Planning, Performance & Finance Committee

Tue 31 October 2023, 14:00 - 16:30

Virtual Via Teams

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

Agenda

14:00 - 14:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Patsy Roseblade, Chair

1.2. Apologies for Absence

Patsy Roseblade, Chair

For Noting

1.3. Declarations of Interest

Patsy Roseblade, Chair

for Noting

14:05 - 14:10
5 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 22 August 2023

Cally Hamblyn, Assistant Director of Risk and Governance

For Approval

- 2.1.1. Unconfirmed Minutes 22.8.23 PPF Committee 31 October 2023.pdf (8 pages)

2.2. Items for Noting

2.2.1. Months 5 & 6 Monitoring Returns to Welsh Government

Sally May, Director of Finance

- 2.2.1a M5- Monitoring Returns PPF Committee 31 October 2023.pdf (5 pages)
- 2.2.1b Annex A - Month 5 - CTM ULHB - Monitoring Narrative 2023-24- Final.pdf (23 pages)
- 2.2.1c Annex A - Month 5 - CTM ULHB - Monitoring Tables 2023-24- Final.pdf (4 pages)
- 2.2.1d M6- Monitoring Returns PPF Committee 31 October 2023.pdf (6 pages)
- 2.2.1e Annex A - Month 6 - CTM ULHB - Monitoring Narrative 2023-24- Final.pdf (21 pages)
- 2.2.1f Annex A - Month 6 - CTM ULHB - Monitoring Tables 2023-24- Final.pdf (4 pages)

2.2.2. Action Log

Patsy Roseblade, Chair

For Noting

- 3.1 Action Log PPF Committee 31.10.23.pdf (7 pages)

14:10 - 14:10
0 min

3. MAIN AGENDA

3.1. Matters Arising Not Previously Raised on the Action Log

Patsy Roseblade, Chair

14:10 - 14:20
10 min

4. GOVERNANCE

4.1. Organisational Risk Register

Cally Hamblyn, Assistant Director of Risk and Governance

For Discussion/Noting

- 4.1a Org Risk Register - September 2023 - PPF 31.10.2023.docx (5 pages)
- 4.1b Appendix 1 Master Organisational Risk Register -September 2023 - PPF 31.10.2023.xlsx (2 pages)

14:20 - 14:50
30 min

5. IMPROVING CARE

5.1. Integrated Performance Dashboard

Executive Directors

For Discussion/Noting

- 5.1 Integrated Performance Dashboard PPF Committee 31 October 2023.pdf (41 pages)

5.2. Planned Care Recovery Programme

Gethin Hughes, Chief Operating Officer

For Discussion/Noting

- 5.2 Planned Care Recovery PPF Committee 31 October 2023.pdf (4 pages)

14:50 - 15:30
40 min

6. SUSTAINING OUR FUTURE

6.1. Month 6 Finance Report

Sally May, Director of Finance

For Discussion/Noting

- 6.1 M6 Finance Report PPF Committee 31 October 2023.pdf (22 pages)

6.2. Month 6 Finance Performance Report

Sally May, Director of Finance

For Discussion/Noting

- 6.2 M6 Finance Performance Report PPF Committee 31 October 2023.pdf (28 pages)

6.3. Stretch Target Response (10,20,30) - Verbal Update

Sally May, Director of Finance

Verbal update

For Discussion

15:30 - 16:00
30 min

7. OTHER MATTERS

7.1. Forward Work Plan

Patsy Roseblade, Chair

For Noting

7.1 Forward Work Plan PPF Committee 31 October 2023.pdf (4 pages)

7.2. Committee Highlight Report to Board

Patsy Roseblade, Chair

7.3. Any Other Urgent Business

Patsy Roseblade, Chair

7.4. How did we do today?

Patsy Roseblade, Chair

16:00 - 16:00
0 min

8. DATE AND TIME OF NEXT MEETING

Thursday 28th December 2023 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON 22 AUGUST 2023, AS A VIRTUAL MEETING WHICH WAS HELD VIA MICROSOFT TEAMS

PRESENT

Patsy Roseblade	-	Independent Member (Chair)
Mel Jehu	-	Independent Member
Nicola Milligan	-	Independent Member
Dilys Jouvenat	-	Independent member

IN ATTENDANCE

Linda Prosser	-	Executive Director of Strategy & Transformation
Gethin Hughes	-	Chief Operating Officer
Sally May	-	Executive Director of Finance
Darren Griffiths	-	Audit Wales (Observing)
Emma Samways	-	Internal Audit (Observing)
Cally Hamblyn	-	Assistant Director of Governance & Risk
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

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PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

The Chair **welcomed** everyone to the meeting including Dilys Jouvenat, Independent Member to her first meeting as a Member of the Committee.

1.2.0 APOLOGIES FOR ABSENCE

Apologies were received from Carolyn Donoghue, Independent Member.

1.3.0 DECLARATIONS OF INTERESTS

There were none declared.

PART 2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE MEETING HELD ON 28 JUNE 2023

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

2.1.2 'UNCONFIRMED' MINUTES OF THE PLANNING, PERFORMANCE & FINANCE IN COMMITTEE MEETING HELD ON 28 JUNE 2023

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

2.2 FOR NOTING

2.2.1 MONTHLY MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: The Committee **NOTED** the Monitoring Returns for Month 4.

2.2.2 ACTION LOG

Resolution: The Committee **NOTED** the Action Log.

3.0 MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG.

There were none.

4.0 GOVERANCE

4.1.0 ORGANISATIONAL RISK REGISTER

C. Hamblyn presented the report that outlined the high-level organisational risks that had been assigned to the Committee, and highlighted the management actions and mitigation.

D. Jouvenat referred to risk 4458 where it had been recommended that it transferred to another risk and queried where that would be reported. C. Hamblyn advised that it had been assigned to the Quality and Safety Committee and had been combined with risk 3826.

N. Milligan in response, requested that when the risk was closed and amalgamated that the original date of the risk was reflected in order to see the audit trail. C. Hamblyn advised that for completeness she would share the organisational risk register to the Committee so they could review the risk.

M. Jehu commented on the recent media attention in relation to the 'Letby' Case and the issues with mortality reviews. He referred to

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the discussion at a previous Health Board meeting where he had raised mortality rates and sought assurance about safety on the hospital sites that those figures were accurate and robust.

C. Hamblyn advised that in terms of assurance the Executive Leadership Group had discussed the case in detail and not just in terms of assurance to staff about mechanisms in place for monitoring neonatal deaths and mortality but also about reiterating awareness in relation to raising concerns and speaking up safely. She added that the Quality & Safety Committee and the Health Board Meeting in held July 2023 had received assurance on mortality rates and that this matter had been concluded. However, she advised that she would share the minutes outside of the meeting for completeness.

P. Roseblade confirmed that the Quality and Safety Committee had received the report at the July 2023 meeting and were provided with re-assurance and this had been contained within the Committee Highlight Report that had been presented to the July 2023 Health Board Meeting.

L. Prosser confirmed that risk 5207 (Care home) was being closely monitored following its de-escalated score within the register. The Committee were assured that the risk would not be closed.

Resolution: The report was **NOTED**.

Action: To share the detail of the amalgamated risks 4458 and 3826 via the organisational risk register with the Committee.

Action: Share the minutes and report from the Quality & Safety Committee and the Health Board meeting from July 2023 in relation to assurances on mortality rates.

4.2.0 OUTCOME OF COMMITTEE SELF EFFECTIVENESS SURVEY 2022-23

P. Roseblade drew members attention to feedback noted within the action plan in relation to timeliness of papers being received. Members discussed the timelines for the reporting of the Performance and Finance Reports and agreed to review outside of the meeting along with the scheduling of meetings to incorporate Welsh Government reporting deadlines.

Resolution: The report was **NOTED**.

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Action: To review and discuss the timelines for the receipt of papers and to consider changing the scheduled dates of the meetings in order to assist with the reporting timelines.

5.0 IMPROVING CARE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

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

G. Hughes referred to the targeted interventions on a number of areas of performance and focused the update on the following key areas:

- Ambulance handovers
- Planned Care
- Review of Interventions Not Normally Undertaken (INNU) Policy

P. Roseblade drew attention to page 4 of the report, referring to the target of reducing the number of patients referred from primary care and queried whether there was an issue with over referring into secondary care. She added that there was no red release information contained within the report and referred to page 13 with regard to Stroke and queried the national description of the Stroke process which could come across as confusing and referred to the statement that three of six patients had been thrombolysed within the 45 minute window and suggested that for a future meeting it would be helpful to see what a difference this makes.

In response to the reduction of referrals from primary care, G. Hughes identified that there was a higher referral rate in Cwm Taf Morgannwg (CTM) than it was in comparison to other Health Boards. He referred to the post COVID recovery and the pre COVID levels of activity from GP referrals and assured the Committee that work was being done through the health pathways which was a national piece of work. He apologised for not providing the red release data and assured the Committee that there had been no red release declines.

In terms of the additional questions, G. Hughes explained the process for the identification of Stroke within a fixed window. He acknowledged that there was work to be done in terms of the volume of patients, and in response to the final question suggested that they arrange for James White (Stroke Physician/Regional clinical lead for Stroke) to possibly attend a future meeting of the

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Committee as part of the spotlight part of the agenda to describe the statistics and outcomes.

M. Jehu referred to the single cancer pathway on page 15 of the report and queried what were the main areas of risk. He questioned the percentage of 83% of patients on the active pathway and sought clarification on how many patients were on the first outpatient or diagnostic stage.

In response, G. Hughes clarified that there were roughly around 3000 patients at the first outpatient or diagnostic state of the pathway.

M. Jehu re-emphasised that good communication with patients was important to ensure they fully understood the process of their pathway.

G. Hughes agreed the importance of communication, and advised that additional funding from MacMillan for 'Navigator Support' for patients had been received. He assured the Committee that the navigator support team were working with and maintaining contact with patients to keep them updated on their pathway. He stressed the importance of getting the patients through the diagnostic pathway within 28 days and the efforts of delivering the diagnostics.

N. Milligan referred to the graph on page 15 and sought clarification when improvements would be anticipated as these were not showing. G. Hughes, in response, advised that the graph would be reviewed further with the team and updated for the next meeting.

Resolution: The Report was **NOTED.**

Action: Arrange for James White (Stroke Physician/Regional clinical lead for Stroke) possibly attend a future meeting of the Committee, to describe the statistics and outcomes.

Action: To review and update the mitigating improvements to the graph on page 15 of the report.

5.2.0 PLANNED CARE RECOVERY AND OPHTHALMOLOGY IMPROVEMENT PLAN

G. Hughes provided a presentation on the Planned Care Recovery and an update on progress of the Ophthalmology Improvement Plan.

N. Milligan queried the appointment for the Head of Optometry and

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Orthoptics that had been out to advert and presumed that it had now closed. G. Hughes confirmed that it had.

P. Roseblade referred to the change to the scale of the graph in 5.4 of the Performance Report that outlined the waiting times for follow up patients not booked (FUNB), and questioned whether the reduction in the waits was due to demonstrable improvement in the FUNB activity. G. Hughes responded that the FUNB backlog had reduced albeit, not quite low enough. He added that they had to be cognisant of the risk that sits within this speciality and particularly glaucoma and advised that this cohort were being prioritised.

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

5.3.0 CIVIL CONTINGENCIES AND BUSINESS CONTINUITY ANNUAL REPORT 2022-23

L. Prosser presented the Annual Report for 2022-23 which had been received by the Health Board at its May 2023 meeting. She reminded the Committee that the paper referred to two key points namely, the refresh of the Major Incident Plan and the embedding of knowledge and practice of Emergency Preparedness Response and Recovery (EPRR) within the Care Groups.

M. Jehu responded that clarification was required on the definition of 'reasonable compliance' within the report and what the next stages would be should anything arise. In response L. Prosser advised she would query this with the South Wales Local Resilience Forum (SWLRF) colleagues for more information on the scales of judgement. L. Prosser also confirmed she was the nominated Person for CTM on the SWLRF.

The Chair congratulated Jason Evans on his work and the information provided within the report.

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

Action: Clarification to be sought around reasonable compliance to be sought from the SWLRF.

5.4.0 MANCHESTER ARENA INQUIRY RECOMMENDATIONS – CTMUHB ASSURANCE

L. Prosser presented the report that advised the Committee on the assurance against the Manchester Arena Inquiry Recommendations and the letter provided by the South Wales Local Resilience Forum (SWLRF) Chair.

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M. Jehu questioned the staff training and asked for reassurance that the plan was fit for purpose before being signed off. L. Prosser responded that in terms of the plan this would be presented to the Committee annually via the EPRR Annual Report and she provided assurance that the reporting on the adherence to statutory or mandatory training requirements were in place.

P. Roseblade queried whether mutual aid was still in place. L. Prosser advised that there would not be bilateral arrangements but that it would be controlled through the command structures outlined within the report.

Resolution: The Committee **NOTED** the report and the assurance against Manchester Arena Inquiry Recommendations letter provided by SWLRF Chair.

6. SUSTAINING OUR FUTURE

6.1.0 MONTH 4 FINANCE REPORT & PERFORMANCE REPORT

S. May presented the Month 4 Finance Report and Performance Report.

P. Roseblade referred to the adverse variance of £2.8m that included a shortfall of £3.5m and advised that she could not see the detail of this within the report. S. May confirmed that the detail was contained within the Month 4 Performance Report which provided more detail in relation to the delegated overspend that was currently at £16.1m, which was an adverse variance of £8.2m in comparison to the Month 2 year to date control total of £7.9m.

She confirmed that the variance included a £6.2m shortfall against the new delegated savings targets for 2023-24 of £28.3m. This related to the Care Groups and was challenging in terms of delivery and mitigating actions would need to be undertaken quite rapidly.

P. Roseblade queried whether there were plans in place in relation to cash management. S. May advised that cash could be a major risk unless something substantially changed. It had also been discussed at the all Wales Directors of Finance meeting last week. She advised that it was estimated that they would have to move into cash management activities from November or December 2023 and were keeping a close eye on this. Actions were also being taken on an all Wales level to manage this.

Resolution: The Committee **NOTED** the Month 4 Finance report and Month 4 Finance Performance report.

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7.0.0 OTHER MATTERS

7.1.0 HIGHLIGHT REPORT TO BOARD

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

7.2.0 FORWARD WORK PLAN

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

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

7.3.0 ANY OTHER URGENT BUSINESS

P. Roseblade returned to the previous discussion regarding the 'Letby' Case. She advised that it was important that staff felt that they were able to report concerns. N. Milligan referred to a recent report where it had mentioned staff not feeling that concerns raised were being acted upon. She suggested that the Committee look carefully at this in light of the wider picture within the NHS and the outcome of the recent staff survey.

7.4.0 HOW DID WE DO TODAY?

The Chair advised members should they have any comments following the meeting to email the Corporate Governance Team.

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

The next full meeting of the Committee was scheduled to be held on 31st October 2023.

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Agenda Item
2.2.1a

Planning, Performance and Finance Committee

MONTH 5 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	31/10/2023
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Mark Thomas, Deputy Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Welsh Government	13/09/2023	

Acronyms / Glossary of Terms	
WG	Welsh Government
LHB	Local Health Board
PPFC	Planning, Performance & Finance Committee
M5 etc	Month 5

1. Situation /Background

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

The purpose of this report is to provide the PPFC with information from the M5 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

The Health Board, Strategic Health Authority & Trust Monthly Financial Monitoring Return Guidance was issued on 26 April 2023. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2023/24 financial performance, together with the following requirements:

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

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

The following information is provided at Annex A:

Annex A
M5 Narrative report
Table A - Movement
Tables C, C1, C2, C3 & C4

3. Key Risks / Matters for Escalation

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 M5 Financial Monitoring returns is summarised below:

	M5 Actual	M5 YTD	M5 Forecast	Financial Plan
	£m	£m	£m	£m
Core plan deficit	**6.0**	**32.4**	**70.3**	**70.9**
Exceptional Energy inflation	**0.7**	**3.6**	**9.3**	**8.7**
Covid Programme costs:				
Health Protection	0.5	2.3	7.4	9.1
PPE	0.1	0.2	0.3	1.0
Adferiad	0.1	0.2	1.0	1.0
Nosocomial	0.0	0.2	0.6	0.6
Anticipated Funding	(0.7)	(2.9)	(9.3)	(11.7)
Total	**0**	**0**	**0**	**0**
Grand total	**6.7**	**36.0**	**79.6**	**79.6**

The M5 Year To Date (YRD) position is a £36.0m deficit. This represents a £2.8m adverse variance compared to 5/12th of the £79.6m deficit (£33.2m) included in the draft plan submitted to WG on 31 March 2023.

The £2.8m adverse variance includes a £3.2m shortfall against the M5 YTD savings target (M4: £3.5m) offset by £0.4m of favourable operating variances (M4: £0.7m).

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

	Month 5			**Month 4**		
	YTD	**23/24**	**Rec**	**YTD**	**23/24**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M4	**11.4**	**27.3**	**27.3**	**9.1**	**27.3**	**27.3**
Actual and Forecast Savings	(8.2)	(22.9)	(23.6)	(5.6)	(22.0)	(23.3)
Total	**3.2**	**4.4**	**3.7**	**3.5**	**5.3**	**4.0**

Actual savings up to M5 are £8.2m and the full year forecast is £22.9m. This represents a step up of £3.2m in the last 7 months of the year and a forecast gap of £4.4m compared to the £27.3m target. The savings plans for Primary care prescribing of £2.3m have been removed in M5 due to the Q1 actual costs being above our plan. Primary care prescribing savings will only be reported if the forecast expenditure is lower than our planning assumptions.

The following plans have been identified to close the forecast savings gap:

- Reduction/delay in planned investments £1.2m
- Continue to identify further savings opportunities and/or additional accountancy gains £3.2m.

4. Assessment

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The paper is directly relevant to the allocation and utilisation of resources.	

5. Recommendation

5.1 The Committee is asked to **NOTE** the contents of the Month 5 Monitoring Returns submitted to Welsh Government for 2023/24.

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

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2023/24

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

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

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

	M5 Actual	M5 YTD	M5 Forecast	Financial Plan
	£m	£m	£m	£m
Core plan deficit	**6.0**	**32.4**	**70.3**	**70.9**
Exceptional Energy inflation	**0.7**	**3.6**	**9.3**	**8.7**
Covid Programme costs:				
Health Protection	0.5	2.3	7.4	9.1
PPE	0.1	0.2	0.3	1.0
Adferiad	0.1	0.2	1.0	1.0
Nosocomial	0.0	0.2	0.6	0.6
Anticipated Funding	(0.7)	(2.9)	(9.3)	(11.7)
Total	**0**	**0**	**0**	**0**
Grand total	**6.7**	**36.0**	**79.6**	**79.6**

The key issues to highlight at M5 are as follows:

- **Core plan In month position**

The M5 position was a £6.7m deficit. This represents a £0.1m adverse variance compared to the monthly planned deficit of £6.6m. The average monthly variance to plan to M4 was £0.7m so the M5 position represents a £0.6m improvement on trend.

- **Core plan YTD position**

The M5 YTD position is a £36.0m deficit. This represents a £2.8m adverse variance compared to 5/12th of the £79.6m deficit (£33.2m) included in the draft plan submitted to WG on 31 March.

The £2.8m adverse variance includes a £3.2m shortfall against the M5 YTD savings target (M4: £3.5m) offset by £0.4m of favourable operating variances (M4: £0.7m).

- **Core plan forecast**

As at M5 we are maintaining a forecast Core plan deficit of £79.6m for 23/24 which is consistent with the draft financial plan.

The key risks to the forecast deficit are identified in Section 7, with a net risk of £7.4m. The two key risks are the ABUHB arbitration risk and several WG funding risks. Further clarification on these funding assumptions would be helpful to remove uncertainty and inform our forecast position for 23/24.

The Health Board has submitted its potential savings options to improve the deficit forecast by 10%,20%,30%. As at the time of submission no response has been received from WG.

- **Savings plans**

Actual savings upto M5 are £8.2m and the full year forecast is £22.9m. This represents a step up of £3.2m in the last 7 months of the year and a forecast gap of £4.4m compared to the £27.3m target. The savings plans for Primary care prescribing of £2.3m have been removed in M5 due to the Q1 actual costs being above our plan. Primary care prescribing savings will only be reported if the forecast expenditure is lower than our planning assumptions.

The following plans have been identified to close the forecast savings gap:

- Reduction/delay in planned investments £1.2m (No risk)
- Continue to identify further savings opportunities and/or additional accountancy gains £3.2m (Low risk)

- **Exceptional energy costs**

As at M5 the HB is reporting energy expenditure of £5.3m with a forecast of £16.4m. This represents a forecast cost pressure of £9.3m (M4: £9.9m) and a forecast cost pressure of £0.6m compared to the original plan. This will also need to be managed by increased savings plans and/or additional accountancy gains. NWSSP have indicated in the latest forecast that there is a potential opportunity of £1.45m for reduced for non-commodity costs in M7-M12. This opportunity has been included in our Risks and Opportunities table.

- **COVID Programme costs**

As at M5 the HB is reporting COVID Programme expenditure of £2.9m with a forecast of £9.3m (M4: £11.0m). In line with the WG guidance, the HB is anticipating that the COVID Programme costs will be fully funded. During M5 the Health Protection forecast (including vaccination) has been reviewed and reduced by £1.7m. It is important to note that this improvement has not been recognised in the HB financial position as it has been matched with an anticipated allocation reduction of £1.7m. This opportunity was included in our potential options to improve the forecast deficit by 10%,20%,30%.

- **Real Living Wage for Health & Social Care Workers**

In accordance with WG policy, the fee rates for patient care placements within the private/independent sector have been uplifted to reflect the impact of paying Real Living Wage for Health & Social Care workers. The impact of continuing this policy in 2023/24 has been estimated at £2.4m in addition to the £2.4m impact in 2022/23. An anticipated allocation of £4.8m has therefore been recognised in our plan.

- **Aneurin Bevan LTA dispute**

The Health Board has not been able to agree the 23/24 LTA with ABUHB and an arbitration request has been submitted to WG together with additional information as requested by WG. The risk to our latest plan is £4.1m.

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

	August			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M5 £'000	M4 £'000	Movement £'000
RRL	104,213	104,395	(182)	1,268,407	1,268,675	(268)
Donation/Grants	37	0	37	200	200	0
Welsh HBs & NHST	8,181	7,110	1,071	86,603	85,532	1,071
WHSSC	993	1,018	(25)	12,133	12,158	(25)
WG Income	(582)	10	(592)	(875)	(283)	(592)
Other Income	3,210	3,455	(245)	41,120	41,365	(245)
Income Total	**116,052**	**115,988**	**64**	**1,407,588**	**1,407,647**	**(59)**
PC Contractor	13,280	12,470	810	152,437	151,627	810
PC - Drugs	8,795	8,572	223	104,588	104,365	223
Pay	54,238	54,564	(326)	670,364	668,290	2,074
Non Pay	9,311	10,688	(1,377)	123,155	123,350	(195)
SC - Drugs	4,462	4,547	(85)	54,574	54,659	(85)
H/C Other NHS	21,997	21,625	372	259,322	258,950	372
Non H/C Other NHS	624	322	302	4,073	3,771	302
CHC & FNC	5,732	5,782	(50)	67,355	67,405	(50)
Private & Vol	1,540	940	600	14,986	12,286	2,700
Joint & Other	375	269	106	7,304	12,598	(5,294)
DEL	0	0	0	32,523	33,425	(902)
AME	0	0	0	(3,476)	(3,476)	0
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	0	0	0	(17)	(3)	(14)
Cost - Total	**120,354**	**119,779**	**575**	**1,487,188**	**1,487,247**	**(59)**

Actual expenditure for M5 was £0.6m (0.48%) more than the £119.8m forecast. The most significant movements between the M4 forecast and M5 actuals were as follows:

- **Welsh NHS Income - £1.071k Favourable** – Increased Activity & NICE income from other HBs.
- **WG Income - £592k Adverse** – Correction of error in M4.
- **Primary Care Contractors - £810k Adverse** – Non-Cash Limited £400k, Out of Hours cover £200k and £200k Community Pharmacy.
- **Provider Non-Pay - £1,377k Favourable –** Non-Pay expenditure remains volatile, Energy costs were £500k lower than anticipated profile, General Supplies & Services reduced by £200k together with the anticipated recovery of M4 being lower than expected position not materialising of £600k.

- **Private & Vol Sector - £600k Adverse –** The adverse position is due to increased voluntary sector SLA's of £0.4m together with continuation of outsourcing activity anticipated to have ceased £0.2m.

The year-end forecast expenditure at M5 has reduced by £0.1m to £1,487.2m offset by a corresponding decrease in the income forecast. The most significant changes between the M5 and M4 year-end forecasts are as follows:

- **Welsh NHS Income - £1.071k Favourable** – Recognition of in month movement noted above.
- **WG Income - £592k Adverse** – Recognition of in month movement noted above.
- **Primary Care Contractor - £810k Adverse** – Recognition of in month movement noted above.
- **Provider Pay - £2,074k Adverse –** Distribution of contingency for Planned Care recovery and RIF of £2.4m together with recognition of in month movement noted above.
- **Provider Non-Pay - £195k favourable –** Removal of Health Protection contingency £1.8m, Distribution of contingency for Planned Care recovery and RIF of £2.4m, revised assessment of non-pay plans £0.5m together with recognition of in month movement noted above.
- **Private & Vol Sector - £2,700k Adverse –** Distribution of contingency for Planned Care recovery and RIF of £0.6m, Neuro Divergence allocation £0.6m together with recognition of in month movement noted above and revised forecast.
- **Joint & Other- £5,294k Favourable** – Reflects removal of contingency for PCR and RIF of £5.4m together with recognition of in month movement.

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

The pay expenditure excludes the recent announcement of a 5% pay award for Medical & Dental Staff.

M12 includes £4.4m of committed reserves for Planned Care programmes for Cataracts and Community Diagnostics. Revised plans are anticipated to be presented and approved by M6.

1.4 Pay Expenditure (Table B2)

The M5 Pay expenditure was £56.6m and the monthly trend is summarised below.

	M5	M4	M3	M2	M1	M12	M11
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.6	8.9	9.6	7.3	7.3	13.1	7.1
Medical	14.8	14.6	14.4	14.2	13.5	22.8	13.8
Nursing	17.4	20.2	21.1	16.6	17.1	30.1	17.1
ACS	7.4	8.7	9.4	7.1	7.2	12.6	7.3
Other	7.7	10.9	11.6	9.2	9.0	16.4	8.9
Total	**56.6**	**63.3**	**66.1**	**54.4**	**54.1**	**95.0**	**54.2**

The Key issues to highlight are as follows:

- The M12 pay position included the recent pay circulars for the 1.5% non-consolidated pay award (£6.7m) and the 1.5% consolidated pay award (£8.9m) together with the pension adjustment for the additional 6.3% centrally funded element (£25.8m). Planned additional annual leave accruals of £3.9m were also written back in M12. The M12 cost excluding these one-off items was £57.5m.

- The M1 position included the 1.5% consolidated pay settlement equivalent to £0.75m. After allowing for this inflationary increase of £0.75m the adjusted M1 position (£53.4m) is reporting a reduction of circa £1.0m compared to the average of M9, M10 & M11 (£54.5m).

- The M2 position increased slightly compared to M1 which reflected the Easter Bank Holidays. Allowing for the 1.5% pay settlement, the adjusted M2 position of £53.7m (£54.4m less £0.75m pay inflation) was still reporting a favourable position of £0.8m compared to the average of M9, M10 & M11 (54.5m).

- The £11.7m increase in M3 includes the processing of the non-consolidated 22/23 recovery payment of £11.5m.

- The M4 expenditure of £63.3m represents an increase of £8.9m compared to the average of Q1 adjusting for the recovery payment in M3. This increase of £8.9m is mainly due to the 23/24 A4C pay award of 5% being processed including arrears (£8m). The remaining £0.9m increase was due to increased agency of £0.5m and overtime £0.4m.

- The M5 expenditure of £56.6m remains consistent with the M4 YTD average cost excluding the £11.5m recovery payment in M3 of £56.6m. Medical staffing continues to experience growth mainly attributed to increased ADH expenditure.

The M5 agency expenditure was £3.9m and the monthly trend (excluding accountancy gains) is summarised below.

	M5	M4	M3	M2	M1	M12	M11
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.5	1.8	1.5	1.6	1.1	1.8	1.8
Nursing	1.6	1.8	1.6	1.7	2.2	2.0	1.9
Other	0.9	1.2	0.9	1.2	1.0	1.8	1.1
Total	**3.9**	**4.8**	**4.0**	**4.5**	**4.3**	**5.6**	**4.8**

Agency Costs in M5 have reduced in all areas and M5 was the lowest month of agency expenditure in 23/24. This follows an exceptionally high cost in M4 illustrating that agency expenditure remains volatile.

1.5 Covid analysis (Table B3)

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

	M5 Actual	M5 YTD	M5 Year-end forecast	Financial Plan- 31 May	Movement between M5 and the Financial Plan
Programme costs	**£m**	**£m**	**£m**	**£m**	**£m**
Health Protection	0.5	2.3	7.4	9.1	(1.7)
PPE	0.1	0.2	0.3	1.0	(0.7)
Adferiad (Long COVID)	0.1	0.2	1.0	1.0	0
Nosocomial Investigation	0.0	0.2	0.6	0.6	0
Anticipated funding	**(0.7)**	**(2.9)**	**(9.3)**	**(11.7)**	**(2.4)**
Total	**0**	**0**	**0**	**0**	**0**

The key points to note are as follows:

- Health Protection – During M5 the forecast requirement has been revised down to £7.4m. The anticipated allocation has been adjusted to match this reduced requirement.

- In line with the MMR guidance, the additional costs of PPE have been assumed to be fully funded and an anticipated allocation is included in these Returns. The additional PPE costs have been assessed using the NWSSP stock list of PPE items expenditure compared to 2019/20 actual costs as baseline.

- Adferiad (Long COVID) – In line with the MMR guidance, the additional costs of Adferiad have been assumed to be fully funded. An anticipated allocation has also been included in these Returns.

- Nosocomial Investigation - In line with the MMR guidance, the additional forecast costs of the Nosocomial investigation have been fully funded through an allocation letter. Any movements on this position will be noted with an adjustment to anticipated allocations.

Month 5 - Forecast recurrent position (Table A)

The B'fwd recurrent deficit at the end of 22/23 was £70.9m.

As at M5 we are reporting a forecast Underlying deficit at the end of 23/24 of £65.3m. This **excludes** ongoing exceptional energy costs of circa £10m.

	M5	**M4**	**Comment**
	£m	**£m**	
Core Plan B/F	60.9	60.9	
Ongoing local Covid response costs B/F	10.0	10.0	Any reduction in these costs will be treated as a saving in 23/24
Ongoing Exceptional energy costs	tbc	tbc	The ongoing impact of exceptional energy costs into 24 25, will be reassessed during 23/24.
B/Fwd Total	**70.9**	**70.9**	
2023/24 Planned Improvement	-5.6	-5.6	The planned improvement in the underlying deficit of £5.6m assumes the full recurrent delivery of the £27.3m recurrent savings target. As at M5 this is a significant risk with only £23.6m of recurrent plans identified. The forecast recurrent savings shortfall at M5 is £3.7m.
Total	**65.3**	**65.3**	

It is important to highlight that there is a significant risk that the position will deteriorate as the year progresses, due to the inclusion of ongoing exceptional energy costs plus the risk of shortfalls in recurrent savings delivery. The recurrent position will be reassessed in M6.

2. Risk Management (Table A2)

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

	M5 £m	M4 £m	Comment
Savings delivery risks:			
Shortfall against M5 forecast savings delivery of £22.9m.	1.3	0	The M5 forecast of £22.9m includes £1.3m of Amber schemes.
Funding risks:			
Assumed funding for the impact of RLW in 23/24	1.2	1.2	Further clarification needed on funding assumptions for 23/24.
Risk of the 23/24 recurrent pay award not being fully funded given the £1.9m recurrent shortfall in 22/23. Actual A4C costs £24.2m, M&D TBC.	1.5	1.5	Further clarification needed on funding assumptions for 23/24.
Risk of 22/23 recurrent pay award payments already made not being fully funded. Actual costs £9.0m	0.5	0.5	Further clarification needed on funding assumptions for 23/24.
Dental contract – the latest forecast assumes that any underperformance on contracts can be used to offset income shortfalls and any net underspend can be retained by the Health Board.	Tbc	1.4	Further clarification needed on funding assumptions for 23/24.
EASC Emergency Capacity (100wte)	0.8	0	Funding clarification needed on funding assumptions for 23/24.
Cost pressure risks:			
Contracting risks with other Health Boards	4.1	3.1	See Section 8 re specific risk re ABUHB.
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	Tbc	Tbc	The latest forecast is showing a £9.3m overspend which is £0.6m above the £8.7m included in the financial plan.
Total Risks	**9.4**	**7.7**	
Contingencies / Opportunities			
Further balance sheet review within 22/23	Tbc	Tbc	
Retrospective vat recoveries – Primary care and Microsoft contract	(0.5)	(0.5)	
Energy Non-Commodity Forecast (NWSSP)	(1.5)	0	As per NWSSP latest forecast
Total Opportunities	**(2.0)**	**(0.5)**	
Total	**7.4**	**7.2**	

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

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

	Total Allocation	Forecast	Comment
	£m	£m	
Confirmed Allocations (Initial Allocation letter 23/24)			
Planned Care Recovery Funding	18.5	23.4	Includes £4.9m of additional investment above the WG allocation. (M3: £5.5m).
Value Based Healthcare	2.1	2.1	
Regional Integration Fund	22.3	22.3	Assumes anticipated allocations of £2m consistent with Shelley Davies's letter dated 31st March.
Genomics Strategy	1.4	1.4	
Critical Care Funding	2.7	2.7	
In Year Allocations (Initial Allocation letter 23/24)			
Urgent Emergency Care	3.0	3.0	Anticipated allocation. Potential opportunity included in 10%,20%,30% submission
Mental Health (SIF)	0.8	0.8	Anticipated 23/24 allocation. Potential opportunity included in 10%,20%,30% submission
Planned Care	0.5	0.5	Anticipated allocation.
Value Based Healthcare	0.7	0.7	Anticipated allocation for approved schemes. Potential opportunity included in 10%,20%,30% submission.
Recovery	7.3	7.3	Confirmed allocation for Regional Plans
Total	**59.4**	**64.3**	

The Health Board is assuming that it can retain any underspend on the Dental contract. The risk of this underspend being returned to WG has been included in our Risk table in Section 3.

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

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

See section 1.4.

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

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

	Month 5			Month 4		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M5	**11.4**	**27.3**	**27.3**	**9.1**	**27.3**	**27.3**
Actual and Forecast Savings	(8.2)	(22.9)	(23.6)	(5.6)	(22.0)	(23.3)
Total	**3.2**	**4.4**	**3.7**	**3.5**	**5.3**	**4.0**

Actual savings upto M5 are £8.2m and the full year forecast is £22.9m. This represents a step up of £3.2m in the last 7 months of the year and a forecast gap of £4.4m compared to the £27.3m target. The savings plans for Primary care prescribing of £2.3m have been removed in M5 due to the Q1 actual costs being above our plan. Primary care prescribing savings will only be reported if the forecast expenditure is lower than our planning assumptions.

The following plans have been identified to close the forecast savings gap:

- Reduction/delay in planned investments £1.2m
- Continue to identify further savings opportunities and/or additional accountancy gains £3.2m.

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

Table D has been completed and agreed with all other organisations. See Section 8 for specific comments regarding a dispute with Aneurin Bevan UHB.

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £3.5m which is consistent with the information provided by NWSSP. This provision has been included as an anticipated allocation adjustment in Table E.

Table E shows the anticipated allocations assumed within our M5 position. The table below summaries the more material items:

Description	M5	M4	Comments
	£k	£k	
2023/24 Pay award	24,167	24,167	Estimated Requirement
1.5% consolidated pay award	8,900	8,900	Estimated requirement
Regional Planned Care Recovery	7,300	7,300	Planning Assumption to be confirmed
Real Living Wage	4,800	4,800	Estimated requirement
Urgent & Emergency Care	2,960	2,960	Planning Assumption to be confirmed
22/23 MH Investment	58	441	Planning Assumption to be confirmed. £3.24m received.
22/23 MH Investment	769	769	Planning Assumption to be confirmed. £3.24m received.
Planned Care – OP Transformation & Eyecare	264	528	Planning Assumption to be confirmed. £0.264m received
EASC Emergency Ambulance Capacity	755	0	Planning Assumption to be confirmed
Hosted Value in Health Team	2,227	2,227	Estimated requirement
Health Protection – Mass Vaccination	5,696	5,437	Indicative allocation to be claimed on actual costs
Health Protection - TTP	1,653	2,357	Indicative allocation to be claimed on actual costs
Adferiad	997	1,005	Indicative allocation to be claimed on actual costs
PPE	221	194	Indicative allocation to be claimed on actual costs
WRP Deduction	-3,482	-3,482	Indicative Adjustment
IFRS 16 Adjustment	-2,401	-2,401	Indicative IFRS adjustment
Capital Charges	-3,906	-3,020	Latest Estimates
Other Allocations	2,784	3,989	
Total Anticipated Allocations	**53,762**	**56,171**	

Health Care agreements

Apart from ABUHB, the Health Board has agreed all the LTA agreements for 23/24. The only documentation that remains unsigned relates to WHSSC, however the contract values have been agreed and written confirmation of our agreement has been received from WHSSC. However, the LTA document has yet to be signed due to key staff being on leave, this will be resolved for M6 returns.

The table below summarises the position for our agreements with each organisation.

	CTM Provider	CTM Commissioner
AB	Dispute	Awaiting
C&V	Fully Signed	Fully Signed
SB	Fully Signed	Fully Signed
Powys	Fully Signed	NA
HDDa	Fully Signed	Fully Signed
WHSSC	Awaiting Documentation	NA
Velindre	NA	Fully Signed

The Health Board has not been able to agree the 23/24 LTA with ABUHB and an arbitration request has been submitted to WG. The risk to our latest plan is £4.1m.

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

7.1 Significant month on month balance sheet movements

There were several significant balance sheet movements between M4 and M5:

- There has been a £15m increase on current provisions due to an increase in clinical negligence claims values. There is an opposite increase in the trade and other receivables line to reflect the amount that is owed by WRP against these claims. It has been assessed currently as payable within 12 months, therefore current, this classification will be reviewed when more detail is known.

- There is a further £6m increase in trade and other receivables in relation to non nhs invoices and prepayments.

- Trade and other payables value has also increased by £16.5m between M4 and M5 due to an increase in general trade payables.

- Property, Plant & Equipment has increased by £2.2m between M4 & M5.

Projected balances have remained the same as previous months. However, as seen from above the provisions have increased, offset by increase in debtors from WRP, so this may change in future months.

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

There are 2 invoices which are aged over 11 weeks at the end of M5. One with Cardiff & Vale UHB which was paid on 6th September, and one with Public Health Wales which we have been informed has been sent to Accounts Payable for payment.

9. Cash Flow Forecast (Table G)

The Cash Flow forecast shows a surplus of £6.0m at the end of M5.

The forecast Cash Flow position to year end shows a projected deficit of £79.5m. This reflects the current plan deficit and will require future strategic cash support. Without cash support there will be a cash shortfall in the latter months of the financial year. This forecast will be reviewed and updated for M6.

10. Public Sector Payment Compliance (Table H)

No update required in this return.

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

The M5 CRL is £68.2m, issued on the 22nd August 2023. As at M5, £26.9m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in table J.

Scheme	Risk	Explanation
PCH G&FF Floor Phase 2 and 3	Medium	Meeting with WG scheduled for end of Sept to discuss profile in detail but the current forecast has reduced significantly and suggests no additional funding will be required this year. The latest forecast is still to be interrogated and the monthly spend value is a significant value to manage - hence assessed medium risk.
Bridgend Health and Wellbeing Centre (Sunnyside)	Medium – Slippage £0.76m	As previously reported the scheme remains on hold. The additional funding requirements are now known, and this will be submitted ASAP as an addendum to the original approved FBC.
EFAB – Infrastructure, Fire and Decarbonization	Medium – Slippage and underspend £0.55m	There are indications of potential slippage on infrastructure schemes of c£0.2m and a potential combined underspend of £0.350m on fire and decarbonization. These are not confirmed figures as a number of schemes are not yet fully tendered, which could offset the indicated underspends.
Llantrisant Health Park	Medium – possible underspend	New posts are still being confirmed and appointed to. It is expected that there will be an underspend once costs and commencement dates are confirmed but work is ongoing to confirm any sums.

Disposals

The sale of Llwyn Yr Eos completed in August 2023. A small number of equipment sales are expected throughout the year.

Non-cash requirements have been matched to the approved elements of the return submitted in August 2023. The return will be updated next month to reflect approval of the two IFRS 16 schemes and hence will show the additional £0.032m required.

12. Other Issues

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

The M5 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C,C1,C2,C3 and C4) will be reported to the next meeting of the Planning, Performance and Finance Committee in September 2023.

13. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 13 September 2023

Action Points arising from Month 4 Response

Action Point	WG Comment	CTM Response
4.1	The narrative and Table A (Lines 27 – 31) provide details of the planned mitigating actions to offset the current savings gap of c.£8.900m. If the actions do not meet the criteria for inclusion of a saving scheme with the tracker (Table C4) at month 5, please ensure your narrative confirms the status of each item as either 'finalised' (ie no risk) or 'yet to be finalised'.	See Section 1.2.
4.2	Please provide details of the items which support the material adverse and favourable income variances reported in January (-£2.373m) and March (£2.722m) on Line 21, which are having a key impact on the corresponding monthly forecast outturns.	The movements on line 21 reflect the profiling of the revenue resource allocation proportionately to the planned expenditure levels.
4.3	The opening plan identified savings plan (Line 8) has reduced by £0.031m with a corresponding increase reported on Line 13 'Planning assumptions still to be finalised'. As Lines 1-13 are fixed, please reinstate Lines 8 and 13 to those reported in months 2 and 3.	Corrected - 2 Schemes had been revised to RED and with nil forecast, this changes the value in line 8 and 13 and is locked. To revert the figures back to M3 plan, the RAG rating has been removed which will cause an error to be reported.
3.3	As confirmed via Action Point 3.3 of the month 3 reply letter, the retention of any dental underspends should not be assumed without approval from Dental Policy colleagues. Please review the inclusion of this assumption at month 5	Noted
4.4	Please ensure the narrative provides an explanation for the removal of any previously reported risks (eg pension and winter pressures removed at month 4).	Noted - These items have now been recognised in forecast position included in Table B.
4.5	Please provide a progress update on finalising investment profiles for the Planned Care programmes and Regional Integration Fund (RIF) committed reserves totalling c. £9.800m which are currently fully phased into March.	RIF has now been agreed and profiled into Table B, work is continuing to progress on the regional PCR funding

		for Community Diagnostics and Cataracts following confirmation of revised funding levels. It is anticipated that plans will be sufficiently progressed for the M6 returns.
4.6	Please provide an explanation for the reduction in the month 12 value of £1.10m on Line 17 relating to Joint Financing / Other.	The reduction in Joint Financing & Other in the M4 returns was due to the reduction in PCR regional funding for cataracts of £0.4m (See table B section G line 53 - netted off with reduced allocation) together with the holding of local PCR investment of £0.6m to support the mitigation of shortfall on savings (see Table B section G line 60& 62)
3.7	We note that the return submission does not comply with the monitoring return guidance, with the inclusion of amber schemes which have not progressed to the green status within 3 months. We wish to reiterate that if the 'go green' is not achieved within 3 months, the forecast scheme delivery should be removed from the future profile (resulting in a pressure against the plan) and should only be reintroduced when the scheme meets the green criteria. We trust that further assessments of current Amber schemes (the majority of which have been listed since month 1) will be undertaken prior to the month 5 submission	Noted – It is the HB process to only turn schemes Green once savings are materialising. some of the schemes identified in our original plans were not due to commence until later in the financial year, these will remain amber until the schemes are delivering in line with the original timelines. These schemes remain in our plan with sufficient level of confidence on delivery to remain Amber.
4.7	We note there are four schemes (Ref: MMPC01 - 04) where 4 months of retrospective savings are being profiled into the month 5 delivery. Please provide supporting explanation for this approach including the reasons for not phasing an element in to the month 4 delivery.	During M5 the savings forecast for primary care prescribing have been removed. see section 5.

4.8	We look forward to receiving confirmation that signatories have since been obtained for the agreed LTA with WHSSC.	The LTA documentation is still awaited due to leave of key staff. This will be resolved for M6.
4.9	In future returns, please ensure the 'Removal of donated assets / Govt grant income' funding reduction amount in Table E (£0.216m) is consistent with the corresponding amounts reported in Tables B and I (£0.200m).	Noted.
3.14	Please review the UEC expenditure profile which has uncommitted amounts reported in both June and July.	Noted
4.10	In terms of the planned care funding items totalling £0.619m highlighted as being anticipated, please confirm where this value is shown in Table E.	Apologies this figure should have been updated to reflect the revised plan of £528k which was included in table E line 17. As at M5 £264k remains anticipated.
4.11	In respect of the Regional Integration Fund category within Section A, please only include the Allocation Letter (Table B1) funding value of £20.306m and corresponding spend within future returns.	Shelly Davies's letter dated 31st March stated RIF funding of £22.293m of which £284k remains anticipated. Subsequently a further allocation for NDIP of £573k has been confirmed. In 22/23 we were asked to include all RIF funding in the ringfenced section, please can you confirm how you wish this to be reported for M6.

Cwm Taf Morgannwg ULHB **Period : Aug 23**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-70,900	0	-70,900	-70,900
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-49,450	-7,400	-42,050	-42,050
3	Planned Expenditure For Covid-19 (Negative Value)	-11,668	-11,668	0	0
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	16,300	0	16,300	17,500
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	11,668	11,668	0	0
6	Planned Provider Income (Positive Value)	2,850	0	2,850	2,850
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	17,678	341	17,337	18,618
9	Planned (Finalised) Net Income Generation	1,217	217	1,000	1,000
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	Correction of Energy N/R underlying Deficit	-8,700	-8,700	0	0
13	Planning Assumptions still to be finalised at Month 1	11,405	3,723	7,682	7,682
14	**Opening IMTP / Annual Operating Plan**	**-79,600**	**-11,819**	**-67,781**	**-65,300**
15	Reversal of Planning Assumptions still to be finalised at Month 1	-11,405	-3,723	-7,682	-7,682
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	-187	-187	0	0
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-2,424	-251	-2,173	-2,763
20	Additional In Year Identified Savings - Forecast	6,575	2,665	3,910	6,763
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-2,417	-2,417		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	2,417	2,417		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-381	-381		
27	Anticipated Improvement plans	3,000	3,000		
28	Reduce Planned Local Investment	1,200	1,200		
29	Velindre Improvement	500	500		
30	New Saving Opportunities / Further Balance Sheet Opportunities	3,721	3,721		3,682
31		0	0		
32		0	0		
33	Energy Forecast Impact from original £8.7m Plan	-600	-600		
34		0	0		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**-79,600**	**-5,874**	**-73,726**	**-65,300**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**1**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-79,601**			
43					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-29,542	-70,900
2	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,119	-20,605	-49,450
3	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-4,862	-11,668
4	1,358	1,358	1,359	1,358	1,358	1,359	1,358	1,358	1,359	1,358	1,358	1,359	6,791	16,300
5	972	972	972	972	972	972	972	972	972	972	972	972	4,862	11,668
6	237	238	237	238	237	238	237	238	237	238	237	238	1,187	2,850
7	250	250	250	250	250	-2,750	250	250	250	250	250	250	1,250	0
8	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	5,660	17,678
9	0	37	18	351	101	102	101	101	102	101	101	102	507	1,217
10													0	0
11													0	0
12	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-3,625	-8,700
13	2,007	1,302	1,342	-775	1,331	4,283	-571	1,244	1,287	-633	1,228	-643	5,208	11,405
14	**-6,634**	**-6,633**	**-6,633**	**-6,633**	**-6,634**	**-6,632**	**-6,634**	**-6,633**	**-6,633**	**-6,633**	**-6,634**	**-6,630**	**-33,169**	**-79,600**
15	-2,007	-1,302	-1,342	775	-1,331	-4,283	571	-1,244	-1,287	633	-1,228	643	-5,208	-11,405
16													0	0
17													0	0
18	0	-37	-18	-18	-6	-16	-16	-16	-16	-16	-16	-16	-79	-187
19	-1	872	439	-1,313	384	412	-1,447	296	384	-1,442	408	-1,416	381	-2,424
20	0	295	230	294	899	457	602	636	617	766	760	1,017	1,718	6,575
21						288	249	286	260	-3,704	34	2,586	0	0
22	-326	-513	-448	-434	-268	-185	-24	-36	69	44	-161	-136	-1,989	-2,417
23													0	0
24	326	513	448	434	268	185	24	36	-69	-44	161	137	1,989	2,417
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	2,028	35	-1,627	-61	-756							-1	-380	-381
27						3,000							0	3,000
28					500	100	100	100	100	100	100	100	500	1,200
29					208	41	41	42	42	42	42	42	208	500
30										3,721			0	3,721
31													0	0
32													0	0
33							-100	-100	-100	-100	-100	-100	0	-600
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**-6,614**	**-6,770**	**-8,952**	**-6,957**	**-6,735**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-3,775**	**-36,028**	**-79,600**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**
42	**-6,614**	**-6,770**	**-8,952**	**-6,957**	**-6,735**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-3,775**	**-36,028**	**-79,601**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

Cwm Taf Morgannwg ULHB

Period : Aug 23

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	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	317	177	183	183	183	183	183	183	183	183	183	860	2,141		2,141	0			
8		Actual/F'cast	0	0	0	0	0	0	2	2	2	2	2	2	0	10	0.00%	10	0	0	10	10
9		Variance	0	(317)	(177)	(183)	(183)	(183)	(181)	(181)	(181)	(181)	(181)	(181)	(860)	(2,131)	*(100.00%)*	(2,131)	0			
10	Non Pay	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	407	1,186		751	435			
11		Actual/F'cast	19	18	39	79	239	94	119	110	110	198	118	145	394	1,290	30.59%	1,083	207	301	989	1,378
12		Variance	(1)	(121)	(41)	(4)	155	7	21	12	12	13	13	40	(12)	104	*(3.01%)*	332	(228)			
13	Pay	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	4,394	14,315		14,139	176			
14		Actual/F'cast	248	2,085	1,545	1,600	1,887	1,664	1,780	1,750	1,775	1,932	1,995	2,234	7,365	20,494	35.94%	19,480	1,014	2,454	18,040	20,802
15		Variance	(0)	1,605	887	(832)	1,312	1,045	(684)	1,101	1,171	(507)	1,338	(257)	2,971	6,178	*67.62%*	5,340	838			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36		0	36			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	36	0	36	0.00%	0	36	0	36	428
18		Variance	0	0	0	0	0	0	0	0	0	0	0	(0)	0	(0)		0	(0)			
19	Total	Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	5,660	17,678		17,031	647			
20		Actual/F'cast	267	2,103	1,583	1,679	2,126	1,759	1,900	1,862	1,887	2,131	2,115	2,417	7,759	21,829	35.54%	20,572	1,257	2,755	19,074	22,618
21		Variance	(1)	1,167	668	(1,019)	1,284	869	(844)	932	1,001	(675)	1,169	(399)	2,099	4,151	*37.08%*	3,541	610			
22		Variance in month	(0.37%)	124.70%	73.07%	(37.78%)	152.33%	97.67%	(30.76%)	100.24%	113.03%	(24.07%)	123.59%	(14.17%)	37.08%							
23		In month achievement against FY forecast	1.22%	9.63%	7.25%	7.69%	9.74%	8.06%	8.71%	8.53%	8.64%	9.76%	9.69%	11.07%								

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD Budget/Plan*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	10	45	21	418	128	241	216	217	323	323	552	494	2,495	19.81%	2,089	406	1,235	1,259	2,728
3		Variance	0	10	45	21	418	128	241	216	217	323	323	552	494	2,495		2,089	406			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	42	30	52	71	49	76	99	99	118	118	118	195	871	22.34%	653	218	352	519	777
6		Variance	0	42	30	52	71	49	76	99	99	118	118	118	195	871		653	218			
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	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	11	17	33	49	43	43	0	194	0.00%	82	112	0	194	531
15		Variance	0	0	0	0	0	0	11	17	33	49	43	43	0	194		82	112			
16	Other (Please Specify)	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	4,394	14,315		14,139	176			
17		Actual/F'cast	248	2,033	1,470	1,527	1,398	1,487	1,452	1,418	1,426	1,442	1,511	1,521	6,676	16,934	39.42%	16,656	279	866	16,068	16,766
18		Variance	(0)	1,553	812	(905)	823	868	(1,012)	770	822	(996)	854	(970)	2,282	2,619	*51.95%*	2,516	103			
19	Total	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	4,394	14,315		14,139	176			
20		Actual/F'cast	248	2,085	1,545	1,600	1,887	1,664	1,780	1,750	1,775	1,932	1,995	2,234	7,365	20,494	35.94%	19,480	1,014	2,454	18,040	20,802
21		Variance	(0)	1,605	887	(832)	1,312	1,045	(684)	1,101	1,171	(507)	1,338	(257)	2,971	6,178	*67.62%*	5,340	838			

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

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

Table C3- Savings Schemes SoCNE/SCNI Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Pay	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	4,394	14,315
2		Actual/F'cast	248	2,085	1,545	1,600	1,887	1,664	1,780	1,750	1,775	1,932	1,995	2,234	7,365	20,494
3		Variance	(0)	1,605	887	(832)	1,312	1,045	(684)	1,101	1,171	(507)	1,338	(257)	2,971	6,178
4	Non Pay	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	407	1,186
5		Actual/F'cast	19	18	39	79	239	94	121	112	112	200	120	147	394	1,300
6		Variance	(1)	(121)	(41)	(4)	155	7	22	13	14	14	14	42	(12)	114
7	Primary Care Drugs	Budget/Plan	0	268	147	153	153	153	153	153	153	153	153	153	721	1,792
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	(268)	(147)	(153)	(153)	(153)	(153)	(153)	(153)	(153)	(153)	(153)	(721)	(1,792)
7	Secondary Care Drugs	Budget/Plan	0	49	30	30	30	30	30	30	30	30	30	30	139	349
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		Variance	0	(49)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(139)	(349)
10	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	36	0	36
15		Variance	0	0	0	0	0	0	0	0	0	0	0	(0)	0	(0)
16	Healthcare Services Provided by Other NHS Bodies	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Non Healthcare Services Provided by Other NHS Bodies	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Total	Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	5,660	17,678
29		Actual/F'cast	267	2,103	1,583	1,679	2,126	1,759	1,900	1,862	1,887	2,131	2,115	2,417	7,759	21,829
30		Variance	(1)	1,167	668	(1,019)	1,284	869	(844)	932	1,001	(675)	1,169	(399)	2,099	4,151

Cwm Taf Morgannwg ULHB

Aug 23

This Table is currently showing 1 errors

Table C4 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	5,660	17,678	341	17,337	1,281	18,618
	Month 1 - Actual/Forecast	267	1,808	1,354	1,386	1,227	1,301	1,298	1,225	1,269	1,365	1,354	1,400	6,041	15,254	90	15,164	691	15,855
	Variance	(1)	872	439	(1,313)	384	412	(1,447)	296	384	(1,442)	408	(1,416)	381	(2,424)	(251)	(2,173)	(590)	(2,763)
	In Year - Plan	0	296	247	275	905	444	584	618	599	748	739	995	1,723	6,450	2,467	3,983	2,700	6,683
	In Year - Actual/Forecast	0	295	230	294	899	457	602	636	617	766	760	1,017	1,718	6,575	2,665	3,910	2,853	6,763
	Variance	0	(1)	(18)	18	(5)	13	18	19	19	19	22	22	(6)	125	198	(73)	153	80
	Total Plan	268	1,232	1,162	2,974	1,747	1,334	3,329	1,547	1,485	3,554	1,685	3,811	7,384	24,128	2,808	21,320	3,981	25,301
	Total Actual/Forecast	267	2,103	1,583	1,679	2,126	1,759	1,900	1,862	1,887	2,131	2,115	2,417	7,759	21,829	2,755	19,074	3,544	22,618
	Total Variance	(1)	871	421	(1,295)	379	425	(1,428)	314	402	(1,423)	430	(1,394)	375	(2,299)	(53)	(2,246)	(437)	(2,683)
Net Income Generation	Month 1 - Plan	0	37	18	351	101	102	101	101	102	101	101	102	507	1,217	217	1,000	0	1,000
	Month 1 - Actual/Forecast	0	0	0	333	83	84	83	83	84	83	83	84	416	1,000	0	1,000	0	1,000
	Variance	0	(37)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(91)	(217)	(217)	0	0	0
	In Year - Plan	0	0	0	0	13	3	3	3	3	3	3	3	13	30	30	0	0	0
	In Year - Actual/Forecast	0	0	0	0	13	3	3	3	3	3	3	3	13	30	30	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	37	18	351	114	105	104	104	105	104	104	105	520	1,247	247	1,000	0	1,000
	Total Actual/Forecast	0	0	0	333	96	87	86	86	87	86	86	87	429	1,030	30	1,000	0	1,000
	Total Variance	0	(37)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(91)	(217)	(217)	0	0	0
Accountancy Gains	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	Month 1 - Plan	268	973	933	3,050	944	992	2,846	1,031	988	2,908	1,047	2,918	6,167	18,895	558	18,337	1,281	19,618
	Month 1 - Actual/Forecast	267	1,808	1,354	1,719	1,310	1,385	1,381	1,308	1,353	1,448	1,437	1,484	6,457	16,254	90	16,164	691	16,855
	Variance	(1)	835	421	(1,331)	366	394	(1,465)	278	366	(1,460)	390	(1,434)	290	(2,641)	(468)	(2,173)	(590)	(2,763)
	In Year - Plan	0	296	247	275	917	447	587	620	601	750	741	998	1,736	6,480	2,497	3,983	2,700	6,683
	In Year - Actual/Forecast	0	295	230	294	912	460	605	639	620	769	763	1,020	1,730	6,605	2,695	3,910	2,853	6,763
	Variance	0	(1)	(18)	18	(5)	13	18	19	19	19	22	22	(6)	125	198	(73)	153	80
	Total Plan	268	1,269	1,180	3,325	1,861	1,438	3,432	1,651	1,589	3,658	1,788	3,916	7,903	25,375	3,055	22,320	3,981	26,301
	Total Actual/Forecast	267	2,103	1,583	2,012	2,222	1,845	1,986	1,947	1,973	2,217	2,200	2,503	8,188	22,859	2,785	20,074	3,544	23,618
	Total Variance	(1)	834	403	(1,313)	361	407	(1,446)	296	384	(1,441)	412	(1,412)	284	(2,516)	(270)	(2,246)	(437)	(2,683)

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

Agenda Item
2.2.1d

Planning, Performance and Finance Committee

MONTH 6 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	31/10/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Executive Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Welsh Government	12/10/2023	NOTED

Acronyms / Glossary of Terms	
WG	Welsh Government
M1 etc.	Month 14 etc.
LHB	Local Health Board
SHA	Strategic Health Authority

MONTH 6 MONITORING RETURNS TO WELSH GOVERNMENT

1. SITUATION/BACKGROUND

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

The purpose of this report is to provide the PPFC with information from the M6 Financial Monitoring Return submission to Welsh Government.

