1,958	1,958
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	12,939	6,706	6,233	7,510
9 Planned (Finalised) Net Income Generation	725	0	725	725
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	845	0	845	7,880
14 Opening IMTP / Annual Operating Plan	0	39,712	-39,712	-31,400
15 Reversal of Planning Assumptions still to be finalised at Month 1	-845	0	-845	-7,880
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-752	-679	-73	1
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	508	508		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-508	-508		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	1,230	1,230		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	6,150	6,150	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	366	366		
31 Accountancy Gain netted off N/R Cost Pressure in IMTP	-6,150	-6,150		
32 Anticipated improvements in savings plans	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	40,629	-40,629	-39,280

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-2,825	-11,300	-33,900
2	-3,109	-3,109	-3,109	-3,109	-3,192	-3,526	2,074	-4,076	-4,076	-4,076	-4,076	-9,576	-12,436	-42,956
3	-5,494	-6,010	-7,897	-6,737	-6,649	-6,519	-7,550	-8,062	-6,825	-6,599	-6,204	-5,756	-26,137	-80,301
4	3,726	4,063	2,103	2,827	3,169	3,395	-2,573	3,597	3,588	3,506	3,512	8,975	12,720	39,889
5	7,202	7,719	9,605	8,445	8,357	8,227	9,258	9,770	8,534	8,308	7,913	7,464	32,971	100,801
6			490	163	163	163	163	163	163	163	163	#####	653	1,958
7	509	-100	389	46			-141	-141	-142	-141	-141	-138	844	0
8	0	1	1,496	1,189	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	2,686	12,939
9	0	0	0	0	0	7	120	120	120	120	120	120	0	725
10													0	0
11													0	0
12													0	0
13							141	141	141	141	141	141	0	845
14	9	-261	252	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	-141	-141	-141	-141	-141	-141	0	-845
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	-1	-1	-550	147	-63	-46	-46	-47	-47	-48	-49	-552	-752
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	230	226	312	76	-139	-108	-162	-85	159	230	508
25													0	0
26	0	0	0	-231	-227	-312	-76	139	108	162	84	-156	-231	-508
27	0	0	0	930	150	150	0	0	0	0	0	0	930	1,230
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	6,150	0	0	0	0	0	0	0	6,150
30			23	-300	-297	-87	187	187	189	188	189	87	-277	366
31						-6,150							0	-6,150
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	9	-262	274	80	0	0	0	0	0	0	0	-100	101	0

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker	(998)	Medium
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14	Underlying deficit cannot be brought back in line with plan assumption	(2,800)	Medium
15	Unavoidable recurring service/cost pressures exceeding plan	(1,000)	Medium
16	Unavoidable transformation costs exceeding WG Funding	(2,000)	Medium
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(6,798)	
	Further Opportunities (positive values)		
27	Delay / Stop new investments	250	Medium
28	Further balance sheet review	1,200	Medium
29	Potential for annual leave reduction being greater than costs incurred	1,000	Medium
30	Potential retention of any writeback in relation to the 20/21 accrual for NHS Bonus	1,000	Medium
31			
32			
33			
34	Total Further Opportunities	3,450	
35	Current Reported Forecast Outturn	(0)	
36	IMTP / AOP Outturn Scenario	(0)	
37	Worst Case Outturn Scenario	(3,348)	
38	Best Case Outturn Scenario	3,450	

Cwm Taf Morgannwg ULHB

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 1

Period : Jul 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	94,919	98,138	98,843	97,532	99,046	97,900	98,989	99,440	99,319	99,094	98,520	153,972	389,432	1,235,712
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	24	(4)	29	34	17	17	16	17	17	17	16	49	200
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	6,739	6,985	6,918	7,276	6,906	6,906	6,906	7,006	6,906	6,906	7,006	7,031	27,919	83,492
4	WHSSC Income	Actual/F'cast	896	896	819	867	870	870	870	870	870	870	870	908	3,478	10,476
5	Welsh Government Income (Non RRL)	Actual/F'cast	44	(174)	311	688	319	25	25	25	25	25	25	25	869	1,361
6	Other Income	Actual/F'cast	2,496	2,891	2,987	3,395	2,637	2,637	2,637	2,637	2,637	2,637	2,637	2,407	11,768	32,634
7	Income Total		105,094	108,760	109,874	109,787	109,812	108,355	109,444	109,994	109,774	109,549	109,075	164,358	433,515	1,363,874
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	11,798	12,632	12,820	12,516	13,251	12,190	12,065	12,105	12,154	12,124	11,965	12,569	49,766	148,191
9	Primary Care - Drugs & Appliances	Actual/F'cast	7,912	7,597	7,873	8,009	7,629	7,629	7,629	7,629	7,629	7,629	7,429	7,837	31,391	92,429
10	Provided Services - Pay	Actual/F'cast	47,688	48,148	46,433	46,374	47,230	47,000	48,111	48,551	48,191	47,999	47,884	53,235	188,643	576,844
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	8,695	8,341	9,671	10,044	9,844	9,678	9,771	9,640	9,732	9,729	9,728	11,068	36,751	115,942
12	Secondary Care - Drugs	Actual/F'cast	2,733	3,803	3,150	3,047	3,242	3,242	3,252	3,252	3,252	3,252	3,252	3,378	12,733	38,856
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	18,575	20,020	19,660	20,094	20,106	20,106	20,106	20,106	20,106	20,106	20,106	20,248	78,350	239,338
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	13	13	13	13	41	41	41	41	41	41	41	98	52	440
15	Continuing Care and Funded Nursing Care	Actual/F'cast	4,570	5,469	4,551	5,615	4,877	4,877	4,877	4,877	4,877	4,877	4,877	5,038	20,205	59,386
16	Other Private & Voluntary Sector	Actual/F'cast	398	352	1,437	995	455	455	455	455	455	455	455	614	3,182	6,978
17	Joint Financing and Other	Actual/F'cast	686	628	684	409	690	690	690	890	890	890	891	937	2,407	8,976
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	2,008	2,008	3,299	2,429	2,436	2,436	2,436	2,436	2,436	2,436	2,436	2,436	9,744	29,232
23	AME Donated Depreciation/Impairments	Actual/F'cast	10	10	10	162	10	10	10	10	10	10	10	47,003	192	47,266
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast	(1)	0	(2)	1	0	0	0	0	0	0	0	0	(2)	(2)
26	Cost - Total	Actual/F'cast	105,085	109,021	109,600	109,708	109,812	108,354	109,444	109,993	109,774	109,548	109,075	164,461	433,414	1,363,875
27	Net surplus/ (deficit)	Actual/F'cast	9	(261)	274	80	(0)	0	(0)	0	(0)	0	0	(103)	102	(0)

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	102	
29. Actual YTD surplus/ (deficit) last month	22	
30. Current month actual surplus/ (deficit)	80	
		Trend
31. Average monthly surplus/ (deficit) YTD	25	▲
32. YTD /remaining months	13	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	738
34. Year to Date Trend Scenario	305

C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
DEL															
35	Baseline Provider Depreciation	Actual/F'cast	2,008	2,008	2,011	2,010	2,010	2,010	2,010	2,010	2,010	2,010	1,514	8,038	23,622
36	Strategic Depreciation	Actual/F'cast			1,288	419	409	409	409	409	409	409	905	1,706	5,477
37	Accelerated Depreciation	Actual/F'cast					17	17	17	17	17	17	17	0	133
38	Impairments	Actual/F'cast												0	0
39	Other (Specify in Narrative)	Actual/F'cast												0	0
40	Total		2,008	2,008	3,299	2,429	2,436	2,436	2,436	2,436	2,436	2,436	2,436	9,744	29,232
AME															
41	Donated Asset Depreciation	Actual/F'cast	10	10	10	162	10	10	10	10	10	10	314	192	577
42	Impairments	Actual/F'cast											46,689	0	46,689
43	Other (Specify in Narrative)	Actual/F'cast												0	0
44	Total		10	10	10	162	10	10	10	10	10	10	47,003	192	47,266

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	Actual/F'cast	0	0	0	0	6,150	0	0	0	0	0	0	0	6,150

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	10 pay - A4C payaward	Forecast Only											4,041	0	4,041
47	10 pay - M&D payaward	Forecast Only											1,400	0	1,400
48		Forecast Only												0	0
49	5 Non RRL - Ophthalmic NHS Bonus	Forecast Only				(294)								0	(294)
50	8 Primary Care - NHS Bonus - Pharmacy, Dental & Ophthalmic	Forecast Only				1,366								0	1,366
51		Forecast Only												0	0
52	10 Pay - Urgent Care (SDEC, 111 & Emergency Primary Care)	Forecast Only						247	247	247	302	304	304	0	1,651
53	11 Non Pay - Urgent Care (SDEC, 111 & Emergency Primary Care)	Forecast Only						5	5	5	37	37	37	0	126
54		Forecast Only												0	0
55		Forecast Only												0	0
56		Forecast Only												0	0
57		Forecast Only												0	0
58		Forecast Only												0	0
59		Forecast Only												0	0
60		Forecast Only												0	0
61		Forecast Only												0	0
62		Forecast Only												0	0
63		Forecast Only												0	0
64		Forecast Only												0	0
65		Forecast Only												0	0
66		Forecast Only												0	0
67		Forecast Only												0	0
68		Forecast Only												0	0
69		Forecast Only												0	0
70		Forecast Only												0	0
71		Forecast Only												0	0
72		Forecast Only												0	0
73		Forecast Only												0	0
74	Total		0	0	0	1,072	0	252	252	252	339	341	5,782	0	8,290
	Phasing		0%	0%	0%	0%	13%	0%	3%	3%	3%	4%	4%	70%	0%

Period : Jul 21

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

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

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	250	83	83	83	83	86	86	86	86	86	333	1,015		1,000	15			
2		Actual/Fcast	0	0	250	83	83	83	83	86	86	86	86	86	333	1,015	32.84%	1,000	15	0	1,015	1,036
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	3	1	1	1	237	237	245	245	245	245	4	1,460		11	1,448			
8		Actual/Fcast	0	0	3	1	1	1	237	237	245	245	245	245	4	1,460	0.26%	11	1,448	0	1,460	1,506
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
10	Non Pay	Budget/Plan	0	1	586	397	284	321	360	362	362	415	415	426	984	3,931		1,704	2,227			
11		Actual/Fcast	0	0	585	97	325	297	318	320	320	373	372	389	682	3,394	20.09%	1,686	1,708	1,982	1,413	1,933
12		Variance	0	(1)	(1)	(300)	40	(24)	(43)	(43)	(43)	(43)	(43)	(37)	(302)	(537)	(30.68%)	(18)	(519)			
13	Pay	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	1,365	6,517		5,005	1,512			
14		Actual/Fcast	0	0	657	458	714	633	649	624	624	652	646	642	1,115	6,299	17.70%	4,884	1,415	4,026	2,273	3,035
15		Variance	0	0	0	(250)	107	(39)	(3)	(3)	(4)	(4)	(4)	(16)	(250)	(218)	(18.34%)	(121)	(98)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	16	0	16		16	0			
17		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	20	0	20	0.00%	20	0	20	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	4	0	4		4	0			
19	Total	Budget/Plan	0	1	1,496	1,189	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	2,686	12,939		7,737	5,203			
20		Actual/Fcast	0	0	1,495	639	1,123	1,014	1,287	1,267	1,275	1,356	1,350	1,383	2,134	12,188	17.51%	7,602	4,586	6,027	6,161	7,510
21		Variance	0	(1)	(1)	(550)	147	(63)	(46)	(46)	(47)	(47)	(48)	(49)	(552)	(752)	(20.56%)	(135)	(616)			
22	Variance in month			(100.00%)	(0.07%)	(46.26%)	15.05%	(5.88%)	(3.46%)	(3.51%)	(3.56%)	(3.35%)	(3.40%)	(3.43%)	(20.56%)							
23	In month achievement against FY forecast		0.00%	0.00%	12.26%	5.24%	9.22%	8.32%	10.56%	10.39%	10.46%	11.13%	11.07%	11.34%								

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	
1	Changes in Staffing Establishment	Budget/Plan	0	0	177	60	67	106	112	112	113	113	113	108	236	1,078		278	800			
2		Actual/F'cast	0	0	177	16	129	104	110	110	110	110	110	105	193	1,078	17.88%	278	800	452	626	711
3		Variance	0	0	0	(44)	61	(2)	(2)	(2)	(3)	(3)	(3)	(3)	(44)	(0)	(18.44%)	0	(0)			
4	Variable Pay	Budget/Plan	0	0	73	335	197	222	215	190	190	190	184	184	408	1,978		1,356	622			
5		Actual/F'cast	0	0	73	200	184	202	216	191	191	191	185	185	273	1,817	15.04%	1,293	524	838	979	1,250
6		Variance	0	0	0	(135)	(12)	(19)	1	1	1	1	1	1	(135)	(161)	(33.03%)	(63)	(97)			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	19	165	195	195	195	195	195	225	225	225	184	1,831		1,741	90			
11		Actual/F'cast	0	0	19	154	208	181	196	196	196	226	226	227	173	1,831	9.45%	1,741	90	1,163	668	1,074
12		Variance	0	0	0	(10)	14	(13)	2	2	2	2	2	2	(10)	(0)	(5.72%)	(0)	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	388	149	149	149	131	131	131	130	130	142	537	1,630		1,630	0			
17		Actual/F'cast	0	0	388	88	193	145	127	127	127	126	126	126	476	1,573	30.25%	1,573	0	1,573	0	0
18		Variance	0	0	0	(61)	44	(4)	(4)	(4)	(4)	(4)	(4)	(16)	(61)	(57)	(11.44%)	(57)	0			
19	Total	Budget/Plan	0	0	657	708	608	672	652	627	628	657	651	658	1,365	6,517		5,005	1,512			
20		Actual/F'cast	0	0	657	456	714	633	649	624	624	652	646	642	1,115	6,299	17.70%	4,884	1,415	4,026	2,273	3,035
21		Variance	0	0	0	(250)	107	(39)	(3)	(3)	(4)	(4)	(4)	(16)	(250)	(218)	(18.34%)	(121)	(98)			

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	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	8	132	162	162	162	162	162	192	192	192	140	1,527		1,437	90			
2		Actual/F'cast	0	0	8	149	149	149	164	164	164	194	194	194	157	1,527	10.27%	1,437	90	1,163	364	683
3		Variance	0	0	0	17	(13)	(13)	2	2	2	2	2	2	17	(0)	11.90%	(0)	0			
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	11	33	33	33	33	33	33	33	33	33	43	304		304	0			
11		Actual/F'cast	0	0	11	5	60	33	33	33	33	33	33	33	16	304	5.35%	304	0	0	304	391
12		Variance	0	0	0	(27)	27	0	0	0	0	0	0	0	(27)	0	(62.56%)	0	0			
13	Total	Budget/Plan	0	0	19	165	195	195	195	195	195	225	225	225	184	1,831		1,741	90			
14		Actual/F'cast	0	0	19	154	208	181	196	196	196	226	226	227	173	1,831	9.45%	1,741	90	1,163	668	1,074
15		Variance	0	0	0	(10)	14	(13)	2	2	2	2	2	2	(10)	(0)	(5.72%)	(0)	0			

Table C3 - Tracker

This Table is currently showing 0 errors

	E'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect		
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0		1	1,496	1,189	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	2,686	12,939	6,706	6,233	1,276	7,510	
	Month 1 - Actual/Forecast	0		0	1,495	639	1,123	1,014	1,287	1,267	1,275	1,356	1,350	1,383	2,134	12,188	6,027	6,161	1,350	7,510	
	Variance	0		(1)	(1)	(550)	147	(63)	(46)	(46)	(47)	(47)	(48)	(49)	(552)	(752)	(679)	(73)	73	1	
	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	0
	Total Plan	0		1	1,496	1,189	976	1,077	1,333	1,313	1,322	1,403	1,397	1,432	2,686	12,939	6,706	6,233	1,276	7,510	
	Total Actual/Forecast	0		0	1,495	639	1,123	1,014	1,287	1,267	1,275	1,356	1,350	1,383	2,134	12,188	6,027	6,161	1,350	7,510	
	Total Variance	0		(1)	(1)	(550)	147	(63)	(46)	(46)	(47)	(47)	(48)	(49)	(552)	(752)	(679)	(73)	73	1	
Net Income Generation	Month 1 - Plan	0		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725	
	Month 1 - Actual/Forecast	0		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725	
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	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		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725	
	Total Actual/Forecast	0		0	0	0	7	120	120	120	120	120	120	120	0	725	0	725	0	725	
	Total Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accountancy Gains	In Year - Plan	0		0	0	0	6,150	0	0	0	0	0	0	0	0	6,150	6,150	0	0	0	
	In Year - Actual/Forecast	0		0	0	0	6,150	0	0	0	0	0	0	0	0	6,150	6,150	0	0	0	
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	Month 1 - Plan	0		1	1,496	1,189	976	1,084	1,452	1,432	1,442	1,523	1,517	1,551	2,686	13,664	6,706	6,958	1,276	8,235	
	Month 1 - Actual/Forecast	0		0	1,495	639	1,123	1,021	1,406	1,386	1,395	1,476	1,469	1,502	2,134	12,913	6,027	6,886	1,350	8,235	
	Variance	0		(1)	(1)	(550)	147	(63)	(46)	(46)	(47)	(47)	(48)	(49)	(552)	(752)	(679)	(73)	73	1	
	In Year - Plan	0		0	0	0	0	6,150	0	0	0	0	0	0	0	6,150	6,150	0	0	0	
	In Year - Actual/Forecast	0		0	0	0	0	6,150	0	0	0	0	0	0	0	6,150	6,150	0	0	0	
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total Plan	0		1	1,496	1,189	976	7,234	1,452	1,432	1,442	1,523	1,517	1,551	2,686	19,814	12,856	6,958	1,276	8,235	
	Total Actual/Forecast	0		0	1,495	639	1,123	7,171	1,406	1,386	1,395	1,476	1,469	1,502	2,134	19,063	12,177	6,886	1,350	8,235	
	Total Variance	0		(1)	(1)	(550)	147	(63)	(46)	(46)	(47)	(47)	(48)	(49)	(552)	(752)	(679)	(73)	73	1	



AGENDA ITEM

5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(24/08/2021)
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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	Rowland Agidee, Head of Performance and Clinical Information
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Presented by	Prof. Kelechi Nnoaham, Executive Director of Public Health
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Approving Executive Sponsor	Executive Director of Public Health
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

ILG	Integrated Locality Group
RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
SOS	See on Symptom
PIFU	Patient Initiated Follow Up



DTOC	Delayed Transfers of Care
PMO	Programme Management Office
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
CT	Cwm Taf
POW	Princess of Wales
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
CTM	Cwm Taf Morgannwg
RCT	Rhondda Cynon Taff
SB	Swansea Bay
NPT	Neath Port Talbot
IMTP	Integrated Medium Term Plan
HMRC	HM Revenue & Customs
ED	Emergency Department
IPC	Infection Prevention and Control
SIs	Serious Incidents
NUSC	Non Urgent Suspected Cancer
USC	Urgent Suspected Cancer
SCP	Single Cancer Pathway
NOUS	Non Obstetric Ultra-Sound
SSNAP	Sentinel Stroke National Audit Programme
QIM	Quality Improvement Measures
SALT	Speech and Language Therapy
CAMHS	Child and Adolescent Mental Health Services
p-CAMHS	Primary Child and Adolescent Mental Health Services
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SIOF	Single Integrated Outcomes Framework
ONS	Office for National Statistics
WAST	Welsh Ambulance Service NHS Trust
WPAS	Welsh Patient Administration System
MPI	Master Patient Index
RCS	Royal College of Surgeons
WCP	Welsh Clinical Portal
WHSSC	Welsh Health Specialised Services Committee
TAVI	Transcatheter Aortic Valve Implantation
QIA	Quality Impact Assessment

1. SITUATION/BACKGROUND

- 1.1 This report sets out the UHB's performance in a number of areas, considered highest risk and includes performance against targets for the year to date, as set out in the Welsh Government (WG) Delivery Framework and other priority areas for the UHB.
- 1.2 This report aims to ensure the performance report highlights the key areas that the UHB is concentrating on, to improve service delivery and those posing the greatest risk. The summary assessment therefore highlights critical areas of performance which are below target for attention, and the actions being taken to drive improvement.
- 1.3 Appendix 1, the Performance Dashboard, sets out the UHB's performance against the unscheduled and planned care elements of the Welsh Government (WG) Delivery Framework as at the end of June 2021.
- 1.4 Executive Management and Strategic Scorecards are provided in sections 2.1 and 2.2 of this paper. The Executive Management scorecards indicates that the UHB is presently compliant with two of its twenty-nine performance measures and is making satisfactory progress towards delivering a further 4. There remains twenty-three measures where either performance is below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.



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

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

FINANCE					QUALITY				
Month 3	Variance from Plan				Indicators	Jul-21	Jun-21	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	% complaints final/interim reply within 30 working days	65.0%	65.0%	75%	<div></div>
	£m	£m	£m	£m		Jun-21	May-21	Target	RAG
Pay	-1.3	2.2		TBC	Single Cancer Pathway	58.5%	61.0%	75%	<div></div>
Non-Pay	2.5	1.4			Thrombolysis for Eligible Stroke Patients within 45 Minutes	n/a	30.0%	100%	<div></div>
Income	0.1	0.4				Apr-Jul 21	Apr-Jun 21	Target	RAG
Efficiency Savings	0.0	0.0		TBC	Cumulative rate of bacteraemia cases per 100,000 population - E.coli	96.03	95.66		N/A
Non-delegated (including WG allocations)	-1.6	-4.0			Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	32.01	32.19		
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	32.68	30.40		
Total	-0.27	-0.02	0	TBC		Jul-21	Jun-21	Target	RAG
					Number of Serious Incidents	n/a	2		
					Total number of Nationally Reportable Incidents	4	4		
					Number of Formal Complaints Received	105	149		TBC
					Number of Compliments Received	70	109		
PSPP	Current Month	Year to Date	Forecast Full Year		Falls Causing Harm (Moderate/Severe/Death) - Rolling 12 Month Position	7	8		
	95.3%	92.7%	94.0%	Target 95%	Hospital Acquired Pressure Ulcers (Grade 3/4) - Rolling 12 Month Position	26	23		
Capital Expenditure	£3.4m	£9.2m	£85.2m		Total number of instances of hospital acquired pressure ulcers - Rolling 12 Month Position	292	252		
					Number of Never Events in Month	0	1	0	<div></div>
						May-21	Apr-21		TBC
Agency as % of total pay costs	6.9%	6.8%	6.7%		Number of Potential Hospital Acquired Thrombosis (HATs)	4	12		
					Cardiac Arrest Calls	39	38		
PERFORMANCE					PEOPLE				
Indicators	Jul-21	Jun-21	Target	RAG	Indicators	Jul-21	Jun-21	Target	RAG
A&E 12 hour Waiting Times	1,149	857	Zero	<div></div>	Turnover	9.9%	9.5%	11%	<div></div>
Ambulance Handover Times >1 Hour	402	208	Zero	<div></div>	Exit Interview by Leaver	6.1%	2.0%	60%	<div></div>
RTT 52 Weeks	30,872	30,021	Zero	<div></div>		Jun-21	May-21	Target	RAG
Diagnostics >8 Weeks Waits	14,139	13,313	Zero	<div></div>	Sickness Absence Rate (in month)	7.1%	6.3%	4.5%	<div></div>
% of Stage 4 Urgent Patients Clinically Prioritised	17.9%	21.3%	100%	<div></div>	Sickness Absence Rate (rolling 12 month)	6.7%	6.6%		<div></div>
	Jun-21	May-21	Target	RAG	Return to Work Compliance	49.6%	48.9%	85%	<div></div>
Mental Health Part 1a - CAMHS	17.9%	40.0%	80%	<div></div>		Jul-21	Jun-21	Target	RAG
Mental Health Part 1b - CAMHS	76.9%	53.8%	80%	<div></div>	Fill Rate Bank	22.5%	28.5%	90%	<div></div>
FUNB - Patients Delayed over 100% for Follow-up Appointment	27,787	28,365	14,815	<div></div>	Fill Rate On-contract Agency (RNs)	51.3%	55.2%		<div></div>
Admission to Stroke Unit within 4 hrs	Data unavailable	16.0%	SSNAP Average 54%	Data unavailable	PADR	55.0%	54.6%	85%	<div></div>
Out of Hours (OOH)/111	In development - data not yet available				Statutory and Mandatory Training - All Levels	59.1%	57.3%	85%	<div></div>
Delayed Discharges waiting for packages of care rate per 100,000 population	Jul-21	Jun-21	All Wales Average	RAG	Statutory and Mandatory Training - Level 1	65.8%	66.0%		<div></div>
	10	7.3	8.6	<div></div>	Job Planning Compliance (Consultant)	16.0%	17.0%	90%	<div></div>
					Job Planning Compliance (SAs)	16.0%	15.0%		<div></div>
					Direct Engagement Compliance (M&D)	98%	97%	100%	<div></div>
					Direct Engagement Compliance (AHPs)	67%	66%	100%	<div></div>
					RN Shift Fill by Off-contract	202.5	31.0	0 Hours	<div></div>

2.2 Quadruple Aims "At a Glance" are summarised below providing detail on key performance indicators.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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

Measure	Target	Current Period	Last Period
% of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20 27.8%	not available
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q4 20/21 97.3%	Q3 20/21 96.4%
% of children who received 2 doses of the MMR vaccine by age 5	95%	92.8%	93.3%
% of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	2020/21 3.99%	2019/20 3.59%
% of those smokers who are CO-validated as quit at 4 weeks	40% Annual Target	not available	38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 Qtr Reduction Trend	Q3 20/21 311.6	Q3 19/20 419.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse	4 Qtr Improvement Trend	Q4 20/21 70.8%	Q3 19/20 66.6%
Uptake of influenza vaccination among:	65 year old and over	75%	75.4%
	under 65's in risk groups	55%	46.3%
	pregnant women	75%	74.6%
	health care workers	60%	67.8%
Uptake of cancer screening for:	bowel	60%	55.0%
	breast	70%	74.1%
	cervical	80%	72.8%
			not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	70.2%
	over 18 years		91.3%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed	Annual Improvement	2019/20 51.9%	2018/19 50.0%

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

Measure	Target	Current Period	Last Period
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20 65.4%	not available
% of children regularly accessing NHS primary dental care within 24 months	4 Qtr Improvement Trend	Q2 20/21 62.3%	Q1 20/21 64.2%
% of Out of Hours (OOH)/111 patients prioritised as P1/CHC that started their definitive clinical assessment within 1 hour of their initial call being answered	90%	Jan-20 97.0%	Dec-19 91.2%
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		53.5%
Number of ambulance patient handovers over 1 hour	Zero	Jul-21 402	Jun-21 208
% 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%		70.2%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero		850
% of survival within 30 days of emergency admission for a hip fracture	12 Month Improvement Trend	Apr-21 66.7%	Apr-20 58.6%
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	SSNAP Average 59.3%		16.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	SSNAP Average 85.2%	Jun-21 not available	May-21 75.6%
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%		61.0%
Number of patients waiting more than 8 weeks for a specified diagnosis	Zero	Jul-21 13,365	Jun-21 13,313
Number of patients waiting more than 14 weeks for a specified therapy	95%		267
% of patients waiting less than 26 weeks for treatment	Zero	Jul-21 272	Jun-21 48.4%
Number of patients waiting more than 36 weeks for treatment	Zero		43,634
Number of patients waiting for a follow-up outpatient appointment	74,734	106,041	106,040
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	14,815	Jun-21 28,365	May-21 28,365
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	95%		35.4%
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	2019/20 2.5	not available
% 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)		26.7%	41.9%
% 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)		65.3%	61.7%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS (for those age under 18 years)	80%	Jul-21 72.2%	May-21 62.5%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHS (for those age 18 years and over)		83.7%	83.8%
% of children and young people waiting less than 26 weeks to start a neurodevelopmental assessment		Jul-21 48.3%	Jun-21 44.8%
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-21 83.8%	May-21 81.2%
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E.coli		96.0%
	S.aureus bacteraemia	Apr-21 32.01	Apr-21 32.19
	C.difficile	to 32.68	to 30.40
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp	Jul-21 18.01	Jun-21 17.88
	P. aeruginosa		5.36
Number of potentially preventable hospital acquired thromboses	4 Qtr Reduction Trend	Q1 - Q3 20/21 4	Q4 19/20 2

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

Measure	Target	Current Period	Last Period
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19 6.33	2016/17 6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20 90.8%	not available
Overall staff engagement score	Annual Improvement	2020 71%	not available
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Jul-21 55.0%	Jun-21 54.6%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018 53.0%	2016 54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Jul-21 65.8%	Jun-21 65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Jun-21 7.1%	Jun-20 6.3%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2020 61.4%	2018 75.0%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 20/21 52.7%	Q3 20/21 62.2%

Quadruple Aim 4:
Wales has a
higher value
health and social
care system that
has demonstrated
rapid
improvement and
innovation,
enabled by data
and focused on
outcomes

Measure	Target	Current Period	Last Period
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1-Q3 20/21 1626	2019/20 1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	May-21 2.28%	Apr-21 2.37%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	May-21 85.7%	Apr-21 42.5%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	May-21 71.4%	Apr-21 56.3%
% 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	Apr-21 0.6%	Apr-20 2.8%
All new medicines recommended by AWMMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation	100%		98.8%
Total antibacterial items per 1,000 STAB-PUs (specific therapeutic age related prescribing unit)	To be confirmed	Q3 20/21 279.2	Q2 20/21 262.5
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1437
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.17%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q3 20/21 5240.6	Q2 20/21 5017.9
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q2 20/21 72.3%	Q1 20/21 66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q4 20/21 25.6%	Q3 20/21 21.6%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q4 20/21 6.8%	Q3 20/21 6.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Apr-21 667	Mar-21 571
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-21 6.7%	Dec-20 6.1%
% of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme	Annual Improvement	2019/20 94%	2018/19 not available



2.2 Quality

2.2.1 Never Events

There were zero never events reported in July 2021, with one never event reported in June 2021. The never event investigation process is currently ongoing, led by the Central SI Team and is due for completion by 31st August 2021. All immediate actions were taken at the time and a full RCA investigation has been completed and is in the final stages. The patient is fully aware of the investigation.

2.2.2 Serious Incidents

On the 14th of June 2021, the All Wales Nationally Reportable Incident Framework was launched. 2 Serious Incidents and 8 Nationally Reportable Incidents were reported in June and July 2021.

2.2.3 Complaints

During June and July 2021, there were two hundred and fifty four complaints managed through Putting Things Right regulations. The main themes from complaints relate to:

- Communication: these are predominantly failures in communication between health board staff and patients
- Treatment Errors: these relate to failure to treat, inappropriate treatment, and missed diagnoses.
- Delays in access to care, such as treatment waiting time and onward referral
- Potentially inappropriate or unsafe discharge and discharge planning

The Covid response has had an impact on the UHB's ability to investigate and respond to concerns within thirty days, with considerable differences in compliance across the ILG's being observed. The factors influencing these differences include levels of resource allocation towards the management of concerns; differences in complexity of concerns and the logistical management of the complaints process. Work is ongoing to identify the resource/process used within each ILG in order to identify a preferred and therefore consistent model to managing and learning from concerns across the UHB.

Complainants have received acknowledgement and explanation where there have been any delays in providing a response to them.

Improvements and learning from concerns will be strengthened by the appointment of a centrally based Head of Complaints and Legal Services, providing a supportive steer for complaints management and response and

a more streamlined framework for cross pollination of learning and improvement.

2.2.4 Compliments

During June and July 2021, there were one hundred and seventy nine compliments reported to the PALS team; an increase on the one hundred and forty four received in the previous two month period.

2.2.5 Hospital Falls

There was a slight decrease in falls reported for June and July 2021 (451) compared to the previous 2 months (480).

