

Agenda

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

1.1. Welcome and Introductions

Patsy Roseblade, Chair

1.2. Apologies for Absence

Information Patsy Roseblade, Chair
For Noting

1.3. Declarations of Interest

Information Patsy Roseblade, Chair
For Noting

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

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 31 October 2023

Decision Gareth Watts, Director of Corporate Governance/Board Secretary
For Approval

 2.1.1 Unconfirmed Minutes 31.10.23 PPF Committee 11 January 2024.pdf (7 pages)

2.1.2. Unconfirmed Minutes of the In Committee Meeting held on 31 October 2023

Decision Gareth Watts, Director of Corporate Governance/Board Secretary
For Approval

 2.1.2 Unconfirmed IC Minutes 31.10.23 PPF Committee 11 January 2024.pdf (2 pages)


2.2. Items for Noting

2.2.1. Months 7 & 8 Monitoring Returns to Welsh Government

Information Sally May, Director of Finance & Procurement
For Noting

 2.2.1a M7- Monitoring Returns PPF Committee 11 January 2024.pdf (4 pages)

 2.2.1b Annex A - Month 7 - CTM ULHB - Monitoring Narrative 2023-24- Final.pdf (21 pages)

 2.2.1c Annex A - Month 7 - CTM ULHB - Monitoring Tables 2023-24- Final.pdf (4 pages)

 2.2.1d M8- Monitoring Returns PPF Committee 11 January 2024.pdf (4 pages)

 2.2.1e Annex A - Month 8 - CTM ULHB - Monitoring Narrative 2023-24- Final.pdf (19 pages)

14:00 - 14:00 3. MAIN AGENDA

0 min

3.1. Action Log

Discussion Patsy Roseblade, Chair

 3.1 Action Log PPF Committee 11 January 2024.pdf (9 pages)

3.2. Matters Arising Not Previously Raised on the Action Log

Patsy Roseblade, Chair

14:00 - 14:00 4. IMPROVING CARE

0 min

4.1. Integrated Performance Dashboard

Discussion Executive Directors

For Discussion/Noting

 4.1 Integrated Performance Dashboard PPF Committee 11 January 2024.pdf (37 pages)

14:00 - 14:00 5. SUSTAINING OUR FUTURE

0 min

5.1. Month 8 Finance Report

Discussion Sally May, Director of Finance & Procurement

For Discussion/Noting

 5.1 M8 Finance Report PPF Committee 11 January 2024.pdf (25 pages)

5.2. Month 8 Finance Performance Report

Discussion Sally May, Director of Finance & Procurement

For Discussion/Noting

 5.2 Month 8 Finance Performance Report PPF Committee 11 January 2024.pdf (28 pages)

5.3. Month 9 Finance Update - Verbal

Discussion Sally May, Director of Finance & Procurement

14:00 - 14:00 6. OTHER MATTERS

0 min

6.1. Forward Work Plan

Patsy Roseblade, Chair

 6.1 Forward Work Plan PPF Committee 11 January 2024.pdf (4 pages)

6.2. Committee Highlight Report to Board

Patsy Roseblade, Chair

6.3. Any Other Urgent Business

Patsy Roseblade, Chair

14:00 - 14:00
0 min

7. DATE AND TIME OF NEXT MEETING

Patsy Roseblade, Chair

27TH FEBRUARY 2024

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**UNCONFIRMED MINUTES OF THE MEETING OF THE PLANNING,
PERFORMANCE & FINANCE COMMITTEE HELD ON 31 OCTOBER 2023, AS
A VIRTUAL MEETING HELD VIA TEAMS**

Members Present:

Patsy Roseblade	Chair/Independent Member
Carolyn Donoghue	Independent Member
Dilys Jouvenat	Independent Member
Nicola Milligan	Independent Member

In Attendance:

Linda Prosser	Executive Director of Strategy & Transformation
Sally May	Executive Director of Finance & Procurement
Gethin Hughes	Chief operating officer
Julie Denley	Deputy Chief Operating Officer/Director of Primary, Community & Mental Health
Sarah Bradley	Service Director for Primary Care & Community
Emma Walters	Head of Corporate Governance & Board Business
Tyler Lewis	Corporate Governance Officer

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

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

1.2 Apologies for Absence

Apologies were received from:

- Gareth Watts, Director of Governance/Board Secretary
- Cally Hamblyn, Assistant Director of Governance & Risk
- Mel Jehu, Independent Member (Vice Chair)

1.3 Declarations of Interest

There were none declared.

2. CONSENT AGENDA

2.1 ITEMS FOR APPROVAL

2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 22 AUGUST 2023

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

2.2 ITEMS FOR NOTING

2.2.1 MONTH 5 & 6 MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: Members **NOTED** the contents of the Month 5 and 6 Monitoring Returns submitted to Welsh Government.

2.2.2 ACTION LOG

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

3. MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG

There were none.

4. GOVERNANCE

4.1.0 ORGANISATIONAL RISK REGISTER

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

P Roseblade referred to the new risk 4348 - Clinical Engineering and Equipment Maintenance that was listed as a consequence of four, and a likelihood of five, and queried whether there was a register of maintenance agreements and requirements to keep a track of this. S May advised that procurement and clinical engineering needed to work in partnership with regard to maintenance agreements.

G Hughes advised that this risk had not been received by the Operational Management Board and that he would take action to review the risk and its scoring and would provide members with an update at the next Committee Meeting.

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

Action: To review risk 4348 and it's scoring and share an update to Committee Members at the next Meeting.

5. IMPROVING CARE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

L Prosser presented the report on the Integrated Performance Dashboard.

N Milligan referred to page 11 – Recruitment in Child and Adolescent Mental Health Services (CAMHS) where it referred to prioritising the recruitment of vacant positions and advised that it would be helpful to have an update on that. In response, J. Denley advised that this was a fair point and added that there had been challenges with regard to recruitment into the CAMHS service and confirmed that she would discuss the vacancy rates with the Team which were lower than they previously were and that she would provide feedback outside of the meeting.

N. Milligan referred to page 12 where it referred to high levels of sickness absence and queried whether there were any themes or trends that were causing this. J. Denley advised that stress was the main cause of sickness absence, however, it was not always work related. She added that the sickness absence numbers were not just specifically related to mental health and advised that workforce leads had been undertaking some work with colleagues across Wales to try and reach a reasonable hypothesis in relation to this.

N. Milligan referred to stroke services and patients presenting out of hours and queried exactly where they were presenting as the Emergency Departments were open 24 hours. She also referred to page 21 where it stated that there had been significant delays in requests at Prince Charles Hospital from the Emergency Department upon patient admission/medical clerking and queried whether these related to delays in requests being submitted or responses to requests. N Milligan added that at the August meeting of the Committee it had been reported that they had implemented a radiographer approved CTM and CTT angiogram which would minimise the delays for angiograms for patients presenting with acute stroke.

G. Hughes, in response advised that the data for August 2023 had been undertaken following the introduction of the new pathway for radiographers. He acknowledged that there was further work to be done with regard to triaging and self-presenting at the Emergency Department and confirmed that they were working with Cardiff & Vale University Health Board to recruit consultants as part of the move towards an integrated stroke service. He

also confirmed that a number of actions had been implemented to strengthen the integrated arrangements.

G. Hughes suggested that it would be helpful to invite J. White, Stroke Consultant to a future meeting to present on stroke and thrombectomy.

N. Milligan referred to page 21 and the PDR compliance that had been at 60% for some time and queried what work was being undertaken in the Care Groups to increase compliance rates. G Hughes advised that discussions on PDR compliance was planned be discussed with Care Groups imminently.

P. Roseblade referred to page 8, which provided detail on index colonoscopy and that the Health Board were achieving 1.8% of 90% target of offering an index colonoscopy and queried when this would improve.

G. Hughes referred to the challenges around limited accredited bowel screening consultants which was affecting the limited number of lists that patients could be booked onto for this procedure. He added that CTM had been awarded a tender for insourced endoscopy and that a requirement of the tender was that services could provide bowel screening from accredited individuals within Wales.

C. Donoghue drew attention to page 23 that referred to delays for gynaecological treatments G. Hughes provided assured that since the opening of the Gynaecology Unit at the Royal Glamorgan Hospital the waiting times had reduced to below 20 days for patients referred with postmenopausal bleeding. He added that for the Bridgend patients being treated at Neath Port Talbot Hospital there was a waiting time of 65 days. Members noted that Swansea Bay had now sought support from the Health Board to assist them in addressing this backlog.

Resolution: The Committee **NOTED** the Integrated Dashboard

Action: To discuss the vacancy rates with the CAMHS team and provide an update outside of the meeting.

Action: To review/develop out of hours 24/7 service for the integrated stroke service and update Members with a briefing at the next Committee Meeting.

Action: Review the increased delays of requests from Emergency Department for Stroke submission and provide a detailed narrative to Committee Members.

Action: Invite Dr J. White to a future meeting of the Committee to present on stroke and thrombectomy.

5.2.0 **PLANNED CARE RECOVERY PLAN**

G Hughes provided members with a presentation on the Planned Care Recovery Plan and highlighted the reductions within waiting cohorts.

D. Jouvenat referred to the 22 Hernia patients were seemingly not fit for surgery and sought clarification on whether the waiting times for those patients could have affected their general fitness. In response, G. Hughes advised that the patients had been referred at a recent date and clarified that the patients had undergone the pre-operative assessment that led to their 'unfit' status.

N. Milligan referred to the high level of patients who did not turn up for their procedures (DNS), G. Hughes advised that the number of DNS were patients who had been validated and had gone through the pre-operative assessments and had then decided not to go ahead with the procedure. He added that this had a negative effect in terms of theatre capacity/time and further advised that a list of patients who could be contacted within a short time period to undergo surgery was being established.

Resolution: The Committee **NOTED** the Planned Care Recovery Plan.

6. **SUSTAINING OUR FUTURE**

6.1.0 **MONTH 6 FINANCE REPORT**

S May presented the Month 6 Finance report. She also provided an update on the additional £72m allocation announced by Welsh Government, the requirement to deliver an additional £8m savings target and the resulting break even control total issued for CTMUHB.

C. Donoghue referred to the additional £8m of financial improvements that CTM were required to fulfil and raised concern around the level of savings that departments had been asked to deliver in a short period of time. S. May acknowledged that this was challenging and advised that the financial savings would be tested going forward into Month 7 reporting. S. May highlighted that £51m of recurrent funding was contingent on delivery of the 2023-24 control total. On a positive note, she advised there had been an improvement in Primary Care prescribing with the current forecast overspend.

S. May drew the Committee's attention to the Risks and Opportunities section of the report. She highlighted that a number of significant allocations remained outstanding, including the Welsh Government pay award Allocation.

G. Hughes advised a number of actions on potential savings had been achieved from working closely with the Care Groups and that the stretch targets were going to be allocated through making nuanced and calculated risk decisions.

P Roseblade queried if there were any additional monies that had already been profiled in the original budget ahead of the winter period. S. May advised that the six goals were being reviewed and how they were to be applied ahead of a slippage in funds. She advised that the Further, Faster allocation funding stream would provide CTM with £1.25m for the current financial year and a further amount of £1.8m for the next financial year. S May noted that there was no clawback proposed for these funds.

Resolution: The Committee **NOTED** the Month 6 Finance Report and considered future financial positions.

6.2.0 Month 6 Finance Performance Report

S May presented the Month 6 Performance Report which highlighted the financial performance of the individual Care Groups and Directorates as at M6.

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

6.3.0 Stretch Target Response (10,20,30) – Verbal Update

S May provided Members with an update on the planning that was underway to deliver the stretch targets.

P Roseblade questioned whether budget holders understood the challenges around the financial position. In response, S. May advised that discussions were taking place within the Executive Leadership Group and also advised that monthly finance review meetings were being held with each care group. G. Hughes confirmed a meeting on financial challenges had been organised with the Care Groups for the following day.

C. Donoghue queried the terminology of FNC AND CHC. S. May confirmed that it was Funded Nursing Care (FNC) and Continuing Healthcare (CHC) and advised that CTM had processes and panels in place to manage funding approvals.

P. Roseblade suggested that a presentation or session be provided to Committee Members and other Independent Members around FNC and CHC. S. May agreed it would be beneficial to see where CTM sits comparatively and noted that CHC/FNC was a priority for the pan-Wales Value and e-Sustainability Board. She advised it would be helpful to see if there were any unwarranted variations which would allow CTM to deliver better value. Members agreed a briefing on the more complicated items in the report would be appreciated.

Resolution: The Committee **DISCUSSED** and **NOTED** the update.

Action: To organise a session/presentation on Financial Reporting for FNC and CHC for Committee Members.

7. OTHER MATTERS

7.1.0 FORWARD WORK PLAN

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

7.2.0 COMMITTEE HIGHLIGHT REPORT TO BOARD

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

7.3.0 ANY OTHER URGENT BUSINESS

There was no further urgent business.

7.4.0 HOW DID WE DO TODAY?

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

8.1.0 DATE OF NEXT MEETING

P Roseblade suggested to cancel the date of the meeting due to be held on the 28th December 2023 to early January 2024 and would meet on this date only if there were any specific urgent items to discuss as the Committee were due to meet in February 2024.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE
PLANNING, PERFORMANCE & FINANCE 'IN COMMITTEE'
HELD ON 31 OCTOBER 2023, AS A VIRTUAL MEETING WHICH
WAS HELD VIA MICROSOFT TEAMS**

PRESENT

- Patsy Roseblade - Chair/Independent Member
- Carolyn Donoghue - Independent Member
- Dilys Jouvenat - Independent Member
- Nicola Milligan - Independent Member

IN ATTENDANCE

- Linda Prosser - Executive Director of Strategy & Transformation
- Sally May - Executive Director of Finance & Procurement
- Gethin Hughes - Chief Operating Officer
- Julie Denley - Deputy Chief Operating Officer – Mental Health, Primary Care & Community Services
- Emma Walters - Head of Corporate Governance & Board Business
- Tyler Lewis - Corporate Governance Officer

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

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

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from:

- Mel Jehu, Independent Member
- Gareth Watts, Director of Corporate Governance/Board Secretary
- Cally Hamblyn, Assistant Director of Governance & Risk

1.3.0 DECLARATIONS OF INTERESTS

There were no declarations received.