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

The Health Board, Strategic Health Authority & Trust Monthly Financial Monitoring Return Guidance was issued on 26 April 2023. This guidance refers to the monitoring return spreadsheet and accompanying narrative that LHBs will need to complete to report their 2023/24 financial performance, together with the following requirements:

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

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

The following information is provided at Annex A:

Annex A
M6 Narrative report
Table A - Movement
Tables C, C1, C2, C3 & C4

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 M6 Financial Monitoring returns is summarised below:

	M6 Actual	M6 YTD	M6 Forecast	Financial Plan
	£m	£m	£m	£m
Core plan deficit	**4.4**	**36.8**	**70.6**	**70.9**
Exceptional Energy inflation	**0.8**	**4.4**	**9.0**	**8.7**
Covid Programme costs:				
Health Protection	0.6	2.9	7.5	9.1
PPE	0.0	0.2	0.4	1.0
Adferiad	0.1	0.3	1.0	1.0
Nosocomial	0.0	0.2	0.6	0.6
Anticipated Funding	(0.7)	(3.6)	(9.4)	(11.7)
Total	**0**	**0**	**0**	**0**
Grand total	**5.2**	**41.2**	**79.6**	**79.6**

The M6 YTD position is a £41.2m deficit. This represents a £1.4m adverse variance compared to 6/12th of the £79.6m deficit (£39.8m) included in the draft plan submitted to WG on 31 March 2023.

The £1.4m Year To Date (YTD) adverse variance includes:

- a £1.9m shortfall against the M6 YTD savings target (M5: £3.2m)
- adverse operating variances of £0.3m (M5: £0.4m favourable)
- accountancy gains £0.8m (M5: Nil)
-

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

	Month 6			Month 5		
	YTD	**23/24**	**Rec**	**YTD**	**23/24**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M4	**13.6**	**27.3**	**27.3**	**11.4**	**27.3**	**27.3**
Actual and Forecast Savings	(11.7)	(26.2)	(26.1)	(8.2)	(22.9)	(23.6)
Total	**1.9**	**1.1**	**1.2**	**3.2**	**4.4**	**3.7**

Actual savings up to M6 are £11.7m and the full year forecast is £26.2m. This represents a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target. The most significant improvement since M5 is the reinstatement of savings plans for Primary care prescribing of £2.0m following positive data for M4 and new Cat M Prices.

The following plans have been identified to close the forecast savings gap:

- Reduction/delay in planned investments £1.2m (No risk)

4. Assessment

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required

Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The paper is directly relevant to the allocation and utilisation of resources.	

5. RECOMMENDATION

The Committee is asked to **NOTE** the contents of the Month 6 Monitoring Returns submitted to Welsh Government for 2023/24.

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

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 September 2023.

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2023/24

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

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

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

	M6 Actual	M6 YTD	M6 Forecast	Financial Plan
	£m	£m	£m	£m
Core plan deficit	**4.4**	**36.8**	**70.6**	**70.9**
Exceptional Energy inflation	**0.8**	**4.4**	**9.0**	**8.7**
Covid Programme costs:				
Health Protection	0.6	2.9	7.5	9.1
PPE	0.0	0.2	0.4	1.0
Adferiad	0.1	0.3	1.0	1.0
Nosocomial	0.0	0.2	0.6	0.6
Anticipated Funding	(0.7)	(3.6)	(9.4)	(11.7)
Total	**0**	**0**	**0**	**0**
Grand total	**5.2**	**41.2**	**79.6**	**79.6**

The key issues to highlight at M6 are as follows:

- **Core plan In month position**

The M6 position was a £5.2m deficit. This represents a £1.4m favourable variance compared to the monthly planned deficit of £6.6m. The average monthly variance to plan to M5 was £0.7m so the M6 position represents a £2.1m improvement on trend.

This improvement was mainly due to increased savings delivery in M6 of £1.9m (M6 savings = £3.5m, M5 trend = £1.6m). This increase in savings included £1m for primary care prescribing (full year forecast = £2.0m).

- **Core plan YTD position**

The M6 YTD position is a £41.2m deficit. This represents a £1.4m adverse variance compared to 6/12th of the £79.6m deficit (£39.8m) included in the draft plan submitted to WG on 31 March.

The £1.4m YTD adverse variance includes:

- a £1.9m shortfall against the M6 YTD savings target (M5: £3.2m)
- adverse operating variances of £0.3m (M5: £0.4m favourable)
- accountancy gains £0.8m (M5: Nil)

- **Core plan forecast**

As at M6 we are maintaining a forecast Core plan deficit of £79.6m for 23/24 which is consistent with the draft financial plan.

The key risks to the forecast deficit are identified in Section 7, with a net risk of £5.1m. The key risks relate to anticipated funding from WG which has yet to be confirmed. Further clarification on these funding assumptions would be helpful to remove uncertainty and inform our forecast position for 23/24.

The Health Board has submitted its potential savings options to improve the deficit forecast by 10%,20%,30%. As at the time of submission no formal response has been received from WG.

- **Savings plans**

Actual savings up to M6 are £11.7m and the full year forecast is £26.2m. This represents a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target. The most significant improvement since M5 is the reinstatement of savings plans for Primary care prescribing of £2.0m following positive data for M4 and new Cat M Prices.

The following plans have been identified to close the forecast savings gap of £1.1m:

- Reduction/delay in planned investments £1.2m (No risk)

- **Exceptional energy costs**

As at M6 the HB is reporting energy expenditure of £6.8m with a forecast of £16.1m. This represents a forecast cost pressure of £9.0m (M5: £9.3m) and a forecast cost pressure of £0.3m compared to the original plan. This will also need to be managed by increased savings plans and/or additional accountancy gains. NWSSP have indicated in the latest forecast that there is a potential opportunity of £1.3m for reduced non-commodity costs in M7-M12. This opportunity has been included in our Risks and Opportunities table.

As requested, a breakdown of the £16.1m forecast spend is provided below:

	£k
BG/CCS Supplier Forecast (1st Oct 23):	13,124
Local adjustments	149
PCH Managed Contract	4,013
NWSSP Recharge (Laundry/Stores)	(932)
NWSSP Shared Sell Back Rebate	(288)
Total Forecast	**16,067**

Potential Opportunity not in forecast:	
Non commodity Potential Forecast Improvement	1,270

- **COVID Programme costs**

As at M6 the HB is reporting COVID Programme expenditure of £3.6m with a forecast of £9.4m (M5: £9.3m). In line with the WG guidance, the HB is anticipating that the COVID Programme costs will be fully funded. As at M6 the Health Protection forecast (including vaccination) is forecast to be £7.5m compared to an initial funding allocation of £9.1m. It is important to note that this improvement of £1.6m has not been recognised in the HB financial position as it has been matched with an anticipated allocation reduction of £1.6m. This opportunity was included in our potential options to improve the forecast deficit by 10%,20%,30%.

- **Real Living Wage for Health & Social Care Workers**

In accordance with WG policy, the fee rates for patient care placements within the private/independent sector have been uplifted to reflect the impact of paying Real Living Wage for Health & Social Care workers. The impact of continuing this policy in 2023/24 has been estimated at £2.4m in addition to the £2.4m impact in 2022/23. An anticipated allocation of £4.8m has therefore been recognised in our plan.

- **Aneurin Bevan LTA dispute**

The Health Board has received confirmation of the outcome decision from the arbitration dispute with ABUHB. The forecast now recognises this outcome which has resulted in an adverse impact of £2.1m compared to the financial plan (M6: £1.0m).

- **Llantrisant Health Park (LHP)dilapidations funding**

The Health Board has received £1.8m of dilapidations funding for LHP. We ae currently showing this has an opportunity, pending confirmation from WG that we can retain this benefit, which will help to mitigate the £2m cost pressure following the AB arbitration outcome.

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

	September			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M6 £'000	M5 £'000	Movement £'000
RRL	102,422	101,406	1,016	1,275,899	1,268,409	7,490
Donation/Grants	0	0	0	200	200	0
Welsh HBs & NHST	5,957	7,110	(1,153)	84,100	86,603	(2,503)
WHSSC	996	1,018	(22)	12,111	12,133	(22)
WG Income	(73)	10	(83)	(958)	(875)	(83)
Other Income	3,980	3,455	525	41,645	41,120	525
Income Total	**113,282**	**112,999**	**283**	**1,412,997**	**1,407,590**	**5,407**
PC Contractor	12,706	12,470	236	152,913	152,437	476
PC - Drugs	7,796	8,372	(576)	103,012	104,588	(1,576)
Pay	54,810	54,564	246	677,600	670,364	7,236
Non Pay	10,343	9,686	657	124,781	123,157	1,624
SC - Drugs	4,774	4,547	227	54,801	54,574	227
H/C Other NHS	21,409	21,625	(216)	262,781	259,322	3,459
Non H/C Other NHS	363	322	41	4,114	4,073	41
CHC & FNC	1,654	3,782	(2,128)	65,227	67,355	(2,128)
Private & Vol	1,696	1,240	456	15,562	14,986	576
Joint & Other	136	269	(133)	2,771	7,304	(4,533)
DEL	0	0	0	32,546	32,523	23
AME	0	0	0	(3,476)	(3,476)	0
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	0	0	0	(36)	(17)	(19)
Cost - Total	**115,687**	**116,877**	**(1,190)**	**1,492,596**	**1,487,190**	**5,406**

Actual expenditure for M6 was £1.2m (1.02%) less than the £116.9m forecast. The most significant movements between the M5 forecast and M6 actuals were as follows:

- **Welsh NHS Income - £1.153k Adverse** – Reduction in AB LTA activity following outcome of arbitration.
- **Other Income - £525k Favourable** – DHCW income.
- **Primary Care Drugs - £576k Favourable** – Improvement in primary care prescribing data for M4.
- **Provider Non-Pay - £657k Adverse –** Anticipated accountancy gains not materialising in M6 £1m adverse, offset by lower than anticipated Non Pay expenditure £0.35m.

- **CHC - £2,128k Favourable –** Higher than anticipated accountancy gains £1.8m (£3.8m actioned vs £2m forecast), together with improvement in CHC placements £0.3m.
- **Private & Vol Sector - £456k Adverse –** Higher than anticipated planned care recovery funded insourcing solutions.

The year-end forecast expenditure at M6 has increased by £5.4m to £1,493m offset by a corresponding increase in the income forecast. The most significant changes between the M6 and M5 year-end forecasts are as follows:

- **Welsh NHS Income - £2,503k Adverse** – Recognition of full year effect of in month movement noted above following AB arbitration outcome.
- **Other Income - £525k Adverse** – Recognition of in month movement noted above.
- **Primary Care Contractor - £476k Adverse** – Recognition of in month movement plus new allocation for community pharmacy £0.24m.
- **Primary Care Drugs - £1,576k Favourable** – Improvement in primary care prescribing data for M4 and impact upon future growth forecasts.
- **Provider Pay - £7,236k Adverse –** Recognition of Medical & Dental pay award £6.5m and recent approval to new ADH rates.
- **Provider Non-Pay - £1,624k Adverse –** Recognition of in month movement noted above plus community diagnostics investment of £1m transferred from Joint & Other contingency.
- **Healthcare NHS - £3,459k Adverse –** Recognition of Cataract regional plans, transferred from Joint & Other contingency £3.4m.
- **CHC - £2,128k Favourable –** Recognition of in month movement noted above.
- **Joint & Other- £4,533k Favourable** – Reflects removal of contingency for Regional Cataracts Plan £3.4m and Community Diagnostics £1.0m.

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

The pay expenditure includes an estimate of the recent announcement of a 5% pay award for Medical & Dental Staff, with payment including arrears being processed in M7, matched with an anticipated allocation.

1.4 Pay Expenditure (Table B2)

The M6 Pay expenditure was £56.9m and the monthly trend is summarised below.

	M6	M5	M4	M3	M2	M1	M12
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.6	7.6	8.9	9.6	7.3	7.3	13.1
Medical	14.9	14.8	14.6	14.4	14.2	13.5	22.8
Nursing	17.6	17.4	20.2	21.1	16.6	17.1	30.1
ACS	7.2	7.4	8.7	9.4	7.1	7.2	12.6
Other	9.6	9.4	10.9	11.6	9.2	9.0	16.4
Total	**56.9**	**56.6**	**63.3**	**66.1**	**54.4**	**54.1**	**95.0**

The Key issues to highlight are as follows:

- The M12 pay position included the recent pay circulars for the 1.5% non-consolidated pay award (£6.7m) and the 1.5% consolidated pay award (£8.9m) together with the pension adjustment for the additional 6.3% centrally funded element (£25.8m). Planned additional annual leave accruals of £3.9m were also written back in M12. The M12 cost excluding these one-off items was £57.5m.

- The M1 position included the 1.5% consolidated pay settlement equivalent to £0.75m. After allowing for this inflationary increase of £0.75m the adjusted M1 position (£53.4m) is reporting a reduction of circa £1.0m compared to the average of M9, M10 & M11 (£54.5m).

- The M2 position increased slightly compared to M1 which reflected the Easter Bank Holidays. Allowing for the 1.5% pay settlement, the adjusted M2 position of £53.7m (£54.4m less £0.75m pay inflation) was still reporting a favourable position of £0.8m compared to the average of M9, M10 & M11 (54.5m).

- The £11.7m increase in M3 includes the processing of the non-consolidated 22/23 recovery payment of £11.5m.

- The M4 expenditure of £63.3m represents an increase of £8.9m compared to the average of Q1 adjusting for the recovery payment in M3. This increase of £8.9m is mainly due to the 23/24 A4C pay award of 5% being processed including arrears (£8m). The remaining £0.9m increase was due to increased agency of £0.5m and overtime £0.4m.

- The M5 expenditure of £56.6m remains consistent with the M4 YTD average cost excluding the £11.5m recovery payment in M3 of £56.6m. Medical staffing continues to experience growth mainly attributed to increased ADH expenditure.

- The M6 expenditure of £56.9m is consistent with M5.

The M6 agency expenditure was £3.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M6	M5	M4	M3	M2	M1	M12
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.2	1.5	1.8	1.5	1.6	1.1	1.8
Nursing	1.7	1.6	1.8	1.6	1.7	2.2	2.0
Other	0.8	0.9	1.2	0.9	1.2	1.0	1.8
Total	**3.8**	**3.9**	**4.8**	**4.0**	**4.5**	**4.3**	**5.6**

Agency Costs in M6 have reduced slightly with M6 being the lowest month of agency expenditure in 23/24. This follows an exceptionally high cost in M4 illustrating that agency expenditure remains volatile.

The agency forecast has been reduced by £1.5m from £52m in M5 to £50.5m in M6. This improvement was mainly within Nursing & Midwifery which has improved by £1.3m.

1.5 Covid analysis (Table B3)

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

	M6 Actual	M6 YTD	M6 Year-end forecast	Financial Plan- 31 May	Movement between M6 and the Financial Plan
Programme costs	**£m**	**£m**	**£m**	**£m**	**£m**
Health Protection	0.6	2.9	7.5	9.1	(1.6)
PPE	0.0	0.2	0.4	1.0	(0.6)
Adferiad (Long COVID)	0.1	0.3	1.0	1.0	0
Nosocomial Investigation	0.0	0.2	0.6	0.6	0
Anticipated funding	**(0.7)**	**(3.6)**	**(9.4)**	**(11.7)**	**(2.3)**
Total	**0**	**0**	**0**	**0**	**0**

The key points to note are as follows:

- Health Protection – During M6 the forecast requirement has been revised to £7.5m. The anticipated allocation has been adjusted to match this reduced requirement.

- In line with the MMR guidance, the additional costs of PPE have been assumed to be fully funded and an anticipated allocation is included in these Returns. The additional PPE costs have been assessed using the NWSSP stock list of PPE items expenditure compared to 2019/20 actual costs as baseline.

- Adferiad (Long COVID) – In line with the MMR guidance, the additional costs of Adferiad have been assumed to be fully funded. An anticipated allocation has also been included in these Returns.

- Nosocomial Investigation - In line with the MMR guidance, the additional forecast costs of the Nosocomial investigation have been fully funded through an allocation letter. Any movements on this position will be noted with an adjustment to anticipated allocations.

1.6 Month 6 - Forecast recurrent position (Table A)

As at M6, we are reporting a forecast Underlying deficit at the end of 23/24 of £70.9m (excluding ongoing exceptional energy costs). This is consistent with the B'fwd recurrent deficit at the end of 22/23 but represents a deterioration from the planned recurrent deficit (excluding energy) of £65.3m.

This forecast recurrent position will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 24/25.

2. Risk Management (Table A2)

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

	M6 £m	M5 £m	Comment
Savings delivery risks:			
Forecast step up in savings delivery in second 6 months of the year.	2.8	1.3	See Section 5.
Funding risks:			
Assumed funding for the impact of RLW in 23/24 o £2.4m. Estimated risk 50%.	1.2	1.2	Further clarification needed on funding assumptions for 23/24.
Risk of the 23/24 recurrent pay award not being fully funded given the £1.9m recurrent shortfall in 22/23. Actual A4C costs £24.2m, M&D TBC.	1.5	1.5	Further clarification needed on funding assumptions for 23/24.

	M6	M5	Comment
Risk of 22/23 recurrent pay award payments already made not being fully funded. Actual costs £9.0m	0.5	0.5	Further clarification needed on funding assumptions for 23/24.
Dental contract – the latest forecast assumes that any underperformance on contracts can be used to offset income shortfalls and any net underspend can be retained by the Health Board.	0	0	As at M6, the Health Board is not anticipating any underspend on the Dental Allocation.
EASC Emergency Capacity (100wte)	0.8	0.8	Funding clarification needed on funding assumptions for 23/24.
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	1.4	0	Total allocation assumed = £7.3m
Cost pressure risks:			
Contracting risks with other Health Boards	0	4.1	Arbitration decision received and impact now included in forecast.
Changes to WRP risk sharing percentages	0.5	0	Potential mitigation if the All wales risk share quantum reduces.
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	Tbc	Tbc	The latest forecast is showing a £9.0m overspend which is £0.3m above the £8.7m included in the financial plan.
Total Risks	**8.7**	**9.4**	
Contingencies / Opportunities			
Further balance sheet review within 22/23	Tbc	Tbc	
Retrospective vat recoveries – Primary care and Microsoft contract	(0.5)	(0.5)	
Energy Non-Commodity Forecast (NWSSP)	(1.3)	(1.5)	As per NWSSP latest forecast
Llantrisant Health park dilapidations funding	(1.8)	0	See section 2 above
Total Opportunities	**(3.6)**	**(2.0)**	
Total	**5.1**	**7.4**	

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

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

	Total Allocation	Forecast	Comment
	£m	£m	
Confirmed Allocations (Initial Allocation letter 23/24)			
Planned Care Recovery Funding	18.5	23.4	Includes £4.9m of additional investment above the WG allocation.
Value Based Healthcare	2.1	2.1	
Regional Integration Fund	22.3	22.3	Assumes anticipated allocations of £2m consistent with Shelley Davies's letter dated 31st March.
Genomics Strategy	1.4	1.4	
Critical Care Funding	2.7	2.7	
In Year Allocations (Initial Allocation letter 23/24)			
Urgent Emergency Care	3.0	3.0	Anticipated allocation. Potential opportunity included in 10%,20%,30% submission
Mental Health (SIF)	0.8	0.8	Anticipated 23/24 allocation. Potential opportunity included in 10%,20%,30% submission
Planned Care	0.5	0.5	Anticipated allocation.
Value Based Healthcare	0.7	0.7	Anticipated allocation for approved schemes. Potential opportunity included in 10%,20%,30% submission.
Recovery	7.3	7.3	Confirmed allocation for Regional Plans Risk20%
Total	**59.4**	**64.3**	

As at M6, the Health Board is not forecasting any underspend on the dental contract allocation.

The Health Board can confirm that there are no concerns at M6 on any other ring-fenced budgets.

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

See section 1.4.

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

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

	Month 6			Month 5		
	YTD	**23/24**	**Rec**	**YTD**	**23/24**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M6	**13.6**	**27.3**	**27.3**	**11.4**	**27.3**	**27.3**
Actual and Forecast Savings	(11.7)	(26.2)	(26.1)	(8.2)	(22.9)	(23.6)
Total	**1.9**	**1.1**	**1.2**	**3.2**	**4.4**	**3.7**

Actual savings up to M6 are £11.7m and the full year forecast is £26.2m. This represents a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target. The most significant improvement since M5 is the reinstatement of savings plans for Primary care prescribing of £2.0m following positive data for M4 and new Cat M Prices.

The following plans have been identified to close the forecast savings gap:

- Reduction/delay in planned investments £1.2m (No risk)

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

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

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £3.5m which is consistent with the information provided by NWSSP. This provision has been included as an anticipated allocation adjustment in Table E.

Table E shows the anticipated allocations assumed within our M6 position. The table below summaries the more material items:

Description	M6	M5	Comments
	£k	£k	
2023/24 Pay award	30,667	24,167	Estimated Requirement for A4C and M&D.
1.5% consolidated pay award	8,900	8,900	Estimated requirement
Regional Planned Care Recovery	7,300	7,300	Planning Assumption to be confirmed
Real Living Wage	4,800	4,800	Estimated requirement
Urgent & Emergency Care	2,960	2,960	Planning Assumption to be confirmed
22/23 MH Investment	58	58	Planning Assumption to be confirmed. £3.24m received.
22/23 MH Investment	769	769	Planning Assumption to be confirmed. £3.24m received.
Planned Care – OP Transformation & Eyecare	264	264	Planning Assumption to be confirmed. £0.264m received
EASC Emergency Ambulance Capacity	755	755	Planning Assumption to be confirmed
Hosted Value in Health Team	0	2,227	Allocation now received.
WG Funded Training Posts	945	945	Planning Assumption to be confirmed
Health Protection – Mass Vaccination	4,811	5,696	Indicative allocation to be claimed on actual costs
Health Protection - TTP	1,332	1,653	Indicative allocation to be claimed on actual costs
Adferiad	988	997	Indicative allocation to be claimed on actual costs
PPE	309	221	Indicative allocation to be claimed on actual costs
WRP Deduction	-3,482	-3,482	Indicative Adjustment
IFRS 16 Adjustment	-2,401	-2,401	Indicative IFRS adjustment
Capital Charges	-3,875	-3,906	Latest Estimates
Other Allocations	1,927	1,839	
Total Anticipated Allocations	**57,027**	**53,762**	

Health Care agreements

All LTAs have been agreed, however documentation remains unsigned for ABUHB following the recent decision of the arbitration dispute. It is anticipated that this will be resolved for the M7 returns.

The table below summarises the position for our agreements with each organisation.

	CTM Provider	CTM Commissioner
AB	Awaiting Documentation	Awaiting Documentation
C&V	Fully Signed	Fully Signed
SB	Fully Signed	Fully Signed
Powys	Fully Signed	NA
HDDa	Fully Signed	Fully Signed
WHSSC	Fully Signed	NA
Velindre	NA	Fully Signed

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

7.1 Significant month on month balance sheet movements

There were several significant balance sheet movements between M5 and M6:

- There has been a £28m decrease in trade and other payables. This is mainly due to the timing of the pharmacy payment reducing the accrual by c£15m. There are further reductions of £13m including payable control, trade payables and NHS accruals.

- There is a £6.7m increase in trade and other receivables in relation to non nhs invoices and accounts receivable control.

- Property, Plant & Equipment has increased by £2.5m between M5 & M6.

Projected balances have mainly remained the same as previous months, aside from cash which has been updated to reflect the latest cash requirement, as detailed in section 9.

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

There are 3 invoices which are aged over 11 weeks at the end of M6. One with Cardiff & Vale UHB which we have been informed will be on the next payment run, and two with Velindre NHS Trust, for which one has been paid and the other of small value we are following up.

9. Cash Flow Forecast (Table G)

The Cash Flow shows a surplus of £2.6m at the end of M6. During the month a further cash drawdown of £6.0m was requested towards the end of the month. This was due to unexpectedly high value payments to a small number of creditors including NHS Wales organisations.

The forecast Cash Flow position to year end shows a projected deficit of £79.5m. This includes working balances cash for both revenue and capital at £10.0m and £750k respectively. These are included in lines 72 & 73 in Table E. The main reason for the revenue working balances requirement is the projected reduction in the creditors/accruals position which is supporting the overall position.

Strategic cash support will be required to cover the forecast cash shortfall and, following Board approval, a request for strategic cash support will be submitted to WG. Without this support it is projected that there will be a cash shortfall by mid-January to early February, which will have an impact on paying creditors from December onwards to manage cash balances.

10. Public Sector Payment Compliance (Table H)

The Non NHS invoices paid within 30 days by number and value continue to be above the target of 95% at M6. It is anticipated this will be maintained to the year end.

However, the NHS invoices paid within 30 days continue to be challenging, with a M6 YTD position of 93.0% by value and 79.3% by number. This is an improvement on Q1, and we are anticipating that this improvement will be maintained going forward.

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

The M6 CRL is £68.2m, issued on the 22nd August 2023. As at M6, £32.4m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	Risk	Explanation
PCH G&FF Floor Phase 2 and 3	Medium - £0.624m slippage	The latest forecast indicates the full year spend to be £50.4m against the CRL of £50.9m. Work is underway to bring forward investment in equipment to utilise the full CRL this year. This will be confirmed to the WG capital team ASAP
Bridgend Health and Wellbeing Centre (Sunnyside)	Medium – Slippage £0.76m	As previously reported the scheme remains on hold. The additional funding requirements are now known and have been submitted as an addendum to the original approved FBC. This is due to be scrutinised by the ICRF panel on Oct 18th · If approval is received then a programme of spend of 23/24 can be developed
EFAB – Infrastructure, Fire and Decarbonization	Medium – Slippage and underspend £0.55m	There are indications of potential slippage on infrastructure schemes of c£0.2m and a potential combined underspend of £0.350m on fire and decarbonisation. These are not confirmed figures as some schemes are still not fully tendered, which could offset the indicated underspends.
Llantrisant Health Park	Medium – possible underspend	New posts are still being confirmed and appointed to. It is expected that there will be an underspend once costs and commencement dates are confirmed but work is ongoing to confirm values.

Maesteg Health & Wellbeing Park	Medium – possible underspend	Looking to appoint SCP however unlikely to spend the allocation in full this year based on programme for SOC/OBC development

Disposals

The sale of Llwyn Yr Eos completed in August 2023. A small number of equipment sales are expected throughout the year.

Other

Non-cash requirements have been matched to the approved elements of the return submitted in August 2023. The return reflects the approval of two IFRS 16 schemes and shows the additional £0.03m required.

The impact of the recently published guidance on accounting for indexation linked payments for PFIs has not yet been calculated however it is assumed that any impact will be a 'below the line' adjustment in revenue in line with other PFI accounting impacts.

12. Other Issues

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

The M5 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C,C1,C2,C3 and C4) will be reported to the next meeting of the Planning, Performance and Finance Committee in October 2023.

13. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 12 October 2023

Action Points arising from Month 5 Response

Action Point	WG Comment	CTM Response
5.1	The narrative and Table A (Lines 27 – 30) provide details of mitigating actions required to deliver the current forecast outturn. The narrative and Table A indicate the below listed items are currently not in a finalised position. If the actions do not meet the criteria for inclusion in the tracker (Table C4) at month 6, please ensure your narrative clarifies the status of each item as either 'finalised' (i.e. no risk) or 'yet to be finalised' : 1) Anticipated Improvement Plans - £3.000m 2) Future month Velindre improvements - £0.292m 3) New Saving Opportunities / further balance sheet opportunities (narrative reports lower vale of £3.200) - £3.721m	Actioned – Table A includes narrative of risk for each element.
c/f 4.2	We refer to your response to Action Point 4.2 that the items listed on Line 21 reflect the profiling of the revenue resource allocation proportionately to the planned expenditure levels. For clarification purposes, please provide details of the key corresponding revenue resource limit funded areas which result in material adverse and favourable income variances in January (-£3.704m) and March (£2.586m).	Table A has been updated to reflect latest plans.
c/f 4.3	The response to Action Point 4.3 also reveals that saving schemes previously assessed as meeting the amber criteria have been downgraded to red schemes. If an Amber scheme is no longer projected to deliver, the amber status with the corresponding planned profile should remain as originally entered in the tracker (Table C4) with actual/forecast delivery amended to reflect the latest projected achievements. Please therefore reinstate any schemes that have been removed from Table C4, ensuring the forecast values only are different to actuals reported in months 1-4.	Actioned

5.2	The July variance reported on Line 26 has been amended from a positive £0.272m to a negative £61k, with a corresponding increase made to the month 4 actual savings achievement. Please ensure such prior month adjustments are referenced and explained in the narrative.	Noted
5.3	As the items reported on Line 13 reflect yet to be finalised savings/mitigation actions at the opening plan stage, the monthly profile should only reflect positive values. Please review this profile ensuring only positive monthly values are reported and if necessary, use the RRL profile (Line 7) to enable the overall planned profile (Line 14) to report straight lined phasing.	Actioned – Please note this changes the previous months figures in Table A
5.4	Within your month 6 return, please confirm if the Prescribing and WHSSC performance risks where quantified impact is quoted as 'TBC' are still applicable.	Both areas have material budgets where small fluctuations can have significant impact upon the forecast. As such there will always be a level of risk and opportunity. As at M6, there is not a specific risk or opportunity that the HB is aware of.
c/f 3.3	We note that page 13 of your narrative continues to state the assumption that the Health Board can retain any underspends on the Dental contract. As confirmed previously via Action Point 3.3, the retainment of any dental underspends should not be assumed without approval from Dental Policy. Please review the inclusion of this narrative statement at month 6.	Noted and amended see section 2 & 3 of narrative.
5.5	A new amber savings delivery risk of £1.300m has been entered on a free text line of Table A2. In future returns, please ensure that savings risks are reported against the corresponding amber schemes within the Tracker (Table C4 - column K) to enable an automated total identified savings risk to be brought forward onto the designated line (4) of Table A2.	Noted
5.6	There are several SoCNE categories where you are projecting that future monthly spend trends (Months 6 – 12) will continue with the same values. Please review these and either confirm that these reflect a robust assessment of future spend or amend accordingly in your Month 6 submission.	The forecasts are reviewed each month and these reflect our best forecast position.

c/f 3.6	As requested previously via Action Point 3.6, please ensure section 1.4 of your narrative discusses future month pay and corresponding agency expenditure profiles.	Noted
5.7	The August agency spend is c. £0.400m lower than projected at month 4, please provide a supporting explanation why this reduction is not projected to continue at this level into future months.	Agency expenditure forecast has been revised at M6. See section 1.4.
5.8	The highlighted validation error reflects the reported 'Management of Agency Inflation 23/24' FYE recurring savings value (£1.700m) being lower than the forecast in year projected achievement (£2.100m). Please review this scheme's FYE savings value at month 6.	Actioned
c/f 3.7	Your response to Action Point 3.7 confirms that the Health Board has adopted an approach for turning schemes green which is not complaint with the WHC guidance. We wish to reiterate that if the 'go green' is not achieved within 3 months, the forecast scheme delivery should be removed from the future profile (resulting in a pressure against the plan) and should only be reintroduced when the scheme meets the green criteria. Please complete this action point to ensure that the WHC guidance is followed with further assessments of current Amber schemes (the majority of which have been listed since month 1) being undertaken prior to the month 6 submission.	Noted, there remains a small number of amber schemes with forecast savings, these are not material values and the risk is covered within the risk table.
5.9	Please provide a supporting explanation for the 'LD Slippage on various posts due to recruitment delays and internal secondments'(CRESMHMNT007) scheme's projected savings delivery (£0.226m) being fully phased into March.	Please can you clarify what additional information you require. This is investment in local Developments which has resulted in staff being appointed from core roles resulting in short term vacancies.
c/f 4.8	Acknowledging that sign off has been delayed due to staff leave, we look forward to receiving confirmation at month 6 that signatories have since been obtained for the agreed LTA with WHSSC.	Actioned

5.10	Within your month 6 return, please ensure your latest estimates for working balances requirements are built into Table E (Lines 60 – 62) and the Cashflow, which are supported by movements in Table F. Supporting explanations and confirmation of values should also be provided in your narrative.	Table E lines 60 – 62 have been updated to reflect requirement for working balances for revenue and capital and is included in movements in Table F.
c/f 4.11	Following your response to Action Point 4.11 on the Regional Integration Fund allocation, please only include the Allocation Letter (Table B1) funding value of £20.306m within the opening section of Table P. Any future in year allocations can be recorded in the spare category of Section B.	Actioned
5.11	In terms of the Mental Health SIF funding totalling £0.768m highlighted as being anticipated, please confirm where this value is shown within Table E.	Line 18 of Table E. £768 23/24 SIF, £58k 22/23 SIF

Cwm Taf Morgannwg ULHB **Period : Sep 23**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-70,900	0	-70,900	-70,900
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-49,450	-7,400	-42,050	-42,050
3	Planned Expenditure For Covid-19 (Negative Value)	-11,668	-11,668	0	0
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	16,300	0	16,300	17,500
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	11,668	11,668	0	0
6	Planned Provider Income (Positive Value)	2,850	0	2,850	2,850
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	17,678	341	17,337	18,268
9	Planned (Finalised) Net Income Generation	1,217	217	1,000	1,000
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	Correction of Energy N/R underlying Deficit	-8,700	-8,700	0	0
13	Planning Assumptions still to be finalised at Month 1	11,405	3,373	8,032	8,032
14	**Opening IMTP / Annual Operating Plan**	**-79,600**	**-12,169**	**-67,431**	**-65,300**
15	Reversal of Planning Assumptions still to be finalised at Month 1	-11,405	-3,373	-8,032	-8,032
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	548	548	0	0
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-809	-251	-558	-296
20	Additional In Year Identified Savings - Forecast	7,612	3,341	4,271	7,147
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-2,239	-2,239		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	2,239	2,239		
25	In Year Accountancy Gains (Positive Value)	3,800	3,800	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-100	-100		-4,420
27		0	0		
28	Reduce Planned Local Investment - (Achieved - no risk)	1,200	1,200		
29	Velindre Improvement - (Achieved - no risk)	500	500		
30	New Saving Opportunities / Further Balance Sheet Opportunities - (Low risk)	964	964		
31		0	0		
32		0	0		
33	Energy Forecast Impact from original £8.7m Plan	-300	-300		
34	AB Arbitration Outcome - Finalised	-2,010	-2,010		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**-79,599**	**-7,849**	**-71,750**	**-70,900**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-79,599**			
43					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-35,450	-70,900
2	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,119	-24,726	-49,450
3	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-5,834	-11,668
4	1,358	1,358	1,359	1,358	1,358	1,359	1,358	1,358	1,359	1,358	1,358	1,359	8,150	16,300
5	972	972	972	972	972	972	972	972	972	972	972	972	5,834	11,668
6	237	238	237	238	237	238	237	238	237	238	237	238	1,425	2,850
7	1,557	852	892	-1,225	881	-2,167	-1,021	794	837	-1,083	778	-1,095	790	0
8	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	6,550	17,678
9	0	37	18	351	101	102	101	101	102	101	101	102	609	1,217
10													0	0
11													0	0
12	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-4,350	-8,700
13	700	700	700	700	700	3,700	700	700	700	700	700	705	7,200	11,405
14	**-6,634**	**-6,633**	**-6,634**	**-6,634**	**-6,635**	**-6,633**	**-6,635**	**-6,634**	**-6,634**	**-6,634**	**-6,635**	**-6,628**	**-39,802**	**-79,600**
15	-700	-700	-700	-700	-700	-3,700	-700	-700	-700	-700	-700	-705	-7,200	-11,405
16													0	0
17													0	0
18	0	-37	-18	-18	-6	513	19	19	19	19	19	19	435	548
19	-1	872	439	-1,313	384	1,202	-1,310	431	521	-1,304	547	-1,278	1,584	-809
20	0	295	230	294	899	864	694	726	717	881	876	1,137	2,581	7,612
21							1,368	-407	-488	1,173	-672	-974	0	0
22	-326	-513	-448	-434	-268	-254	34	25	130	19	-116	-87	-2,243	-2,239
23													0	0
24	326	513	448	434	268	254	-34	-25	-130	-19	116	87	2,243	2,239
25	0	0	0	0	0	3,800	0	0	0	0	0	0	3,800	3,800
26	721	-567	-2,269	1,414	-1,387	-303						2,290	-2,390	-100
27													0	0
28					500	100	100	100	100	100	100	100	600	1,200
29					208	41	41	42	42	42	42	42	249	500
30												964	0	964
31													0	0
32													0	0
33							-50	-50	-50	-50	-50	-50	0	-300
34						-1,050	-160	-160	-160	-160	-160	-160	-1,050	-2,010
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**-6,614**	**-6,770**	**-8,952**	**-6,957**	**-6,735**	**-5,165**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-5,242**	**-41,193**	**-79,599**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**-6,614**	**-6,770**	**-8,952**	**-6,957**	**-6,735**	**-5,165**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-6,633**	**-5,242**	**-41,193**	**-79,599**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	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	317	177	183	183	183	183	183	183	183	183	183	1,043	2,141		2,141	0			
8		Actual/F'cast	0	0	0	0	0	836	193	193	193	193	193	194	836	1,995	41.90%	1,995	0	0	1,995	2,127
9		Variance	0	(317)	(177)	(183)	(183)	653	10	10	10	10	10	11	(207)	(146)	*(19.84%)*	(146)	0			
10	Non Pay	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	494	1,186		794	392			
11		Actual/F'cast	19	18	39	79	239	483	235	227	228	321	241	268	877	2,397	36.59%	2,231	166	969	1,428	1,841
12		Variance	(1)	(121)	(41)	(4)	155	395	137	128	129	136	136	163	383	1,212	*77.54%*	1,437	(226)			
13	Pay	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	5,013	14,315		13,970	345			
14		Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,700	1,667	1,703	1,870	1,934	2,178	9,002	20,053	44.89%	19,460	593	2,462	17,591	20,724
15		Variance	(0)	1,605	887	(832)	1,312	1,018	(763)	1,019	1,099	(569)	1,277	(313)	3,989	5,738	*79.58%*	5,490	248			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36		0	36			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	36	0	36	0.00%	0	36	0	36	428
18		Variance	0	0	0	0	0	0	0	0	0	0	0	(0)	0	(0)		0	(0)			
19	Total	Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	6,550	17,678		16,905	773			
20		Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	2,129	2,087	2,124	2,384	2,368	2,675	10,715	24,481	43.77%	23,687	795	3,431	21,050	25,120
21		Variance	(1)	1,167	668	(1,019)	1,284	2,066	(616)	1,157	1,238	(423)	1,423	(140)	4,165	6,803	*63.59%*	6,782	22			
22		Variance in month	(0.37%)	124.70%	73.07%	(37.78%)	152.33%	232.25%	(22.45%)	124.45%	139.76%	(15.06%)	150.42%	(4.98%)	63.59%							
23		In month achievement against FY forecast	1.09%	8.59%	6.47%	6.86%	8.69%	12.07%	8.69%	8.52%	8.67%	9.74%	9.67%	10.93%								

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD Budget/Plan*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	10	45	21	418	151	208	211	212	318	318	552	645	2,465	26.18%	2,244	221	1,235	1,229	2,728
3		Variance	0	10	45	21	418	151	208	211	212	318	318	552	645	2,465		2,244	221			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	42	30	52	71	85	76	99	99	118	118	118	279	907	30.81%	792	115	352	555	777
6		Variance	0	42	30	52	71	85	76	99	99	118	118	118	279	907		792	115			
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	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	11	17	33	49	43	43	0	194	0.00%	146	48	0	194	531
15		Variance	0	0	0	0	0	0	11	17	33	49	43	43	0	194		146	48			
16	Other (Please Specify)	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	5,013	14,315		13,970	345			
17		Actual/F'cast	248	2,033	1,470	1,527	1,398	1,401	1,405	1,341	1,359	1,385	1,455	1,465	8,077	16,487	48.99%	16,279	209	874	15,613	16,688
18		Variance	(0)	1,553	812	(905)	823	782	(1,058)	692	755	(1,053)	798	(1,026)	3,064	2,172	*61.13%*	2,308	(136)			
19	Total	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	5,013	14,315		13,970	345			
20		Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,700	1,667	1,703	1,870	1,934	2,178	9,002	20,053	44.89%	19,460	593	2,462	17,591	20,724
21		Variance	(0)	1,605	887	(832)	1,312	1,018	(763)	1,019	1,099	(569)	1,277	(313)	3,989	5,738	*79.58%*	5,490	248			

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

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

Table C3- Savings Schemes SoCNE/SCNI Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Pay	Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	5,013	14,315
2		Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,700	1,667	1,703	1,870	1,934	2,178	9,002	20,053
3		Variance	(0)	1,605	887	(832)	1,312	1,018	(763)	1,019	1,099	(569)	1,277	(313)	3,989	5,738
4	Non Pay	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	494	1,186
5		Actual/F'cast	19	18	39	79	239	483	237	228	229	323	243	270	877	2,407
6		Variance	(1)	(121)	(41)	(4)	155	395	139	130	131	137	137	165	383	1,222
7	Primary Care Drugs	Budget/Plan	0	268	147	153	153	153	153	153	153	153	153	153	874	1,792
8		Actual/F'cast	0	0	0	0	0	733	152	152	152	152	152	152	733	1,647
9		Variance	0	(268)	(147)	(153)	(153)	580	(1)	(1)	(1)	(1)	(1)	(1)	(141)	(145)
7	Secondary Care Drugs	Budget/Plan	0	49	30	30	30	30	30	30	30	30	30	30	169	349
8		Actual/F'cast	0	0	0	0	0	103	39	39	39	39	39	39	103	338
9		Variance	0	(49)	(30)	(30)	(30)	73	9	9	9	9	9	9	(66)	(11)
10	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	36	0	36
15		Variance	0	0	0	0	0	0	0	0	0	0	0	(0)	0	(0)
16	Healthcare Services Provided by Other NHS Bodies	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Non Healthcare Services Provided by Other NHS Bodies	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Total	Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	6,550	17,678
29		Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	2,129	2,087	2,124	2,384	2,368	2,675	10,715	24,481
30		Variance	(1)	1,167	668	(1,019)	1,284	2,066	(616)	1,157	1,238	(423)	1,423	(140)	4,165	6,803

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This Table is currently showing 1 errors

Table C4 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	6,550	17,678	341	17,337	931	18,268
	Month 1 - Actual/Forecast	267	1,808	1,354	1,386	1,227	2,092	1,435	1,361	1,407	1,502	1,492	1,538	8,134	16,869	90	16,779	1,193	17,972
	Variance	(1)	872	439	(1,313)	384	1,202	(1,310)	431	521	(1,304)	547	(1,278)	1,584	(809)	(251)	(558)	262	(296)
	In Year - Plan	29	325	276	304	1,007	553	715	748	729	878	869	1,126	2,495	7,561	3,094	4,467	2,705	7,172
	In Year - Actual/Forecast	0	295	230	294	899	864	694	726	717	881	876	1,137	2,581	7,612	3,341	4,271	2,877	7,147
	Variance	(29)	(30)	(47)	(11)	(108)	310	(21)	(23)	(13)	3	6	11	87	51	247	(197)	172	(25)
	Total Plan	297	1,261	1,191	3,003	1,850	1,443	3,459	1,678	1,615	3,685	1,815	3,942	9,045	25,239	3,435	21,804	3,636	25,440
	Total Actual/Forecast	267	2,103	1,583	1,679	2,126	2,956	2,129	2,087	2,124	2,384	2,368	2,675	10,715	24,481	3,431	21,050	4,070	25,120
	Total Variance	(30)	842	392	(1,324)	276	1,513	(1,331)	409	508	(1,301)	553	(1,266)	1,670	(758)	(4)	(754)	434	(320)
Net Income Generation	Month 1 - Plan	0	37	18	351	101	102	101	101	102	101	101	102	609	1,217	217	1,000	0	1,000
	Month 1 - Actual/Forecast	0	0	0	333	83	495	98	98	99	98	98	99	911	1,500	500	1,000	0	1,000
	Variance	0	(37)	(18)	(18)	(18)	393	(3)	(3)	(3)	(3)	(3)	(3)	302	283	283	0	0	0
	In Year - Plan	0	0	0	0	13	120	22	22	22	22	22	22	133	265	265	0	0	0
	In Year - Actual/Forecast	0	0	0	0	13	120	22	22	22	22	22	22	133	265	265	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	37	18	351	114	222	123	123	124	123	123	124	742	1,482	482	1,000	0	1,000
	Total Actual/Forecast	0	0	0	333	96	615	120	120	121	120	120	121	1,044	1,765	765	1,000	0	1,000
	Total Variance	0	(37)	(18)	(18)	(18)	393	(3)	(3)	(3)	(3)	(3)	(3)	302	283	283	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	2,000	0	0	0	0	0	0	2,000	2,000	2,000	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	3,800	0	0	0	0	0	0	3,800	3,800	3,800	0	0	0
	Variance	0	0	0	0	0	1,800	0	0	0	0	0	0	1,800	1,800	1,800	0	0	0
Total	Month 1 - Plan	268	973	933	3,050	944	992	2,846	1,031	988	2,908	1,047	2,918	7,159	18,895	558	18,337	931	19,268
	Month 1 - Actual/Forecast	267	1,808	1,354	1,719	1,310	2,587	1,533	1,459	1,506	1,600	1,590	1,637	9,045	18,369	590	17,779	1,193	18,972
	Variance	(1)	835	421	(1,331)	366	1,595	(1,313)	428	518	(1,307)	544	(1,281)	1,886	(526)	32	(558)	262	(296)
	In Year - Plan	29	325	276	304	1,020	2,673	737	770	752	900	892	1,148	4,627	9,826	5,359	4,467	2,705	7,172
	In Year - Actual/Forecast	0	295	230	294	912	4,784	716	748	739	904	898	1,159	6,514	11,677	7,406	4,271	2,877	7,147
	Variance	(29)	(30)	(47)	(11)	(108)	2,110	(21)	(23)	(13)	3	6	11	1,887	1,851	2,047	(197)	172	(25)
	Total Plan	297	1,298	1,209	3,354	1,963	3,665	3,583	1,801	1,739	3,808	1,938	4,066	11,786	28,721	5,917	22,804	3,636	26,440
	Total Actual/Forecast	267	2,103	1,583	2,012	2,222	7,371	2,248	2,207	2,244	2,504	2,488	2,796	15,559	30,046	7,996	22,050	4,070	26,120
	Total Variance	(30)	805	374	(1,342)	258	3,706	(1,334)	406	505	(1,304)	550	(1,269)	3,772	1,325	2,079	(754)	434	(320)

ACTION LOG: PLANNING, PERFORMANCE & FINANCE COMMITTEE					
Minute Reference	**Date of Meeting Action Originated**	**Issue**	**Lead Officer**	**Timescale for Action to be completed**	**Status of Action** (as at 8.8.23)
4.1.0	August 2023	**Organisational Risk Register** To share the detail of the amalgamated risks 4458 and 3826 via the organisational risk register with the Committee. Share the minutes and report from the Quality & Safety Committee and Health Board meeting from July 2023 in relation to assurances on mortality rates.	Assistant Director of Governance & Risk	September 2023	**Completed** Detail of amalgamated risks shared via email 23.08.23 **Completed** Shared via email 23.08.23
4.2.0	August 2023	**Outcome of the Committee Self Effectiveness Survey & Improvement Plan** To review and discuss the timelines for the receipt of papers and to consider changing the scheduled dates of the meetings in order to assist with the reporting timelines	Assistant Director of Governance & Risk/Corporate Governance Manager	August 2023	**Completed** Meeting dates reviewed and updated in calendar and meeting schedule
5.1.0	August 2023	**Integrated Performance Dashboard**	Chief Operating Officer	October 2023	**In Progress** Arrangements are being made for the Committee to

		Arrange for James White (Stroke Physician/Regional clinical lead for Stroke) possibly attend a future meeting of the Committee, to describe the statistics and outcomes. To review and update the mitigating improvements to the graph on page 15 of the report.			receive a Presentation on Brainomix at a future meeting.
5.3.0	August 2023	**Civil Contingencies and Business Continuity Annual Report 2022-23** Clarification to be sought around reasonable compliance to be sought from the SWLRF.	Director of Strategy & Transformation	October 2023	**In Progress** A 6 month review scheduled for February 2024. This to include applying the assurance levels used by Internal Audit and a prompt for each Category 1 to ensure they have preparedness.
5.1.0	May 2023	**Planned Care Recovery** To discuss the WISE Pain Service outside of the meeting.	Chief Operating Officer	June 2023	**In progress** The WISE evaluation report will be available in November 2023 and will be discussed at the Population, Health & Partnerships Committee. G Hughes to contact N Milligan in the meantime to discuss.
5.4.0	February 2023	**Sepsis Compliance Report** To provide a report on Digitisation to a future meeting	Director of Digital	June 2023	**In progress** On Agenda for October 2023 meeting.