Progress against the UHB's ambition will be monitored and supported through the falls prevention group which will be re-established when the current demands on staff are less acute.

2.2.6 Hospital Acquired Pressure Damage

The total number of patients reported as having suffered hospital acquired pressure damage for June and July 2021 is five hundred and forty four. The number of Grade 3 & 4 hospital acquired pressure damage incidents reported for June and July 2021 is forty nine. A 12.5% decrease compared to the previous 2 months (56).

An improvement trajectory of a 50% reduction in Grade 3 and 4s has been set for 2021-22. Pressure ulcer scrutiny panels are held in each district general hospital and within community settings. Scrutiny panels drive accountability and quality improvement relating to pressure ulcer prevention and management, providing feedback and learning locally and potentially across the organisation.

Progress will be monitored and supported through the pressure ulcer improvement group, which will also be re-established shortly under the direction of the RTE Nurse Director.

A new policy for the prevention and management of pressure damage has been drafted for comments. Given the financial and humanitarian cost of pressure ulcers, this potentially avoidable injury is increasingly becoming a key policy and professional target within our organisation.

2.3 People

In summary the main themes of the People Scorecard are:



- Overall PDR (non-medical staff) compliance for July 2021 is 55.0% and is a marginal improvement on May (54.6%).
- Combined core mandatory training compliance for July 2021 averages 59.1% with overall CTM compliance for Level 1 being 65.8%.
- The overall Cwm Taf rolling twelve month sickness rate to June 2021 is 6.71%. In comparison to the previous month, occurrences of both short and long-term sickness absence increased during June by 13.1% and 8.6% respectively.

2.4 Performance

2.4.2 Elective Services

Pages 2 and 3 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. Whilst treatment continues to be undertaken in independent hospital capacity, the granularity of data has not been maintained.

The provisional July position for Referral to Treatment Times (RTT) is:

- 30,872 patients waiting over 52 weeks
- 43,624 patients waiting over 36 weeks (includes the numbers waiting over 52 weeks)
- 49.6% of patients waiting <26 weeks

The increasing trend in elective waiting times largely continues, albeit that the total Stage 4 waiting list has reduced, aided by the waiting list validation exercise. Provisionally, at the end of July the treatment waiting list was 15,605 patients, of which 4,318 were urgent patients.

The Planned Care Recovery Programme has commenced with demand and capacity work having been completed for both RTT and Cancer waiting times.

The ambition remains to return to no patients waiting over 36 weeks for elective treatment by the end of March 2023 and to do so in a sustainable way. The milestone for March 2022 is to have no patients waiting over 52 weeks.

2.4.3 Unscheduled Care

As at the end of July the overall compliance for waiting times at all CTM's Emergency Units is:

- The total number of attendances were 16,708
- 67.4% of patients were admitted, discharged or transferred from our minor injuries and emergency units within 4 hours of arrival



- 1,149 patients were required to wait more than 12 hours in our Emergency Departments for reasons other than clinical necessity.

Further detail in regards to unscheduled care indicators is provided in Appendix 1.

2.4.3 Cancer Waiting Times

The end of June position for Single Cancer Pathway (SCP) is 58.5% of patients started first definitive treatment within 62 days from point of suspicion. The total number of patients starting treatment was 253 with 148 patient breaches.

As at 1st August 2021, the total number of active patients waiting at first outpatient stage of their pathway currently stands at 1,897 patients, while patients waiting at the diagnostic stage accounts stands at around 944 patients.

2.4.4 Stroke services

Recent clinical dataset and reporting changes introduced in SSNAP have affected the retrieval of Quality Improvement Measures (QIMs) this month. Consequently, provisional performance levels are only available for PCH at the time of writing this report. As detailed on page 8 of the dashboard, the provisional compliance for the stroke unit at PCH during June for the four QIMs is:

- Admission to stroke unit within 4 hours – 59.2%
- 45 minute door to needle time – 60.0%
- CT scan within 1 hour – 57.1%
- Stroke Consultant within 24 hours – 40.8%

2.4.5 Mental Health Measure

Compliance against Part One of the Mental Health Measure fell slightly during June to 57.0% from 59.6% in May continuing to remain below the 80% target.

Further compliance figures across the range of services are shown on page 10 and 11 of the dashboard, where compliance in Neurodevelopment and Specialist CAMHS services continue to be low. Part 1a of the Mental Health Measure for CAMHS continues to remain under target with a further deterioration in compliance to 17.9% from 40.0% in the previous month.



Compliance for Psychological Therapy further improved to 83.6% during June (81.2% in May) and is the second consecutive month where the target of 80% has been surpassed.

Psychological Therapy Waiting Times					
	M&C	RTE	Bridgend	CTM	CTM
Reporting Period June 2021	CMHT	CMHT	LPMHSS	All other PT services	Total
0 - 26 weeks	44	66	174	156	440
27 - 35 weeks	10	5	3	11	29
36 - 51 weeks	6	1	3	11	21
52+ weeks	12	1	7	15	35
Total Waits	72	73	187	193	525
% <26 weeks	61.1%	90.4%	93.0%	80.8%	83.8%
% >36 weeks	25.0%	2.7%	5.3%	13.5%	10.7%
% >52 weeks	16.7%	1.4%	3.7%	7.8%	6.7%

2.5 Finance

Full details will be provided in the Finance report.

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

- 3.1 The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2 The following issues/risks have been identified in relation to the **Quality** quadrant:
- 3.3 As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.
- 3.4 Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.
- 3.5 An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.
- 3.6 Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas.



Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order to provide excellence in service delivery to the population of CTM.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail 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 Well-being Objectives	Provide high quality, evidence based, and accessible care



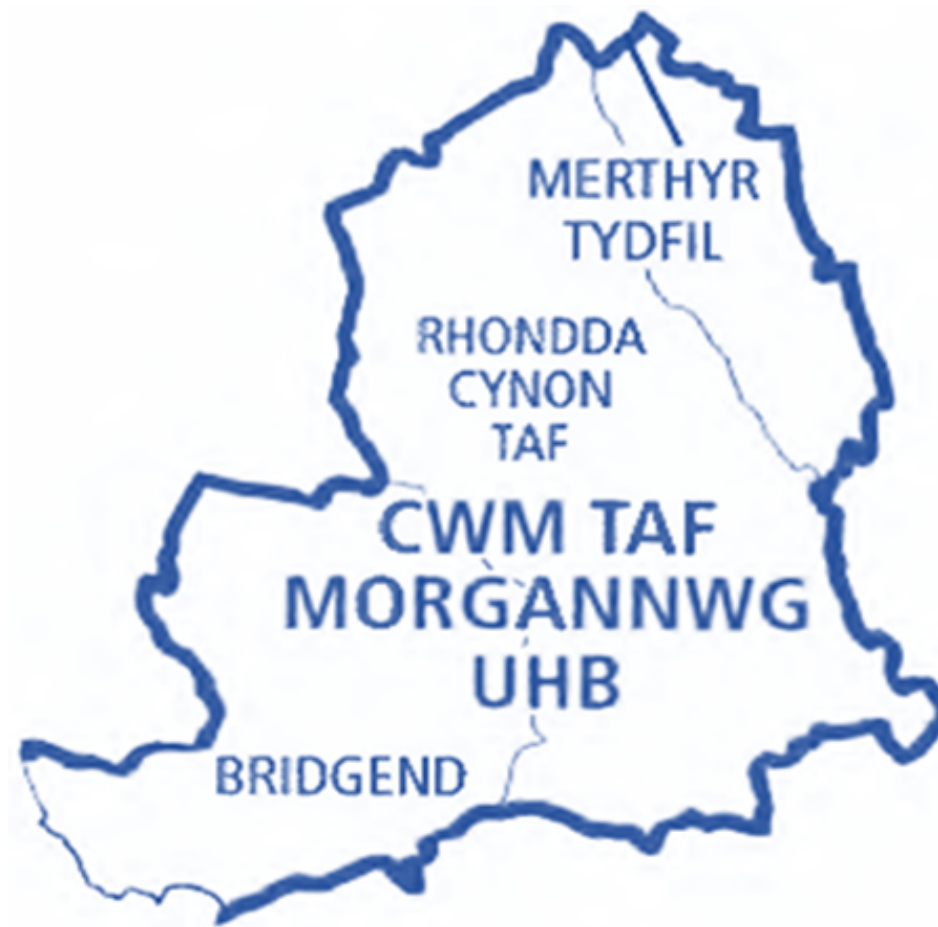
5. RECOMMENDATION

- 5.1 The Planning, Performance & Finance Committee is asked to **NOTE** the Integrated Performance Dashboard together with this report.

Materion Penodol i'w Hystyried / Specific Matters for Consideration Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board Awst 2021 / August 2021

Click on one of the boxes to navigate to that section of the report

Resetting Cwm Taf Morgannwg – Inpatient / Daycase Activity	Resetting Cwm Taf Morgannwg – Outpatient Attendances
Referral to Treatment Times (RTT)	Diagnostics & Therapies Endoscopy Waits & Surveillance Monitoring
Follow-up Outpatients Not Booked (FUNB)	Emergency Unit Waits
Emergency Ambulance Services	Stroke QIMs / Delayed Transfers of Care
Single Cancer Pathway (SCP)	CTM Mental Health Compliance detailing the Adult Mental Health Services
Child & Adolescent Mental Health Services (CAMHS)	WHSSC – Welsh Health Specialised Services Committee
Quadruple Aims - At a Glance	



Cenhadaeth / Mission:

Adeiladu cymunedau iachach gyda'n gilydd / Building healthier communities together

Quality Health and Care

for Mrs Jones, her family and her community

Person Centred Outcomes perspective

Prudent Services perspective

A Learning and Growth Culture perspective

Resource Sustainability perspective

Gweledigaeth / Vision:

Ym mhob cymuned mae pobl yn dechrau, yn byw ac yn gorffen bywyd yn dda, gan deimlo eu bod yn cymryd rhan yn eu dewisiadau iechyd a gofal /

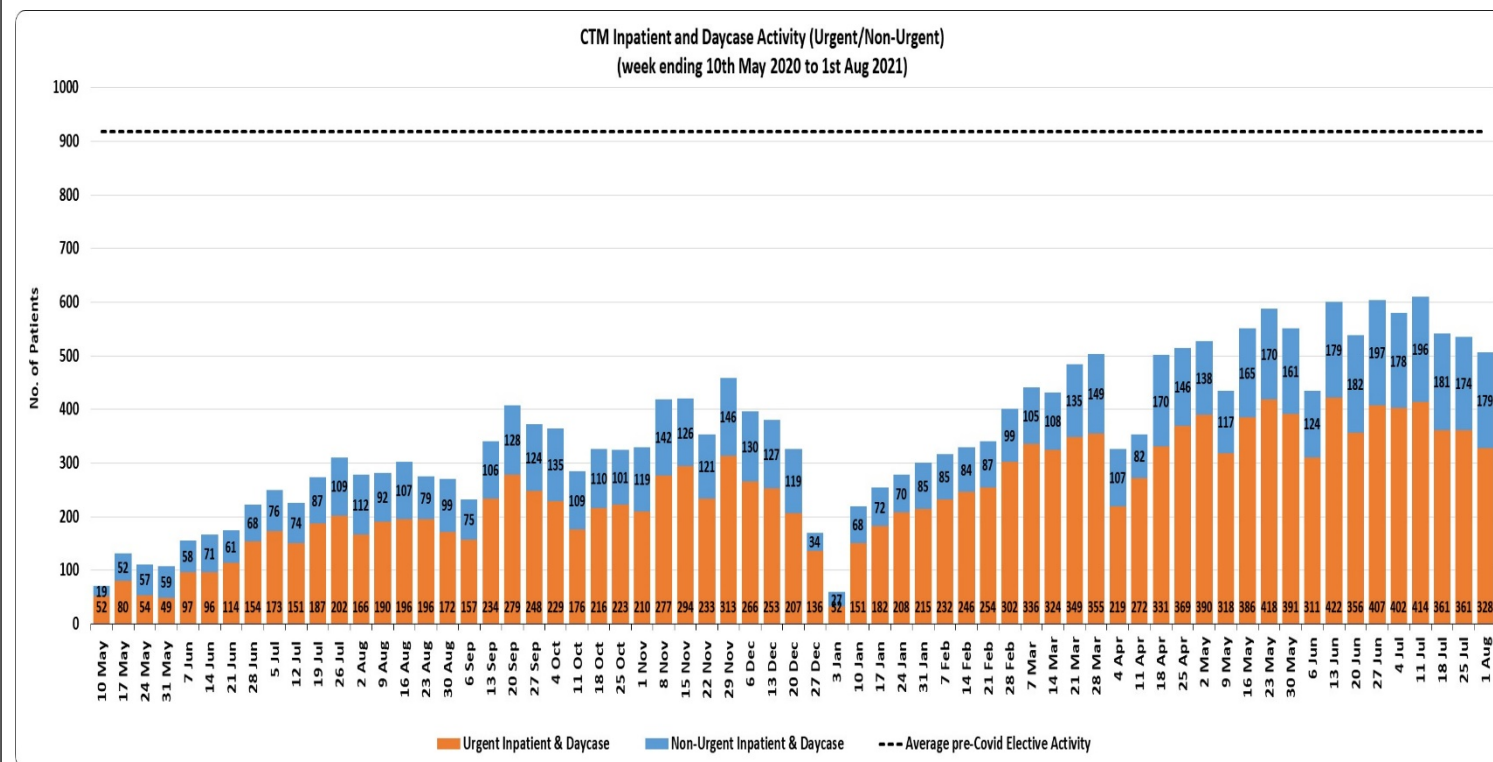
In every community people begin, live and end life well, feeling involved in their health and care choices

Strategic Well-being Objectives:

- Work with communities and partners to reduce inequality, promote well-being and prevent ill-health.
 - Provide high quality, evidence based, and accessible care.
- Ensure sustainability in all that we do, economically, environmentally and socially.
 - Co-create with staff and partners a learning and growing culture.

Resetting Cwm Taf Morgannwg – Inpatient / Daycase Activity

Activity Undertaken within Internal Hospital Capacity – Inpatient and Daycase



Internal Elective Activity – Top 10 Specialties with highest volumes of treatments carried out within internal capacity

Elective Activity - Top 10 Specialties July 2021	Average Elective Activity July 2021	Pre-covid average	Variance
General Surgery	113	210	-97
General Medicine	107	147	-40
Urology	77	101	-24
Gastroenterology	54	53	1
Ophthalmology	53	99	-46
Trauma & Orthopaedic	52	118	-66
Gynaecology	31	32	-1
ENT Surgery	19	33	-14
Cardiology	17	25	-8
Oral Surgery	9	21	-12

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

As per the top left chart there appears to have been an overall slight increase in urgent activity in July (average c.385 cases per week) compared to June (average c.374 cases per week). There was a similar slight increase in non-urgent activity for the same period with the July average at c.182 cases per week compared to c.170 for June.

Urgent activity appears to have reduced for the last 2 weeks of July, whilst non urgent appears to be consistent.

Year to date urgent elective activity averages at c.359 cases per week, with volumes recovering from the 2020/21 levels. Total elective cases during the same period, including those prioritised as non-urgent, have averaged at 543 cases per week and are planned to increase further.

The table below represents outsourced activity as at 11/08/2021.

Speciality Updated 11/08	M4 CAP	Sent	Return ed	Treat ed	Dated	O/S
SPIRE - Ortho	360	281	16	104	261	3
SPIRE - Gynae	120	63	8	17	35	20
NUFFIELD - Ortho	108	106	14	43	49	0
Gen Surgery	56	49	6	24	19	0
Gynae	40	41	3	15	23	0
Pain	100	0	0	0	0	0
Ophthalmology	100	130	7	40	83	0

Data Source: Elective Care Recovery Outsourcing Work Stream

The table, top right, details the “Top Ten” specialties that have carried out the highest average volumes of elective activity during July compared to the average pre-Covid levels. As can be seen current elective activity is approximately 40% less in General Surgery, T&O almost 56% down on pre-Covid levels whilst Ophthalmology is 46.5% fewer.

What actions are we taking & when is improvement anticipated?

RTE ILG

Medicine:

- 5/10 interventions have commenced
- 8 new interventions to be agreed

Surgery:

- 9/15 interventions have commenced
- 3/15 planned to commence
- 3/15 schemes changed and new interventions to be agreed

Mental Health service recovery:

- 4 interventions to be agreed

Radiology interventions:

- 8 interventions to be agreed

Pharmacy:

- 1/1 Additional pharmacist appointed

MC ILG

Medicine:

- Adhoc additional OP clinics organised Gastro continuing
- Endoscopy Insourcing continues – issues with staffing lists
- Medicine additional activity schemes reviewed with Nicky Croxon

Mental Health service recovery:

- Plans developed for Memory Assessment service, Integrated Autism Service, Primary Care Group Interventions and Psychological Therapies.
- Mental Health team included as part of the weekly performance meetings

Outsourcing

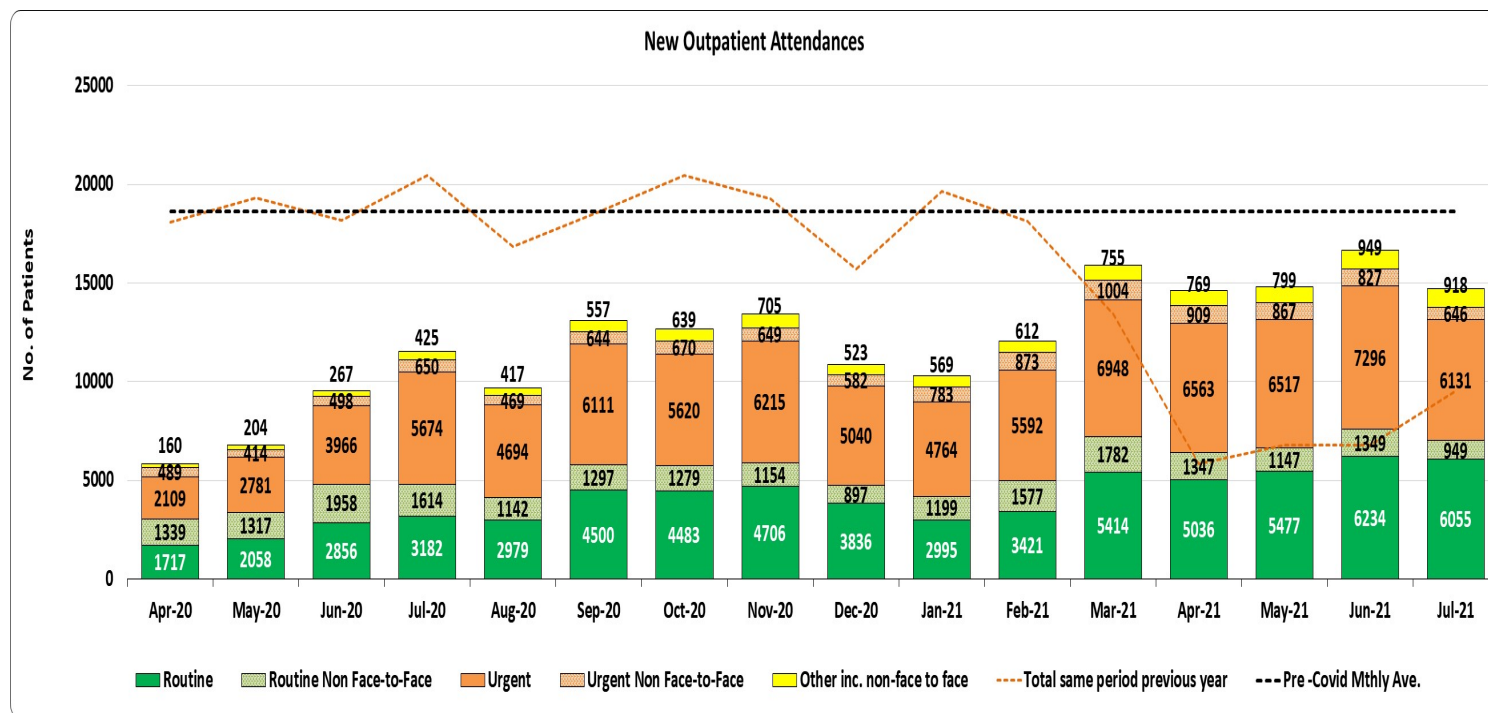
- Private Providers Contracts: Contracts in place compliantly. Spire July 2022, Nuffield Sept 2022. 6 month commitment agreed.
- Activity, Demand and Capacity: Capacity opportunities being scoped. Theatres capacity PoW/weekend Ophthalmology list with Nuffield.
- Internal meeting established to address allocation, financial tracking, capacity gaps and provider issues.

What are the main areas of risk?

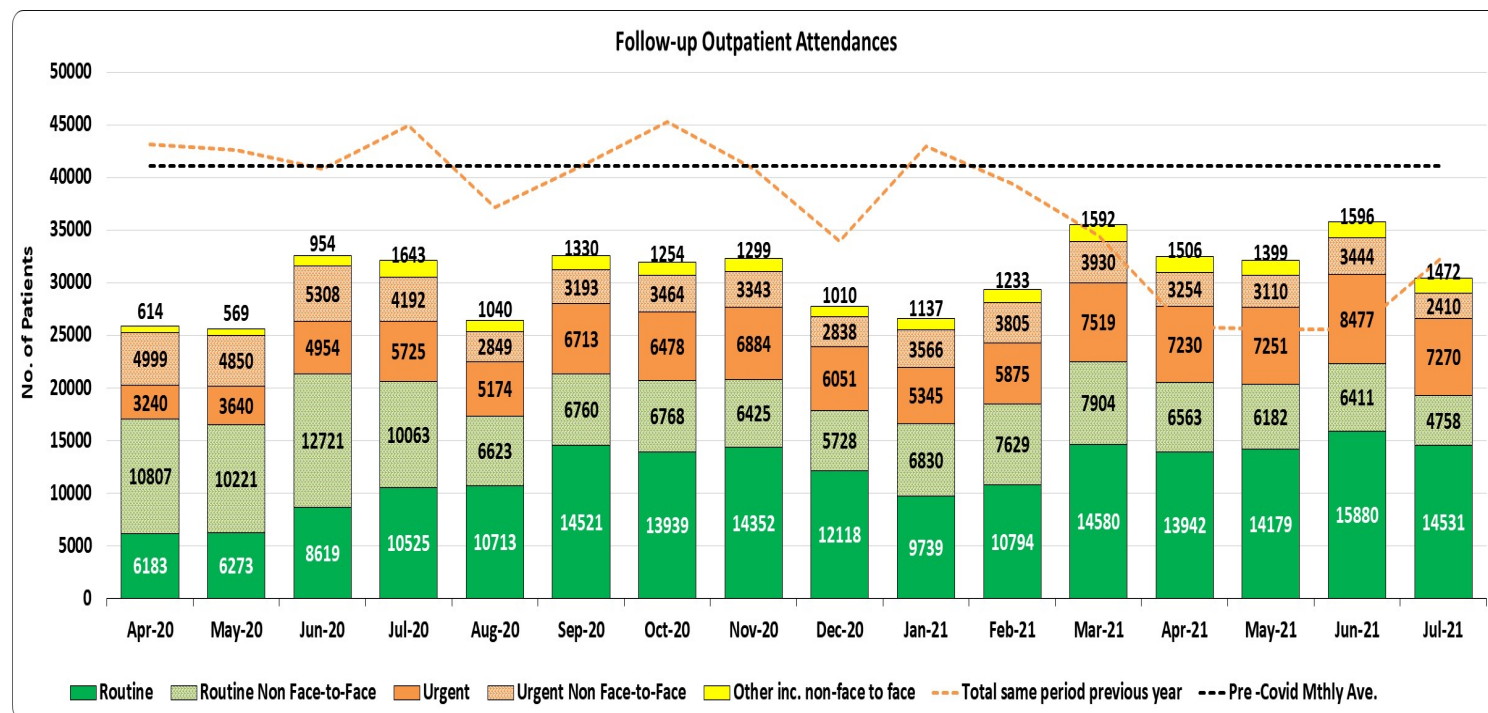
- A4C and staff engagement for additional activity: Scoping all possibilities and sites
- Clinical support services capacity
- 3rd Wave Covid
- Physical space
- Recruitment: Ability to recruit to priority schemes and Short term agency locum posts being advertised

Resetting Cwm Taf Morgannwg – Outpatient Attendances

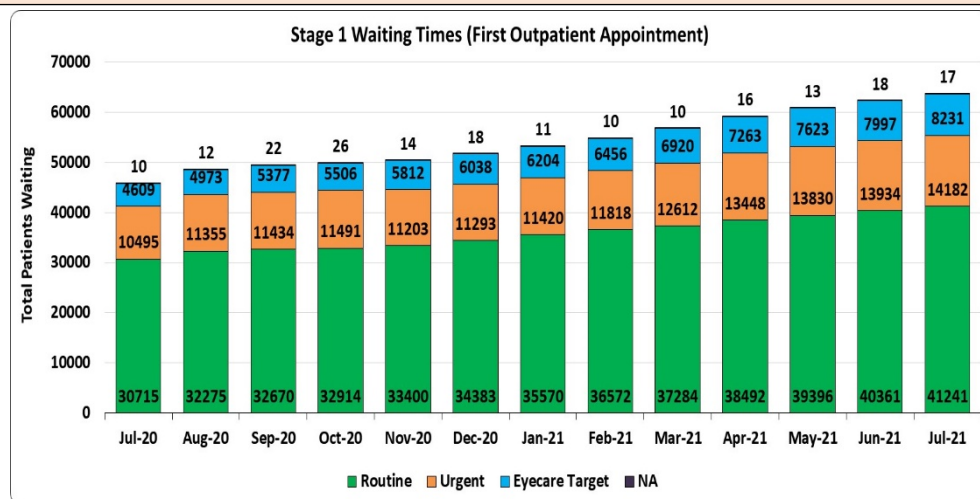
New Outpatient Attendances



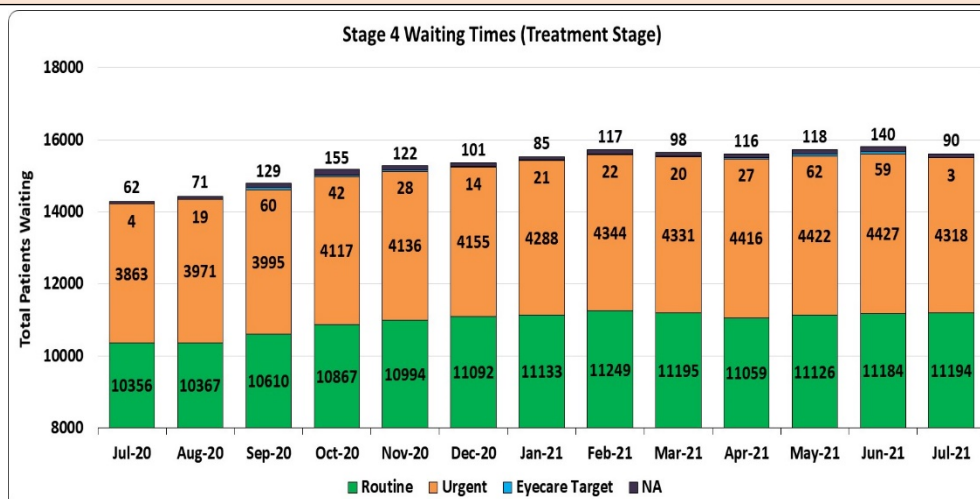
Follow-up Outpatient Attendances



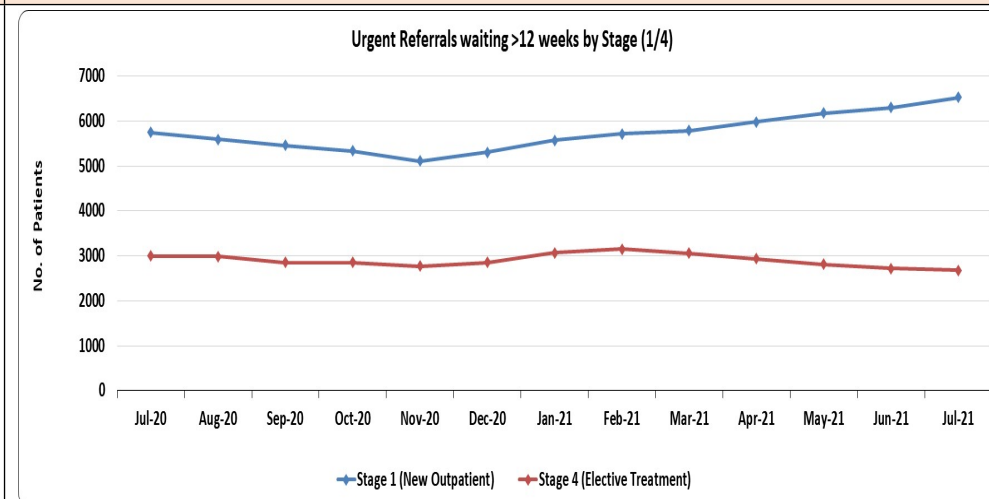
Waiting times Stage 1 (New Outpatients)



Waiting times Stage 4 (Treatment Stage)



Urgent referrals waiting >12 weeks (Stages 1 & 4)



How are we doing?

As at the end of July, there were 63,671 patients awaiting a new outpatient appointment of which 14,182 patients were categorised as urgent and 8,231 were ophthalmic patients. This represents a 38.9% increase on the 45,829 patients waiting at the end of June 2020.

At the end of July, the treatment waiting list was 15,605 patients, of which 4,318 were urgent patients. Having peaked at 15,810 patients at the end of June, the July positions did see a slight recovery due to the continued increase in elective activity volumes.

The number of patients prioritised as urgent waiting in excess of 12 weeks for an initial outpatient consultation is increasing steadily at c.200 cases per month, whilst the urgent treatment backlog is now decreasing, reaching 2,681 at the end of July 2021 (2,722 end of June).

What actions are we taking & when is improvement anticipated?

Outpatient Transformation programme Board: Paediatric Neuro Development assessment and management pathways and Gynaecology – Post menopausal bleeding pathway have been proposed for review. An Outpatient funding bid has been submitted to Welsh Government– approval confirmed for first bid amount.

Stage 1 52+ Week Validation Project: Gastro (RTE), Endocrine (MC) and OMFS (MC) pilots started 10/08. Dermatology process will focus on administrative validation and not include patient questionnaire. OMFS patient group to increase by 200 patients to take the pilot number up to approx. 300.

SOS/ PIFU: Band 7 x3 posts interviewed for 11/08.

FU Validation Team: Agreement on band 4 x 3 WTE and band 5 x1 WTE to start the validation team. Agreement reached 22/07 that band 4 posts to sit in ILG's.

What are the main areas of risk?

Emerging operational pressures affecting organisational ability to scale up elective treatments pose risks to our recovery programme.

Furthermore, the recent announcement relating to the NHS pay deal for additional hours for medical staff will impact the ability to deliver additional sessions outside of job plans.

SOS/ PIFU: due to low numbers being interviewed there is a risk of non-appointment to vacancies.

FU Validation Team: Slow progress setting up validation team.

Referral to Treatment Times (RTT) – July 2021 (Provisional Position)

Number of patients waiting >52 weeks – Target Zero

30,872

As illustrated below the provisional position across Cwm Taf Morgannwg for patients waiting over 52 weeks for treatment at the end of July is 30,872. The breakdown of the 30,872 patients is as follows:

- 7,208 patients relate to Merthyr & Cynon ILG waiting lists
- 11,404 patients relate to Rhondda & Taff Ely ILG waiting lists
- 12,260 patients relate to Bridgend ILG waiting lists

Please note that July's data has now been mapped to reflect the ILG hosted services namely for the specialties, Dermatology, ENT, Ophthalmology & Urology, hence a transposition in the number of patients waiting between the ILG's.