PART 2. MAIN AGENDA

2.1.1 CAPITAL PROGRAMME UPDATE 2023-24

S. May presented the report that provided the Committee with an update on the Capital Programme for 2023-24.

The Committee **NOTED** the current capital resource limit and expenditure commitments made to date and the actual capital expenditure as at Month 5 and the update on all current major capital projects.

Resolution: The Committee **NOTED** the contents of the report and attached appendices.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

There was none.

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

P Roseblade suggested to cancel the date of the meeting due to be held on the 28th December 2023 to early January 2024 and would meet on this date only if there were any specific urgent items to discuss as the Committee were due to meet in February 2024.

UNCONFIRMED



Agenda Item

2.2.1a

Planning, Performance and Finance Committee

MONTH 7 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	11/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Mark Thomas, Deputy Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Government	13/11/2023	

Acronyms / Glossary of Terms	
WG	Welsh Government
LHB	Local Health Board
PPFC	Planning, Performance & Finance Committee
M7 etc	Month 7



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 M7 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

The HB, SHA & 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
M7 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 M7 Financial Monitoring returns is summarised in Section 1.2 of the M7 Narrative report at Annex A. This information is consistent with the M7 Internal Board papers.

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 (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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



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

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the contents of the Month 7 Monitoring Returns submitted to Welsh Government for 2023/24.

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

Introduction

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

	M7 Actual	M7 YTD	M7 Forecast	Original Financial Plan
	£m	£m	£m	£m
Core plan:				
Core plan deficit	4.4	41.1	70.2	70.9
Confirmed WG Funding	(36.5)	(36.5)	(62.5)	0
Total	(32.1)	4.6	7.7	70.9
Energy:				
Exceptional Energy inflation	0.7	5.2	8.9	8.7
Anticipated Energy Funding	(5.2)	(5.2)	(8.9)	0
Total	(4.5)	0	0	8.7
Covid Programme costs:				
Health Protection	0.6	3.5	7.5	9.1
PPE	0.0	0.2	0.4	1.0
Adferiad	0.0	0.3	0.8	1.0
Nosocomial	0.1	0.3	0.6	0.6
Anticipated Funding	(0.8)	(4.4)	(9.3)	(11.7)
Total	0	0	0	0
Grand total	(36.6)	4.6	7.7	79.6

The key issues to highlight at M7 are as follows:

- **Core plan In month position**

The M7 position was a £(32.1)m surplus. This includes a monthly deficit of £4.4m offset by confirmed WG funding of £36.5m (i.e. 7/12ths of £62.5m). The £4.4m monthly deficit represents a £1.5m favourable variance compared to the monthly planned deficit of £5.9m (i.e. 7/12ths of £70.9m). The average monthly variance to M6 was £6.1m (£36.8m/6) so the M7 position represents a £1.7m improvement on trend.

This improvement was mainly due to increased savings delivery in M7 of £1.6m (M7 savings = £3.6m, M6 trend = £2m). This increase in savings included £1m for primary care prescribing (full year forecast = £3.50m).

- **Core plan YTD position**

The M7 YTD position is a £4.6m deficit. This represents a £0.3m favourable variance compared to 7/12th of the £7.7m revised 'planned' deficit (i.e. £70.9m less £62.5m). This £0.3m YTD favourable variance includes:

- a £0.6m shortfall against the M7 YTD savings target (M6: £1.9m)
- accountancy gains £0.8m (M5: £0.8m)
- favourable operating variances of £0.1m (M6: £0.3m adverse)

- **Core plan forecast**

As at M7 we are maintaining a forecast Core plan deficit of £7.7m for 23/24 which is a forecast core plan deficit of £70.2m less the confirmed WG funding of £62.5m.

We are actively pursuing a range of opportunities to improve upon the M7 forecast and to deliver the break-even Control Total target set in the recent WG letter. These potential opportunities include:

- Retention of LHP dilapidations funding £1.8m.
- Microsoft vat recovery £1.4m.
- Retention of slippage on specific funding streams such as Further Faster and AHP funding- TBC
- Slippage on the VBHC allocation (if allowed to retain)- £0.3m
- Additional balance sheet opportunities – TBC
- Delivery of improvement targets delegated to individual Care Groups (based on their M6 year end forecasts). Detailed plans and trajectories to be provided in the M8 MR submission- £8.0m

The Board fully recognises the importance of achieving the break-even Control Total to secure £51m of recurrent funding for next year. Our draft financial plans for next year and our Forecast Recurrent position (Section 1.6) are assuming that this recurrent funding will be secured.

The above opportunities are included in our Risks & Opportunities Table in Section 7. This Table also identifies some key risks which mainly 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.

- **Exceptional energy costs**

As at M7 the HB is reporting energy expenditure of £8.0m with a forecast of £16.2m. This represents a forecast cost pressure of £8.9m (M6: £9.0m) and a forecast cost pressure of £0.2m compared to the original plan. It is important to note that this forecast cost pressure is lower than the £9.4m draft allocation included in the WG letter dated 20 October, which also confirmed that energy funding will be confirmed on an actuals /forecast actuals basis in due course. The energy forecast is very volatile and our forecast may increase later in the year.

A breakdown of the £16.2m forecast spend is provided below:

	£k
BG/CCS Supplier Forecast (1 st Oct 23):	13,124
Local adjustments	238
PCH Managed Contract	4,013
NWSSP Recharge (Laundry/Stores)	(932)
NWSSP Shared Sell Back Rebate	(288)
Total Forecast	16,156
Potential Opportunity not in M7 forecast:	
Reduced Non commodity costs	1,270

Energy costs for the Laundry are recharged to NWSSP and are not included in the CTM forecast. As discussed at the recent DDOF meeting, our assumption is that WG will fund NWSSP direct for any associated energy cost pressure.

NWSSP have indicated in the latest forecast that there is a potential opportunity of £1.3m for reduced non-commodity costs in M7-M12. Following confirmation from WG that energy funding will be provided on an actuals/forecast actuals basis, this opportunity has been removed from our Risks and Opportunities table (Section 7) in M7.

- **COVID Programme costs**

As at M7 the HB is reporting COVID Programme expenditure of £4.4m with a forecast of £9.3m (M6: £9.4m). In line with the WG guidance, the HB is anticipating that the COVID Programme costs will be fully funded.

As at M7 the Health Protection forecast (including vaccination) is forecast to be £7.5m compared to an initial funding allocation of £9.1m. 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.

- **Savings plans**

Actual savings in M7 were £3.6m which was a £1.6m increase on the M6 YTD trend of £2.0m/month. This increase included an additional £1m for primary care prescribing (full year forecast = £3.50m) . The M7 YTD savings are now £15.3m and the full year forecast is £28.3m. This forecast represents a step up of £2.1m in the last 5 months of the year and a forecast overachievement of £1.0m compared to the £27.3m target.

- **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.

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

The Health Board has received revenue of £1.8m as a result of the early surrender of the BA lease and dilapidations at LHP. We are currently showing this has an opportunity, pending confirmation from WG that we can retain this benefit.

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

	October			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M7 £'000	M6 £'000	Movement £'000
RRL	153,137	110,705	42,432	1,347,250	1,275,899	71,351
Donation/Grants	0	0	0	200	200	0
Welsh HBs & NHST	7,018	6,885	133	84,233	84,100	133
WHSSC	1,028	1,018	10	12,121	12,111	10
WG Income	(62)	10	(72)	(1,030)	(958)	(72)
Other Income	3,754	3,455	299	41,944	41,645	299
Income Total	164,875	122,073	42,802	1,484,718	1,412,997	71,721
PC Contractor	12,955	12,710	245	154,378	152,913	1,465
PC - Drugs	7,839	8,172	(333)	102,679	103,012	(333)
Pay	58,109	58,714	(605)	678,495	677,600	895
Non Pay	9,556	10,767	(1,211)	123,169	124,781	(1,612)
SC - Drugs	5,032	4,597	435	55,136	54,801	335
H/C Other NHS	22,982	23,258	(276)	262,916	262,781	135
Non H/C Other NHS	364	322	42	4,156	4,114	42
CHC & FNC	5,950	5,782	168	65,769	65,227	542
Private & Vol	1,666	1,360	306	15,868	15,562	306
Joint & Other	613	269	344	3,115	2,771	344
DEL	0	0	0	33,208	32,546	662
AME	0	0	0	(6,431)	(3,476)	(2,955)
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	(40)	(36)	(4)
Cost - Total	125,066	125,951	(885)	1,492,418	1,492,596	(178)

Actual expenditure for M7 was £0.9m (0.7%) less than the £125.9m forecast. The most significant movements between the M6 forecast and M7 actuals were as follows:

- **Other Income - £299k Favourable** – Improvement in injury cost recovery income.
- **Primary Care Drugs - £333k Favourable** – Improvement in primary care prescribing data for M5.
- **Provider Pay - £605k Favourable** – anticipated impact of new ADH rates and winter pressures not materialising, assumed to be timing issue.
- **Provider Non-Pay - £1,211k Favourable** – £300k correction of category (transfer to Vol Sector), remaining £900k better than anticipated position, possible re-alignment to the worse than expected position in M6.

- **Secondary Care Drugs - £435k Adverse** – Higher than anticipated vaccine costs due to influenza campaign.
- **Private & Vol Sector - £306k Adverse** – Correction of category (transfer from Non Pay £300k).
- **Other - £344k Adverse** – Higher than anticipated Clinical Negligence provision movement.

The year-end forecast expenditure at M7 has slightly decreased in M7 to £1,492m offset by an increase in the income forecast to recognise the additional WG funding. The most significant changes between the M7 and M6 year-end forecasts are as follows:

- **Primary Care Contractor - £1,465k Adverse** – Recognition of COVID vaccination programme and community pharmacy growth.
- **Primary Care Drugs - £333k Favourable** – Recognition of in month movement noted above.
- **Provider Pay - £895k Adverse** – Recognition recent community capacity funding and SLE impact of M&D pay award.
- **Provider Non-Pay - £1,612k Favourable** – Recognition of in month movement noted above plus improved energy cost assumptions and reclassification of COVID vaccination to Primary Care contractors.
- **Secondary Care Drugs - £335k Adverse** – Recognition of in month movement noted above and revised forecast.
- **CHC - £542k Adverse** – Revised forecast.
- **Private & Vol Sector - £306k Adverse** – Recognition of in month movement noted above.
- **Joint & Other- £344k Adverse** – Recognition of in month movement noted above.

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

1.4 Pay Expenditure (Table B2)

The M7 Pay expenditure was £60.4m and the monthly trend is summarised below.

	M7	M6	M5	M4	M3	M2	M1
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.6	7.6	7.6	8.9	9.6	7.3	7.3
Medical	18.1	14.9	14.8	14.6	14.4	14.2	13.5
Nursing	18.0	17.6	17.4	20.2	21.1	16.6	17.1
ACS	7.1	7.2	7.4	8.7	9.4	7.1	7.2
Other	9.5	9.6	9.4	10.9	11.6	9.2	9.0
Total	60.4	56.9	56.6	63.3	66.1	54.4	54.1

The Key issues to highlight are as follows:

- 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 was consistent with the M4 YTD average cost, excluding the £11.5m recovery payment in M3 of £56.6m. Medical staffing continues to experience growth mainly attributed to increased ADH expenditure.
- The M6 expenditure of £56.9m was consistent with M5.
- The £3.5m increase in M7 is mainly due to the Medical & Dental pay award and arrears. Registered nursing expenditure has also

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

The M7 agency expenditure was £3.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M7	M6	M5	M4	M3	M2	M1
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.3	1.2	1.5	1.8	1.5	1.6	1.1
Nursing	1.8	1.7	1.6	1.8	1.6	1.7	2.2
Other	0.6	0.8	0.9	1.2	0.9	1.2	1.0
Total	3.8	3.8	3.9	4.8	4.0	4.5	4.3

Agency Costs in M7 have remained consistent with M6. M7 & M6 have been the lowest months 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 £1.0m from £50.5m in M6 to £49.5m in M7.

1.5 Covid analysis (Table B3)

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

	M7 Actual	M7 YTD	M7 Year-end forecast	Financial Plan- 31 May	Movement between M7 and the Financial Plan
Programme costs	£m	£m	£m	£m	£m
Health Protection	0.6	3.5	7.5	9.1	(1.6)
PPE	0.0	0.2	0.4	1.0	(0.6)
Adferiad (Long COVID)	0.0	0.3	0.8	1.0	(0.2)
Nosocomial Investigation	0.1	0.3	0.6	0.6	0
Anticipated funding	(0.8)	(4.4)	(9.3)	(11.7)	(2.4)
Total	0	0	0	0	0

The key points to note are as follows:

- Health Protection – the forecast requirement remains at £7.5m with an anticipated allocation to match.

- 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) – During M7 the forecast for Adferiad has reduced by £0.2m. This reduction in expenditure has been matched with a reduction in the anticipated allocation for Adferiad.
- 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 M7, we are reporting a forecast Underlying deficit at the end of 23/24 of £19.8m, excluding ongoing exceptional energy costs (M6: £70.9m).

The improvement from M6 assumes that the recently confirmed £51.1m recurrent funding, which is conditional upon achieving the break-even Control Total in 23/24, is secured.

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:

	M7 £m	M6 £m	Comment
Savings delivery risks:			
Forecast step up in savings delivery in second 6 months of the year.	0	2.8	Removed risk M7.
Funding risks:			
Assumed funding for the impact of RLW in 23/24 of £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 £7.7m.	2.5	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.