PREVIOUSLY COMPLETED ACTIONS					
5.1.0	June 2023	**Integrated Performance Dashboard** To provide an update on the Ophthalmology Improvement Plan for the Committee.	Chief Operating Officer	August 2023	**Completed** Update provided at August 2023 Meeting.
4.1.0	June 2023	**Organisational Risk Register** To provide an update on the recruitment of the Orthoptist Post to Members of the Committee outside of the meeting.	Chief Operating Officer	August 2023	**Completed** Post has now been approved and the recruitment process will follow.
4.1.0	May 2023	**Organisational Risk Register** To query whether the Laundry Risk 4772 had been completed	Chief Operating Officer	June 2023	**Completed** The risk score has been reviewed and the score has reduced to a risk rating 12 – moderate risk due to the robust contingency plans in place and the work now being scheduled for the 2nd week in August.
4.1.0	May 2023	**Organisational Risk Register** Risks being undertaken as part of TI process to be updated for next meeting.	Chief Operating Officer	June 2023	**Completed** Risks updated and received at June 2023 meeting.
4.1.0	May 2023	**Organisational Risk Register** Risk 4491 to be updated by the next meeting.	Chief Operating Officer	June 2023	**Completed** Further update contained Organisational Risk Register

					Report for August 23 meeting.
5.3.0	October 2022	**Integrated Performance Dashboard** To receive a deep-dive into Mental Health	Chief Operating Officer	May 2023	**Completed** Received at May 2023 meeting.
5.3.0	May 2023	**Spotlight: Mental Health Activity & Performance** To query whether harm reviews are undertaken for patients waiting over six months for psychological therapies. To query the amount of patients that do not attend for the CAMHS Service.	Assistant Director of Primary, Community & mental Health	June 2023	**Completed** The MH&LD have reviewed their process for supporting people waiting over 26 weeks for a Psychological Intervention. They contact people at set intervals on the waiting list to also then check if they want remain on the list and revisiting the priority need at that time. Any reported harm at that stage is then managed both clinically and where appropriate through Datix in order that service undertakes a comprehensive review of circumstances and processes to inform learning. The Care group considered what added value harm reviews would bring and feel the current process allow for identification and learning from harm but critically also the opportunity to address the harm early as typically harm reviews are done

					retrospectively once a person had received their clinical appointment so the potential to address the harm was lost. They tend to sit outside the usual governance arrangements and incident reporting via datix is more robust and can be analysed and tracked. In terms of psychological therapy the 'waiting well' project will provide that additional support more proactively.
5.1.0	May 2023	**Planned Care Recovery** To query the issue with funding for ODPs	Chief Operating Officer	June 2023	**Completed** ODPs have now been recruited into posts from the streamlining process this year. The Planned Care Group will continue to recruit into any ODP vacancies if needed as is normal practice outside of the streamlining process if required.
2.2.2	May 2023	**Action Log** To be fully reviewed and old completed actions removed.	Assistant Director of Governance & Risk	June 2023	**Completed** Action Log reviewed and updated.
4.1.0	May 2023	**Organisational Risk Register** To query the introduction of an 'issues log'.	Assistant Director of Governance & Risk	June 2023	**Completed** AD Governance & Risk and Chief Operating Officer have discussed this request and

					suggested the following approach. "Issues" which are activity that is happening are captured in the performance reports and updates received from the COO and Care Group functions. In terms of risks that are stagnant due to reasons beyond the control of the Health Board, these will be further strengthened to consider their Risk Treatment options i.e. Treat, Tolerate, Transfer etc. The AD Governance & Risk will work through this next step in its maturity journey with colleagues with a view to presenting the Organisational Risk Register in this way before the end of the calendar year. It is built into the Work Programme.
4.1.0	February 2023	**Organisational Risk Register** Share the update on Risk 4071 outside of the meeting.	Assistant Director of Governance & Risk	April 2023	**Complete** Update sent via Email 2.3.23
5.1.0	February 2023	**Planned Care Recovery and Cancer Delivery programme**	Deputy Chief Operating Officer	April 2023	**Complete** An overarching report will be included going forward

		To that an overarching cover report is received for future iterations of this item.			
5.1.0	February 2023	**Targeted Intervention** Review the reporting for Executive Leadership Group on page 6 of the slides in terms of the governance reporting framework.	Deputy Chief Operating Officer	April 2023	**Complete** The Chief Operating Officer has clarified that the structure captured on slide 6 of the presentation slides received at the February 2023 meeting was reflecting information flow rather than a hierarchy of decision/reporting. Therefore, no changes have been made.
6.1.0	February 2023	**Month 10 Finance Report** To schedule quarterly Estates Update Reports for the Committee on the Cycle of Business and Forward Plan.	Governance Team	April 2023	**Complete** Items added to Forward Plan and Annual Cycle of Business. Report scheduled for June 2023 meeting.

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

Agenda Item
4.1

Planning, Performance and Finance Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	31/10/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Service, Function and Executive Formal Review	August / September 2023	RISKS REVIEWED
Operational Management Board	Via Email 12.9.2023	ENDORSED FOR ELG
Executive Leadership Group	18th September 2023	REVIEWED AND MANAGEMENT SIGN OFF RECEIVED
Audit & risk Committee	24th October 2023	RISKS REVIEWED
Planning, Performance & Finance Committee	31st October 2023	*PENDING*

Acronyms / Glossary of Terms	

1. SITUATION/BACKGROUND

1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

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

2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve over the next 12 months.

2.2 Monthly Risk Management Awareness Sessions (Virtually via Teams) continue. **511** members of staff trained to date. Focussed sessions to discuss risk has also been undertaken with Care Group Leads during June 2023.

2.3 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

Central Function – Facilities

- Datix Risk ID 4348 - Compliance to the PUWER (Provision and Use of Work Equipment) Regulations 1998, MHRA compliance, Wales Duty of Quality Statutory 2023. Risk scored at a 20.

Diagnostics, Therapies, Pharmacy and Specialties

- Datix Risk ID 2713 - Backlog of Reporting Radiology Examinations. Risk scored at a 20.

3.2 CHANGES TO RISKs

a) Risks where the risk rating INCREASED during the period

Nil as assigned to this Committee.

b) Risks where the risk rating DECREASED during the period

Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.

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

Consequence						
5						
4					3826	4491 4071 5427 5425 2713 4348
3						
2						
1						
CxL	1	2	3	4	5	
	Likelihood					

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

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score
3	**Finance Revenue Resources**	**Sustaining our Future**	Executive Director of Finance;	Planning, Performance and Finance;	**20** (C4xL5)

4. IMPACT ASSESSMENT

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee are asked to:

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

6. Next Steps

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

6.2 The November 2023 iteration of the Organisational Risk Register is currently being drafted.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
2	2713	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Specialties Care Group	Radiology Service Manager	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Backlog of Reporting Radiology Examinations	IF there is consistent backlog of Radiology reports THEN there will a delay in patient diagnosis and treatment, which could lead to poorer patient outcomes RESULTING IN deterioration of health and potential death. All radiological examinations should be reported in a timely manner. There is a risk of delay in diagnosis of patient condition and any additional interventions/treatment that may be required following diagnosis due to an excessive backlog and increasing demand in imaging services. There is also a risk of damage to the reputation of the Organisation due to the failure to meet performance targets. The reporting backlog has been compounded by; Reduced effective Radiologist workforce due to retirements, sickness, secondment, maternity leave and limited available Radiologist workforce. RadIS merger which caused problems for outsourcing as prior imaging has not been available as it previously has been. National Cyber attack, computer & RadIS patches which caused two weeks downtime for reporting. Colon CT - All barium enema examinations are now scanned in CT which has increased the specialist reporting significantly with no increase in Radiologist support. Long term inability to recruit Radiologists as there are insufficient numbers trained in the UK. There is also risk of work related stress due to pressure placed on existing Radiologist workforce to meet the demands of the service.	Radiologists performing extra reporting sessions in addition to their normal working hours. Radiographers trained to report accident & emergency images. Up to date job plans for all Radiologists. Datix incident and concerns procedures in place. Data tracked weekly.	Review allocation of reporting and productivity. All further mitigations would require financial resource. WLIs options being considered. Mitigating actions have been discussed through Operational Management Board, Planned care recovery Operational group and have discussed some further options with the Assistant Director of Transformation, Strategic and Operational Planning, Executive Director of Strategy and Transformation and the Chief Operating Officer. Risk score increased and therefore this risk has now been escalated to the Organisational Risk Register due to the current increase in reports outstanding, particularly for MR, USC and concerns raised from internal colleagues and patients. The score is now 20 based on risk being held within the service.	Quality & Safety Committee Planning Performance & Finance Committee	20	C4xL5	4 C4xL1	New risk escalated to the Organisational Risk Register September 2023	08.02.2017	21.08.2023	30.09.2023
3	4348	Chief Operating Officer	Central Support - Facilities Function	Assistant Director of Facilities	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Compliance to the PUWER (Provision and Use of Work Equipment) Regs 1998, MHRA compliance, Wales Duty Of Quality Statutory 2023	If: The Health Board fails to deliver a robust and sustainable Clinical Engineering function. Then: Due to the quantity and complexity of medical devices being purchased the Health Board would not be able to provide a full service in terms of advice, maintenance & repair and compliance with relevant legislation and regulations. Resulting In: Non-compliance with the legislation / regulation such as PUWER, MHRA (Medicines and Healthcare Products Regulatory Agency) Managing Medical Devices 2021 guidance and Wales Duty Of Quality Statutory Guidance 2023.	All calls and responses are being prioritised according to service risk and need. Some overtime is being utilised to cover some planned maintenance. Service contracts in place for life support Anaesthetics Equipment (a cost pressure) as a result of vacant B6 Technologist post.	A situation report (SBAR) has been completed by Head of Clinical Engineering and submitted to Deputy COO/COO with more detail regarding budget deficit and vacancy status. Dated 5/05/2023. Three substantive band 5 vacancies have now been approved and undergoing recruitment. Interview process completed with likely start dates of end of September and October 2023. A period of training/induction to bring up to speed will be in place. Advised a specific department to place CTG equipment on service contract (cost pressure) to mitigate possible issues while CE staff are not trained and/or not in post to support equipment fully and safely. The management of a number of service contracts which are the responsibility of the user departments have been handed back to the users to manage as is their responsibility and budget. Update 4.9.2023 - will review in October following recruitment and that at this point score will be reduced.	Planning, Performance & Finance Committee	20	C4xL5	4 C4xL1	New risk escalated to the Organisational Risk Register September 2023	23.07.2010	10.8.2023	31.10.2023
5	5425 (Replacing 5153)	Executive Director of Finance & Procurement	Central Support Function - Finance	Deputy Director of Finance	Sustaining Our Future	Financial Stability Risk	Failure to achieve financial balance in 2023/24.	IF: The Health Board is not able to plan and deliver changes which enable current run rates of expenditure to align with the available funding for 2023/24. Then: The Health Board will not be able to deliver a break-even financial position for 2023/24. Resulting in: Potential deficit in 2023/24 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. Failure to meet statutory financial duty WG not supporting the Health Board's plan Potential cash shortfalls in the latter months of 23/24 Context: The context is that the draft financial plan for 22/23, . This planned deficit is also dependent on the delivery of efficiency savings of £27.3m which is a significant step up in savings compared to recent years.	Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. Routine monitoring arrangements in place. Regular reporting to the Executive leadership Group, the Planning, Performance & Finance Committee and the Board.	The WG response dated 21 April states that the level of financial deficit in the plan is not an acceptable or supportable position. The requirement is to deliver improvement to delivery of ministerial priorities and the financial plans submitted. A supplementary paper was submitted to WG on 31 May but the forecast deficit for 23/24 remains at £79.6m. Update August 2023 - Given the significant financial challenge facing NHS Wales, all Health Boards were asked on 31 July to submit potential savings options to improve their forecast deficits by 10%,20% and 30% . The CTM response was submitted on 11 August and we are awaiting a response.	Planning, Performance & Finance Committee	20	C4xL5	12 C4 x L3	↔	28.04.2023	29.8.2023	31.10.2023
6	5427 (Replacing 5154)	Executive Director of Finance & Procurement	Central Support Function - Finance	Deputy Director of Finance	Sustaining Our Future	financial Stability Risk	Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023/24.	IF: The Health Board is not able to plan and deliver changes which enable current run rates of expenditure to align with the available funding for 2023/24. Then: The Health Board will not be able to deliver a break-even financial position for 2024/25. Resulting in: Potential deficit in 2024/25 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. Failure to meet statutory financial duty WG not supporting the Health Board's plan Potential cash shortfalls in the latter months of 24/25	Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. Routine monitoring arrangements in place. Regular reporting to the Executive Leadership Group, the Planning, Performance & Finance Committee and the Board.	The WG response dated 21 April states that the level of financial deficit in the plan is not an acceptable or supportable position. The requirement is to deliver improvement to delivery of ministerial priorities and the financial plans submitted. A supplementary paper was submitted to WG on 31 May but the forecast deficit for 23/24 remains at £79.6m. Update August 2023 - Given the significant financial challenge facing NHS Wales, all Health Boards were asked on 31 July to submit potential savings options to improve their forecast deficits by 10%,20% and 30% . The CTM response was submitted on 11 August and we are awaiting a response.	Planning, Performance & Finance Committee	20	C4xL5	12 C4 x L3	↔	28.04.2023	29.8.2023	31.10.2023
10	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to meet the demand for patient care at all points of the patient journey	**IF:** The Health Board is unable to meet the demand upon its services at all stages of the patient journey. **Then:** the Health Board's ability to provide high quality care will be reduced. **Resulting in:** Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Speciality specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Update July 2023 - The financial Planned Care Recovery package agreed in June 2023 and the schemes are now in motion which is resulting in a positive impact on backlogs and ongoing demand. The Health Board has trajectories in place for planned and cancer targets which is monitored weekly by the Planned Care Director and their wider team. Clinical strategy work is ongoing which will serve to strengthen the Health Boards ability to create more capacity within the system. The Health Board is also starting to look at a Demand Management Plan as currently referrals to CTM are higher than pre-Covid levels. In order to sustain performance the Health Board needs to tackle this issue along with Primary Care colleagues and in this regard have produced a heat map to identify those practices that the Health Board needs to work collaboratively with as a priority. In addition the Six Goals Plan was agreed in June 2023 and the plans to increase Same Day Emergency Care (SDEC) plans across CTM are in motion. The Health Board is now focussing on its outcome matrices to ensure it captures investment return effectively. Reviewed 12th September no change to mitigation as reported in July (above) - no change to risk score. Review 31.10.2023.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 C4 x L3	↔	13.7.2023	12.9.2023	31.10.2023
11	4071	Chief Operating Officer All Integrated Locality Groups Linked to RTE 5039 / 4513	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	**IF:** The Health Board fails to sustain services as currently configured to meet cancer targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in**: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage individual cases on the cancer Pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigours monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update June 2023 - Action plan in response to Welsh cancer patient experience survey finalised. Roll out of Canisc replacement piloting with the Breast MDT. Implementation of weekly performance meetings with highlight report to COO weekly. Action plans developed for high risk challenged areas - Gynaecology, Lower GI, & endoscopy with support from the DU to implement required changes. Update September 2023 - risk score reviewed and no changes made to scoring or mitigation as detailed in the July update. Next review October 2023.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	↔	01/04/2014	11.09.2023	31.10.2023

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
12	3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Emergency Department (ED) Overcrowding	**If:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). **Then:** patients are therefore placed in non-clinical areas. **Resulting In:** Failure to deliver Emergency Department Metrics, Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in YS to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. -Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. -Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21 - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update 31.8.2023 - Senior Management Team improvement plans in place as part of the 6 goals improvement programme however this programme is not yet in implementation stage. Targeted improvement trajectories in place for the Unscheduled Care Group relating to 4 hour ambulance delays and patients waiting over 12 hours within the department which will improve overcrowding. This remains an ongoing risk for all 3 sites and will be reviewed regularly as implementation of targeted improvement takes place. SMT reviewed and mitigating actions remains and new review date of 31/10/23	Quality & Safety Committee Planning & Performance Committee	16	C4xL4	12 (C4xL3)	↔	24.09.2019	31.8.2023	31.10.2023

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

Agenda Item
5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	31/10/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Linda Prosser	18/10/2023	Endorsed for Approval

ACRONYMS	
AMU	Acute Medical Unit
BSW	Bowel Screening Wales
C.difficle	Clostridium difficle
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTM	Cwm Taf Morgannwg
CTP	Care and Treatment Plan
CYP	Children and Young People

D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FCE	Finished Consultant Episode
FUNB	Follow-up Outpatients Not Booked
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
PMB	Post Menopausal Bleeding
POW	Princess of Wales Hospital
PTR	Putting Things Right
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
S.aureus	Staphylococcus aureus bacteraemia
SALT	Speech and Language Therapy
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIs	Serious Incidents
SOS	See on Symptom
SSNAP	Sentinel Stroke National Audit Programme
SSP	Specialist Screening Practitioner
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

1.1 During June 2023, Welsh Government released the NHS Performance Framework for 2023/24. The document is available at the following URL:
https://www.gov.wales/sites/default/files/publications/2023-06/nhs-wales-performance-framework-2023-2024.pdf

The performance framework reflects the Minister's areas of focus, and has fewer measures than previous years. Whilst civil servants have indicated that there will be a wider suite of assurance frameworks overseen by the policy and Executive leads within Welsh Government in areas such as Finance, Quality and Safety and Public Health and Protection, the timing of their release has not yet been communicated.

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

This report sets out the UHB's performance against the Welsh Government's performance framework, and a small number of local priority measures, such as stroke care, complaints and mortality indicators.

A one page summary of the UHB's recent performance against the highest profile indicators within the WG framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf.

2.1 Executive Performance Indicators

The direction of the arrow shows whether the quantum of the measure has increased or decreased.
The colour is intended to show whether this is positive [green] or negative [red].

Quality

65 NRI's remain open >90 days ↓

Compared to last month there were 71

None of the eligible patients were thrombolysed ↓

Compared to last month the rate was 7.1%

92.03 is the rate of E.coli per 100,000 population ↑

Compared to the equivalent period last year the rate was 85.57

The rolling 12 month mortality rate is 2.69% ↓

Compared to the equivalent period last year the rate was 3.11%

81.8% of complaints received a response within 30 days ↑

Compared to last month the rate was 71.2%

Population Health

74.9% of adults aged 65 and over received the influenza vaccine during 2022/23 ↓

Compared to the previous year the uptake was 75.4%

67.8% of frontline healthcare workers received the influenza vaccine during 2020/22 ↑

Compared to the previous year the uptake was 63.2%

4.5% of adults who smoke made a quit attempt during 2022/23 ↓

Compared to the previous year 4.51% attempted

90.8% of children aged 5 were up to date with their vaccinations ↑

Compared to the previous quarter the rate was 89.0%

Operational Performance

63.9% of patients were seen within 4 hours from arrival at an Emergency Department ↑

Compared to last month compliance was 61.4%

There are currently 3,100 patients who have waited longer than 2 years for referral to treatment ↓

Compared to the previous period 3,194 patients had waited this length of time

100% of GP Practices have achieved in-hours access standards during 2022/23 ↑

Compared to the previous year the rate was 98%

71.4% of patients are waiting longer than 28 days for 1st sCAMHS appointment ↑

Compared to the previous month the rate was 64.7%

52.5% of patients started their cancer treatment within 62 days ↑

Compared to the previous month the rate was 51.2%

People

6.9% of staff have been absent due to sickness during the 12 mth period (Sep 22 to Aug 23) ↓

Compared to the previous year the rate was 7.2%

The CTMUHB Nursing & Midwifery turnover rate is 11.4% ↓

Compared to the previous month the rate was 12.33%

61.7% of staff (excluding M&D) have received their PADR ↑

Compared to the previous month the rate was 61.6%

76.7% of staff have completed Level 1 mandatory training ↑

Compared to the previous month the rate was 76.3%

Finance

The Month 5 financial position is £36.0m Deficit ↑

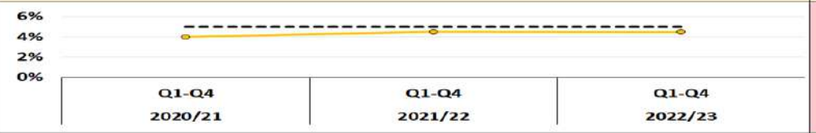
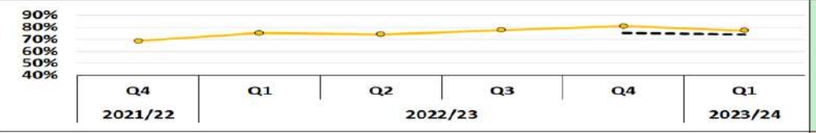
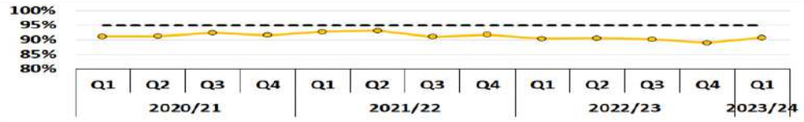
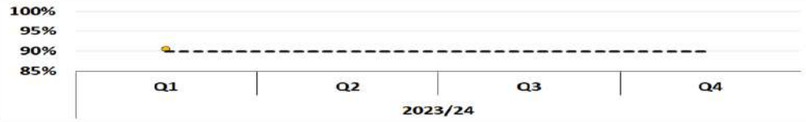
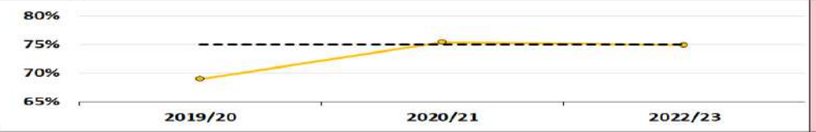
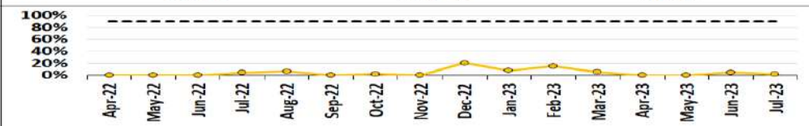
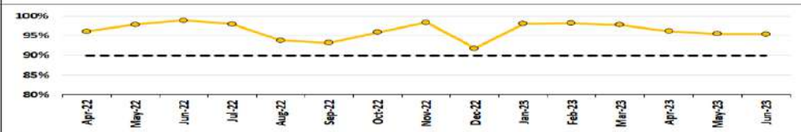
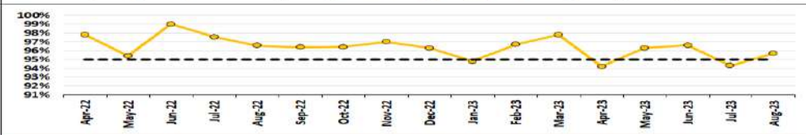
Compared to last month it has increased by 6.7m

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

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

Key: Trend --- Target/Trajectory

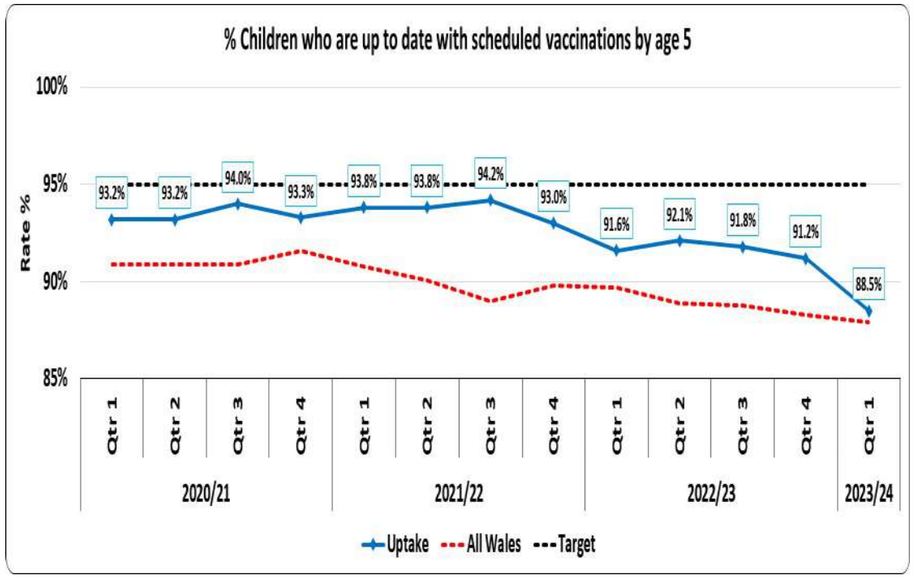
Key: Target Achieved | Target Failed

	Performance Measure	Target	Trend	Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.5%	Q1-Q4 2022/23
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend		77.3%	Q1 2023/24
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%		90.8%	Q1 2022/23
	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%		90.6%	Q1 2023/24
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%		74.9%	2022/23
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring booster 2023: aged 75 yrs and over; residents in care home for older adults and immunosuppressed aged 5 yrs & over. Autumn booster 2023: age range to be confirmed			68.8%	Jun-23
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		1.8%	Jul-23
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		95.5%	Jun-23
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		95.7%	Aug-23
	Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	Evidence of Improvement	On Track	N/A	Sep 22 - Mar 23
	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway		Majority on track, but scope to improve		

CTMUHB Improving Population Health & Wellbeing

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

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



Quarter 1 2023/24 Uptake	
Merthyr Tydfil LA	**85.8%**
RCT LA	**88.6%**
Bridgend LA	**89.6%**
CTMUHB	**88.5%**

Quarter 1 2023/24 Uptake Welsh HB's	
ABUHB	**87.5%**
BCUHB	**91.4%**
C&VUHB	**83.7%**
CTMUHB	**88.5%**
HDUHB	**87.7%**
PTHB	**91.7%**
SBUHB	**86.7%**
All Wales	**87.9%**

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

Challenges:

- Staffing levels in Primary Care
- Patient information data is not up to date e.g. telephone numbers for parents/carers
- Appointment times for working parents
- Knowledge and information e.g.
  - Concerns over content of vaccine such as porcine gelatine
  - Concerns over vaccine links to illness such as autism

Actions:

- MMR Task Group established in support of sub-optimal uptake.
- MMR FAQ developed and disseminated.
- Vaccine hesitancy training undertaken with Health Visitors.
- CTM representation at All Wales Vaccine Equity Network.
- Where staffing is an issue support practices in utilising resource available within the primary care immunisation team.
- Link practices in with Primary Care Nurse Educators to ensure new staff receive timely training.
- Primary Care Nurse Educators to distribute training information to practices on regular basis to ensure practices are aware of training available.
- Information on training and updates to be provided via Practice Nurse Forum.
- Link in with Primary Care & Community Training Academy.
- Health Visitors to link in with schools and GP practice to ensure patient information held is correct and up to date where patients do not engage.
- Multi-professional approach to be taken in respect of optimising access to vaccines.
- Public Health information on benefits of vaccine to be given to parents at earliest opportunity by Midwives, Health Visitors and practice team.
- Consistent messaging by all professionals.
- Messages to be re-enforced at every opportunity (MECC - Making Every Contact Count)

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

(reporting frequency is quarterly, but applicable during 01.04.23 to 30.6.23 & 1.1.24 to 31.03.24)

Please note that there is no data available prior to 1st April 2023 as data collection was based on children receiving the vaccine rather than girls.

Quarter 1 2023/24 Uptake	
Merthyr Tydfil LA	**89.4%**
RCT LA	**89.8%**
Bridgend LA	**92.4%**
CTMUHB	**90.6%**

Quarter 1 2023/24 Uptake	
ABUHB	**82.7%**
BCUHB	**84.2%**
C&VUHB	**80.9%**
CTMUHB	**90.6%**
HDUHB	**86.5%**
PTHB	**84.7%**
SBUHB	**90.7%**
All Wales	**85.3%**

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

Challenges:

- Staffing resource within School Nursing
- Consent forms not being returned to schools and insufficient capacity within the school nursing service to telephone for consent
- Lack of comms engagement to support school aged immunisation programme.

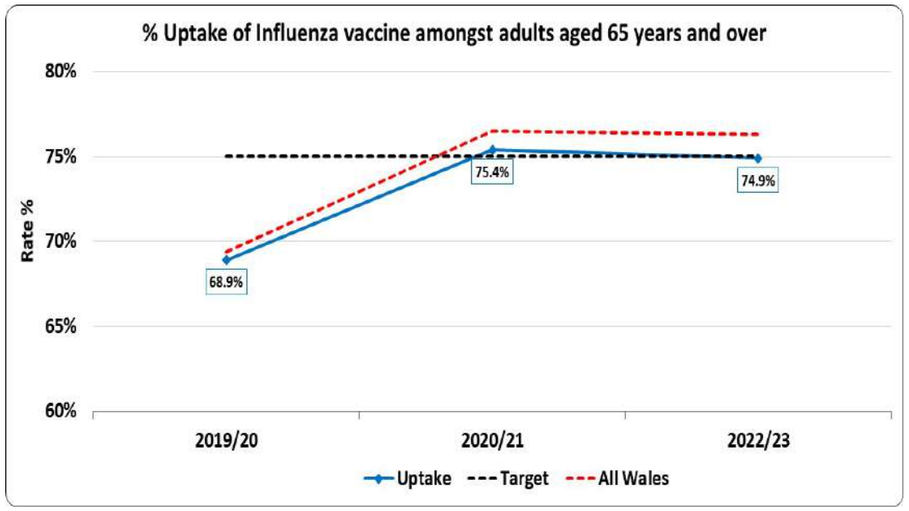
Actions:

- CTM representation at All Wales Vaccine Equity Network
- Recruitment into substantive posts to increase capacity into service
- Pilot and rollout of e-consent in 2024
- Engage with comms in LA's and HB comms to raise the profile of the school immunisation programme to parents and carers and eligible pupil's signposting to PHW information.
- Work with education to optimise immunisation uptake.
- Engage with CYP colleagues to raise the profile of immunisations by acute Paediatric wards, Paediatrician, Community Children's team and Paediatric CNS's.
- School Nursing service to target low uptake areas to increase immunisation rates with an aim to reduce inequalities.

CTMUHB Improving Population Health & Wellbeing

% uptake of the influenza vaccination amongst adults aged 65 years & over -Target 75%

Please note that 2023/24 data is not yet available & is applicable during 01.09.23 to 31.03.24 – data below highlights last years campaign



2022/23 Uptake	
Merthyr Tydfil LA	70.2%
RCT LA	73.6%
Bridgend LA	78.3%
CTMUHB	74.9%

2022/23 Uptake Welsh HB's	
ABUHB	78.2%
BCUHB	78.4%
C&VUHB	75.7%
CTMUHB	74.9%
HDUHB	73.5%
PTHB	73.8%
SBUHB	75.9%
All Wales	76.3%

Challenges posed by the National Immunisation Framework (NIF) & actions being taken?

Challenges:

- Embedding NIF into the health protection system and lack of clarity regarding recurring funding and the subsequent impact on development of delivery models and recruitment of staff
- Ensuring supporting information e.g. PGD (Patient Group Direction) Training etc. is provided in a timely manner to ensure practices are engaged and able to start planning flu vaccination programme prior to delivery of flu vaccinations.
- Dispelling flu vaccination myths to reassure patients.
- Ensuring cohort are well informed on benefits of flu vaccination.
- Ensuring that community pharmacies have sufficient access to trained and accredited vaccinators prior to the start of vaccination season.
- Ensuring that community pharmacies have sufficient vaccines available to meet patient demand.
- Ensuring that vaccinating services collaborate to raise overall vaccination rates, rather than compete for the same patient groups.
- Supporting pharmacies to optimise their flu vaccination programme and deliver more vaccinations each year.

Actions:

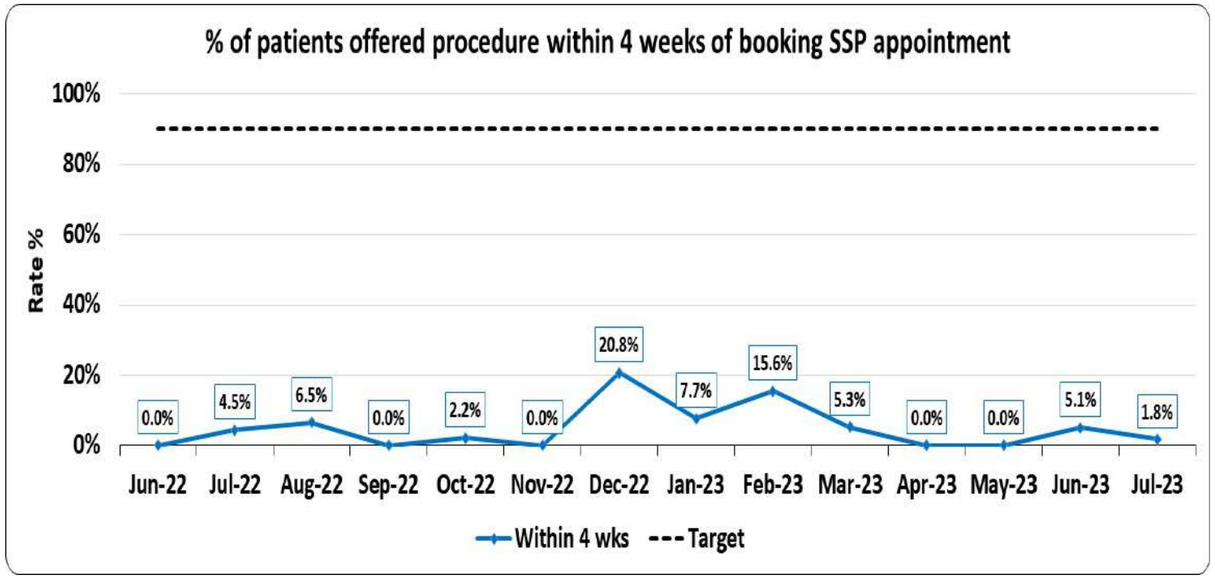
- CTM representation in national NIF fora / development of a regional governance structure to align with national structure?
- CTM representation at All Wales Vaccine Equity Network
- GMS team to start planning early to ensure information is disseminated and supports the practices in the development of their flu plans.
- Have a robust flu vaccination information campaign ready to roll out in early autumn.
- Multi-Disciplinary approach across all professions to ensure consistent and opportunistic messaging on benefits of flu vaccination.

CTM to: support national work regarding the HEIW vaccinator accreditation framework &

- maintain current position regarding maintaining pharmacy opening hours on the weekend.
- support pharmacy inclusion in national discussions about centralised procurement of vaccines.
- utilise primary care clusters to support a collaborative approach to vaccination.
- routinely monitor community pharmacy vaccination provision and engage with low level providers to support greater provision.

Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment Target 90% - July 2023 – 1.8%

How are we doing & what actions are we taking?



At the start of October there are 243 patients awaiting an index colonoscopy. To date capacity has been sourced for 75 of

Improvements continue to be made at 1st Assessment Stage through the dedicated SSP and Admin team to bring waits down to less than 1 week; this is being maintained however the service has a 0.8 WTE admin post waiting for approval to support the sustainability plan and next steps of the Optimisation Programme. Additional lists continue to support throughput and booked throughout October. Two additional fixed term lists are being explored at POW to support our suitability plan for this year's optimisation demand increase. PHW has visited the site, confirmed requirements and the service are completing a workforce model and case for approval. The 2023/24 sustainability plan is to fund 2 x unfunded lists at POW (JAG accredited unit) to increase CTM's weekly core planned screening lists from 5.5 to 7.5 as part of the Optimisation Programme and next steps. PHW has completed the visit and confirmed that the unit is suitable, we await confirmation around video capture and Decontamination sign off.

The sustainability plan will be alongside our short term plan for insourcing to clear the current backlog which is currently at the tendering stage. To ensure maximum productivity and efficiencies the BSW Screening service continues to be part of the weekly 6/4/2-1 process/discussions and Task & Finish Group within the Endoscopy Service.

The operational challenges that impact on activity are:

- Providing cover for period of leave and on call commitments
- Lead time of Screening Colonoscopist sign off – CTM has just had 1 x Consultant complete accreditation CTM are also fortunate to have another Consultant interested, however process is lengthy
- Uptake and current conversion to surgery
- Admin support – current delays with recruitment processes
- Financial challenges to get posts and sustainability plans approved.

Actions being taken:

- The service is currently going through the tender process for insourcing to support the backlog clearance. This is a short term solution while the service builds and delivers a sustainable model for our screening service. The planned awarding date was delayed due to the tender/procurement process and the amount of interest.

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

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

Key: Trend --- Target/Trajectory

Key: Target Achieved | Target Failed

	Performance Measure	Target	Latest Position	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	100.0%	2022/23
	Qualitative report providing assurance on GP access improvement	Evidence of Improvement	Data not available as yet	
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024	Data not available as yet	
	Allied Health Professionals accessible by Health Board and Regional Partnership Board footprint	Annual increase compared to baseline assessment	Data not available as yet	
	Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway	Evidence of Improvement	Data not available as yet	
	Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by 31 March 2024	1329	Sep-23
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	An increase on the number in the equivalent month in the previous year	1,000	Jul-23
	Qualitative report detailing progress to develop a whole schools approach to CAMHS in reach services	Evidence of Improvement	On Track	Sep 22 - Mar 23
	% 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%	87.3%	Aug-23
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)		39.8%	
	% 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)		49.0%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)		94.5%	
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	43.2%	Sep-23
	Median emergency response time to amber calls	12 Month Improvement Trend	01:48:00	
	Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend	13	

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

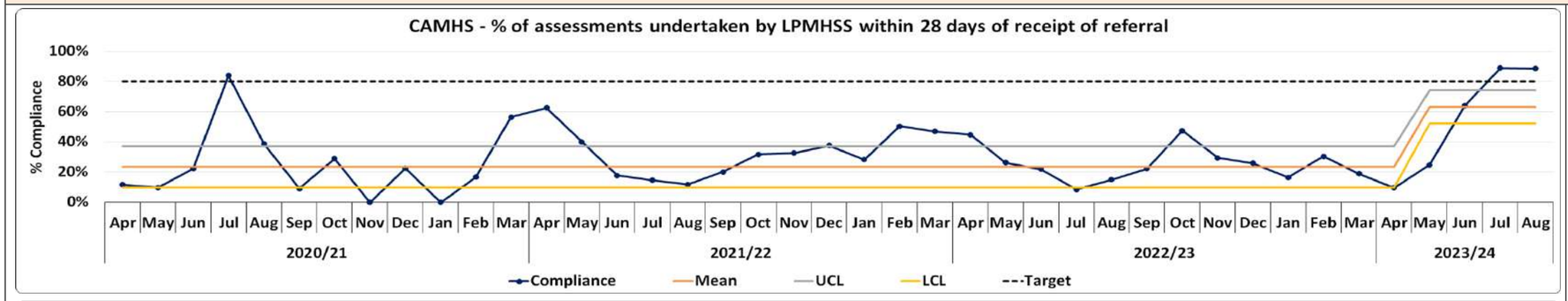
Key: Trend --- Target/Trajectory

Key: Target Achieved | Target Failed

	Performance Measure	Target	Latest Position	
Access Hospital Services Quickly	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend	68	Sep-23
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in 2022-23, towards the national target of 95%	63.9% National Target not met and same level of performance as the equivalent period in 2022/23	
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by 31 March 2024	1,913	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 31 March 2026	52.5%	Aug-23
	Number of patients waiting more than 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by 31 March 2024	12,399	Sep-23
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend	85.8%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Improvement trajectory towards a national target of zero by 31 March 2024	1,762	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	12,764	
	Number of patients waiting over 36 weeks for a new outpatient appointment		22,357	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Improvement trajectory towards the national target of zero	36,496	
	Number of patients waiting more than 104 weeks for referral to treatment		3,100	
	Number of patients waiting more than 52 weeks for treatment		24,899	
	% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	28.6%	Aug-23
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment		38.2%	
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		48.8%	

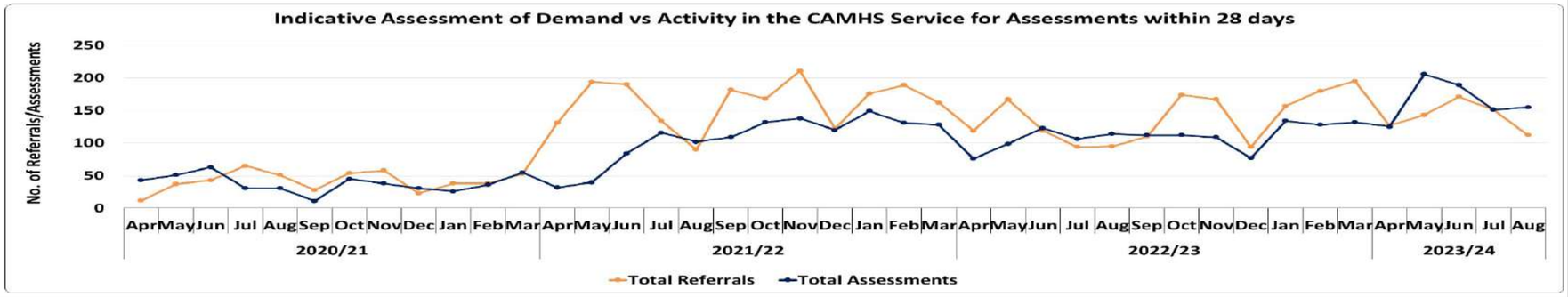
CTM Child & Adolescent Mental Health Services (CAMHS) – August 2023

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (88.4%) - Target 80%



The number of assessments undertaken within 28 days of referral held steady at 88.4%, surpassing the WG target of 80% for the second consecutive month.

The number of assessments carried out this month totalled 155, similar to the previous month and is 14% higher than the 12 month average (136).

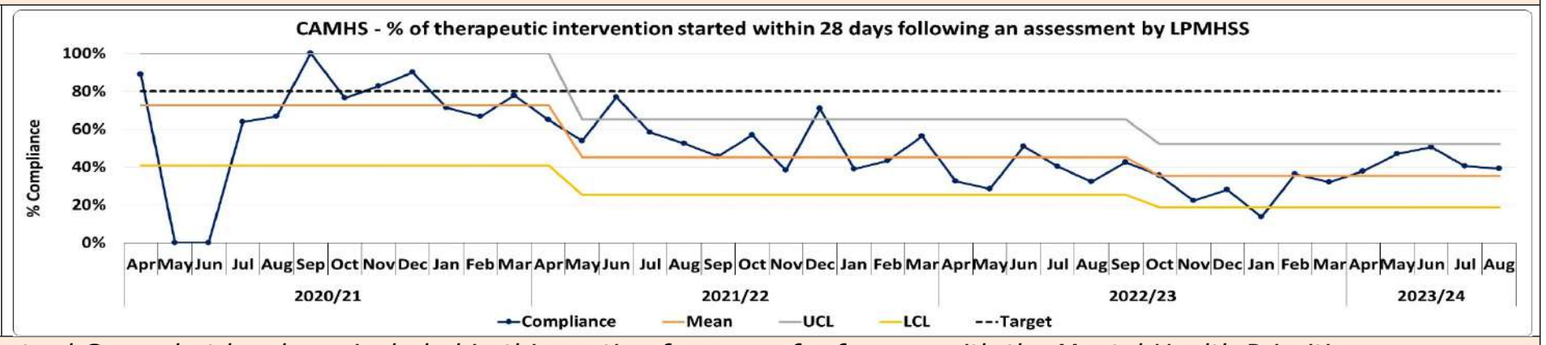


As the backlog reduces the signs of recovery are being observed, with performance levels improving from May this year (please see action section overleaf).

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (39.1%) - Target 80%

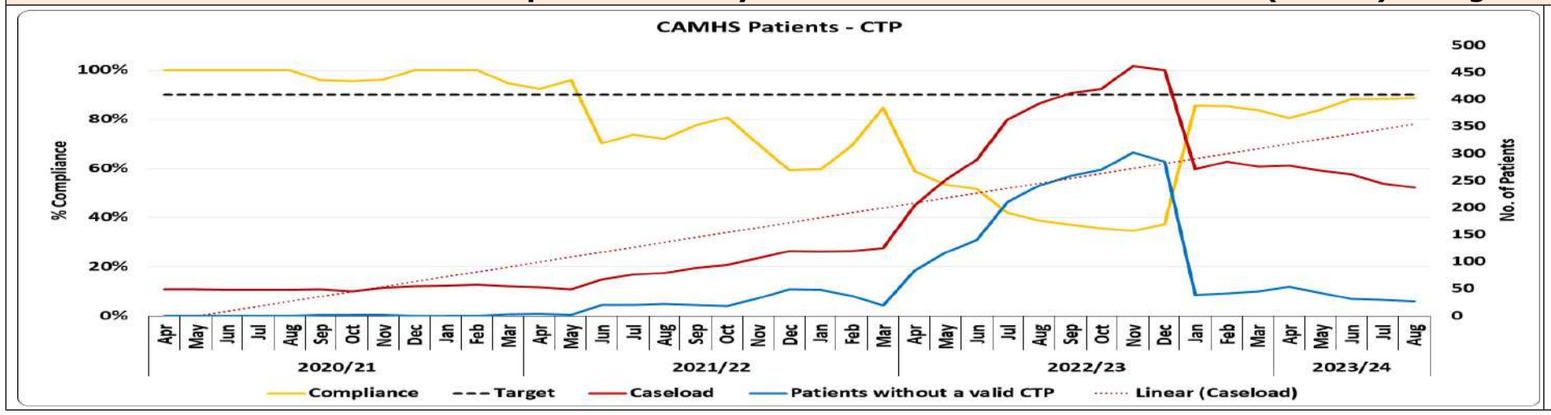
The proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS declined marginally this month to 39.1%, with just 34 of the 87 interventions commencing within 28 days.

Compliance continues to lie below the 80% threshold, with December 2020 being the last time the target was met achieving 90%.



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

% of HB residents who are in receipt of secondary MH services who have a valid CTP (88.6%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each remained stable for the third month at just over 88% during August, falling just short of the WG standard of 90%.

As seen in the chart to the left; from January 2023, we observe that caseloads (245) have fallen, almost by half (47%) from the peak seen in November 2022 (462). The number of patients without a valid CTP at the end of the month stands at 27.

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

Cont'd…CAMHS

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory has been developed to improve compliance in Parts 1a, b and 2 of the Mental Health Measure.
- Additional capacity has been introduced temporarily from the Nurse Bank whilst progress is made on recruitment to vacant posts.
- **Part 1a**: Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predicable with increases coinciding with events such as exams and the start of the new term. The NHS Executive has helpfully agreed to provide some demand and capacity training in which we can look at this issue.
- **Part 1b:** We are working with the 3rd Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. This programme started on 01/08/23 and will be closely monitored to ensure that we learn lessons from this new way of working.
- **Part 2:** A training programme for care co-ordinators has helped to improve the quality of CTPs, whilst compliance with the required annual review is improving. This includes some joint training between Adult Mental Health services and CAMHS
- Monthly supportive meetings are in place with the NHS Executive which is helping to improve compliance in all areas and in a sustainable way.

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

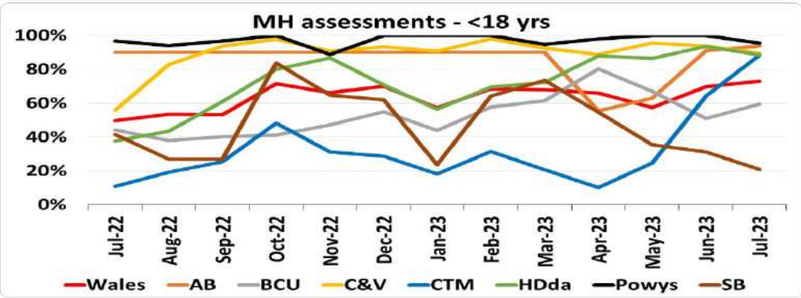
Outputs of improvements:

- **Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at 31st August we had 63 patients on the waiting list with none waiting beyond 4 weeks. The average waiting time was 2.3 weeks.
- **Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered each month is increasing incrementally from 73 in January up to 87 in August. Performance levels continue to increase gradually against the 28 day target as we focus on the backlog. As we increase capacity through such arrangements as our new service level agreement with Mental Health Matters, the pace of improvement should accelerate. This SLA will add 8 sessions of group therapy each week delivered across the Health Board.
- **Part 2:** As part of the improvement plan the Care Co-ordinated caseload was reviewed in December 2022. As a result 180 patients were transferred from Part 2. The NHS Executive at their regular supportive meetings have asked for further information on patient outcomes following this review. This is currently being developed for discussion at our next meeting. We have had some success in recruiting to vacant care co-ordinator positions, which will help with compliance.

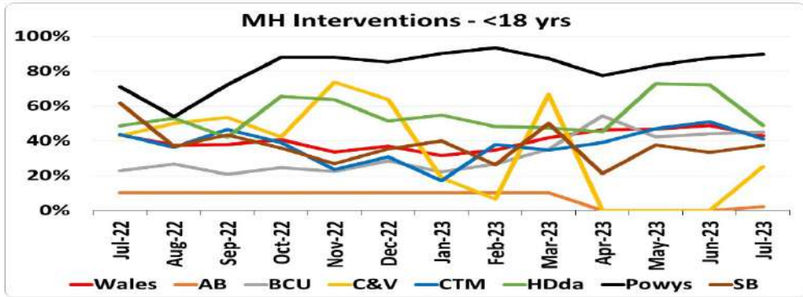
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. In September 2023, 173 referrals were accepted into the Part 1a service in comparison to 111 in August. Going forward, further work is required to better predict the impact of this fluctuating demand on the service and increasing capacity in response to temporary rises.
- The service is prioritising recruitment to vacant positions. The service needs to maintain high staffing levels to sustain performance in the three areas under review.
- Clinical colleagues have reported rising acuity within their patient population, this may have an impact on delivery going forward

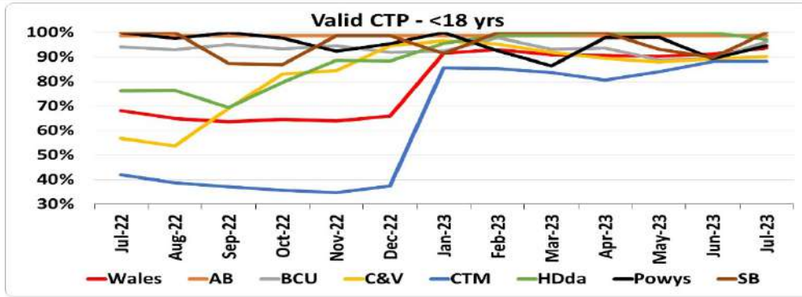
How do we compare with our peers?



Status as at July 2023		
Health Board	**Compliance**	**Rank**
Powys	95.6%	1st
AB	93.8%	2nd
C&V	89.5%	3rd
HDda	88.5%	4th
CTM	**88.4%**	**5th**
BCU	59.4%	6th
SB	20.9%	7th



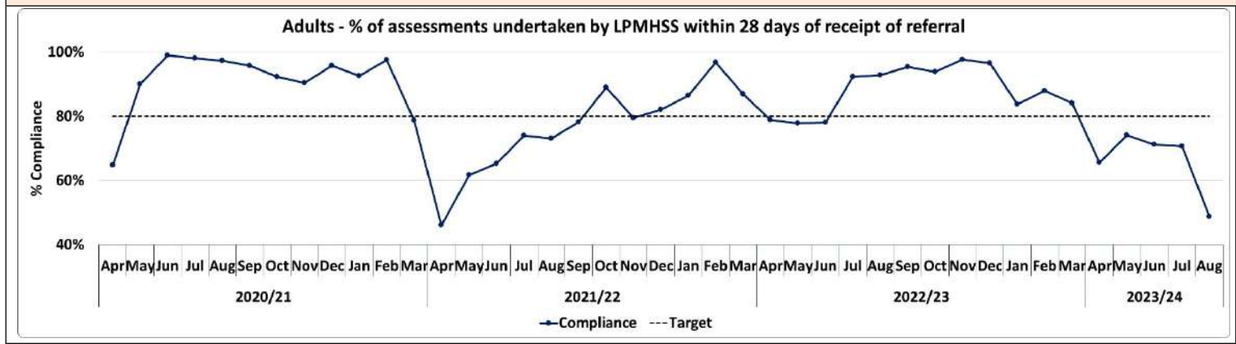
Status as at July 2023		
Health Board	**Compliance**	**Rank**
Powys	89.7%	1st
HDda	48.9%	2nd
BCU	44.9%	3rd
CTM	**41.2%**	**4th**
SB	37.5%	5th
C&V	25.0%	6th
AB	2.2%	7th



Status as at July 2023		
Health Board	**Compliance**	**Rank**
SB	100.0%	1st
AB	98.6%	2nd
HDda	97.0%	3rd
BCU	96.3%	4th
Powys	94.5%	5th
C&V	90.2%	6th
CTM	**88.2%**	**7th**

CTM Mental Health Services (excluding CAMHS) – August 2023

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (48.7%) - Target 80%

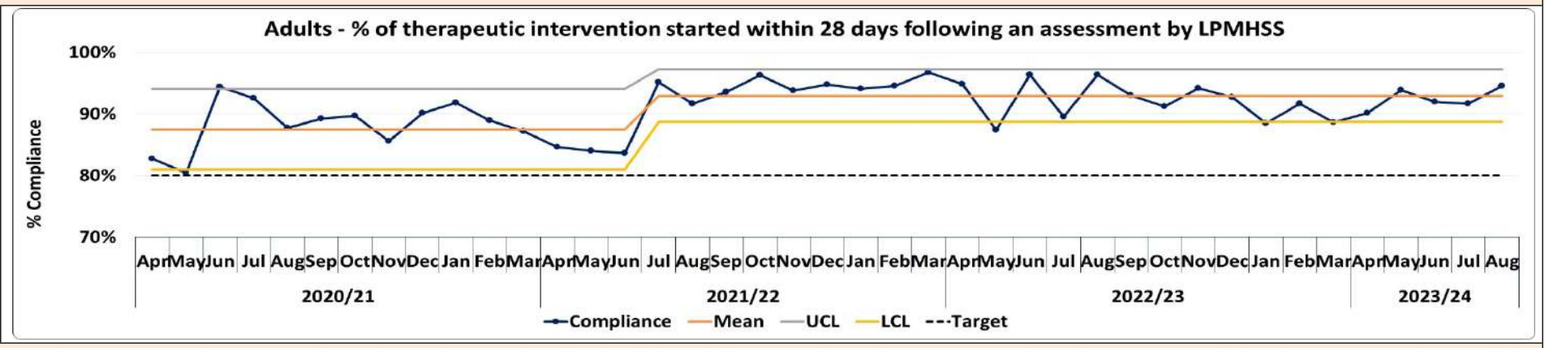


Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The compliance for the adult mental health services during August fell sharply to 48.7% and remains below the 80% target for the fifth consecutive month after previously maintaining compliance from July of last year. This is predominantly driven by higher levels of sickness absence, resulting in lower levels of activity. It is expected that sickness absence will improve during the third quarter.