Number of patients waiting >36 weeks – Target Zero

43,624

As illustrated in the chart, the provisional position for patients waiting over 36 weeks for July is 43,624 patients across Cwm Taf Morgannwg, which is an increase of 1,287 from June (N.B. includes the 30,872 patients waiting over 52 weeks):

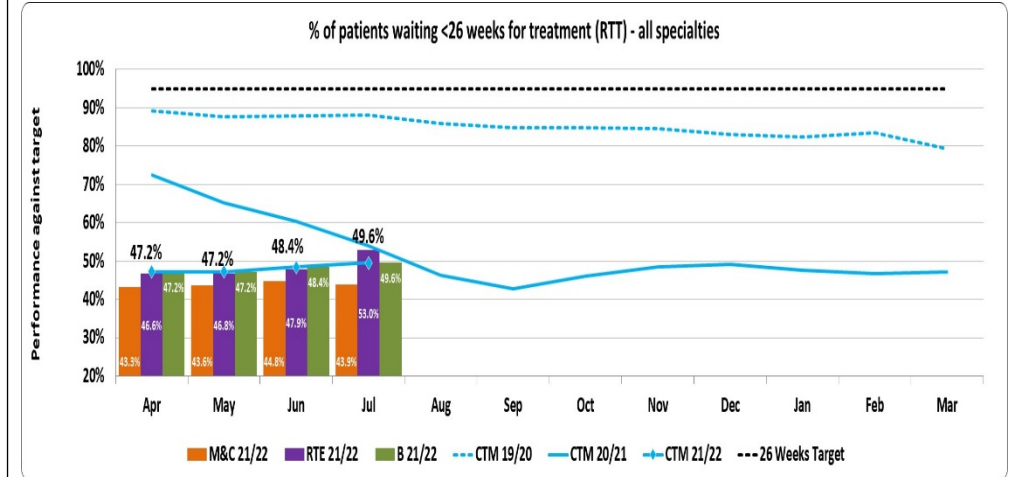
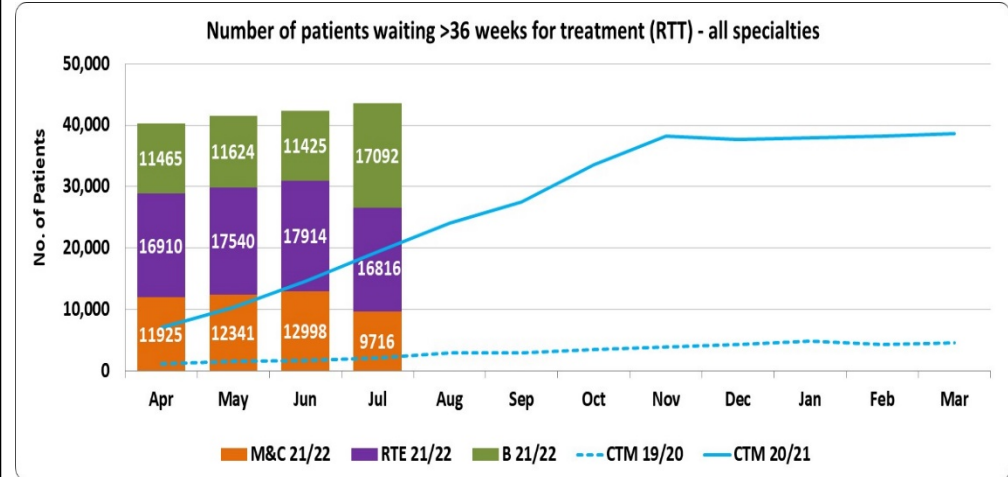
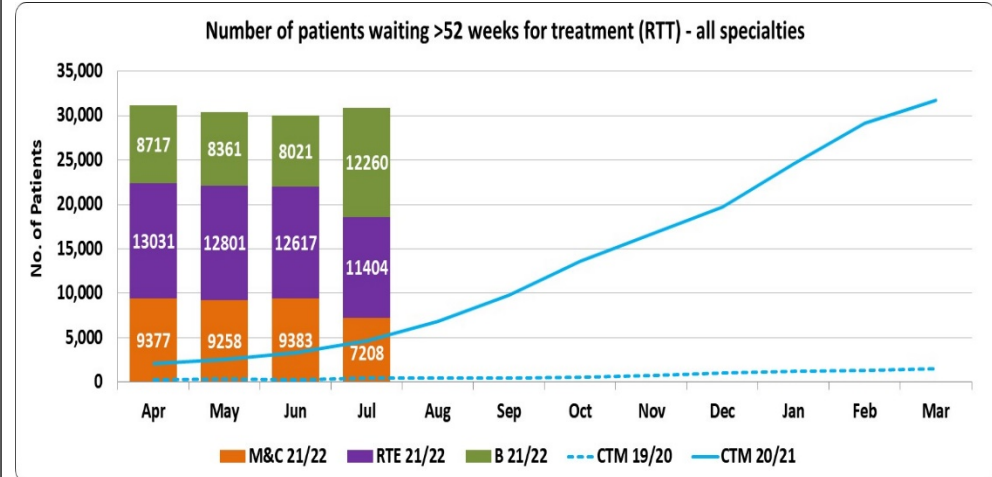
- 9,716 patients relate to Merthyr & Cynon ILG waiting lists
- 16,816 patients relate to Rhondda & Taff Ely ILG waiting lists
- 17,092 patients relate to Bridgend ILG waiting lists

% of patients waiting under 26 weeks – Target 95%

49.6%

In terms of the 26-week position (including the provisional direct access Diagnostic & Therapy figures), the provisional position for July across Cwm Taf Morgannwg is 49.6%. A level which has been relatively stable since October 2020. The position within each ILG is as follows:

- 43.9% Merthyr & Cynon ILG waiting lists
- 53.0% Rhondda & Taff Ely ILG waiting lists
- 48.8% Bridgend ILG waiting lists



How are we doing?

The ambition within the IMTP for 2021/22 is to have no patients waiting over 52 weeks by the end of March 2022. Provisionally, as at the end of July, >52 week waiting list volumes increased by 2.8% on the previous month bringing the total to 30,872. However, compared to the position at the end of March 2021 the July position does represent a 2.8% reduction in patients waiting over 52 weeks.

As part of this response, the stage 1 over 52 weeks validation project is due to start in August in line with the Welsh Government directive. This will result in patients who no longer wish to remain on the waiting list/ non-responders being removed and placed on 'see on symptoms' pathways for 6 months to mitigate any issues that may arise.

What actions are we taking & when is improvement anticipated?

Under the Elective Care Recovery Portfolio each ILG have worked to develop targeted schemes in order to address their growing backlogs, these range from additional capacity schemes to projects that see a different way of delivering care.

We continue to work with Welsh Government on the National Programmes for improvement (at specialty level) and indeed work with our neighbouring Health Boards on delivering care.

What are the main areas of risk?

Main areas of risk include the long waiting patients waiting over 36 and 52 weeks for a first appointment.

As part of the validation of the stage 1 over 52 weeks, and as a mitigation against the long waits, patients will be sent a questionnaire to report any changes in conditions to enable a clinical review of the returned questionnaire against the original referral form to inform a decision on referral classification.

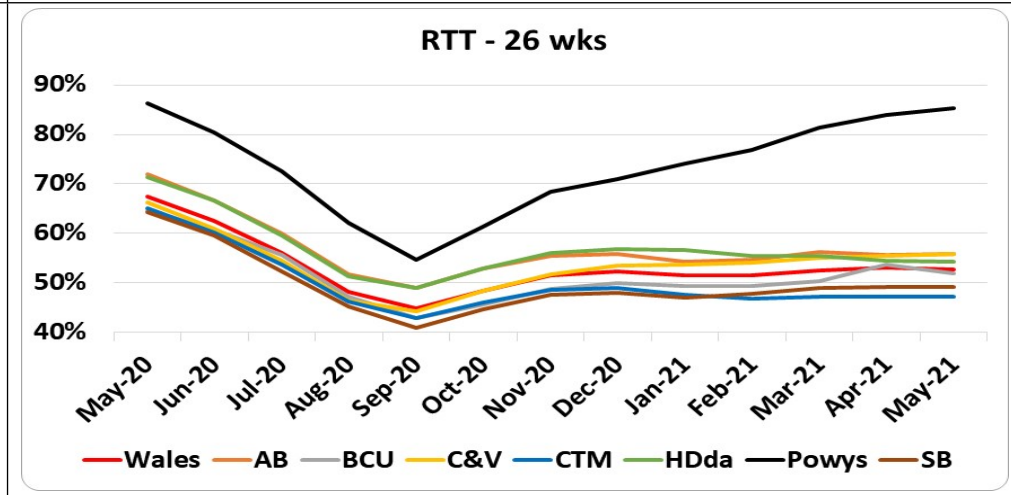
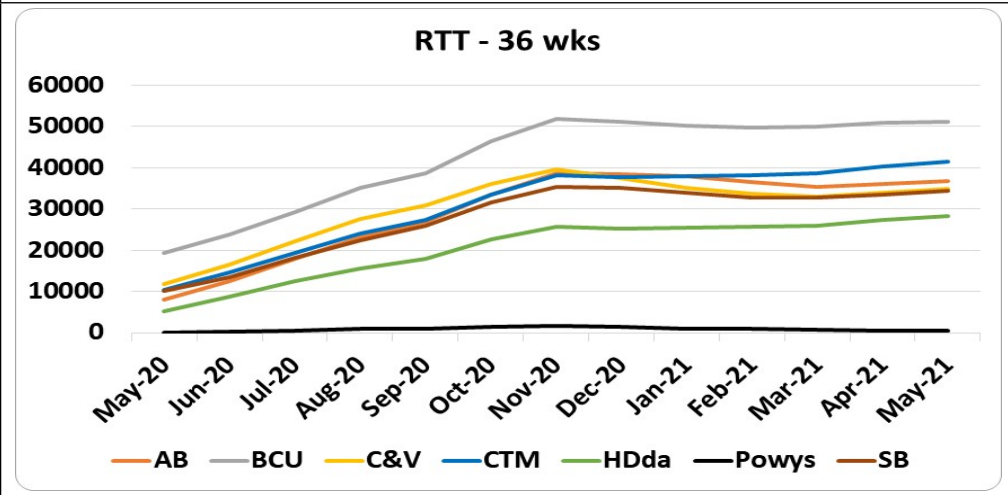
Another key risk to note is the increase of referrals in the system that has been increasing but not yet reached pre-Covid levels. This increase will continue to add pressure in the system.

How do we compare with our peers?

As at May 2021, CTM has the lowest compliance for 26 weeks RTT (47.2%) out of all the other health boards in Wales. As would be expected the best performing health board is Powys (85.4%), however the best performing of the acute health boards is ABUHB (56.0%).

For the same period, CTM is ranked 6 out of the seven the health boards for the number of patients waiting over 36 weeks RTT.(41,505) with BCU ranked 7th (51,189). Again, best performing is Powys (557), with the best performing of the acute health boards being SBUHB (34,447).

Pressures continue to be felt across all elements of the patient's pathway across all NHS Wales health boards. Across health boards, the outpatient activity still stands at about 70% of pre-Covid activity levels and this continues to have a large impact on the ability to see patients and address waiting lists.





Diagnostics & Therapies – July 2021 (Provisional Position) / Endoscopy Waits & Surveillance Monitoring

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

13,365

Service	Sub-Heading	Waiting >8 weeks			
		M&C	R&T	Bridgend	CTM
Cardiology	Echo Cardiogram	38	25	1026	1089
Cardiology Services	Cardiac CT	0	13	0	13
	Cardiac MRI	0	4	0	4
	Diagnostic Angiography	0	39	35	74
	Stress Test	7	39	3	49
	DSE	76	5	86	167
	TOE	0	0	2	2
	Heart Rhythm Recording	15	4	118	137
Bronchoscopy	B.P. Monitoring	1	0	2	3
		0	0	0	0
Colonoscopy		166	488	0	654
Gastroscopy		691	699	2	1392
Cystoscopy		0	418	0	418
Flexi Sig		431	659	2	1092
Radiology	Non-Cardiac CT	0	83	0	83
	Non Cardiac MRI	0	559	0	559
	NOUS	0	7865	0	7865
	Non-Cardiac Nuclear Medicine	0	20	0	20
Imaging	Fluoroscopy	0	80	0	80
Physiological Measurement	Urodynamics	33	192	2	227
Neurophysiology	EMG	8	136	0	144
	NCS	7	60	0	67
Total		1473	11388	1278	14139

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	6338	10282	10508	10429	10561	10338	10631	11052	11747	12776	12759	12890
2021/22	13019	13113	13313	14139								

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

272

Service	Waiting >14 weeks			
	M&C	R&T	Bridgend	CTM
Audiology		47	7	54
Dietetics	51	92	59	202
SALT	1	3	12	16
Total	52	142	78	272

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	109	396	1020	945	842	632	647	674	603	639	740	595
2021/22	388	336	267	272								

Number of patients of surveillance patients waiting past their review date

1,309 (as at 1st August 2021)

Patient Category as at 1st August 2021	PCH	RGH	POW	TOTAL
Cancer				
Waiting <14 days	121	150	12	283
Over Target	41	138	0	179
Total Patients Waiting	162	288	12	462
Urgent Non-Cancer				
Waiting <14 days	75	115	1	191
Over Target	921	1336	0	2257
Total Patients Waiting	996	1451	1	2448
Routine				
Waiting <56 days	55	39	213	307
Over Target	490	707	0	1197
Total Patients Waiting	545	746	213	1504
Surveillance				
Waiting <126 days past review date	138	200	13	351
Waiting >126 days past review date	401	557	0	958
Total Patients Waiting Past Review Date	539	757	13	1309

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

Urgent Suspected Cancer - (target 2 weeks/14 days),

Urgent - (target 2 weeks),

Routine - (target 8 weeks/56 days),

Surveillance - (target of 18 weeks/126 days).

How are we doing?

The provisional position for July shows 14,139 patients waiting over 8 weeks. This represents an increase of 6.2% (826) from the reported position in June 2021 and the highest level reported within the last 12 months.

While improvements are seen in most areas there are still challenges clearing the backlog of patients waiting. Radiology numbers have increased by around 9% (764) on the previous month, most notably NOUS has seen an 8% increase in the number of patients waiting more than 8 weeks compared to the previous month.

How are we doing?

There are provisionally 272 patients breaching the 14 week target for therapies in July, a static position remains on the reported position for June.

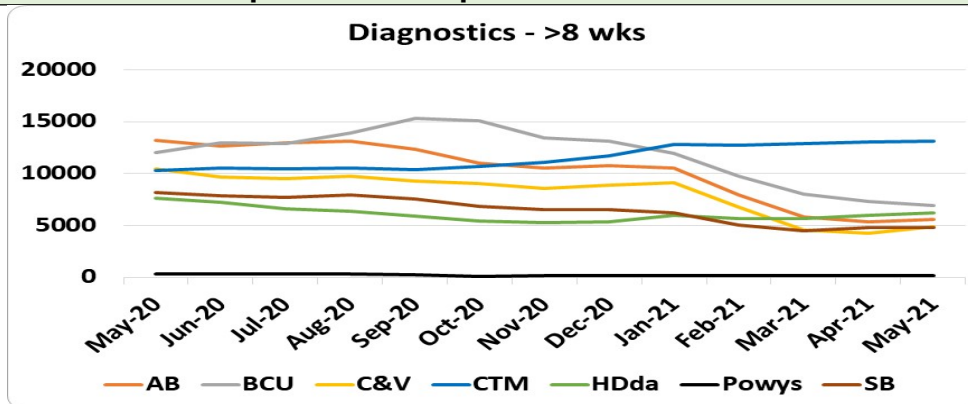
How are we doing?

In terms of actions being taken-

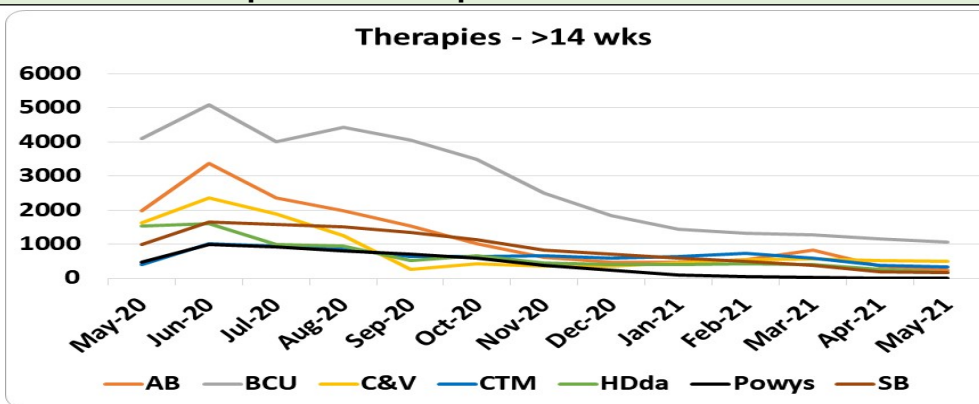
- Insourcing lists running on Saturdays at PCH
- Saturday lists running at RGH
- Validation of the surveillance waiting list at PCH (already completed at RGH), applying the latest guidance/ criteria
- Validation of the urgent waiting list at RGH, applying the latest guidance/ criteria and incorporating FIT testing
- Introduction of FIT testing within primary care, as a test to determine whether endoscopy referral required and if so, to inform decision re: urgency

Discussions remain ongoing with Welsh Government and the National Endoscopy Programme regarding short and longer-term solutions including the short-term procurement of mobile endoscopy unit(s) and longer-term development of regional endoscopy units. Work has been progressed with procurement and a potential supplier of mobile endoscopy units in preparation should funding for this be agreed.

How do we compare with our peers?



How do we compare with our peers?



How do we compare with our peers?

As at May 2021, CTM had the highest number of patients (13,113) waiting more than 8 weeks for a diagnostic of all the health boards in Wales. As might be expected, Powys had the fewest patient breaches (194) with SBUHB performing better than the other acute health boards with 4,806 patient breaches.

As at the same period, CTM had 336 patients waiting over the 14 week target for a therapy and ranked 5th out of the other health boards in Wales. Again as expected, Powys was first with 7 patient breaches and once more SBUHB ranked 2nd with 166 patient breaches.

Follow-up Outpatients Not Booked (FUNB) – Provisional July position

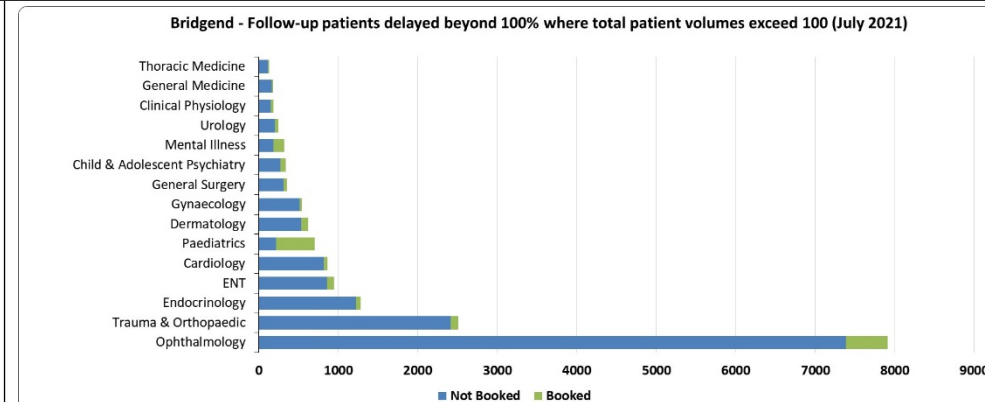
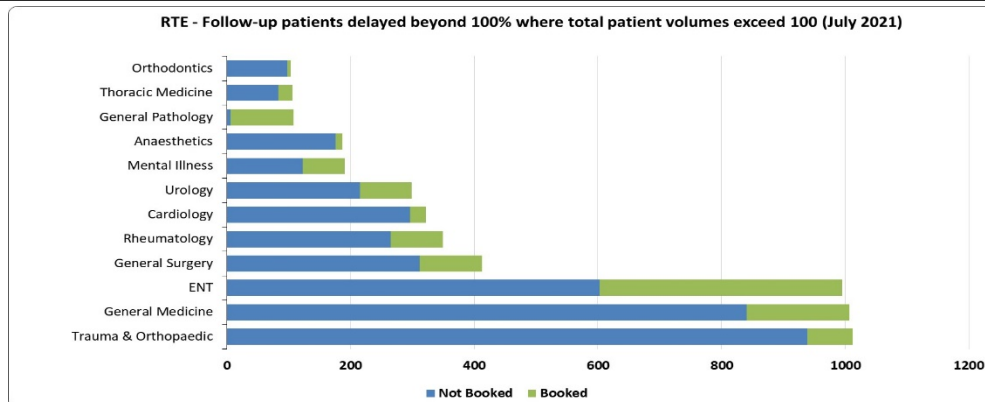
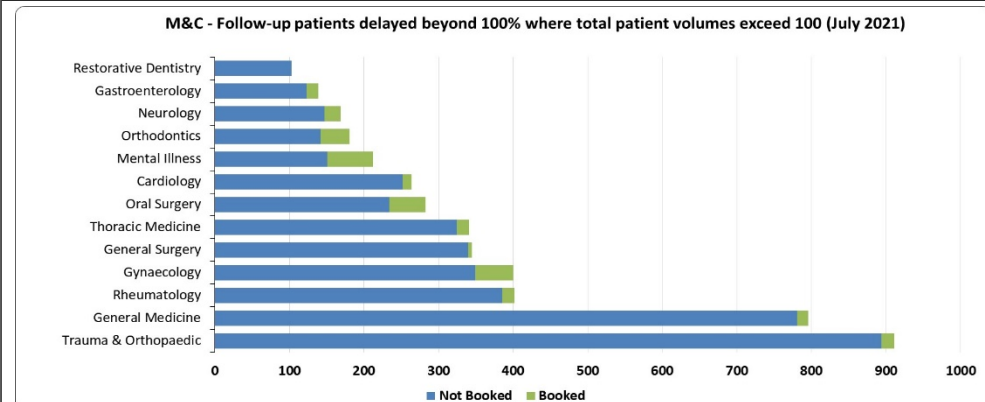
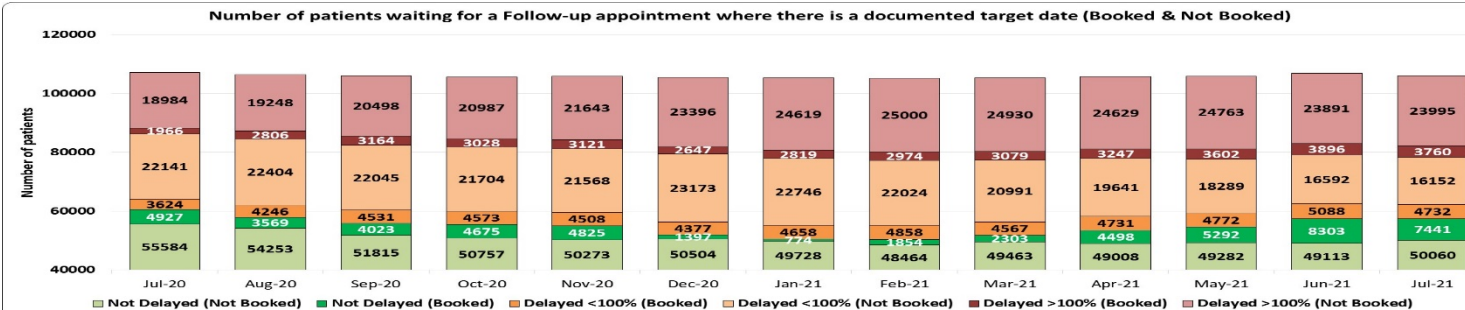
Number of patients waiting for a Follow-up with documented target date - Target <=74,734

Number of patients waiting for a Follow-up delayed over 100% - Target <=14,815

No Target Date	Not Booked	Booked	Total
32	70,944	35,196	106,172

Not Booked	Booked	Total
23,995	1,616	25,611

Provisional July 2021	No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
ILG	No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	Compliance
Merthyr & Cynon	0	13,756	6,499	20,255	4,301	345	4,646	22.9%
Rhondda & Taff Ely	3	13,232	14,460	27,695	4,107	514	4,621	16.7%
Bridgend	29	43,956	14,237	58,222	15,587	757	16,344	28.1%
CTM	32	70,944	35,196	106,172	23,995	1,616	25,611	24.1%



How are we doing?

The total number of patients waiting for a follow-up appointment in CTM as at the end of July stands at 106,172 and of those patients waiting, 25,611 are delayed 100% past their target date.

The target set by Welsh Government for the 100% delayed patient cohort is <=14,815 and thus the current position stands at almost double that and also represents an increase of almost 32.5% on the same period last year. There has been a decrease this month from 27,787 in June to 25,611.

The number of patients without a documented target date has fallen to 32; the details are actively shared for onward resolution. Encouragingly the number of patients with a booked appointment has increased by 4%; we expect this trend to continue as activity returns to pre-Covid levels.

What actions are we taking & when is improvement anticipated?

The Outpatient Transformation Programme Board has three strategic aims:

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

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

- Stage 1 Validation – Patients waiting over 52+ weeks for a first appointment.
- SOS/ PIFU Pathway Project – Development and implementation of SOS and PIFU pathways across specialties.
- Deployment of a Validation Team – Administrative validation of waiting lists.

What are the main areas of risk?

Our most concerning area remains the 100% delayed patients; this is more evident in the Ophthalmology and Trauma & Orthopaedics specialties across the health board. There has been very little significant movement over the last 6 months with figures holding around the 27,000 and 28,000 patients mark.

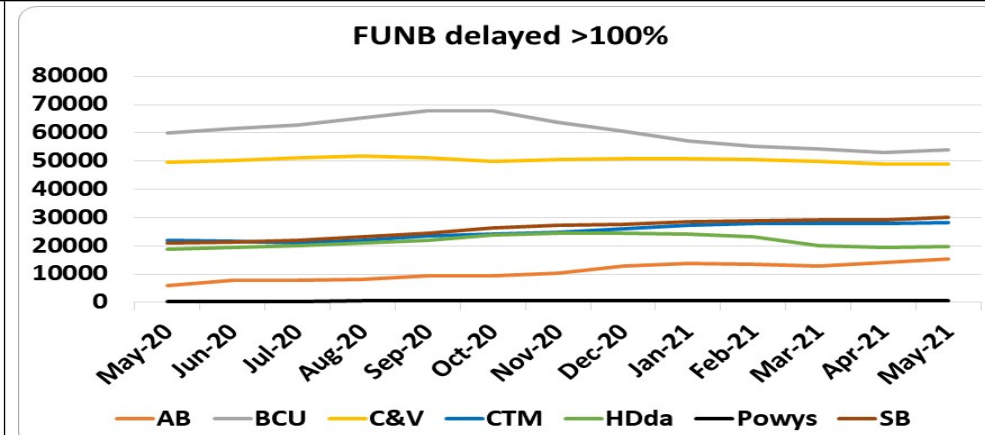
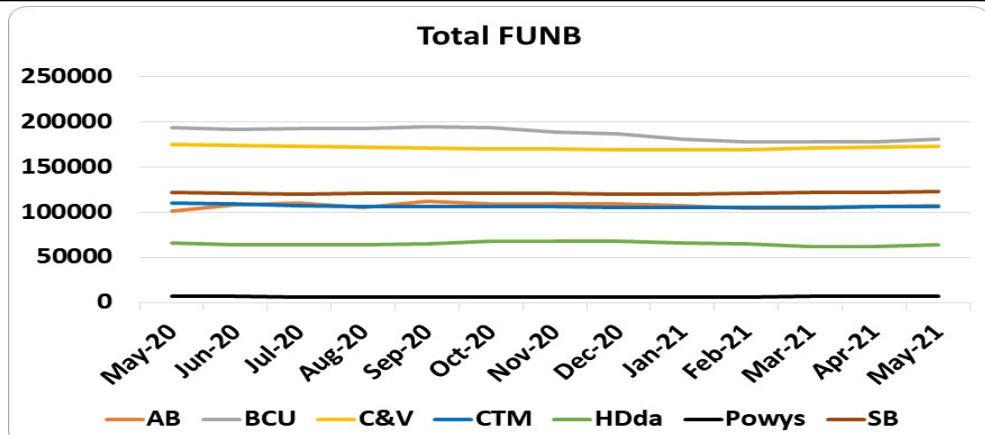
Outpatient activity levels continue to be below pre-Covid levels with the June figures below for new and follow up patients compared to prior the pandemic:

June 21 New Patients seen: 3957 – Pre-Covid average 2019/20: 5739

June 21 FU Patients seen: 8056 - Pre-Covid average 2019/20: 13,647

How do we compare with our peers?

Pressures in follow up waiting lists continue to be felt across the whole of NHS Wales, with very little movement in the total follow up position for any health board. We are engaged in monthly all Wales meetings through the Outpatient Steering Group, a sub section of the National Planned Care Board where progress and new initiative ideas are shared and discussed. There is a real focus on developing appropriate advice and guidance links between primary and secondary care and this remains a key focus alongside developing SOS/ PIFU pathways across specialties. We are delighted to welcome our new Deputy Medical Director into this group who has a keen interest in Outpatients and Elective Recovery. Validation both administrative and clinically continues to be a focus for all health board when looking at the follow up back log that has developed due to Covid.