	M7	M6	Comment
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	1.4	Total allocation assumed = £7.3m
Cost pressure risks:			
Changes to WRP risk sharing percentages	0	0.5	Included in forecast
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	0	Tbc	Assumed to be neutral following confirmation that Energy funding will be provided based on actual costs /forecast actuals.
Impact of doctor strikes on medical pay costs	Tbc	0	Potential for significant additional costs.
Total Risks	6.4	8.7	
Contingencies / Opportunities			
Additional Financial Improvement target actions	(8.0)	0	Full update to be provided in M8 MR
Llantrisant Health park dilapidations funding	(1.8)	(1.8)	See section 2 above
Retrospective vat recoveries	(1.4)	(0.5)	
Energy Non-Commodity Forecast (NWSSP)	0	(1.3)	Opportunity removed following confirmation that Energy funding will be provided based on actual costs /forecast actuals.
Potential reduction in all wales risk share pool	0	0	Included in forecast
Retention of slippage from VBHC – Additional schemes	(0.3)	0	Confirmation required of ability to retain slippage.
Retention of slippage on specific funding streams such as Further Faster and AHP funding	Tbc	0	
Further balance sheet review within 22/23	Tbc	Tbc	
Total Opportunities	(11.5)	(3.6)	
Total	(5.1)	5.1	

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	23.7	Includes £5.2m of additional investment above the WG allocation.
Value Based Healthcare	2.1	2.1	
Regional Integration Fund	20.3	20.3	Assumes anticipated allocations of £2m consistent with Shelley Davies's letter dated 31 st March.
Genomics Strategy	1.4	1.4	
Critical Care Funding	2.4	2.4	
In Year Allocations (Initial Allocation letter 23/24)			
Urgent Emergency Care	3.0	3.0	
Mental Health (SIF)	0.8	0.8	
Planned Care	0.5	0.5	
Value Based Healthcare	0.7	0.4	Anticipated allocation for approved schemes. Potential opportunity of £0.3m. Confirmation needed if benefit can be retained.
Recovery	7.3	7.3	Confirmed allocation for Regional Plans
Regional Integration Fund	2.0	2.0	Allocations of £2m consistent with Shelley Davies's letter dated 31 st March.
Total	59.0	63.9	

As at M7, the Health Board is not forecasting any underspend on the dental contract allocation.

The Health Board can confirm that there are no concerns at M7 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 7			Month 6		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M7	15.9	27.3	27.3	13.6	27.3	27.3
Actual and Forecast Savings	(15.3)	(28.3)	(27.0)	(11.7)	(26.2)	(26.1)
Total	0.6	(1.0)	0.3	1.9	1.1	1.2

Actual savings in M7 were £3.6m which was a 31.6m increase on the M6 YTD trend of £2.0m/month. This increase included an additional £1m for primary care prescribing (full year forecast = £3.50m) . The M7 YTD savings are now £15.3m and the full year forecast is £28.3m. This forecast represents a step up of £2.1m in the last 5 months of the year and a forecast over achievement of £1.0m compared to the £27.3m target.

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 £4.0m 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	M7	M6	Comments
	£k	£k	
2023/24 Pay award	31,872	30,667	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	1,587	2,960	£1.37m received, balance remaining £1.6m.
22/23 MH Investment	827	827	£3.24m received, balance of £0.827m remaining.
Planned Care – OP Transformation & Eyecare	264	264	£0.264m received balance remaining £0.264m.
EASC Emergency Ambulance Capacity	755	755	Planning Assumption to be confirmed
Building Community Capacity	1,252	0	Anticipated Allocation
WG Energy Funding	8,900	0	Anticipated Energy Funding (£9.4m) – Latest Estimates
WG Funded Training Posts	945	945	Planning Assumption to be confirmed
Health Protection – Mass Vaccination	3,642	4,811	Indicative allocation to be claimed on actual costs
Health Protection - TTP	981	1,332	Indicative allocation to be claimed on actual costs
Adferiad	802	988	Indicative allocation to be claimed on actual costs
PPE	241	309	Indicative allocation to be claimed on actual costs
WRP Deduction	-3,982	-3,482	Indicative Adjustment
IFRS 16 Adjustment	-2,401	-2,401	Indicative IFRS adjustment
Capital Charges	-6,145	-3,875	Latest Estimates
Other Allocations	1,774	1,927	
Total Anticipated Allocations	62,312	57,027	

6.1 Health Care agreements

All LTAs have been agreed, however documentation remains unsigned for ABUHB following the recent decision of the arbitration dispute. Documentation agreed by CTM has been shared with ABUHB, however ABUHB are unwilling to sign this document.

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 a few significant balance sheet movements between M6 and M7:

- Trade and other payables increased by £10.8m. This is mainly in relation to the pharmacy accrual due to the timing of the pharmacy payment at month end.
- Provisions have increased by £6.0m. This is due to an increase in the number of negligence claims and the increase in estimated value of several existing claims.

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

There are 4 invoices which are aged over 11 weeks at the end of M7. Two have been paid and we have subsequently received funds into our account, the other two remain outstanding and we continue to pursue for payment.

9. Cash Flow Forecast (Table G)

The Cash Flow position at the end of M7 was a surplus of £3.4m.

The forecast Cash Flow position to year end shows a small projected surplus of £1.3m. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1,750k 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.

On the basis that the increased funding of £71.9m is backed by cash, the Health Board will no longer need Strategic Cash support in 23/24, and cash balances will be managed accordingly at year end. The projected cash flow position is based on the assumption that all anticipated cash allocations are received in year.

10. Public Sector Payment Compliance (Table H)

No update on PSPP is required for M7.

We are continuing to pursue opportunities to improve the timing of payments for NHS invoices. One of the actions being taken is to review how orders for NHS invoices are raised to see if the approval process at the procurement stage can be expedited. This could potentially save up to 5 days, which would further improve the position.

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

The M7 CRL is £66.0m, issued on the 9th November 2023. As at M7, £37.9m has been charged against the CRL.

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 – CRL breakeven	The latest forecast indicates a full year spend of £50.92m against the CRL of £50.99m. There is some risk due to the size of this scheme and we still have 5 months to go.
EFAB - Fire and Decarbonization	Medium - Underspends	As per discussion NWSSP SES bids will be submitted to utilize this underspend.
Llantrisant Health Park	Medium – slippage	As per CRL setting at the end of Oct £1.4M has been returned on this scheme, spend slipped into next year. There is still a significant amount of detail to be worked through for spend this financial year. Hence still flagged as medium risk

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 November 2023.

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.

13. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 November 2023

Action Points arising from Month 6

Response

Action Point	WG Comment	CTM Response
	TABLE A	
6.1	The opening plan 'planning assumptions still to be finalised at Month 1' (Line 13) has been amended in the month 6 submission. As Lines 1-13 are fixed post month 1 submission, please reinstate the values reported previously (Action Point 6.1).	Lines 1-13 remain consistent with that submitted at M3 following the revised IMTP submissions. No adjustment is necessary.
6.2	We trust that the unidentified mitigating actions of £0.964m which are currently phased into month 12 will be finalised at month 7. (Action Point 6.2)	The £0.9m mitigation in M6 has now been reduced to nil.
6.3	Please provide details of the items which support the £2.290m favourable variance reported on Line 26 which is fully profiled in March. (Action Point 6.3)	Our internal directorate forecasts are indicating an improving delegated position through to year end to offset the adverse position reported to M6.
4.2	Following your response to Action Point 4.2 that the profile on Line 21 has been further refined, we would again request details of the key corresponding revenue resource limit funded areas which are resulting in material adverse and favourable income variances being profiled into future months. (c/f Action Point 4.2)	There are many phasing requirements to revenue resource limits including profiled winter pressures, primary care prescribing winter impact, RIF plans etc.
6.4	Please provide a breakdown of the FYE of recurring cost pressures totalling £4.420m which are the key contributor for the forecast c/f underlying deficit position increasing to £70.900m. (Action Point 6.4)	The £4.4m in M6 has now increased to £5.3m in M7. Further work is being undertaken on our 24/25 financial plan. Further information on the new recurring cost pressures will be provided in M8.
	TABLE A2	
6.5	Please provide supporting details for the inclusion of the 'required step up in savings beyond amber risk' risk totalling £2.403m. In addition, please confirm the item(s) reported in Table A which this risk is in relation to. (Action Point 6.5)	The savings risk has now been removed from section 7

6.6	In terms of your request to retain dilapidations funding of £1.800m for Llantrisant Health Park, please provide full background details which have resulted in this request to WG colleague Jackie Salmon. (Action Point 6.6)	We have written to WG to request that the Health Board retains this funding.
	TABLE B	
6.7	The DEL depreciation baseline charge reported on Line 41 (£29.339m) does not agree with the August non-cash submission or the corresponding required funding adjustment reported in Table E. Please review and update for month 7. (Action Point 6.7)	Figures now updated in M7 to tie to the November non-cash return submission.
	TABLE B2	
6.8	Please provide a supporting explanation for the projected step up in agency expenditure in December. (Action Point 6.8)	The step up represents our best estimate of the potential impact of supporting capacity discharge support during winter pressures.
	TABLE B3	
6.9	We note that the Health Protection annual forecast currently includes a contingency totalling £0.295m and trust that a firmer Health Protection expenditure forecast will be reported at month 7. (Action Point 6.9)	Noted and adjusted
	TABLE C4	
3.7	Your response to Action Point 3.7 confirms that the Health Board has £0.233m of Amber schemes included within the savings forecast which are not compliant with the WHC guidance. We wish to reiterate that if the 'go green' is not achieved within 3 months, the forecast scheme delivery values 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. It is again requested that you review this position to ensure full compliance with the WHC at month 7. (c/f Action Point 3.7)	There remains 7 schemes for £221k of forecast savings which have go green dates in the future which remain in our plan. We continue to review the schemes and remain positive that these schemes will deliver the forecast savings. This is not a material item in our forecast position.
5.9	Following your request for further clarity on Action Point 5.9, please explain why the 'LD Slippage on various posts due to recruitment delays and internal secondments'(CRESMHMNT007) savings will not deliver any savings until March. (c/f Action Point 5.9)	This scheme relates to financial performance against an agreed SLA

		with another organisation which will not be finalised until M12.
	TABLE D	
6.10	We trust that confirmation will be provided within your month 7 narrative that the LTA with Aneurin Bevan UHB has now been signed. (Action Point 6.10)	See section 6 Healthcare Agreements
	TABLE E	
6.11	Within your month 7 return, please ensure that the request for owned asset capital working balances cash is supported by a corresponding movement in capital payables (Table F Line 44). (Action Point 6.11)	Updated
	TABLE H	
6.12	Please provide details of the latest actions being implemented to continue the payment performance improvement of NHS invoices. (Action Point 6.12)	Update provided in the PSPP section

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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	17,687	341	17,346	18,273
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	11,396	3,369	8,027	8,027
14 Opening IMTP / Annual Operating Plan	-79,600	-12,173	-67,427	-65,300
15 Reversal of Planning Assumptions still to be finalised at Month 1	-11,396	-3,369	-8,027	-8,027
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	926	926	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-804	-251	-553	-338
20 Additional In Year Identified Savings - Forecast	9,310	4,010	5,300	8,099
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-2,336	-2,336	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	2,336	2,336	0	0
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)	-1,426	-1,426	0	-5,334
27 New WG Funding	71,900	71,900	0	51,100
28 Reduce Planned Local Investment - (Achieved - no risk)	1,200	1,200	0	0
29 Velindre Improvement - (Achieved - no risk)	500	500	0	0
30 New Saving Opportunities / Further Balance Sheet Opportunities - (Low risk)	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33 Energy Forecast Impact from original £8.7m Plan	-300	-300	0	0
34 AB Arbitration Outcome - Finalised	-2,010	-2,010	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	-7,900	62,807	-70,707	-19,800
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-7,900	0	0	0
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	-5,908	-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	-28,847	-49,450
3	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-6,806	-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	9,508	16,300
5	972	972	972	972	972	972	972	972	972	972	972	972	6,806	11,668
6	237	238	237	238	237	238	237	238	237	238	237	238	1,662	2,850
7	1,557	852	892	-1,225	881	-2,167	-1,021	794	837	-1,083	778	-1,095	-231	0
8	268	936	915	2,699	843	890	2,754	930	886	2,807	946	2,816	9,304	17,687
9	0	37	18	351	101	102	101	101	102	101	101	102	710	1,217
10													0	0
11													0	0
12	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-5,075	-8,700
13	700	700	700	700	700	3,700	700	700	700	700	700	696	7,900	11,396
14	-6,634	-6,633	-6,634	-6,634	-6,635	-6,633	-6,626	-6,634	-6,634	-6,634	-6,635	-6,637	-46,428	-79,600
15	-700	-700	-700	-700	-700	-3,700	-700	-700	-700	-700	-700	-696	-7,900	-11,396
16													0	0
17													0	0
18	0	-37	-18	-18	-6	513	221	54	54	54	54	54	656	926
19	-1	872	439	-1,313	384	1,202	-1,213	419	501	-1,324	527	-1,297	371	-804
20	0	295	230	294	899	864	1,683	951	839	1,003	998	1,254	4,265	9,310
21								-595	-565	1,096	-749	813	0	0
22	-326	-513	-448	-434	-268	-254	-213	25	93	16	-72	57	-2,456	-2,336
23													0	0
24	326	513	448	434	268	254	213	-25	-93	-16	72	-57	2,456	2,336
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	1,360	-80	-80	-80	-80	-76	-1,029	-1,426
27							41,942	5,992	5,992	5,992	5,992	5,992	41,942	71,900
28					500	100	100	100	100	100	100	100	700	1,200
29					208	41	41	42	42	42	42	42	290	500
30													0	0
31													0	0
32													0	0
33								-50	-50	-50	-50	-50	-50	-300
34							-1,050	-160	-160	-160	-160	-160	-1,210	-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	36,599	-661	-661	-661	-661	-662	-4,594	-7,900
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	36,599	-661	-661	-661	-661	-662	-4,594	-7,900