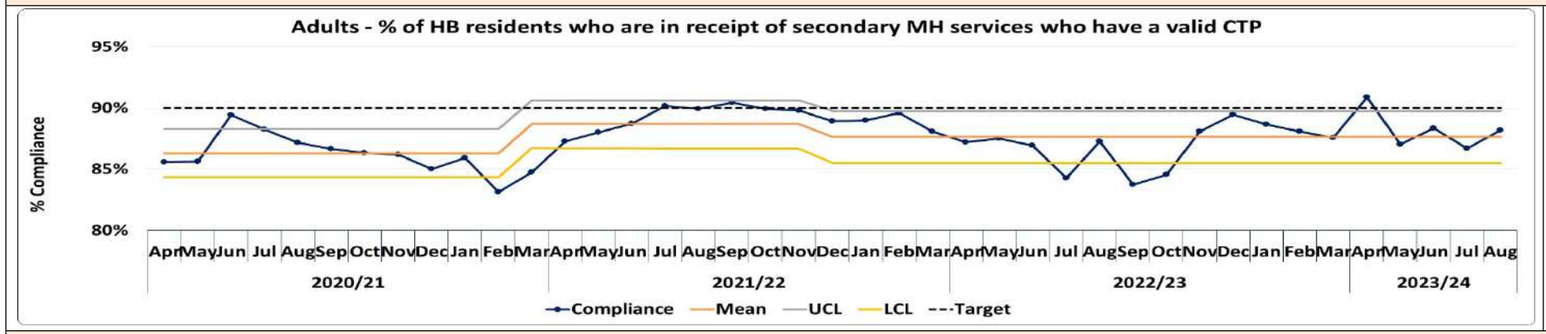
Referrals during August saw a continued reduction from the previous month, totalling 760, with the 12 month average being 764 referrals. Volumes continue to remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (94.5%) - Target 80%

Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS improved to 94.5% during August, with 312 of the 330 interventions commencing within the 28 day timeframe and continuing to remain above the WG target of 80%.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.2%) - Target 90%



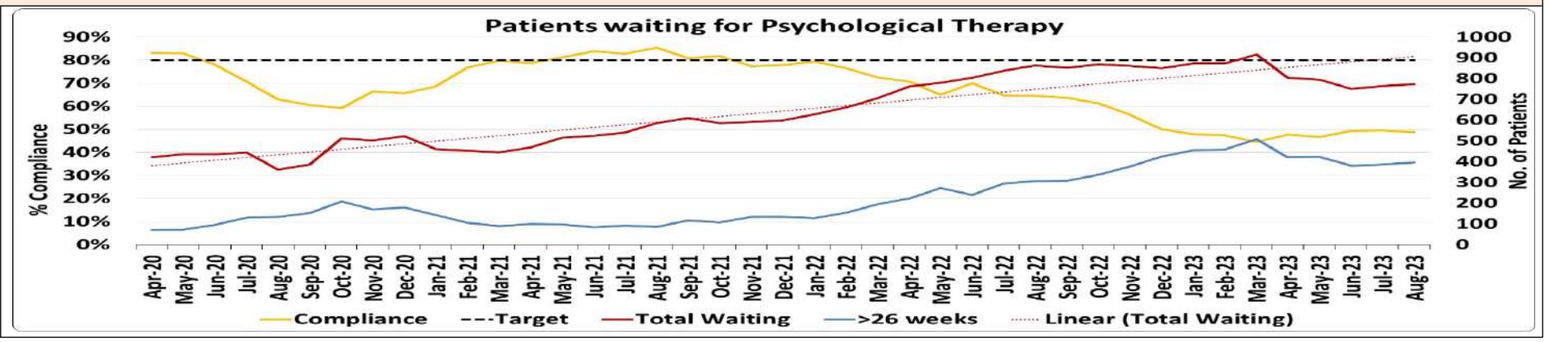
Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month reached 88.2% during August, sitting just below the 90% WG standard.

Part 3: There were no requests for any adult assessments under Part 3 of the Mental Health Measure during August.

% of patients waiting less than 26 weeks to start a Psychological Therapy (48.8%) - Target 80%

During August, Psychological Therapies compliance remained almost static at 48.8%, below the 80% compliance threshold set by WG.

The chart to the right depicts the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow). We observe a another slight increase in the number of patients waiting this month after seeing a month on month reduction in the first quarter of this year. At the end of August the waiting list stood at 773 patients, down 15.6% from the peak of 916 in March.



Adult Mental Health Services continued on the next page…

Cont'd…Mental Health Services (excluding CAMHS)

How are we doing?

Part 1a: Adult mental health services compliance declined sharply from 70.6% in July to 48.7% in August and remains below the WG target of 80%.

Merthyr Cynon (MC) has declined on their performance compared to the previous month and are now below the threshold at 46.2%. Similarly, Rhondda Taff Ely (RTE) saw a sharp decline compared to the previous month from 67.7% to 46.2%. However, Bridgend has improved from 65% to 71% compared to the previous month.

Part 1b: Performance continues to be above target at 94.5%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services has improved from to 88.2%, but remains below the WG target of 90%:

- Adult Services improved from 84% to 86.5%
- Older Adult Services declined slightly from 95% to 93.5%
- Learning Disability Services has remained the same at 90.3%

Psychological Therapies: The overall position for Psychological Therapies waiting list for August 2023 stands at 773, which is an increase of 8 compared to July 2023. Those patients waiting over 26 weeks remains at 51%, which equates to 396 service users.

The current performance of 49% of people waiting less than 26 weeks is lower than the trajectory target of 51% at August 2023. A key factor linked to this variance is that the High Intensity Therapists within CMHT, that were due to start, have slipped. A Clinical Psychologist left CTM (in an area of high demand) during this reporting period which has contributed to this position.

There were 118 new referrals into the service during August 2023 which is a decrease from 138 in July 2023. This is due to seasonality issues such as school holidays and we expect this to increase in September. The highest number of referrals were seen in Primary Care.

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

Actions to improve performance are:

Part 1a:

- Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of people with frequent or long absence.
- Review of IT systems to support proactive performance management of the service through Qlik
- Demand and capacity work – review of job plans to identify sufficient capacity to meet the data and training from NHS Executive
- Review data input and reporting and ensure ongoing validation and management with introduction of weekly review meetings

Improvements in Part 1a compliance are anticipated in Quarter 3 (2023/24) in line with staff scheduled to return to work after sickness absence.

Part 1b: Compliance continues to remain above target.

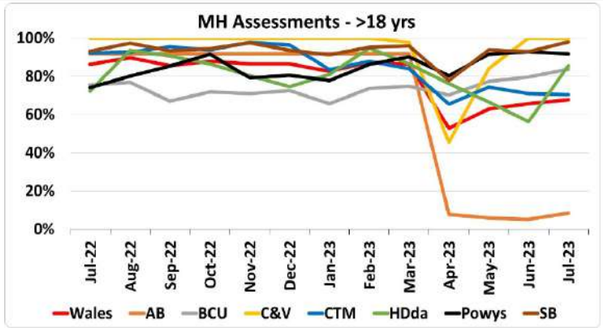
Part 2: Targeted work on non-compliant CTPs is ongoing. Work will continue with Community Mental Health Team leads and Local Authority partners to ensure any non-compliant CTPs are prioritised based on reducing risk. The primary risk to sustained improvements remains the reduction in staffing capacity caused by sickness and turnover. Managers are monitoring compliance weekly to mitigate reductions.

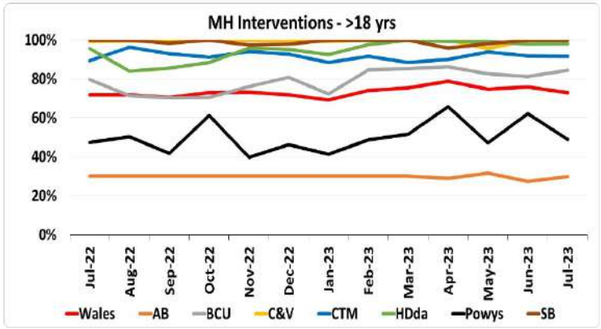
Improvements in Part 2 compliance are anticipated in Quarter 3 and 4 in line with staff scheduled to return from sickness.

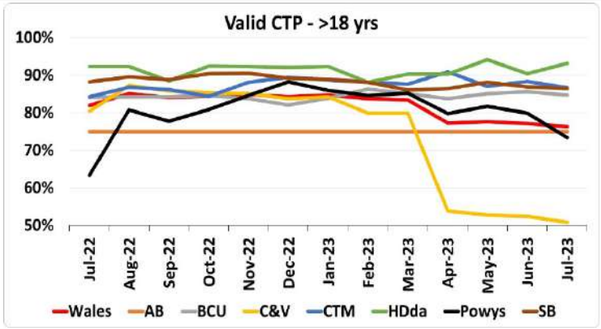
Psychological Therapies: Actions taken to improve position:

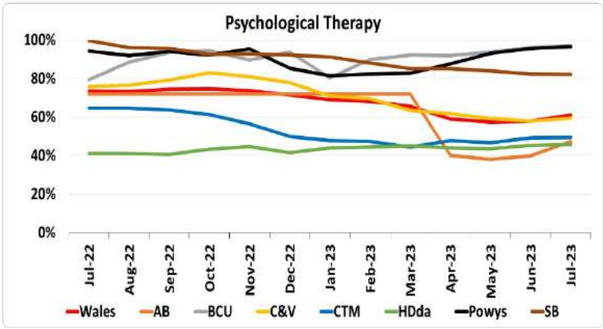
- Detailed Psychological therapies recovery programme overseeing a number of improvement plans, including development of a minimum dataset and a performance and accountability framework
- Ongoing waiting list and data validation including application of access policy
- Demand and capacity review with training from NHS Executive
- Recruitment to vacant posts and use of locums to increase capacity with additional capacity commissioned to end March 2024
- Outsourcing of patients on the waiting list subject to available resource.

How do we compare with our peers?









Status as at July 2023		
Health Board	**Compliance**	**Rank**
C&V	99.8%	1st
SB	98.1%	2nd
Powys	91.9%	3rd
HDda	85.6%	4th
BCU	83.7%	5th
CTM	**70.6%**	**6th**
AB	8.5%	7th

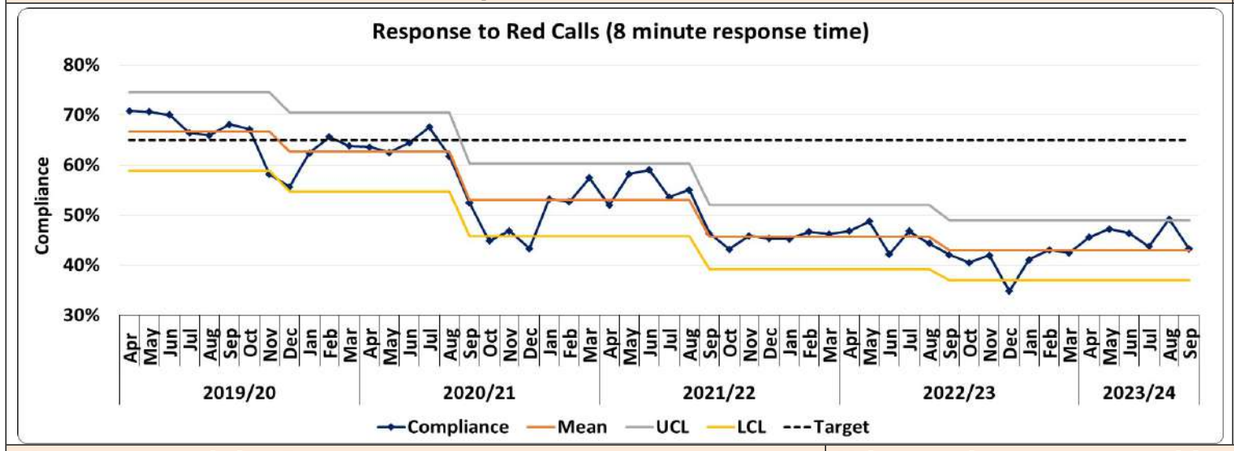
Status as at July 2023		
Health Board	**Compliance**	**Rank**
C&V	100.0%	1st
SB	100.0%	2nd
HDda	98.1%	3rd
CTM	**91.6%**	**4th**
BCU	84.4%	5th
Powys	49.0%	6th
AB	30.0%	7th

Status as at July 2023		
Health Board	**Compliance**	**Rank**
HDda	93.1%	1st
CTM	**86.7%**	**2nd**
SB	86.4%	3rd
BCU	84.7%	4th
AB	75.0%	5th
Powys	73.4%	6th
C&V	50.8%	7th

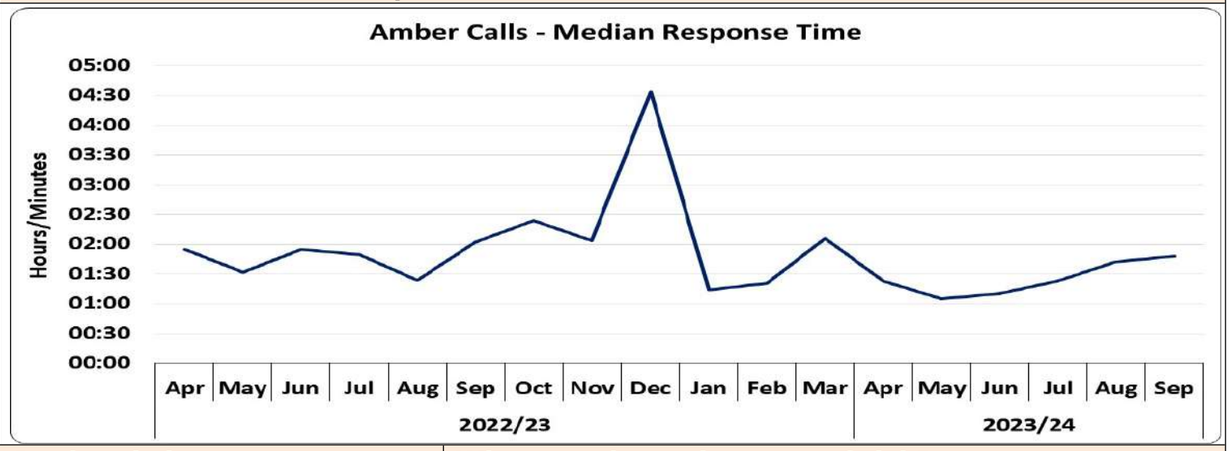
Status as at July 2023		
Health Board	**Compliance**	**Rank**
BCU	97.1%	1st
Powys	96.6%	2nd
SB	82.2%	3rd
C&V	59.6%	4th
CTM	**49.5%**	**5th**
AB	47.4%	6th
HDda	45.7%	7th

Emergency Ambulance Services – Response to Red Calls & Median Response Times to Amber Calls – September 2023

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%) September 2023 – 43.2%



Median emergency response time to amber calls – Target is 12 month improvement trend September 2023 - 1 hour 48 minutes



How are we doing?

Response to Red Calls per WAST Operational Area				
Sep-23	Total Responses	Responses within 8	% within 8 mins	*12 Month Average*
Merthyr	118	75	63.6%	*56.3%*
RCT	323	118	36.5%	*37.2%*
Bridgend	195	82	42.1%	*44.9%*
CTM	636	275	43.2%	*43.0%*

Response to Red Calls: Response times to life-threatening calls for the CTM area saw a downturn in compliance during September to 43.2%; on par with the 12 month average. This month also saw the National compliance falling below 50% for the first time since March of this year. The minimum expected standard is for 65% of Red Calls to be responded to within 8 minutes. As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough experiencing the poorest response times during September, as has been the case since November of last year.

The volume of Red Calls during September for CTM totalled 636, a 9% increase on the previous month and is 18% higher than the same period of 2022. The current volume stands just above the 12 month average of 624 per month.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 108 minutes during September. Although the chart (top right) demonstrates fluctuations in the median response times, we observe that the overall trend during the latest 12 month period (Oct 22 to Sep 23) shows a 25% reduction.

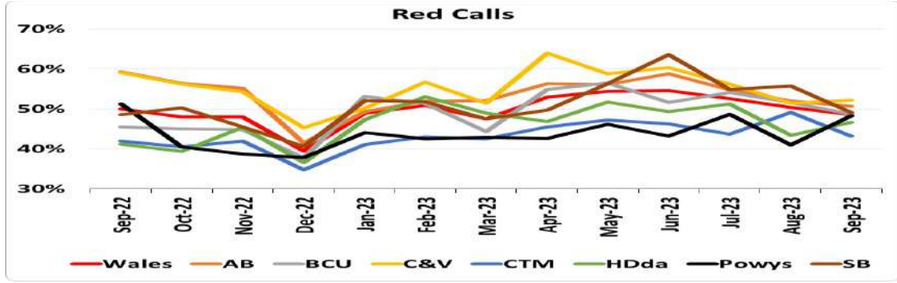
What actions are we taking & when is improvement anticipated?

- Weekly data v improvement "deep dive" against trajectories
- Weekly performance/assurance meetings in place
- Navigation Hub increased utilisation
- Pan CTM Emergency Pressure Escalation Procedure Policy – launched 14th August 2023
- Zero tolerance >4 hours launched at PCH 4th September 2023 (already in place at PCH & RGH)
- Robust out of hours and weekend planning process in place
- Update Safe to Start process pan CTM
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement
- USC has established a weekly Performance meeting to monitor performance and oversee improvement plans being developed by each site. First meeting was held on 23rd August and since October the meetings are bi-weekly.
- Weekly CSG Site Performance meetings in place with focus on analysis of the performance and review and development of improvement actions / plans.
- Weekly data for the indicators being provided currently with the USC dashboard awaited which will provide data to enhance the context and identification of actions for improvement plans.
- USC representation at daily huddles.
- Focus on adhering to the escalation cards.

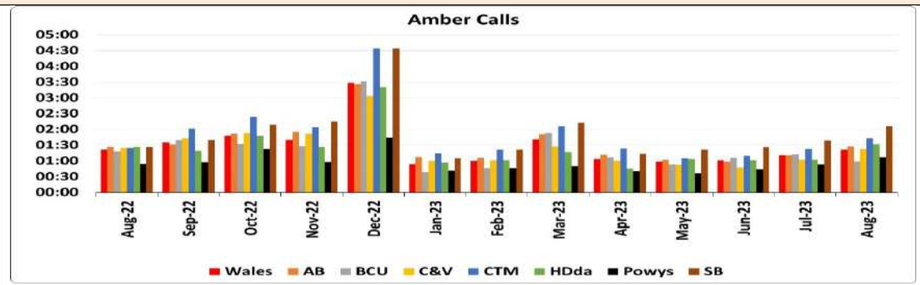
What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites, aligned to COVID and winter 2022/23.
- Winter 2023/24 – winter planning meetings established and USC Plan developed.
- Persistent high escalation levels across all sites in relation to increased attendances and ambulances as well as high levels of acuity.
- Balancing the patient safety risk at the front door and across the site, given the high levels of attendances and acuity.
- Less surge capacity following the introduction of policy for boarding of patients on inpatient wards across all sites for the purposes of patient safety and alignment with escalation levels. This could impact on front door performance indicators. This was introduced 9th October.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites in relation to attendances and ambulances.

How do we compare with our peers?



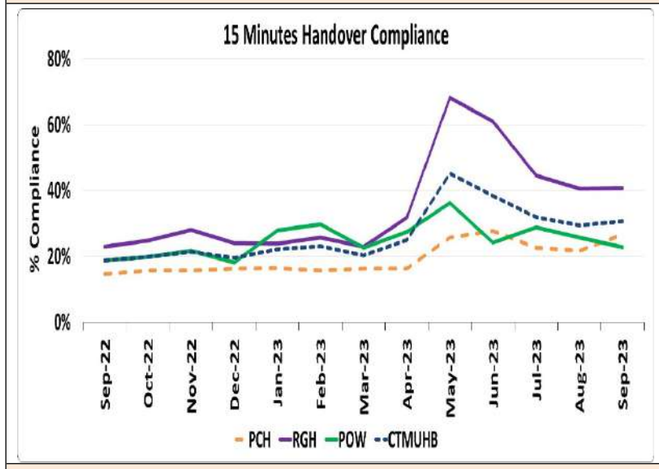
Status as at September 2023		
Health Board	Compliance	Rank
C&V	52.2%	1st
AB	50.7%	2nd
SB	49.1%	3rd
BCU	48.7%	4th
Powys	48.3%	5th
HDda	46.6%	6th
CTM	**43.2%**	**7th**



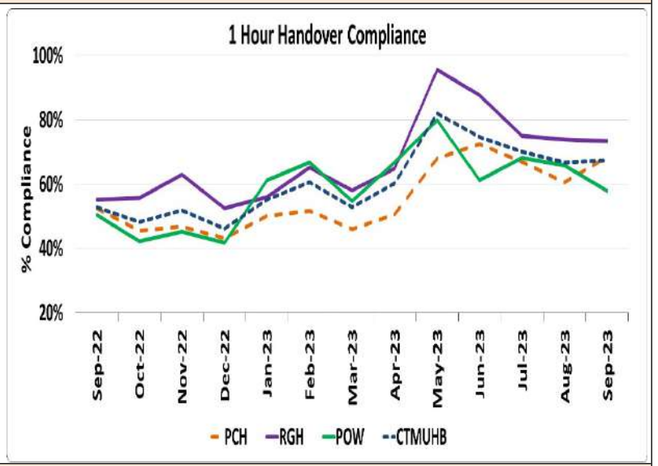
Status as at August 2023		
Health Board	Compliance	Rank
BCU	00:59	1st
Powys	01:07	2nd
C&V	01:21	3rd
AB	01:27	4th
HDda	01:31	5th
CTM	**01:42**	**6th**
SB	02:06	7th

Emergency Ambulance Services - Handover Compliance – September 2023

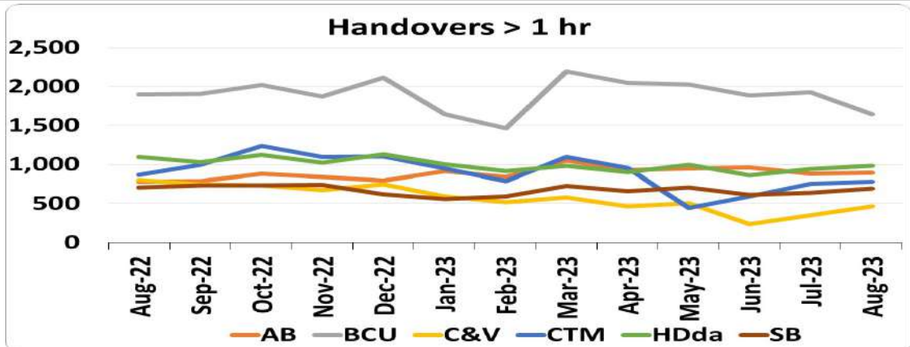
Number of ambulance handovers within 15 minutes – Target Improvement	Number of ambulance handovers over 1 hour – Target Zero - Please note that this measure is Quadruple Aim 4 but has been included in this area for ease of reference
Total handovers 2,341 of which 717 handovers were within 15 minutes (30.6%)	**764 handovers were over 1 hour (67.4% of handovers were within 1 hour)**



	PCH			RGH			POW			CTMUHB		
Period	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total	% <15 mins	% <60 mins
Sep-22	761	14.6%	52.4%	759	22.9%	55.2%	591	18.8%	50.4%	2111	18.8%	52.9%
Oct-22	984	15.8%	45.5%	821	24.7%	55.7%	587	19.9%	42.2%	2392	19.9%	48.2%
Nov-22	909	15.6%	46.8%	773	28.1%	63.0%	597	21.8%	45.2%	2279	21.5%	51.9%
Dec-22	775	16.3%	43.2%	745	24.0%	52.5%	527	18.2%	41.7%	2047	19.6%	46.2%
Jan-23	812	16.5%	50.1%	750	23.9%	56.0%	564	27.8%	61.2%	2126	22.1%	55.1%
Feb-23	750	15.7%	51.7%	734	25.7%	65.1%	518	29.7%	66.8%	2002	23.0%	60.5%
Mar-23	849	16.3%	45.9%	873	22.9%	58.1%	593	22.6%	54.6%	2315	20.4%	52.7%
Apr-23	857	16.3%	50.5%	830	31.7%	64.8%	711	27.4%	66.8%	2398	24.9%	60.3%
May-23	831	25.8%	68.0%	962	68.3%	95.5%	678	36.3%	79.9%	2471	45.2%	82.0%
Jun-23	875	27.8%	72.5%	822	60.9%	87.7%	649	24.2%	61.2%	2346	38.4%	74.7%
Jul-23	940	22.7%	66.9%	864	44.6%	75.0%	721	28.8%	68.2%	2525	31.9%	70.1%
Aug-23	869	21.6%	60.5%	832	40.6%	73.9%	644	25.8%	65.8%	2345	29.5%	66.7%
Sep-23	876	26.6%	68.5%	837	40.7%	73.4%	628	22.8%	57.8%	2341	30.6%	67.4%

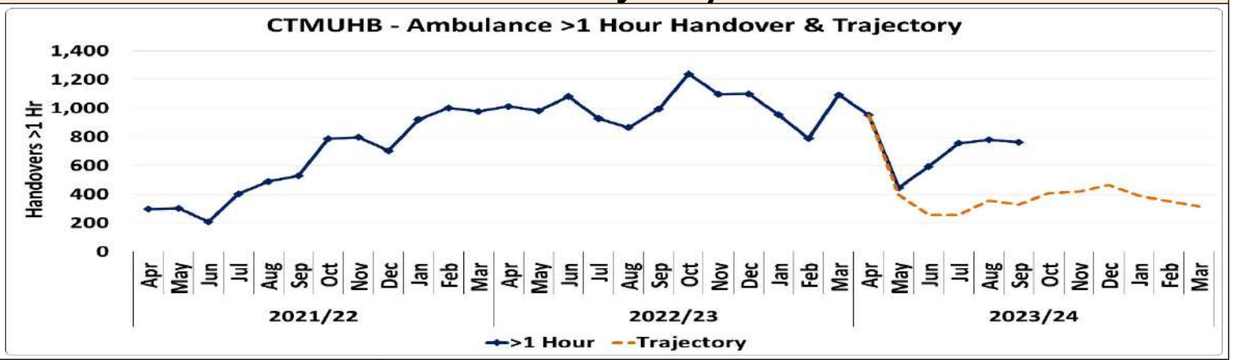


How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
C&V	468	1st
SB	691	2nd
CTM	**780**	**3rd**
AB	896	4th
HDda	980	5th
BCU	1,643	6th

Reduce >1 Hour Ambulance Handover Trajectory



How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
Ambulance conveyances to ED were almost 11% higher in September 2023 than they were during September of last year. Performance against the 15 minute handover was just over 30%, with the number of patients and ambulance crews detained longer than an hour totalling 764 and remaining outside the desired trajectory. During 2022/23, the number of patients waiting more than 1 hour for their transfer of care averaged 1,012 patients per month. Thus far, the average for this year equates to 715 patients and as it currently stands represents a 30% reduction in the number of patient breaches.	As per the actions on the previous page:	As per the previous page:

Emergency Unit Waits – September 2023 (Provisional Position) - Total Attendances 16,133

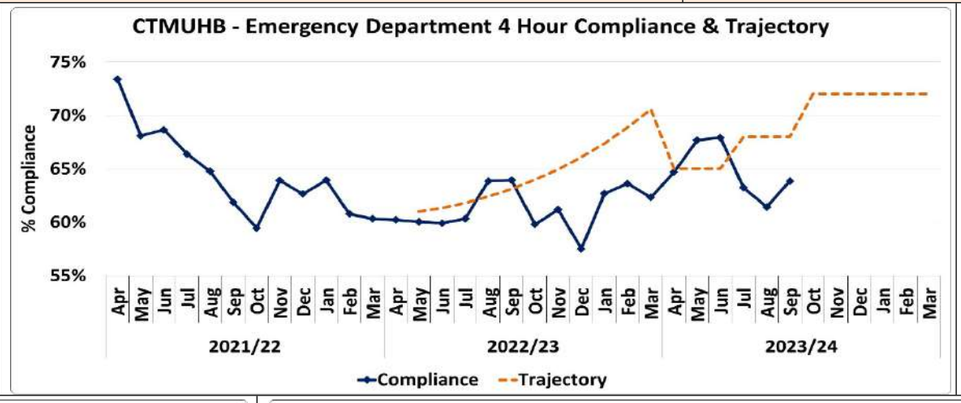
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target Improvement compared to the same month in 2022/23, towards the national target of 95%

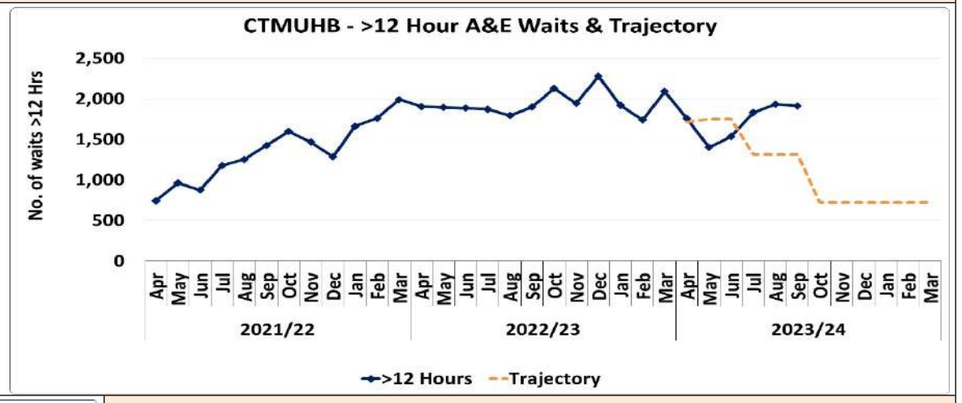
63.9% were seen within 4 hours (Patients Waiting >4 hours 5,831)

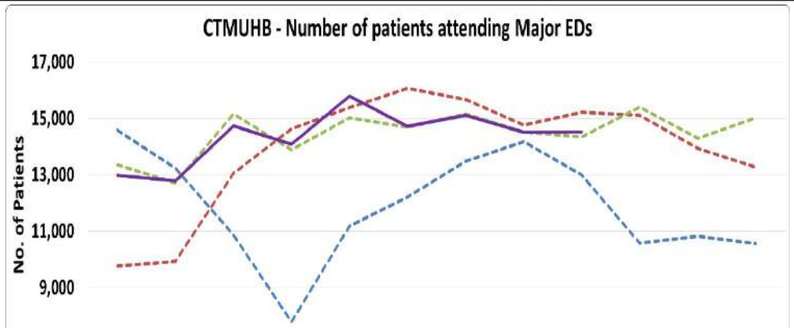
Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Improvement trajectory towards a national target of Zero by 31st March 2024

11.9% of patients were waiting over 12 hours (1,913)

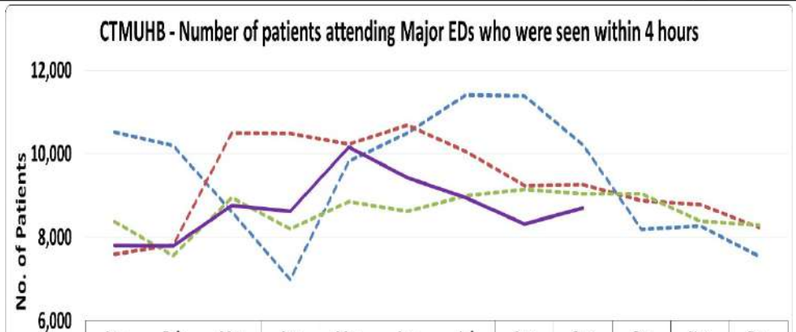
	CTMUHB		
Period	Attendances	4 Hrs %	> 12 Hrs
Sep-22	14,716	63.9%	1,900
Oct-22	15,830	59.8%	2,128
Nov-22	15,226	61.2%	1,946
Dec-22	15,829	57.5%	2,280
Jan-23	13,883	62.7%	1,920
Feb-23	13,723	63.6%	1,740
Mar-23	15,844	62.3%	2,092
Apr-23	15,508	64.7%	1,760
May-23	17,529	67.7%	1,402
Jun-23	16,682	67.9%	1,536
Jul-23	16,790	63.2%	1,833
Aug-23	16,054	61.4%	1,933
Sep-23	16,133	63.9%	1,913





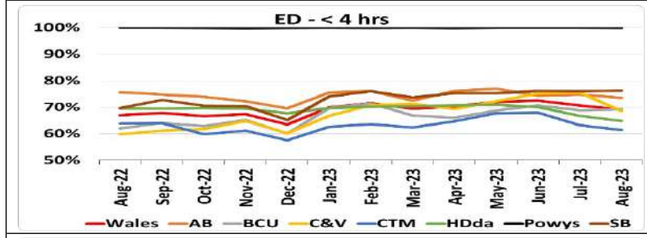


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	14,581	13,237	10,858	7,782	11,186	12,212	13,480	14,181	12,995	10,574	10,824	10,557
2021	9,768	9,931	13,056	14,627	15,385	16,059	15,667	14,764	15,219	15,104	13,927	13,260
2022	13,353	12,710	15,161	13,883	15,023	14,694	15,164	14,524	14,347	15,401	14,290	15,019
2023	12,983	12,778	14,731	14,084	15,792	14,718	15,109	14,502	14,529			

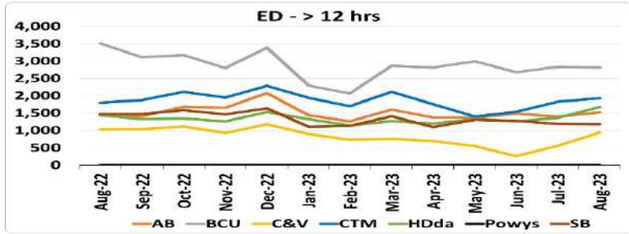


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	10,525	10,198	8,610	6,992	9,824	10,503	11,404	11,386	10,209	8,194	8,273	7,549
2021	7,595	7,818	10,504	10,493	10,234	10,687	10,061	9,242	9,260	8,878	8,781	8,232
2022	8,380	7,559	8,943	8,197	8,854	8,622	8,994	9,152	9,040	9,037	8,395	8,294
2023	7,805	7,793	8,766	8,623	10,165	9,425	8,943	8,314	8,703			

How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
Powys	99.9%	1st
SB	76.2%	2nd
AB	73.6%	3rd
BCU	69.2%	4th
C&V	68.6%	5th
HDda	64.8%	6th
CTM	61.4%	7th



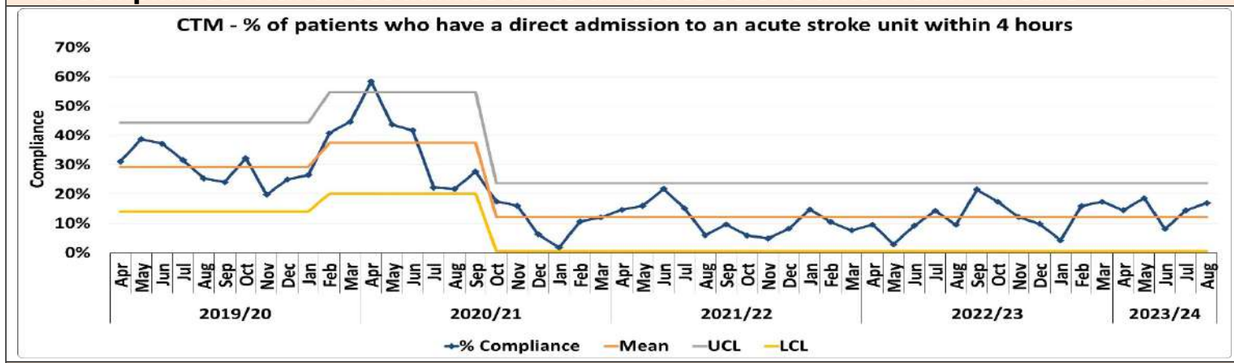
Status as at August 2023		
Health Board	Compliance	Rank
Powys	0	1st
C&V	947	2nd
SB	1,181	3rd
AB	1,521	4th
HDda	1,680	5th
CTM	1,933	6th
BCU	2,823	7th

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
The total ED attendances was almost identical to last September (graph above), however overall numbers of Minor Injuries and ED attendances increased, driven entirely by the re-opening of the MIU at YCC (top left table). The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during September was 63.9%, a small improvement in compliance on the previous month, but remaining well below the WG compliance target of 95%. Compliance for Quarter 2 equates to 62.8%, again a drop in performance from Quarter 1, where overall compliance was 66.8%. The twelve hours performance saw 1,913 patients waiting in excess of 12 hours and is similar to the volumes observed during the equivalent period of last year (1,900). The number of twelve hour patient breaches during Quarter 2 (5,679) is 21% higher than those observed during Quarter 1 of this year (4,698).	• <4 Hour Trajectories agreed with >12 Hours to be agreed • Weekly data v improvement "deep dive" against trajectories • Weekly performance/assurance meetings in place • Progress development of medical SDEC within PCH and POW, incorporating frailty • Audit of reporting measures being undertaken across CTM by the health boards internal audit colleagues - ongoing. • Ambulance Lost Hours improvement driving flow from ED • Capital requirements for the SDEC implementation at PCH has been approved and capital design tender process underway. Draft design under review. • Clinical pathway group established to support SDEC • USC has established a weekly performance meeting to monitor performance and oversee improvement plans being developed by each site. • Weekly data for the indicators being provided currently, with the USC dashboard awaited which will provide data to enhance the context and identification of actions for improvement plans.	As per the previous page with: • Aspiration of care group to deliver by December 2023 to support seasonal pressures. Risk around delivery of Capital Programme in timescale required. • Funding confirmation required for medical/nursing workforce to provide SDEC at PCH. • Persistent high escalation levels across all sites in relation to attendances and ambulances.

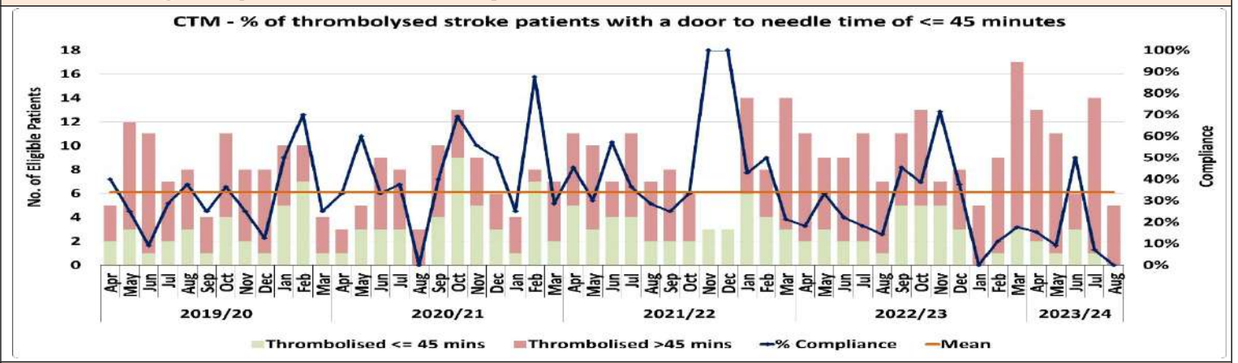
CTMUHB – Focus on Stroke Quality Improvement Measures (QIMs) – August 2023

(please note that Stroke Measures are not included in the 2023/24 Performance Framework)

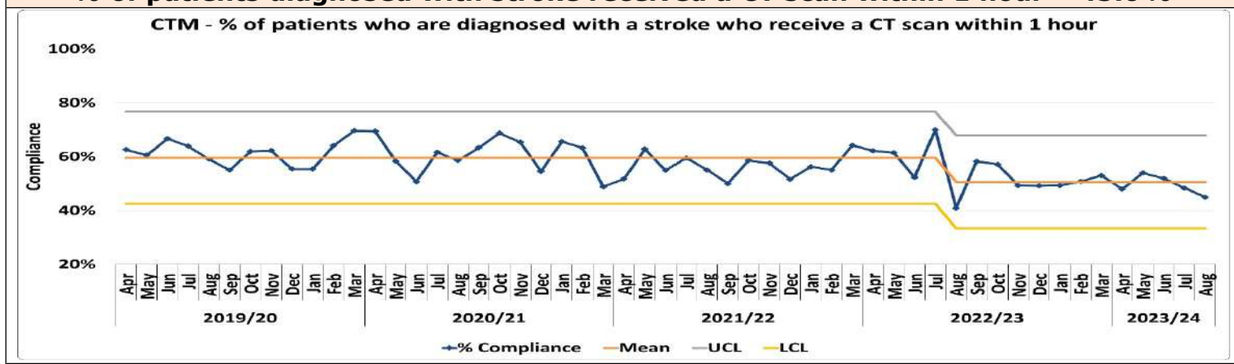
% compliance with direct admission to an acute stroke unit within 4 hours – 16.9%



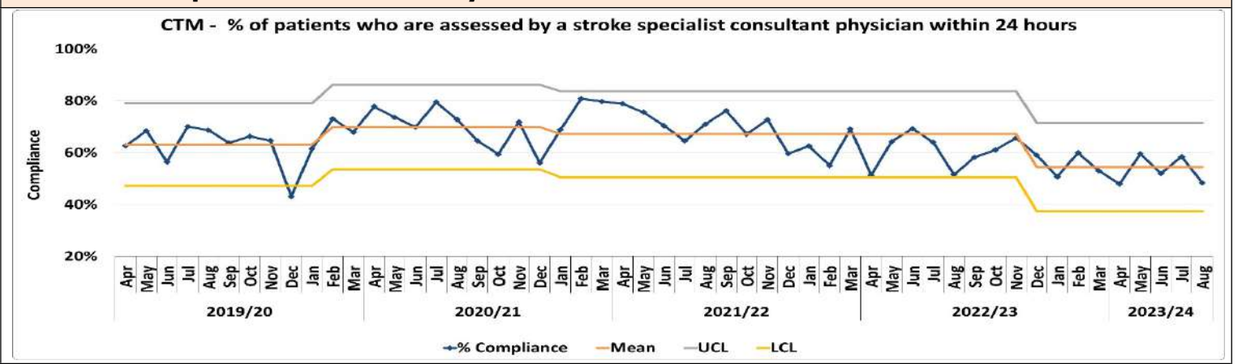
% of eligible patients thrombolysed door to needle time within 45 minutes – 0%



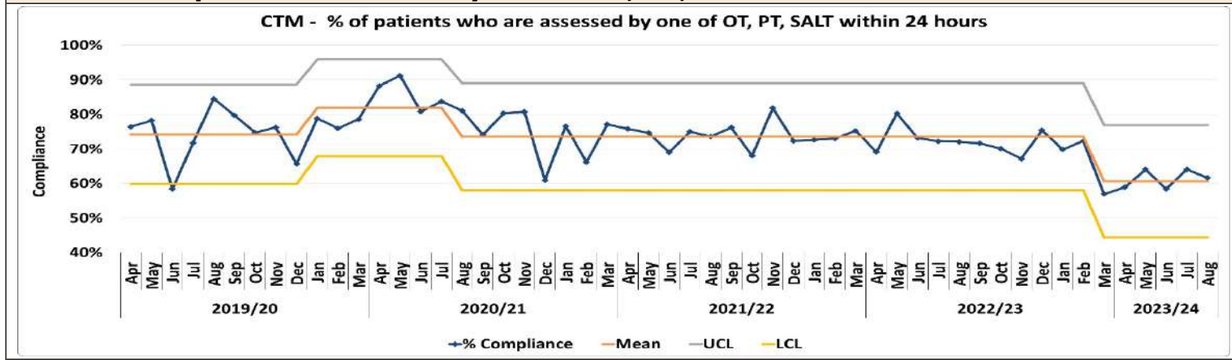
% of patients diagnosed with stroke received a CT scan within 1 hour – 45.0%



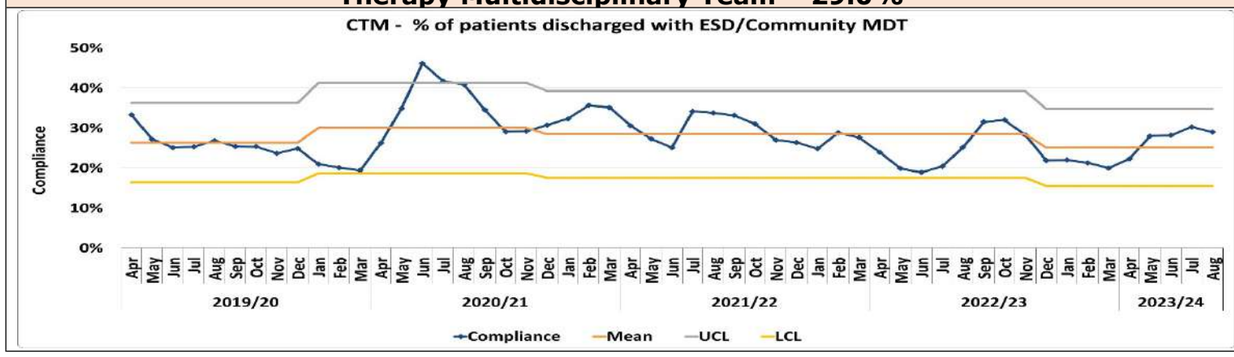
% of patients assessed by a stroke consultant within 24 hours – 48.3%



% of patients assessed by one of OT, PT, SALT within 24 hours – 61.7%



Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 29.0%



Current month stats

Stroke QIMs - Aug 2023		PCH	POW	YCR	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	36	23	N/A	59
	No. of patients within 4 hours	10	0		10
	% Compliance	**27.8%**	**0.0%**		**16.9%**
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	3	2	N/A	5
	No of patients within 45 mins	0	0		0
	% Compliance	**0.0%**	**0.0%**		**0.0%**
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	37	23	N/A	60
	No. of patients within 1 hour	14	13		27
	% Compliance	**37.8%**	**56.5%**		**45.0%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	37	23	N/A	60
	No. of patients within 24 hours	18	11		29
	% Compliance	**48.6%**	**47.8%**		**48.3%**
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	37	23	N/A	60
	No. of patients within 24 hours	23	14		37
	% Compliance	**62.2%**	**60.9%**		**61.7%**
% of applicable patients discharged with ESD/Community Therapy MDT	Applicable Patients	73	78	18	169
	No. of patients with ESD/MDT	38	3	8	49
	% Compliance	**52.1%**	**3.8%**	**44.4%**	**29.0%**

Contd…Stroke Quality Improvement Measures (QIMs) – August 2023

How are we doing?

During August, 16.9% (10 out of 59) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Of the 59 stroke patients, 8 patients self-presented to RGH initially, which affects compliance due to bed capacity challenges resulting in delayed transfers despite best efforts to improve patient flow.

None of the 5 eligible patients were thrombolysed within 45 minutes. A sample of delayed door to needle (DTN) cases were reviewed. Issues included presenting to a site with no specialist stroke team; one presented outside of normal hours and on-call stroke review was delayed; requiring medical intervention to reduce blood pressure prior to commencing thrombolysis. A further factor was patients presenting out of hours, which appears to have adversely affected CT reporting times and consequently the DTN time. Neither site transferred to Bristol for thrombectomy in August

45.0% of patients (27 out of 60 diagnosed patients) had a CT scan within an hour. Significant delays in request to CT has been noted by ED medics: this has been escalated and is being explored. Low compliance is impacted by waiting for Everlight reporting of CT scans out of hours, which generally takes 30 mins (target DTN time is 45 mins). A pilot of in-house hot-reporting was trialled but was not successful due to a lack of sufficient consultant radiology cover.
Just under half (48.3%; 29 out of 60) of stroke patients treated in August were seen by a specialist stroke physician within 24 hours of arrival at the hospital. The 5 day clinical model and the late Bank Holiday in August impacted upon compliance, as well as an increased number of atypical presentations on admission which delayed stroke diagnoses.

61.7% (37 out of 60) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech & Language Therapist within 24 hours of arrival. The 5 day clinical model continues to significantly impact this quality indicator. The rolling 3 months discharge standard saw 49 out of 169 (29%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. Specialist Stroke Nurse service fragility remains a concern for PCH with only 2 nurses covering the 7 day service, one of whom is approaching retirement within the next 6 months.

Direct admission to acute stroke unit within 4 hours has continued to be a challenge, but a recent Task & Finish group has prioritised the acute stroke beds in both stroke units and re-established ring fenced beds. A significant improvement is expected in future months as a result of this. Challenges remain around delivery of consultant and therapy review within 24 hours, as the service is only commissioned for 5 day working and the size of the establishment offers little resilience.

What actions are we taking & when is improvement expected?

Referrals to Bristol for thrombectomy are limited by Bristol's opening hours and CTM consultant staffing levels. The Bristol service has recently extended its opening hours from 8 am to midnight (need to be in Bristol by 10 pm) and hope to extend to 24/7 thrombectomy in the autumn. There is a clinical risk in supporting 24/7 thrombectomy locally due to a 1 in 4 Stroke Consultant rota and conversations are underway regarding a regional rota.

Work is ongoing to improve scanning times. CTM have recently implemented Radiographer approved CT and CT angiograms to minimise delays in getting CT angiograms in patients presenting with acute strokes. Work is ongoing to implement Brainomix AI software reporting for CTs and CT angiograms, in order to minimise delays in referral for thrombectomy, with Year 1 funding agreed via Therapies.

CTM has contributed to the national review of Stroke Self Presenters and the outputs from this are awaited.

The USC Care Group Stroke Programme Board is now established and the first Stroke Operational Group was held in September, with a focus on analysis of the data and updating the programme of improvement actions to feed into the Programme Board e.g. actions identified to respond to the increase in delayed requests at PCH from ED upon patient admission/medical clerking.

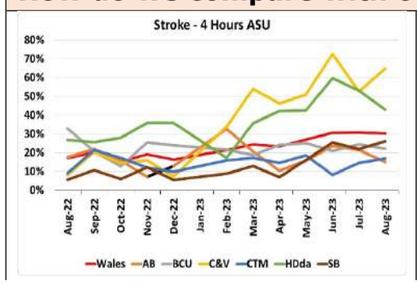
Work is underway to explore extending Stroke Clinical Nurse Specialist (CNS) hours to 18:30 to cover more of the window for thrombectomy referral/transfers. Results will be reported back to Stroke Operational Group and fed up to Stroke Programme Board at next meeting. Without an additional CNS, this would only be viable when both nurses are on duty and there is no annual leave/sickness.

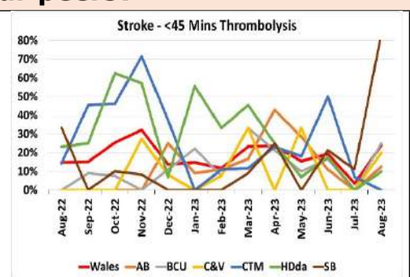
The Operational Group is in the process of updating the Improvement Plan with actions identified via the data and will address the performance indicators.

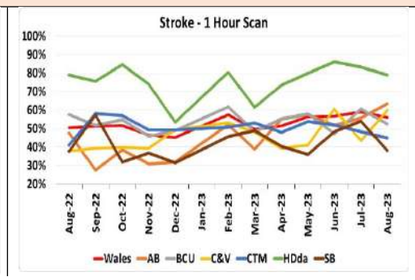
What are the main areas of risk?

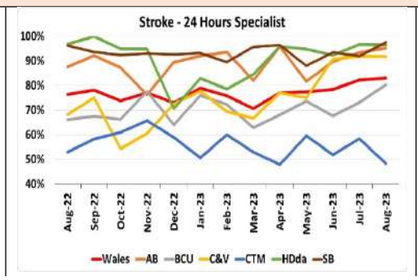
5 day clinical model. There is concern regarding clinical capacity to ensure service resilience and improved outcomes for patients regardless of the day or time of their admission.
There are only 2 CNS roles at PCH and funding is required for a 3rd which would significantly enhance the service for patients and performance.
Small inpatient therapies resource.
There were no applicants for the 3rd Consultant vacancy at PCH. Scoping is underway regarding the possibility of employing two SAS doctors using this funding.
There is currently no administrative/systems support at POW, required to further develop processes for managing and improving the data quality.
Regional development discussions are progressing with significant clinical engagement, but no confirmed WG funding for any potential developments.

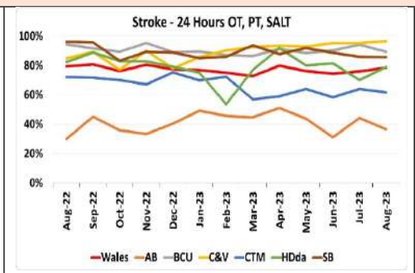
How do we compare with our peers?

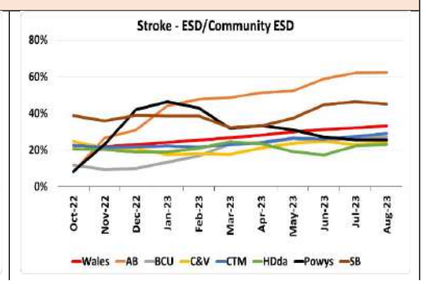












Status as at August 2023		
Health Board	Compliance	Rank
C&V	64.8%	1st
HDda	42.9%	2nd
SB	26.2%	3rd
BCU	22.1%	4th
CTM	**16.9%**	**5th**
AB	15.0%	6th

Status as at August 2023		
Health Board	Compliance	Rank
SB	83.3%	1st
BCU	25.0%	2nd
C&V	20.0%	3rd
AB	12.5%	4th
HDda	10.0%	5th
CTM	**0.0%**	**6th**

Status as at August 2023		
Health Board	Compliance	Rank
HDda	78.9%	1st
AB	63.4%	2nd
C&V	60.0%	3rd
BCU	52.5%	4th
CTM	**45.0%**	**5th**
SB	38.1%	6th

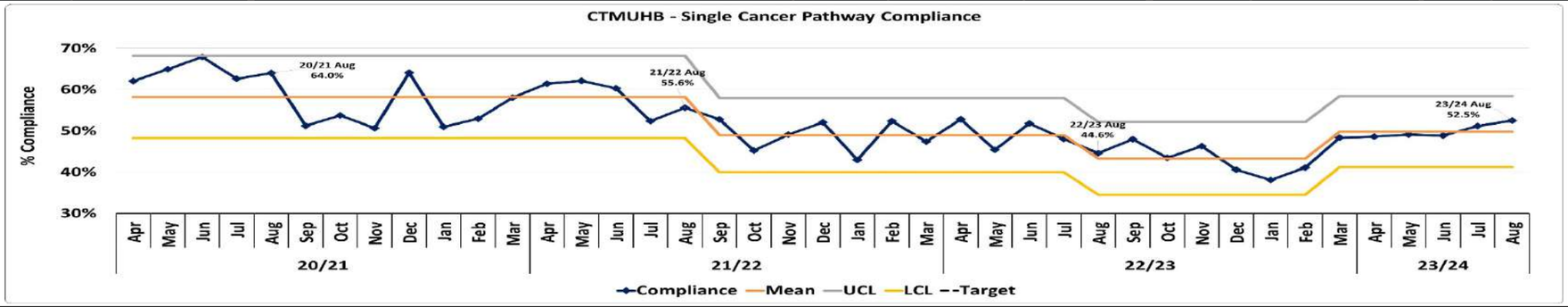
Status as at August 2023		
Health Board	Compliance	Rank
SB	97.6%	1st
HDda	96.5%	2nd
AB	95.1%	3rd
C&V	91.7%	4th
BCU	80.3%	5th
CTM	**48.3%**	**6th**

Status as at August 2023		
Health Board	Compliance	Rank
C&V	96.7%	1st
BCU	89.3%	2nd
SB	85.7%	3rd
HDda	78.9%	4th
CTM	**61.7%**	**5th**
AB	36.6%	6th

Status as at August 2023		
Health Board	Compliance	Rank
AB	62.2%	1st
SB	45.0%	2nd
CTM	**29.0%**	**3rd**
BCU	27.3%	4th
Powys	25.6%	5th
C&V	24.3%	6th

Single Cancer Pathway (SCP) – August 2023 – 52.5%

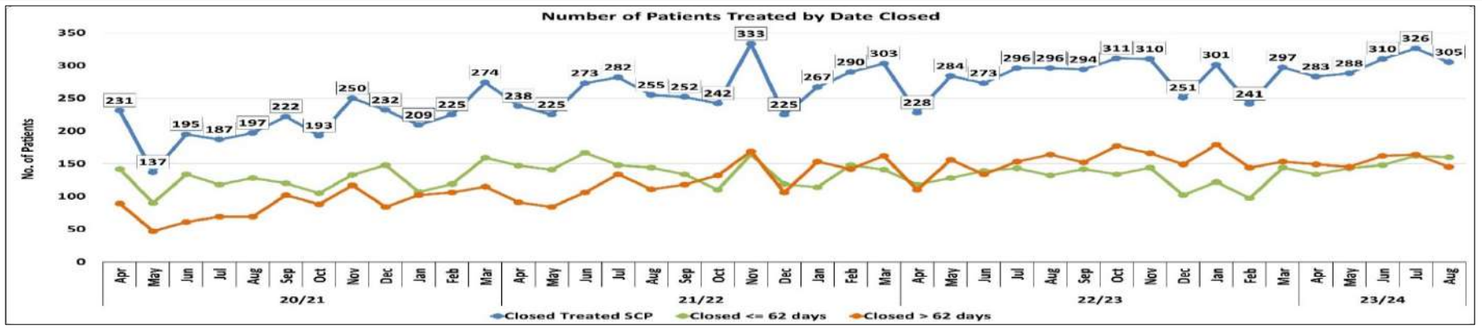
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is Improvement Trajectory towards a national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - August 2023				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	5	3	8	62.5%
Upper GI	16	17	33	48.5%
Lower GI	8	28	36	22.2%
Lung	19	13	32	59.4%
Sarcoma	0	2	2	0.0%
Skin (exc BCC)	71	10	81	87.7%
Brain/CNS	2	0	2	100.0%
Breast	16	21	37	43.2%
Gynaecological	2	14	16	12.5%
Urological	14	36	50	28.0%
Haematological	5	0	5	100.0%
Other	2	1	3	66.7%
Total	160	145	305	52.5%

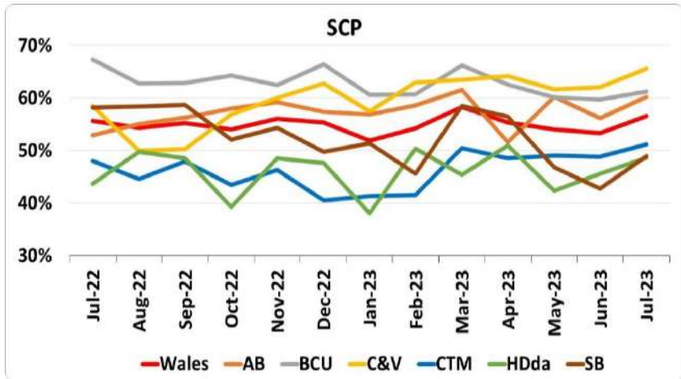
Performance during August improved to 52.5%, the highest level seen since June 2022 (51.8%), although just three of the tumour sites reached the desired target threshold, as seen in the table above. Predicted compliance for September currently stands at 51.0%. Delays at first outpatient (34%) and diagnostic stage (46%) continue to be the greatest concern and the significant factors in not achieving the target. Diagnostic delays remain in endoscopy and pathology. Tertiary delays for diagnostics & treatments also continue. The backlog of patients waiting great than 62 and 104 days is fairly stable standing at 787 and 302 patients respectively.