Emergency Unit Waits – July 2021 (Provisional Position)

Number of Attendances

16,708

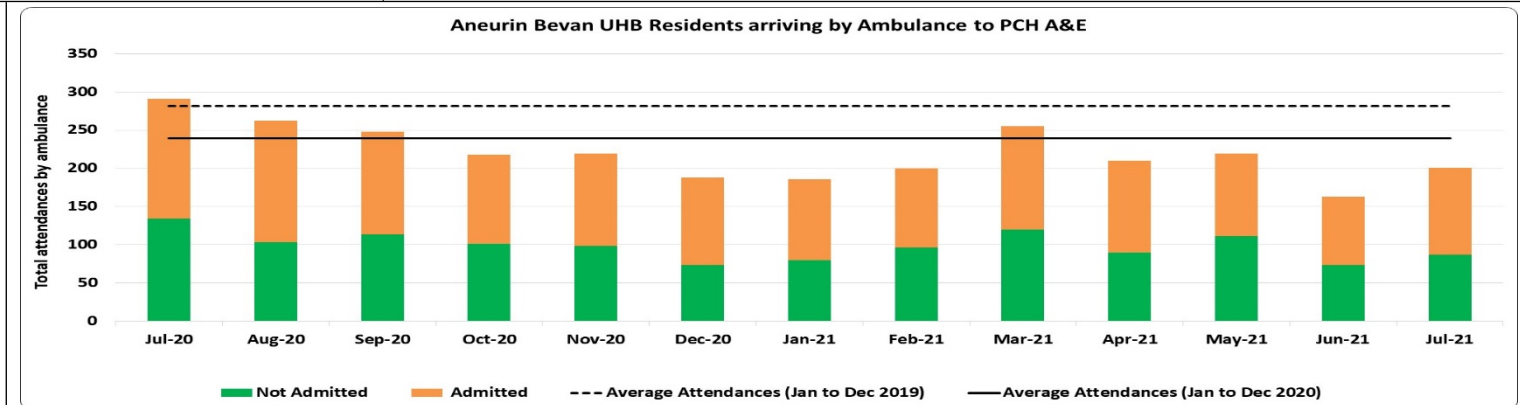
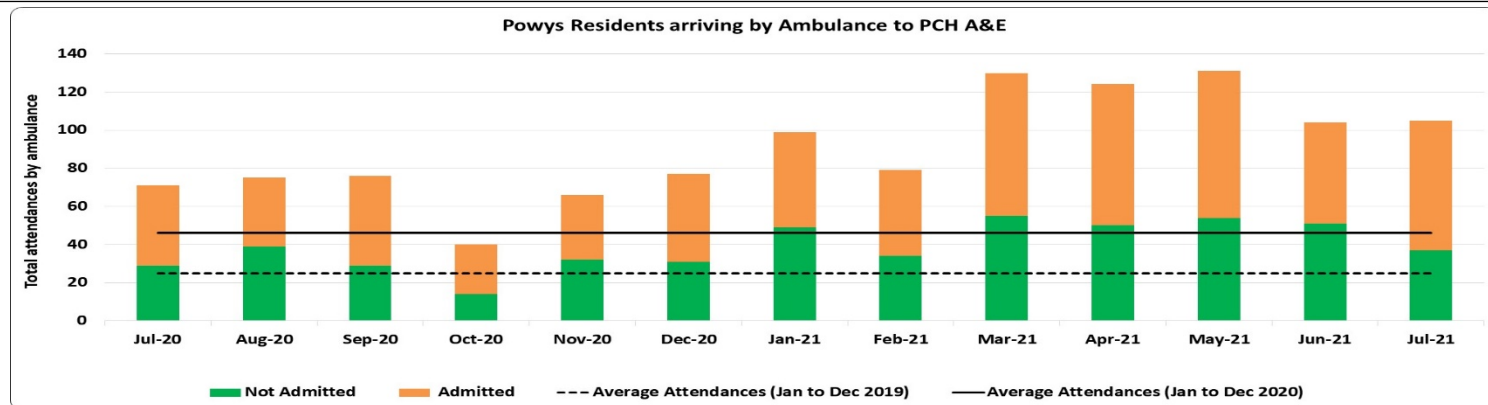
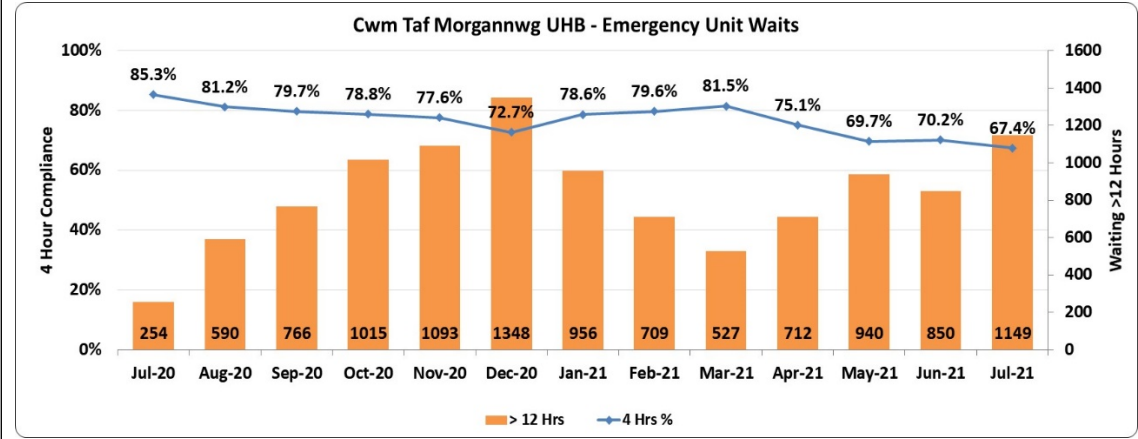
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target 95%

67.4%

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

1149

Period	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Jul-20	4602	82.2%	95	4338	92.7%	5	4540	79.3%	154	14150	85.3%	254
Aug-20	4849	76.7%	215	4512	93.5%	9	4820	71.5%	366	14856	81.2%	590
Sep-20	4461	73.9%	330	4242	88.6%	27	4292	73.5%	409	13716	79.7%	766
Oct-20	3973	78.4%	445	2861	79.6%	130	3740	74.9%	440	11241	78.8%	1015
Nov-20	3784	79.0%	385	3578	75.9%	267	3462	74.2%	441	11383	77.6%	1093
Dec-20	3707	75.7%	424	3394	71.2%	344	3456	67.3%	580	11016	72.7%	1348
Jan-21	3375	79.6%	451	3282	82.3%	116	3111	70.7%	389	10197	78.6%	956
Feb-21	3504	79.3%	392	3414	83.2%	19	3013	73.1%	298	10383	79.6%	709
Mar-21	4557	76.6%	285	4525	86.6%	13	3974	77.9%	229	13770	81.5%	527
Apr-21	4963	65.0%	402	4958	83.4%	53	4695	72.4%	257	15514	75.1%	712
May-21	5204	58.4%	552	5271	78.1%	99	4897	68.0%	289	16141	69.7%	940
Jun-21	5384	54.0%	596	5434	81.7%	48	5219	68.8%	206	17146	70.2%	850
Jul-21	5137	51.6%	636	5305	77.1%	136	5215	66.9%	377	16708	67.4%	1149



How are we doing?

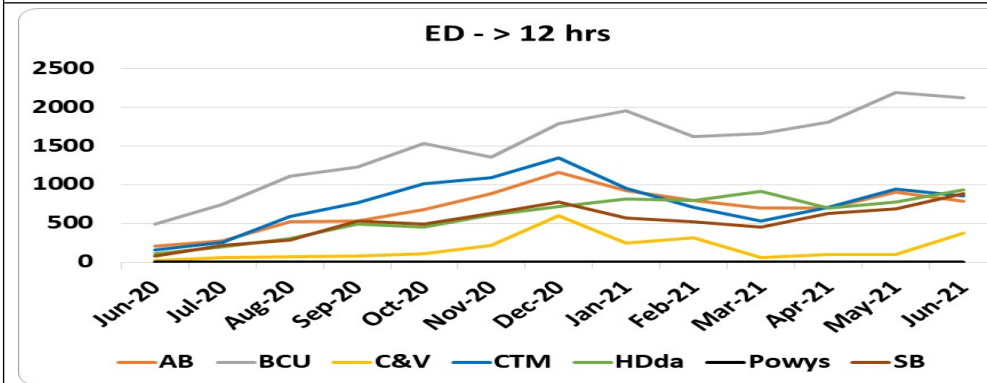
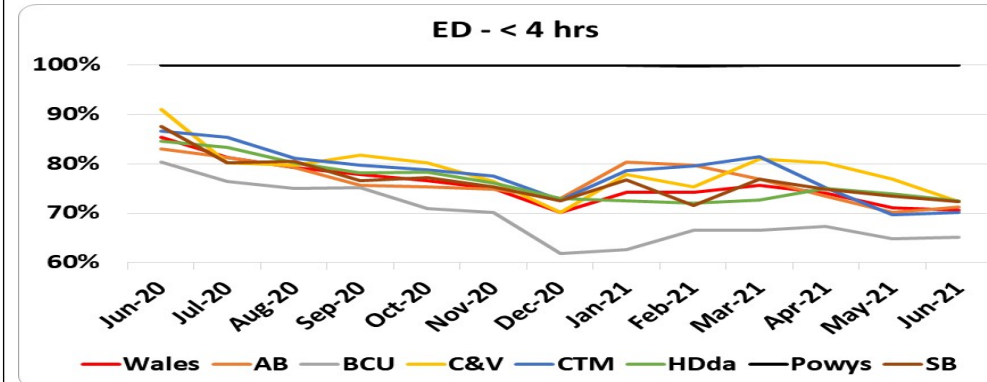
A further deterioration in the proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at an Emergency and Minor Injuries Department was noted in July, with performance now at 67.4%. As per the table above, the UHB faces the greatest challenges at PCH, where performance is presently at 51.6%. An analysis of the flows into PCH indicates they are predominantly CTM residents, with a marked increase in paediatric presentations.

The number of patients waiting in excess of 12 hours within the UHB's Emergency Departments saw an increase of 309 on the previous month bringing the overall total to 1,149 compared to the WG minimum standard of zero. There remain challenges in meeting this standard across all of our District General Hospitals.

Overall, attendances have fallen in July from the previous month to 16,708, but remains high and is at a similar to that observed for the same period in 2019 and is an indication that consistently higher levels of activity are likely to be the case for 2021/22 than was the case in the previous year.

The average attendances 2019/20 were around 15,752 with the average 2020/21 being 11,931. From April this year, the monthly attendance average has been 16,379.

How do we compare with our peers?



As at June 2021, CTM was ranked 5th out of the six acute health boards in Wales achieving 70.2% for those patients waiting less than four hours in our Emergency Units.

Best performing acute health board was Hywel Dda at 72.5% with BCUHB having the poorest compliance at 65.1%.

The All Wales average was 70.6%.

As at the same period, CTM ranked 3rd out of the six acute health boards with 850 patients spending more than 12 hours in our Emergency Units.

C&VUHB had the fewest breaches out of all the acute health boards with 376 patients waiting in excess of 12 hours with BCUHB observing the highest number of patients, breaching at 2,118.

The total number of NHS Wales patients exceeding a waiting time of 12 hours during June was 5,950.

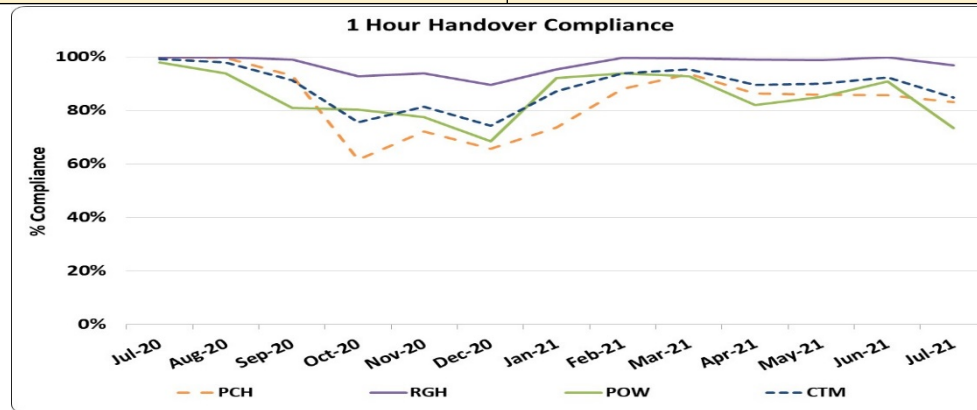
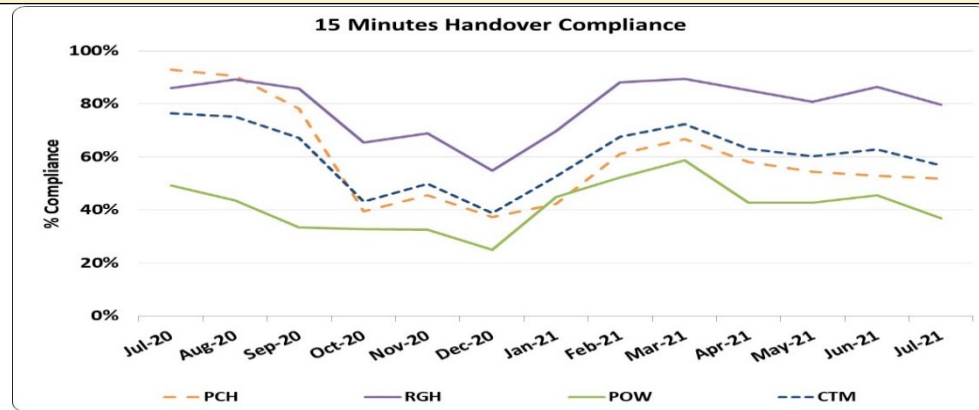
Emergency Ambulance Services – July 2021 (Provisional Position)

Number of ambulance handovers within 15 mins – Target Improvement

Number of ambulance handovers over 1 hour – Target Zero

Total handovers 2,664 of which 1,514 handovers were within 15 mins (56.8%)

402 handovers were over 1 hour (84.9% of handovers were within 1 hour)



Period	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Jul-20	1122	93.0%	100.0%	999	86.0%	100.0%	1034	49.3%	98.0%	3155	76.5%	99.3%
Aug-20	1079	90.5%	99.6%	996	89.3%	100.0%	968	43.6%	93.9%	3043	75.2%	97.9%
Sep-20	1100	78.2%	93.0%	920	85.8%	99.0%	865	33.5%	80.9%	2885	67.2%	91.3%
Oct-20	1044	39.6%	61.7%	595	65.4%	92.9%	921	32.8%	80.3%	2560	43.1%	75.7%
Nov-20	870	45.6%	72.2%	877	69.0%	93.8%	753	32.5%	77.6%	2500	49.9%	81.4%
Dec-20	883	37.4%	65.7%	807	54.9%	89.7%	824	25.1%	68.6%	2514	39.0%	74.3%
Jan-21	912	42.3%	73.7%	950	69.9%	95.5%	917	45.0%	92.3%	2779	52.6%	87.3%
Feb-21	896	61.2%	88.2%	860	88.1%	99.8%	778	52.2%	93.8%	2534	67.6%	93.8%
Mar-21	1152	66.7%	93.8%	1084	89.4%	99.4%	884	58.8%	92.8%	3120	72.3%	95.4%
Apr-21	995	58.1%	86.4%	1022	85.1%	99.1%	850	42.7%	82.1%	2867	63.2%	89.7%
May-21	1111	54.5%	85.9%	1066	80.8%	98.8%	880	42.8%	85.0%	3057	60.3%	90.1%
Jun-21	954	53.0%	85.7%	975	86.5%	100.0%	793	45.5%	90.9%	2722	62.8%	92.4%
Jul-21	951	51.8%	83.1%	907	79.7%	97.0%	806	37.0%	73.4%	2664	56.8%	84.9%

How are we doing?

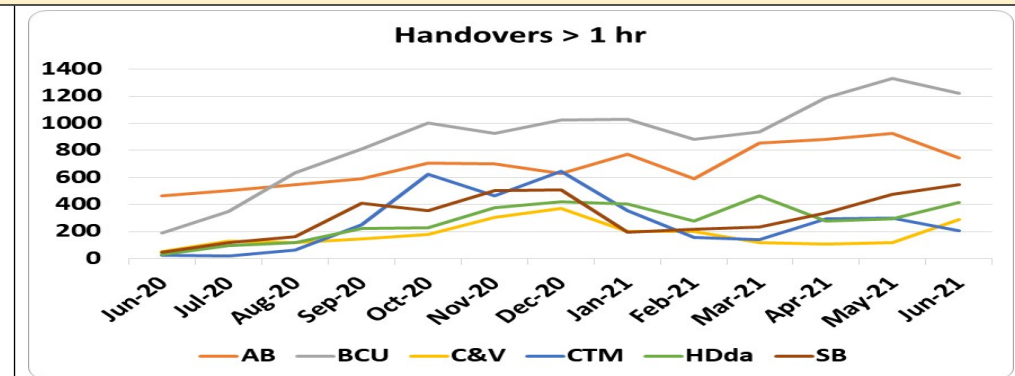
Individual departmental handovers, 15 minute and 1 hour handover times are depicted in the charts and table above. Compared to the previous month, the total number of handovers in July was 58 less, bringing the total to 2,664.

Overall, the CTM 15 minute handover compliance fell from 62.8% in June to 56.8% in July. For the 1 hour handover time, PCH compliance remained fairly stable at 83.1% (161 breaches) with POW falling to 73.4% (214 breaches, 142 more than the previous month), whilst RGH achieved 97.0% with 27 patient breaching over the one hour.

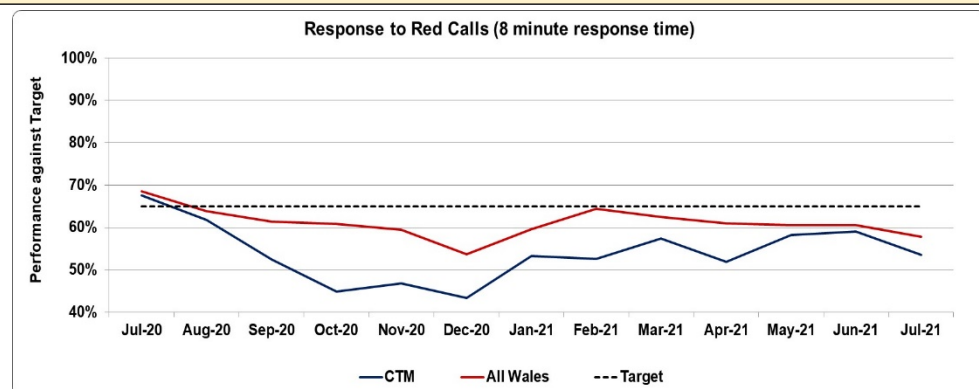
How do we compare with our peers?

As at June 2021, CTM was the best performing acute health board in NHS Wales for the number of 1 hour ambulance handovers, with 208 patients breaching, closely followed by C&VUHB with 290 breaches.

The worst performing was BCUHB with 3,510 handovers exceeding 1 hour.



Response to Red Calls - % of emergency responses to Red Calls arriving within 8 minutes – Target 65% July 2021 53.5%



Period	Merthyr			RCT			Bridgend			CTM		
	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins	Total Responses	Responses within 8 mins	% within 8 mins
Jul-20	51	37	72.5%	156	99	63.5%	92	66	71.7%	299	202	67.6%
Aug-20	63	41	65.1%	194	112	57.7%	117	78	66.7%	374	231	61.8%
Sep-20	56	27	48.2%	200	101	50.5%	122	70	57.4%	378	198	52.4%
Oct-20	67	33	49.3%	237	97	40.9%	102	52	51.0%	406	182	44.8%
Nov-20	68	33	48.5%	227	104	45.8%	96	46	47.9%	391	183	46.8%
Dec-20	74	41	55.4%	254	95	37.4%	162	76	46.9%	490	212	43.3%
Jan-21	65	38	58.5%	199	99	49.7%	125	70	56.0%	389	207	53.2%
Feb-21	53	30	56.6%	177	85	48.0%	72	44	61.1%	302	159	52.6%
Mar-21	69	40	58.0%	234	127	54.3%	68	46	67.6%	371	213	57.4%
Apr-21	59	35	59.3%	240	111	46.3%	125	74	59.2%	424	220	51.9%
May-21	100	59	59.0%	250	137	54.8%	121	78	64.5%	471	274	58.2%
Jun-21	73	36	49.3%	260	153	58.8%	150	96	64.0%	483	285	59.0%
Jul-21	73	39	53.4%	269	139	51.7%	153	87	56.9%	495	265	53.5%

Average Response rate per 10,000 population (period August 2020 to July 2021)	
Operational Area with Population Estimates	Response Rate Within 8 Mins
Merthyr	60,326
RCT	241,264
Bridgend	147,049

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

How are we doing?

Response to Red Calls

Response times fell during July to 53.5% (59.0% in June) and continues to remain under target, with July 2020 being the last time CTM achieved the target. The Welsh average also fell from 60.6% to 57.8% and has remained below target for the last twelve months. CTM performance for the last 12 months averages out at 52.9%.

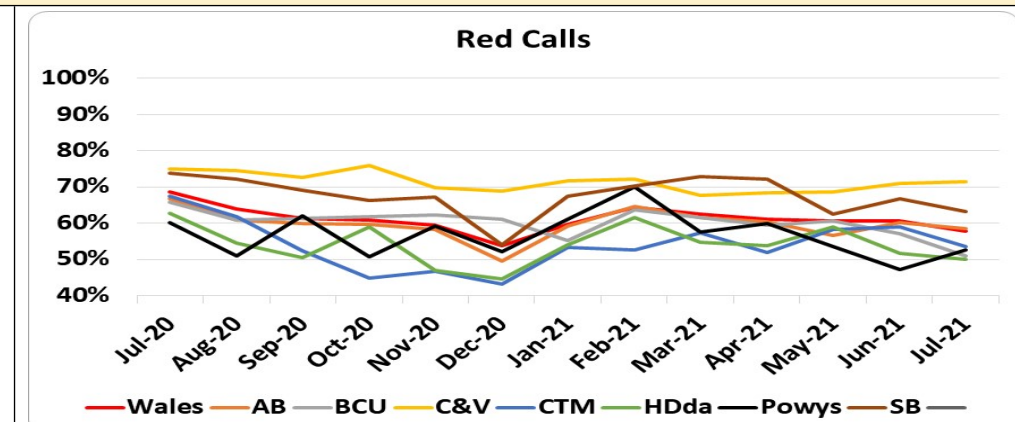
Red Call Volumes

The centre table shows the WAST Operational Area responses to Red Calls and of those arriving at the scene within 8 minutes. As can be seen, during the past 12 months, Bridgend area has seen best response times averaging 57.8% with Merthyr averaging 55.1% and RCT averaging the lowest at 49.6%. Performance in all areas continues to be below the 65% target.

How do we compare with our peers?

As at July 2021, C&VUHB received the best Red Call response times and surpassed the target at 71.4%. Just under target, at 63.3%, was SBUHB, with CTM ranked 4th at 53.5%.

Hywel Dda experienced the poorest response times out of all the health boards in Wales achieving 50.0%.



Stroke Quality Improvement Measures (QIMs) / Delayed Transfers of Care

% 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 mins	% compliance of patients diagnosed with stroke received a CT scan within 1 hour	% compliance assessed by a stroke consultant within 24 hours
59.2% - Provisional PCH only	60.0% - Provisional PCH only	57.1% - Provisional PCH only	40.8% - Provisional PCH only

Period	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
Jun-20	53.2%	37.5%	56.3%	68.8%	20.0%	0.0%	40.0%	72.0%	41.7%	33.3%	50.7%	69.9%
Jul-20	28.0%	42.9%	68.6%	74.5%	9.1%	0.0%	45.5%	90.9%	22.2%	37.5%	61.6%	79.5%
Aug-20	25.5%	0.0%	61.5%	71.2%	11.1%	0.0%	50.0%	77.8%	21.7%	0.0%	58.6%	72.9%
Sep-20	30.2%	57.1%	63.6%	63.6%	21.7%	0.0%	62.5%	66.7%	27.6%	40.0%	63.3%	64.6%
Oct-20	31.4%	81.8%	80.6%	69.4%	0.0%	0.0%	53.6%	46.4%	17.5%	69.2%	68.8%	59.4%
Nov-20	26.1%	57.1%	66.7%	75.0%	0.0%	50.0%	63.3%	66.7%	16.0%	55.6%	65.4%	71.8%
Dec-20	9.3%	60.0%	60.0%	68.9%	0.0%	0.0%	42.9%	28.6%	6.3%	50.0%	54.5%	56.1%
Jan-21	2.5%	33.3%	69.0%	73.8%	0.0%	0.0%	57.9%	57.9%	1.7%	25.0%	65.6%	68.9%
Feb-21	16.3%	100.0%	68.2%	77.3%	0.0%	0.0%	54.2%	87.5%	10.6%	87.5%	63.2%	80.9%
Mar-21	11.3%	50.0%	47.2%	73.6%	13.3%	20.0%	51.6%	90.3%	12.0%	28.6%	48.8%	79.8%
Apr-21	25.0%	57.1%	56.5%	71.7%	2.6%	25.0%	46.2%	87.2%	14.6%	45.5%	51.8%	78.8%
May-21	30.8%	33.3%	59.5%	66.7%	0.0%	25.0%	66.7%	86.1%	16.0%	30.0%	62.8%	75.6%
Jun-21	59.2%	60.0%	57.1%	40.8%	data not yet available due to reporting changes in SSNAP							

Please note that the June 2021 data for PCH is provisional and that data for POW is currently unavailable due to changes within the SSNAP reporting affecting the retrieval of QIM data. However, it is anticipated that this will be resolved by the next report.

How are we doing?

Achieving the targets has proved challenging over much of 20/21, mainly as a result of the requirement to reconfigure services due to Covid inpatient demand. Acute stroke wards were significantly affected by increased Covid-19 admissions and infection control restrictions. As can be seen performance varies between the sites, therefore the data is better not aggregated for analysis. POW is consistently achieving the 24 hour stroke consultant review with some variation month on month. Achievement of the 1 hour CT scan remains around the 40-50% mark with targeted improvement work ongoing. Due to the low numbers, the percentage of patients thrombolysed in 45 minutes continues to be extremely variable.

PCH has seen an improvement in performance in the first two columns compared to May. It should be noted that the variation of the 45 min. thrombolysis door to needle target and thrombolysis rates on a month on month basis is due to the relatively small numbers on a monthly basis, on a rolling 3 and 12 month basis door to needle times are one of the best in Wales and thrombolysis rates are in line with the Welsh national average of 12%. POW is performing well against the 24 hour measure, despite only running a 5 day service and there are some improvements against the 1 hour performance.

What actions are we taking & when is improvement anticipated?

There is site wide flow improvement work taking place in POW, which will support improvements in stroke flow and achievement of the target. The ILG has re-established a monthly Stroke Improvement Group, which is tracking actions to achieve and progress against both QIM measures and SSNAP targets. Weekly performance review indicating that no potential patients for thrombolysis have been missed and that thrombolysis is being given appropriately. A number of actions have been agreed with radiology colleagues to support the achievement of the scanning targets, in particular the 45-minute thrombolysis target, improvements are being monitored. In PCH, daily board rounds have started with the bed managers in an attempt to improve flow and reduce times from the Emergency Department to the Acute Stroke Unit, and help to reduce the time any patients are waiting to come across from Royal Glamorgan Hospital. However, overall bed pressure within PCH, especially at the front door, has meant they have been unable to reinstate their ring-fenced bed. The Stroke Planning Group have scheduled monthly meetings to develop short and long-term plans for stroke services in CTM UHB.

What are the main areas of risk?

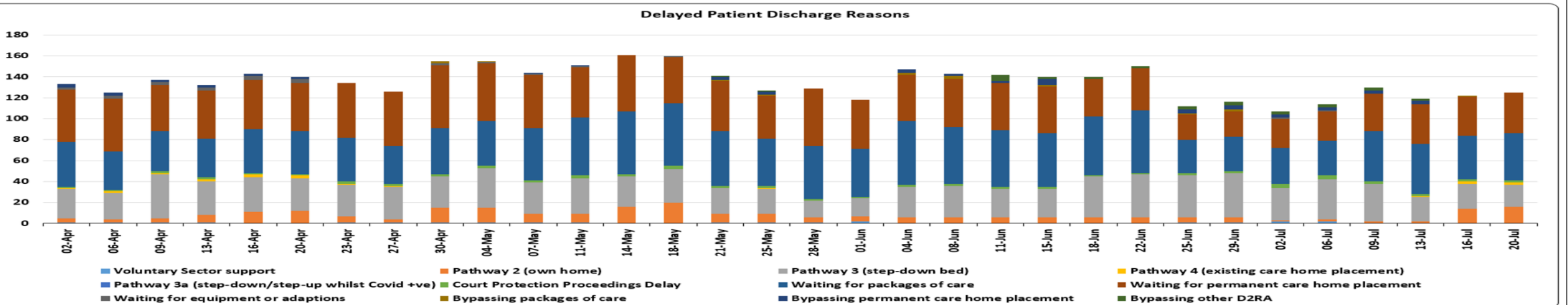
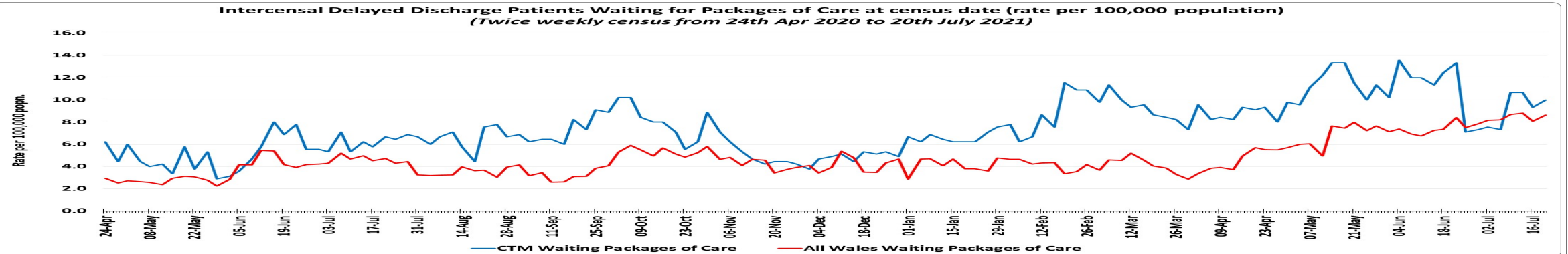
4 hour admission to the stroke unit remains a significant challenge with overall flow challenges on site having a direct impact.

Delayed Transfers of Care

This weekly return, which is taken from the twice weekly discharge flow summary and will continue for the foreseeable future, with no plans to reintroduce the previous monthly return.

The charts to the right provide a trend for two aspects of this return. CTM levels of delayed discharges waiting for packages of care per 100,000 population are above the all Wales level although there is a decline in the number of CTM patients waiting for packages of care. The current CTM rate is 10.0 and the All Wales rate is 8.6 per 100,000 population.

The bottom chart details the reasons for the delayed patient discharges and most notably patients waiting for packages of care and those patients waiting for a permanent care home placement being the main contributory factors.



Single Cancer Pathway (SCP) – June 2021

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

58.5%

CTMUHB - SCP % Treated Without Suspensions - June 2021			
Tumour site	Treated in Target Without Suspensions	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	16	25.0%
Upper GI	17	25	68.0%
Lower GI	10	21	47.6%
Lung	21	27	77.8%
Sarcoma	0	2	0.0%
Skin (exc BCC)	28	31	90.3%
Brain/CNS	1	1	100.0%
Breast	37	51	72.5%
Gynaecological	0	11	0.0%
Urological	14	46	30.4%
Haematological	13	19	68.4%
Other	3	3	100.0%
Total	148	253	58.5%

The Cwm Taf Morgannwg SCP performance for June fell to 58.5% from 61.0% in May.

Predicted performance for July currently is 47.9%, however the data is currently un-validated. Significant improved performance noted in breast. Marked reduction in performance noted in lower GI, H&N, & Gynaecology.

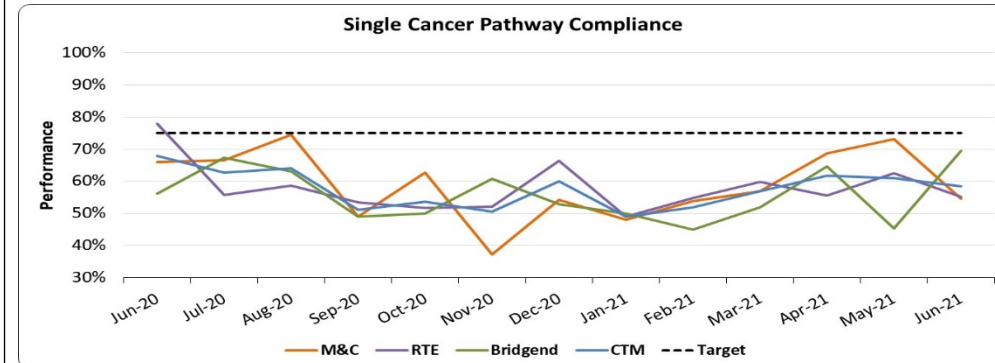
Number of patient breaches by tumour site

Number of Breaches by Tumour Site	Merthyr & Cynon			Rhondda & Taff Ely			Bridgend			Cwm Taf Morgannwg		
	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated	Treated in Target	Breaches	Total Treated
June 2021												
Head and Neck	4	12	16	4	12	16	4	12	16	4	12	16
Upper Gastrointestinal	9	2	11	8	4	12	2	2	4	17	8	25
Lower Gastrointestinal	5	5	10	2	5	7	3	1	4	10	11	21
Lung	1	2	3	12	1	13	8	3	11	21	6	27
Sarcoma							28	2	2	0	2	2
Skin(c)								3	31	28	3	31
Brain/CNS	1	0	1							1	0	1
Breast				37	14	51				37	14	51
Gynaecological		6	6					5	5	0	11	11
Urological				14	32	46				14	32	46
Haematological(d)				11	4	15	2	2	4	13	6	19
Other(f)	2	0	2	1	0	1				3	0	3
Total Breaches	18	15	33	89	72	161	41	18	59	148	105	253
Overall Compliance	54.5%			55.3%			69.5%			58.5%		

The overall performance for CTM during June was 58.5% with 105 patient breaches, as detailed in the above table.