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Commissioned Services	Actual/Fcast	0	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	0	0	0	0
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	317	177	183	183	183	183	183	183	183	183	183	1,226	2,141		2,141	0			
8		Actual/Fcast	0	0	0	0	0	979	1,046	299	297	297	297	298	2,025	3,513	57.65%	3,513	0	0	3,513	3,650
9		Variance	0	(317)	(177)	(183)	(183)	796	863	116	114	114	114	115	799	1,372	65.17%	1,372	0			
10		Budget/Plan	20	139	80	83	84	87	107	98	98	185	105	105	602	1,195		833	362			
11	Non Pay	Actual/Fcast	19	18	39	79	239	340	198	289	216	310	230	257	932	2,233	41.75%	2,124	108	969	1,263	1,599
12		Variance	(1)	(121)	(41)	(4)	155	252	91	190	118	124	124	151	331	1,038	54.97%	1,292	(254)			
13		Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	7,476	14,315		14,047	268			
14	Pay	Actual/Fcast	248	2,085	1,545	1,600	1,887	1,637	1,981	1,712	1,879	1,944	2,183	10,982	20,412		53.80%	20,335	77	3,131	17,281	20,357
15		Variance	(0)	1,605	887	(832)	1,312	1,018	(483)	1,064	1,108	(559)	1,286	(309)	3,506	6,097	46.90%	6,288	(191)			
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36		0	36			
17	Primary Care	Actual/Fcast	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		Budget/Plan	268	936	915	2,699	843	890	2,754	930	886	2,807	946	2,816	9,304	17,687		17,021	666			
20	Total	Actual/Fcast	267	2,103	1,583	1,679	2,126	2,956	3,225	2,299	2,226	2,486	2,470	2,772	13,940	26,193	53.22%	25,972	221	4,100	22,093	26,034
21		Variance	(1)	1,167	668	(1,019)	1,284	2,066	471	1,370	1,340	(321)	1,525	(43)	4,636	8,506	49.83%	8,951	(445)			
22	Variance in month		(0.37%)	124.70%	73.07%	(37.78%)	152.33%	232.25%	17.10%	147.33%	161.27%		(11.43%)	161.21%	(1.54%)	49.83%						
23	In month achievement against FY forecast		1.02%	8.03%	6.04%	6.41%	8.12%	11.29%	12.31%	8.78%	8.50%	9.49%	9.43%	10.58%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/Fcast	0	10	45	21	418	151	196	211	231	337	337	566	842	2,525	33.34%	2,525	0	1,284	1,241	2,899
3		Variance	0	10	45	21	418	151	196	211	231	337	337	566	842	2,525		2,525	0			
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5	Variable Pay	Actual/Fcast	0	42	30	52	71	85	161	76	76	95	95	95	441	877	50.24%	877	0	396	481	526
6		Variance	0	42	30	52	71	85	161	76	76	95	95	95	441	877		877	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	Locum	Actual/Fcast	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		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11	Agency / Locum paid at a premium	Actual/Fcast	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		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14	Changes in Bank Staff	Actual/Fcast	0	0	0	0	0	0	7	17	33	49	43	43	7	190	3.53%	142	48	0	190	531
15		Variance	0	0	0	0	0	0	7	17	33	49	43	43	7	190		142	48			
16		Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	7,476	14,315		14,047	268			
17	Other (Please Specify)	Actual/Fcast	248	2,033	1,470	1,527	1,398	1,401	1,616	1,409	1,373	1,398	1,468	1,478	9,693	16,820	57.63%	16,791	29	1,451	15,369	16,400
18		Variance	(0)	1,553	812	(905)	823	782	(847)	760	769	(1,040)	811	(1,013)	2,217	2,505	29.66%	2,744	(239)			
19		Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	7,476	14,315		14,047	268			
20	Total	Actual/Fcast	248	2,085	1,545	1,600	1,887	1,637	1,981	1,712	1,879	1,944	2,183	10,982	20,412		53.80%	20,335	77	3,131	17,281	20,357
21		Variance	(0)	1,605	887	(832)	1,312	1,018	(483)	1,064	1,108	(559)	1,286	(309)	3,506	6,097	46.90%	6,288	(191)			

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

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

Table C3- Savings Schemes SoCNE/SCNI Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Budget/Plan	248	480	658	2,432	576	619	2,463	648	604	2,438	657	2,491	7,476	14,315
2	Pay Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,981	1,712	1,712	1,879	1,944	2,183	10,982	20,412
3	Variance	(0)	1,605	887	(832)	1,312	1,018	(483)	1,064	1,108	(559)	1,286	(309)	3,506	6,097
4	Budget/Plan	20	139	80	83	84	87	107	98	98	185	105	105	602	1,195
5	Non Pay Actual/F'cast	19	18	39	79	239	340	198	292	218	311	231	259	932	2,243
6	Variance	(1)	(121)	(41)	(4)	155	252	91	194	119	126	126	153	331	1,048
7	Budget/Plan	0	268	147	153	153	153	153	153	153	153	153	153	1,027	1,792
8	Primary Care Drugs Actual/F'cast	0	0	0	0	0	876	924	243	243	243	243	243	1,800	3,017
9	Variance	0	(268)	(147)	(153)	(153)	723	771	90	90	90	90	90	773	1,225
7	Budget/Plan	0	49	30	30	30	30	30	30	30	30	30	30	199	349
8	Secondary Care Drugs Actual/F'cast	0	0	0	0	0	103	122	52	52	52	52	52	225	486
9	Variance	0	(49)	(30)	(30)	(30)	73	92	22	22	22	22	22	26	137
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC/FNC 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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36
14	Primary Care Contractor 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 Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Provided by Other NHS Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Bodies Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Non Healthcare Services Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Provided by Other NHS Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Bodies Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Voluntary Sector Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Joint Financing & Other 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	2,754	930	886	2,807	946	2,816	9,304	17,687
29	Total Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	3,225	2,299	2,226	2,486	2,470	2,772	13,940	26,193
30	Variance	(1)	1,167	668	(1,019)	1,284	2,066	471	1,370	1,340	(321)	1,525	(43)	4,636	8,506

This Table is currently showing 0 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	2,899	843	890	2,754	930	886	2,807	946	2,816	9,304	17,687	341	17,346	927	18,273
	Month 1 - Actual/Forecast	267	1,808	1,354	1,386	1,227	2,092	1,541	1,348	1,387	1,483	1,473	1,518	9,675	16,883	90	16,793	1,142	17,935
	Variance	(1)	872	439	(1,313)	384	1,202	(1,213)	419	501	(1,324)	527	(1,297)	371	(804)	(251)	(553)	215	(338)
	In Year - Plan	29	325	276	304	1,007	553	1,080	853	802	951	942	1,199	3,575	8,322	3,674	4,648	2,460	7,108
	In Year - Actual/Forecast	0	295	230	294	899	864	1,683	951	839	1,003	998	1,254	4,265	9,310	4,010	5,300	2,799	8,099
	Variance	(29)	(30)	(47)	(11)	(108)	310	603	98	36	52	55	55	690	988	336	651	339	991
	Total Plan	297	1,261	1,191	3,003	1,850	1,443	3,834	1,783	1,688	3,758	1,888	4,014	12,879	26,009	4,015	21,994	3,387	25,381
	Total Actual/Forecast	267	2,103	1,583	1,679	2,126	2,956	3,225	2,299	2,226	2,486	2,470	2,772	13,940	26,193	4,100	22,093	3,941	26,034
	Total Variance	(30)	842	392	(1,324)	276	1,513	(609)	517	538	(1,272)	582	(1,242)	1,061	184	85	98	555	653
	Net Income Generation	Month 1 - Plan	0	37	18	351	101	102	101	101	102	101	101	102	710	1,217	217	1,000	0
Month 1 - Actual/Forecast		0	0	0	333	83	495	300	133	134	133	134	134	1,211	1,878	878	1,000	0	1,000
Variance		0	(37)	(18)	(18)	(18)	393	199	32	32	32	32	32	501	661	661	0	0	0
In Year - Plan		0	0	0	0	13	120	22	22	22	22	22	22	155	265	265	0	0	0
In Year - Actual/Forecast		0	0	0	0	13	120	22	22	22	22	22	22	155	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	124	124	865	1,482	482	1,000	0	1,000
Total Actual/Forecast		0	0	0	333	96	615	322	155	156	155	155	156	1,366	2,143	1,143	1,000	0	1,000
Total Variance		0	(37)	(18)	(18)	(18)	393	199	32	32	32	32	32	501	661	661	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
	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	0	0	0	0	0	5,800	0	0	0	0	0	0	5,800	5,800	5,800	0	0	0
Total	Month 1 - Plan	268	973	933	3,050	944	992	2,855	1,031	988	2,908	1,047	2,918	10,014	18,904	558	18,346	927	19,273
	Month 1 - Actual/Forecast	267	1,808	1,354	1,719	1,310	2,587	1,841	1,481	1,521	1,616	1,606	1,652	10,886	18,761	968	17,793	1,142	18,935
	Variance	(1)	835	421	(1,331)	366	1,595	(1,014)	451	533	(1,292)	559	(1,265)	872	(143)	410	(553)	215	(338)
	In Year - Plan	29	325	276	304	1,020	2,673	1,102	875	824	973	964	1,221	5,730	10,587	5,939	4,648	2,460	7,108
	In Year - Actual/Forecast	0	295	230	294	912	4,784	1,706	973	861	1,025	1,020	1,276	8,219	13,375	8,075	5,300	2,799	8,099
	Variance	(29)	(30)	(47)	(11)	(108)	2,110	603	98	36	52	55	55	2,490	2,788	2,136	651	339	991
	Total Plan	297	1,298	1,209	3,354	1,963	3,665	3,957	1,906	1,812	3,881	2,011	4,139	15,743	29,491	6,497	22,994	3,387	26,381
	Total Actual/Forecast	267	2,103	1,583	2,012	2,222	7,371	3,547	2,454	2,382	2,641	2,625	2,928	19,105	32,136	9,043	23,093	3,941	27,034
	Total Variance	(30)	805	374	(1,342)	258	3,706	(410)	549	570	(1,240)	614	(1,210)	3,362	2,645	2,546	98	555	653



Agenda Item

2.2.1d

Planning, Performance and Finance Committee

MONTH 8 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	11/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Mark Thomas, Deputy Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Government	13/11/2023	

Acronyms / Glossary of Terms	
WG	Welsh Government
LHB	Local Health Board
PPFC	Planning, Performance & Finance Committee
M8 etc	Month 8

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 PFC with information from the M8 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

The HB, SHA & 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
M8 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 M8 Financial Monitoring returns is summarised in Section 1.2 of the M8 Narrative report at Annex A. This information is consistent with the M8 Internal Board papers.

4. Assessment

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



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

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the contents of the Month 8 Monitoring Returns submitted to Welsh Government for 2023/24.

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

Introduction

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

	M8 Actual	M8 YTD	M8 Forecast	Original Financial Plan
	£m	£m	£m	£m
Core plan:				
Core plan deficit	3.7	44.8	62.5	70.9
Confirmed WG Funding	(5.2)	(41.7)	(62.5)	0
Total	(1.5)	3.1	0	70.9
Energy:				
Exceptional Energy inflation	0.7	5.9	8.9	8.7
Anticipated Energy Funding	(0.7)	(5.9)	(8.9)	0
Total	0	0	0	8.7
Covid Programme costs:				
Health Protection	0.7	4.2	7.1	9.1
PPE	0.0	0.3	0.4	1.0
Adferiad	0.1	0.4	0.8	1.0
Nosocomial	0.0	0.3	0.6	0.6
Anticipated Funding	(0.9)	(5.2)	(9.0)	(11.7)
Total	0	0	0	0
Grand total	(1.5)	3.1	0	79.6

The key issues to highlight at M8 are as follows:

- **Core plan In month position**

The M8 position was a £1.5m surplus. The average monthly variance to M7 was £0.6m (£4.6m/7) so the M8 position represents a £2.1m improvement on trend. This improvement includes £1.8m of income for Llantrisant Health Park (see below).

- **Core plan YTD position**

The M8 YTD position is a £3.1m deficit. This represents a £2.0m favourable variance compared to 8/12th of the revised 'planned' deficit of £7.7m (i.e. £70.9m less £62.5m). This £2.0m YTD favourable variance includes:

- a £0.5m under achievement against the M8 YTD savings target (M7: £0.6m)
- accountancy gains £0.8m (M7: £0.8m)
- Llantrisant Health Park income £1.8m.
- Net other adverse operating variances of £0.1m (M7: £0.1m favourable)

- **Core plan forecast**

As at M8 we are forecasting a break-even Core plan position (M7: £7.7m deficit).

The Board fully recognises the importance of achieving the break-even Control Total to secure £51m of recurrent funding for next year. Our draft financial plans for next year and our Forecast Recurrent position (Section 1.6) are assuming that this recurrent funding will be secured.

The key risks to this break-even forecast are included in our Risks & Opportunities Table in Section 7. The main 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.

- **Exceptional energy costs**

As at M8 the HB is reporting energy expenditure (excluding laundry) of £9.6m with a forecast of £16.2m. This represents a forecast cost pressure of £8.9m (M7: £8.9m) and a forecast cost pressure of £0.2m compared to the original plan.

It is important to note that this forecast cost pressure is lower than the £9.4m draft allocation included in the WG letter dated 20 October, which also confirmed that energy funding will be confirmed on an actuals /forecast actuals basis in due course. The energy forecast is very volatile and our forecast may increase later in the year.

A breakdown of the £16.2m forecast spend is provided below:

	£k
BG/CCS Supplier Forecast (1 st Oct 23):	13,124
Local adjustments	238
PCH Managed Contract	4,013
NWSSP Recharge (Laundry/Stores)	(932)
NWSSP Shared Sell Back Rebate	(288)
Total Forecast	16,156
Potential Opportunity not in M8 forecast:	
Reduced Non commodity costs	1,270

Energy costs for the Laundry are recharged to NWSSP and are **not** included in the CTM forecast. As discussed at the recent DDOF meeting, our

assumption is that WG will fund NWSSP direct for any associated energy cost pressure. If the laundry energy costs were included in our forecast, the forecast cost pressure would increase by £0.9m to £9.8m.