Patients Treated by Closed Date



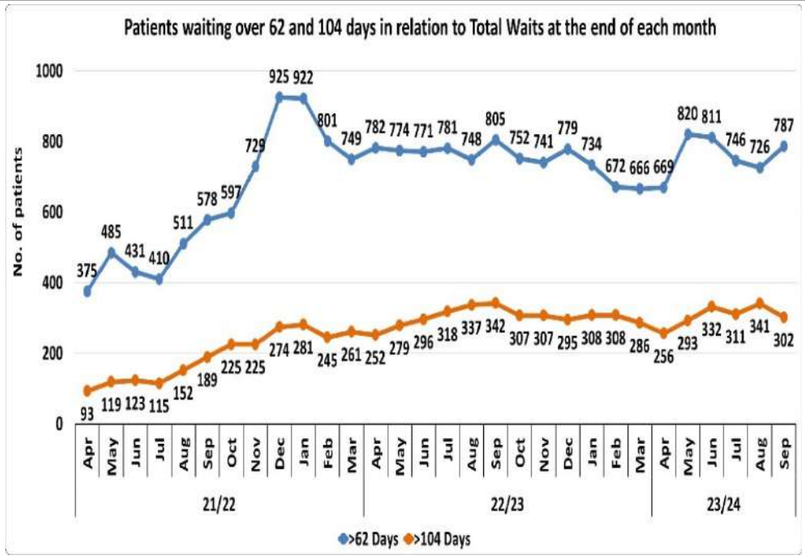
Overall cancer treatment volumes have increased marginally during the past 12 months to an average of 293 per month, compared to 274 in the previous 12 month period. This represents an average monthly increase of 7%.

How do we compare with our peers?



Status as at July 2023		
Health Board	Compliance	Rank
C&V	65.6%	1st
BCU	61.3%	2nd
AB	60.2%	3rd
CTM	**51.2%**	**4th**
SB	49.0%	5th
HDda	48.6%	6th

Patients currently waiting on a Cancer Pathway and of those patients the number waiting more than 62	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?



- Insourcing tender is taking place to assist with the Bowel Screening backlog
- We are standardizing a streamlined haematuria pathway across CTM
- Weekly meetings with DU to support the endoscopy transformation
- Proposal currently in development to merge Lower GI departments, along with centralisation of operating on one site for major cases & standardisation of all pathways.
- POW patients waiting for PMB appointment at NPT hospital are being offered an initial appointment at RGH for an US scan and consultation.
- CTM are urgently exploring the option to repatriate the PMB (Post Menopausal Bleeding) service and have made progress recently with HSDU and Pathology support
- In the immediate term, CTM have offered to undertake WLI hysteroscopy sessions at RGH for Bridgend area patients waiting at SBUHB (awaiting agreement on funding from SBUHB)
- Continuing outsourcing of pathology
- New data summary to identify diagnostics above 3/52 established

- Resources required to effectively plan and implement the Wrapper / Canisc replacement Programme.
- Delays in pathology & endoscopy continue with SBUHB pathology for POW patients remaining at around 6/52.
- Sustainability of CTM Pathology and impact on CTM Pathology when disaggregating services from SBUHB
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Significant delays for PMB at NPT Hospital - current waits for one stop clinic 9/52
- Delays for gynae treatment at Singleton (tertiary centre) with concerns of potential harm
- Implementation of genomic testing for new targeted therapies
- Centralisation of Breast service delayed due to SBUHB issues re: managing demand
- Increased volumes of malignant patient consequent to BTW mobile unit in area, coupled with unexpected loss of activity in September.

  No H&N pathologist from Nov 23 - Concern re: potential harm to patients/governance issues. Seeking cost outsourcing beyond Oct 23

Diagnostics & Therapies – September 2023 (Provisional Position)

Number of patients waiting more than 8 weeks for a specified diagnostic – Target is improvement trajectory towards a national target of Zero by 31st March 2024

Number of Patients waiting >8 Weeks for a Diagnostic Test		
Cardiology	Echo Cardiogram	1,031
Cardiology Services	Cardiac CT	16
	Cardiac MRI	3
	Diagnostic Angiography	68
	Stress Test	10
	DSE	69
	TOE	2
	Heart Rhythm Recording	40
	B.P. Monitoring	1
Bronchoscopy		4
Colonoscopy		540
Gastroscopy		642
Cystoscopy		647
Flexi Sig		590
Radiology	Non-Cardiac CT	725
	Non Cardiac MRI	1,072
	NOUS	6,002
	Non-Cardiac Nuclear Medicine	69
Imaging	Fluoroscopy	125
Physiological Measurement	Urodynamics	97
Neurophysiology	EMG	279
	NCS	367
Total		12,399

Diagnostics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,727	15,689	14,361	12,972	12,843	12,399						

Number of patients (all ages) waiting more than 14 weeks for a specified therapy – Target is improvement trajectory towards a national target of Zero by 31st March 2024

Number of Patients waiting >14 Weeks for a Therapy	
Arts Therapy	4
Audiology	61
Dietetics	1,499
Occupational Therapy	15
Physiotherapy	8
Podiatry	3
Speech & Language	172
Total	1,762

Therapies	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,145
2023/24	1,173	1,323	1,442	1,438	1,654	1,762						

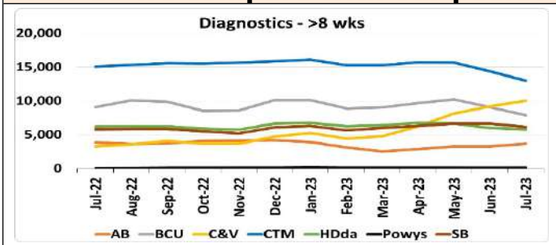
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 12 month improvement trend

CTMUHB - % of children waiting more less than 14 Weeks for AHP	
Dietetics	77.7%
Occupational Therapy	90.9%
Physiotherapy	100.0%
Podiatry	100.0%
Speech & Language	85.7%
Total	85.8%

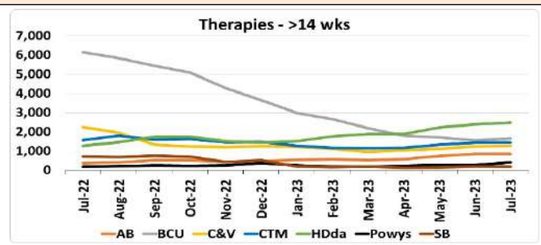
AHP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	92.4%	92.2%	91.9%	96.1%	94.9%	92.0%	91.0%	92.3%	90.9%	87.6%	86.8%	86.5%
2023/24	87.8%	82.9%	82.8%	86.0%	92.7%	85.8%						

How are we doing?	What actions are we taking & when is improvement	What are the main areas of risk?
Diagnostics: At the end of September 12,399 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a reduction of 3.5% (444) on the number of patients waiting over 8 weeks that was reported at the end of August. During September Endoscopy saw a small improvement of around 4% (92) in the number of patients waiting in excess of eight weeks, although the number of patients currently breaching the target stands at 2,423. The NOUS service continues to have the highest volume of breaching patients with 6,002 currently waiting over 8 weeks for a scan, however a reduction of 9% (621) is observed from the August reported position. **Therapies**: There are provisionally 1,762 patients breaching the 14 week target for therapies in September, an increase of 6.5% (108 patients) on the reported position for August, largely due to the continued increase in Dietetics (currently at 1,499 patients waiting >8 weeks). The Dietetic service accounts for over 85% of the total patients waiting beyond the 14 week target for therapies and this is rising. Options to streamline the acceptance onto the list have been taken and the list is validated regularly to ensure the patients are correctly signposted to other support services if appropriate. We are outliers in CTM as we have only recently started our Weight Management Service (WMS) and CTM has the greatest population need for WMS in Wales.	**Endoscopy:** Awaiting approval on business paper for Endoscopy workforce. Detailed staff numbers identified in business paper, currently inadequate workforce numbers and unable to work without overtime or agency staff. Endoscopy Transformation Programme ongoing with developments and improvement already underway. BSW – Recovery plan developed which includes a short term plan to clear current backlog to run alongside the sustainable plan. **Radiology:** Planned care recovery action plan for NOUS backlog continues to deliver significant capacity over core and is also continuing to reduce the over 8 week breaches month on month. Activity has continued through September with additional weekend and evening slots for NOUS and the plan to deliver a further high volume next month is already being worked through. Additional Planned Care Recovery (PCR) bids have been submitted to support the backlog in reporting capacity and a paper setting out the plan and proposal has been shared with Executive colleagues to progress in October. Trajectories for CT and MR have been developed and are showing scanning capacity shortfalls with the additional demand trends. The Radiology team have drafted a plan to potentially use more in house capacity on weekends and in evenings for MRI as the priority and this is being considered at executive level.	• Demand and Capacity imbalance shown in most diagnostic and therapy services as demand has risen. Also CT colon demand likely to rise further from October 2023 with new BSW criteria and reduction in age limit for testing/screening for younger patients. • Observed significant increase in CT Out of Hours demand, workshop to be planned in October to setout proposals for short and longer term options. • Radiology service continues to hold 5.5 WTE Consultant vacancies. Looking to re-advertise with good potential to recruit in the next 2 months. • Reduction in PCR funding for outsourcing has impacted on reporting creating backlog. Additional WLI work within other departments has increased workload in radiology. WLI activity in Radiology has now ceased and the backlog is rising, in particular with MRI reporting. Options to address the backlog under consideration. • Endoscopy – faces challenges with competing priorities with the service trying to deliver and maintain the cancer pathway, accommodate longest waiters for delivery of the RTT targets - 156 & 104 weeks, hit the 8 week diagnostic target whilst reducing the backlog of overdue surveillance patients. BSW still remains a challenge due to backlog which continues to impact on CTM's overall LGI diagnostic waits – short and long term plan developed. Further request around screening reporting across Wales and the anomalies of tracking screening participants. • BSW – Down to 210 participants waiting for screening colonoscopy with waits now down to 18 weeks (2 week target). The need for an urgent budget review is being considered. Next steps in the optimisation plan are due to commence in October and the need to increase lists to 10 per week going forward. Currently delivering 4 lists per week. • Neurophysiology Services – following a recent reduction in the availability of Neurology services in CTM, capacity for Nerve Conduction Studies has been significantly reduced. This will have a direct impact on delivery for the Orthopaedic targets going forward. • Cardio Pulmonary Service – Backlogs in CPU will continue to directly impact on the delivery of Cardiology targets.

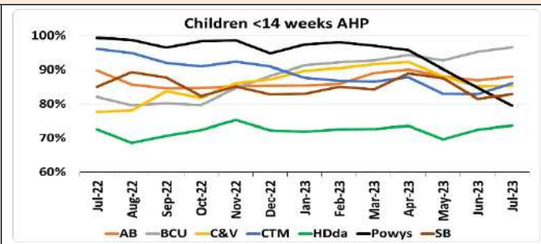
How do we compare with our peers?



Status as at July 2023		
Health Board	Compliance	Rank
Powys	134	1st
AB	3,648	2nd
HDda	5,785	3rd
SB	6,132	4th
BCU	7,875	5th
C&V	10,009	6th
CTM	**12,972**	**7th**



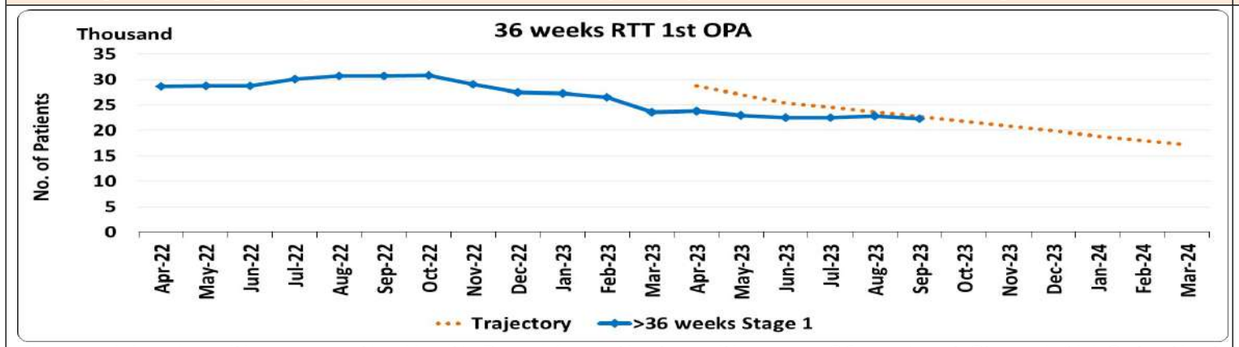
Status as at July 2023		
Health Board	Compliance	Rank
SB	183	1st
Powys	418	2nd
AB	851	3rd
C&V	1,282	4th
CTM	**1,438**	**5th**
BCU	1,657	6th
HDda	2,489	7th



Status as at July 2023		
Health Board	Compliance	Rank
BCU	96.6%	1st
AB	88.0%	2nd
CTM	**86.0%**	**3rd**
C&V	85.2%	4th
SB	82.8%	5th
Powys	79.5%	6th
HDda	73.6%	7th

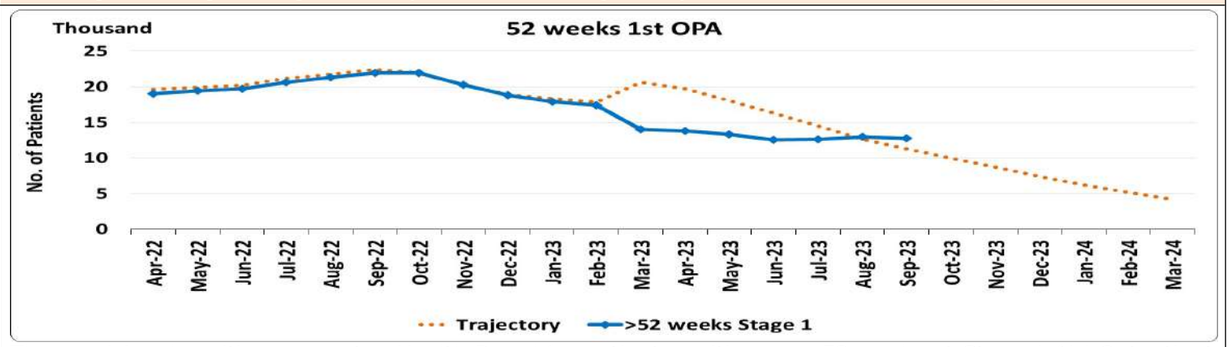
Referral to Treatment Times (RTT) – September 2023 (Provisional Position)

Number of patients waiting **over 36 weeks** for a **new outpatient appointment (22,357)** - Target is Improvement Trajectory towards a national target of Zero



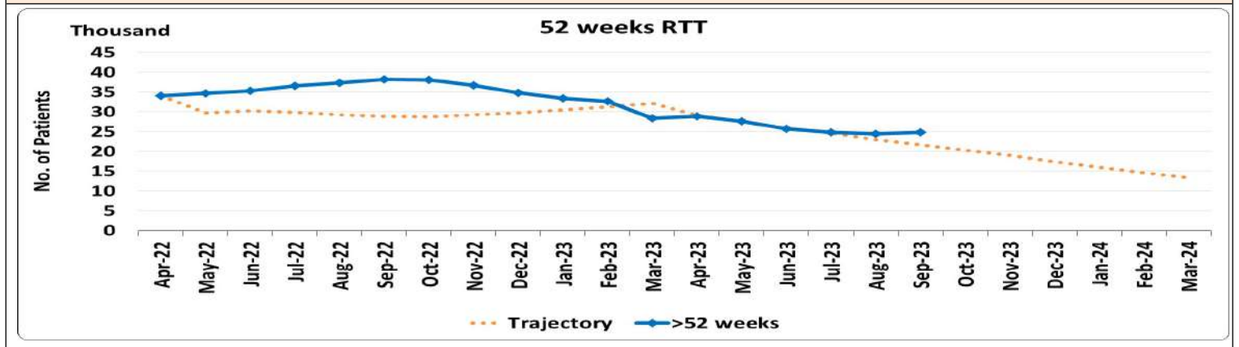
The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of September is 22,357. This is an improvement of 2.2% (497) from the August reported position.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (12,764)** - Target is Improvement Trajectory towards a national target of Zero



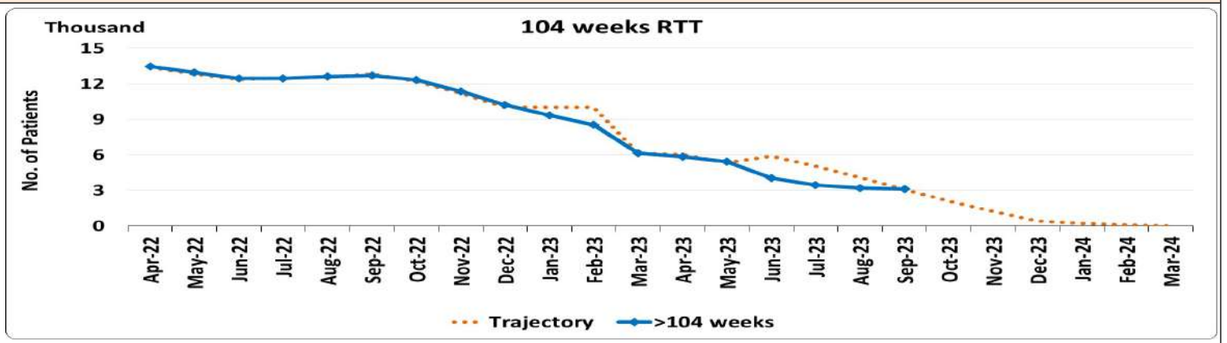
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of September is 12,764, an improvement of 1.4% (177) from the August reported position. However the rate of reduction is slower than planned.

Number of patients waiting **>52 weeks RTT** (**24,899**) – Target is Improvement Trajectory towards a national target of Zero



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of September is 24,899, an increase of 1.7% (413) from the August reported position and is higher than the forecasted level, as shown above.

Number of patients waiting **>104 weeks (3,100)** - Target is Improvement Trajectory towards a national target of Zero



The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of September is 3,100, a reduction of 3% (94) from the reported August position.

Total number of open pathways per specialty - September 2023 (provisional)

Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	127	190	261	22	1085
Breast Surgery	284	213	180	21	1253
Cardiology	1001	834	258	9	5405
Care of the Elderly	9	0	0	0	68
Colorectal	685	608	967	98	3551
Dermatology	1846	1172	1732	69	8137
Diagnostics		785	682	16	6976
Ear, Nose & Throat Service	777	1622	3528	510	12476
Endocrinology	4	48	2	0	279
Gastroenterology	1146	533	512	55	3914
General Medicine	566	353	237	0	2603
General Surgery	796	1167	1770	298	8276
Geriatric Medicine	5	1	0	0	63
Gynaecology	1010	1252	1031	290	8560
Haematology (Clinical)	42	33	0	0	327
Nephrology	35	14	0	0	175
Ophthalmology	552	2058	4074	569	14740
Oral Surgery	546	587	326	29	3264
Orthodontics	76	32	1	0	310
Orthopaedics	1817	1826	3501	682	12611
Paediatrics	227	377	67	0	3048
Rapid Diagnostic Centre		0	0	0	134
Respiratory Medicine	163	237	171	3	2041
Restorative Dentistry	33	31	50	18	180
Rheumatology	385	151	77	17	1552
Sport and Exercise Medicine		0	0	0	4
Therapies		224	88	0	3470
Thoracic Medicine	9	26	0	0	530
Urology	1115	909	1470	394	7041
Total	**13256**	**14374**	**19515**	**2706**	**105032**

N.B. The numbers reported above include patients waiting for an INNU procedure. Following guidance by the NHS Executive, the formally reported position for the end of September will exclude 333 patients whose pathway of care is undergoing clinical review.

RTT continued on the next page…

Cont'd…Referral to Treatment Times (RTT)

How are we doing?

Glaucoma – Patients continue to be booked by priority order and patients are now being treated regardless of geographical postcode. All new glaucoma cases will be referred by means of the Maesteg ODTC pathway for data collection by technicians and virtually reviewed by a Consultant. We have been asked by Optometry Wales to share CTM specifications, as a potential model for other HBs as we are the first in Wales to deliver an enhanced monitoring/management scheme for glaucoma.

T&O – The number of patients waiting for a first appointment are highest in T&O, several consultants are engaging in weekday clinics but there is no appetite or nurse funding for weekends. Four elective beds protected within the surgical floor at PCH, requiring 15 to maintain elective surgical in patient flow, awaiting implementation.

Theatres – Once theatre is running efficiently with the additional staff required, further weekend operating may be an option to further reduce the waiting lists in PCH.

Cancer – Colorectal SCP compliance is impacted due to the waiting times in BSW which means patients are treated over 104 days.

What actions are we taking & when is improvement

Glaucoma: Carrying out a stratification exercise on all referrals to ensure they are vetted and prioritised appropriately. Changes are being made to streamline the RGH referral clinical conditions to align with POW, rationalising management of the RTT waiting list from 12 clinical options to 3 pathways. Two fixed term 12 month Locum consultants starting in Q3 to work cross site, anticipated increased capacity by 80 slots per week.

T&O:Theatre Workforce business case approved – will support the robust workforce model across sites within CTM as part of the sustainability plan to maintain & improve theatre utilisation and throughput. RGH and POW continue to be the central sites for elective IP, with PCH running day cases.

Urology: Converting general urology clinics RGH & PCH to penile clinic to see 141 stage 4 patients >104 weeks for surgical intervention. Consultant has agreed to carry out extra number of circumcisions at NPTH. Currently looking at list of INNU patients, validating list to determine which patients are waiting <104, >156 & >208 wks.

Cancer: Daily tracking by operational management team within UGI & LGI working closely with diagnostics & clinical teams to ensure patients are progressed through their pathway. Ongoing review of current UGI & LGI pathways across sites within CTM. CTM continues to record and track BSW participants within the SCP guidance with further improvements being made to current waits and plans to clear backlog through short term insourcing.

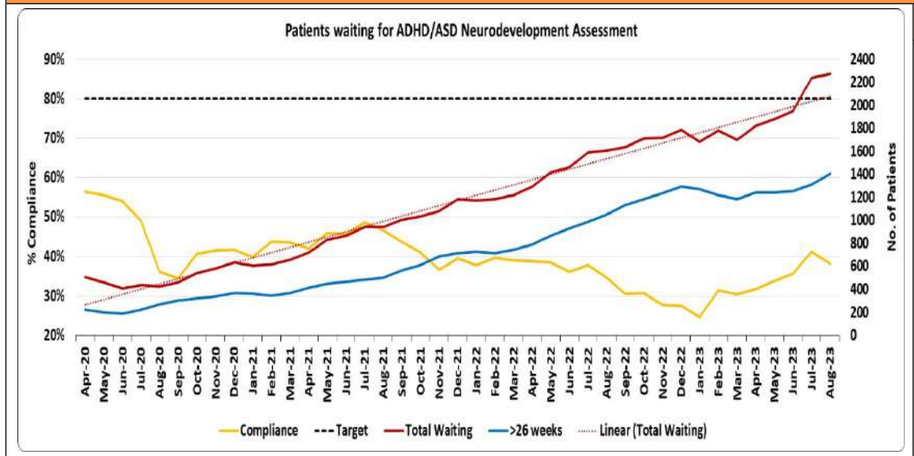
What are the main areas of risk?

Cancer : 180 slots lost for Breast One Stop clinic capacity due to radiology leave. Breast team are happy to run additional clinics evenings/weekends, however no agreement from Radiology to take this forward. Disaggregation of NPT breast services SLA – SBUHB. Potential opportunity for CTM; currently remains an ongoing risk for staffing and theatres. PCR scheme temporary funding ongoing risk – breast support is ad hoc work until staff have been recruited.

Due to shortage of radiology staff and radiology equipment in PCH clashes of theatre sessions requiring radiology has resulted in patient cancellations and treat out of turn – job plans have been reviewed to avoid this and it would result in the same scenario, one additional radiographer and radiology piece of equipment would eliminate this risk. Position is deteriorating for Breast however progressing plans for disaggregation from SBUHB by April 2024 which will allow our capacity to match the demand. **T&O:** DSU supporting all elective admissions in PCH due to ward 7 status with emergency patients from several sub-specialties, delays in packages of care are preventing patient discharges. As activity increases Radiology support continues to be a challenge and the service is operationally managing daily through the 6-4-2-1 process whilst building an option appraisal for approval going forward.

PCR at PCH – Clinic numbers have increased as much as practical to pre-covid numbers. Clinic rooms are short in supply and in most cases there is no room for a registrar to also attend the clinic. It is hopeful the opening of the new OPD dept will provide additional rooms.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (38.2%) -Target 80%



The yellow line on the chart above shows that compliance with the 26 week access target for neurodevelopmental service dipped during August after a steady improvement trajectory from April. Performance during the month was 38.2%, which compares to 24.7% in January 2023 (lowest level observed), but access remains well below the WG target of 80%.

How are we doing?

Additional short term investment into the service used to deliver WLIs has ensured that no children are now waiting >104 weeks for an assessment.

Plans to sustain this position up until the end of March 2024 requires further WLIs to address the 100 shortfall presently identified. Currently no patients are waiting over 104 weeks.

What actions are we taking & when is improvement anticipated?

Improvement Board took place on 22nd August & monthly meetings going forward with plans to utilise ND RPB funding with Community connector posts. Working with LA, along with AHP posts to support pre/post diagnosis. Pharmacy input is being secured to support post-diagnosis follow-up titration & monitoring, which will release medical colleagues to support the waiting list further. First outcome meeting arranged for 12th October to review progress.

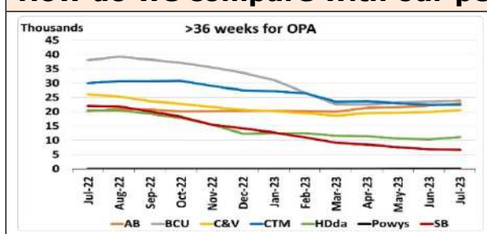
SLA repatriated from SBUHB 1st August 23, with a CAMHS Consultant and Speech and Language Therapist supporting the waiting list/cohort of patients returned to CTM – improvement anticipated from December/January following recruitment.

Ongoing validation of waiting list, with transition and signposting to relevant services/agencies as appropriate.

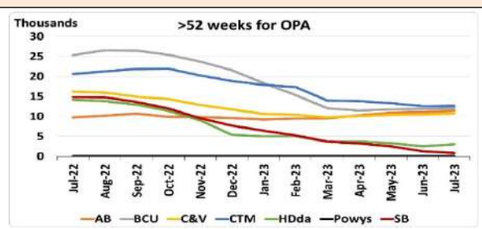
What are the risks?

- Demand continues to outstrip core funded capacity. A better understanding is needed of what is currently offered by the third sector and wider community services and what gaps exist. Funding provided via RBP will undertake a scoping exercise of this with a view to forming relationships and links – outcome measurement meeting will inform discussions.
- Resource constraints on multidisciplinary provision that lead to assessment outcomes.
- Identifying constraints that are impacting on the ability to deliver timely services.
- Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners

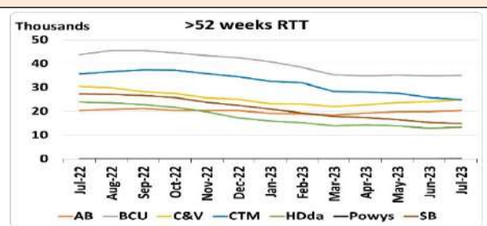
How do we compare with our peers?



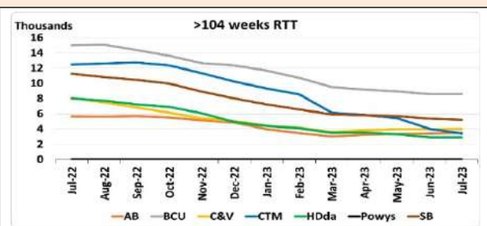
Status as at July 2023		
Health Board	Compliance	Rank
Powys	126	1st
SB	6,725	2nd
HDda	11,163	3rd
C&V	20,593	4th
CTM	**22,561**	**5th**
AB	23,025	6th
BCU	23,945	7th



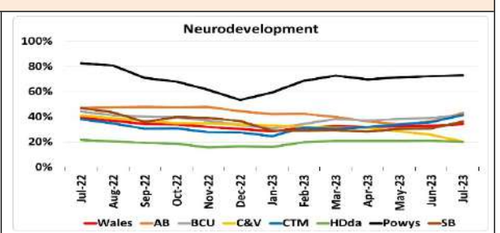
Status as at July 2023		
Health Board	Compliance	Rank
Powys	19	1st
SB	838	2nd
HDda	3,056	3rd
C&V	10,816	4th
AB	11,487	5th
BCU	12,050	6th
CTM	**12,619**	**7th**



Status as at July 2023		
Health Board	Compliance	Rank
Powys	29	1st
HDda	13,280	2nd
SB	14,773	3rd
AB	20,220	4th
CTM	**24,853**	**5th**
C&V	24,907	6th
BCU	35,143	7th



Status as at July 2023		
Health Board	Compliance	Rank
Powys	0	1st
HDda	2,904	2nd
CTM	**3,447**	**3rd**
AB	3,520	4th
C&V	4,010	5th
SB	5,214	6th
BCU	8,586	7th



Status as at July 2023		
Health Board	Compliance	Rank
HDda	20.0%	1st
C&V	20.2%	2nd
SB	36.2%	3rd
BCU	40.9%	4th
CTM	**41.3%**	**5th**
AB	42.9%	6th
Powys	72.9%	7th

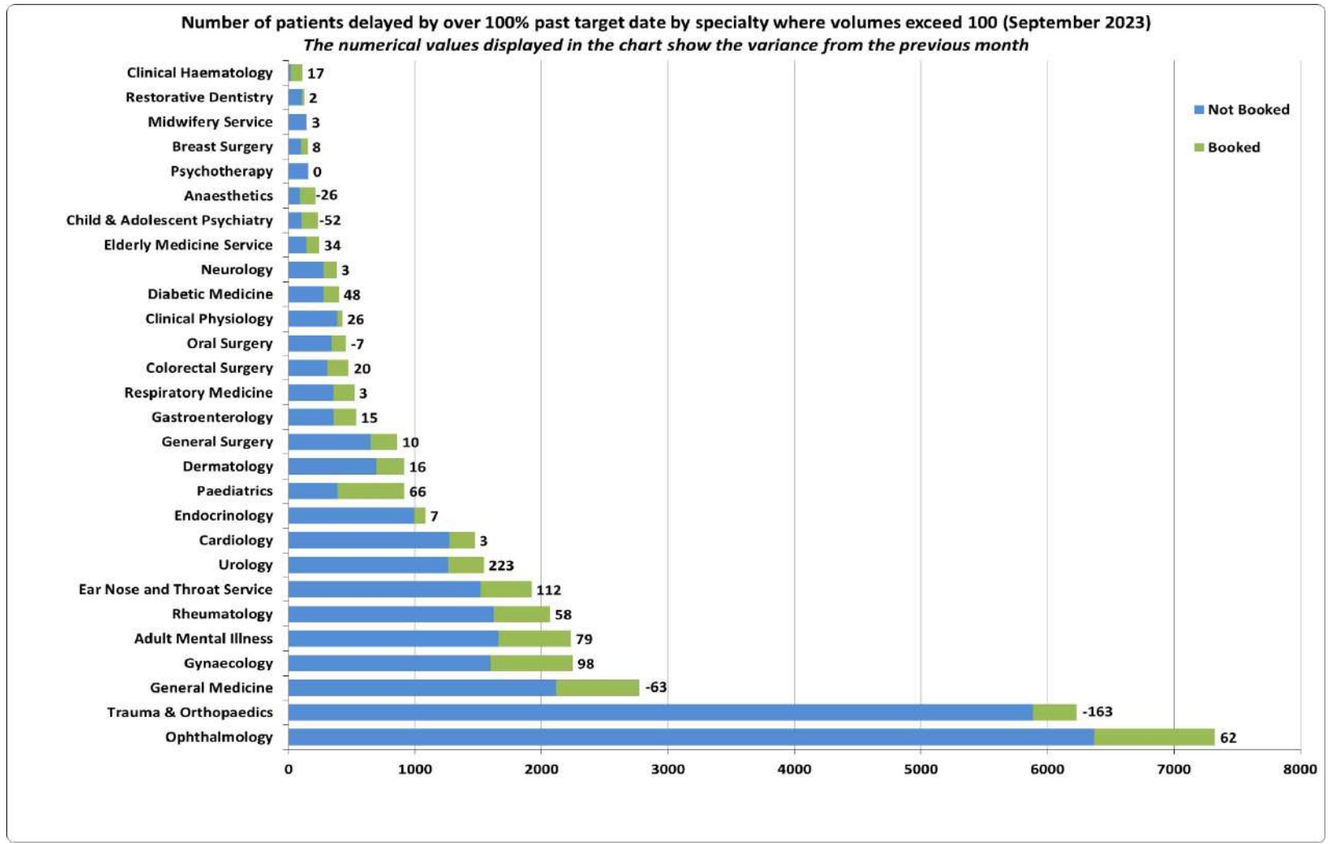
Follow-up Outpatients Not Booked (FUNB) – Provisional Position September 2023

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

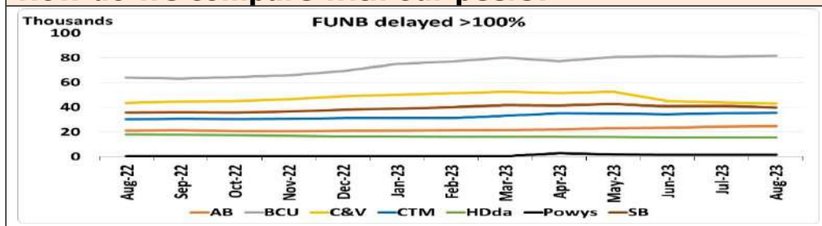
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	83,895	53,710	137,605

Number of patients waiting for a Follow-up delayed over 100% - Target: Improvement trajectory towards a national target of Zero

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
29,384	7,112	36,496	26.5%



How do we compare with our peers?



Status as at August 2023		
Health Board	Compliance	Rank
Powys	1,746	1st
HDda	15,399	2nd
AB	24,851	3rd
CTM	**35,623**	**4th**
SB	39,938	5th
C&V	43,132	6th
BCU	81,728	7th

How are we doing?

The number of patients waiting for a follow-up appointment in CTM, at the end of September 2023, provisionally stands at 137,605 which is an increase of almost 18% on the patients waiting during the equivalent period of 2022. There are currently no patients without a documented target date

Of the patients waiting, 36,496 (26.5%) have been waiting more than 100% longer than their clinician advised, representing an increase of over 18% on the same period last year.

As it currently stands, combined outpatient activity levels during September continued to be below pre-Covid levels, around 15% fewer than in September 2019 and 5% lower than the equivalent period of 2022. The provisional September figures are below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 16,319 which is a reduction of 6.7% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 17,491
- Total Follow-up Patients seen: 31,781 which is a reduction of almost 20% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 39,506.

What actions are we taking & when is improvement

Glaucoma FUNB – Community Optometry service has re-started which supports the hospital based glaucoma team by providing appointments for low risk patients. 20 patients from 3 practices were sent to the community service in the last week of September and a further 45 per week have been referred in October.

The Ophthalmology team are also carrying out a significant piece of validation work and identifying and safely removing duplicate pathways

Actions are underway to rebalance the ratio of new to follow up appointments provided from within core capacity, which will increase overall follow up capacity, with further capacity being sourced from the private sector, to validate and treat a further 60 glaucoma follow up patients per week.

Clerical validation continues across the services and sub specialties.

General Surgery and OMFS continue to run virtual, telephone and Attend Anywhere clinics to support backlog clearance.

What are the main areas of risk?

The Logistics of room availability to increase patient numbers in PCH is hindering expansion of clinic space due to layout of the temporary OPD i.e. only room for one clinician each clinic.

Risks to Glaucoma FUNB Community Optometry Service are –

- Increasing admin support for the scheme
- Funding slippage – for September, at least £3600 of funding not spent due to missed activity. This will be an ongoing issue every month unless admin time can be increased to support the scheme.
- EPR – OpenEyes in these select primary care practices is desperately needed for patient safety, to reduce the admin burden and to increase the overall value of the scheme.
- IT support with Forum – despite the significant HB financial investment in IT infrastructure in these practices, they are not yet able to access Forum data captured at hospital sites, for which ongoing IT support is needed.

Waiting list reduction in a number of specialties is proving difficult due to USC demands and ability to clear 104 and 156 weeks as part of the recovery plans.

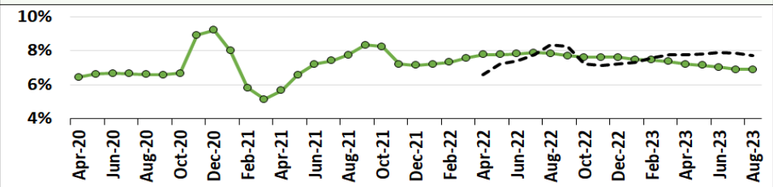
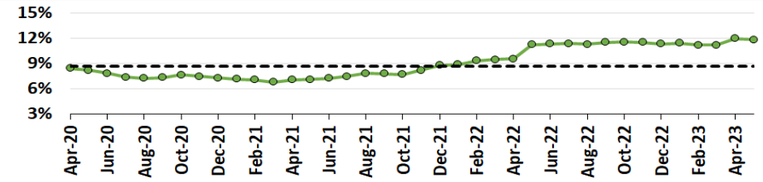
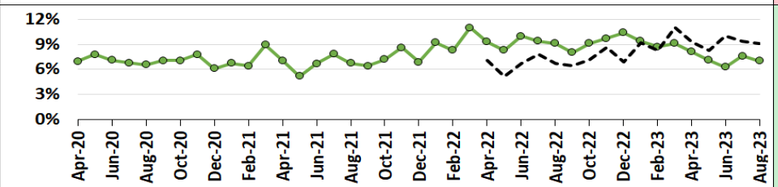
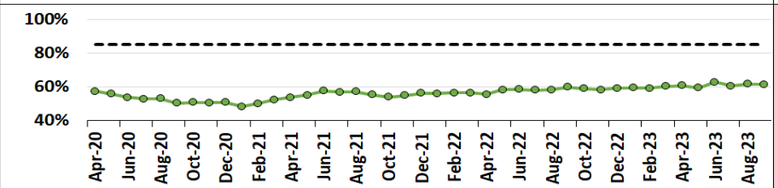
Continued increased risk in T&O due to the requirement for clinicians to see patients face to face.

2.4 Welsh Government Performance Indicators: Quadruple Aim 3- A Motivated & Sustainable Workforce

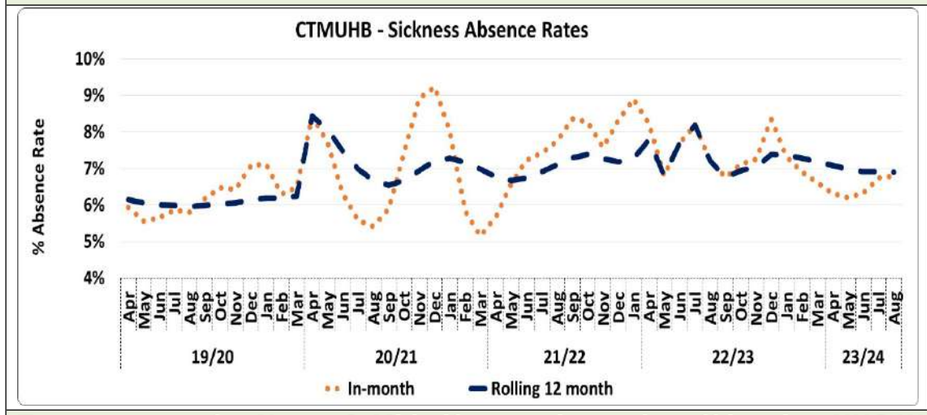
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

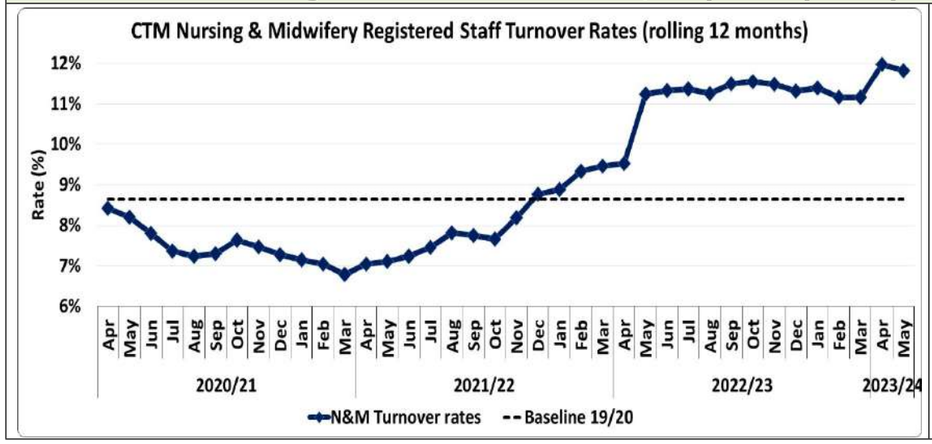
Key: Trend / Target/Trajectory

Key: Target Achieved / Target Failed

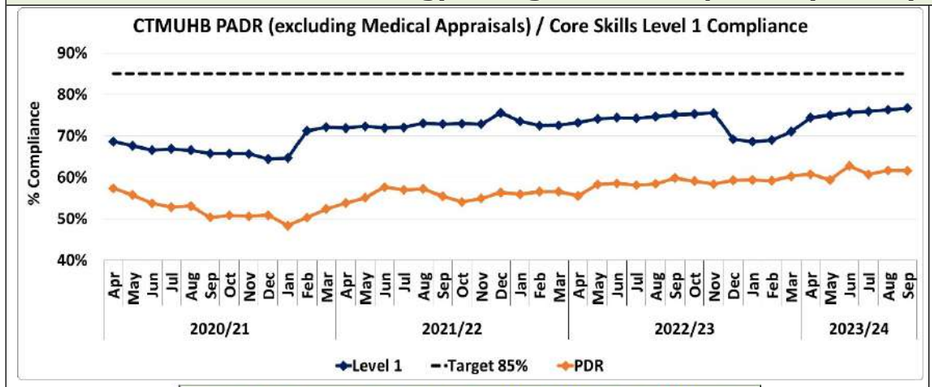
	Performance Measure	Target		Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.9%	Aug-23
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		11.80%	May-23
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		7.0%	Aug-23
	Qualitative report detailing progress made in preparation to embed and report against the Workforce Race Equality Standard (WRES) indicators	Evidence of activity undertaken to prepare to embed reporting against the Workforce Race Equality Standard (WRES) (as described in the reporting template to be released September 2023)	Data not available as yet		
	Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives	Evidence of progress and improvement, along with key risks to delivery, of the identified equality objectives	Data not available as yet		
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%		61.6%	Sep-23
	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work - Dementia Learning & Development Framework) and increasing access to timely diagnosis	Evidence of Improvement	Majority on track, but scope to improve	N/A	Sep 22 - Mar 23

CTMUHB Workforce Metrics - May to September 2023

% of sickness absence rate of staff – Target is 12 month reduction trend – Aug 2023 (6.9%)		What actions are we taking & when is improvement anticipated? What are the risks?
	The overall CTM rolling twelve-month sickness rate to August 2023 is 6.9%, slightly lower than the equivalent rolling period of last year (7.2%). The in-month sickness rate remained static at 6.8% and is also slightly lower than the equivalent period of 2022 (7.2%). The last 12 months have seen rates ranging from 6.2% to 8.4%.	There has been a slight improvement in the rolling 12 month sickness levels. The People Services Team continue to upskill mangers in actively managing sickness absence within their areas which includes: ▪ Providing Managing Attendance training and refresher training where a need is identified. ▪ Designated People Services contacts have been assigned to each Care group to support consistency in advice. ▪ The Maternity and Neonates deep dive commissioned in August 2023 has been completed and additional People Services support has been provided to action further work in this area. ▪ A deep dive into Mental Health & Learning Disabilities was commissioned in September 2023 and has been completed by People Services. ▪ Additional support and scrutiny from the People Services team was requested and provided in September 2023 for Facilities sickness absence cases. ▪ People Services will continue to upskill managers to access data within their hierarchies to enable them to actively review and provide targeted action for hotspot areas. The above actions will hopefully support a sickness absence reduction and more robust management of cases within Care Groups.

Turnover rate for Nurse & Midwifery registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20 (8.65%) – May 2023 (11.8%)		What actions are we taking & when is improvement anticipated? What are the risks?
	*N.B. this data is supplied by HEIW as the measure reports on individuals in a N&M role who leave permanent or fixed term contracts and do not move to another role within NHS Wales.* The rolling 12 month turnover rate for registered N&M Staff at May 2023 is 11.8%, whereas the equivalent period of 2022/23 observed rates were, albeit high, at 11.2%.	Since a peak in the autumn of 2022 there has been an overall ongoing slight decrease in turnover rates for these staff groups. However, rates remain high and nurse retention is an agreed area of focus for both People & corporate nursing teams. As part of our retention plan the UHB is actively involved in national All Wales HEIW Nurse Retention programme. The new Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & associated HEIW Retention Resources was launched 25th September, with a local plan in development concurrently with a focus on health and wellbeing and professional development. Work-life balance and promotion remain the top two reasons for leaving and will help to inform our plan. The Moving On questionnaire released earlier in the year now provides richer insights into reasons for leaving and how we can best support staff to remain in our employment. The data captured in this questionnaire will be reviewed monthly, overseen by a new Retention Steering Group, which will also have oversight of the emergent CTMUHB Retention Plan. The risks and challenges are reflective of complex local, national and international issue in regard to the shortage of registered nursing and midwifery professionals. Improvements in this area will be delivered over the longer term and are interlinked with other ongoing workstreams around improved attraction, bolstered recruitment pipelines and employee experience (including development & flexible working opportunities).

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - Sep 2023 (61.6%)



CTM Level 1 Core Manditory Training Compliance September 2023	
Equality, Diversity & Human Rights	84.5%
Moving & Handling	82.3%
Health, Safety and Welfare	82.3%
Safeguarding Adults	81.5%
Safeguarding Children	81.4%
Information Governance	76.4%
Violence & Aggression	75.1%
Infection Prevention and Control	74.9%
Fire Training	73.8%
Resuscitation	55.1%
HB Overall Compliance	**76.7%**

Overall **PADR** compliance remained fairly static at 61.6%. Compliance for the past year has ranged from 58.4% to 62.8%, however recognising that this continues to remain below the WG target of 85%.

As at September, combined core mandatory training compliance is at 67.7% with overall compliance for **'Level 1'** disciplines at 76.7% and likewise, remains below the required standard of 85%.

What actions are we taking & when is improvement anticipated? What are the risks?

PADR – *Your Conversation*:

- CTM-specific PADR and Pay Progression FAQs being developed.
- Detailed PADR Evaluation and Impact Report being compiled to assess engagement levels and highlight key areas for improvement.
- From this, recommendations will be created and actioned, including the development of additional educational resources.
- "How to have a PADR" eLearning module being added to ESR to track completion more effectively and target areas of management population where compliance is lowest.
- Targeted communications being sent to managers with PADR compliance below 85%.
- Assessment being done to establish how best to capture Medical & Dental appraisals as part of overall figures.

Core Learning:

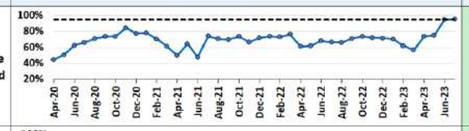
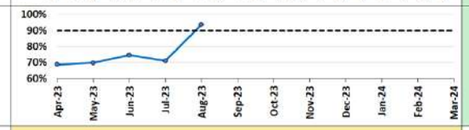
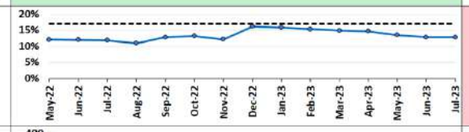
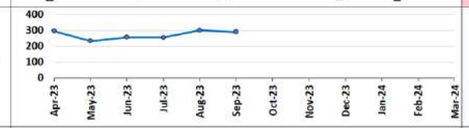
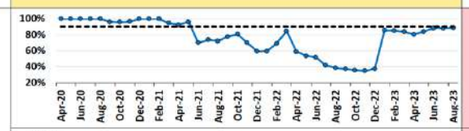
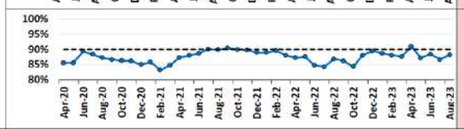
- Support being given to the Care Group Core Learning Recovery Plans in order to improve compliance across the Health Board.
- Monthly drop-in sessions being advertised, with the Core Learning team attending different sites each month.
- A wider range of subject guides and educational materials in development to support staff to access their learning.
- Targeted work happening in Medical & Dental, specifically with regards to Welsh competencies in-line with the ongoing improvement work

Through all of the listed activities, the aim is to continue with the recent incremental gains until we reach PDR and Core Learning compliance of 85% across the Health Board. Adopting a targeted approach within the staffing groups with lowest compliance will expedite any gains made.