The main contributory factors recorded are the ongoing challenges at first outpatients and diagnostics, delays with BSW and some tertiary referrals.

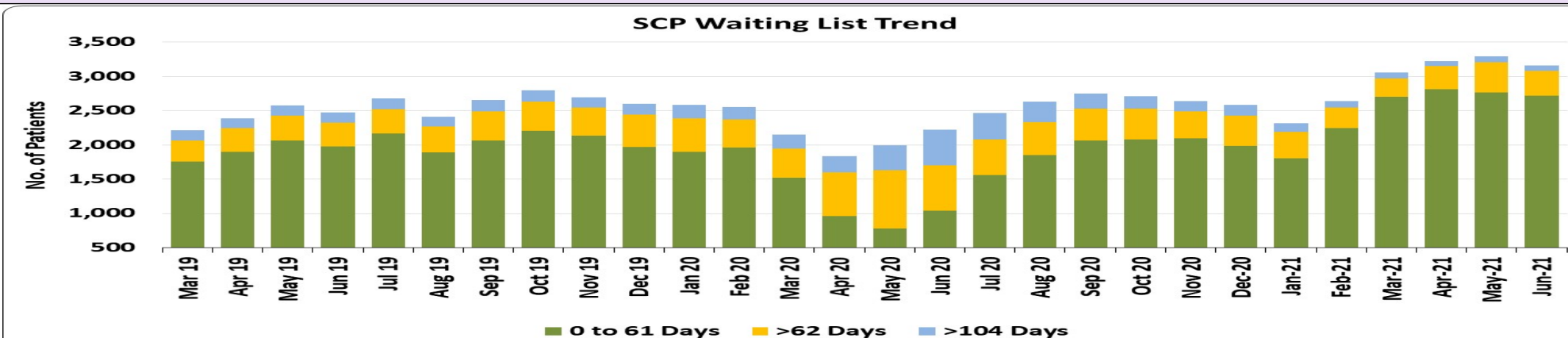
Single Cancer Pathway compliance trend



As can be seen in the graph above, overall CTM compliance has improved since January but remains below the 75% target.

This situation can be predominantly attributed to the ongoing operational challenges in access to outpatients and diagnostics.

Patients currently waiting on a Cancer Pathway as at 2nd August 2021



SCP days waiting as at 2nd August 2021

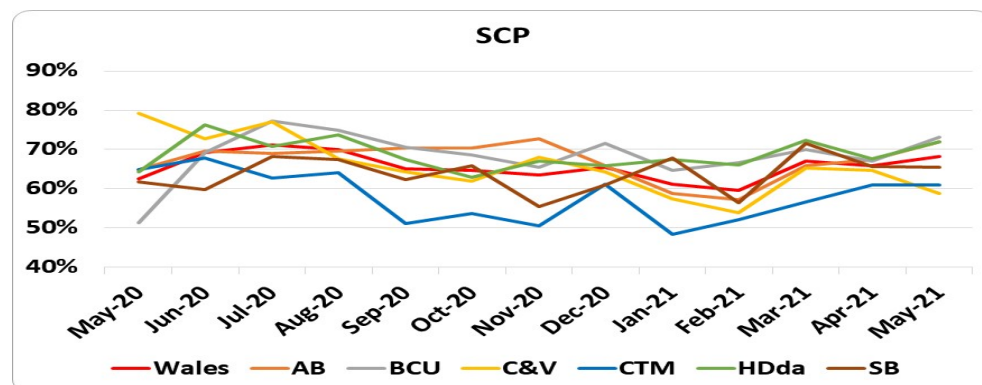
Merthyr & Cynon ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >104 days
Lower Gastrointestinal	34	6	10
Upper Gastrointestinal	10	2	3
Gynaecological	47	12	15
Lung	4	1	2
Unknown Primary	1	1	1
Grand Total	96	22	30
Rhondda & Taff Ely ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >104 days
Breast	22	5	4
Lower Gastrointestinal	41	11	10
Upper Gastrointestinal	20	3	5
Haematological	3	1	1
Head and Neck	21	3	1
Lung	2		
Other	1		
Urological	51	11	21
Unknown Primary	1		
Grand Total	162	33	42
Bridgend ILG	SCP Cases 62-89 days	SCP Cases 90-103 days	SCP Cases >104 days
Lower Gastrointestinal	4	2	4
Upper Gastrointestinal	1		5
Gynaecological	3	1	
Haematological		1	
Lung	6	2	
Other	8		
Sarcoma	3		1
Skin	13		3
Grand Total	38	6	13

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

CTM is ranked 5th in overall performance against the 6 health boards in Wales.

We currently have 3,470 active patients on the cancer tracker; the highest number recorded which reflects the challenges we currently are experiencing.

Positively, we have continued to focus on our longest waiting patients and have reduced both the backlog of patients waiting over 62 and 104 days.



What actions are we taking & when is improvement anticipated?

In order to sustainably meet the 62 day standard and address the long waiting times:

RTE ILG – Accurate D&C is being undertaken of the urology pathways and WLI clinics are being set up to assist in reducing backlog. Innovations underway to assist in achieving the SCP target for all tumour sites which include action plans relating to service redesign and workforce across radiology, urology & breast services.

MC ILG – EBUS service due to commence beginning of September. Continue to clear backlog, whilst improving outpatient waits under 10 days and targeting patients without a diagnosis over 28 days.

B ILG – Commencement of one stop lung clinic on 2nd July. Review and redesigning of pathways within lower GI and lung. Appointment of upper GI CNS. Working with clinicians to discuss outcome of D&C undertaken. Reviewing of clinic templates, job plans and theatre capacity across all specialities.

What are the main areas of risk?

- Reduced overall performance for third month running.
- Reduced performance particularly in lower GI, H&N, urology and Gynaecology; latter which had 0% performance against SCP CWT target in June.
- Increased number of patients at 1st OP stage
- Whilst no increase in diagnostics, backlog not reducing.
- Predicted further reduced performance in July

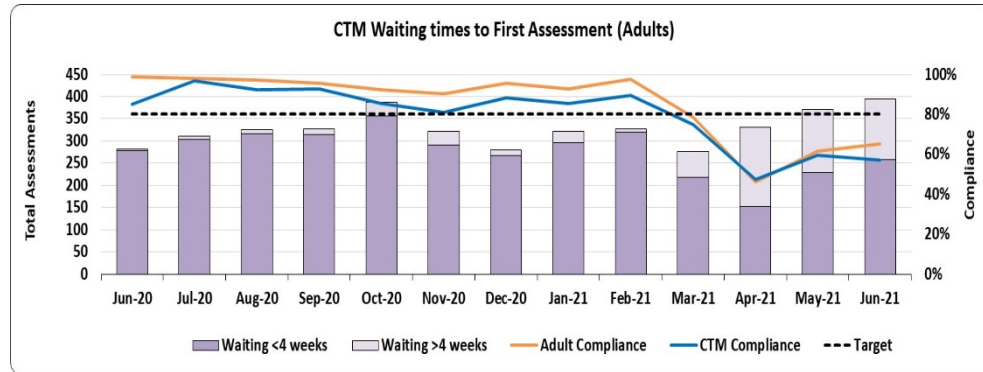
CTM Mental Health Compliance detailing the Adult Mental Health Services – June 2021

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

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

% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%

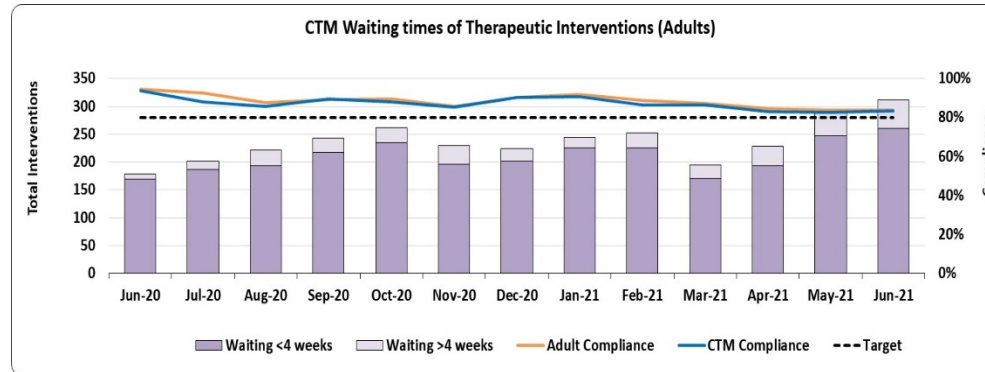
Part 1a – CTM 57.0% (Adults 65.3%)



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. CTMUHB compliance for June fell slightly to 57.0% with the adult services continuing to improve to 65.3% from 61.7% in the previous month.

Overall, referrals in June increased by 123 totalling 1044. Pre-Covid levels were in the region of 1000 to 1100 with the average referrals for 2020/21 equating to 703 per month. Total adult referrals during June totalled 854 an increase of 127.

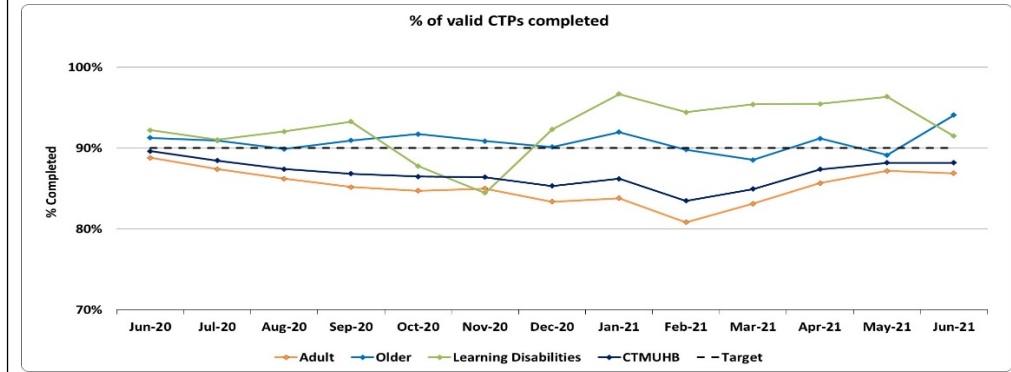
Part 1b – CTM 83.4% (Adults 83.7%)



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS also remained reasonably stable at 83.4% (82.7% in May) and continues to be above the 80% target. The adult services also remained stable at 83.7% during June.

The number of interventions continued to increase this month to 325 from 307 in June and is nearing the pre-Covid average of 357 per month. The total adult interventions during June were 312 of which 261 started within 28 days.

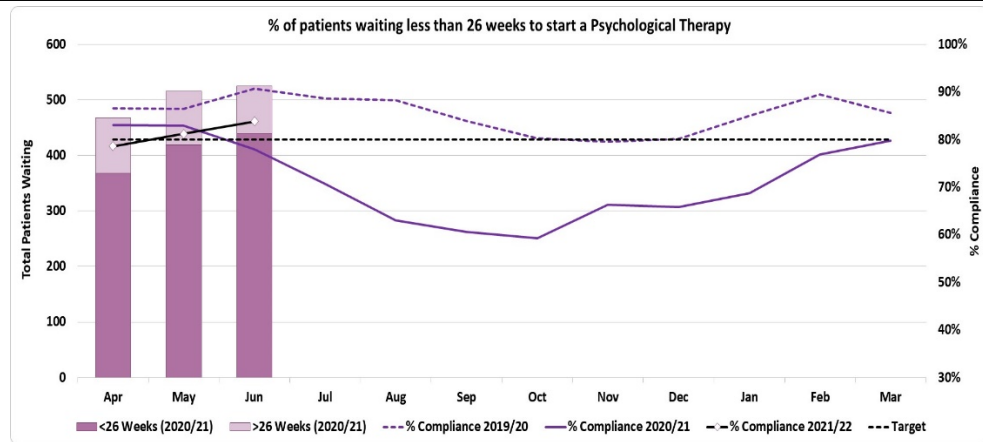
Part 2 – CTM 88.2% (Adults, Older & LD 88.7%)



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 remained static at 88.2% during June, but continues to fall short of the 90% target. Overall, the target has not been met since September 2019. The adult services achieved 88.7% (88.0% in May).

Part 3: There were five outcome of assessment reports sent during June all within 10 working days for Part Three of the Mental Health Measure.

% of patients waiting less than 26 weeks to start a Psychological Therapy – Target 80% - June 83.8%



How are we doing & what action are we taking?

Part 1a compliance has increased month on month for the last 3 reported months from a low in April 21.

The April low was caused by staff sickness, Covid redeployments and increased annual leave. Actions undertaken to recover the position include, WLI in Merthyr & Cynon ILG and staff returning from sickness.

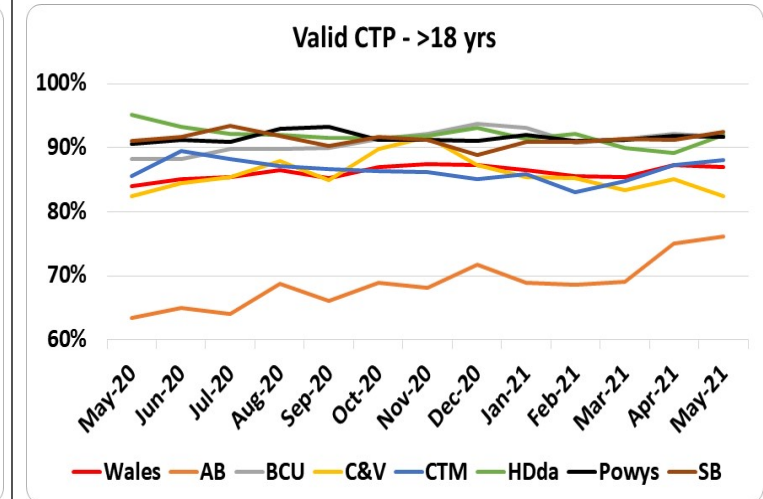
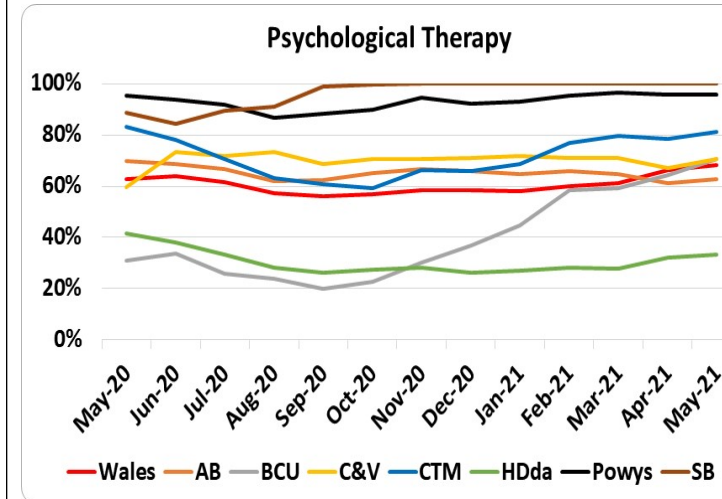
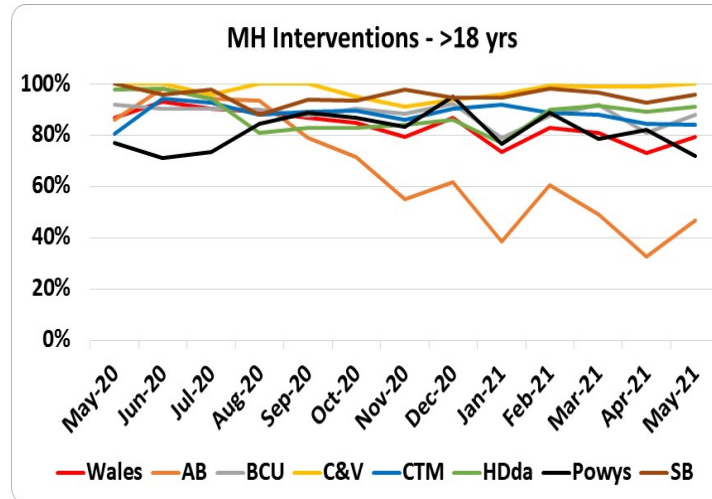
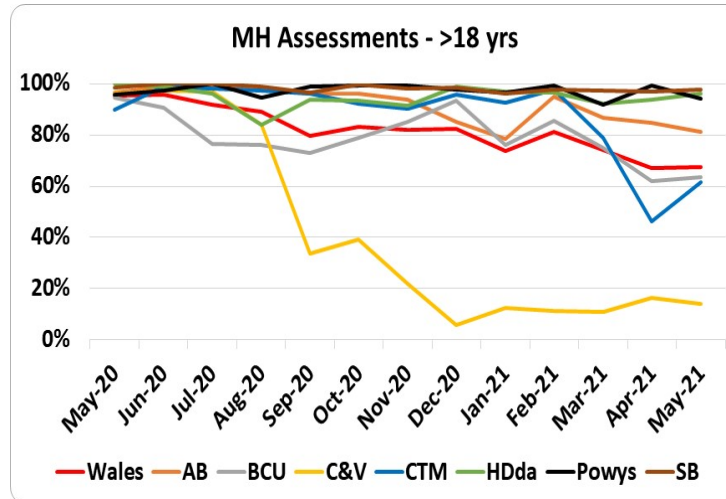
The resulting month on month increase in compliance is against a 3 month on month increase in activity levels resulting in a 13-month high in June 21.

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

Improvement in compliance started in April 21 and has continued month on month to the latest reported period of June 21. This is anticipated to continue to rise.

Main risk areas are increase in annual leave for the time of year, continued increase in activity levels and any further staff sickness.

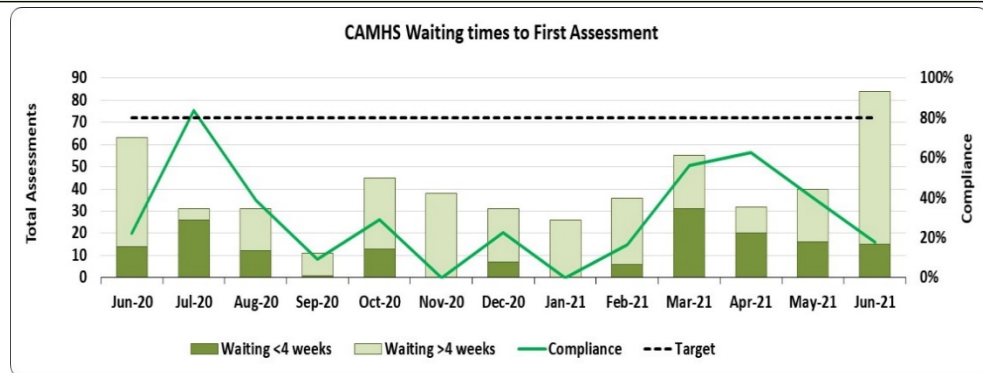
How do we compare with our peers?



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

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

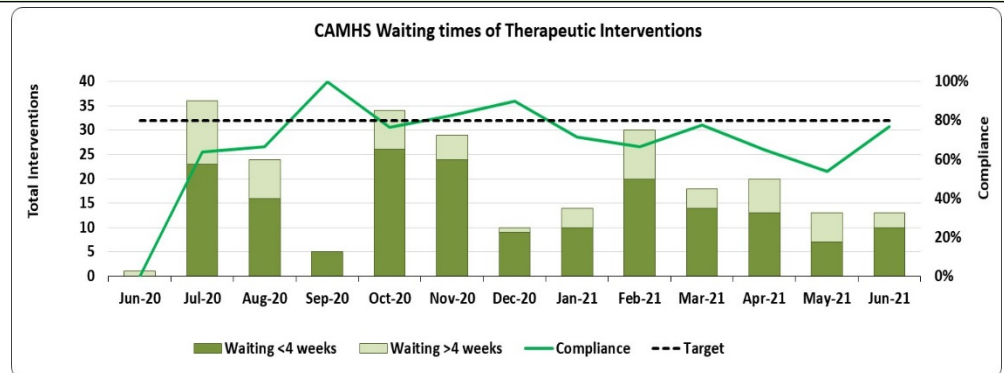
Part 1a – 17.9%



Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The chart shows that in recent month's CAMHS compliance has declined since April. Referrals in June remained relatively stable at 190 (194 in May). Pre-Covid levels averaged 84 per month with the average referrals for 2020/21 equating to 42 per month.

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

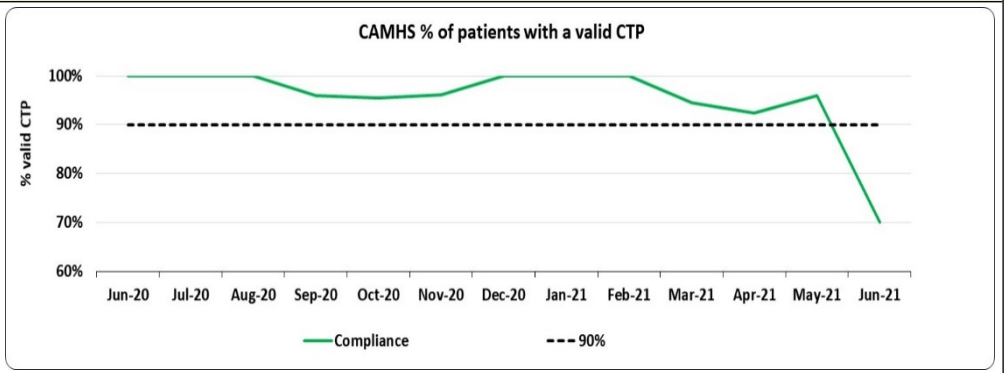
Part 1b – 76.9%



Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved from 53.85 in May to 76.9% in June and remains just below the 80% target. The last time the target was met was in December of last year (90%) with the best performing month being September (100%). The total number of interventions remained static at 13 with 10 of those patients receiving intervention within 28 days.

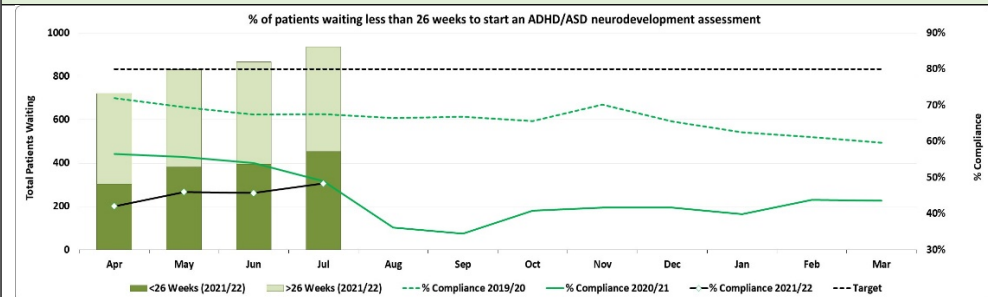
% of HB residents who are in receipt of secondary MH services who have a valid CTP – Target 90%

Part 2 – 70.1%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month fell during June to 70.1% from 95.9% in May, falling below the 90% target and is the lowest level observed for CAMHS since February 2019 (53.5%).
Part 3: There were no outcome of assessment reports for CAMHS sent during June for Part Three of the Mental Health Measure.

% of patients waiting less than 26 weeks to start an ADHD/ASD neurodevelopment assessment – Target 80% - July 2021 48.3%



The chart above details the compliance against the 26-week target for Neurodevelopment services with compliance in July improving to 48.3%.

The total waiting list continues to rise to a current 937 patients, an increase of 71 on the previous month, with the number of patients waiting above the target time increasing to 484 from 470 in June.

How are we doing & what actions are we taking?

A marked increase in demand has created an imbalance in terms of capacity with significant demand noted within the Bridgend area. The acuity of the presentation of CYP has also increased significantly and in particular an influx of referrals of CYP with eating disorder presentations. The service has recently transitioned into a single waiting list with all referrals deemed as Part 1. Work is underway around the Part 2 provision to ensure that all patients are afforded the relevant patient status. The Single Point of Access Team currently provides triage, information and advice to CYP and their families as well as professionals.

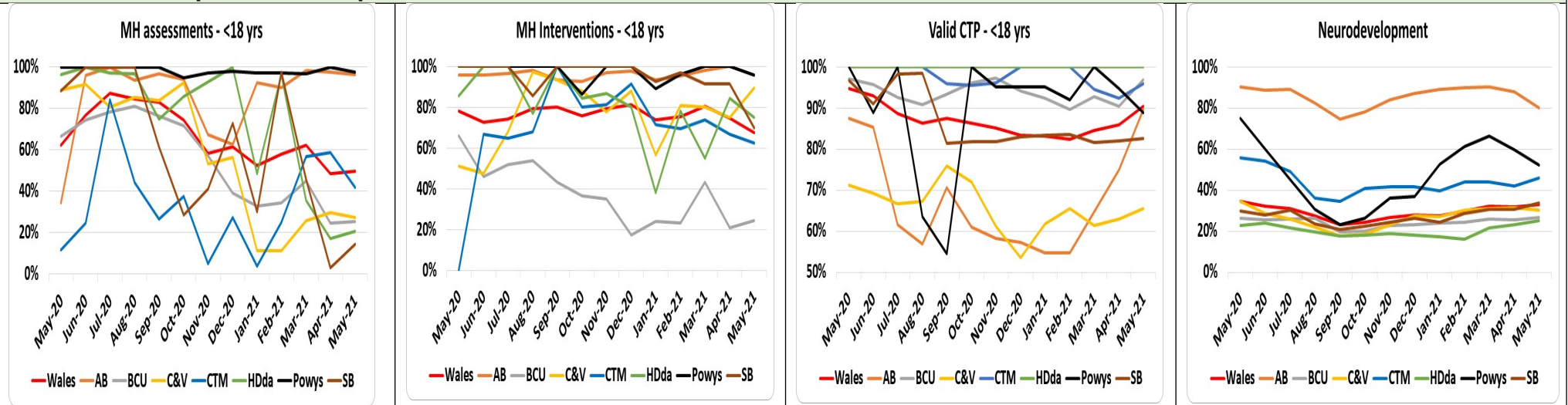
In light of the above, we have introduced Consultant Connect and WAP Lite to enable better communication in relation to appropriateness of referrals and timely receipt. Ongoing work with GPs and partner agencies to strengthen alternative pathways and support. We have since developed a specific Eating Disorder Team, which will enable us to assess the CYP urgently and within 2 weeks. This service will expand with the new WG funding. Developments are underway for a 24/7 Crisis/Liaison team (extension to hours and increase in existing establishment).

Development of a school in-reach provision to promote early intervention/prevention. The service will provide cluster school link staff who will provide training, group work and guidance to teaching staff. There are currently 3 staff on secondment within the LA areas to meet the need of those who do not meet the threshold of CAMHS. Their function is to provide direct support to children, young people, and families. Providing advice and consultation to professionals who are supporting children and young people with the range of issues and challenges named above. We are delivering training to professionals. We have advertised an additional Assessor post to further support new patient assessments within CAMHS. Teams are introducing New Patient Assessment Days to improve waiting times for CYP.

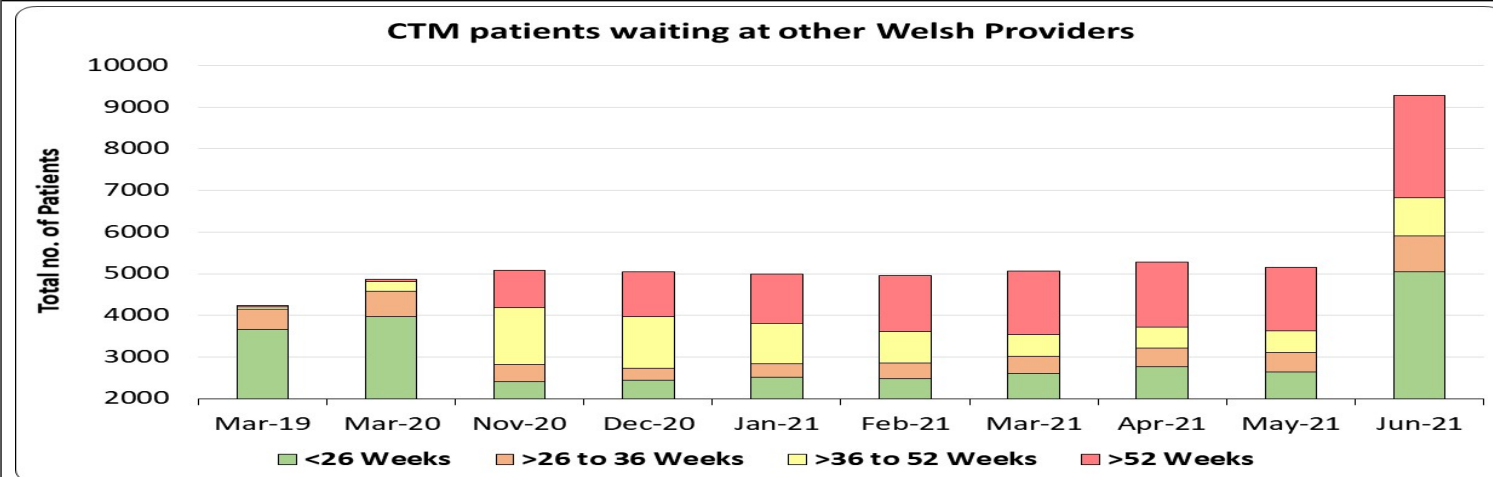
What are the main areas of risk?

- Demand and capacity imbalance.
- Increased acuity of presentation in CYP has resulted in CYP being unwell and needing more intensive longer-term work.
- Recruitment. Recent WG investment has meant that neighbouring HB will also be recruiting at this time.
- Staff sickness due to COVID.
- Lack of IT equipment to facilitate Attend Anywhere consultations whilst patients and staff are isolating.

How do we compare with our peers



CTM Patients Waiting for Treatment at other Welsh Providers – *Please note that w.e.f. from June 2021, Swansea Bay UHB have applied a LHB residents code to their waiting list submission that has had the impact of revealing an increase in the number of CTM residents waiting for treatment at SB that were previously regarded as being their own residents. This does not affect the management of the patients as they have been reported on SB waiting lists and will continue to do so until the patients are treated.



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.

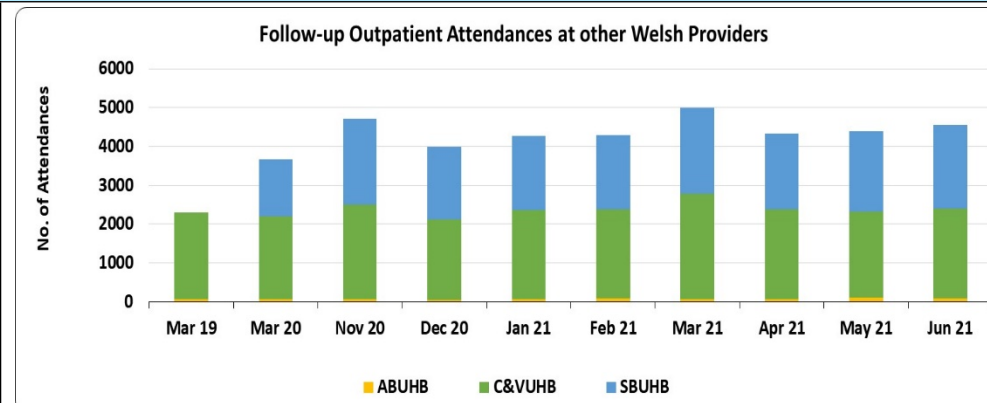
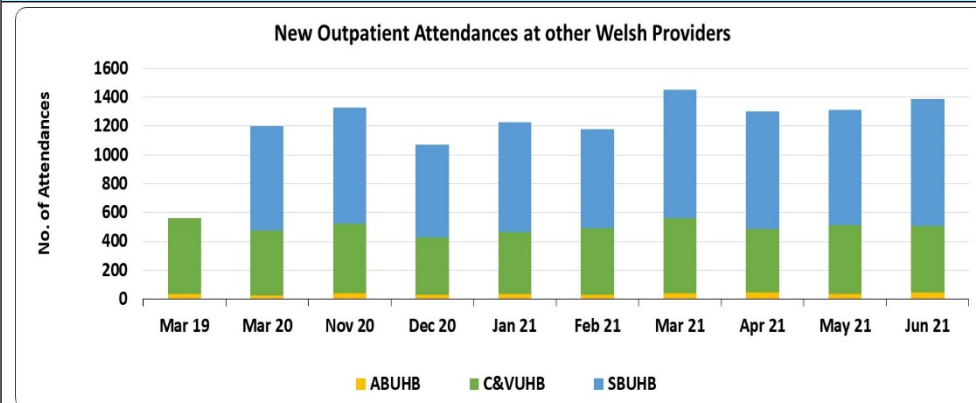
Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards and overall there has been a reduction of 115 patients since April. The tables to the right provide the RTT, Diagnostic and Therapy waits for CTM patients waiting 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 June totals 3,357*. The number of patients waiting over 8 weeks for a diagnostic at these Health Boards are 396 and there are 3 patients waiting over 14 weeks for a therapy.

Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB		
Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks	Specialty	>36 to 52 Weeks	>52 Weeks
Trauma & Orthopaedics	110	578	Trauma & Orthopaedics	11	54	Oral Surgery	107	328
Ophthalmology	45	157	Urology	16	45	Trauma & Orthopaedics	44	249
Neurology	155	40	Ophthalmology	6	19	Plastic Surgery	57	223
Clinical Immunology And Allergy	23	59	Oral Surgery	6	18	General Surgery	67	194
Oral Surgery	12	45	ENT	5	14	Gynaecology	18	45
ENT	13	39	General Surgery	2	6	Orthodontics	10	52
Gynaecology	2	40	Dermatology	5	2	Neurology	45	4
General Surgery	11	22	Gastroenterology	4	0	ENT	6	18
Cardiology	20	8	Gynaecology	0	1	Gastroenterology	6	17
Urology	8	20	Neurology	1	0	Ophthalmology	5	14
Paediatric Surgery	10	18	Grand Total	56	159	Allied Health	18	0
Neurosurgery	7	19				Clinical Haematology	10	8
Paediatric Dentistry	6	14				Urology	5	10
Dermatology	5	10				Restorative Dentistry	3	8
Paediatrics	2	12				Cardiology	4	5
Dental Medicine Specialties	3	5				Cardiothoracic Surgery	0	6
Cardiothoracic Surgery	2	5				Paediatrics	2	3
Rheumatology	1	4				Dermatology	1	2
Orthodontics	1	2				Rheumatology	2	0
Pain Management	1	1				Paediatric Neurology	0	2
Restorative Dentistry	0	2				Diagnostic	1	0
Clinical Haematology	1	0				Respiratory Medicine	0	1
Respiratory Medicine	0	1				Grand Total	411	1189
Anaesthetics	0	1						
Clinical Pharmacology	1	0						
General Medicine	0	1						
Grand Total	439	1103						

Cardiff & Vale UHB			Aneurin Bevan UHB			Swansea Bay UHB		
Service	Total Waits	>8 wks	Service	Total Waits	>8 wks	Service	Total Waits	>8 wks
Cardiology	120	40	Cardiology	8	4	Cardiology	79	44
Endoscopy	11	16	Endoscopy	26	14	Endoscopy	27	16
Radiology	135	5	Radiology	14	0	Physiological Measurement	1	0
Physiological Measurement	16	9	Total	48	18	Neurophysiology	321	246
Neurophysiology	4	2				Total	428	306
Imaging	2	0						
Total	310	72						

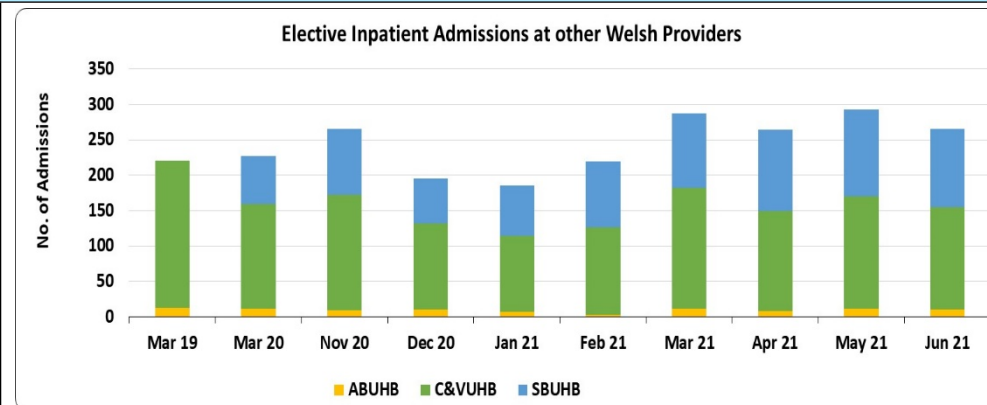
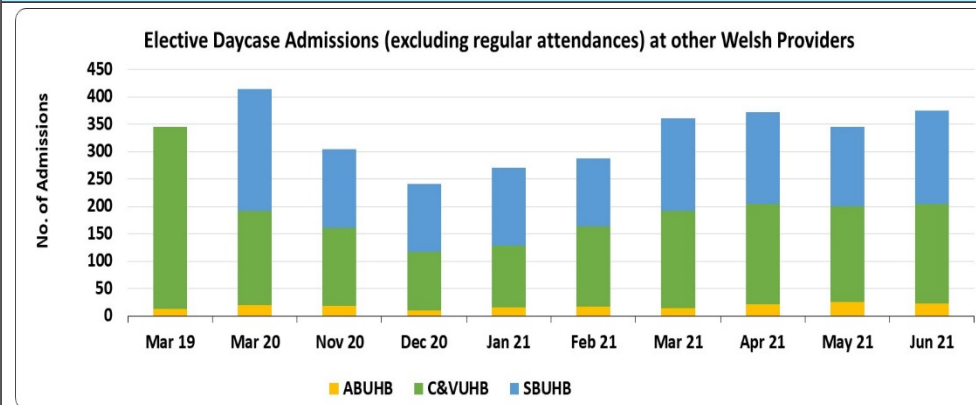
CTM Outpatient Attendances at other Welsh Providers



The WHSSC June Activity report (performance reports have not been made available since prior to Covid) shows that for the specialist services covered in the report: Cardiac Surgery, Thoracic Surgery, Neurosurgery, Plastic Surgery and Paediatric Surgery, those provided in Wales continue to recover more slowly across the specialties than English counterparts. Almost all specialties are reported as delivering less activity than for the same period in 19/20.

From an outpatient perspective, performance is generally positive with first outpatients being seen within 16 weeks and follow-ups being managed appropriately.

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



Within Cardiac Surgery, CTM continue to have the lowest access rates per 100k population. Whilst Cardiff has been steadily reducing their waits for an intervention with approx. half waiting compared to pre Covid levels, in Swansea, numbers waiting have stayed close to pre Covid levels resulting in more patients waiting significantly longer for treatment. For Thoracic, CTM is reported as having the highest access rate per 100k for treatment, but many patients are waiting over a year in both providers.

The number of patients awaiting Neurosurgery and Plastic Surgery has remained largely unchanged from pre-Covid and they are waiting longer. Most concerning is Paediatric Surgery with all HBs bar Cardiff having low access rates and almost 35% of patients waiting over a year for an admitted intervention, significant given that the highest volume age band waiting is 0-4.

Quadruple Aims - At a Glance

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

Measure		Target	Current Period		Last Period	
% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2019/20	27.8%	not available	
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		95%	Q4 20/21	97.3%	Q3 20/21	96.4%
% of children who received 2 doses of the MMR vaccine by age 5		95%		92.8%		93.3%
% of adult smokers who make a quit attempt via smoking cessation services		5% Annual Target	2020/21	3.99%	2019/20	3.59%
% of those smokers who are CO-validated as quit at 4 weeks		40% Annual Target		not available		38.4%
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		4 Qtr Reduction Trend	Q3 20/21	311.6	Q3 19/20	419.7
% of people who have been referred to health board services who have completed treatment for alcohol misuse		4 Qtr Improvement Trend	Q4 20/21	70.8%	Q3 19/20	66.6%
Uptake of influenza vaccination among:	65 year old and over	75%	2020/21	75.4%	2019/20	68.9%
	under 65's in risk groups	55%		46.3%		40.3%
	pregnant women	75%		74.6%		81.7%
	health care workers	60%		67.8%		63.2%
Uptake of cancer screening for:	bowel	60%	2018/19	55.0%	2017/18	54.8%
	breast	70%		74.1%		73.9%
	cervical	80%		72.8%		not available
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)	under 18 years	90%	Jun-21	70.2%	May-21	95.9%
	over 18 years			91.3%		88.0%
% of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed		Annual Improvement	2019/20	51.9%	2018/19	50.0%

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

Measure		Target	Current Period		Last Period		
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2019/20	65.4%	not available		
% of children regularly accessing NHS primary dental care within 24 months		4 Qtr Improvement Trend	Q2 20/21	62.3%	Q1 20/21	64.2%	
% of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered		90%	Jan-20	97.0%	Dec-19	91.2%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jul-21	53.5%	Jun-21	59.0%	
Number of ambulance patient handovers over 1 hour		Zero		402		208	
% 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%		67.4%		70.2%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge		Zero		1149		850	
% of survival within 30 days of emergency admission for a hip fracture		12 Month Improvement Trend	Apr-21	66.7%	Apr-20	58.6%	
% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time		SSNAP Average 59.3%	Jun-21	not available	May-21	16.0%	
% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time		SSNAP Average 85.2%				75.6%	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		75%	Jul-21	13,365	Jun-21	61.0%	
Number of patients waiting more than 8 weeks for a specified diagnostic		Zero				13,313	
Number of patients waiting more than 14 weeks for a specified therapy						272	267
% of patients waiting less than 26 weeks for treatment						49.6%	48.4%
Number of patients waiting more than 36 weeks for treatment						43,624	42,337
Number of patients waiting for a follow-up outpatient appointment						106,041	106,040
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%		14,815	Jun-21	28,365	May-21	28,365	
% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments		95%				35.4%	35.4%
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	2019/20	2.5	not available		
% 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%	Jun-21	20.7%	May-21	41.9%	
% 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)				65.3%		61.7%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)				72.2%		62.5%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)				83.7%		83.8%	
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment			Jul-21	48.3%	Jun-21	44.8%	
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-21	83.8%	May-21	81.2%		
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	E.coli	To be confirmed	Apr-21 to Jul-21	96.03	Apr-21 to Jun-21	95.66	
	S.aureus bacteraemia			32.01		32.19	
	C.difficile			32.68		30.40	
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Klebsiella sp			18.01		17.88	
	P. aeruginosa			6.67		5.36	
Number of potentially preventable hospital acquired thromboses		4 Qtr Reduction Trend	Q1 - Q3 20/21	4	Q4 19/20	2	

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

Measure	Target	Current Period		Last Period	
Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	2018/19	6.33	2016/17	6.03
% of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor	Annual Improvement	2019/20	90.8%	not available	
Overall staff engagement score	Annual Improvement	2020	71%	not available	
% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Jul-21	55.0%	Jun-21	54.6%
% of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement	2018	53.0%	2016	54%
% compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Jul-21	65.8%	Jun-21	65.5%
% of sickness absence rate of staff	12 Month Reduction Trend	Jun-21	7.1%	Jun-20	6.3%
% of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual Improvement	2020	61.4%	2018	75.0%
% of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Q4 20/21	52.7%	Q3 20/21	62.2%

Quadruple Aim 4:
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Measure	Target	Current Period		Last Period	
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	1,848	Q1-Q3 20/21	1626	2019/20	1680
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	29		24		28
Crude hospital mortality rate (74 years of age or less)	12 Month Reduction Trend	May-21	2.28%	Apr-21	2.37%
% of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 Month Improvement Trend	May-21	85.7%	Apr-21	42.5%
% of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening			71.4%		56.3%
% 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	Apr-21	0.6%	Apr-20	2.8%
All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	Q3 20/21	98.9%	Q2 20/21	98.8%
Total antibacterial items per 1,000 STAR-PU's (specific therapeutic age related prescribing unit)	To be confirmed		279.2		262.5
Number of patients age 65 years or over prescribed an antipsychotic	Qtr on Qtr Reduction		1437		1474
Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age			0.17%		0.18%
Opioid average daily quantities per 1,000 patients	4 Qtr Reduction Trend	Q3 20/21	5240.6	Q2 20/21	5017.9
Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Qtr on Qtr Improvement	Q2 20/21	72.3%	Q1 20/21	66.7%
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 Qtr Reduction Trend	Q4 20/21	25.6%	Q3 20/21	21.6%
% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Qtr on Qtr Reduction towards Target of no more than 5%	Q4 20/21	6.8%	Q3 20/21	6.7%
Number of procedures postponed either on day or the day before for specified non-clinical reasons	2,713	Apr-21	667	Mar-21	571
Agency spend as a percentage of the total pay bill	12 Month Reduction Trend	Jan-21	6.7%	Dec-20	6.1%
% of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual Improvement	2019/20	94%	2018/19	not available



AGENDA ITEM

5.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ORGANISATIONAL RISK REGISTER

Date of meeting

24/08/.2021

FOI Status

PUBLIC

If closed please indicate reason

Not applicable – Public Meeting

Prepared by

Cally Hamblyn, Assistant Director of Governance & Risk

Presented by

Georgina Galletly, Director of Corporate Governance

Approving Executive Sponsor

Director of Corporate Governance

Report purpose

FOR REVIEW & APPROVAL

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

Committee/Group/Individuals

Date

Outcome

Service, Function and Executive Formal Review

July 2021

RISKS REVIEWED

Management Board

21st July 2021

MANAGEMENT SIGN OFF RECEIVED

Audit & Risk Committee

17th August 2021

RISKS REVIEWED

ACRONYMS

CSGs Clinical Service Groups

ILG's Integrated Locality Groups

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present the high level organisational risks included on the Organisational Risk Register which have been assigned to the Committee, and highlight the management actions being taken to manage or mitigate these high level risks.
- 1.2 The report should be considered in the context that risks within the organisation are still undergoing a robust review and therefore the organisational risk register remains a work in progress and activity continues to ensure a consistency of approach to the quantification of risk across the Health Board.

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

- 2.2 The following progress has been made since the last report:
 - The ILGs are continuing to work to both rationalise and standardise the Clinical Service Group risk registers, the pace of this activity has been impacted by the operational pressures in response to Covid-19, however, activity has resumed with the target of October 2021 for all risks held on the Datix system to have been reviewed.
 - The monthly risk management awareness sessions held virtually via Teams are being well received. 193 members of staff have received the Risk Training Awareness Session - January to July 2021.
 - 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

No new risks added which are assigned to this Committee this period.

3.2 CHANGES TO RISK RATING

a) Risks where the risk rating INCREASED during the period

Bridgend Locality

1. Datix ID 4149 - Failure to sustain Child and Adolescent Mental Health Services. Risk increased from a 16 to a 20 due to the increased escalation status of Ty Llidiard.

b) Risks where the risk rating DECREASED during the period

No risks assigned to this Committee were decreased in terms of risk rating this period.



3.3 CLOSED RISKS

No risks assigned to this Committee were closed this period.

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

Consequence	5				4149	
	4				4458	4060 4629
	3					
	2					
	1					
CxL	1	2	3	4	Likelihood	

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Aim to mitigate risks to patients and staff
Related Health and Care standard(s)	Governance, Leadership and Accountability
	All Health and Care Standards are included
Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Committee is asked to:

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

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4060	Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to remain in financial balance in 2021/22.	IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the available funding for 2021/22 (including Covid funding and Planned Care recovery funding) Then: The Health Board will not be able to develop a break-even financial plan for 2021/22 and deliver it . The context is that the draft plan for 21/22 currently shows a deficit of £19.8m which entirely relates to Q3 and Q4, since the Health Board has only received Covid funding for non programme costs for Q1 and Q2 only. Resulting in: Potential deficit in 2021/22 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. <i>The context is that the break even financial plan for 21/22 includes significant non-recurring funding for Covid-19 which has yet to be confirmed by Welsh Government (WG). Delivery of the 21/22 Plan is also predicated on a return to levels of efficiency savings close to pre-Covid levels (21/22 Savings target = £14.5m).</i>	2021/22 IMTP and financial plan submitted to WG at the end of June, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Routine monitoring arrangements in place. Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.	Bottom up savings plans at the end of June are showing a gap of £0.9m against the In year target of £14.5m for 21/22. Further develop the savings planning process identified by the COO and DoF for implementation in July onwards. Financial accountability letters and budget schedules for 21/22 to be issued and signed off by end of July. Further discussions needed with Welsh Government to understand likely funding position for 21/22.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	27.01.2021	05.07.2021	31.8.2021
4629	Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22.	IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2022/23. Then: The Health Board will not be able to develop a break-even financial plan for 2022/23 and deliver it . The context is that a key issue beyond 21/22 is the recurrent impact of the plan in 22/23 when it is likely that the non recurring funding for Covid in 21/22 will end or significantly reduce as well as non recurring Transformation funding ending. Resulting in: Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.	2021/22 IMTP and financial plan submitted to WG at the end of June , including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Routine monitoring arrangements in place. Regular reporting of the forecast recurring position to Management Board and Planning, Performance & Finance Committee and Board.	Bottom up savings plans at the end of June are showing a gap of £8.2m against the £16.1m Recurring savings target for 21/11. Further develop the savings planning process identified by the COO and DoF for implementation in July onwards. Further discussions needed with Welsh Government to understand likely funding position for 22/23.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	10.5.2021	05.07.2021	31.8.2021
4149	Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain Child and Adolescent Mental Health Services	IF: The Health Board continues to face challenges in the CAMHS Service Then: there could be an impact in maintaining a quality service Resulting in: recruitment challenges, long waiting times and impact to the implementation of the new model of care. Loss of trust and confidence in the services provided by the Health Board. Difficulties remain in recruiting key staff and new model of care being implemented; waiting times for specialist CAMHS and the new neurodevelopmental service remains challenging. Rationale for target score: Increasing demands being placed on the Core CAHMS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff	<ul style="list-style-type: none">Reported local and Network pressures across the CAHMS Network with variable problems dependant on the area of the network.Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed.Service Model developed around Core CAHMS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care.New investment impact being routinely monitored A number of service reviews in relation to Ty Llidiard undertaken and monitored via Q,S&R Committee - Regular WHSSC monitoring meetings to be held. Update July 2021 – Ty Llidiard WHSSC escalation level raised from 3 to 4. Risk description and control measures updated. Risk rating reviewed and consequence rating increased from a 4 to a 5.	Commissioning discussions taking place across the Network in relation to service pressures and funding. Implementation of the Choice and Partnership Approach (CAPA) and being closely monitored. Internal Enhanced Monitoring Action Plan being progressed and monitored on a fortnightly basis by Bridgend ILG. Single Point of Access being developed. Full demand and capacity plans being developed with some assumptions about additional CAMHS demand as a consequence of the pandemic. Update June 2021 - CSG and ILG continue to develop and progress business case proposals to improve service provision and access and recruitment / retention initiatives. Regular WHSSC monitoring meetings to be held.	Planning, Performance & Finance Committee & Quality & Safety Committee	20	C5 x L4	9 (C3xL3)	↗ Increased from a 16 21.7.2021	01/01/2015	21.07.2021	31.8.2021
4458	Chief Operating Officer All Integrated Locality Groups	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches.)	IF: the Health Board fails to deliver against the Emergency Department Metrics Then: The Health Boards ability to provide safe high quality care will be reduced. Patients will be waiting in the ambulance rather than being transferred to the Emergency Department. Resulting In: A poor environment and experience to care for the patient. Delaying the release of an emergency ambulance to attend further emergency calls. Compromised safety of patients, potential avoidable harm due to waiting time delays. Potential of harm to patients in delays waiting for treatment.	Senior Decision makers available in the Emergency Department. Regular assessments including fundamentals of care in line with National Policy. Additional Capacity opened when safe staffing to do so. Senior presence at Health Board Capacity Meeting to identify risk sharing. Winter Protections Schemes Implemented within ILG's. Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Live Flow Information Dashboard being scoped - Target Date: 31.3.2021 Unscheduled Care Board focus on SDEC/AEC, D2RA - Contact ahead 111 - Target Date: Contact Ahead: March 2021, 111: January 2021. March 2021 - the 111 system commenced in RTE and M&C Locality in November 2020 - will commence in Bridgend Locality shortly. The Unscheduled Care Improvement Programme will be launched in April 2021. A focus of this forum will be on the improvement of the urgent care pathway through the Health Board with the primary benefits being the reduction/eradication of Ambulance Handover Delays. The Unscheduled Care Improvement Board will monitor progress on the programme on a monthly basis. Given the decrease in compliance for 12 and 4 hour waits, it is impossible to outline progress at this point. It is anticipated that the work of the Urgent Care Improvement Group will be able to report some improvement in the coming months. Review in August 2021	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	↔	04/12/2020	4.6.2021	31.7.2021



AGENDA ITEM

5.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

OPHTHALMOLOGY UPDATE

Date of meeting	24/08/2021
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Chris Coslett, Ophthalmology Quality and Improvement Manager
Presented by	Gareth Robinson, Chief Operating Officer
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

ILG	Integrated Locality Group
CSG	Clinical Service Group
RTT	Referral to Treatment
FUNB	Follow up not booked
HEIW	Health Education and Improvement Wales
SLA	Service level agreement
CTM	Cwm Taf Morgannwg

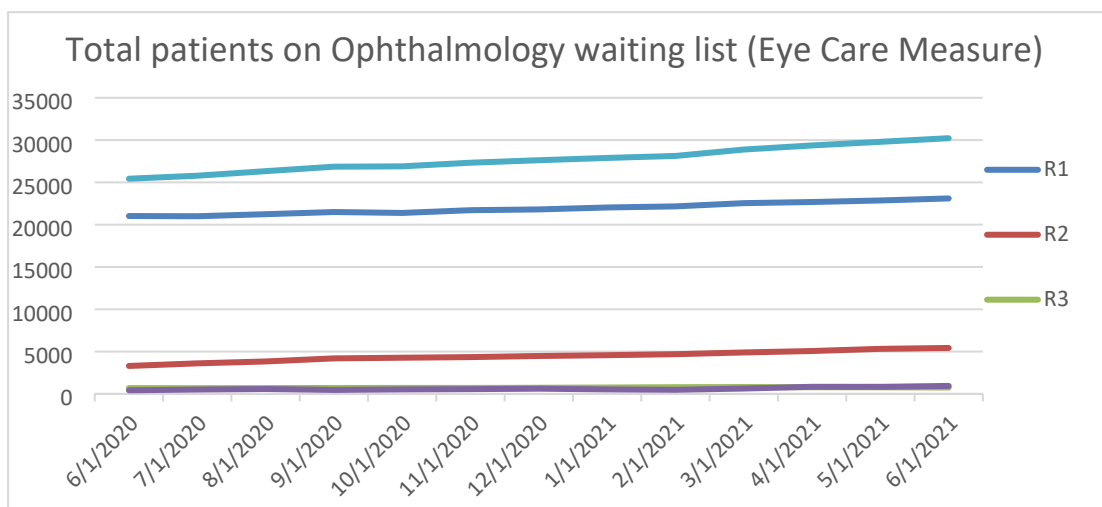
1. SITUATION/BACKGROUND

- 1.1 Ophthalmology services are delivered across the Health Board and since February 2021 have been hosted by Bridgend ILG, under the Surgery, Theatres and Critical Care Clinical Services Group. Demand and capacity for Ophthalmology has historically been challenging across both the former Cwm Taf footprint (the 'North' element of the service) and Bridgend (the 'South'), leading to extensive new and follow up waiting times. The position has been further exacerbated

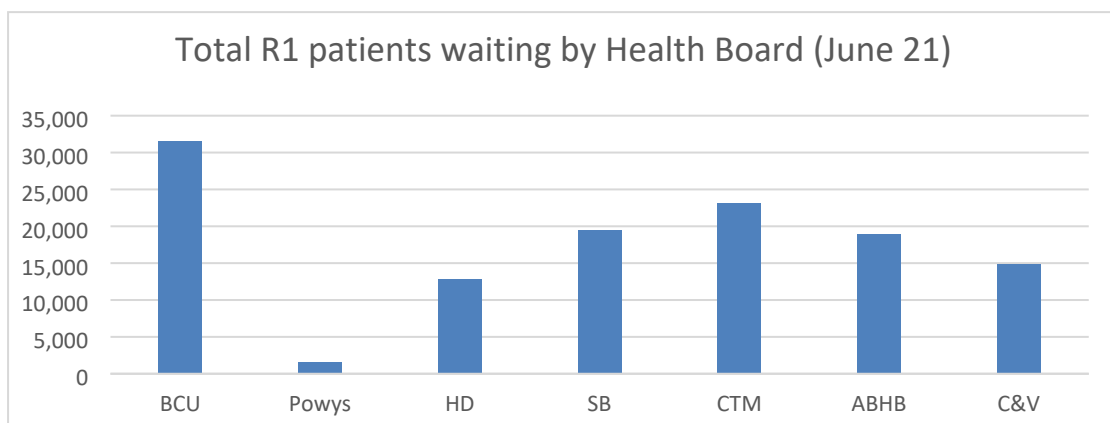
by the impact of COVID-19 and this paper sets out the current position and actions being taken to improve this.

Current waiting list position-

- 1.2 The Health Board reports to Welsh Government each month against the 'Eye Care Measures', with patient numbers reported against R1 (risk of irreversible harm or significant patient adverse outcome if target date is missed), R2 (risk of reversible harm or adverse outcome if target date is missed) and R3 (no risk of significant harm or adverse outcome). The position reported in June 2021 is as follows-



- 1.3 This shows that the total patients on Ophthalmology waiting lists has grown from 25,462 patients in June 2020 to 30,223 in June 2021, with the majority R1 patients and the growth in R1 and R2.
- 1.4 On an all Wales basis, as the chart below shows, CTM has the largest number of R1 patients waiting in South Wales, with only Betsi Cadwaladr UHB having a larger number of R1 patients waiting (source: Statswales)-

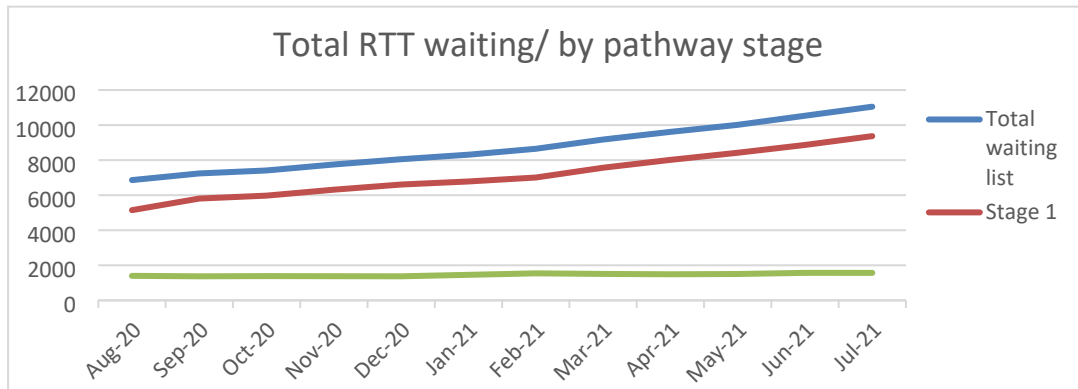




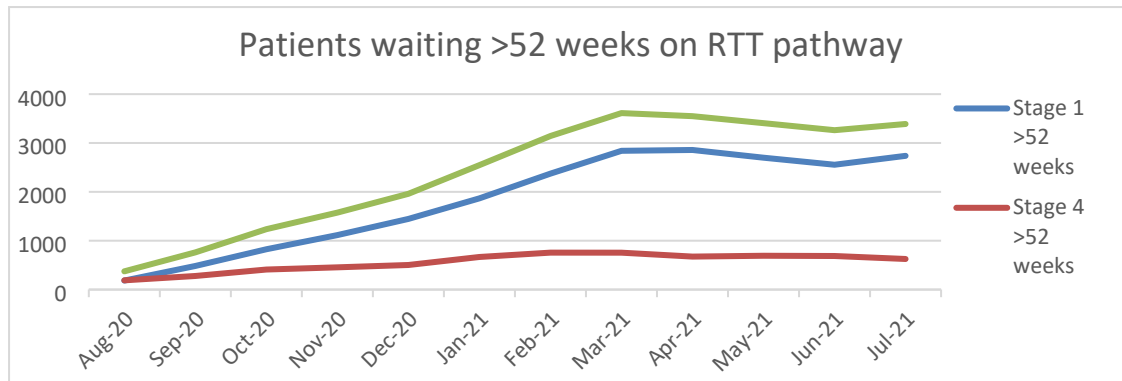
- 1.5 In terms of open RTT pathways, as at 11.08.21 there are 11,184 patients on an open pathway, under the following sub-specialties, demonstrating the range and complexity of the service-

Sub-spec	Waiting >52 weeks	Total waiting
Ophthalmology	946	4,986
Cataract	1,193	2,930
Occular Plastics	249	657
Laser	212	405
Retina	147	393
DRSS	104	470
Corneal	102	214
Paediatrics	69	205
Squint	119	179
Minor procedure	26	169
C&V	151	152
Other	121	424
Total	3,439	11,184

- 1.6 The following chart shows how the total RTT position has changed over the last 12 months, demonstrating consistent growth, predominantly at stage 1 of the pathway (new outpatients)-



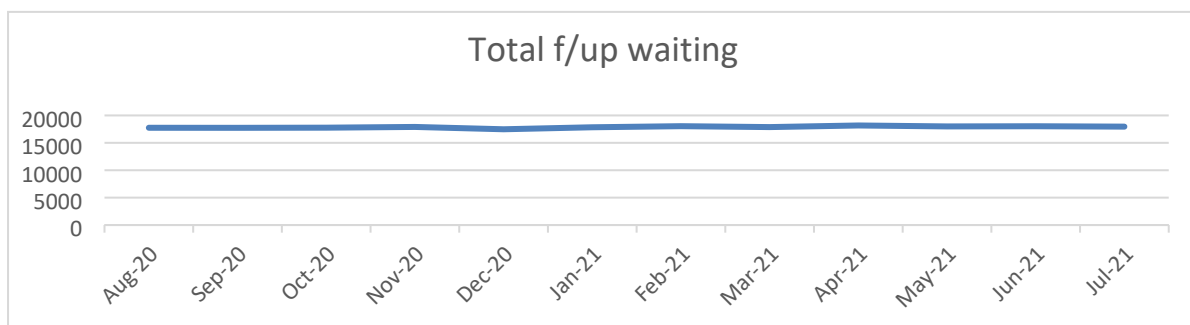
- 1.7 The following chart demonstrates the change in position in relation to patients waiting >52 weeks, with consistent growth initially but levelling off and slightly reducing since March 2021. This reflects increased activity targeted at long waiting patients, including the Planned Care Recovery Programme (described further below)-



1.8 In addition to the RTT open pathways, the service also has a significant follow up backlog-

Area	Not overdue	0-100% overdue	>100% overdue	Total
North	3,260	1,768	4,894	9,922
South	3,624	1,672	2,809	8,105
Total	6,884	3,440	7,703	18,027

1.9 As the following demonstrates, the total patients waiting for follow up has remained consistent over the last 12 months, although noting the impact that reduced new activity has on the follow up position-



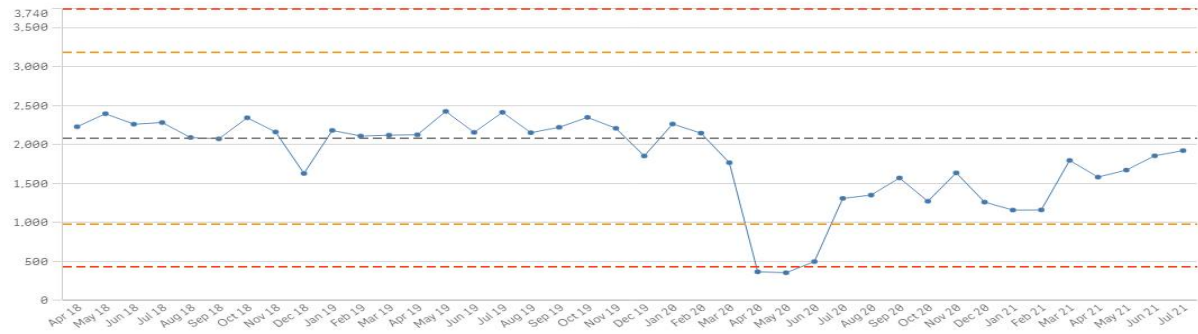
Demand and capacity-

1.10 As the following chart shows, new referrals for Ophthalmology were relatively consistent prior to a significant reduction at the outset of COVID-19-19, but have since increased and are now close to pre-pandemic levels-



New Referrals by Month

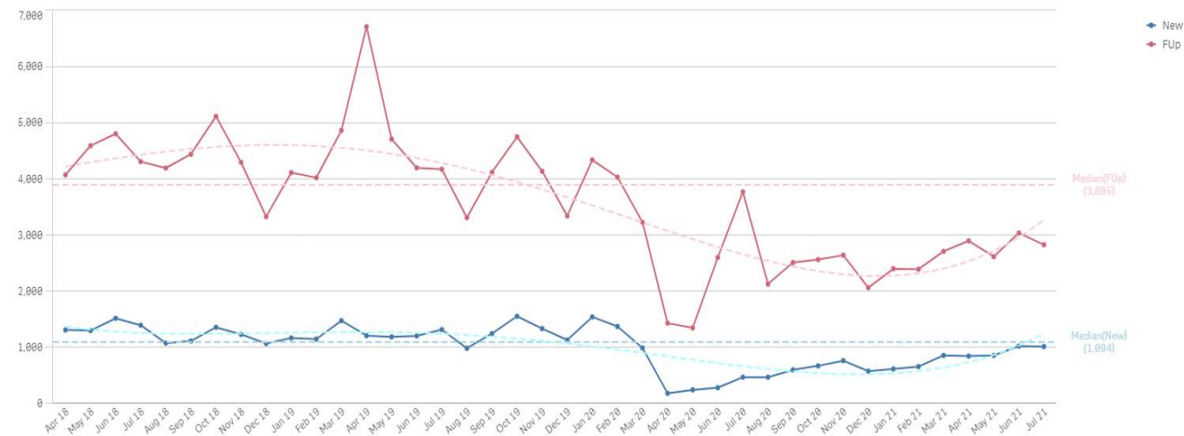
Referrals are considered to be New Direct events.