NWSSP have indicated in the latest forecast that there is a potential opportunity of £1.3m for reduced non-commodity costs in M7-M12.

- **COVID Programme costs**

As at M8 the HB is reporting COVID Programme expenditure of £5.2m with a forecast of £9.0m (M7: £9.3m). In line with the WG guidance, the HB is anticipating that the COVID Programme costs will be fully funded.

As at M8 the Health Protection forecast (including vaccination) is forecast to be £7.1m compared to an initial funding allocation of £9.1m. This improvement of £2.0m has not been recognised in the HB financial position as it has been matched with an anticipated allocation reduction of £2.0m.

- **Savings plans**

Actual savings in M8 were £2.7m which was a £0.4m increase on the M7 YTD trend of £2.3m/month. The M8 YTD savings are now £17.7m and the full year forecast is £28.4m. This forecast represents a step up of £1.8m in the last 4 months of the year and a forecast overachievement of £1.1m compared to the £27.3m target.

- **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.

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

The Health Board has received revenue of £1.8m for the early surrender of the BA lease and dilapidations at LHP. This £1.8m was included as an opportunity in our M7 MR submission but, following confirmation from WG that we can retain this benefit, this item has now been included in our forecast position and removed from our Risks & Opportunities table in Section 7.

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

	November			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M8 £'000	M7 £'000	Movement £'000
RRL	116,351	114,817	1,534	1,351,183	1,347,250	3,933
Donation/Grants	0	7	(7)	200	200	0
Welsh HBs & NHST	7,264	6,885	379	84,612	84,233	379
WHSSC	1,003	1,018	(15)	12,406	12,121	285
WG Income	(78)	10	(88)	(1,118)	(1,030)	(88)
Other Income	5,264	3,455	1,809	43,753	41,944	1,809
Income Total	129,803	126,192	3,611	1,491,036	1,484,718	6,318
PC Contractor	12,362	13,120	(758)	153,620	154,378	(758)
PC - Drugs	8,509	8,872	(363)	102,316	102,679	(363)
Pay	55,759	56,464	(705)	676,290	678,495	(2,205)
Non Pay	10,474	10,927	(453)	121,322	123,169	(1,847)
SC - Drugs	5,448	4,697	751	55,887	55,136	751
H/C Other NHS	25,247	22,135	3,112	266,028	262,916	3,112
Non H/C Other NHS	340	322	18	4,174	4,156	18
CHC & FNC	5,659	5,882	(223)	65,546	65,769	(223)
Private & Vol	1,622	1,360	262	16,130	15,868	262
Joint & Other	107	269	(162)	2,953	3,115	(162)
DEL	0	0	0	33,240	33,208	32
AME	0	0	0	(6,430)	(6,431)	1
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	(40)	(40)	0
Cost - Total	125,527	124,048	1,479	1,491,036	1,492,418	(1,382)

Actual expenditure for M8 was £1.5m (1.1%) more than the £125.5m forecast. The most significant movements between the M7 forecast and M8 actuals were as follows:

- **Other Income - £1,809 Favourable** – Confirmation of ability to retain Llantrisant Health Park dilapidations income.
- **Primary Care Contractors - £758k Favourable** – Improvement GMS LHB administered funds & OOH £0.35m, reduction in dental activity £0.2m and improved community pharmacy contract £0.15m.
- **Provider Pay - £705k Favourable** – Better than anticipated Medical & Dental agency and nursing costs.
- **Provider Non-Pay - £453k Favourable** – Continuation of general improvement in Non pay expenditure.

- **Secondary Care Drugs - £751k Adverse** – Higher than anticipated vaccine costs due to influenza campaign £0.2m plus increased cost of NICE/HCD during the period £0.5m.
- **Healthcare NHS - £3,112k Adverse** – Recognition of Q2 vertex allocation for WHSSC, matched by increased allocations.

The year-end forecast expenditure at M8 has slightly decreased to £1,491m offset by an increase in the income forecast to recognise additional WG funding and other income. The most significant changes between the M8 and M7 year-end forecasts are as follows:

- **Other Income - £1,809 Favourable** – As noted above, confirmation of ability to retain Llantrisant Health Park dilapidations income.
- **Primary Care Contractors - £758k Favourable** – As noted above in current month variance.
- **Provider Pay - £2,205k Favourable** – Recognition of current month improvements and plans to improve as part of the further financial improvement challenge.
- **Provider Non-Pay - £1,847k Favourable** – Recognition of current month improvements and plans to improve as part of the further financial improvement challenge.
- **Secondary Care Drugs - £751k Adverse** – As noted in current month variance.
- **Healthcare NHS - £3,112k Adverse** – As noted in current month variance.

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

1.4 Pay Expenditure (Table B2)

The M8 Pay expenditure was £58.0m and the monthly trend is summarised below.

	M8	M7	M6	M5	M4	M3	M2	M1
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.6	7.6	7.6	7.6	8.9	9.6	7.3	7.3
Medical	15.1	18.1	14.9	14.8	14.6	14.4	14.2	13.5
Nursing	18.4	18.0	17.6	17.4	20.2	21.1	16.6	17.1
ACS	7.2	7.1	7.2	7.4	8.7	9.4	7.1	7.2
Other	9.7	9.5	9.6	9.4	10.9	11.6	9.2	9.0
Total	58.0	60.4	56.9	56.6	63.3	66.1	54.4	54.1

The Key issues to highlight are as follows:

- 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 was consistent with the M4 YTD average cost, excluding the £11.5m recovery payment in M3 of £56.6m. Medical staffing continues to experience growth mainly attributed to increased ADH expenditure.
- The M6 expenditure of £56.9m was consistent with M5.
- The £3.5m increase in M7 was mainly due to the Medical & Dental pay award and arrears. Registered nursing expenditure also increased by £0.5m mainly due to increased overtime/Bank and agency.
- The M8 position has increased by £1.1m compared to M6. This includes a £0.8m increase in Registered nursing which has steadily increased over the past 4 months plus a £0.2m increase in Medical pay (estimated pay award impact £0.5m less reductions in medical agency £0.3m).

The M8 agency expenditure was £3.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M8	M7	M6	M5	M4	M3	M2	M1
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.0	1.3	1.2	1.5	1.8	1.5	1.6	1.1
Nursing	2.0	1.8	1.7	1.6	1.8	1.6	1.7	2.2
Other	0.7	0.6	0.8	0.9	1.2	0.9	1.2	1.0
Total	3.8	3.8	3.8	3.9	4.8	4.0	4.5	4.3

Total agency costs in M8 have remained consistent with M6 & M7.

1.5 Covid analysis (Table B3)

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

	M8 Actual	M8 YTD	M8 Year-end forecast	Financial Plan- 31 May	Movement between M8 and the Financial Plan
Programme costs	£m	£m	£m	£m	£m
Health Protection	0.7	4.2	7.1	9.1	(2.0)
PPE	0.0	0.3	0.4	1.0	(0.6)
Adferiad (Long COVID)	0.1	0.4	0.8	1.0	(0.2)
Nosocomial Investigation	0.0	0.3	0.6	0.6	0
Anticipated funding	(0.9)	(5.2)	(9.0)	(11.7)	(2.7)
Total	0	0	0	0	0

The key points to note are as follows:

- Health Protection – the forecast requirement has improved to £7.1m with an anticipated allocation reduction to match.
- 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 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.
- 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 M8 we are reporting a forecast Underlying deficit at the end of 23/24 of £35.7m (M7: £19.8m):

	M8	M7
	£m	£m
B'fwd Financial challenge 1 April 2023	70.9	70.9
Exceptional energy costs	8.9	0
Assumed WG funding – conditional upon achieving break even in 23/24	(51.1)	(51.1)
Net other movements	7.0	0
Forecast C'fwd Financial challenge 31 March 2024	35.7	19.8

The draft 'bridge' from the forecast breakeven position in 23/24 is as follows. This forecast recurrent position will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 24/25.

	£m
Forecast position 23/24 B'fwd Financial challenge 1 April 2023	0
NR inflation funding	11.4
Assumed NR energy funding	8.9
Accountancy gains	5.0
NR Llantrisant Health Park income	1.8
NR benefits Rates and VAT	1.2
NR WHSSC benefits	1.8
Removal of All Wales DoF LTA agreement in 24/25	3.5
Other contracting changes	1.1
Other NR items	1.0
Forecast C'fwd Financial challenge 31 March 2024	35.7

2. Risk Management (Table A2)

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

	M8 £m	M7 £m	Comment
Funding risks:			
Assumed funding for the impact of RLW in 23/24 of £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 £7.7m.	2.5	2.5	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.
EASC Emergency Capacity (100wte)	0	0.8	Risk removed in M8 and included in forecast position.
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	1.4	1.4	Total allocation assumed = £7.3m
Retention of slippage from VBHC – Additional schemes	0.3	0	
Cost pressure risks:			
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	0	0	Assumed to be neutral following confirmation that Energy funding will be provided based on actual costs /forecast actuals. Plus confirmation that NWSSP will be funded directly for laundry costs.
Impact of doctor strikes on medical pay costs	Tbc	Tbc	Potential for significant additional costs.
Assumed reduction in All Wales WRP costs do not materialise	0.5	0	
Total Risks	6.4	6.4	
Contingencies / Opportunities			
Additional Financial Improvement target actions	0	(8.0)	Included in M8 forecast
Llantrisant Health park dilapidations funding	0	(1.8)	Included in M8 forecast
Retrospective vat recoveries Microsoft	(1.7)	(1.4)	Latest estimate from DHCW but negotiations with HMRC continuing and may not conclude in 23/24.
Energy Non-Commodity Forecast (NWSSP)	(1.3)	0	Potential opportunity depending on when the additional WG funding is confirmed.
Potential reduction in all wales risk share pool	0	0	Included in M8 forecast
Retention of slippage from VBHC – Additional schemes	0	(0.3)	Included in M8 forecast and assumed can retain.
Further balance sheet review within 22/23	Tbc	Tbc	
Total Opportunities	(3.0)	(11.5)	
Total	3.4	(5.1)	

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	23.7	Includes £5.2m of additional investment above the WG allocation.
Value Based Healthcare	2.1	2.1	
Regional Integration Fund	20.3	20.3	Assumes anticipated allocations of £2m consistent with Shelley Davies's letter dated 31 st March.
Genomics Strategy	1.4	1.4	
Critical Care Funding	2.4	2.4	
In Year Allocations (Initial Allocation letter 23/24)			
Urgent Emergency Care	3.0	3.0	
Mental Health (SIF)	0.8	0.8	
Planned Care	0.5	0.5	
Value Based Healthcare	0.7	0.4	Anticipated allocation for approved schemes. Assumed retention of £0.3m, confirmation needed if benefit cannot be retained.
Recovery	7.3	7.3	Confirmed allocation for Regional Plans
Regional Integration Fund	2.0	2.0	Allocations of £2m consistent with Shelley Davies's letter dated 31 st March.
Total	59.0	63.9	

As at M8, the Health Board is not forecasting any underspend on the dental contract allocation.

The Health Board can confirm that there are no concerns at M8 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 8			Month 7		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M8	18.2	27.3	27.3	15.9	27.3	27.3
Actual and Forecast Savings	(17.7)	(28.4)	(28.3)	(15.3)	(28.3)	(27.0)
Total	0.5	(1.1)	(1.0)	0.6	(1.0)	0.3

Actual savings in M8 were £2.7m which was a £0.4m increase on the M7 YTD trend of £2.3m/month. The M8 YTD savings are now £17.7m and the full year forecast is £28.4m. This forecast represents a step up of £1.8m in the last 4 months of the year and a forecast overachievement of £1.1m compared to the £27.3m target.

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 £4.0m 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 M8 position. The table below summaries the more material items:

Description	M8	M7	Comments
	£k	£k	
2023/24 Pay award	31,872	31,872	Estimated Requirement for A4C and M&D.
1.5% consolidated pay award	8,900	8,900	Estimated requirement
Regional Planned Care Recovery	0	7,300	Allocation confirmed M*
Real Living Wage	4,800	4,800	Estimated requirement
Urgent & Emergency Care	1,587	1,587	£1.37m received, balance remaining £1.6m.
22/23 MH Investment	0	827	Allocation confirmed M8
Planned Care – OP Transformation & Eyecare	264	264	£0.264m received balance remaining £0.264m.
EASC Emergency Ambulance Capacity	0	755	Revised planning assumptions
Building Community Capacity	0	1,252	Allocation Confirmed M8
WG Energy Funding	8,900	8,900	Anticipated Energy Funding (£9.4m) – Latest Estimates
WG Funded Training Posts	1,371	945	Planning Assumption to be confirmed revised following August 23 rotation.
Health Protection – Mass Vaccination	3,438	3,642	Indicative allocation to be claimed on actual costs
Health Protection - TTP	826	981	Indicative allocation to be claimed on actual costs
Adferiad	16	802	Indicative allocation to be claimed on actual costs
PPE	242	241	Indicative allocation to be claimed on actual costs
WRP Deduction	-3,506	-3,982	Indicative Adjustment
IFRS 16 Adjustment	-2,401	-2,401	Indicative IFRS adjustment
Capital Charges	-6,145	-6,145	Latest Estimates
Other Allocations	1,791	1,774	
Total Anticipated Allocations	51,954	62,312	

6.1 Health Care agreements

All LTAs have been agreed, however documentation remains unsigned for ABUHB following the recent decision of the arbitration dispute. Documentation agreed by CTM has been shared with ABUHB, however ABUHB are unwilling to sign this document.

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 a few significant balance sheet movements between M7 and M8:

- Trade and other payables increased by £6.9m. This is due to a WHSSC LTA accrual for M8 of £2.8m and other general increases on trade payables and accruals.
- Trade and other receivables increased by £2.9m due to increases in Accounts Receivable control and manual debtors.
- Fixed assets have increased by £3.0m, due to expenditure on capital projects.