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

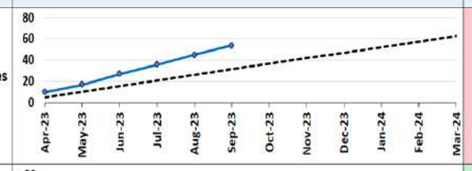
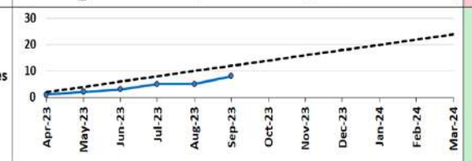
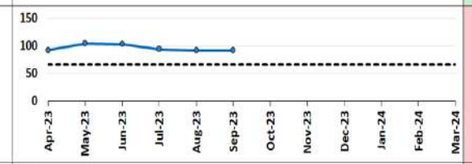
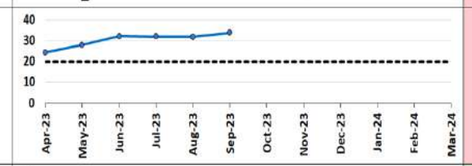
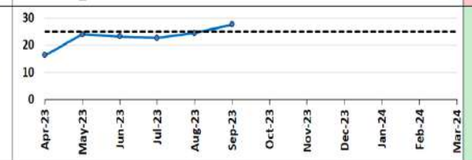
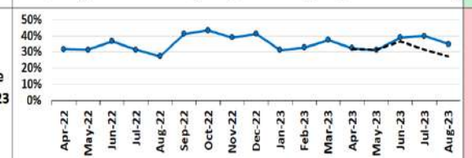
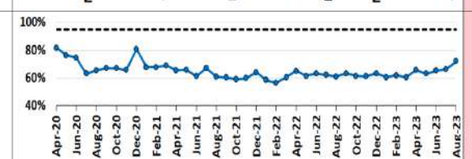
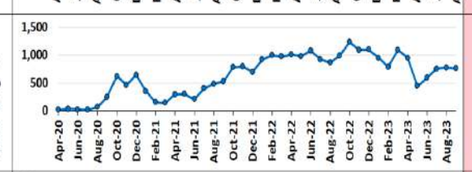
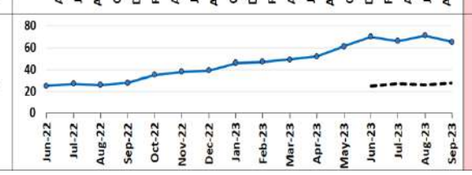
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Key: Target Achieved | Target Failed

	Performance Measure	Target	Key: Trend / Target/Trajectory	Latest Position	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months		95.0%	Jul-23
Effective Services	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		93.9%	Aug-23
Effective Services	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Majority on track, but scope to improve	N/A	Sep 22 - Mar 23
Effective Services	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	On Track	N/A	
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		12.8%	Jul-23
Efficient Services	Number of Pathways of Care delayed discharges	12 month reduction trend		291	Sep-23
Efficient Services	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays	Evidence of Improvement	Data not available as yet		
Efficient Services	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan		Majority on track, but scope to improve	N/A	Sep 22 - Mar 23
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		88.6%	Aug-23
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			88.2%	
People Centred Care	Number of patient experience surveys completed and recorded on CIVICA	Month on month improvement	Data not available as yet		
People Centred Care	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	Evidence of Improvement	Majority on track, but scope to improve	N/A	Sep 22 - Mar 23

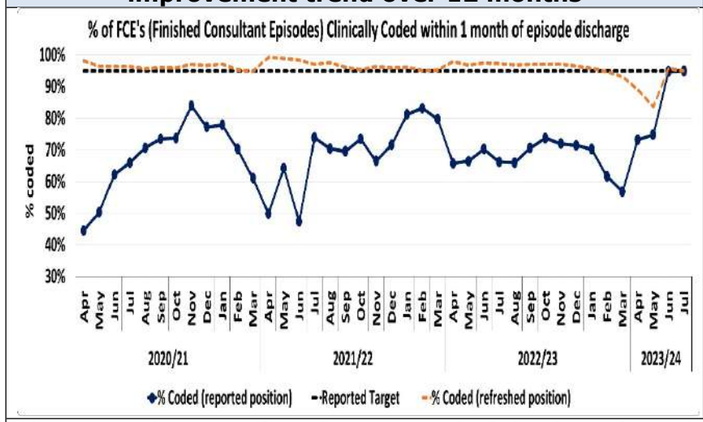
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Key: Target Achieved | Target Failed

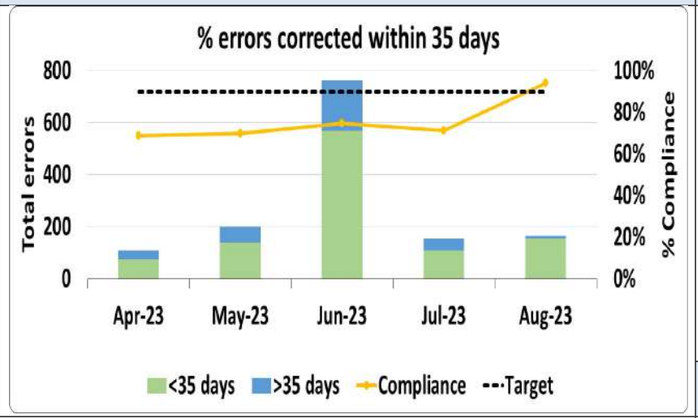
	Performance Measure	Target	Key: Trend / Target/Trajectory	Latest Position	
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2023/24		54	Apr-Sep 2023
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2023/24		8	
Safe Services	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		92.03	
Safe Services	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		33.79	
Safe Services	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,00 population		27.57	
Safe Services	% of confirmed COVID cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction against the same month in 2022-23		35.0%	Aug-23
Safe Services	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		72.0%	
Safe Services	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024		764	Sep-23
Safe Services	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend		65	

Effective Services - Clinical Coding

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate an improvement trend over 12 months



Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90%



How are we doing?

It is anticipated that we will hit the set target of 95% again in August. We continue to demonstrate the value of data science in improving the quality and number of episodes that can be autocoded.

There has been a noticeable improvement in the flow of information from the Maternity Triage Unit at Prince Charles Hospital, which is evident in the amount of additional maternity episodes that have been clinically coded for July's discharges.

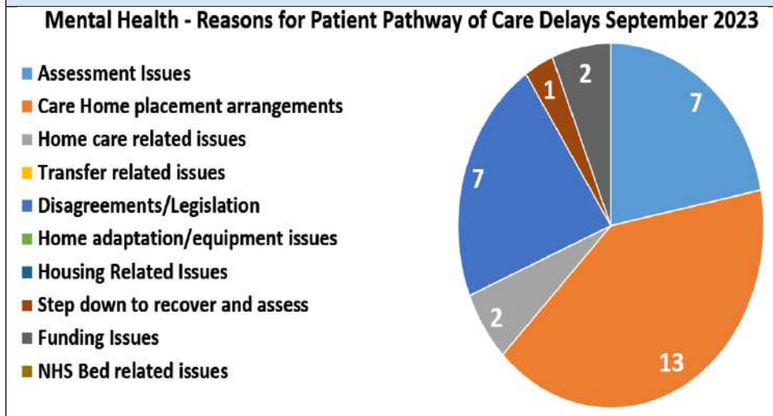
The UHB's data capabilities around clinical information continue to be enhanced.

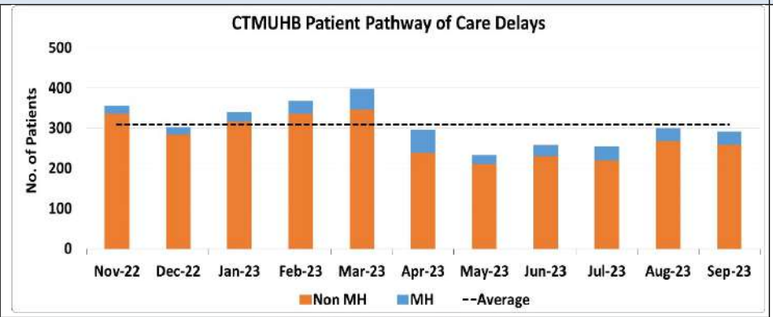
The reported position for July 2023 reached the desired target level with 95% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale. As of 9th October 2023, the number of FCE'S for 2023/24 currently stands at 68,724 and of those, 85.7% have been clinically coded, with the backlog being FCEs that completed in April to July 2023 (2,660 uncoded backlog).
Compliance for the correction of errors for August surpassed the WG target of 90% with 93.9% (153 of 163) of identified errors corrected within the specified timescale of 35 days.

What actions are we taking & when is improvement anticipated? What are the risks?

The auto-coding system incorporating the validation functionality continues to be improved and its output is increasingly being incorporated within the operational coding process. A dashboard, providing the coding team with drill through access to their key performance measures, went live in June and it is anticipated that this will support the early review of any coding errors without the need for DHCW audit.

Efficient Services - Number of Pathways of Care delayed discharges – Target is 12 month reduction trend September 2023 – Mental Health Delays = 32 / Non Mental Health Delays = 259



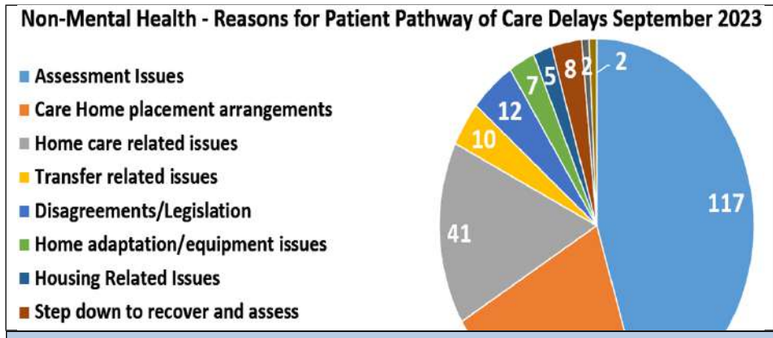


Delays by Local Authority - September 2023

Healthcare Facility	Powys	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port	Rhondda Cynon	Vale of Glamorga	Cardiff	Total
PCH	1	1		7	8		13			30
POW			87			1		3		91
RGH					1		80		2	83
YCC					29		25			54
YCR			2		1		30			33
Grand Total	1	1	89	7	39	1	148	3	2	291

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

- A detailed improvement plan had has been developed as part of the Integrated Discharge Delivery Board with key areas of action identified.
- This plan was submitted to welsh government in September with initial verbal feedback as extremely positive.
- Priority actions identified are:
  - Improve **governance** and integrated working. This will be achieved though overall accountability of PoCD and associated improvement action through the board, with direct reporting and accountability for the Integrated Adult Board, 6 Goals of Urgent and Emergency Care and ultimately the Regional Partnership Board.
  - Reduce delays associated with **assessment**. This is consistently the highest area of identified delay in the Health Board. WG has circulated a target of reducing assessment delays by 60% by December 2023. This will be achieved by increased focus on D2RA pathways and achieved through introduction of trusted assessment and associated roles funded by RIF as agreed by the Integrated Leadership Board.
  - Improve capacity in the **domiciliary care** market though a targeted approach to reablement capacity and outcome based commissioning.



Please note that the new reporting arrangements came into effect 1st April 2023 and whilst we continue to embed the model of D2RA throughout CTMUHB, data quality issues remain.

The total number of patients who have been clinically optimised for discharge and are currently awaiting their next stage of care (census 20th September) equates to 291 patients i.e. 259 non-Mental Health patients and 32 Mental Health patients, as is shown in the pie charts to the left. Patients who have experienced delays in the next stage of their care pathway has averaged 309 since November 2022 to date, as observed in the chart above.

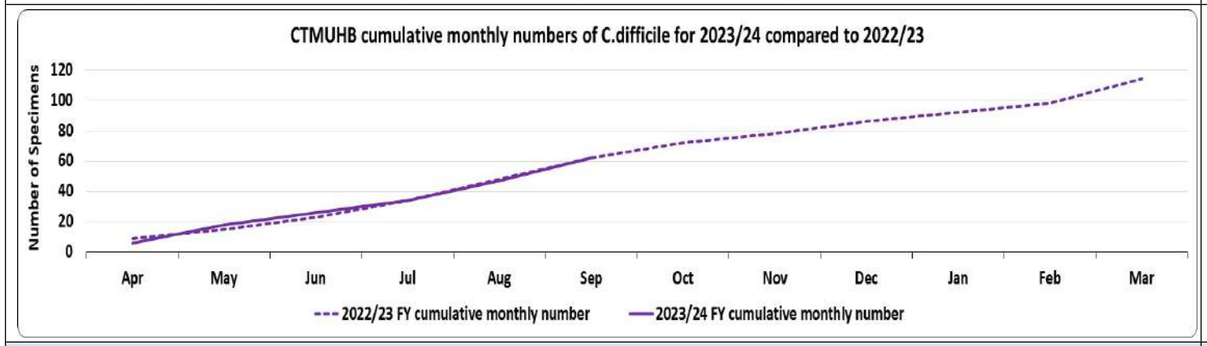
- Improve links and access to residential care, which is being driven through an established group under the Integrated adult Board which will address commissioning opportunities as well as making use of the trusted assessor function.

- **Risks:**
- PoCD have been difficult to baseline for improvement trajectory due to data quality. Tracking progress commenced in October.
- Improvements needed to the Electronic White Boards and delay codes which should be during October.

Safe Services – Healthcare Acquired Infections

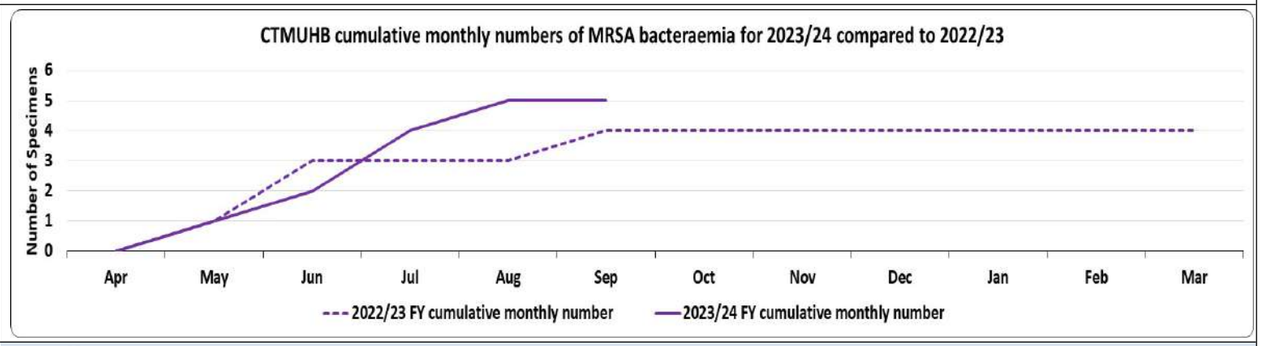
C.difficile

62 C.difficile case have been reported by CTM between Apr-Sep 2023. This is the same number as the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 27.57, which compares to the All Wales rate of 35.53. 40.3% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with 59.7% of the specimens community onset (specimen taken in a community location or <3 days as hospital inpatient). Opportunities to reintroduce the RCA process in primary care must be explored to identify and share learning.



MRSA

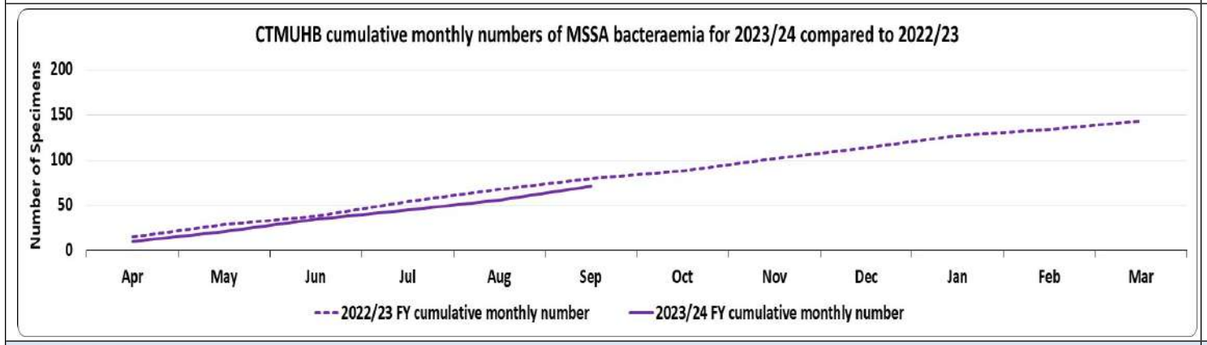
5 MRSA bacteraemia have been reported by CTM between Apr-Sep 2023. This is 1 more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 2.22, which compares to the All Wales rate of 1.83. Four cases are community onset with one case being hospital onset. No preventable sources identified.



MSSA

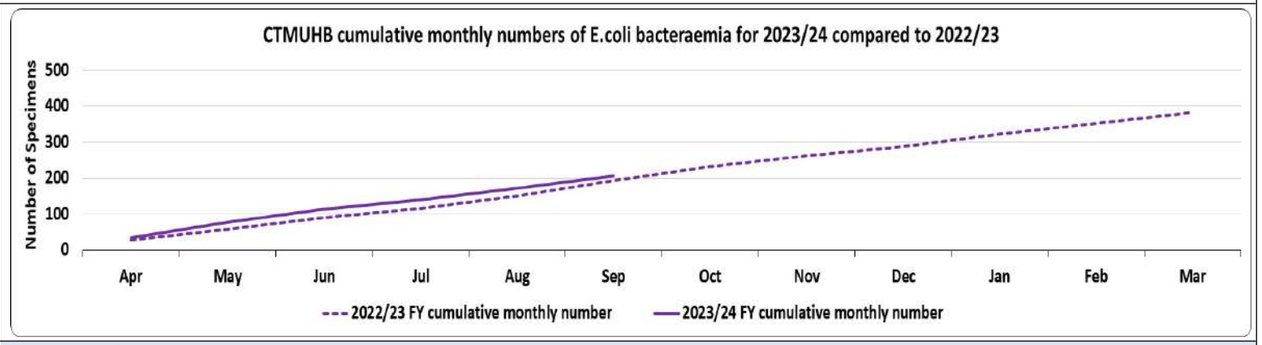
71 MSSA bacteraemia have been reported by CTM between Apr-Sep 2023. This is 9 (11.3%) less than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 31.57, which compares to the All Wales rate of 25.24.

76.1% of the specimens taken are community onset. 10% of the total cases are associated with an invasive device.



E.coli

207 E.coli bacteraemia have been reported by CTM between Apr-Sep 2023. This is 14 (7.3%) more than equivalent period of 2022/23. The provisional rate per 100,000 population for 2023/24 is 92.03, which compares to the all Wales rate of 75.09. 78.3% of specimens are community onset. 10% of the total cases (21/207) are linked to a urinary catheter. An IPC huddle is arranged to discuss each preventable bacteraemia and learning is shared widely. The IPC team is working with clinical teams to undertake a point prevalence study to identify urinary catheter usage, improve ANTT and IPC training compliance and introduction of the catheter passport in secondary care.

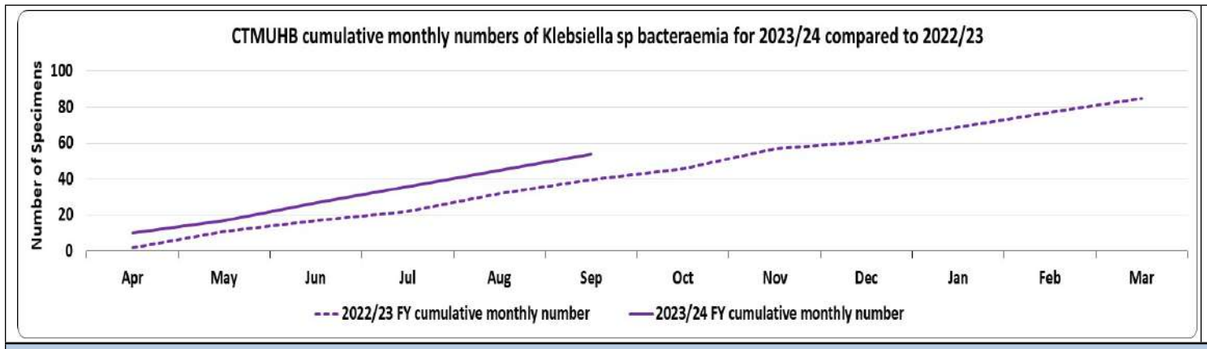


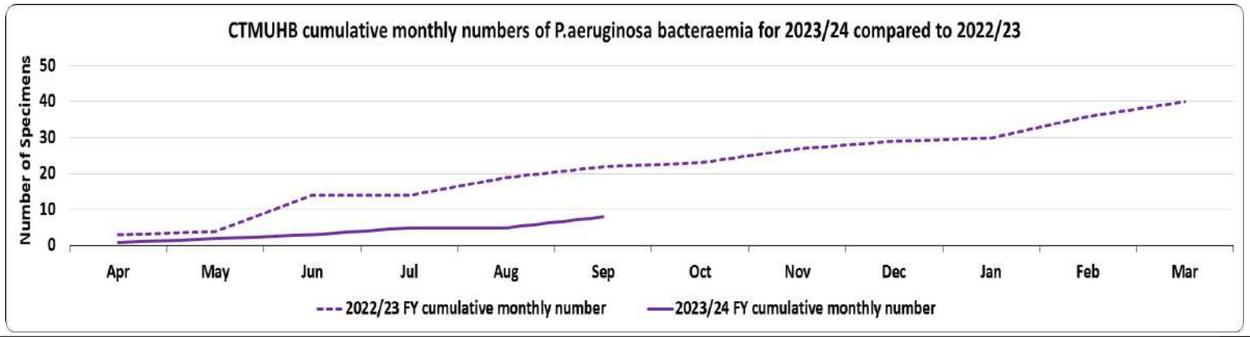
Klebsiella sp

The WG improvement goal requires a 10% reduction compared to 2017/18 figures; this equates to no more than 63 cases. 54 Klebsiella sp bacteraemia have been reported by CTM between Apr-Sep 2023. This is 14 (35%) more than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 24.01, which compares to the All Wales rate of 22.46. 61.1% of specimens taken are community acquired infections. 15% of the total cases (8/54) are associated with a urinary catheter.

P.aeruginosa

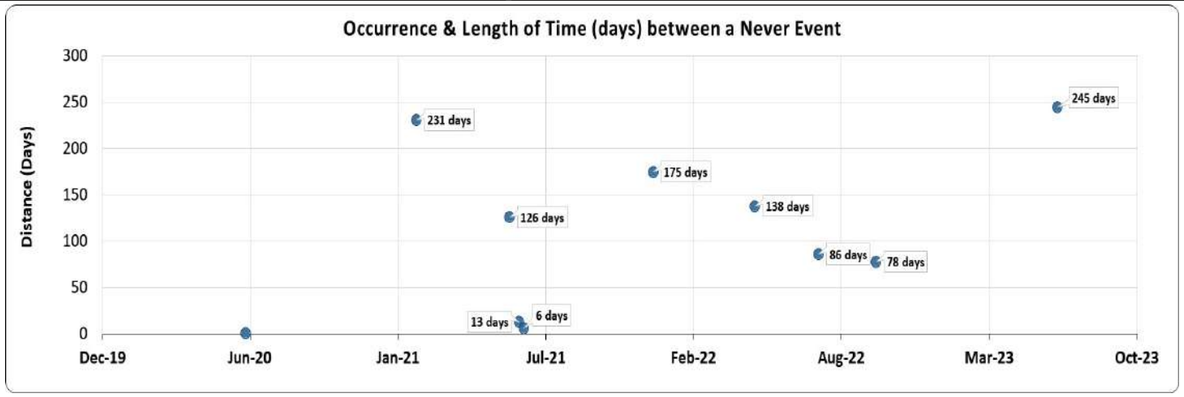
8 P.aeruginosa bacteraemia have been reported by CTM between Apr-Sep 2023. This is 14 (63.6%) fewer than in the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 3.56, which compares to the All Wales rate of 5.17. Six of the 8 infections are community acquired infections. 25% of the total cases (2/8) are linked to a urinary catheter.





Safe Services – Never Events & Nationally Reportable Incidents

Number of Never Events – September 2023 - Nil



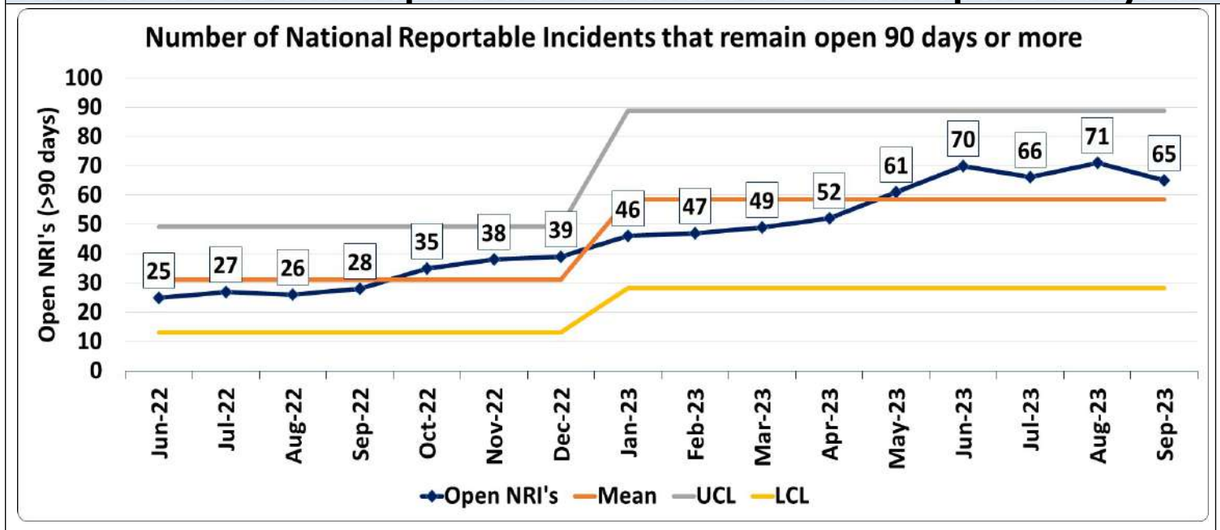
Never events are patient safety incidents that are defined as being wholly preventable. They are considered wholly preventable because guidance or safety recommendations are in place at a national level and should have been implemented by all providers in the healthcare system. This should act as a strong systemic barrier to prevent the serious incident from happening. Learning from what goes wrong in healthcare is crucial to preventing future harm.

There were no Never Events reported during September 2023, with the last occurrence being June this year relating to a wrong side surgery.

In total, 2 reportable events have been observed during the past twelve months (Oct 22 to Sep 23), as detailed in the chart to the left.

Of the 2 incidents, investigations remain ongoing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – September 2023 - 65



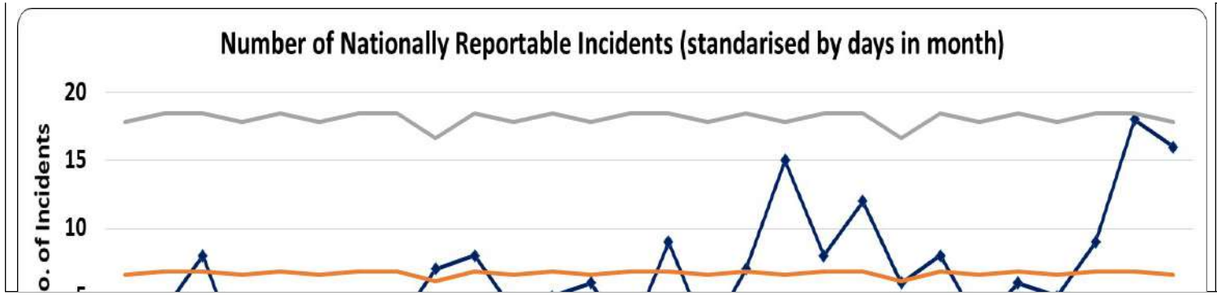
The Health Board currently has 97 open Nationally Reportable Incidents, of which 65 are overdue the timescale for completion. Further detailed analysis is being undertaken to inform a trajectory plan for all overdue Nationally Reportable Incidents.

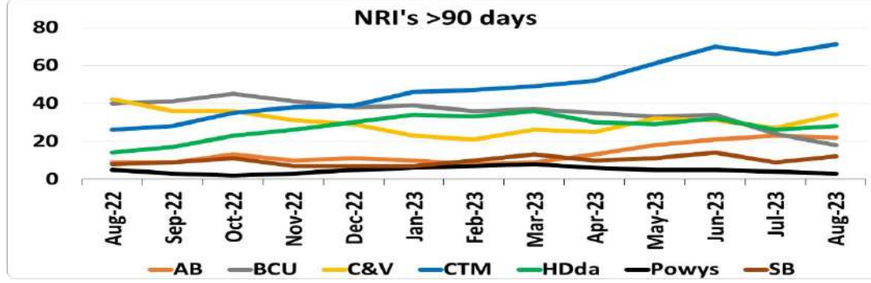
During September, 16 NRI notifications were submitted to the NHS Delivery Unit (NRIs are detailed in the table below). The rolling 12 month total (Oct 22 to Sep 23) equates to a total of 114 incidents which is twice as many than the equivalent timespan of 2021/22, where a total of 57 incidents were recorded.

The increase in the number of NRI's during August & September is partly attributed to the change in reporting requirements for infection, prevention and control incidents.

Type of Nationally Reportable Incidents	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Total
Pressure Damage		1	2	2	3	2	1		3	2	6	2	24
Admission / Transfer / Discharge	2	8	1	5		1				1			18
Infection Prevention & Control											6	10	16
Maternity adverse occurrence	1		1	1	2	1		2		1	4		13
Treatment, Procedure	2		1	3		2	1			2		1	12
Clinical Assessment, clinical diagnosis	1	2	1			1		1	1	2	1	3	13
Patient/Service user death		2			1	1		3	1		1		9
Safeguarding	1		1	1									3
Medication			1				1			1			3
Slip, Trip or Fall		2											2
Monitoring/Observations													0
Accident, Injury					1								1
Delays													0
Behaviour (including violence and aggression)													0
Neo-Natal Event													0
Diagnostic Testing - Radiology													0
Records, Information													0
Staffing													0
Grand Total	7	15	8	12	7	8	3	6	5	9	18	16	114

How do we compare with our peers?

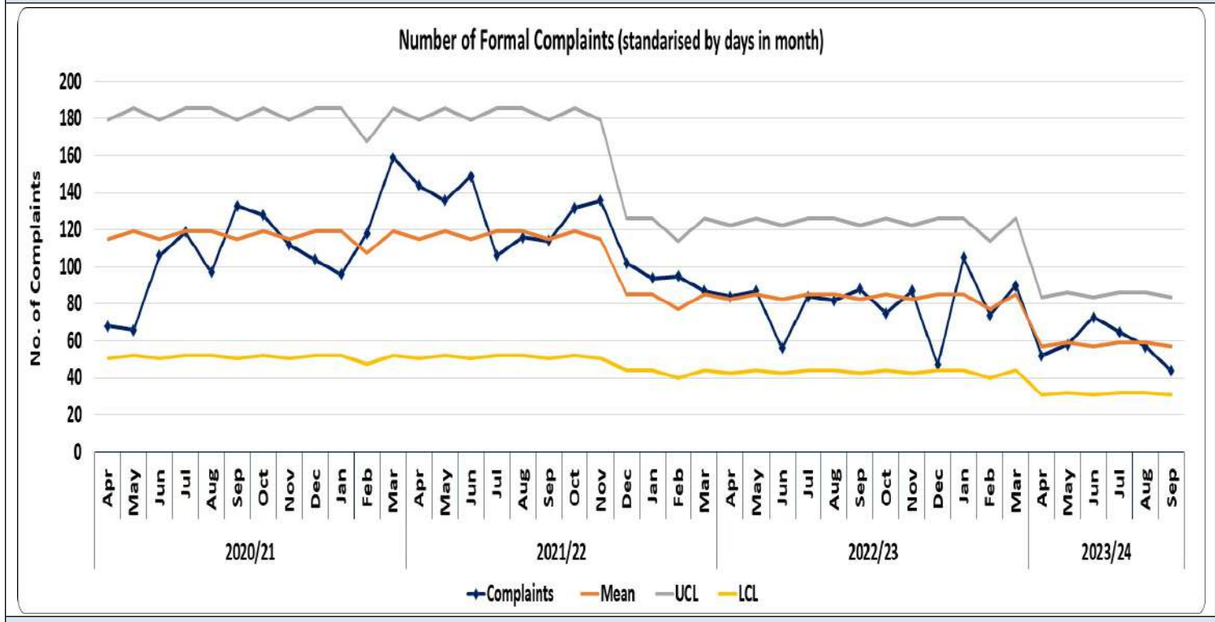




Status as at August 2023		
Health Board	**Compliance**	**Rank**
Powys	3	1st
SB	12	2nd
BCU	18	3rd
AB	22	4th
HDda	28	5th
C&V	34	6th
CTM	**71**	**7th**

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – September 2023 - 44 Formal Complaints

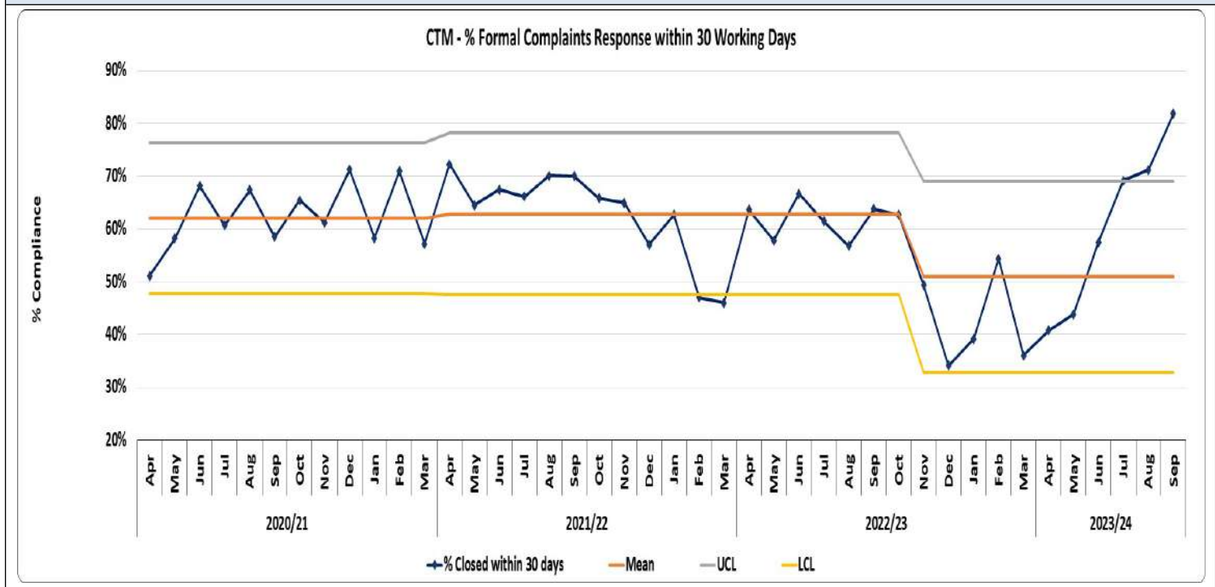


During September, 44 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations. Current volumes remain below the current mean of 57.

For those complaints received during September, the top five themes relate to clinical treatment/assessment (33), other (5), patient care (2), attitude & behaviour, appointments, medication, accident/falls (1 apiece).

Top Ten - Main Themes from Complaints during the last 12 month period	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Total
Clincial treatment/Assessment	40	32	29	60	44	47	33	32	45	36	45	33	476
Communication Issues (including Language)	3	11	1	9	9	14	1	6	3	3	0	0	60
Attitude and Behaviour	4	10	2	8	4	8	3	1	3	5	2	1	51
Appointments	3	9	3	5	2	5	1	6	5	6	1	1	47
Patient Care	7	4	4	7	3	0	0	2	4	2	0	2	35
Medication	8	6	0	4	0	0	3	4	6	2	1	1	35
Discharge Issues	1	2	1	4	6	6	4	2	2	3	2	0	33
Other	2	0	1	1	3	1	2	2	2	3	4	5	26
Accident/Falls	0	3	3	1	0	0	2	1	0	0	0	1	11
Referral	0	0	1	2	1	1	2	1	1	1	0	0	10

% formal complaints response within 30 working days – September 2023 – 81.8%



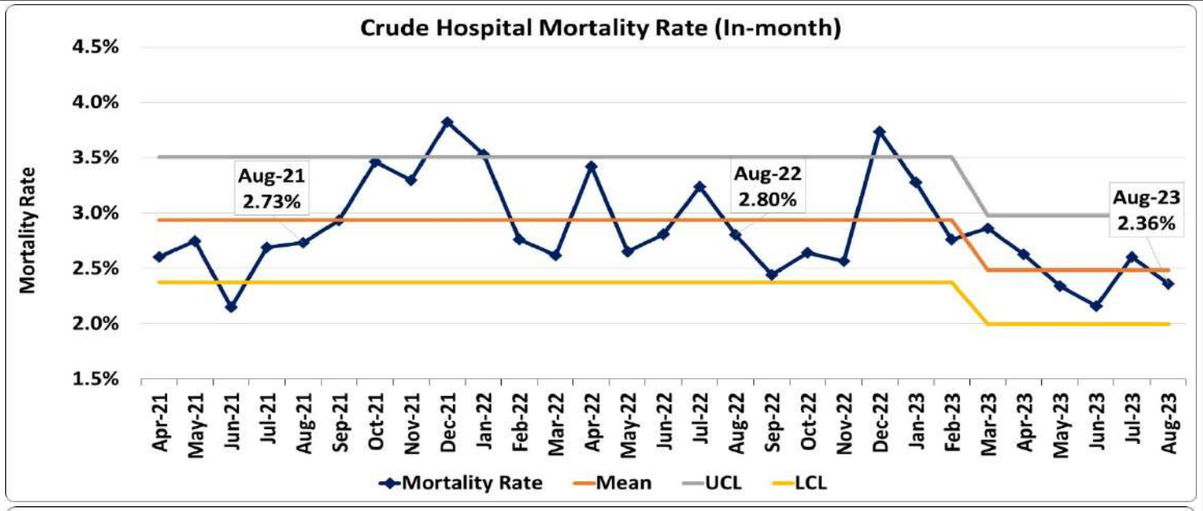
The proportion of complaints responded to within 30 working days continued to improve with performance at 81.8% and surpassing CTM's set target of 75%.

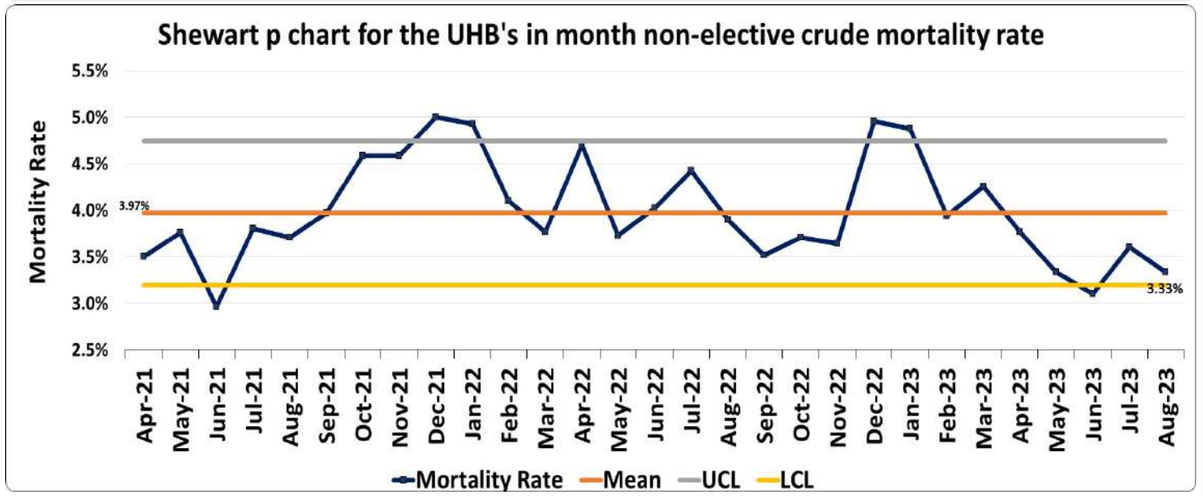
As at 1st October 2023, the Health Board had 111 open formal complaints. Of these, 64 complaints were open over 30 working days. This represents a 64% reduction from the 160 open in excess of 30 working days on the 1st April this year.

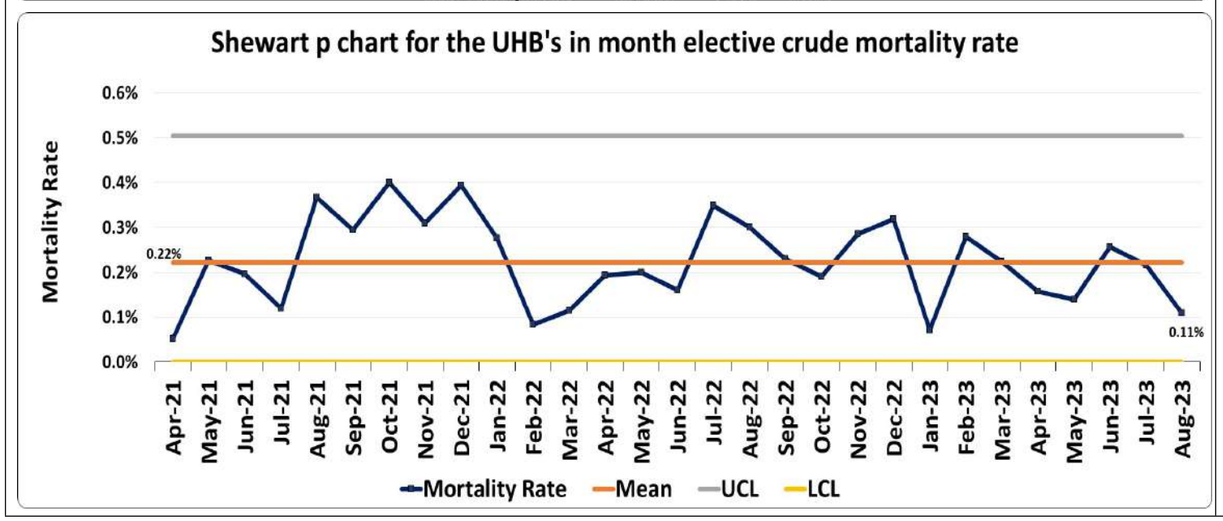
A trajectory plan is in place to continue to improve compliance and address open complaints over 30 working days. These actions include daily Complaint Team Huddles to review cases and support the embedding of the early escalation process.

CTMUHB Focus on Mortality Rates

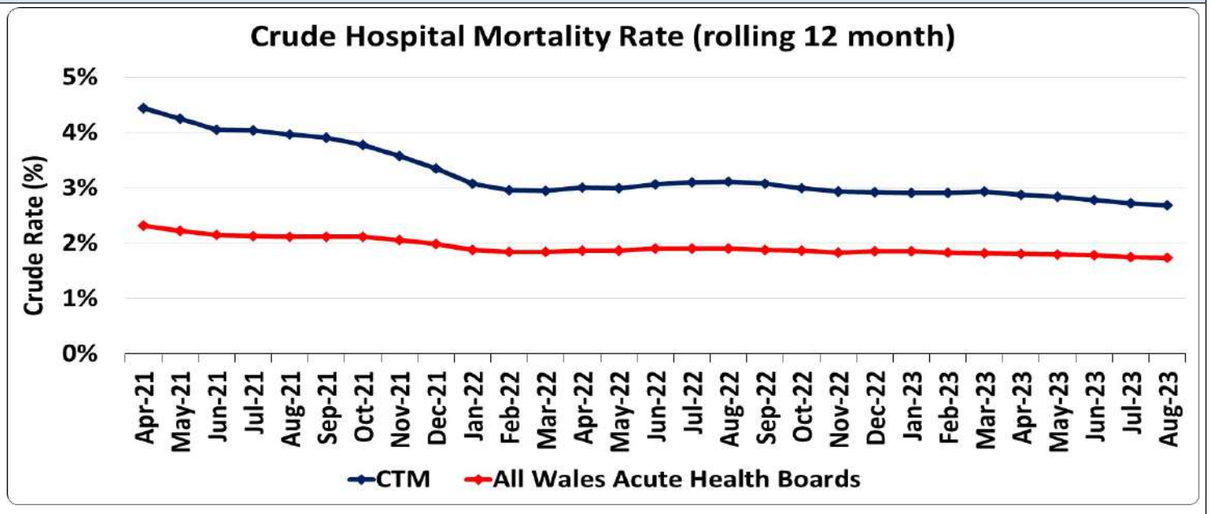
In-month Crude Hospital Mortality Rates







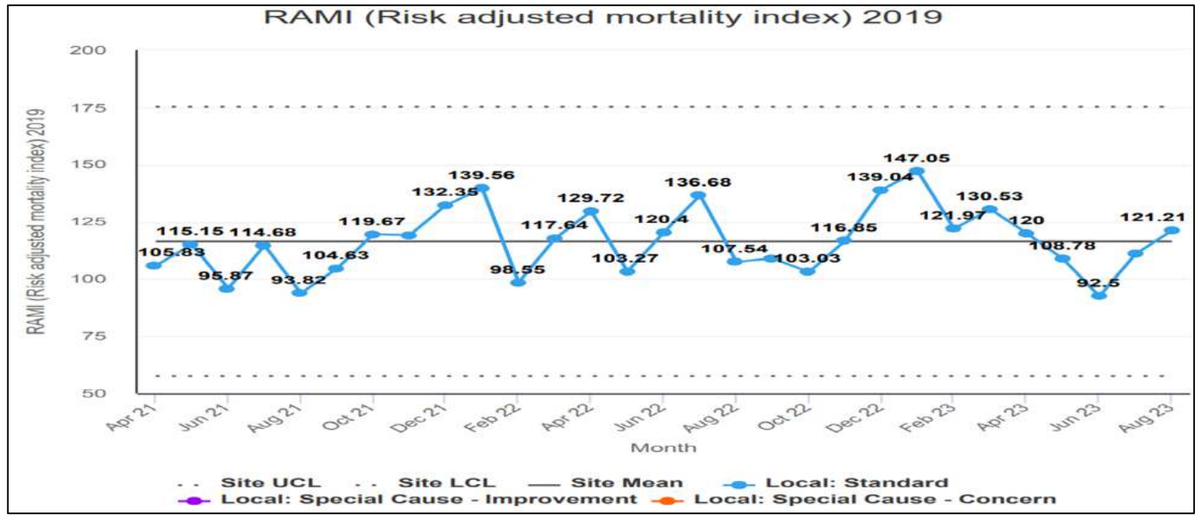
In-month Crude Hospital Mortality Rates with comparison to peer



The primary reasons for many of our deceased patients being admitted during the last 12 months appear to be associated with respiratory conditions such as pneumonia or COPD, cardiovascular diseases such as heart failure or stroke and malignancies. From the start of this year to 22nd August, 59% of all deaths for the health board resident population occurred in a hospital, which is a key factor in explaining the variance in the CMR across HBs in Wales.

The overall in-month crude mortality rate for August 2023 is 2.36% (top left chart). The identification that the rate in June 2023 was a significant reduction to the long term mean, is driven by a reduction in the UHB's non elective crude mortality rate, which has arisen from a change in counting practice, with more patients being classed as admitted. This is partially evidenced by the 2 charts below the overall CMR chart.

However, as per the chart below showing the UHB's monthly risk adjusted mortality index score, it is likely that the reduction in variance may be explained by the clinical condition and requirements of the patients we treated in month, as opposed to any process improvement.



Finance Update – Month 6

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

3. Key risks/matters for escalation to board/committee

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

The following issues/risks have been identified in relation to the **Quality** section:

- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work is underway to align the Datix Cymru System to the Care Group Structure and ensure up-to-date information is accessible across the Health Board on a range of metrics.
- Work is required to ensure data from the range of Health Board systems included in this report are consistently captured and appropriately validated.
- Improving and maintaining compliance with the 30 working days complaint
- Trajectory plan being established to reduce the number of overdue Nationally Reportable Incidents.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality**	Data to Knowledge
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

5. Recommendation

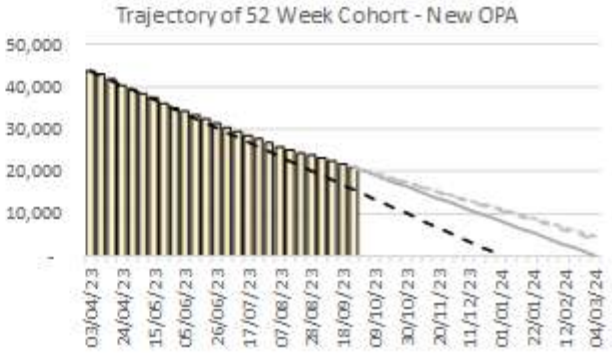
5.1 The Committee is asked to **NOTE** the Integrated Performance Dashboard.

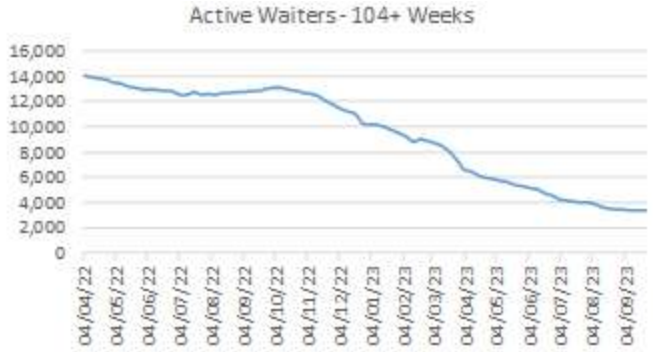
(Agenda Item 5.2)	31 October 2023	Planning, Performance & Finance Committee	Planned Care Recovery

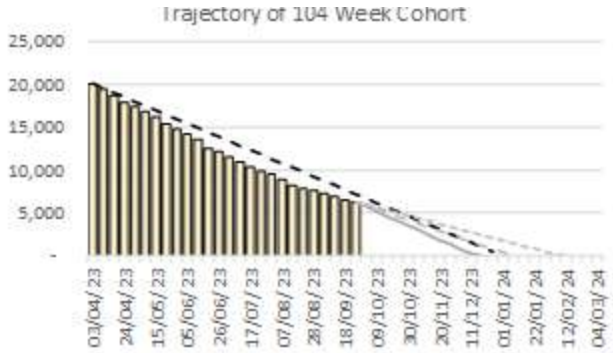
Report Details:	
FOI Status:	Please select: Open
If closed please indicate reason:	
Prepared By:	Tarek Allouni
Presented By:	Gethin Hughes, Chief Operating Officer
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	

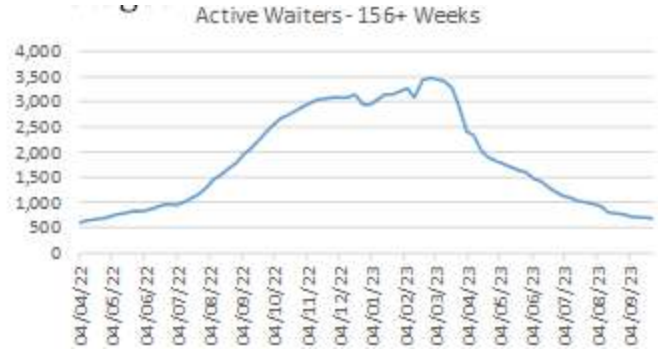
Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Has an EQIA been undertaken?	No (Explain why) Not required
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes or No If Yes please include brief detail.
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health

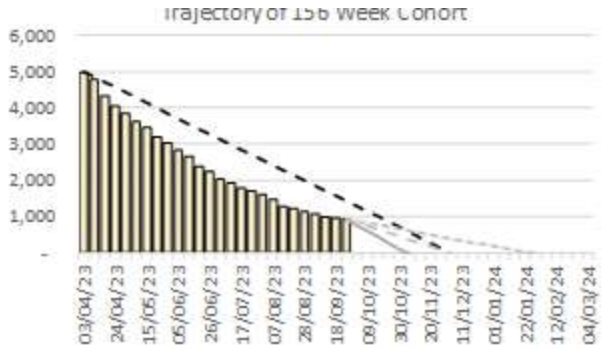
5.1 Planned Care Recovery Programme











Tasks Competed

- Reduction in number of specialities breaching
- Revised trajectories received
- Theatre Productivity Group set up with Medical Director as Chair
- Pre assessment transformation lead appointed and working to create regional POA process
- Weekly meeting with operational leads regarding performance/breach monitoring
- GIRFT meeting completed re Hernia
- ENT visit to Cardiff completed
- GIRFT and Exec visit to POW complete - Formal feedback to the HB re the POW visit
- Detail of plans for 4-5 year waits been received

Risks

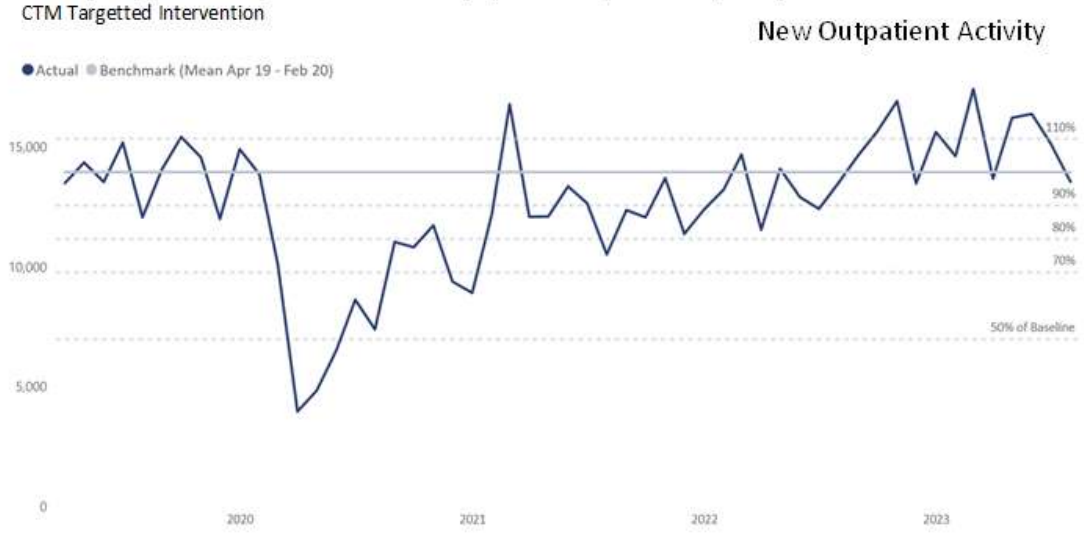
- Workforce
- Admin remains a challenge
- Portfolio of some managers
- Elective bed capacity
- Number of areas that require transformation
- Clinical engagement
- Diagnostics
- Pre-assessment

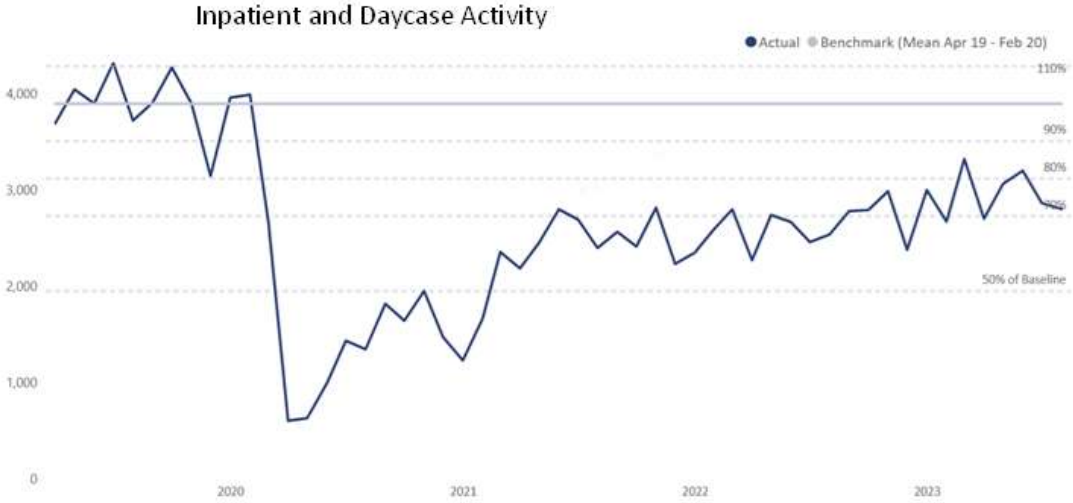
Next Steps

- Septorhinoplasty issue not yet resolved, a request to GiRFT has gone into to support clinical validation (SB were not able to support this). Awaiting action from CTM
- Understand the impact and plan following the Hernia workshop and the ENT visit
- Simon Jones offer to support Referral Review
- INNU Process
- Transformation programmes launch

5.1 Planned Care Recovery Programme

Monthly Outpatient data up to June 2023. Monthly Inpatient & Daycase data up to July 2023
CTM Targetted Intervention





Additional Tasks Competed
- Theatre Workforce approved by ELG
- Insourcing for Endoscopy to commence
- Increase in backfill rate via 6-4-2 process

Next Steps
- INNU Criteria and implementation
- Health pathways with primary care development to reduce demand
- Service transformation
- Review of theatre change and baseline as Trauma capacity increased across CTMUHB

Risks
- Workforce
- Number of areas that require transformation
- Diagnostics
- Pre-assessment
- Demand levels continue at higher levels
- WPAS system
- Digital solution – Text remind and Digital dictation

Recommendation:	**The Board or Committee are asked to:**
	Example: *The Committee are asked to:* • *Review the risks escalated to the Organisational Risk Register at Appendix 1.* • *Review the Strategic Risk 6 included on the Board Assurance Framework at Appendix 2.* • *Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.*

(Agenda Item) 6.1	31 October 2023	Planning , Performance & Finance Committee	M6 Finance Report

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

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

2023-24 Finance Report

Month 6

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

cwmtafmorgannwg.wales

Summary

Situation

Our draft financial plan for 23/24 was submitted to Welsh Government (WG) on 31 March 2024. The draft plan identified a forecast deficit of £79.6m and WG confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to WG at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m was not changed. The draft plan includes a £27.3m savings target which will require a significant step up in savings delivery compared to recent years.