1.11 As the following chart shows, new outpatient activity was also relatively consistent prior to an initial reduction due to COVID-19, but since returning to close to pre-pandemic levels. Follow up activity remains relatively low, however, and this is impacted by the ongoing restrictions to clinic numbers. This impact is due to ongoing social distancing requirements, which has a particular impact on some Ophthalmology clinics due to the high patient volumes and limited waiting room space. The precise impact varies by clinic and requires further work to quantify (this will be part of the proposed demand and capacity work discussed below), but is estimated to represent in the region of 75% reduction in overall capacity-

New & Follow-Up Attendances by Month

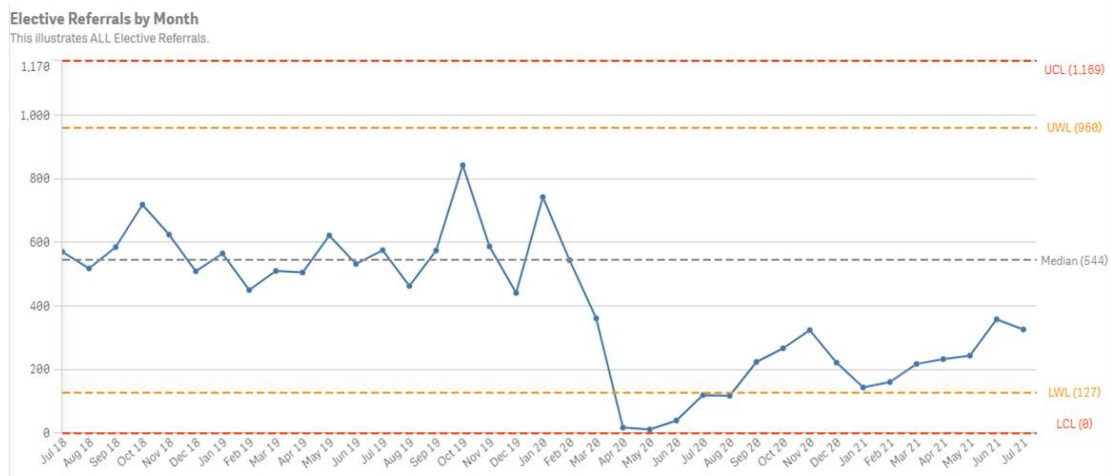
Includes both Direct and Indirect/Non-Contact events.



1.12 The charts above demonstrate that new demand has consistently exceeded activity, leading to increasing waiting lists. Demand and capacity (D&C) profiling was completed at the start of the Planned Care Recovery Programme (PCR) in late March 2021, however this does not reflect the observed data and does not, therefore, provide a reliable projection. The programme of improvement work has also since developed and there is therefore an urgent need to update and refresh the D&C modelling. Additional expertise has been invested in the team to rapidly complete this work as it is expected to significantly increase the recovery capacity, that will now allow that critical work to be completed by mid-September 2021.



1.13 Elective demand has also reduced during COVID-19, but is now increasing, although remaining below pre-pandemic levels-



1.14 Elective activity has also been reduced but is also increasing again. The main constraints are the closure of one theatre in Princess of Wales Hospital (POW) (due to re-open in October 2021, further information in relation to this below), reduced capacity in Royal Glamorgan (RGH) Hospital theatres (although now increasing back towards previous levels) and no access to theatres at Prince Charles Hospital (PCH) which remains ongoing (this is being escalated to seek a resolution). Where clinicians access to theatres has been reduced, they have sought to provide alternative clinical sessions for instance additional clinics at Ysbyty Cwm Rhondda and providing cover for Eye Casualty, however this requires further review that will be progressed (as described under 2.14)-





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

2.1 As the figures above demonstrate, Ophthalmology services are under very significant pressure, leading to long waiting times that ultimately create clinical risk, due to delays in patients being seen, having their condition monitored and receiving the care that they require. In order to seek to address this, a programme of work is being progressed as set out below, aimed at managing demand, improving efficiency and increasing capacity, ultimately aiming to deliver a balanced service. As described above, these will now need to be worked into an updated demand and capacity plan for the service to inform a revised trajectory.

Planned care recovery programme-

2.2 **Approved planned care recovery schemes:** Funding has been approved for the following schemes through planned care recovery funding and are now being implemented, equating to the following additional activity planned for 2021/22-

- 738 Stage 1 (outpatient)
- 348 Stage 4 (treatment)
- 798 Follow ups

Title	Scheme	Impact 2021/22	Activity to date
Focused Transformation Management to Deliver UHB Wide Recovery Programme	Activity - reduction in stage 1	354	New Quality and Performance Improvement Manager recently started in post and will begin to progress work streams against these targets
	Activity - reduction in FUNB overdue	126	
	Activity - Stage 4 Waiting List	108	
North and South specific schemes	Additional outpatient clinics	96	278 new patients seen (138 South, 140 North) 0 FUNB seen in the North or South
	Activity - reduction in stage 1	288	
	Activity - reduction in FUNB overdue	672	
Cataracts outsourcing	Contracts in place, allocated 20 cases per month with scope to increase if additional funding/capacity available.	240	128 patients notes sent, 38 have had surgery + 12 booked, 26 await outcome of clinic review, 42 booked for clinic, 7 returned, 3 postponed due to COVID More notes to be sent w/c 9 th August 2021

2.3 As the table above shows, the outpatient focussed schemes are ahead of trajectory for new patients but behind trajectory for follow up. Clinician availability is a key constraint and this will be further



impacted by the recent all-Wales guidance regarding payments for additional sessions worked for planned care recovery, setting a rate that is not attractive to the Consultant team. This is not unique to Ophthalmology and has been escalated at Planned Care Recovery Board, where it was confirmed that the Health Board is committing to working within the all-Wales guidance. Outsourcing of Cataracts is progressing and the data will continue to be monitored.

- 2.4 Clearly this additional activity, even if fully delivered, would not be sufficient to clear the waiting lists described, therefore a range of further schemes are being progressed as described in greater detail below. Projected activity associated with these and associated trajectories is summarised at the end of the end of the section.
- 2.5 **Glaucoma ODTTC development:** A Glaucoma Ophthalmic Diagnostic and Treatment Centre (ODTC) has been developed in Maesteg Hospital. This innovative facility will be staffed by non-registered Health Care Support Worker (HCSW) staff who will collect face-to-face clinical data that will be examined virtually by non-medical professional staff at POW. It is anticipated that the works will be completed during September and that once fully operational, this will provide additional capacity for 60 patients per week (adjusted to 51 if backfill is not possible).
- 2.6 **Glaucoma Consultant business case:** A business case is in the process of being developed seeking funding for additional, dedicated Glaucoma Consultant sessions, in recognition of the long-standing pressures in this area and anticipated growth. A joint post with Cardiff and Vale (C&V) UHB is proposed (two sessions C&V, eight sessions CTM), plus uplift funding to convert an existing Specialist Doctor post to a Consultant. The intention is to reduce reliance on ad-hoc solutions and provide a sustainable service that can meet demand. The cost of this proposal is estimated at £113k per annum, delivering approximately 252 additional procedures per annum plus 336 new and 504 follow up appointments. Given that funding is required for this post, it is not included in the waiting list trajectories.
- 2.7 **Shared care (Glaucoma):** This work stream is being progressed in collaboration with Optometry leads in Primary Care, working to develop shared care pathways for Glaucoma patients. A pathway has been agreed for low risk patients to have their assessment in primary care, with images shared with secondary care clinicians for remote review. Implementation is progressing, with one site in Merthyr Tydfil now operational, two sites due to go live in August 2021 and a final site in the process of having the cabling installed and activated to support image transfer.



At present there is fixed term funding for this, so recurrent funding is required should implementation be successful. Once fully operational, this service will provide capacity to see 400 follow up patients per month, with further work to understand the potential to expand this to new patients once the follow up backlog is cleared and the timing of this.

- 2.8 **Shared care (Diabetic Retinopathy):** In line with the above, this pathway is being developed to allow the assessment of appropriate Diabetic Retinopathy patients in primary care. A service specification and Service Level Agreement (SLA) have been drafted and are waiting comment from the South East Wales Regional Optical Committee. Once approved the documentation will need to be ratified by the Welsh Eye Care Committee prior to implementation. In preparation, a session is planned with consultant and interested optometrists to discuss delivery of proposed scheme and expression of interest will be undertaken for practices to join this. At present there is 12 months funding provided by Welsh Government to support this. A previous audit has identified that there are approximately 1,000 patients on the Diabetic Retinopathy follow up waiting list, of which approximately 600 could be transferred to the community service and these are currently assumed to be staggered into the new service from January 2022. This service would then continue to see a proportion of new referrals and ongoing follow ups thereafter, but would be depending on further funding being approved.
- 2.9 **Theatres POW:** Capacity has been constrained due to theatre staff being required to isolate due to COVID-19. As the guidance has been updated, risk assessments have been expedited to ensure that staff can return safely at the earliest opportunity. Recruitment has also been undertaken for additional theatre staff in order to run the second eye theatre in POW, with two Operating Department Practitioners (ODP) now recruited and due to commence in September/ October 2021. A risk assessment will need to be undertaken closer to the time to determine whether the new staff may be required to support other services e.g. cancer that are also under pressure, depending on 'green' bed capacity. If this capacity is prioritised for Ophthalmology, Consultant job plans will need to be updated to accommodate these sessions, which is not anticipated to present a barrier. This will release four operating days per week, which is intended to be prioritised for Cataracts, with a plan to introduce a high volume/ low risk list each week in addition to three standard lists, therefore delivering a total of 46 additional procedures per week, or 1,932 per year (adjusted to 1,560 if backfill is not possible).



- 2.10 **New technology trial:** A bid is being worked up for submission to Welsh Government seeking £150k to support a trial of Inn-Focus Microshunt (IMS) to replace trabeculectomy for glaucoma operations. IMS is a new technology that would be anticipated to reduce the operating time of each procedure by at least 50% and require three fewer follow up appointments post-operatively (reduced from eight to five). If approved, the trial will involve 150 patients, with data from the trial to be collected to inform the longer term adoption of this approach. On this basis, if the trial is successful, this should release capacity for approximately 150 additional procedures and 450 follow up appointments.
- 2.11 **Regional plan:** Discussions are ongoing to deliver a regional approach to increasing capacity for cataracts across South East Wales, with a national project manager now in post supporting this work. Following a meeting in June 2021, a commitment has been made to take urgent action, working collaboratively across the region and focussing on developing core capacity with an agreement in principle to work towards developing a regional centre of eye care excellence. The work will be progressed under three specific working groups focussed on workforce, standards and estates. Initially there is a focus on increasing capacity where this can be done relatively quickly e.g. the second Ophthalmology theatre at POW as described above, additional theatre capacity at Nevill Hall Hospital (expected to come on line from February 2022) and the University Hospital of Wales (expected from November 2021). Whilst the principle of regional collaboration has been agreed, it is not clear at this point whether these developments will provide additional capacity for CTM and these discussions will be urgently progressed.
- 2.12 The following sets out the anticipated additional activity from the schemes described above, noting that these are at varying stages of maturity and therefore certainty regarding expected impact-

New outpatient-

Scheme (new OP activity)	Projected new outpatient activity per month						
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
PCR schemes*	56	115	115	115	115	115	115

**assumes that the payment issue re: WLI clinics will be resolved so that Consultant support will continue and that activity continues at the current rate. If funding for the Glaucoma Consultant business case is approved then this will deliver further additional activity, although not likely to be until 2022/23.*

Inpatient

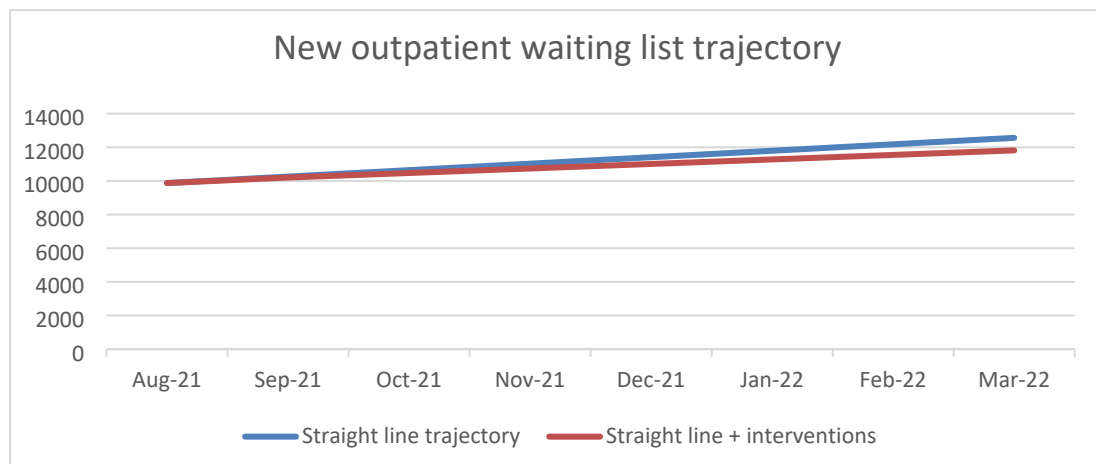
Scheme (inpatient activity)	Projected inpatient activity per month						
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
POW 2nd theatre		80	161	161	161	161	161
Microshunt		25	25	25	25	25	25
Additional inpatient activity		105	186	186	186	186	186

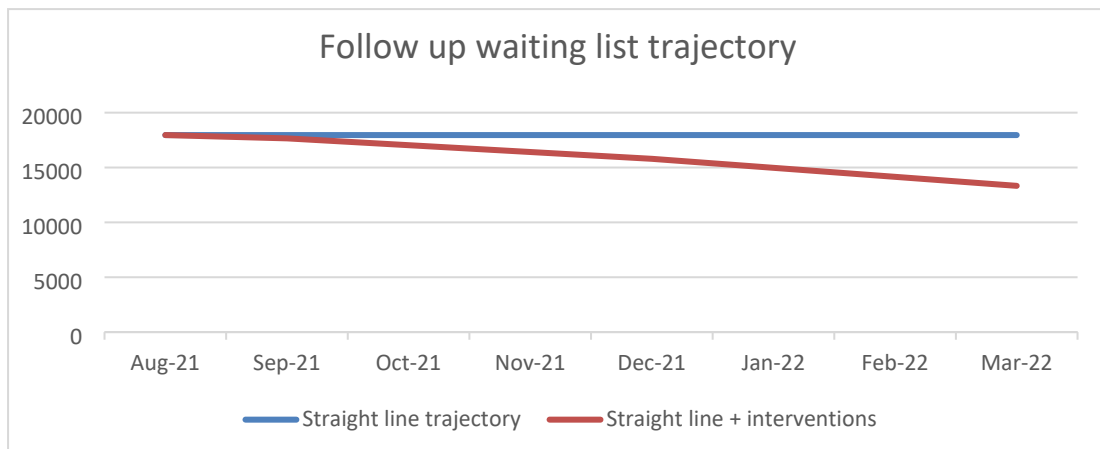
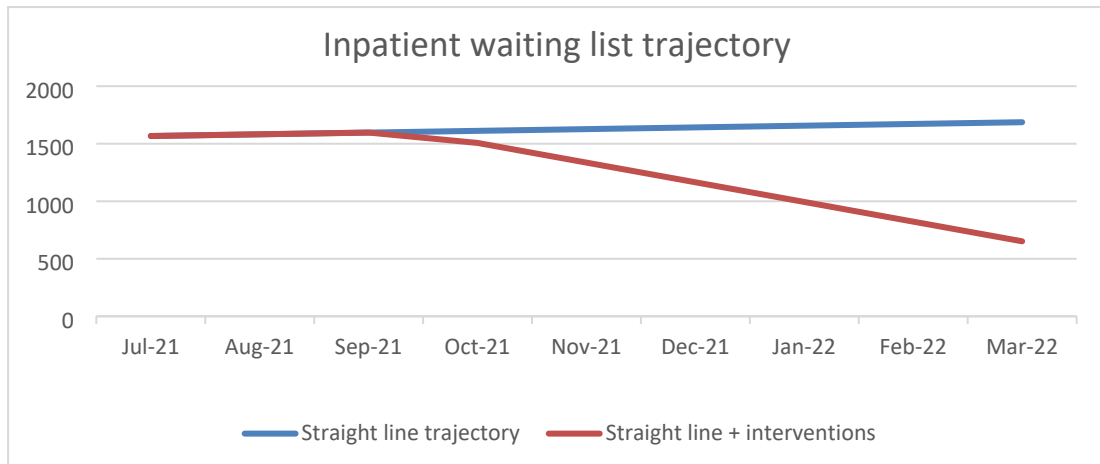
Follow up-

Scheme	Projected f/up activity per month						
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
PCR schemes*	0	0	25	25	25	25	25
Mesteg ODTc	120	240	240	240	240	240	240
Shared care Glaucoma	200	400	400	400	400	400	400
Shared care DR					200	200	200
Total extra f/up activity	506.5	706.5	706.5	706.5	906.5	906.5	906.5

*assumes that any future WLI clinics will be focussed on new activity as has been the case to date

- 2.13 Based on the above, the following trajectories have been developed. The 'straight line trajectory' assumes that each waiting list will grow at the average rate of growth over the last 12 months. The 'straight line plus interventions' follows the same logic, with the additional activity from the schemes described above incorporated-





2.14 As the above demonstrates, should the additional schemes be successfully delivered, it is projected that there will be reductions in the inpatient and follow up waiting lists. Whilst the rate of growth of the new outpatient waiting list will slow, it is projected to continue to grow and it is clear, therefore, that further targeted intervention will be required in this area. Further actions will therefore be urgently progressed in this area including the following-

- Review all clinic templates to ensure that these are being maximised, where constraints are identified seek to address
- Review Consultant job plans to ensure that clinical capacity is being maximised, including seeking to re-allocate any clinical sessions that cannot currently be fully used e.g where other session are reduced/ cancelled
- Seek for Ophthalmology to be prioritised for the Health Board's waiting list validation scheme as part of PCR (currently being piloted in other service areas until mid-September)
- Review any further potential schemes to be progressed under PCR to increase new patient capacity

2.15 As described above, however, a full and detailed demand and capacity refresh is required in order to provide a definitive future



trajectory of the Ophthalmology waiting lists, this work will be urgently prioritised.

Wider service developments-

- 2.16 The following projects are being progressed in order to improve the overall quality and safety of the service. At present they are not anticipated to deliver activity gains and so are not incorporated into the modelling above-
- 2.17 **Open Eyes (national electronic patient record):** The Health Board is committed to implementing the national electronic patient record, Open Eyes, with a roll out plan in place and servers installed to support this, with testing under way. A training programme is also being progressed. A workshop was undertaken on the 14 August 2021 with a range of stakeholders to map out patient journeys and to understand how they are managed and the information flows that are required to support these. Implementation is planned for October 2021, although noting the significant work required in order to deliver this. Activity benefits are not currently anticipated however enhanced image sharing will support work streams such as shared care as described above and will enhance patient safety and experience when moving between services.
- 2.18 **Streamlining pre-assessment process:** In line with the National Planned Care pathways, a Cataract pathway is being developed through a dedicated task and finish group that was established in May 2021. The key area of focus for this work stream is on the establishment of a one-stop pre-assessment service. This is not expected to deliver additional activity that will impact on waiting lists, but will improve efficiency by ensuring that sufficient volumes of patients are pre-assessed and ready to populate the additional inpatient activity that is projected above.
- 2.19 **Investment in equipment:** There has been investment in new equipment within the service, with funding for a new Optical Coherence Tomography system (OCT) in POW as well as new retinal cameras for both POW and Maesteg. This new equipment supports the delivery of high quality care, as well as networking in preparation for Open Eyes as set out above and brings the service within Bridgend in line with the rest of the Health Board.
- 2.20 **Orthoptic service POW:** Aside from core Orthoptic and Paediatric clinics, the Orthoptic team at POW are responsible for the delivery of a range of extended scope services, including hospital based glaucoma service, Stroke visual assessment and rehabilitation advice, Botulinum toxin treatment and a visual function clinic (the

only service of its kind in Wales). A process is ongoing to introduce an Orthoptic Lead across the Health Board to ensure consistency of approach and that any learning is applied across all areas.

- 2.21 Independent Prescribing Optometry Scheme:** This service has been running since October 2020 and allows qualified optometrists to treat urgent patients referred from Eye Casualty that cannot be managed by other providers. There are currently nine optometrists providing the service across CTM and more in training, with over 1,500 patients seen, avoiding onward referral to their GP or secondary care. The scheme does not have a confirmed funding stream and so this will need to be resolved going forward.

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

- 3.1** As highlighted above, there are a wide range of work streams being progressed in order to maximise efficiency and activity within the service and ultimately improve waiting times. The number of patients waiting, however, is very large and further work is required in order to update the demand and capacity position, incorporating all of the schemes described above and the latest data, so that a detailed trajectory for improvement can be agreed. Constraints associated with COVID-19 continue to impact on the service, for instance reduced clinic capacity due to social distancing and access to theatres, and this will also need to be incorporated into projections. The recent pay circular regarding Consultant payments for additional sessions may also impact on willingness to support extra clinics going forward. As noted above, this has been discussed at Planned Care Recovery Board with confirmation of the Health Board's intent to work within the all-Wales guidance.
- 3.2** Aside from the underlying capacity gap as described above and the associated work streams, there are a number of ongoing risks in relation to the delivery of services that are continuing to be managed, which were brought to the attention of quality and safety committee members in August 2021. The paper also noted that the Royal College of Ophthalmologists has been invited to undertake an independent review within CTM for which terms of reference have been agreed and initial information has been provided, their feedback regarding next steps is now awaited. This is in addition to the Royal College being commissioned by Welsh Government to undertake an all-Wales review of Ophthalmology services, the feedback from which is awaited following their review of CTM. It is anticipated that the feedback from these reviews and associated improvement plan will also form part of the work programme described.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Waiting times for Ophthalmology can have significant patient safety implications
Related Health and Care standard(s)	Choose an item.
	If more than one Healthcare Standard applies please list below: Staff and resources, staying healthy, 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) 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.
	This paper provides a summary of the current position and plan, EIA would be completed for any specific service changes as 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 Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the content of this report



AGENDA ITEM

6.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

FINANCE UPDATE – MONTH 4 of 2021/22

Date of meeting	24/8/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mark Thomas, Deputy Director of Finance
Presented by	Sally May, Director of Finance & Procurement
Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
Welsh Government	12/8/2021	NOTED

ACRONYMS

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



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

FINANCE REPORT – MONTH 4 of 2021/22

1. SITUATION/BACKGROUND

The purpose of this report is to highlight the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 4 (M4). This report should be read in the context of the draft CTM Integrated Medium Term Plan for 2021/22 to 2023/24 which is available on the website.

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on 'Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021. The updated draft financial plan was submitted to WG on 30 June 2021. The updated draft financial plan for 2021/22 can be broken down into three separate elements:

- The core plan
- Covid response
- Planned care recovery

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

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

This shows a breakeven position through Q1 to Q4, with the deficit in the Core plan being offset by a corresponding surplus against Covid funding, giving an overall breakeven position for 2021/22.



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

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

Please note that the requested additional funding for Other Covid costs has subsequently been increased to £5.5m due to a change of assumptions regarding Long Covid funding. There have also been a number of other changes to the forecast costs and assumed income which are captured in Section 3.6.

The following sections are included in this report:

Section No.	Section	Page Number
2.1	Headline Messages and key actions	6
3.1	Financial Position and Key targets	9
3.2	Revenue performance by Expenditure category	10
3.3	Pay expenditure trends	11
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3.5	Forecast position	16
3.6	Covid costs	17
3.7	Savings Performance by Area	20
3.8	Non Delegated budgets	23
3.9	Key Risks and Opportunities	24
Appendix		
A	Welsh government Allocations	27
B	Public Sector Prompt Payment (PSPP) Performance	28
C	Balance Sheet	29
D	Performance against Capital Resource Limit	30
E	Cash position	31

Note 1: We are reviewing the Board reporting formats for 21/22 and further information may be provided from M6.



2. HEADLINE MESSAGES AND KEY ACTIONS

2.1 Key aspects of the 2021/22 financial plan and financial outlook

The key aspects of the updated financial plan are as follows:

- Anticipated additional non-recurring Covid funding of £20.5m for the Covid overspends from 2020/21. This includes a £16.2m shortfall against the 2020/21 savings plan resulting from Covid and £4.3m of additional cost pressures. This reflects the recent funding principles issued by the Welsh Government, but will be subject to WG review, and may not be fully agreed.
- Requested additional non-recurring Covid funding of £5.5m over the confirmed Welsh Government allocation of £26.1m, to reflect a revised assessment of demand relating to Covid, winter and paediatric respiratory virus.
- Anticipated non-recurring allocations from Welsh Government of £7.0m in 2021/22 for investment in Think 111 First, Urgent primary care and Same Day Emergency Care (SDEC).
- The plan assumes that around £9m of existing cost pressures projected by ILGs & Directorates are avoided or managed out. There is a £5m transitional budget to support this and Covid funding for Q1 may also provide some temporary headroom if actual costs are lower.
- The plan assumes recurrent savings delivered will be £16.1m and in year savings £14.5m. The provision for new investment in the plan is relatively low (£1m enabling) and a small amount of non-recurring funding.
- The plan is bolstered on a one off basis in 21/22 by release from the balance sheet of over £6m and by £4.7m non-recurring release of budgets committed to out of hospital transformation from 2022/23. Therefore the underlying recurrent position is worse, and is a £31.4 deficit at the end of 2021/22 provided that the assumptions above are delivered.

There is significant risk in the plan, and provided it is delivered in 2021/22, there will still remain a large recurrent deficit to be addressed from 2022/23 onwards.

The overall funding position across Welsh Government is such that there is likely to be further funding potentially becoming available, particularly around planned care recovery. This may be at a level that exceeds what the NHS in Wales could

practically spend in 21/22, and so an element may be made available for other initiatives on a one-off basis. However, this is predicated on the CTM plan being delivered internally.

We will identify priorities for any non-recurring investment but the focus needs to be on delivering the plan above, which we need to do from a sustainability perspective anyway. This will put us in the best position to be able to utilise any non-recurring WG funding which does become available.

2.2 Month 4

Actual expenditure to M4 on delegated budgets was showing a £5.2m overspend and this was offset by a £5.3m underspend on Non Delegated budgets to give a small underspend of £0.1m. A significant amount of Reserve budgets have been phased into the M4 position to cover estimated costs already included in the delegated position but where funding has not yet been released into delegated budgets. Further details are provided in Section 3.8.

Whilst the Health Board is reporting a small surplus at M4, it is important to note the following points regarding the M4 position:

- The M4 position assumes that we get £20.5m of funding from WG for prior year Covid overspends, at least £2.8m of funding to meet the existing costs already being incurred for Think 111 first, urgent primary care and SDEC plus an additional £1.2m of funding that has been requested following the transfer of £1.2m of Operational expenditure cost reductions towards the forecast shortfall against £14.5m Savings target.
- The position also assumes that we get circa £2.0m of additional funding from Powys UHB for increased patient flow into PCH and also £0.8 from the LAs to meet their share of the £2.0m forecast overspend on the Transformation programme.
- It currently excludes the extra £5.5m of funding that has been requested to reflect the revised assessment of bed demand, but also excludes the costs which it is estimated would result.
- The £14.5m in year savings target has been profiled such that the M3 YTD target equals the actual savings to M3 of £1.5m. The savings target for the next 9 months is therefore £13.0m and the monthly savings target from M4 to M9 is £1.4m per month. The forecast savings for M4 was £1.1m but the actual savings were only £0.67m giving an In month overspend of £0.73m. A straight extrapolation of the M4 shortfall for the rest of the year would be a gap of circa £6.6m so a big step up in savings delivery is needed from M5 onwards.

- £1.9m of the £5m Covid transition budget has been released to Delegated budgets. The balance of £3.1m is held in Reserves together with a £4.8m budget for Other Covid costs. Four months of these two budgets have been phased into the Month 4 position to meet existing overspends.

The Health Board is continuing to forecast a breakeven position for 2021/22, which is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

As at Month 3 we were reporting a forecast recurrent deficit of £31.4m at the end of 21/22, which was consistent with the updated financial plan submitted to WG on 30 June. The forecast recurrent deficit has been increased to £39.3m in M4 to reflect the £7.9m forecast shortfall in savings delivery against the £16.1m recurrent savings target noted in Section 3.7 below.

2.3 Key actions

The key actions include:

- Feedback from WG on the draft financial plan submitted at the end of June and the funding assumptions contained therein.
- All budget holders to urgently sign off their budget schedules for 2021/22 and to manage expenditure within these agreed budgets.
- Identification of additional savings plans and opportunities to close the forecast In year gap of £1.6m and the recurring gap of £7.9m, as well as work to provide greater assurance on the forecast In year savings of £12.9m.
- Addressing the significant M4 YTD overspends on pay, non pay and income noted in Section 3.4, which are mainly in corporate directorates (£1.0m), Medicines Mgt (£0.6m), Facilities (£0.7m) and ILGs (£0.4m).
- Finalising the trackers for monitoring the reductions in the annual leave carried forward at the end of 2020/21 and the associated impact on the annual leave provision for 21/22.
- Finalising the Transformation budgets and spending plans for 2021/22 and then moving on to the recurrent sustainability plan for 2022/23.