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

There are three invoices which are aged over 11 weeks at the end of M8, one of which is over 17 weeks. All the invoices relate to HEIW and are delayed due to discussion relating to the inclusion of 23/24 pay awards for recharges for secondment/employees. Discussions have taken place

between HEIW, Jackie Salmon and John Evans and a resolution should be in place to enable these invoices to be cleared by M9.

9. Cash Flow Forecast (Table G)

The Cash Flow position at the end of M8 was a surplus of £4.1m.

The forecast Cash Flow position to year end shows a nil balance reflecting the projection that we will be in a balanced position at year end. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1,750k 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.

The projected cash flow position assumes that all anticipated cash allocations are received in year.

10. Public Sector Payment Compliance (Table H)

No update on PSPP is required for M8.

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

The M8 CRL is £68.018m, issued on the 29th November 2023. Additional capital was provided in the month from Welsh Government for the Taith Suite at Glanrhyd £0.378m, Fibro Scanner for drug and alcohol service £0.109m, Theatre equipment for RGH £0.384m and Cyber security £1.147m. As at M8, £43.7m has been charged against the CRL.

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 - slippage	The latest forecast indicates a full year spend £100k less than the CRL of £50.99m. This will be managed through discretionary if it materialises. Medium risk given the size of this scheme and there is still significant spend of £12m over the remaining 4 months to achieve.
EFAB - Fire and Decarbonisation	Medium - Underspends	HB has requested to use underspend on other priorities – awaiting confirmation.
Primary Care - Sunnyside	Medium - slippage	Updated business case now approved. Latest information from the contractor states that the scheme will not be starting on site until June 2024 due to the scheme being delayed and resources being moved to other schemes. Slippage will be managed internally
Llantrisant Health Park	Medium – slippage	There is still a significant amount of detail to be worked through for spend this financial year, hence still flagged as medium risk

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 November 2023.

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.

13. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 December 2023

Action Points arising from Month 7

Response

Action Point	WG Comment	CTM Response
	TABLE A	
c/f 6.1	Despite your response to last month's action point 6.1 that "lines 1-13 remain consistent with that [planning assumptions still to be finalised at month 1] submitted at M3 following the revised IMTP submissions" we can still clearly see material changes from the M3 submission in the RRL profile and planning assumptions, both retrospectively and prospectively in the M7 return. Please review and amend accordingly. (c/f Action Point 6.1).	Updated for M8
c/f 6.4	We note from your response to Action Point 6.4 that a further update will be provided on the FYE of recurring cost pressures which increased in the month 7 return to £5.3m from £4.420m in the month 8 return (c/f Action Point 6.4).	See updated Table A and comments in Section 1.6.
7.1	Within the "core plan forecast" of your narrative, you identify potential retention of slippage on funding streams. Please refer to the letter from Judith Paget to Chief Executives on 20th October 2023 for clarity on existing allocation approaches for this year only. If you have any further questions that cannot be met by this information, or by discussing with the relevant Policy Lead, please direct them to our team at nhsfinancialmanagement@gov.wales (Action Point 7.1).	Email has been sent to Claire Green (NHS Executive) and NHS Financial Management email asking for confirmation of additional VBHC project funding of £655k will be received in full.
	TABLE C4	
c/f 3.7	As per action point 3.7, whilst noting your comment that the amber schemes in question were of an immaterial amount, we reiterate our request that you comply with the WHC guidance and remove the forecast scheme delivery values of these schemes as they are more than 3 months past their 'go green' date (c/f Action Point 3.7).	Updated for M8
7.2	Following your response to action point 5.9, we have noted that the scheme is disclosed as a pay scheme, but your response indicates that the scheme is a commissioning scheme rather than a pay scheme. If this is indeed the case, please reclassify the scheme in the month 8 submission (Action Point 7.2).	Updated for M8

	TABLE D	
7.3	As we are expecting a firm forecast at month 8, we are anticipating your confirmation that the LTA with ABUHB has been signed when the month 8 return is submitted (Action Point 7.3).	We have agreed the settlement value to align with the arbitration outcome. However, ABUHB are still not willing to sign the LTA document.
	TABLE P	
7.4	There are two minor variations where the total planned spend (column T) does not equate to the current plan value (column E). Whilst these are small it would be helpful if you could please amend in the month 8 submission (Action Point 7.4).	Updated for M8

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-70,900	0	-70,900	-70,900
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-49,450	-7,400	-42,050	-42,050
3 Planned Expenditure For Covid-19 (Negative Value)	-11,668	-11,668	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	16,300	0	16,300	17,500
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	11,668	11,668	0	0
6 Planned Provider Income (Positive Value)	2,850	0	2,850	2,850
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	17,678	341	17,337	18,268
9 Planned (Finalised) Net Income Generation	1,217	217	1,000	1,000
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12 Correction of Energy N/R underlying Deficit	-8,700	-8,700	0	0
13 Planning Assumptions still to be finalised at Month 1	11,405	3,373	8,032	8,032
14 Opening IMTP / Annual Operating Plan	-79,600	-12,169	-67,431	-65,300
15 Reversal of Planning Assumptions still to be finalised at Month 1	-11,405	-3,373	-8,032	-8,032
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	1,124	1,124	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-863	-251	-612	68
20 Additional In Year Identified Savings - Forecast	9,206	3,686	5,520	9,004
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-2,690	-2,690	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	2,690	2,690	0	0
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)	-1,791	-1,791	0	-7,030
27 New WG Funding	71,400	71,400	0	51,100
28 Reduce Planned Local Investment - (Achieved - no risk)	1,200	1,200	0	0
29 Velindre Improvement - (Achieved - no risk)	500	500	0	0
30 New Saving Opportunities / Further Balance Sheet Opportunities - (Low risk)	911	911	0	0
31 N/R Rates & VAT Recovery Prior periods (Achieved - no risk)	1,229	1,229	0	0
32 Additional Accountancy Gains (Low risk)	1,200	1,200	0	0
33 Energy Forecast Impact from original £8.7m Plan	0	0	0	-8,900
34 AB Arbitration Outcome - Finalised	-2,010	-2,010	0	-2,010
35 Assumed improvement in WRP - (Medium risk)	500	500	0	0
36 Assumed retention of VBHC/Further Faster/AHP slippage - (Low risk)	1,000	1,000	0	0
37 WHSSC N/R Benefit (Achieved - no risk)	1,800	1,800	0	0
38 LHP Dilapidations income - (Achieved - no risk)	1,800	1,800	0	0
39 Other commissioning & DoF LTA Agreement Impact	0	0	0	-4,600
40 Forecast Outturn (- Deficit / + Surplus)	0	70,556	-70,555	-35,700
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
42 Operational - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
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	-5,908	-47,267
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	-32,968	-49,450
3	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-7,779	-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	10,866	16,300
5	972	972	972	972	972	972	972	972	972	972	972	972	7,779	11,668
6	237	238	237	238	237	238	237	238	237	238	237	238	1,900	2,850
7	1,557	852	892	-1,225	881	-2,167	-1,021	-770	251	-449	893	306	-1,001	0
8	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	10,224	17,678
9	0	37	18	351	101	102	101	101	102	101	101	102	811	1,217
10													0	0
11													0	0
12	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-5,900	-8,700
13	700	700	700	700	700	3,700	700	2,265	1,287	67	586	-700	10,165	11,405
14	-6,634	-6,633	-6,634	-6,634	-6,635	-6,633	-6,633	-6,633	-6,633	-6,633	-6,634	-6,632	-53,069	-79,600
15	-700	-700	-700	-700	-700	-3,700	-700	-2,265	-1,287	-67	-586	700	-10,165	-11,405
16													0	0
17													0	0
18	0	-37	-18	-18	-6	513	221	127	85	85	85	85	783	1,124
19	-1	872	439	-1,313	394	1,202	-1,213	612	416	-1,404	461	-1,320	983	-863
20	0	295	230	294	889	864	1,369	987	892	1,045	1,039	1,293	4,938	9,206
21									1,177	1,625	285	-3,087	0	0
22	-326	-513	-448	-434	-268	-254	-213	-95	-2	-58	-115	36	-2,551	-2,690
23													0	0
24	326	513	448	434	268	254	213	95	2	58	115	-36	2,551	2,690
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	1,684	-1,085	0	0	0	0	-1,791	-1,791
27							41,942	5,658	5,950	5,950	5,950	5,950	47,600	71,400
28					500	100	100	100	100	100	100	100	800	1,200
29					208	41	41	42	42	42	42	42	332	500
30												911	0	911
31									1,229				1,229	1,229
32													1,200	1,200
33								-50	50				0	0
34						-1,050	-160	-160	-160	-160	-160	-160	-1,370	-2,010
35												500	0	500
36												1,000	0	1,000
37								994	201	201	201	203	994	1,800
38								1,800					1,800	1,800
39													0	0
40	-6,614	-6,770	-8,952	-6,957	-6,735	-5,165	36,599	1,457	784	784	784	786	-3,137	1
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	36,599	1,457	784	784	784	786	-3,137	1
43														

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Green			Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000
1	CHC and Funded Nursing Care	Budget/Plan	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
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
4		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
5	Commissioned Services	Actual/F'cast	0	0	0	0	0	0	370	46	46	46	272	370	781	47.38%	781	0	226	555	555	
6		Variance	0	0	0	0	0	0	370	46	46	46	272	370	781		781	0				
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	317	177	183	183	183	183	183	183	183	183	1,409	2,141		2,141	0				
8		Actual/F'cast	0	0	0	0	0	979	1,046	419	323	327	325	319	2,444	3,737	65.39%	3,737	0	142	3,596	4,319
9		Variance	0	(317)	(177)	(183)	(183)	796	863	236	140	144	142	136	1,035	1,596	73.43%	1,596	0			
10	Non Pay	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	691	1,186		824	362				
11		Actual/F'cast	19	18	39	79	239	340	198	167	203	298	218	291	1,099	2,109	52.12%	2,004	105	974	1,134	1,725
12		Variance	(1)	(121)	(41)	(4)	155	252	100	68	105	112	112	185	408	923	59.05%	1,180	(257)			
13		Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	8,124	14,315		14,047	268			
14	Pay	Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,657	1,574	1,622	1,776	1,856	1,871	12,233	19,358	63.19%	19,281	77	2,434	16,924	20,313
15		Variance	(0)	1,605	887	(832)	1,312	1,018	(806)	926	1,017	(662)	1,199	(620)	4,108	5,043	50.57%	5,234	(191)			
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36		36	0			
17	Primary Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	36	0	36	0.00%	36	0	0	36	428
18		Variance	0	0	0	0	0	0	0	0	0	0	0	(0)	0	(0)		(0)	0			
19		Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	10,224	17,678		17,048	630			
20	Total	Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,194	2,447	2,446	2,789	16,145	26,201	62.05%	25,839	182	3,776	22,245	27,340
21		Variance	(1)	1,167	668	(1,019)	1,284	2,066	156	1,599	1,308	(360)		5,921	8,343	57.91%	8,791	(448)				
22	Variance in month		(0.37%)	124.70%	73.07%	(37.78%)	152.33%	232.25%	5.69%	172.05%	147.69%		158.62%	(0.95%)	57.91%							
23	In month achievement against FY forecast		1.03%	8.08%	6.08%	6.45%	8.17%	11.36%	11.15%	9.72%	8.43%	9.40%	9.40%	10.72%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Green			Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	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	196	251	246	352	352	350	1,093	2,394	45.65%	2,394	0	1,201	1,194	2,899
3		Variance	0	10	45	21	418	151	196	251	246	352	352	350	1,093	2,394		2,394	0			
4	Variable Pay	Budget/Plan	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	161	72	73	92	92	96	513	865	59.29%	865	0	368	496	700
6		Variance	0	42	30	52	71	85	161	72	73	92	92	96	513	865		865	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
8	Locum	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
10		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
11	Agency / Locum paid at a premium	Actual/F'cast	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			
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
14	Changes in Bank Staff	Actual/F'cast	0	0	0	0	0	0	7	17	33	49	43	43	23	190	12.23%	142	48	0	190	531
15		Variance	0	0	0	0	0	0	7	17	33	49	43	43	23	190		142	48			
16		Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	8,124	14,315		14,047	268			
17	Other (Please Specify)	Actual/F'cast	248	2,033	1,470	1,527	1,398	1,401	1,293	1,234	1,270	1,284	1,370	1,382	10,604	15,910	66.65%	15,881	29	865	15,044	16,182
18		Variance	(0)	1,553	812	(905)	823	782	(1,171)	586	666	(1,154)	712	(1,110)	2,479	1,594	30.52%	1,833	(239)			
19		Budget/Plan	248	480	658	2,432	575	619	2,463	648	604	2,438	657	2,491	8,124	14,315		14,047	268			
20	Total	Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,657	1,574	1,622	1,776	1,856	1,871	12,233	19,358	63.19%	19,281	77	2,434	16,924	20,313
21		Variance	(0)	1,605	887	(832)	1,312	1,018	(806)	926	1,017	(662)	1,199	(620)	4,108	5,043	50.57%	5,234	(191)			