The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.

In response to a WG request, the Health Board has submitted its potential savings options to improve the £79.6m forecast deficit by 10%,20%,30%. As at the time of submission no formal response has been received from WG.

This report outlines our financial performance against the draft plan for Month 6 (i.e. the period to 30th September 2023.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 6 (i.e. the Delegated budget position).This financial performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.

Background

The financial plan for 23/24 is based on a 'Control Total' approach which requires the Care Groups and Directorates to deliver a maximum allowable overspend of £23.8m.

To meet the Control Total target Care Groups and Directorates will need to deliver a £28.3m Savings target from their M11 forecast out-turn positions for 22/23. In addition, since their forecast recurrent positions were greater than the In year positions, the Care Groups and Directorates will also need to deliver £11.7m of savings to cover the Non Recurrent benefits reported in 22/23.

In summary:

	Delegated £m	Non Delegated £m	Total £m
Assessed Underlying Position	63.8	-29.6	34.2
Savings required to cover the NR Benefits from 22/23 assumed to be delivered in 23/24 plan	-11.7	4.8	-6.9
New 23/24 Savings Target	-28.3	1.0	-27.3
Control Total	**23.8**	**-23.8**	**0.0**

Any reported overspends against the Delegated Control Total will therefore be due to.:

- Shortfalls in savings to meet the £28.3m target for 23/24
- Shortfalls in savings to cover the £11.7m of NR benefits reported in 22/23
- Other operating variances

Summary

Assessment	Recommendation
Overall Revenue position: • The M6 in month position reported a £5.2m deficit. This represents a £2m improvement compared to the M1-5 average run rate £7.2m/month. • The M6 YTD position is now reporting a £41.2m deficit against the Revenue Resource Limit. This represents a £1.4m adverse variance compared to 6/12th of the forecast £79.6m deficit in the financial plan (£39.8m). • The main driver for the £1.4m YTD adverse variance is shortfalls in savings delivery (£1.9m). • The year end forecast remains at £79.6m which is consistent with the draft plan. The key risks to the forecast deficit are included in the Risk table on Page 16. The key risks mainly relate to a number of WG funding assumptions awaiting confirmation. The total net risk is £5.1m. • **The Health Board is also waiting a response from WG on its 10%/20%/30% proposals and may be required to deliver an improvement on the current forecast deficit of £79.6m.** **Savings position:** • Actual savings to M6 was £11.7m which is £1.9m below the M6 YTD savings target of £13.6m. • The M6 forecast In year savings is now £26.2m. This represents a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target. • The M6 forecast Recurrent savings of £26.1m is £1.2m below the £27.3m target. **Cash position:** • The forecast Cash Flow position to year end shows a projected deficit of £79.5m. This reflects the current plan deficit and will require strategic cash support from WG . Without cash support there will be a cash shortfall in the latter months of the financial year.	The PPFC is asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 30th September 2023.

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Slide	Subject Area
5	Executive Summary
6	YTD Performance & Forecast
7-9	Pay Expenditure Trends
10	Non pay Expenditure Trends
11	COVID Expenditure Trends
12	Income Trends
13-14	Income Assumptions
15	Savings
16-17	Risk Management
18	Statement of Financial Position
19	Cash Flow forecast
20	Public Sector Payment Policy Compliance
21	Capital Expenditure

Executive Summary

Overall Revenue Position

- The M6 in month position reported a £5.2m deficit. The average run rate for M1-5 was £7.2m.
- The M6 YTD position is reporting a £41.2m deficit against the Revenue Resource Limit. This represents a £1.4m adverse variance compared to 6/12th of the forecast £79.6m deficit in the financial plan (£39.8m).
- The year end forecast remains at £79.6m which is consistent with the draft plan. The key risks to the forecast deficit are included in the Risk table on Page 16. The most significant risks remain WG funding risks. The total net risk is £5.1m.

Savings

- Actual savings to M6 YTD was £11.7m which is £1.9m below the M6 YTD savings target of £13.6m.
- The M6 forecast In year savings is now £26.2m. This represents a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target.
- The M6 forecast Recurrent savings of £26.1m is £1.2m below the £27.3m target.

Cash

- The closing cash balance at 30th September 2023 was £2.6m.
- The forecast Cash Flow position to year end shows a projected deficit of £79.5m. This reflects the current planed deficit for 23/24 and will require strategic cash support from WG. Without cash support there will be a cash shortfall in the latter months of the financial year.

Capital

- The latest Capital Resource Limit for 23/24 is £68.2m. This was issued on the 22nd August 2023.
- Expenditure to M6 was £32.4m.
- The forecast outturn capital position is breakeven to the CRL target.

Year to Date Performance and Forecast

	M6 Actual	M6 YTD	M6 Forecast	Financial Plan
	£m	£m	£m	
Core plan deficit	**4.4**	**36.8**	**70.6**	**70.9**
Exceptional Energy costs	0.8	4.4	9.0	8.7
Covid programme costs:				
Health Protection	0.6	2.9	7.5	9.1
PPE	0.0	0.2	0.4	1.0
Adferiad	0.1	0.3	1.0	1.0
Nosocomial	0.0	0.2	0.6	0.6
Anticipated funding	(0.7)	(3.6)	(9.4)	(11.7)
Total	**0.0**	**0.0**	**0.0**	**0.0**
Grand total	**5.2**	**41.2**	**79.6**	**79.6**

Key Points:

- The M6 position was a £5.2m deficit. This represents a £1.4m positive variance compared to the monthly planned deficit of £6.6m. This was also a £2.0m improvement on trend.
- The M6 YTD position is a £41.2m deficit. This represents a £1.4m adverse variance compared to 6/12th of the £79.6m deficit (£39.8m) included in the draft plan submitted to WG on 31st March.
- If this £1.4m YTD overspend continued for the rest of the year, the Health Board would end the year with an overspend of circa £2.8m above the £79.6m planned deficit. The latest savings plans are forecasting a £2.8m improvement on trend in the next 6 months which , if fully delivered, would close this gap.
- As at M6 we are maintaining a forecast deficit of £79.6m for 23/24 which is consistent with the draft financial plan. However, this forecast is not without significant risk. The key risks to the forecast deficit are included in the Risk table on Page 16. The most significant risks are WG funding risks of £5.4m plus the £2.8m step up in savings noted above.
- **The Health Board is awaiting a response from WG on its 10%/20%/30% proposals and may be required to deliver an improvement on the current forecast deficit of £79.6m.**

Pay Expenditure Trends

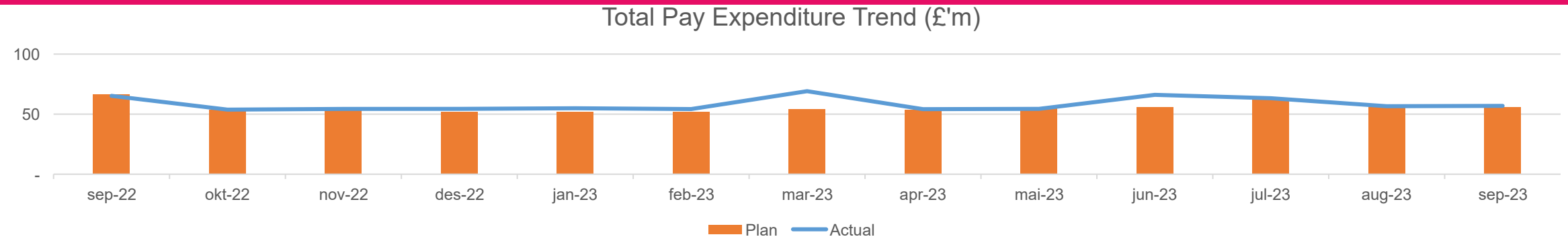
Staff Group	Apr-23 £'m	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m
Administrative & Clerical	7.5	7.3	9.6	8.9	7.6	7.6
Medical And Dental	13.5	14.2	14.4	14.6	14.8	14.9
Nursing And Midwifery Registered	17.1	16.6	21.1	20.2	17.4	17.6
Add Prof Scientific And Technical	1.5	1.5	1.9	1.8	1.7	1.7
Additional Clinical Services	7.2	7.1	9.4	8.7	7.4	7.2
Allied Health Professionals	3.2	3.4	4.2	4.1	3.5	3.5
Healthcare Scientists	1.1	1.1	1.3	1.3	1.1	1.1
Estates And Ancillary	3.0	3.3	4.2	3.7	3.1	3.3
Students	.0	.0	.0	.0	.0	.0
Grand Total	**54.1**	**54.4**	**66.1**	**63.3**	**56.6**	**56.9**

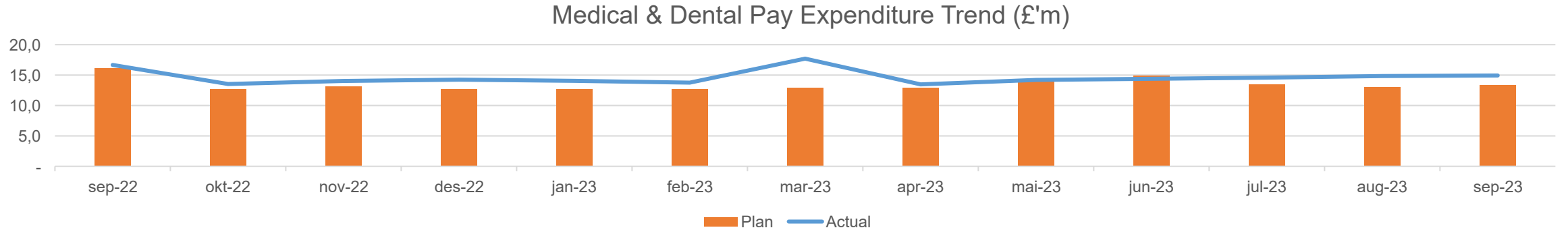
Spend category	Apr-23 £'m	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m
Core	46.2	46.1	58.0	53.8	48.2	48.7
Agency	4.3	4.5	4.0	4.8	3.9	3.8
Overtime	1.3	1.3	1.2	1.8	1.4	1.7
ADH	1.1	1.2	1.4	1.4	1.7	1.4
Bank	1.1	1.0	1.1	1.2	1.1	1.0
WLI	.1	.3	.3	.2	.3	.2
Grand Total	**54.1**	**54.4**	**66.1**	**63.3**	**56.6**	**56.8**

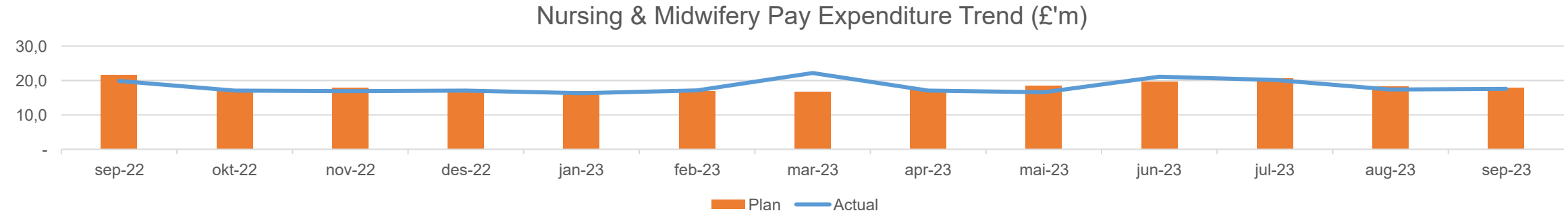
Key Points:

- The Jun-23 expenditure of £66.1m included the non recurrent recovery payment of £11.7m. The net position after allowing for this one off item was £54.4m
- The Jul-23 expenditure of £63.3m included £8m for the 23/24 A4C pay award of 5% including arrears. The net position excluding this item was £55.3m.
- The M6 spend of £56.8m is consistent with M5 and also the M1-5 average run rate after adjusting for the £11.7m recovery payment in M3.
- Agency expenditure has slightly decreased by £0.1m in M6
- Overtime has increased by £0.3m.
- ADHs have decreased by £0.3m.

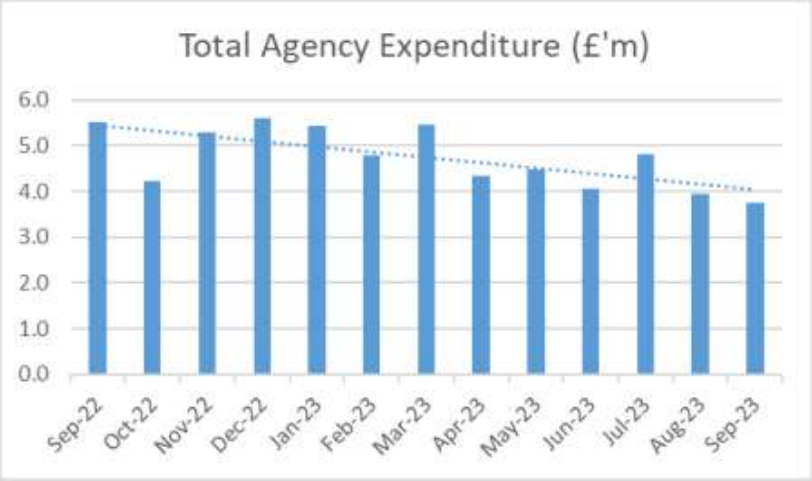
Pay Expenditure Trends

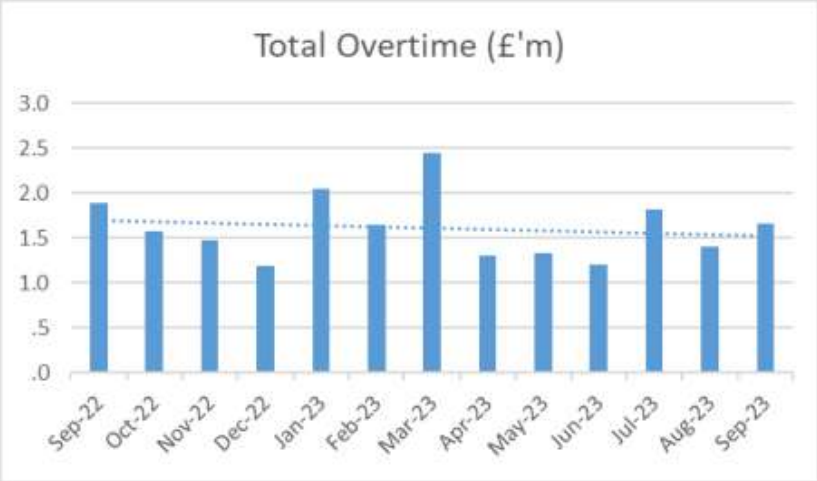


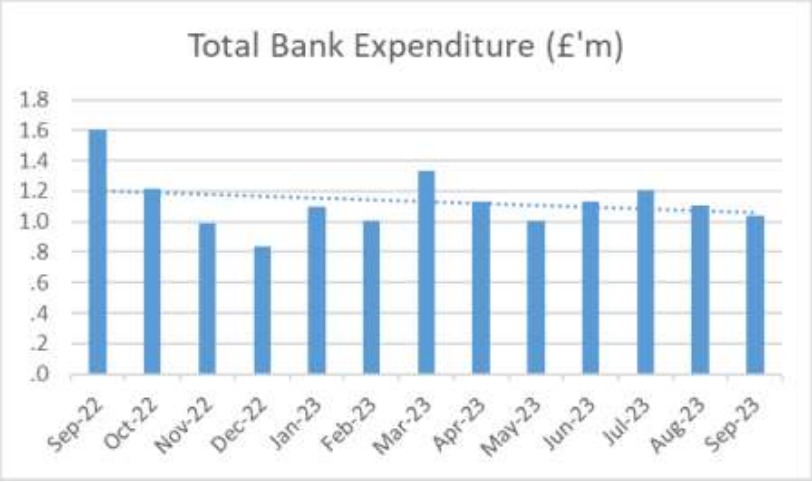


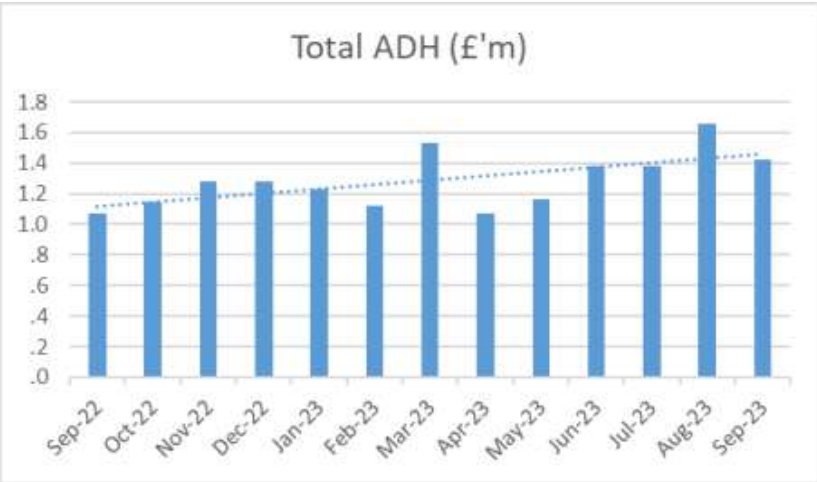


Variable Pay Expenditure Trends









Key Points :

- Agency expenditure has decreased in M6 by £0.1m. This is primarily driven by Medical (£0.3m) & Add Clinical Service (£0.2m)
- Overtime payments have increased by £0.3m.
- ADH Expenditure has decreased by £0.3m.
- Bank has decreased slightly, whilst enhancements have slightly increased.

Non Pay Expenditure Trends

Non Pay Group	Apr-23 £'m	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m
Primary Care Contractors	10.9	11.1	12.3	11.6	12.2	11.9
Primary Care Drugs	9.7	8.4	8.9	8.8	8.8	7.8
Provider Non Pay	8.4	9.3	13.2	9.2	9.4	10.3
Secondary Care Drugs	3.6	5.2	4.6	4.4	4.5	4.8
Healthcare Commissioning	21.2	20.6	22.2	21.9	22.0	21.4
CHC & FNC	5.9	5.9	6.1	6.3	6.1	2.0
Other	3.4	5.4	4.6	4.7	5.0	5.0
Total Expenditure	**63.2**	**65.9**	**71.7**	**67.0**	**68.0**	**63.2**

Key Points:

- The M6 YTD non pay expenditure decreased by £4.8m compared to M5. Key movements:
- Primary Care Drugs decreased by £1.0m following positive prescribing date for July.
- Provider non pay expenditure increased by £0.9m, this is mainly due to profile of energy costs as we approach winter periods.
- The £4.1m reduction in CHC & FNC includes an accountancy gain of £3.8m , leaving a net reduction of £0.3m compared to M5.

COVID Expenditure Trends

COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000
Programme costs						
Health Protection – TTP	113	133	97	123	70	88
Health Protection - Vaccination	372	285	306	308	475	725
PPE	83	(33)	37	18	58	21
Adeferiad	39	47	39	50	37	41
Noscomial	39	27	45	46	55	53
Total Covid costs	**646**	**459**	**525**	**545**	**695**	**928**
Anticipated funding	**(646)**	**(459)**	**(525)**	**(545)**	**(695)**	**(928)**
Total	**0**	**0**	**0**	**0**	**0**	**0**

Key Points:

- M6 expenditure has increased by £233k compared to M5. This is due to increased spend on the vaccination programme. The M6 YTD spend for Health Protection (including vaccination) is £3.1m and the year end forecast is £7.5m

- This forecast is £1.6m lower than the £9.1m initial funding allowance. It is important to note that this improvement of £1.6m has not been recognised in the HB financial position as it has been matched with an anticipated allocation reduction of £1.6m. This opportunity was included in our potential options to improve the forecast deficit by 10%,20%,30%.

Income Trends

Income Group	Apr-23 £'m	May-23 £'m	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m
Welsh NHS Income	6.8	6.9	7.7	7.3	8.2	6.0
WHSSC Income	1.0	1.0	1.0	1.0	1.0	1.0
Primary Care Contractor Income	0.8	1.2	1.2	1.2	1.2	1.1
CHC Income	0.5	0.4	0.5	0.5	0.5	0.5
Other Income	3.5	3.4	3.5	3.4	3.3	4.0
Total Expenditure	**12.6**	**12.9**	**13.8**	**13.4**	**14.1**	**12.6**

Key Points:

- The M6 income has increased by £0.3m compared to M5.
- Welsh NHS Income decreased by £2.2m. This includes a £1.3m income reduction for ABUHB following the outcome of the WG arbitration case
- Other Income increased by £0.7m. This includes £0.5m of additional income from DHCW.

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,083.1	28.75	23.5	83.5	1,218.9
Anticipated Allocations:					
RLW Social Care Workers	4.8				4.8
COVID Programme costs	7.4				9.0
1.5% Consolidate NHS Pay Award 22/23	8.9				8.9
Regional PCR Plans	7.3				7.3
Mental Health Investment Funding	0.8				0.4
Six Goals and Same Day Emergency Care (SDEC)	3.0				3.0
23/24 Pay award	30.7				24.2
EASC – Emergency Ambulance Capacity	0.8				
IFRS Revenue Adjustment	-2.4				-2.4
WRP contribution	-3.5				-3.5
Other	-0.8				2.3
Total Allocations	**1,140.1**	**28.75**	**23.5**	**83.5**	**1,275.9**

Key Points:

- As at M6 the confirmed Revenue Resource allocation was £1,218.9m.
- The forecast position assumes a further £57.0m of Anticipated allocations to give a Total allocation of £1,275.9m.
- Until formally confirmed by WG, there are a number of risks associated with some of the these anticipated allocations. These are included in the Risk table on Page 16.

Income Assumptions - NHS

	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	0.9	**30.7**
Aneurin Bevan University	20.0	1.3	**21.3**
Betsi Cadwaladr University	0	0.2	**0.2**
Cardiff & Vale University	17.2	1.5	**18.7**
Cwm Taf Morgannwg University	0.0	0.0	**0.0**
Hywel Dda University	0.5	0.3	**0.8**
Powys	5.1	0.5	**5.6**
Public Health Wales	3.3	0.8	**4.1**
Velindre	0	10.2	**10.2**
NWSSP	0	0.0	**0.0**
DHCW	1.3	0.0	**1.3**
Wales Ambulance Services	0.0	0.0	**0.1**
WHSSC	11.2	1.1	**12.3**
EASC	0.0	0.0	**0**
HEIW	0.0	14.7	**14.7**
NHS Wales Executive	0.0	0.0	**0.0**
Total	**88.6**	**31.5**	**120.1**

Key Points :

- LTA agreements have been agreed by all Health Boards and Trusts.
- During M6, WG have confirmed the outcome of the arbitration with ABUHB. This decision has resulted in an income reduction of £2.0m for the Health Board, which was not assumed in our original financial plan. This has been reflected in our M6 YTD position and our year end forecast at M6.

Savings

	Month 6			Month 5		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M6	13.6	27.3	27.3	11.4	27.3	27.3
Actual and Forecast Savings	(11.7)	(26.2)	(26.1)	(8.2)	(22.9)	(23.6)
Total	1.9	1.1	1.2	3.2	4.4	3.7

Key Points:

- The actual savings to M6 was £11.7m which is £1.9m below the M6 YTD savings target of £13.6m.
- The M6 forecast In year savings is £26.2m. This represents a step up of £2.8m in the last 6 months of the year and a forecast gap of £1.1m compared to the £27.3m target.
- The M6 forecast Recurrent savings of £26.1m is £1.2m below the £27.3m target.
- Forecast savings have increased by £3.5m from M5. The most significant change from M5 is the reinstatement of £2.0m for Primary care prescribing savings following positive data for M4 and new Cat M Prices.
- The following plans have been identified to close the forecast £1.1m savings shortfall:
  - Reduction/delay in planned investments £ 1.2m

Risk Management Risks and Opportunities

	M6 £m	M5 £m	Comment
Savings delivery risks:			
Forecast step up in savings delivery in second 6 months of the year.	2.8	1.3	See Page 15
Funding risks:			
Assumed funding for the impact of RLW in 23/24 o £2.4m. Estimated risk 50%.	1.2	1.2	Further clarification needed on funding assumptions for 23/24.
Risk of the 23/24 recurrent pay award not being fully funded given the £1.9m recurrent shortfall in 22/23. Actual A4C costs £24.2m, M&D TBC.	1.5	1.5	Further clarification needed on funding assumptions for 23/24.
Risk of 22/23 recurrent pay award payments already made not being fully funded. Actual costs £9.0m	0.5	0.5	Further clarification needed on funding assumptions for 23/24.
Dental contract – the latest forecast assumes that any underperformance on contracts can be used to offset income shortfalls and any net underspend can be retained by the Health Board.	Tbc	Tbc	As at M6, the Health Board is not anticipating any underspend on the Dental Allocation..
EASC Emergency Capacity (100wte)	0.8	0.8	Funding clarification needed on funding assumptions for 23/24.
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	1.4	0.0	Total allocation assumed = £7.3m
Cost pressure risks:			
Contracting risks with other Health Boards	0.0	4.1	Arbitration decision received and impact now included in forecast.
Changes to WRP risk sharing percentages	0.5	0.0	Potential mitigation if the All wales risk share quantum reduces.
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	Tbc	Tbc	The latest forecast is showing a £9.0m overspend which is £0.3m above the £8.7m included in the financial plan.
Total Risks	**8.7**	**9.4**	

Key Points :

- The draft plan highlighted several significant risks and opportunities.
- As at M6 we are reporting total risks of £8.7m offset by total opportunities of £3.6m (next page) to give a net position of £5.1m.
- The most significant risks are :
  - The forecast step up in savings in the second 6 months of the year £2.8m.
  - WG funding risks £5.4m.

Risk Management Risks and Opportunities

	M6 £m	M5 £m	Comment
Contingencies / Opportunities			
Further balance sheet review within 22/23	Tbc	Tbc	
Retrospective vat recoveries – Primary care and Microsoft contract	(0.5)	(0.5)	
Energy Non-Commodity Forecast (NWSSP)	(1.3)	(1.5)	As per NWSSP latest forecast
Llantrisant Health park dilapidations income	(1.8)	0.0	
Total Opportunities	(3.6)	(2.0)	
Total	**5.1**	**7.4**	

Key Points :

- The main change in M6 is the inclusion of Llantrisant Health Park dilapidations income . We have requested confirmation from WG if this income can be retained by the Health Board.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M05 £'000	Closing Balance as at M06 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	671,953	674,455
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	**709,298**	**722,394**	**724,896**
Current Assets			
Inventories	7,017	6,890	7,291
Trade and Other Receivables	74,622	94,362	99,281
Cash and Cash Equivalents	1,348	6,005	2,583
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	**83,232**	**107,502**	**109,400**
Current Liabilities			
Trade and Other Payables	169,055	182,590	152,672
Provisions	27,320	42,338	41,346
Total Current Liabilities	**196,375**	**224,928**	**194,018**
Non-Current Liabilities			
Trade and Other Payables	20,069	20,069	20,069
Provisions	52,164	52,164	52,164
Total Non-Current Liabilities	**72,233**	**72,233**	**72,233**
TOTAL ASSETS EMPLOYED	**523,922**	**532,735**	**568,045**
Financed By:			
General Fund	428,850	437,663	472,973
Revaluation Reserve	95,072	95,072	95,072
TOTAL	**523,922**	**532,735**	**568,045**

Key Points :

- The closing cash balance at M6 was £2.6m. The forecast cash balance at year end is a deficit of £79.6m. This position is after assuming receipt of £10m of working balances cash from WG. See next slide.
- Significant movements between M5 and M6:
- Trade and Other payables have decreased by £28m. This is due to the timing of the pharmacy payments which has reduced the accrual by £15m plus further reductions of £13m including trade payables and NHS accruals.
- Trade and other receivables value has increased by £6.7m , mainly due to increases in non nhs invoices and accounts receivable control.
- Property, Plant & Equipment has also increased by £2.5m..

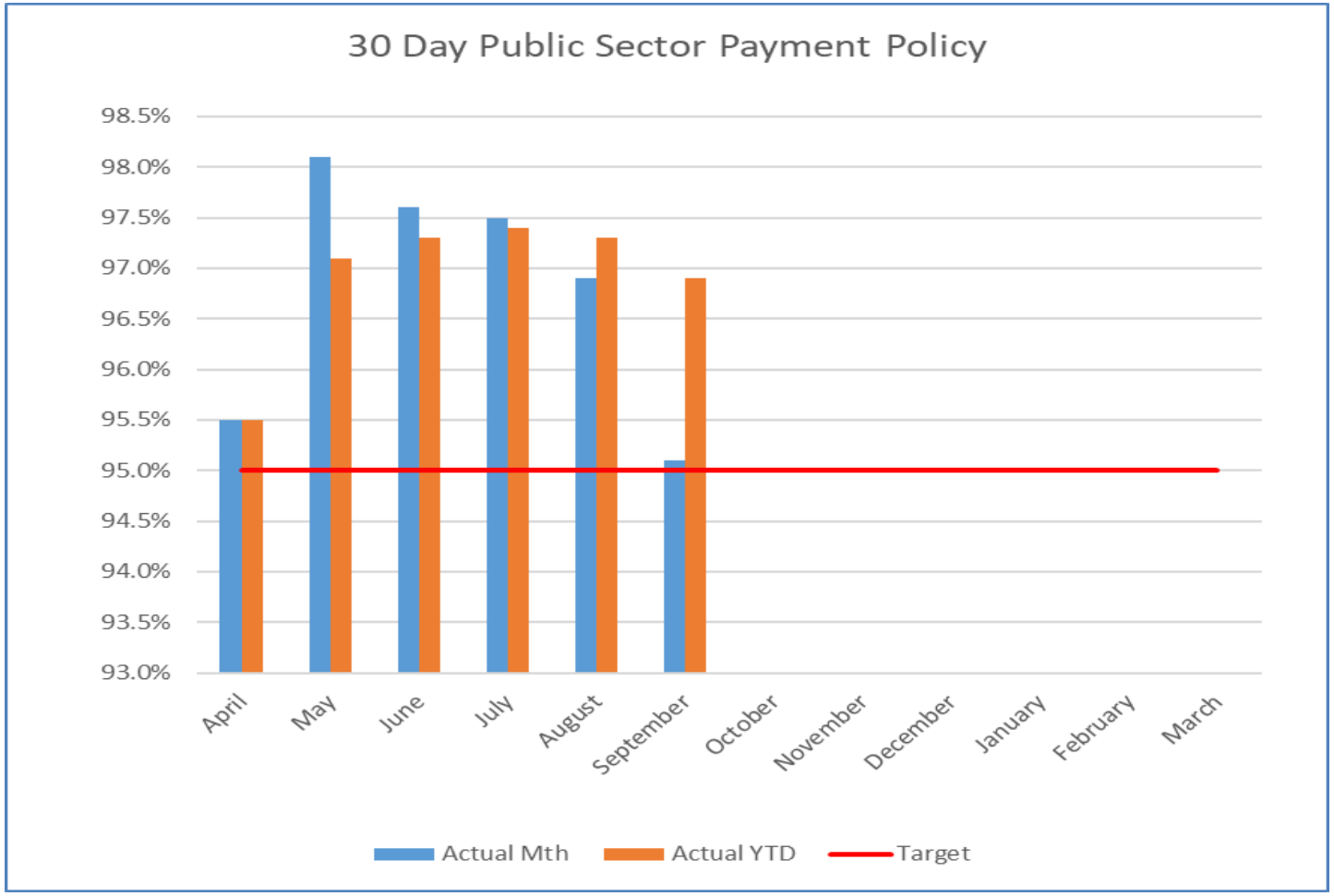
Cash Flow Forecast

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	113,271	100,294	122,791	110,817	99,506	134,790	98,000	113,100	120,000	97,000	108,000	47,638	1,265,207
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,300	5,700	6,600	11,123	71,223
Sale of Assets	0	249	1	0	0	0	0	0	0	0	0	0	250
Welsh NHS Org'ns	12,193	12,612	9,598	11,011	11,091	8,687	11,300	11,300	11,300	11,300	11,300	11,300	132,992
Other	5,917	7,290	2,069	2,737	3,983	4,660	7,200	2,700	3,200	3,200	3,200	3,200	49,356
Total Receipts	**131,381**	**130,445**	**139,959**	**131,065**	**119,680**	**154,637**	**121,000**	**132,500**	**138,800**	**117,200**	**129,100**	**73,261**	**1,519,028**
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,674	29,928	7,544	19,080	33,335	8,665	19,430	19,015	231,000
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	0	0	0	0	0	0	118,373
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	54,700	52,800	52,700	52,800	52,500	53,000	633,092
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,239	57,285	46,803	73,680	58,800	59,700	53,300	55,700	57,600	83,253	605,360
Total Payments	**128,040**	**129,725**	**142,414**	**130,209**	**117,485**	**158,059**	**121,044**	**131,580**	**139,335**	**117,165**	**129,530**	**155,268**	**1,599,854**
Net Cash In/Out	3,341	720	(2,455)	856	2,195	(3,422)	(44)	920	(535)	35	(430)	(82,007)	
Balance B/F	1,348	4,689	5,409	2,954	3,810	6,005	2,583	2,539	3,459	2,924	2,959	2,529	
Balance C/F	4,689	5,409	2,954	3,810	6,005	2,583	2,539	3,459	2,924	2,959	2,529	(79,478)	

Key Points within the Cash Flow Forecast :

- The closing cash balance at 30th September 2023 was £2.58m.
- The forecast Cash Flow position to year end shows a projected deficit of £79.5m. This reflects the latest forecast deficit at M6 and will require strategic cash support. Without cash support there will be a cash shortfall in the latter months of the financial year. There is also an assumption that £10m of working balances cash is received from WG.

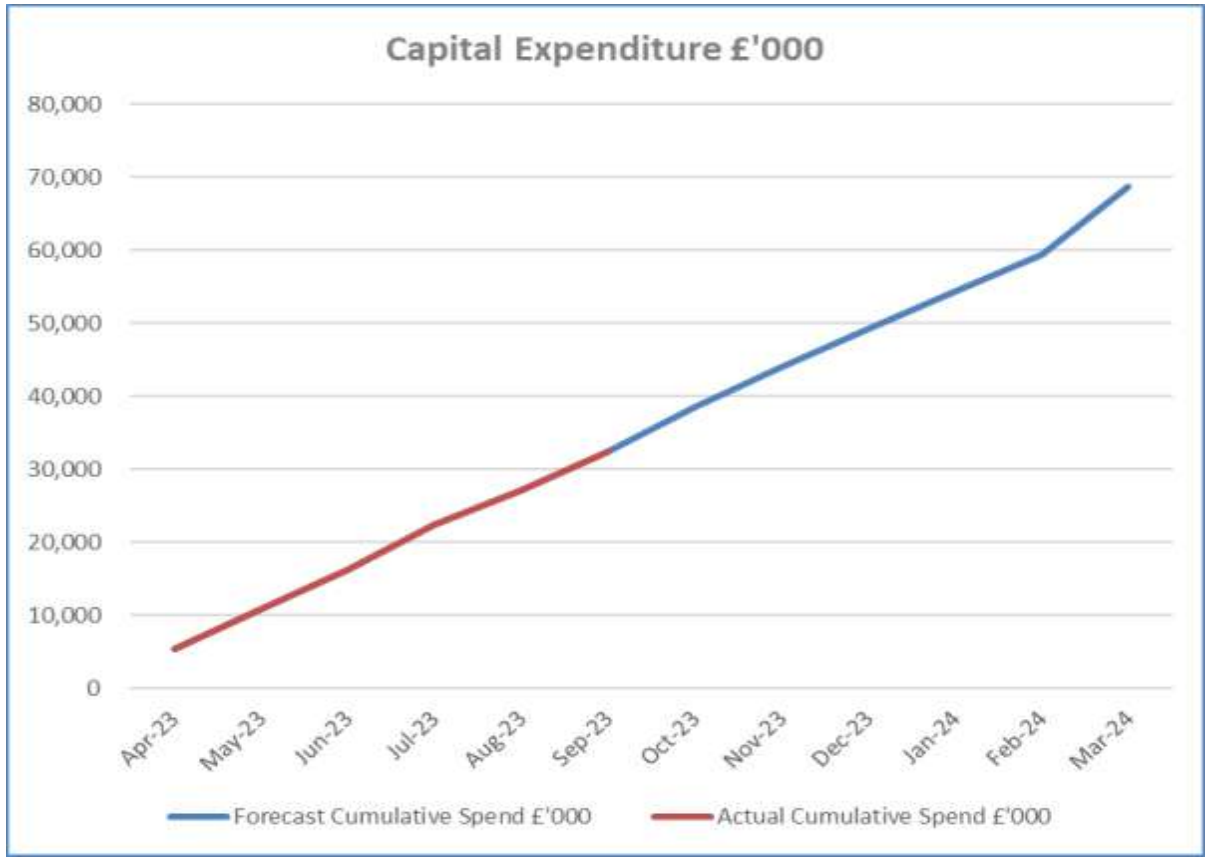
Public Sector Payment Policy



Key Points in the Public Sector Payment Policy :

- The percentage for the number of non-NHS invoices paid within the 30 day target in September was 95.1%.
- The cumulative percentage year to date is 96.9%. The PSPP target is therefore currently being achieved up to M6 of 2023-24.

Capital Expenditure



Key Points in Capital Expenditure:

- The latest Capital Resource Limit for 2023-24 is £68.2m. This was issued on the 22nd August 2023.
- This is supplemented by £0.2m of donated funds and £0.3m of assets disposed of in this financial year giving an overall programme of £68.7m.
- Expenditure to M6 was £32.4m.
- The forecast outturn capital position is breakeven to the CRL target.

(Agenda Item) 6.2	31 October 2023	Planning , Performance & Finance Committee	M6 Finance Performance Report

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

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

2023-24 Finance Performance Report

Month 6

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

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Summary

Situation

Our draft financial plan for 23/24 was submitted to Welsh Government (WG) on 31 March 2024. The draft plan identified a forecast deficit of £79.6m and WG confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to WG at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m is unchanged. We are awaiting feedback on the 31 May submission.

The purpose of this report is focus on the financial performance of the individual Care Groups and directorates as at M6 (i.e. the **Delegated** budget position). This financial performance report is discussed at the PPFC and ELG meetings .

Where required, PPFC may request further information or a 'deep dive' on the financial performance of individual ILGs and directorates.

A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M6.The overall financial position report is discussed at the Full Board, the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG).

Background

The financial plan for 23/24 is based on a 'Control Total' approach which requires the Care Groups and Directorates to deliver a maximum allowable overspend of £23.8m.

To meet the Control Total Care Groups and Directorates will need to deliver a £28.3m Savings target from their M11 forecast out-turn positions for 22/23. In addition, since their forecast recurrent positions were greater than the In year positions, the Care Groups and Directorates will also need to deliver £11.7m of savings to cover the Non Recurrent benefits reported in 22/23.

In summary:

	Delegated £m	Non Delegated £m	Total £m
Assessed Underlying Position	63.8	-29.6	34.2
Savings required to cover the NR Benefits from 22/23 assumed to be delivered in 23/24 plan	-11.7	4.8	-6.9
New 23/24 Savings Target	-28.3	1.0	-27.3
Control Total	**23.8**	**-23.8**	**0.0**

Any reported overspends against the Delegated Control Total will therefore be due to.:

- Shortfalls in savings to meet the £28.3m target for 23/24
- Shortfalls in savings to cover the £11.7m of NR benefits reported in 22/23
- Other operating variances

Savings plans are only reported against the 23/24 Savings target once the NR benefits reported in 22/23 have been covered.

Summary

Assessment	Recommendation
The M6 **Delegated** overspend was £2.7m. Which is an adverse variance of £0.7m more than the monthly control total of £2.0m, This represents a £1.3 improvement when compared to the M1-5 run rate of £2.1m. The M6 YTD **Delegated** overspend now stands at £23.1m, which is an adverse variance of £11.3m compared to the M6 YTD Control Total of £11.8m. This Control Total variance includes: • £6.1m shortfall against the new delegated £28.3m savings targets for 23/24 • £5.2m of other adverse operating variances. The main variances to control at M6 YTYD are as follows: • DT&S (Meds Mgt) - £3.3m • Unscheduled Care - £2..4m • Planned Care - £2.0m • DT&S CSS - £1.6m • Children & Families - £1.1m • Mental Health & LD – £1.0m A simple extrapolation of the M6 YTD position would indicate a forecast Delegated overspend of circa £46.4m which is £22.6m above the Delegated Control Total of £23.8m.	The PPFC is asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 30th September 2023.

Contents

Slide	Subject Area
5	Executive Summary
6-8	Summary Performance
9-10	Summary Performance – Corporate directorates
11-21	Annex A - Savings Performance report
23-27	Annex B – Care Group trend analysis

Executive Summary

Current Month Analysis

- The M6 Delegated overspend was £2.7m. Which is an adverse variance of £0.7m more than the monthly control total of £2.0m, This represents a £1.3 improvement when compared to the M1-5 run rate of £2.1m.

Year to Date Analysis

- The M6 YTD position is reporting an adverse variance against the Control Total for **Delegated** budgets of £11.3m. The M6 Delegated overspend of £11.3m includes:
  - A shortfall against the M6 YTD **Delegated** 23/24 savings target of £6.1m.
  - Other adverse Operating variances of £5.2m.

Forecast Position

- A simple extrapolation of the M6 YTD position would indicate a forecast Delegated overspend of circa £46.4m which is £22.6m above the Delegated Control Total of £23.8m.
- The latest Bottom up forecasts from the Care Groups and directorates is also indicating a similar level of overspend (see page 8).

M6 Summary Performance – YTD variance against Control totals

	Annual Budget	Control Total	M6 Variance against Control Total	YTD Variance against Control Total
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	165.7	3.1	0.3	2.0
Unscheduled Care	161.3	13.1	0.2	2.4
Primary & Community Care	199.2	0.0	0.0	0.5
Mental Health & Learning Disabilities	114.5	0.0	(0.1)	1.0
Children & Families	77.3	0.0	0.1	1.1
Diagnostics, Therapies & Specialties (Med Mgt)	149.1	5.5	(0.1)	3.3
Diagnostics, Therapies & Specialties (Therapies)	28.5	0.0	(0.0)	(0.1)
Diagnostics, Therapies & Specialties (CSS)	54.9	0.0	0.2	1.6
Facilities	44.7	1.9	0	0.4
Corporate directorates	115.0	0.1	(0.6)	(1.3)
Contracting & Commissioning	145.2	0.0	0.7	0.3
Total Delegated Budgets	**1255.6**	**23.8**	**0.8**	**11.3**

Key Points :

- The M6 **Delegated** position is showing a £0.8m adverse variance against the Control Total. This represents a £1.3 improvement when compared to the M1-5 run rate of £2.1m.
- The main overspending areas are as follows:
  - DT&S (Meds Mgt) - £3.3m
  - Unscheduled Care - £2..4m
  - Planned Care - £2.0m
  - DT&S CSS - £1.6m
  - Children & Families - £1.1m
  - Mental Health & LD – £1.0m
- The main reasons for the £11.3m **Delegated** overspend against the Control Total is provided on the next page.

M6 Summary Performance – YTD variance against Control totals

DELEGATED BUDGETS	Year to Date Variance (M06-24) 23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Women & Children	666	78	404	1,148
Mental Health & LD	662	(51)	426	1,036
Planned Care	1,086	(300)	1,245	2,030
Diagnostics, Therapies & Specialties (CSS)	624	(71)	1,054	1,607
Diagnostics, Therapies & Specialties (Med Mgt)	1,171	790	1,305	3,265
Diagnostics, Therapies & Specialties (Therapies)	(2)	(4)	(103)	(110)
Unscheduled Care	710	(510)	2,181	2,381
Primary Care & Community	623	(132)	(24)	467
Facilities	264	155	(26)	392
Corporate directorates	371	22	(1,686)	(1,293)
Contracting & Commissioning	(118)	0	466	349
TOTAL DELEGATED BUDGETS	**6,056**	**(25)**	**5,241**	**11,273**

Key Points :

- The £11.3m YTD **Delegated** overspend includes:
  - A shortfall against the M6 YTD Delegated 23/24 savings target of £6.1m.
  - A favourable variance for the M6 YTD Delegated B/Fwd savings target of £0.03m.
  - Other Operating Variances of £5.2m.
- Further information on the savings shortfalls (23/24 Savings and B'fwd savings) is provided at Annex A.
- Other Operating variances – The main adverse operating variances are for:
  - Unscheduled Care - £2,181k - predominantly driven by medical staffing spend.
  - DT&S CSS - £1,054k – mainly due to Roche Contract Activity, High Cost Drugs and AHP agency.
  - Planned Care - £1,245k – attributed to surge capacity, High Cost Drugs and activity driven non pay.
  - DT&S Med Mgt - £1,305k – Community Pharmacy contract Prior Year Adjustment.
  - Mental Health - £426k – mainly due to increased CHC costs.
- A breakdown of the Corporate directorate positions is provided on pages 9 and 10.

M6 Summary Performance – Forecast variance against Control totals

	Annual Budget	Control Total	YTD Variance against Control Total	Straight line forecast variance	Adjusted M5 Care group forecast variance	Forecast variance compared to Straight line
	£m	£m	£m	£m	£m	£m
Delegated Budgets						
Planned Care	165.7	3.1	2.0	4.0	5.4	1.4
Unscheduled Care	161.3	13.1	2.4	4.8	3.8	(1.0)
Primary & Community Care	198.7	0.0	0.5	1.0	0.3	(0.7)
Mental Health & Learning Disabilities	114.5	0.0	1.0	2.0	2.8	0.8
Children & Families	77.3	0.0	1.1	2.2	1.5	(0.7)
DT&S (Med Mgt)	147.4	5.5	3.3	6.6	6.9	0.3
DT&S (Therapies)	28.5	0.0	(0.1)	(0.2)	(0.1)	0.1
DT&S (CSS)	54.9	0.0	1.6	3.2	2.8	(0.4)
Facilities	114.4	1.9	0.4	0.8	(0.4)	(1.2)
Corporate directorates	44.5	0.1	(1.3)	(2.6)	(2.2)	0.4
Contracting & Commissioning	145.2	0.0	0.3	0.6	1.3	0.7
Total Delegated Budgets	**1252.5**	**23.8**	**11.3**	**22.6**	**22.1**	**(0.5)**

Key Points :

- A simple extrapolation of the M6 position is indicating a forecast delegated overspend of circa £46.4m which is £22.6m above the Delegated control total of £23.8m.
- The latest bottom up forecasts from the Care Groups and Directorates is also indicating a similar level of overspend.
- A number of areas are forecasting year end positions which are worse than a straight line extrapolation of M6:
  - Planned Care - £1.4m
  - Mental Health & LD – £0.8m
  - Contracting - £0.7m

M6 Summary Performance Against Control Totals – Corporate directorates

Corporate Directorates	Annual Budget	Annual Control Total	M6 Variance against Control Total	M6 YTD Variance against Control Total
	£k	£k	£k	£k
Patient Care & Safety	14,940		(36)	75
Corporate Development	655		15	(61)
Chief Executive	3,645		(24)	(81)
Finance	4,574		(29)	(31)
Public Health	3,519		(48)	(209)
Digital	22,576		(64)	(18)
Medical Director	668		(30)	(17)
National Imaging Academy	1,613		0	0
Value Based Healthcare	2,226		(0)	(0)
Planning & Partnership	18,142		(49)	(86)
Research & Development	1,417		1	22
Estates	25,753		(220)	(574)
Therapies & Healthcare Sciences	205		2	(4)
Workforce & Organisational Development	10,196		(47)	(175)
COO Management	4,294	107	(27)	(134)
Grand total	**114,425**	**107**	**(556)**	**(1,293)**

Key Points for Year to Date Performance:

- The M6 YTD position is reporting a favourable variance against the Control Total of £1,293k.
- The main overspending areas are as follows:
  - Patient Care & Safety - £75k.

M6 Summary Performance Against Control Totals – Corporate directorates

Corporate directorates	Year to Date Variance (M06-24) 23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Patient Care & Safety	76	14	(14)	75
Corporate Development	(25)	2	(38)	(61)
Chief Executive	(46)	(8)	(28)	(81)
Finance	(0)	0	(31)	(31)
Public Health	4	22	(235)	(209)
Digital	260	17	(295)	(18)
Medical Director	0	0	(17)	(17)
National Imaging Academy	0	0	0	0
Value Based Healthcare	0	0	(0)	(0)
Planning & Partnership	9	0	(95)	(86)
Research & Development	0	0	22	22
Estates	31	0	(605)	(574)
Therapies & Healthcare Sciences	0	0	(4)	(4)
Workforce & OD	0	5	(180)	(175)
COO Management	62	(30)	(165)	(134)
TOTAL	**371**	**22**	**(1,686)**	**(1,293)**

Key Points for Savings:

- The M6 £1,293k favourable variance includes:
  - A shortfall against the M6 YTD Delegated 23/24 savings target of £371k.
  - A shortfall against the M6 YTD Delegated B/Fwd savings target of £22k.
  - Other favourable Operating Variances of £1,686k which have not yet been recognised as savings.
- Other Operating variances-
  - The only adverse variances at M6 is within Research & Development - £22k.

Annex A
Savings Performance Report

Month 6

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Background

The financial plan for 23/24 is based on a 'Control Total' approach which requires the Care Groups and Directorates to deliver a maximum allowable overspend of £23.8m.

To meet the Control Total Care Groups and Directorates will need to deliver a £28.3m Savings target from their M11 forecast out-turn positions for 22/23. In addition, since their forecast recurrent positions were greater than the In year positions, the Care Groups and Directorates will also need to deliver £11.7m of savings to cover the Non Recurrent benefits reported in 22/23.

In summary:

	Delegated £m	Non Delegated £m	Total £m
Assessed Underlying Position	63.8	-29.6	34.2
Savings required to cover the NR Benefits from 22/23 assumed to be delivered in 23/24 plan	-11.7	4.8	-6.9
New 23/24 Savings Target	-28.3	1.0	-27.3
Control Total	**23.8**	**-23.8**	**0.0**

Any reported overspends against the Delegated Control Total will therefore be due to.:

- Shortfalls in savings to meet the £28.3m target for 23/24
- Shortfalls in savings to cover the £11.7m of NR benefits reported in 22/23
- Other operating variances

Savings plans are only reported against the 23/24 Savings target once the NR benefits reported in 22/23 have been covered.

Detailed savings plans as completed by Care Groups and Directorates at Month 6 are attached at Annex A.

Executive Summary- Month 6

Year to Date Savings

- The M6 YTD Delegated savings shortfall of £6.1m is offset by a £4.1m favourable variance on Non delegated savings to give a M6 YTD total savings shortfall of £1.8m.

23/24 Savings Forecast

- The forecast delegated 23/24 WG Savings achievement is £19.3m (£15.9m M5) compared to the £28.3m savings target ,giving an adverse variance of £9.0m (£12.4m M5) for delegated budgets.
- The forecast recurrent delegated savings achievement is £19.6m (£17.0m M5) compared to the recurrent target of £28.3m, giving a recurrent adverse variance of £8.7m (£11.2m M5).
- Only 68% of the delegated savings target has been identified in plans, with the recurrent plans being 69%.
- The forecast delegated savings shortfalls of £9.0m and £8.7m are offset by a £7.9m & £7.5m favourable variances on Non delegated savings to give a total forecast savings shortfall of £1.1m In year and £1.2m Recurrently

Brought Forward Savings Forecast

- The forecast delegated brought forward savings achievement is £11.7m (£11.6m M5) compared to the £11.7m savings target, giving an adverse variance of £0.0m (£0.1m M5) for delegated budgets.
- The forecast recurrent delegated savings achievement is £4.0m (£4.0m M5) compared to the recurrent target of £11.7m, giving a recurrent adverse variance of £7.7m (£7.6m M5).
- Circa 100% of the current year savings target has been identified in plans, with the recurrent plans being only 35%.

Year to Date Performance – Month 6

DELEGATED BUDGETS	Year to Date Variance – Month 6			
	23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Women & Children	666	78	404	1,148
Mental Health & LD	662	(51)	426	1,036
Planned Care	1,086	(300)	1,245	2,030
DT&S (CSS)	624	(71)	1,054	1,607
DT&S (Med Mgt)	1,171	790	1,305	3,265
DT&S (Therapies)	(2)	(4)	(103)	(110)
Unscheduled Care	710	(510)	2,181	2,381
Primary Care & Community	623	(132)	(24)	467
Facilities (Non Hub)	264	155	(26)	392
Corporate Executives	371	22	(1,686)	(1,293)
Contracting & Commissioning	(118)	0	466	349
TOTAL DELEGATED BUDGETS	**6,056**	**(25)**	**5,241**	**11,273**
NON DELEGATED BUDGETS	**(4,172)**	**(2,422)**	**(3,287)**	**(9,880)**
TOTAL	**1,885**	**(2,446)**	**1,954**	**1,393**

Key Points :

- The M6 YTD position is reporting an adverse variance against the Delegated Control Total of £11.3m. This is offset by a £9.9m favourable variance for Non Delegated budgets to give a total M6 adverse variance of £1.4m (M5 :£2.9m).
- The M6 YTD Delegated overspend of £11.3m includes:
  - A shortfall against the M6 YTD Delegated 23/24 savings target of £6.1m (M5: £6.7m).
  - A favourable variance for the M5 YTD Delegated B/Fwd savings target of £0.02m (M5 : £0.12m).
  - Other adverse Operating Variances of £5.2m (M5 :£4.0m).
- The M6 Delegated savings shortfall of £6.1m is offset by a £4.1m favourable variance on Non delegated savings to give a M6 total savings shortfall of £1.8m (M5:£3.2m).