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- Noting the deterioration in the forecast recurrent position and the significant recurrent deficit to be addressed from 2022/23 onwards.

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

3.1 Financial Position and Key Targets – Month 4

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

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

Target	Unit	Current Month	Year to Date	Trend	Forecast Year End
Revenue To ensure that the Health Board's revenue expenditure does not exceed the aggregate of it's funding in each financial year. Measured by variance against plan to break even.	£'000 +Adverse ()Favourable	(80)	(102)	↑	0
Capital To ensure net capital spend does not exceed the Welsh Government Capital Resource Limit. Measured by variance against plan to manage to the Resource Limit	£'000 +Adverse ()Favourable	(2,787)	(4,015)	↑	0
Public Sector Payment Policy To pay a minimum of 95% of all Non NHS invoices within 30 days. Measured by actual performance	%	96.1%	93.8%	↑	94%

3.2 Revenue Performance by Expenditure Category

	Annual Budget £'000	Over/(Under) Spend	
		Current Month £'000	Year to Date £'000
Delegated Budgets			
Pay	572,656	(196)	1,969
Non Pay	690,472	614	2,057
Income	(141,801)	68	427
Delegated Savings Plans	(9,301)	730	731
Total Delegated Budgets	1,112,026	1,216	5,184
Non Delegated Budgets	123,686	(1,296)	(5,286)
WG COVID Allocations	(101,310)	0	0
WG Allocations	(1,134,402)	0	0
GRAND TOTAL M4	0	(80)	(102)
GRAND TOTAL Previous month	0	(275)	(22)

The key issues to highlight in the M4 Current month position are as follows:

- The £0.6m Non pay overspend includes Corporate directorates (£617k), Contracting & Commissioning (£245k), ILGs (£215k) and Facilities (£122k). Further information on these over spends is provided in Section 3.4 below.
- The monthly savings target from M4 to M9 is £1.4m per month. The forecast savings for M4 was £1.1m but the actual savings were only £0.67m giving an In month overspend of £0.73m. A straight extrapolation of the M4 shortfall for the rest of the year would be a gap of circa £6.6m so a big step up in savings delivery is needed from M5 onwards.

The key issues to highlight in the M4 YTD position are as follows:

- The £2.0m pay overspend includes ILGs (£0.4m), Primary Care (0.8m) and Corporate directorates (£0.6m). Further information on these overspends is provided in Section 3.4.
- The non-pay overspend of £2.0m includes ILGs (£0.8m), Medicines Mgt (£0.6m) and Facilities (£0.6m) and Corporate directorates (£0.4m). Further information on these overspends is provided in Section 3.4.
- A significant amount of reserve budgets have been phased into the M4 position to cover estimated costs already included in the delegated position but where funding has not yet been released into delegated budgets. Further details are provided in Section 3.8.

3.3 Pay Expenditure trends

The M4 Pay expenditure was £48.0m and the monthly trend is summarised below.

	M4	M3	M2	M1	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	6.4	6.7	6.6	6.4	15.3	6.3	6.7
Medical	11.8	11.7	11.9	12.1	23.3	11.5	8.7
Nursing	15.2	15.1	15.8	15.6	30.4	15.6	17.9
ACS	6.0	5.9	6.9	6.4	14.6	6.2	7.4
Other	8.6	8.5	8.7	8.8	19.6	8.54	9.4
Total	48.0	47.9	49.9	49.3	103.2	48.1	50.1

The Key issues to highlight are as follows:

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

- The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
- Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
- The increase in Nursing & ACS costs in M10 was due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).
- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused in increase of £0.5m on M1.
- The M3 position was £2m lower than M2 with the main reductions being seen in Nursing £0.7m and ACS £1.0m. This was due to reductions in the payments for overtime in M3.
- The M4 position has remained consistent with M3 with no significant movements.
- The accrual that was recognised in 2020/21 for the NHS COVID bonus was £13.4m. Total payments to M4 are £12.4m (M3: £11.9m) for NHS employed staff. There may be further payments to follow and the position will be continually monitored. The financial plan and forecast does not include any potential benefit from a release from the accrual. This has been noted as a potential opportunity in Section 3.9 below.

The M4 agency expenditure was £3.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M4	M3	M2	M1	Q4 Ave	Q3 Ave
	£'m	£'m	£'m	£'m	£m	£m
Medical	1.2	1.0	1.0	1.3	1.3	1.3
Nursing	1.7	1.5	1.5	1.4	2.0	1.8
Other	0.9	0.8	0.7	0.8	0.9	0.7
Total	3.8	3.3	3.2	3.5	4.2	3.8

The increase in M4 agency costs were higher than anticipated and further work is being progressed to understand the impact on future periods. Despite the increase in agency costs the total cost for Medical & Nursing pay were consistent with M3.

3.4 Revenue Performance by Area

		Over/(Under) Spend		
	Annual Budget £'000	Current Month £'000	Year to Date £'000	Year to Date %
Integrated locality groups:				
Bridgend	202,716	58	880	1.31%
Merthyr & Cynon	203,438	7	221	0.32%
Rhondda & Taff Ely	212,071	276	471	0.65%
Total ILGs	618,225	342	1,572	0.75%
Delivery Executive:				
Medicines Management	139,342	(72)	774	1.79%
Primary care	124,927	(39)	708	1.58%
Facilities	14,474	166	687	13.35%
COVID Planned projects	1,500	20	20	1.81%
Planned Care Recovery plans	7,248	58	58	3.67%
Other	1,716	(32)	64	13.65%
Total Delivery Executive	289,207	101	2,311	2.40%
Contracting & Commissioning	115,628	255	190	0.49%
Corporate Functions	88,965	518	1,110	3.63%
Total Delegated Budgets	1,112,026	1,216	5,184	1.38%
Non Delegated budgets	(1,112,026)	(1,296)	(5,286)	
GRAND TOTAL M4	0	(80)	(102)	
GRAND TOTAL Previous month	0	(275)	(22)	

The key issues to highlight in relation to the M4 Current month and the M4 YTD positions are as follows:



	M4 Current month	
	£m	
ILGs	0.3	The M4 overspend of £0.3m includes shortfalls in savings delivery of £0.4m offset by a net underspend across pay, non pay and income budgets of £(0.1)m.
Medicines Mgt	(0.1)	The M4 underspend includes the correction of a budget error in M3, giving a non recurring benefit of circa £0.3m in M4
Facilities	0.2	Further information is needed to understand what is driving the significant overspends in Facilities (see YTD comment below).
Other Delivery Exec	0	
Corporate directorates	0.5	<ul style="list-style-type: none"> • PC&S – The £310k Non pay overspend is mainly attributed to medical negligence claims which can be volatile. • ICT – Further information is needed to understand the reasons for the £213k Non pay overspend • W&OD – The £123k Non pay overspend includes a number of small overspends and further work is needed to ensure that all of these costs relate to W&OD. • Estates- the £173k non pay overspend includes a £100k overspend due to the return of surplus Covid funding to Reserves in M4.
Contracting	0.3	Impact of Increased Issues of NICE / High Cost Drugs commissioned from Velindre (£90k) and Swansea Bay HB (£340k). Offset by improved performance against: <ul style="list-style-type: none"> • Cardiff & Vale HB (£80k) • WHSSC (£45k)
Total	1.2	



	M4 YTD	
	£m	
ILGs	1.6	This includes savings shortfalls of £0.4m plus other overspends of £1.2m. Circa £0.8 of these overspends relate to SDEC (£0.4m) Powys flows (£0.4m). These overspends have been matched by a release from Reserves in Section 3.8 below, pending the release of funding to ILGs once the anticipated funding is confirmed.
Medicines Mgt	0.8	This is mainly attributed to the estimated overspend on Primary care prescribing of £0.6m plus a shortfall in savings delivery of £0.2m. It is important to note that the estimated overspend on Primary care prescribing is a high level estimate based on M2 data only (as the information is 2 months in arrears).
Primary Care	0.7	This includes overspends of circa £0.5m on Think 111 first and urgent primary care centres where funding is expected from WG. These overspends have been matched by a release from Reserves in Section 3.8 below, pending the release of funding to Primary Care once the anticipated funding is confirmed. The M4 YTD overspend also includes a £0.6m overspend in relation to the Transformation programme. A further overspend of £0.1m on Transformation is also shown in the Planning directorate.
Facilities	0.7	This overspend includes £0.6m of overspends on non pay issues spanning taxis, patient transport, beds and security. Further work is needed to understand the drivers for these significant overspends and the actions needed to bring the costs back to the budgeted levels.
Other Delivery Exec	0.1	



Corporate directorates	1.1	Further information is needed to understand the significant overspends in the following areas: <ul style="list-style-type: none"> • PC&S – £355k • ICT and Performance & Information – £343k • Estates - £168k • W&OD – £370k pay overspend As at M4 only £0.1m of the £1.1m total overspend relates to savings shortfalls.
Contracting	0.2	Please see comment above.
Total overspend	5.2	

3.5 Forecast Positions

The Health Board is continuing to forecast a breakeven position for 2021/22. The forecast breakeven position for 21/22 is based on the funding assumptions included in the financial plan submission to WG on 30 June 2021.

As at Month 3 we were reporting a forecast recurrent deficit of £31.4m (M2- £31.4m) at the end of 21/22. This was consistent with the updated financial plan submitted to WG on 30 June.

As at M4, the forecast recurrent deficit has been increased to £39.3m to reflect the £7.9m forecast shortfall in savings delivery against the £16.1m recurrent savings target noted in Section 3.7 below.

3.6 Covid Position

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

	M4 Actual	M4 YTD	M4 Year end forecast	30 June plan	Movement from 30 June Plan
Programme costs	£m	£m	£m		
TTP	0.9	3.5	10.5	12.1	(1.6)
Mass Vaccination	0.7	4.4	10.6	10.5	0.1
Extended Flu	0	0	0.5	0.5	0
Cleaning standards	0.1	0.2	1.8	2.1	(0.3)
CHC/FNC support	0.3	0.9	3.6	3.6	0
PPE	0.3	1.0	3.4	1.7	1.7
Long COVID	0	0	0.8	0.5	0.3
Sub total	2.3	10.4	31.1	31.0	0.1
Assumed funding – programme element	(2.3)	(10.4)	(31.1)	(31.0)	0.1
Total Programme costs	0	0	0	0	0
Other Covid costs:					
Field hospital	0.2	1.4	2.7	3.0	(0.3)
Dental income loss	0.3	1.2	2.8	2.8	0
Operational expenditure cost reduction	(0.1)	(0.9)	(1.2)	(1.3)	0.1
Slippage on Planned investments and re-purposing of development initiatives	0	0	0	0	0
Other covid costs – see below	2.8	10.2	27.3	26.6	0.7



Planned Care Recovery	1.2	3.1	16.8	16.8	0
Sub total	4.4	15.0	48.4	47.9	0.5
Confirmed funding- formula element			(26.1)	(26.1)	0
Confirmed funding- PCR element			(16.8)	(16.8)	0
Requested additional funding for bed modelling etc			(5.5)	(5.0)	(0.5)
Requested additional funding following transfer of £1.2m of Operational expenditure cost reductions towards the forecast shortfall against £14.5m Savings target at M4. See below.			(1.2)	0	(1.2)
Requested funding for Covid overspends from 2020/21			(20.5)	(20.5)	0
Total Other Covid costs			(21.7)	(20.5)	(1.2)

The key points to note are as follows:

1. As noted above, the requested additional funding for Other Covid costs has increased from £5.0m to £5.5m due to a change of assumptions regarding Long Covid funding. Please see emails between Steve Webster and Steve Elliot dated 6 July 2021.
2. A breakdown of the Other Covid costs is provided below:



	M4 Year end forecast	30 June plan	Movement from 30 June Plan
Other Covid costs:	£m		
Long covid	0.5	0	0.5
Dental contract savings – to reduce the income loss	(0.9)	(0.9)	0
Covid response ILGs	17.9	17.9	0
Covid response outside ILGs	4.3	4.1	0.2
Increased covid response to reflect revised assessment of bed demand	5.5	5.5	0
Total	27.3	26.6	0.7

3. Further to the WG response to our M2 Monitoring Return submission we have now utilised £1.2m of the Operational expenditure reductions due to Covid to close the M4 savings target shortfall. This change has increased the Covid funding request by £1.2m (M3: £0.9m).
4. As at M3 we had only received the M3 YTD costs from the LAs for their Mass vaccination and TTP costs and were awaiting updated information on their full year forecast costs. This information has now been received and this has resulted in a £1.6m reduction in the M4 forecast for TTP.
5. The PPE forecast has been reviewed and increased by £1.7m in M4. This forecast assumes a continuation of the M3 and M4 levels of expenditure.
6. The draft profile for the Planned care recovery plan is as follows:



	Original Plan	Actual/Forecast
	£m	£m
Q1	2.4	1.9
Q2	6.2	4.5
Q3	5.3	5.9
Q4	2.9	4.5
Total	16.8	16.8

7. The CHC forecast remains a high level estimate pending actual data. This will be reviewed again at the end of Q2.
8. As agreed with WG, the recent pay award announcement has not been reflected within the M4 returns. This will increase the above COVID forecast when it is applied.

3.7 Savings Performance by Area

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



	Month 4			Month 3		
	M4 YTD	21/22	Rec	M3 YTD	21/22	Rec
	£m	£m	£m	£m	£m	£m
Savings targets	2.7	14.5	16.1	1.5	14.5	16.1
Actual and Forecast Savings	(2.1)	(12.9)	(8.2)	(1.5)	(13.6)	(8.2)
Total	0.6	1.6	7.9	0	0.9	7.9

The £14.5m in year savings target has been profiled such that the M3 YTD target equals the actual savings to M3 of £1.5m. The savings target for the next 9 months is therefore £13.0m and the monthly savings target from M4 to M9 is £1.4m per month. The forecast savings for M4 was £1.1m but the actual savings were only £0.67m giving an In month overspend of £0.73m. A straight extrapolation of the M4 shortfall for the rest of the year would be a gap of circa £6.6m so a big step up in savings delivery is needed from M5 onwards.

A summary analysis by ILG, service area and corporate directorates is provided overleaf.



Area	In year Savings Target £000	M4 YTD Actual £000	Current In Year Forecast	Green	Amber	% of Current Year Forecast to Target
Bridgend ILG	4,031	993	3,344	1,536	1,809	83.0%
Merthyr & Cynon ILG	3,579	732	3,538	3,013	525	98.8%
Rhondda & Taf ILG	3,954	409	3,096	2,513	583	78.3%
Medicines Management	1,752	0	2,093		2,093	119.5%
Primary Care	138	0	80	50	30	58.0%
Corporates	835	0	761	540	221	91.1%
Other Delivery Executive	187	0	0			0.0%
Contracting & Commissioning	90	0	0			0.0%
Grand Total	14,566	2,134	12,913	7,652	5,261	88.65%

Area	Recurrent Savings Target £000	Current In Year Forecast	Green	Amber	% of Forecast recurrent savings to Target
Bridgend ILG	4,031	1,570	1,052	518	39.0%
Merthyr & Cynon ILG	3,579	1,930	1,312	618	53.9%
Rhondda & Taf ILG	3,954	1,625	478	1,146	41.1%
Medicines Management	2,708	2,110		2,110	77.9%
Primary Care	213	80	50	30	37.5%
Corporates	1,253	920	540	381	73.5%
Other Delivery Executive	289	0			0.0%
Contracting & Commissioning	139	0			0.0%
Grand Total	16,166	8,235	3,432	4,803	50.94%



3.8 Non Delegated budgets

The Month 4 YTD position is summarised below:

	M4 YTD	M3 YTD
	£k	£k
Non Recurring slippage – Annual target £2.0m	667	500
Actual Slippage	(971)	(884)
Other Non delegated variances	(33)	(170)
Phasing in of Reserve budgets to cover estimated costs already included in the Delegated position but where funding has not yet been released from Reserves:		
- Investment in SDEC, Think 111 first and urgent primary care (Assumed WG allocation of £2.8m to meet existing costs)	(972)	(700)
- Additional costs associated with Powys flows (Assumed additional funding from Powys of £2.0m)	(667)	(375)
- £0.8m assumed LA income for share of the forecast overspend on Transformation of £2.0m.	(267)	(250)
- £4.8m Other Covid budgets- deployed to meet existing cost pressures	(1600)	(900)
- £3.1m balance on the original £5m Covid Transition budget- deployed to meet existing cost pressures	(1033)	(1000)
- Requested additional WG funding following the transfer of £1.2m of operational expenditure cost reductions towards the M4 forecast savings gap of £1.6m.	(410)	(211)
Total	(5,286)	(3,990)



3.9 Key Risks and Opportunities

The key financial risks and opportunities for 21/22 are summarised below. These are consistent with the M4 Monitoring return submission to WG:

	M4	M3	Financial Plan- 30 June	Comment
Key risks:	£m	£m	£m	
Shortfall against savings plan	1.0	1.1	2.0	Risk of under delivery on Amber schemes per Savings tracker- Table B3.
Underlying deficit cannot be brought back in line with plan assumption either by reducing costs or increasing funding/income.	2.8	3.0	3.0	This risk includes £2.8m of existing costs associated with SDEC, Think 111 first and urgent primary care centres, which are part of a total bid to WG of £7.4m.
Unavoidable recurring service/cost pressures exceeding plan	1.0	1.0	1.0	The main risk areas are CHC growth and prescribing growth exceeding the planned growth assumptions, together with a range of operational service pressures.
Unavoidable costs of the Transformation programmes exceeding the confirmed WG funding for 2020/21	2.0	2.0	2.0	The M4 position is showing an over spend of £0.7m against the confirmed WG funding for Transformation and D2RA.
Total	6.8	7.1	8.0	



	M4	M3	Financial Plan- 30 June	Comment
Key opportunities:	£m	£m	£m	
Delay / Stop new investments	(0.3)	(0.3)	(0.3)	
Further balance sheet review	(1.2)	(1.2)	(1.2)	Initial assessment only. Continuous review as year progresses
Potential for annual leave reduction being greater than costs incurred.	(1.0)	(1.0)	(1.0)	Initial assessment only. Will be updated on a quarterly basis but will need M6 data to form a more robust assessment.
Potential retention of any write back in relation to the 20/21 accrual for the NHS COVID bonus	(1.0)	(1.5)	0	See Section 4 above.
Total	(3.5)	(4.0)	(2.5)	

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
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The paper is directly relevant to the allocation and utilisation of resources.
Link to Main Strategic Objective	To provide strong governance and assurance
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

The Committee is asked to:

- **DISCUSS** the contents of the Month 4 Finance report for 2021/22.

APPENDIX A

WELSH GOVERNMENT ALLOCATIONS

	Annual Budget
	£k
Confirmed funding	1,109,793
Unconfirmed funding	125,919
TOTAL	1,235,712

Key Issues

The most significant anticipated allocations include:

- Non Cash Depreciation - £52.4m
- COVID Pass through Programmes - £24.2m
- COVID Underlying Deficit Support - £20.5m
- COVID sustainability - £6.7m
- Transformation Fund - £7m
- Substance Misuse - £3.7m
- Invest to Save Funding - £2.1m
- Think 111 First Bid - £2.5m
- Primary Care Emergency Centre Bid (UPCC Update) - £2.2m
- Same Day Urgent Care Bid - £2.7m
- Mental Health Funding - £1.8m



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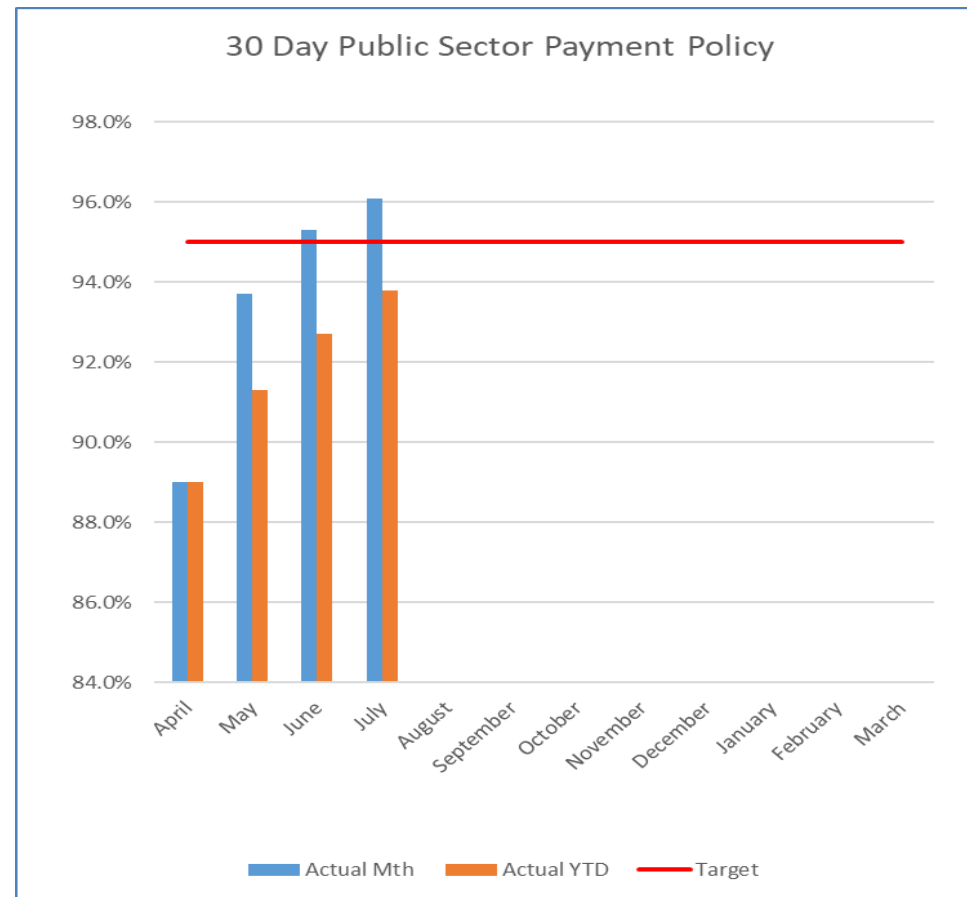
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- NWSSP Risk Pool Contribution Risk Share – (£2m)

APPENDIX B

Public Sector Prompt Payment (PSPP) Performance

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



Key Issues:

- The percentage for the number of non-NHS invoices paid within the 30 day target for July was 96.1%, with a cumulative percentage of 93.8%.
- For the month of April the percentage was only 89%, largely due to the failure of 1,144 nurse agency invoices which accounted for 6%. A further 545 nurse agency invoices failed in May accounting for 2%.
- As a consequence of the low percentage performance in April & May, there is a risk the Health board may not achieve the 95% target for 21/22. The forecast percentage for Month 12 is currently 94.5%.

APPENDIX C

Balance Sheet

The Month 4 Balance sheet is detailed below:

Balance Sheet	Opening Balance (01/04/2021) £'000	Closing Balance as at M3 £'000	Closing Balance as at M4 £'000	Forecast Closing Balance M12 £'000
Non Current Assets				
Property, Plant & Equipment	549,909	551,770	553,143	549,909
Intangible Assets	4,150	4,150	4,150	4,150
Trade and Other Receivables	39,298	39,298	39,298	39,298
Total Non-Current Assets	593,357	595,218	596,591	593,357
Current Assets				
Inventories	6,061	6,315	6,315	6,061
Trade and Other Receivables	124,984	117,122	122,767	124,984
Cash and Cash Equivalents	687	3,463	3,343	687
Total Current Assets	131,732	126,900	132,425	131,732
Current Liabilities				
Trade and Other Payables	175,210	148,740	140,467	175,210
Provisions	49,579	73,335	73,239	49,579
Total Current Liabilities	224,789	222,075	213,706	224,789
Non-Current Liabilities				
Trade and Other Payables	1,143	1,143	1,143	1,143
Provisions	45,680	45,680	45,680	45,680
Total Non-Current Liabilities	46,823	46,823	46,823	46,823
TOTAL ASSETS EMPLOYED	453,477	453,220	468,487	453,477
Financed By:				
General Fund	404,625	404,368	419,635	404,625
Revaluation Reserve	48,852	48,852	48,852	48,852
TOTAL	453,477	453,220	468,487	453,477

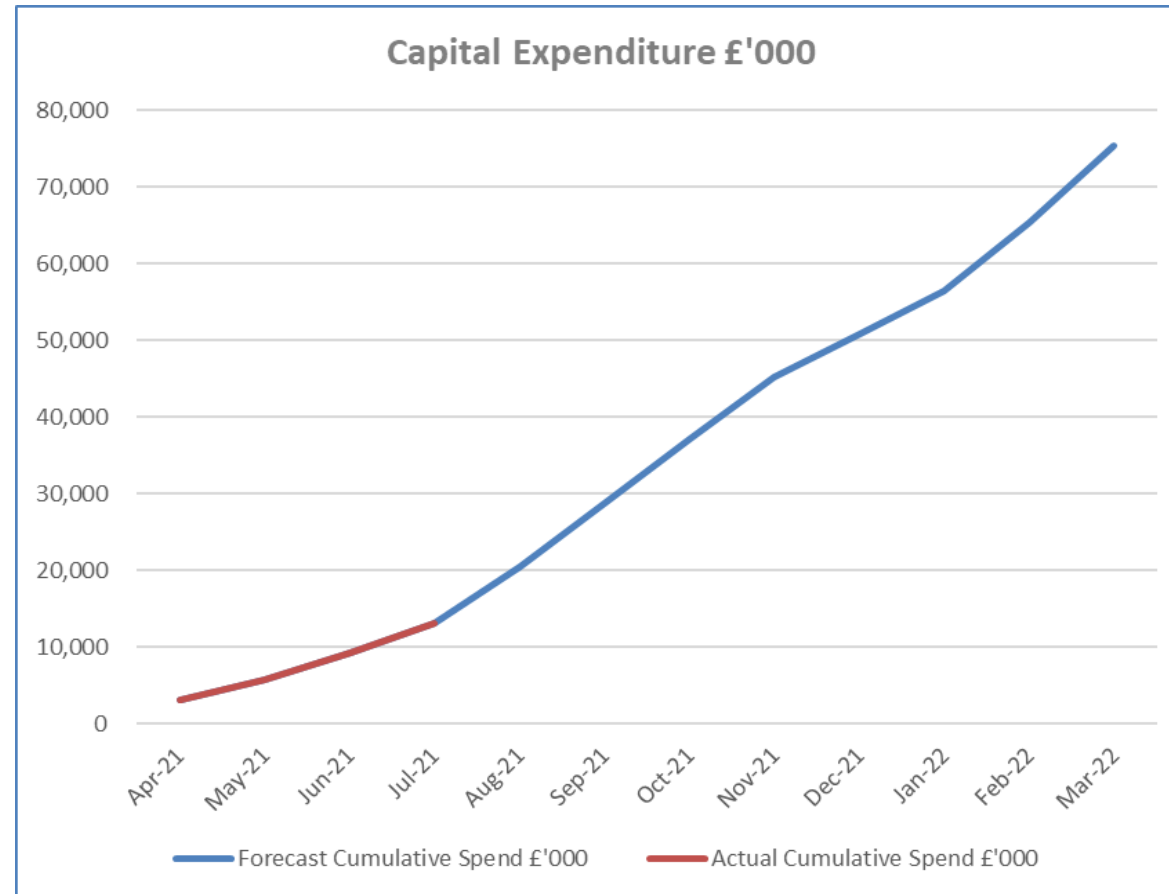
Key Issues:

- The closing cash balance at 31st July 2021 was £3.34m, this is in line with the planned levels kept during the year.
- There has been no significant movement in Receivables, Payables or Provisions between Month 3 and Month 4.



APPENDIX D

Performance against Capital Resource Limit



Key Issues:

- The current Capital Resource Limit of £75.2m was issued on the 4th August 2021, a number of additional allocations are expected during the year subject to WG approvals.
- This is supplemented by £0.2m of donated funds, giving an overall programme of £75.4m. Currently no assets are intended for disposal in this financial year.
- Expenditure to 31st July 2021 amounted to £13.2m.
- The reported outturn capital position is breakeven against the CRL target.

APPENDIX E

Cash position

Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	90,592	84,776	99,547	107,200	90,800	107,200	99,450	99,700	106,300	87,870	96,700	100,979	1,171,114
WG Capital Funding	5,500	3,000	4,000	6,300	3,500	7,100	7,500	8,000	7,000	7,000	9,500	6,797	75,197
Sale of Assets	0	24	(4)	0	0	0	0	0	0	0	0	0	20
Welsh NHS Org'ns	21,950	9,746	12,834	13,714	11,200	10,200	11,200	9,200	14,200	12,200	14,200	17,500	158,144
Other	5,251	14,562	2,363	2,143	1,500	2,100	2,100	2,100	2,100	2,100	2,100	17,400	55,819
Total Receipts	123,293	112,108	118,740	129,357	107,000	126,600	120,250	119,000	129,600	109,170	122,500	142,676	1,460,294
Payments													
Primary Care Services	27,093	7,811	20,087	26,774	7,373	17,701	16,195	15,846	28,058	7,213	17,778	19,286	211,215
Salaries and Wages	43,069	54,707	51,906	47,419	50,890	47,890	46,890	46,890	46,890	46,890	46,890	66,890	597,221
Non Pay Expenditure	47,435	43,850	43,359	50,953	46,300	50,800	50,300	47,800	47,800	48,300	48,300	50,670	575,867
Capital Payments	4,725	3,689	3,634	4,331	4,700	8,000	7,500	8,000	7,000	7,000	9,500	7,912	75,991
Other (Donated asset funding)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	122,322	110,057	118,986	129,477	109,263	124,391	120,885	118,536	129,748	109,403	122,468	144,758	1,460,294
Net Cash In/Out	971	2,051	(246)	(120)	(2,263)	2,209	(635)	464	(148)	(233)	32	(2,082)	
Balance B/F	687	1,658	3,709	3,463	3,343	1,080	3,289	2,654	3,118	2,970	2,737	2,769	
Balance C/F	1,658	3,709	3,463	3,343	1,080	3,289	2,654	3,118	2,970	2,737	2,769	687	

Key Issues

- The closing cash balance at 31st July 2021 was £3.343m. An additional draw down of £1.7m cash was required during the month to fund the bonus payment for contractor payments.
- The cash flow forecast is currently showing a forecast surplus of £0.7m in M12. Included within the figures, and shown in the 'Other' income line, is the assumption that £12.5m will be received during the year to fund the payments already made in 21/22 for the NHS bonus payment. See Section 1.4 above.



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PLANNING, PERFORMANCE & FINANCE COMMITTEE FORWARD WORK PLAN

24 AUGUST 2021

Meeting	Standing items/Governance	Finance	Performance	Planning
24 August 2021 2pm YMH/Teams	Minutes Action Log Declarations of Interest Forward Work Programme Committee Self-Assessment Survey Results Organisational Risk Register	Finance Dashboard – Month 4 Month 4 Monitoring Returns to Welsh Government	Performance Dashboard Integrated Medium Term Plan – Quarterly Updates Ophthalmology Update	

Meeting	Standing items/Governance	Finance	Performance	Planning
18 October 2021 2pm YMH/Teams	Minutes Action Log Declarations of Interest Forward Work Programme Organisational Risk Register	Finance Dashboard – Month 6 Month 6 Monitoring Returns to Welsh Government	Performance Dashboard Estates Performance – Bridgend Locality	

Meeting	Standing items/Governance	Finance	Performance	Planning
21 December 2021 2pm YMH/Teams	Minutes Action Log Declarations of Interest Forward Work Programme Organisational Risk Register	Finance Dashboard – Month 8 Month 8 Monitoring Returns to Welsh Government	Performance Dashboard Integrated Medium Term Plan – Quarterly Updates	