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

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000	
1	Reduced usage of Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Agency/Locums paid at a Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	premium Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Non Medical' off contract Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	to 'on contract Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Medical - Impact of Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Agency pay rate caps Actual/F'cast	0	0	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	0	0	0	0	0
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Other (Please Specify) Actual/F'cast	0	0	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	0	0	0	0	0
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Total Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	Budget/Plan	248	480	658	2,432	576	619	2,463	648	604	2,438	657	2,491	8,124	14,315
2	Pay Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,657	1,574	1,622	1,776	1,856	2,097	12,233	19,584
3	Variance	(0)	1,605	887	(832)	1,312	1,018	(806)	926	1,017	(662)	1,199	(394)	4,108	5,269
4	Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	691	1,186
5	Non Pay Actual/F'cast	19	18	39	79	239	340	198	170	205	300	220	293	1,102	2,119
6	Variance	(1)	(121)	(41)	(4)	155	252	100	72	106	114	114	187	411	933
7	Budget/Plan	0	268	147	153	153	153	153	153	153	153	153	153	1,180	1,792
8	Primary Care Drugs Actual/F'cast	0	0	0	0	0	876	924	370	285	291	290	287	2,170	3,323
9	Variance	0	(268)	(147)	(153)	(153)	723	771	217	132	138	137	134	990	1,531
7	Budget/Plan	0	49	30	30	30	30	30	30	30	30	30	30	229	349
8	Secondary Care Drugs Actual/F'cast	0	0	0	0	0	103	122	45	36	34	33	30	271	404
9	Variance	0	(49)	(30)	(30)	(30)	73	92	15	6	4	3	(0)	42	55
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	CHC/FNC 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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36
14	Primary Care Contractor 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 Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Provided by Other NHS Actual/F'cast	0	0	0	0	0	0	0	370	46	46	46	46	370	555
18	Bodies Variance	0	0	0	0	0	0	0	370	46	46	46	46	370	555
19	Non Healthcare Services Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Provided by Other NHS Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Bodies Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Voluntary Sector Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Joint Financing & Other Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	10,224	17,678
29	Total Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,194	2,447	2,446	2,789	16,145	26,021
30	Variance	(1)	1,167	668	(1,019)	1,284	2,066	156	1,599	1,308	(360)	1,500	(27)	5,921	8,343

This Table is currently showing 0 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	2,899	843	890	2,745	930	886	2,807	946	2,816	10,224	17,678	341	17,337	931	18,268
	Month 1 - Actual/Forecast	267	1,808	1,354	1,386	1,227	2,092	1,532	1,542	1,301	1,403	1,407	1,496	11,208	16,815	90	16,725	1,612	18,336
	Variance	(1)	872	439	(1,313)	384	1,202	(1,213)	612	416	(1,404)	461	(1,320)	983	(863)	(251)	(612)	681	68
	In Year - Plan	29	325	276	304	1,008	553	1,089	1,388	878	1,026	1,018	1,277	4,972	9,171	3,913	5,258	2,625	7,883
	In Year - Actual/Forecast	0	295	230	294	899	864	1,369	967	892	1,045	1,039	1,293	4,836	9,206	3,686	5,520	3,483	9,004
	Variance	(29)	(30)	(47)	(11)	(108)	311	280	(401)	15	18	21	16	(35)	36	(227)	262	858	1,120
	Total Plan	297	1,261	1,191	3,003	1,850	1,443	3,834	2,318	1,763	3,833	1,963	4,092	15,196	26,849	4,254	22,595	3,556	26,151
	Total Actual/Forecast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,194	2,447	2,446	2,789	16,145	26,021	3,776	22,245	5,095	27,340
	Total Variance	(30)	842	392	(1,324)	276	1,513	(933)	211	430	(1,386)	482	(1,303)	949	(628)	(478)	(350)	1,539	1,188
	Net Income Generation	Month 1 - Plan	0	37	18	351	101	102	101	101	102	101	101	102	811	1,217	217	1,000	0
Month 1 - Actual/Forecast		0	0	0	333	83	495	300	206	165	164	164	165	1,417	2,076	1,076	1,000	0	1,000
Variance		0	(37)	(18)	(18)	(18)	393	199	105	63	63	63	63	606	859	859	0	0	0
In Year - Plan		0	0	0	0	13	120	22	22	22	22	22	22	177	265	265	0	0	0
In Year - Actual/Forecast		0	0	0	0	13	120	22	22	22	22	22	22	177	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	124	124	988	1,482	482	1,000	0	1,000
Total Actual/Forecast		0	0	0	333	96	615	322	228	187	186	186	187	1,594	2,341	1,341	1,000	0	1,000
Total Variance		0	(37)	(18)	(18)	(18)	393	199	105	63	63	63	63	606	859	859	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
	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	11,035	18,895	558	18,337	931	19,268
	Month 1 - Actual/Forecast	267	1,808	1,354	1,719	1,310	2,587	1,832	1,748	1,467	1,571	1,571	1,661	12,625	18,891	1,166	17,725	1,612	19,336
	Variance	(1)	835	421	(1,331)	366	1,595	(1,014)	717	479	(1,341)	524	(1,256)	1,589	(4)	608	(612)	681	68
	In Year - Plan	29	325	276	304	1,020	2,673	1,111	1,410	900	1,048	1,040	1,299	7,149	11,436	6,178	5,258	2,625	7,883
	In Year - Actual/Forecast	0	295	230	294	912	4,784	1,391	1,009	914	1,067	1,061	1,315	8,914	13,271	7,751	5,520	3,483	9,004
	Variance	(29)	(30)	(47)	(11)	(108)	2,111	280	(401)	15	18	21	16	1,765	1,836	1,573	262	858	1,120
	Total Plan	297	1,298	1,209	3,354	1,964	3,665	3,957	2,441	1,887	3,956	2,086	4,216	18,184	30,331	6,736	23,595	3,556	27,151
	Total Actual/Forecast	267	2,103	1,583	2,012	2,222	7,371	3,223	2,757	2,381	2,633	2,632	2,976	21,539	32,162	8,917	23,245	5,095	28,340
	Total Variance	(30)	805	374	(1,342)	258	3,706	(734)	316	494	(1,323)	546	(1,240)	3,355	1,831	2,181	(350)	1,539	1,188

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	October 2023	Organisational Risk Register To review risk 4348 and it's scoring for Members to review at next meeting.	Director of Governance/Board Secretary	February 2024	Completed Deputy Chief Operating Officer in conjunction with the Facilities Directorate are undertaking a review of risk Datix ID 4348. Progress against the mitigating actions has occurred and consideration is being given as to whether the risk score can be reduced. Update being sought in readiness for the November 2023 iteration of the Organisational Risk Register.
5.1.0	October 2023	Integrated Performance Dashboard To review the vacancy rates with the CAMHS team and provide the Committee with an update.	Deputy Chief Operating Officer	February 2024	Completed Band 5 RMN recruitment remains a challenge but this is not unique to CAMHS. Ty Llidiard has the highest number of Band 5 vacancies but it is better protected than other wards due to the high establishment levels and the number of Band 6 RNs in post. Non registrant recruitment is not an issue. 6 HSCWs were recently recruited in Ty Llidiard after the skill mix was changed

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					<p>and there are over 60 applications for the well-being practitioner vacancy in the community schools in reach service.</p> <p>In the community there are three band 5 nurse vacancies in the interventions team and one Band 6 has recently been promoted; leaving a further vacancy which has an impact on MHM 1B compliance. We are developing a single vacancy tracker for CAMHs and exploring university links following positive feedback from a recent student placement in the community.</p>
5.1.0	October 2023	<p>Integrated Performance Dashboard</p> <p>To provide members with an update on the development of the 24/7 integrated stroke service.</p> <p>To review the increased delays of requests from the Emergency Department for Stroke submissions and provide an update to the Committee at the next meeting.</p>	Chief Operating Officer	<p>February 2024</p> <p>February 2024</p>	<p>In Progress</p> <p>Chief Operating Officer to provide an update at the meeting to be held on the 11th January 2024</p>
6.3.0	October 2023	<p>Stretch Target Response (10,20,30)</p>	Deputy Chief Operating Officer	February 2024	<p>In progress</p>

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		A presentation to be shared at a future meeting on Continuing Health Care & Funded Nursing Care			Added to Forward Work Plan for February 2024 meeting.
5.1.0	August 2023 & October 2023	Integrated Performance Dashboard 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.	Chief Operating Officer	February/April 2024	In Progress Arrangements are being made for the Committee to receive a Presentation on Brainomix at a future meeting. Added to Forward Work Plan.
5.3.0	August 2023	Civil Contingencies and Business Continuity Annual Report 2022-23 Clarification to be sought around reasonable compliance to be sought from the SWLRF.	Director of Strategy & Transformation	February 2024	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.
PREVIOUSLY COMPLETED ACTIONS					
4.1.0	August 2023	Organisational Risk Register	Assistant Director of Governance & Risk	September 2023	Completed

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		<p>To share the detail of the amalgamated risks 4458 and 3826 via the organisational risk register with the Committee.</p> <p>Share the minutes and report from the Quality & Safety Committee and Health Board meeting from July 2023 in relation to assurances on mortality rates.</p>			<p>Detail of amalgamated risks shared via email 23.08.23</p> <p>Completed Shared via email 23.08.23</p>
4.2.0	August 2023	<p>Outcome of the Committee Self Effectiveness Survey & Improvement Plan</p> <p>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</p>	Assistant Director of Governance & Risk/Corporate Governance Manager	August 2023	<p>Completed</p> <p>Meeting dates reviewed and updated in calendar and meeting schedule</p>
5.4.0	February 2023	<p>Sepsis Compliance Report</p> <p>To provide a report on Digitisation to a future meeting</p>	Director of Digital	June 2023	<p>Completed</p> <p>The performance report has been updated to reflect requirements identified by Board Members in a recent Board Development Session. Further development of the Performance Report will be a continuous iterative process</p>

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					<p>and continue to evolve over the coming months.</p> <p>The report will also need to adapt to additional National measures as these are determined over the next 12 months.</p>
5.1.0	June 2023	<p>Integrated Performance Dashboard To provide an update on the Ophthalmology Improvement Plan for the Committee.</p>	Chief Operating Officer	August 2023	<p>Completed Update provided at August 2023 Meeting.</p>
4.1.0	June 2023	<p>Organisational Risk Register To provide an update on the recruitment of the Orthoptist Post to Members of the Committee outside of the meeting.</p>	Chief Operating Officer	August 2023	<p>Completed Post has now been approved and the recruitment process will follow.</p>
4.1.0	May 2023	<p>Organisational Risk Register To query whether the Laundry Risk 4772 had been completed</p>	Chief Operating Officer	June 2023	<p>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.</p>

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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

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					<p>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.</p>
5.1.0	May 2023	<p>Planned Care Recovery To query the issue with funding for ODPs</p>	Chief Operating Officer	June 2023	<p>Completed ODPs have now been recruited into posts from the streamlining process this year.</p> <p>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.</p>

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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.

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5.1.0	February 2023	<p>Planned Care Recovery and Cancer Delivery programme</p> <p>To that an overarching cover report is received for future iterations of this item.</p>	Deputy Chief Operating Officer	April 2023	<p>Complete</p> <p>An overarching report will be included going forward</p>
5.1.0	February 2023	<p>Targeted Intervention</p> <p>Review the reporting for Executive Leadership Group on page 6 of the slides in terms of the governance reporting framework.</p>	Deputy Chief Operating Officer	April 2023	<p>Complete</p> <p>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.</p>
6.1.0	February 2023	<p>Month 10 Finance Report</p> <p>To schedule quarterly Estates Update Reports for the Committee on the Cycle of Business and Forward Plan.</p>	Governance Team	April 2023	<p>Complete</p> <p>Items added to Forward Plan and Annual Cycle of Business. Report scheduled for June 2023 meeting.</p>

Agenda Item
4.1

Planning, Performance & Finance Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	11/01/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Linda Prosser	14/12/2023	Endorsed for Approval

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



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

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].

Population Health	Finance	Operational Performance	
<p>54.3% of adults aged 65 and over received the influenza vaccine during the last week of October 2023 (data is not comparable with 2022/23 as data collection was annual) 2022/23 the uptake was 75.4%</p> <p>1.36% of adults who smoke made a quit attempt during Quarter 1 of 2023/24 ↑ <i>Compared to the previous year 0.92% attempted during Quarter 1</i></p>	<p>67.8% of frontline healthcare workers received the influenza vaccine during 2020/22 ↑ <i>Compared to the previous year the uptake was 63.2%</i></p> <p>The Month 7 financial position is £4.7m Deficit ↓ <i>Compared to last month it has fallen by £36.6m</i></p>	<p>66.0% of patients were seen within 4 hours from arrival at an Emergency Department ↑ <i>Compared to last month compliance was 62.4%</i></p> <p>100% of patients are waiting less than 28 days for 1st sCAMHS appointment ↑ <i>Compared to the previous month the rate was 50%</i></p>	<p>100% of GP Practices have achieved in-hours access standards during 2022/23 ↑ <i>Compared to the previous year the rate was 98%</i></p> <p>Provisionally 3,034 patients have waited longer than 2 years for referral to treatment ↑ <i>Compared to the previous period 2,980 patients had waited this length of time</i></p> <p>50.6% of patients started their cancer treatment within 62 days ↓ <i>Compared to the previous month the rate was 51.6%</i></p>