23/24 WG Savings Forecast- Month 6

DELEGATED BUDGETS	23/24 Welsh Government Savings Target				
	WG Savings Target £'000	F/Cast Achievement £'000	F/Cast Variance £'000	Rec F/Cast Achievement £'000	Rec F/Cast Variance £'000
Women & Children	1,904	1,067	837	1,629	275
Mental Health & LD	2,808	2,140	668	1,094	1,714
Planned Care	4,543	2,952	1,591	3,141	1,402
DT&S (CSS)	1,248	57	1,191	113	1,135
DT&S (Med Mgt)	5,256	3,038	2,218	2,660	2,596
DT&S (Therapies)	624	634	(10)	139	485
Unscheduled Care	5,111	3,846	1,265	4,570	541
Primary Care & Community	2,132	1,057	1,075	978	1,154
Facilities	1,526	1,775	(249)	3,288	(1,762)
Corporate Executives	2,135	1,527	608	965	1,170
Contracting & Commissioning	1,000	1,235	(235)	1,000	0
TOTAL DELEGATED BUDGETS	**28,287**	**19,327**	**8,960**	**19,577**	**8,710**
NON DELEGATED BUDGETS	(1,000)	6,943	(7,943)	6,543	(7,543)
TOTAL	**27,287**	**26,270**	**1,017**	**26,120**	**1,167**

Key Points :

- The forecast delegated Savings achievement is £19.3m compared to the £28.3m savings target, giving an adverse variance of £9.0m for Delegated budgets.
- The forecast recurrent delegated savings achievement is £19.6m compared to the recurrent target of £28.3m, giving a recurrent adverse variance of £8.7m.
- Only 68% of the £28.3m Delegated savings target has been identified in plans, with the recurrent plans being 69%.
- The areas with the greatest proportion of forecast savings compared to target are:
  - Facilities - **116%**
  - DT&S (Therapies) - **102%**
  - Contracting & Commissioning **124%**
- The areas with the lowest proportion of forecast savings compared to target are:
  - Clinical Support Services- **5%**
  - Primary Care & Community - **50%**
  - Women & Children **56%**
- The forecast delegated savings shortfalls of £9.0m and £8.7m are offset by a £7.9m & £7.5m favourable variances on Non delegated savings to give a total forecast savings shortfall of £1.1m In year and £1.2m Recurrently.

23/24 WG Savings Forecast- Month 6

DELEGATED BUDGETS	WG Savings Target £'000	Welsh Government Savings					
		F/Cast @ M06 £'000	F/Cast @ M05 £'000	Change £'000	Recurrent F/Cast @ M06 £'000	Recurrent F/Cast @ M05 £'000	Recurrent Change £'000
Women & Children	1,904	1,067	1,228	(161)	1,629	1,778	(149)
Mental Health & LD	2,808	2,140	2,145	(5)	1,094	1,094	0
Planned Care	4,588	2,952	2,907	45	3,141	3,101	40
DT&S (CSS)	1,248	57	61	(4)	113	113	0
DT&S (Med Mgt)	5,256	3,038	0	3,038	2,660	0	2,660
DT&S (Therapies)	624	634	634	0	139	139	0
Unscheduled Care	5,076	3,846	3,790	56	4,570	4,511	59
Primary Care & Community	2,132	1,057	853	204	978	1,058	(80)
Facilities	1,152	1,775	1,775	0	3,288	3,288	0
Corporate Executives	2,499	1,527	1,525	1	965	965	0
Contracting & Commissioning	1,000	1,235	1,000	235	1,000	1,000	0
TOTAL DELEGATED BUDGETS	**28,287**	**19,327**	**15,916**	**3,411**	**19,577**	**17,046**	**2,530**
NON DELEGATED BUDGETS	(1,000)	6,943	7,343	(400)	6,543	7,343	(800)
TOTAL	**27,287**	**26,270**	**23,259**	**3,011**	**26,120**	**24,389**	**1,731**

Key Points :

- As at M6, the current year forecast has improved by £3.0m compared the M5 forecast. The largest increase was in DT&S (Meds Mgt) which improved by £3.0m. .
- The recurrent forecast for M6 has improved by £1.7m compared to the M5 forecast. The main improvement was also seen in DT&S (Meds Mgt).
- The deterioration in Non Delegated savings of £400k and £800k recurrent was a reduction in Medical agency inflation savings to fund the expected cost of the recently agreed increases to ADH rates.

23/24 WG Savings Forecast- Month 6

	23/24 Welsh Government Savings Target								
DELEGATED BUDGETS	WG Savings Target £'000	Green £'000	Amber £'000	F/Cast Achievement (Excluding Red schemes) £'000	F/Cast Variance (Excluding Red schemes) £'000	Green £'000	Amber £'000	Rec F/Cast Achievement (Excluding Red schemes) £'000	Rec F/Cast Variance (Excluding Red schemes) £'000
Women & Children	1,904	674	393	1,067	837	855	774	1,629	275
Mental Health & LD	2,808	2,140	0	2,140	668	1,094	0	1,094	1,714
Planned Care	4,543	2,923	29	2,952	1,591	3,025	116	3,141	1,402
Diagnostics, Therapies & Specialties (CSS)	1,248	25	32	57	1,191	50	63	113	1,135
Diagnostics, Therapies & Specialties (Med Mgt)	5,256	3,038	0	3,038	2,218	2,660	0	2,660	2,596
Diagnostics, Therapies & Specialties (Therapies)	624	634	0	634	(10)	139	0	139	485
Unscheduled Care	5,111	3,846	0	3,846	1,265	4,570	0	4,570	541
Primary Care & Community	2,132	1,021	36	1,057	1,075	550	428	978	1,154
Facilities (non Hub)	1,526	1,531	244	1,775	(249)	2,592	695	3,288	(1,762)
Corporate Executives	2,135	1,440	87	1,527	608	958	7	965	1,170
Contracting & Commissioning	1,000	1,235	0	1,235	(235)	1,000	0	1,000	0
TOTAL DELEGATED BUDGETS	**28,287**	**18,507**	**820**	**19,327**	**8,960**	**17,493**	**2,083**	**19,577**	**8,710**
NON DELEGATED BUDGETS	(1,000)	6,943	0	6,943	(7,943)	6,543	0	6,543	(7,543)
TOTAL	**27,287**	**25,450**	**820**	**26,270**	**1,017**	**24,036**	**2,083**	**26,120**	**1,167**

Key Points :

- As at M6, the forecast delegated 23/24 WG Savings achievement is reporting £18.5m (£14.7m M5) of Green schemes with £0.8m (£1.3m M5) of Amber and nil (£0.0m M5) of Red.

B/Fwd Savings Forecast- Month 6

DELEGATED BUDGETS	Brought Forward Savings Target				
	B/f Savings Target £'000	F/Cast Achievement £'000	F/Cast Variance £'000	Rec F/Cast Achievement £'000	Rec F/Cast Variance £'000
Women & Children	1,590	1,650	(60)	669	921
Mental Health & LD	2,693	2,721	(28)	568	2,125
Planned Care	3,088	3,292	(204)	1,456	1,632
DT&S (CSS)	129	285	(155)	221	(92)
DT&S (Med Mgt)	1,579	0	1,579	0	1,579
DT&S (Therapies)	431	431	0	0	431
Unscheduled Care	137	1,296	(1,159)	0	137
Primary Care & Community	938	1,097	(159)	122	816
Facilities	241	365	(124)	515	(274)
Corporate Executives	868	541	327	489	379
Contracting & Commissioning	0	0	0	0	0
TOTAL DELEGATED BUDGETS	**11,695**	**11,678**	**17**	**4,042**	**7,653**
NON DELEGATED BUDGETS	(4,843)	0	(4,843)	0	(4,843)
TOTAL	**6,852**	**11,678**	**(4,826)**	**4,042**	**2,810**

Key Points :

- The M6 forecast delegated brought forward savings achievement is £11.7m compared to the £11.7m savings target, giving an adverse variance of £0.0m for delegated budgets.
- Most of the areas are forecasting full achievement of the target In year. The only exceptions are :
  - Corporate Directorates £327k
- The forecast recurrent delegated savings achievement is £4.0m compared to the recurrent target of £11.7m, giving a recurrent adverse variance of £7.7m .

B/Fwd Savings Forecast- Month 6

DELEGATED BUDGETS	WG Savings Target £'000	Local Savings (Inc Broughtforward Assumptions) F/Cast @ M06 £'000	F/Cast @ M05 £'000	Change £'000	Recurrent F/Cast @ M06 £'000	Recurrent F/Cast @ M05 £'000	Recurrent Change £'000
Women & Children	1,590	1,650	1,676	(26)	669	669	0
Mental Health & LD	2,693	2,721	2,694	27	568	568	0
Planned Care	3,088	3,292	3,203	89	1,456	1,464	(7)
Diagnostics, Therapies & Specialties (CSS)	129	285	307	(23)	221	221	0
Diagnostics, Therapies & Specialties (Med Mgt)	1,579	0	0	0	0	0	0
Diagnostics, Therapies & Specialties (Therapies)	431	431	431	0	0	0	0
Unscheduled Care	137	1,296	1,072	224	0	0	0
Primary Care & Community	938	1,097	1,348	(251)	122	123	(0)
Facilities	241	365	150	215	515	300	215
Corporate Executives	868	541	759	(218)	489	708	(219)
Contracting & Commissioning	0	0	0	0	0	0	0
TOTAL DELEGATED BUDGETS	**11,695**	**11,678**	**10,777**	**38**	**4,042**	**4,053**	**(11)**
NON DELEGATED BUDGETS	(4,843)	0	0	0	0	0	0
TOTAL	**6,852**	**11,678**	**10,777**	**38**	**4,042**	**4,053**	**(11)**

Key Points :

- As at M6, the current year forecast has remained the same when compared to M5 forecast.
- The recurrent forecast for M6 has remained constant when compared to the M5 forecast.

B/Fwd Savings Forecast- Month 6

	Brought Forward Savings Target										
DELEGATED BUDGETS	B/F Savings Target £'000	Green £'000	Amber £'000	RED £'000	F/Cast Achievement £'000	F/Cast Variance £'000	Green £'000	Amber £'000	RED £'001	Rec F/Cast Achievement £'002	Rec F/Cast Variance £'003
Women & Children	1,590	1,516	134	0	1,650	(60)	354	315	0	669	921
Mental Health & LD	2,693	2,721	0	0	2,721	(28)	568	0	0	568	2,125
Planned Care	3,088	3,135	157	0	3,292	(204)	1,456	0	0	1,456	1,632
Diagnostics, Therapies & Specialties (CSS)	129	285	0	0	285	(155)	221	0	0	221	(92)
Diagnostics, Therapies & Specialties (Med Mgt)	1,579	0	0	0	0	1,579	0	0	0	0	1,579
Diagnostics, Therapies & Specialties (Therapies)	431	431	0	0	431	0	0	0	0	0	431
Unscheduled Care	137	1,215	0	81	1,296	(1,159)	0	0	0	0	137
Primary Care & Community	938	1,087	10	0	1,097	(159)	82	40	0	122	816
Facilities (non Hub)	241	180	150	35	365	(124)	180	300	35	515	(274)
Corporate Executives	868	541	0	0	541	327	489	0	0	489	379
Contracting & Commissioning	0	0	0	0	0	0	0	0	0	0	0
TOTAL DELEGATED BUDGETS	**11,695**	**11,110**	**451**	**116**	**11,678**	**17**	**3,352**	**655**	**35**	**4,042**	**7,653**
NON DELEGATED BUDGETS	(4,843)	0	0	0	0	(4,843)	0	0	0	0	(4,843)
TOTAL	**6,852**	**11,110**	**451**	**116**	**11,678**	**(4,826)**	**3,352**	**655**	**35**	**4,042**	**2,810**

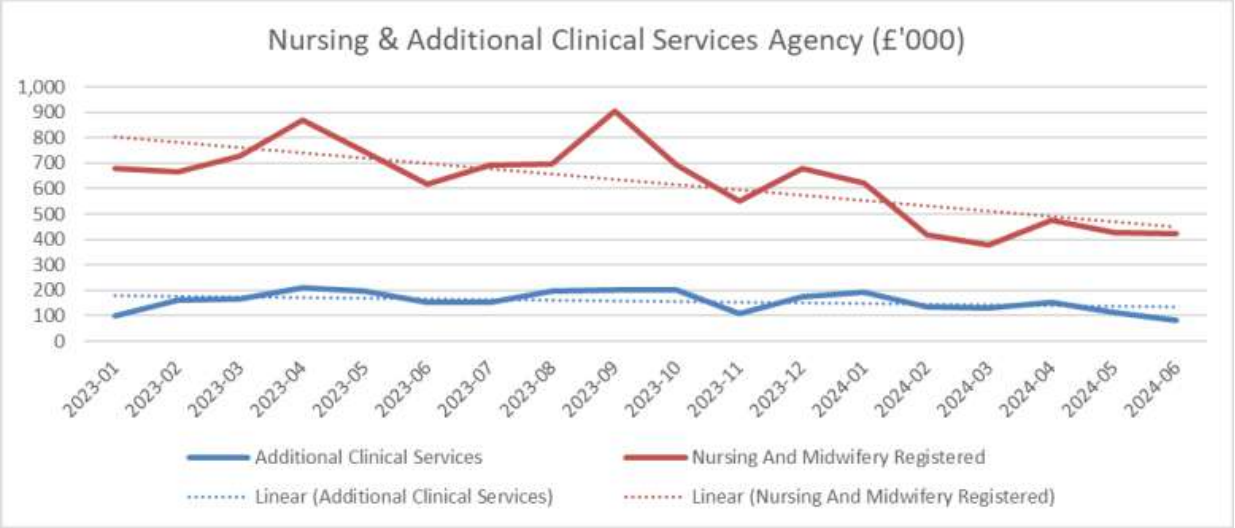
Key Points :

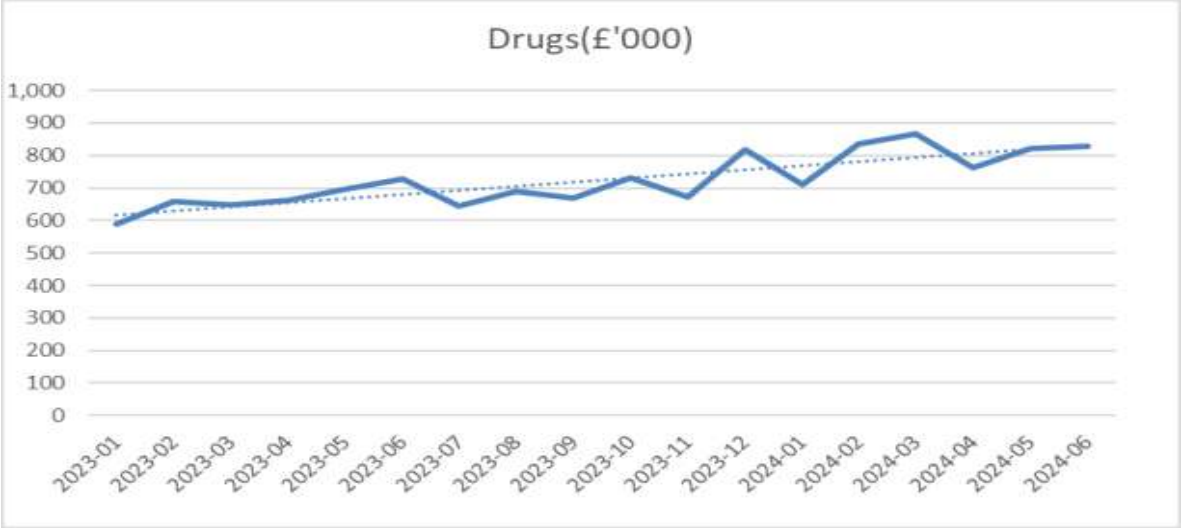
- As at M6, the forecast delegated Brought Forward Savings achievement is reporting £11.1m of Green schemes and £0.5m Amber.
- The recurrent forecast savings achievement is reporting only £3.4m of Green schemes and £0.7m of amber against the delegated £11.7m target.

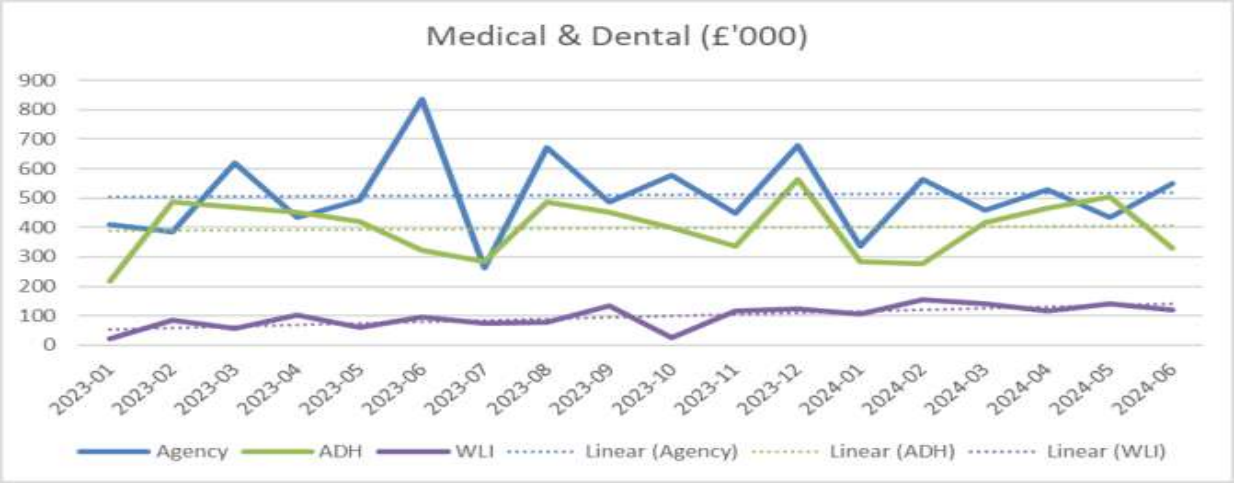
Annex B
Trend Analysis

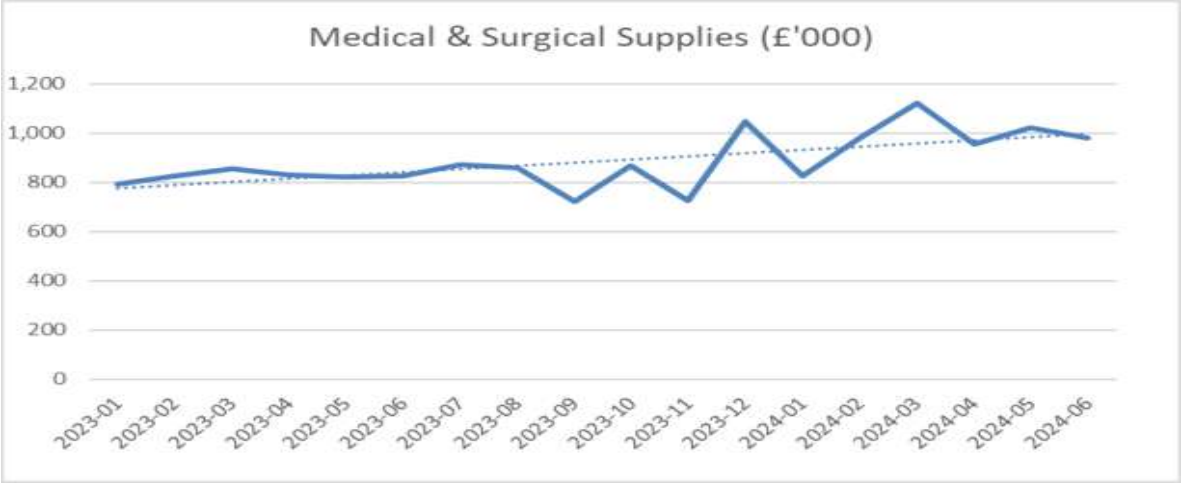
Month 6

Planned Care

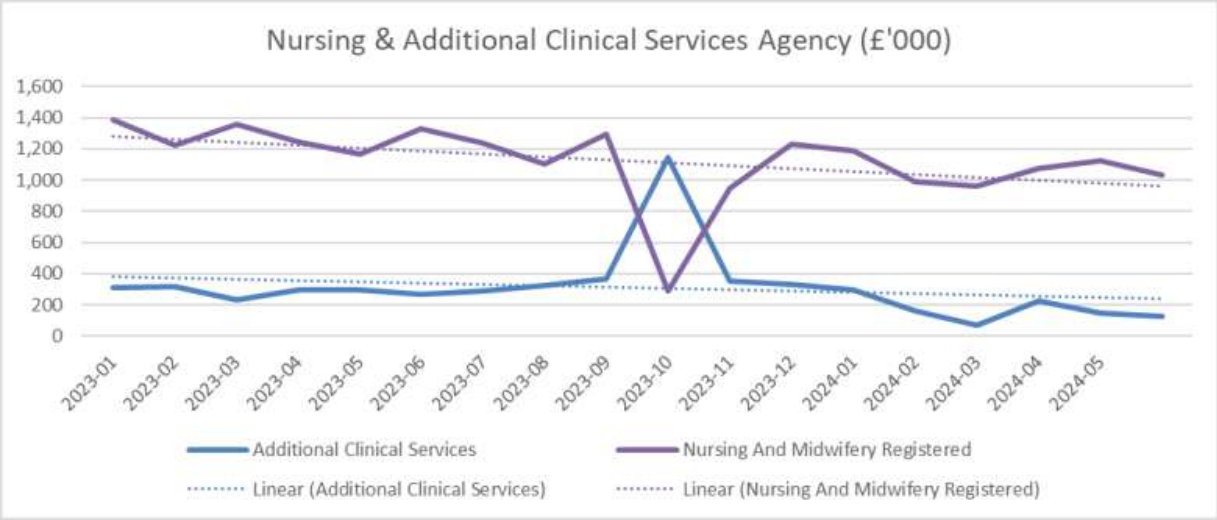


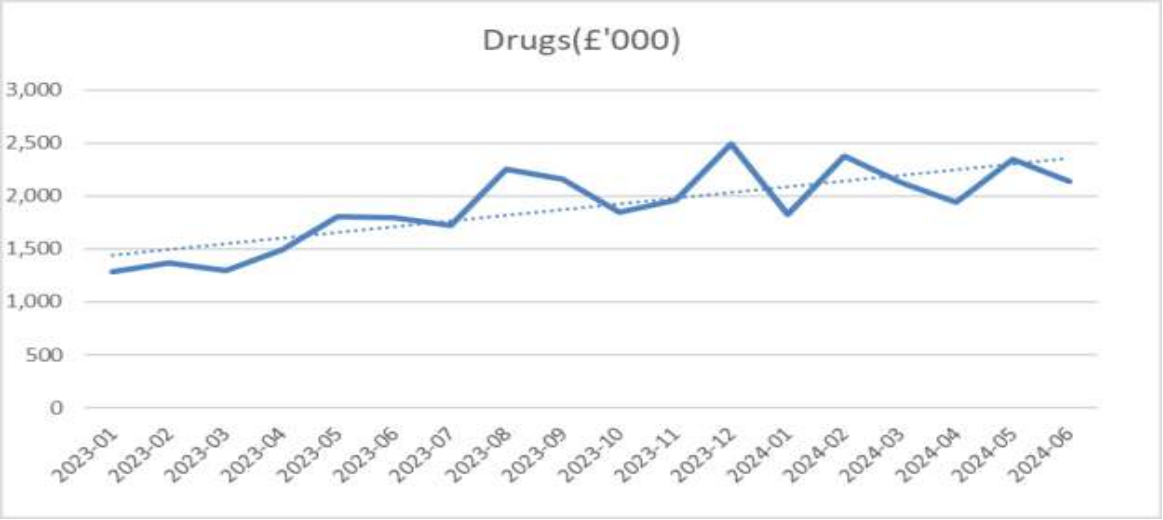


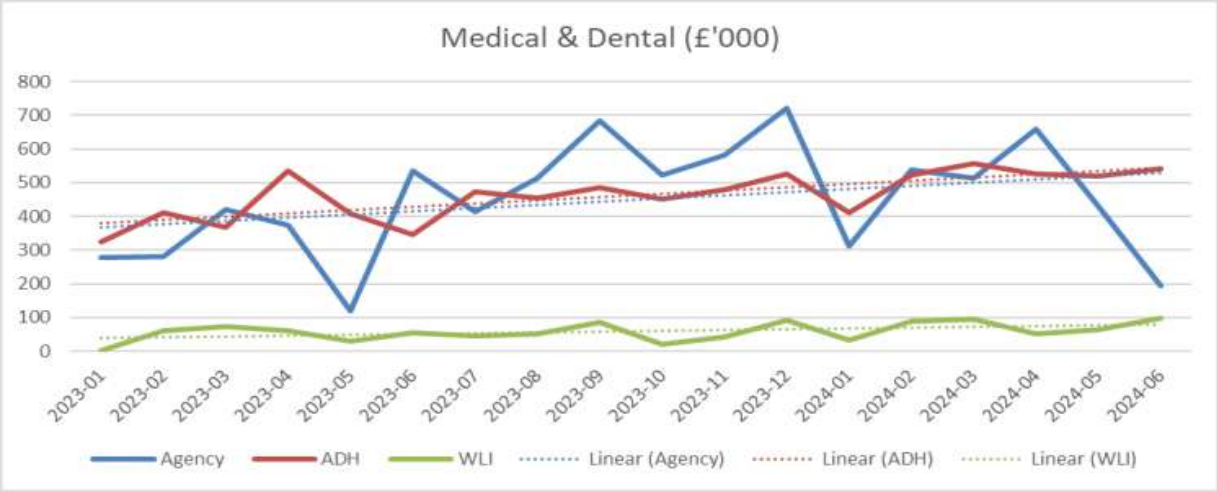


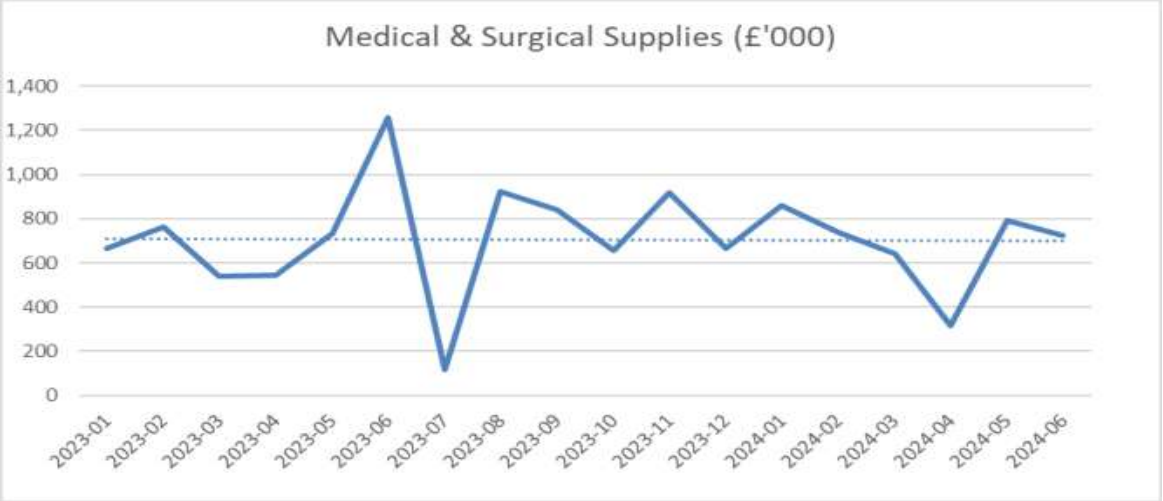


Unscheduled Care

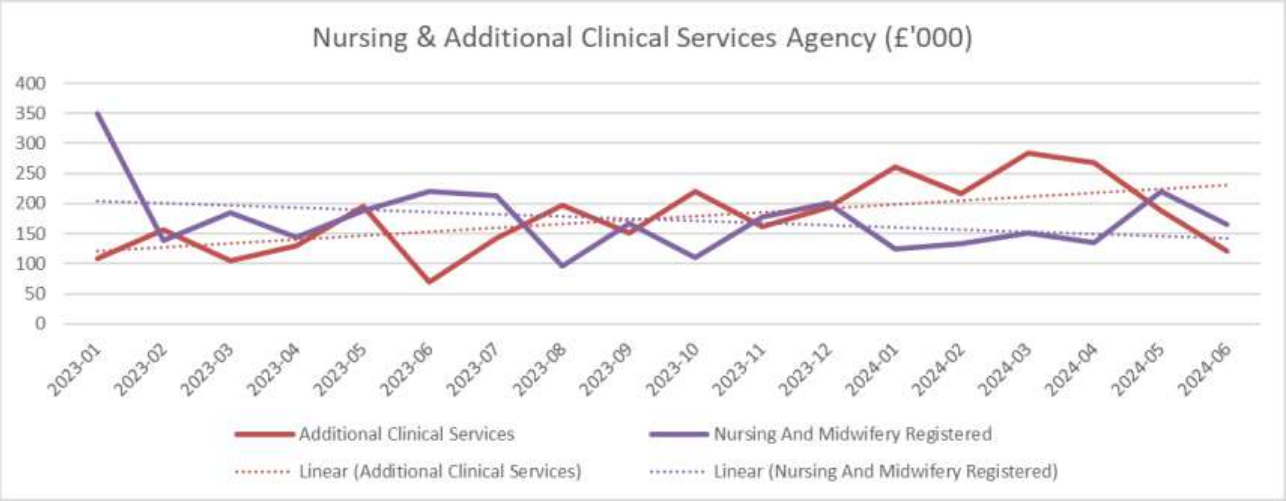


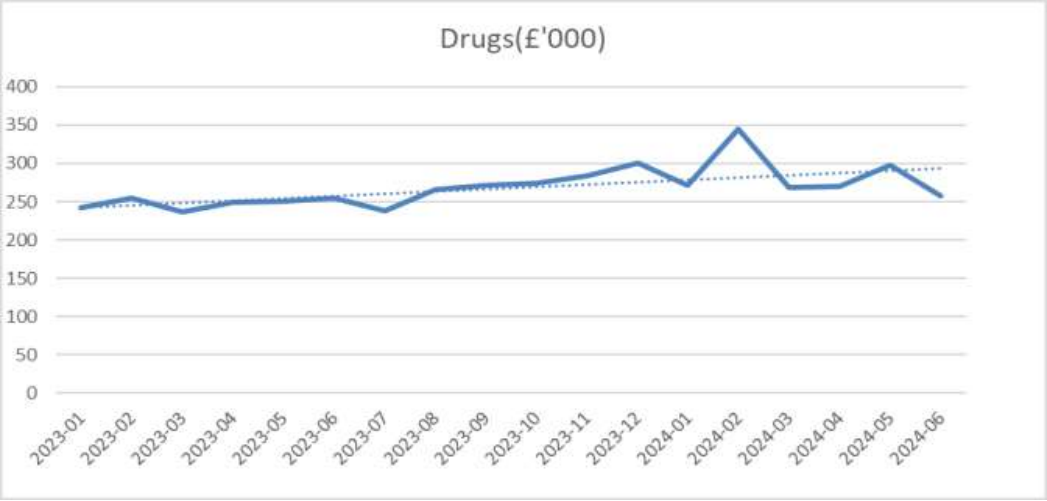


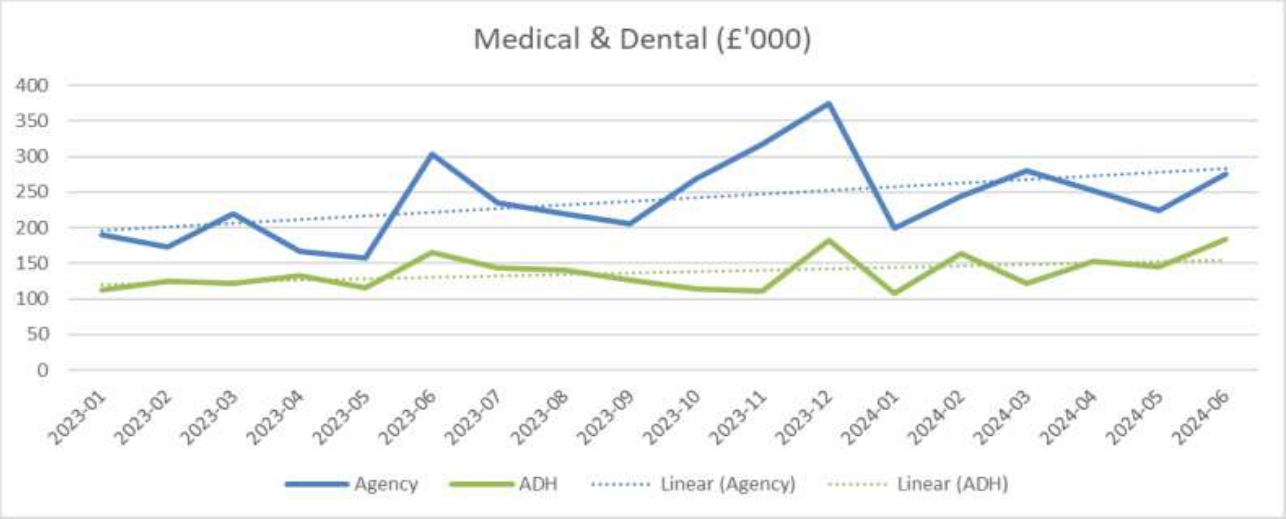


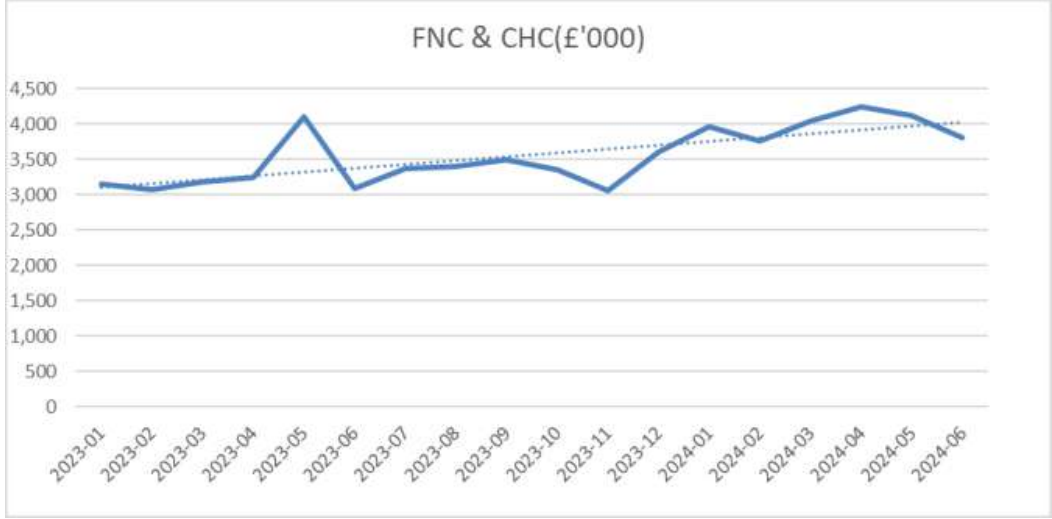


Mental Health & Learning Disability

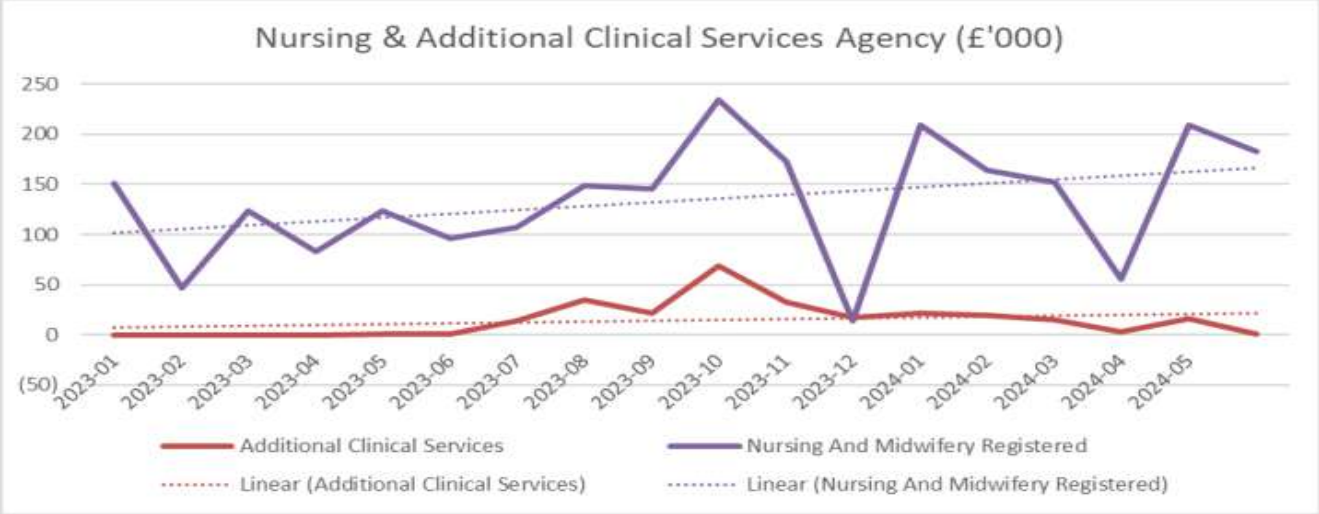


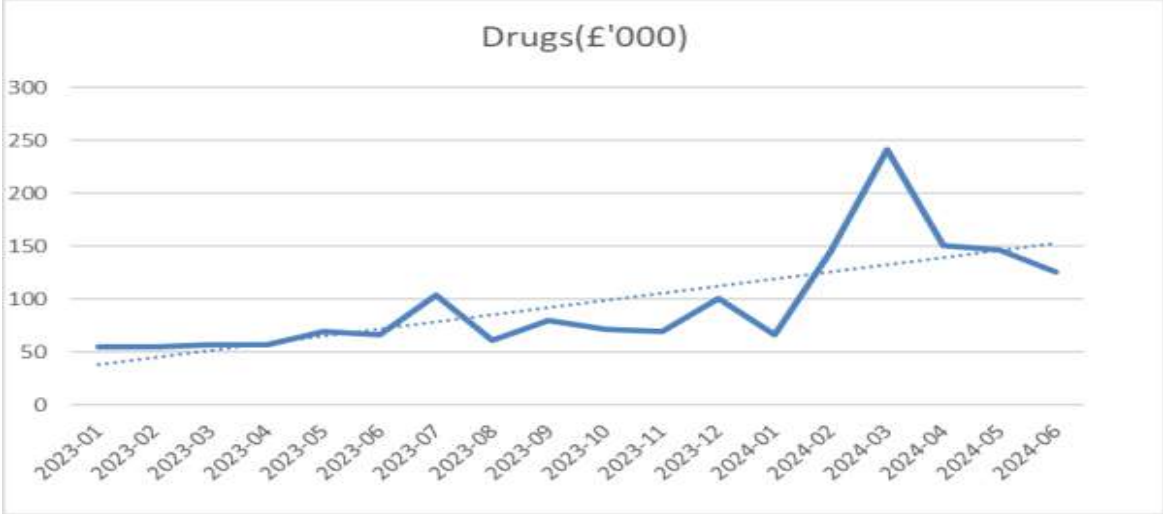


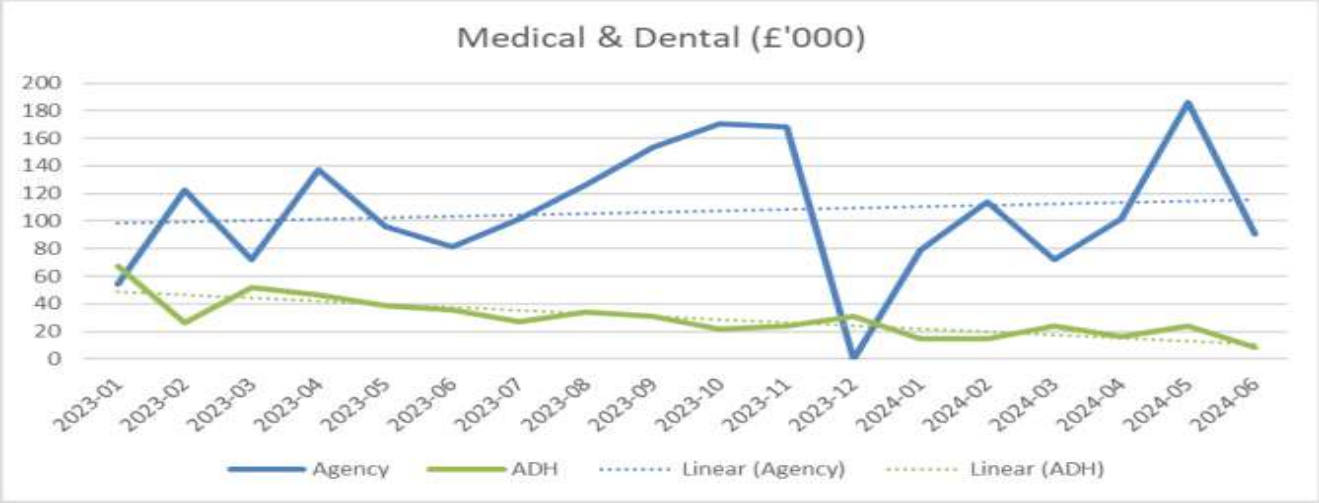


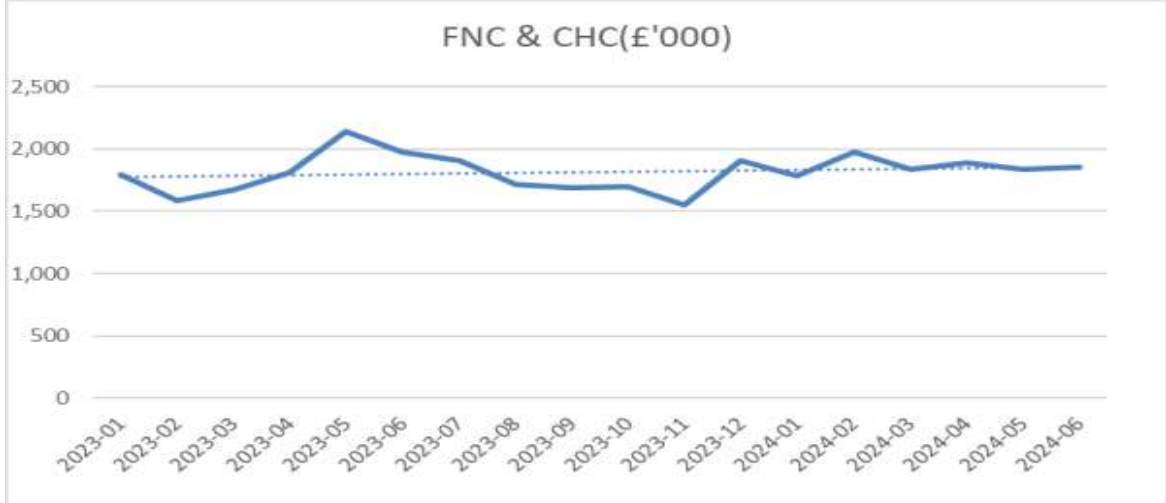


Primary & Community Care

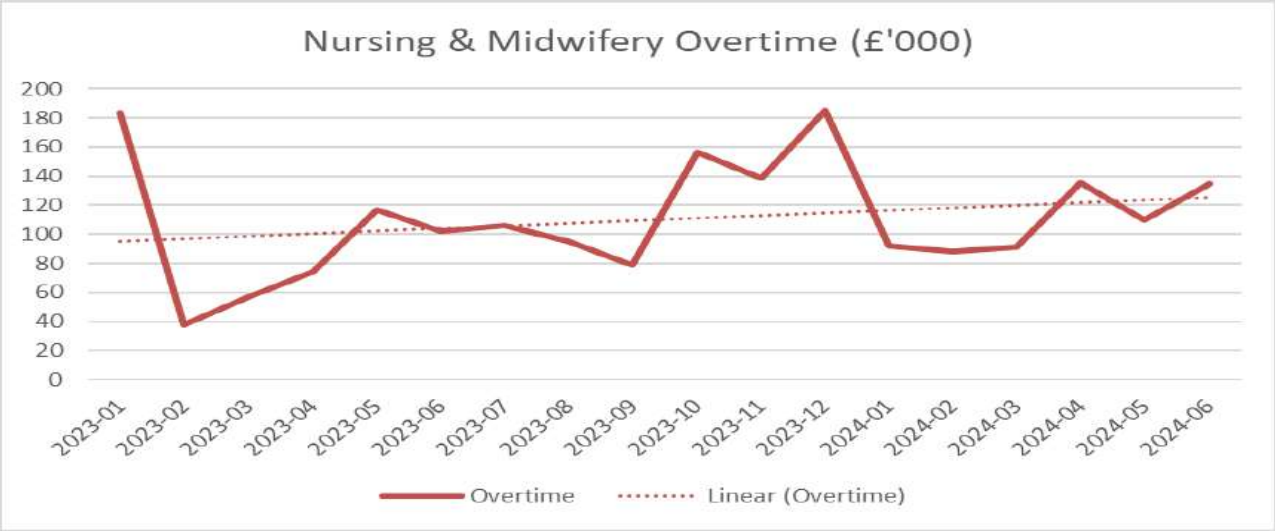


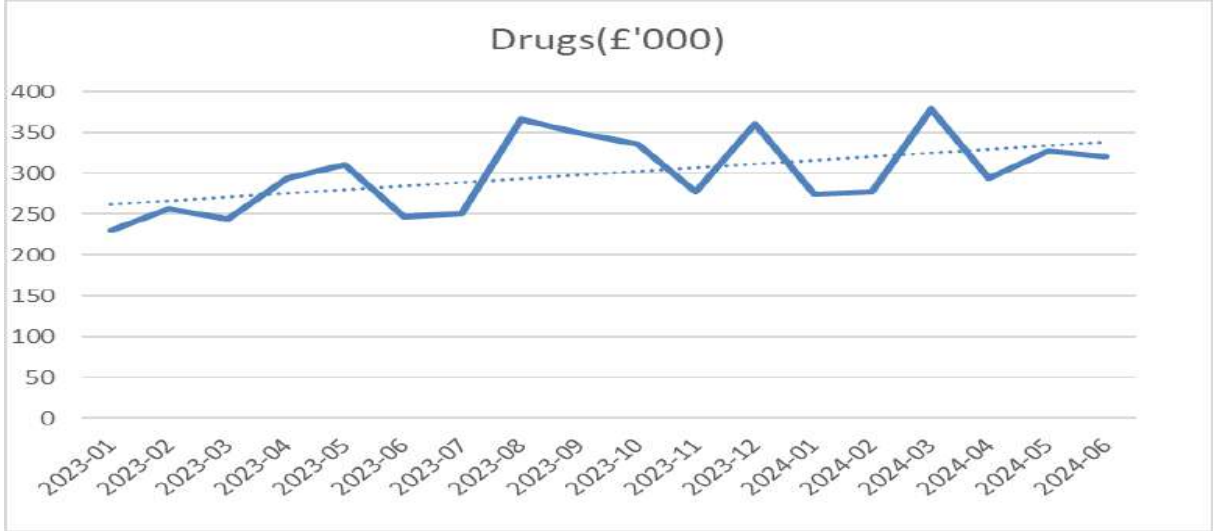


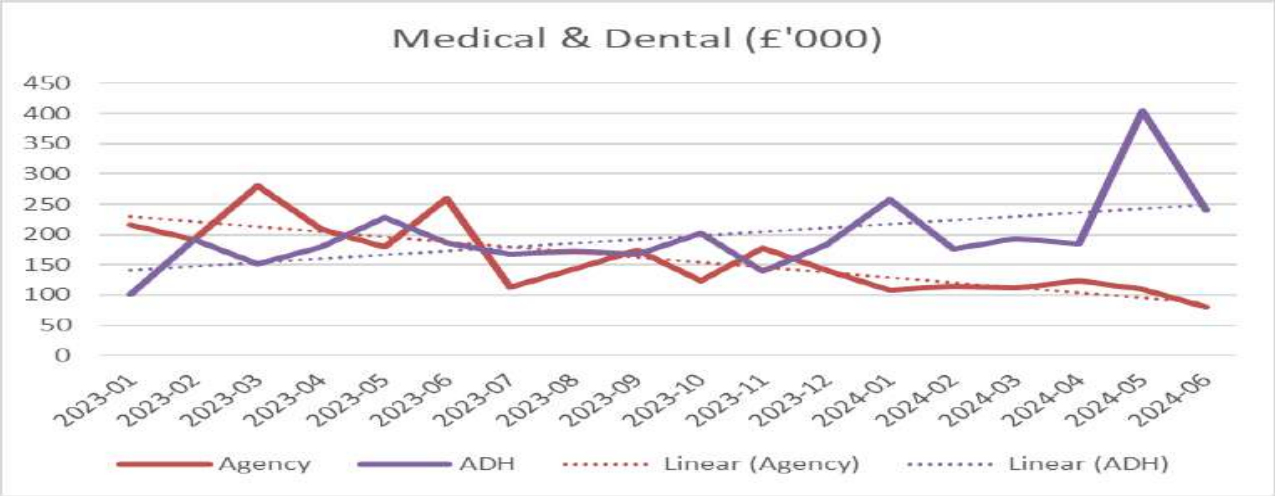


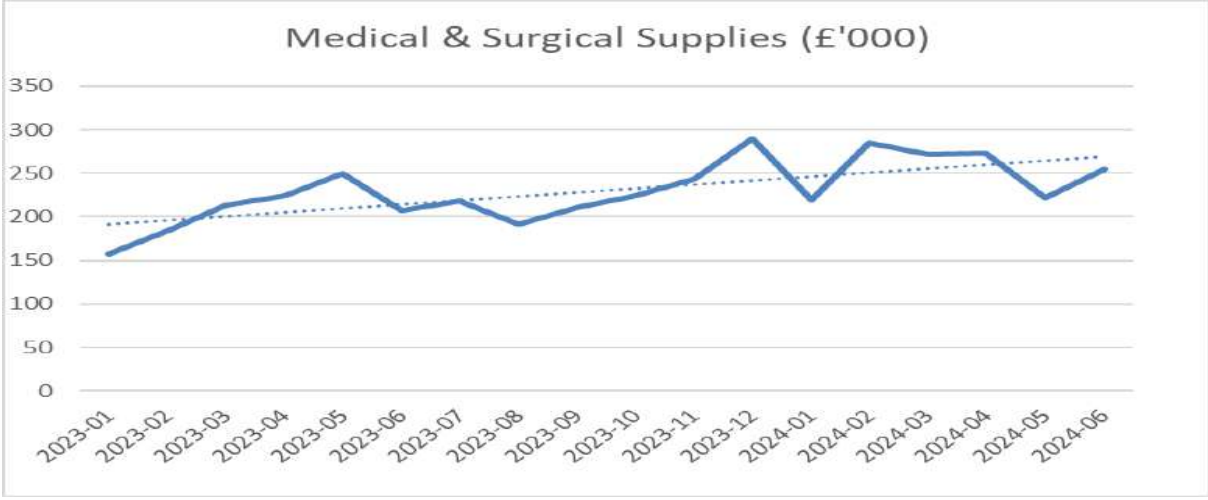


Children & Families









PLANNING, PERFORMANCE & FINANCE COMMITTEE– FORWARD WORK PLAN 2023/24				
Origin of Request	**Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)**	**Item Title**	**Lead Officer**	**Intended Meeting Date**
Request made at agenda planning meeting for April 2023	Annual Item	Capital Update 2023-24	Director of Finance & Procurement	31 October 2023
Requested at Agenda Planning Meeting September 2023	Additional item	Stretch Target Response – 10, 20, 30 – verbal update	Director of Finance & Procurement	31 October 2023
Action agreed at the August 2023 Meeting	Additional Item	Expansion Plans for the Navigation Hub	Chief Operating Officer	28 December 2023
Annual Cycle of Business 2023-24	Annual item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	27 February 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	25 June 2024
Annual Cycle of Business 2024-25	Annual Item	Review of the Standing Orders – Committee Terms of Reference	Director of Governance/Board Secretary	25 June 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	27 August 2024

Completed Activity from the Forward Work Programme

Action arising out of June 2023 meeting	Additional Item	Ophthalmology Improvement Plan Progress	Chief Operating Officer	22 August 2023 – **Completed**
Action required from Annual Report received at June 2023 meeting	Annual Item	Outcome of Committee Self Effectiveness Review and Improvement Plan	Assistant Director of Governance & Risk	22 August 2023 – **Completed**
Request made via email	Additional Item	Civil Contingencies & Business Continuity Report 2022-23	Director of Strategy & Transformation	22 August 2023 – **Completed**
Request made via email	Additional Item	Manchester Arena Recommendations – CTMUHB Assurance	Director of Strategy & Transformation	22 August 2023 - **Completed**
Request received via email.	Additional Item	Implementation of Robotic Surgery within CTMUHB – Business Case	Chief Operating Officer	27 June 2023- **Completed**
Request received via email.	Additional Item	Mental Health - Service Improvement Funding Award 2023-24	Assistant Director of Primary, Community & Mental Health	27 June 2023 - **Completed**
Request received via email.	Additional Item	Month12 Movements from Forecast	Director of Finance & Procurement	27 June 2023- **Completed**
Request received via email.	Deferred Item	Phase 2 All Wales RAAC Investigation – CTMUHB	Director of Finance & Procurement	27 June 2023 - **Completed**
Action agreed at the February 2023 meeting.	Deferred Item from May 2023 meeting.	Six Goals for Planned Care Recovery	Director of Strategy & Transformation	27 June 2023 – **Completed**
Request made at Agenda Planning meeting for February 23	Deferred Item	Enhanced Monitoring – Assurance Processes and Governance	Director of Strategy & Transformation/Chief of Staff	4 May 2023 – **Completed**

Request made by DoST via email	Deferred Item	RISP Programme FBC Approval Process	Director of Strategy & Transformation	4 May 2023 (In Committee) – **Completed**
Action agreed at October 2022 meeting.	Additional item	Mental Health Performance – Deep Dive	Chief Operating Officer	4 May 2023 – **Completed**
Requested at meeting held with AD for Strategy & Transformation 10.02.23	Additional Item	New Velindre Cancer Centre Full Business Case	Director of Strategy & Transformation	**Completed –** 22 March 2023
Requested at meeting held with AD for Strategy & Transformation 10.02.23	Additional item	South East Wales Cataract Business Case	Director of Strategy & Transformation	**Completed -** 28 February 2023
Action following the October 2022 meeting to receive an update.	Deferred Item	Planned Care and Cancer Performance	Chief Operating Officer	**Completed** - 28 February 2023
Action following the October 2022 meeting for an update.	Deferred Item	Sepsis Compliance Programme	Medical Director	**Completed -** 28 February 2023
Request made at Agenda Planning meeting for February 23	Additional Item	Targeted Intervention and Improving Care	Chief Operating Officer	**Completed -** 28 February 2023
Request via email from	Additional Item	Spinal Services Operational Delivery Network	Director of Strategy & Transformation	**Completed -** 28 February 2023

DoG October 2022				
Request made by DoF via email	Additional item	NWSSP - Energy Procurement Proposal	Director of Finance	**Completed -** 28 February 2023