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

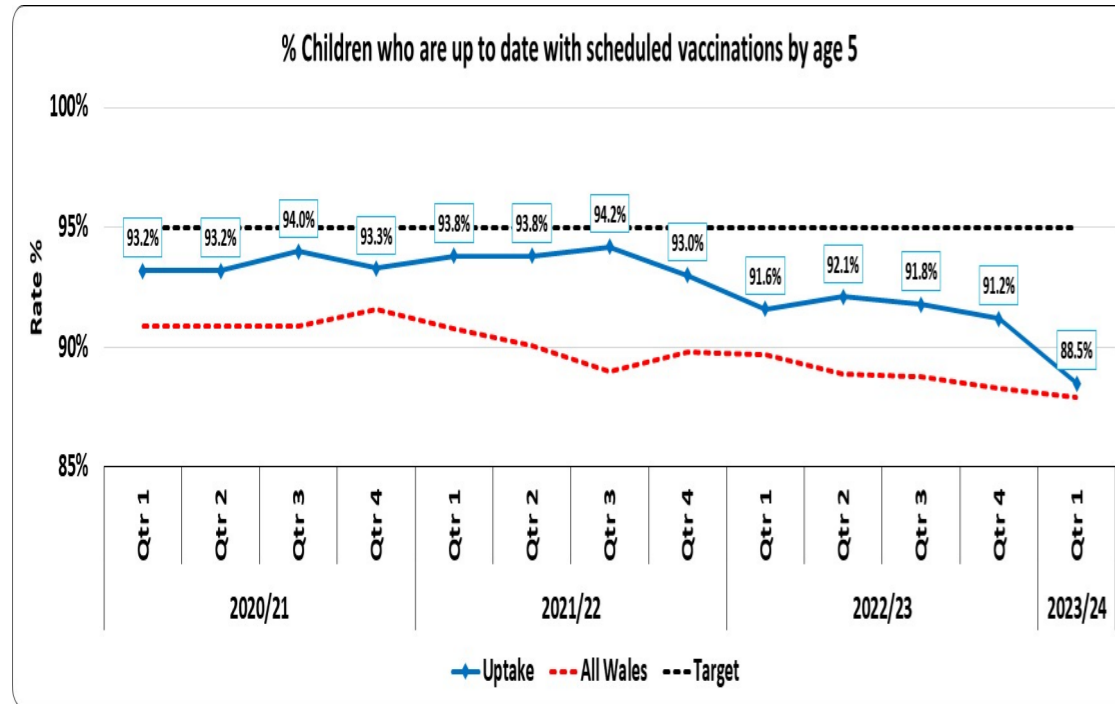
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management						
Performance Measure	Target	Key:	Trend	--- Target/Trajectory	Key: Target Achieved	Target Failed
					Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target			1.36% on the basis of this extrapolation compliance should hit 5.6% at year end	Q1 2023/24
	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			81.8%	Q2 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%			88.5%	Q1 2023/24
	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%			Please note data reflects just the last week of October 54.3%	Oct-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.				Please note data reflects just the last week of October 23.1%	Oct-23
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%			5.7%	Sep-23
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%			98.1%	Sep-23
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%			94.4%	Oct-23
	Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	Evidence of Improvement	On Track			N/A
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)

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



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%

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, and 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		Quarter 1 2023/24 Uptake	
Merthyr Tydfil LA	89.4%	ABUHB	82.7%
RCT LA	89.8%	BCUHB	84.2%
Bridgend LA	92.4%	C&VUHB	80.9%
CTMUHB	90.6%	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:

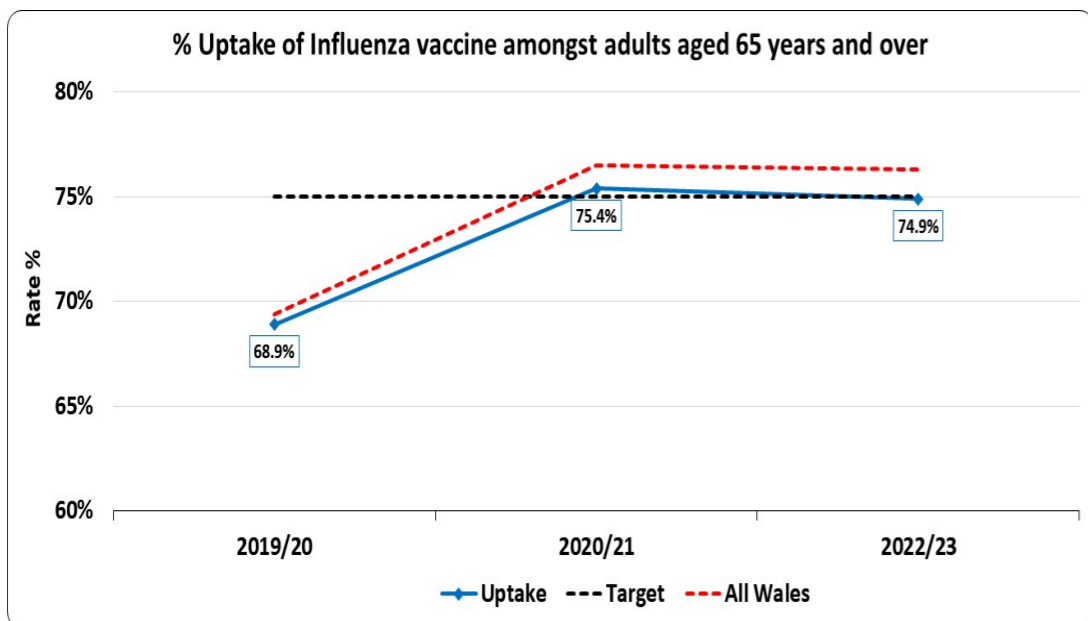
- Staffing resource within School Nursing
- Consent forms not being returned to schools and insufficient capacity within the school nursing service to telephone for consent
- Lack of comms engagement to support school aged immunisation programme.

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.

% 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:

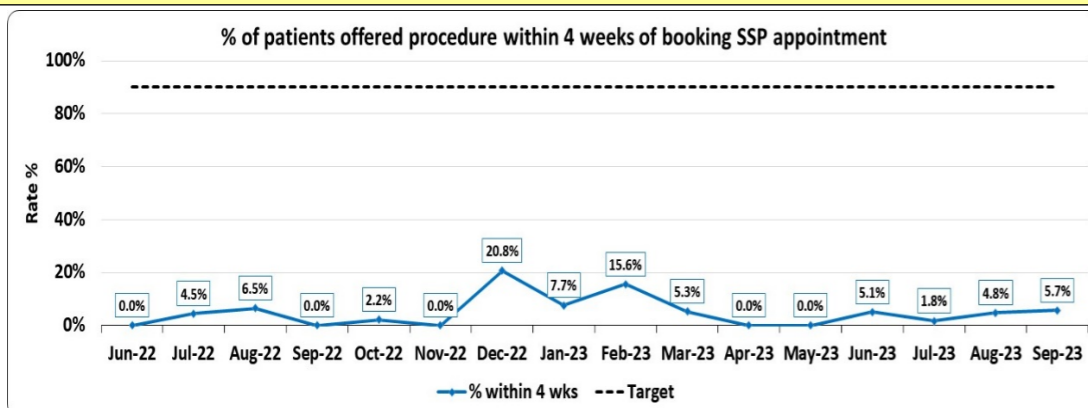
- Embedding NIF into the health protection system and lack of clarity regarding recurring funding and the subsequent impact on development of delivery models and recruitment of staff
- Ensuring supporting information e.g. PGD (Patient Group Direction) Training etc. is provided in a timely manner to ensure 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% - September 2023 – 5.7%



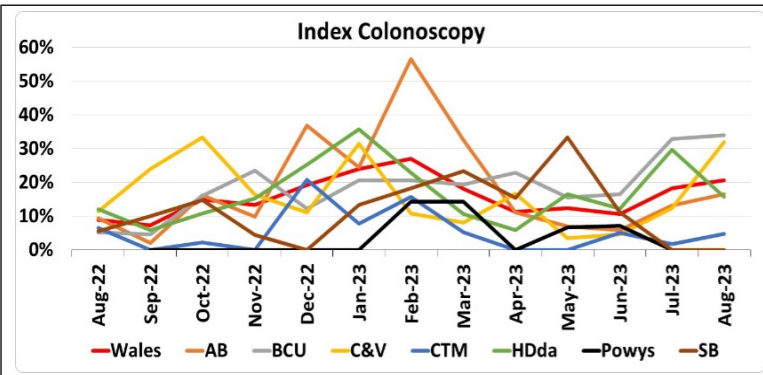
At the end of November there are 204 patients awaiting an index colonoscopy. To date capacity has been sourced for 92 of these patients throughout December & January.

How are we doing & what actions are we taking?

Improvements continue at 1st Assessment Stage through the dedicated SSP and Admin team, this is being maintained at around 6 days (107 SSP assessments took place in Oct – this is an increase of around 40). The service has just recruited to the 0.8 WTE admin post – planned start date 02/01/24, this post will support current activity and the Optimisation Programme, with the increased demand. Additional ad hoc lists continue to support throughput and are booked throughout December (reduced planned lists) and January. Internal progress has already been made and all 104 and 62 day participants waiting for colonoscopy are now cleared and the team are now booking patients waiting less than 50 days (this was at 182 day wait back in March). Two additional fixed term lists are being explored at POW to support our sustainability plan for this year's optimisation demand increase. PHW has visited the site and approved the unit for screening. The service are completing a workforce model for the 2 x unfunded sessions and case for approval (awaiting costings), this will be supported by PHW funding. The 2023/24 sustainability plan will increase CTM's weekly core planned screening lists from 5.5 to 7.5. The sustainability plan is to run alongside our short term plan for insourcing to clear the current backlog, which has now been awarded and the service are developing the clinical pathways with the insourcing company and CV's being checked via PHW team in line with SOP. Planned start date 02/01/2024 and to run for 12 weeks at RGH site.

To ensure maximum productivity and efficiencies the BSW Screening service continues to be part of the weekly endoscopy 6/4/2-1 process/discussions and Task & Finish Group within the Endoscopy Service. Utilisation continues to be maintained.

The operational challenges that have an impact on activity are:



Status as at August		
Health Board	Compliance	Rank
BCU	34.0%	1st
C&V	31.9%	2nd
AB	16.5%	3rd
HDda	15.6%	4th
CTM	4.8%	5th
Powys	0.0%	6th
SB	0.0%	7th

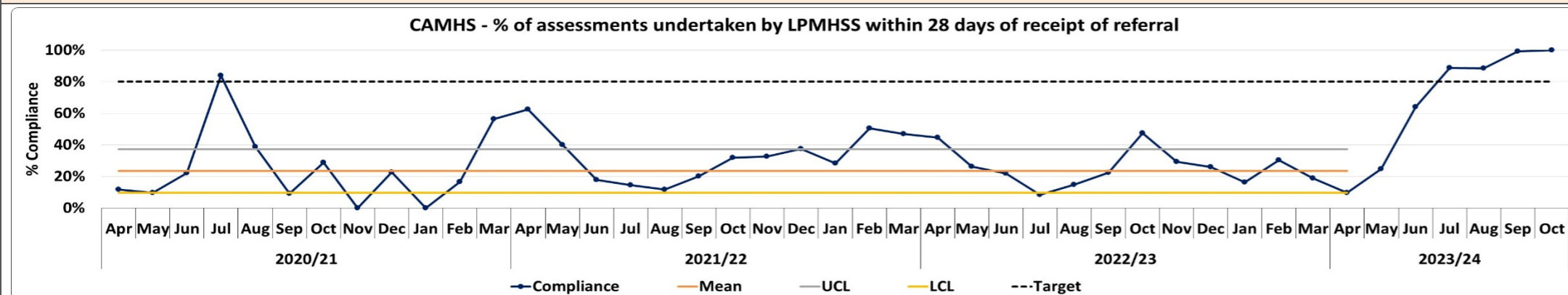
- Compliance of 4 week target will continue to remain low as the service continues to clear long waiting backlog.
 - Providing cover for period of leave and on call commitments – this is now being managed through 6/4/2-1 process which has seen an increase of adhoc cover plus additional lists through backfilling of symptomatic lists.
 - Lead time of Screening Colonoscopist sign off – CTM has another Consultant to complete sign-off process (no assessment date at this time).
 - Uptake and current conversion to surgery.
- Actions being taken:**
- Insourcing to support the backlog clearance. Once cleared this will improve 4 week compliance significantly. Trajectory estimate that backlog will be clear by towards the end of February (estimated date 19/02/24 with deliverable risks).
 - Once backlog cleared, next step will be to improve 4 week compliance.
 - Sustainability plan – ongoing to increase core lists to meet optimisation steps. 2 additional core lists at POW. Will require recruitment process and training before go live date confirmed.
 - Future plans to meet next steps for optimisation Programme 2024/25 to include new endoscopy unit at PCH

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

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure	Target	Key: Trend Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		100.0%	2022/23
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	April 2023 to October 2023	70.4%	as at Oct 2023
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		1530	Nov-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		928	Sep-23
Qualitative report detailing progress to develop a whole schools approach to CAMHS in reach services	Evidence of Improvement	On Track	N/A	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)			100.0%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		47.8%	Oct-23
% 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)			63.6%	
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			91.7%	
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		43.0%	
Median emergency response time to amber calls	12 Month Improvement Trend		01:30:00	Nov-23
Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		11	

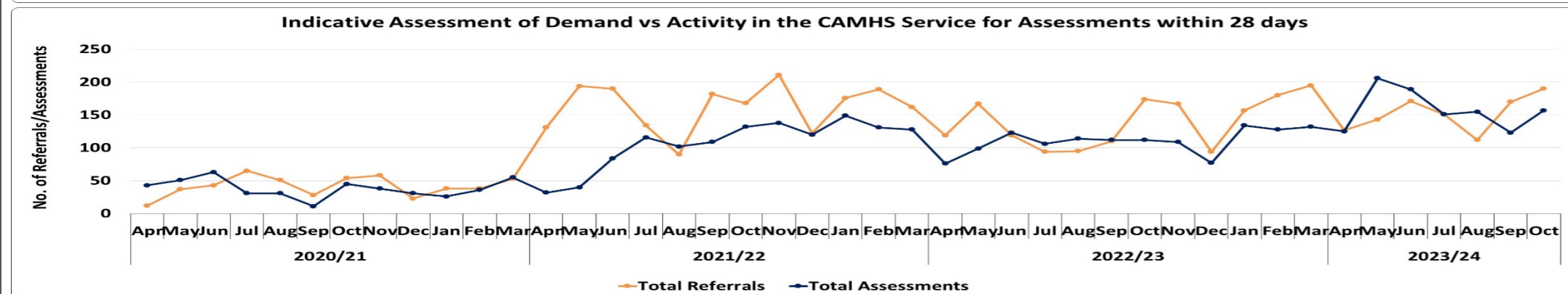
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure	Target	Key: Trend Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend		59	
% 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%		66.0%	Nov-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		1,680	
% 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		50.6%	Oct-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		9,934	
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		76.0%	
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		1,459	
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero		13,426	Nov-23
Number of patients waiting over 36 weeks for a new outpatient appointment			23,355	
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%			37,194	
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards the national target of zero		3,034	
Number of patients waiting more than 52 weeks for treatment			23,589	
% of patients waiting less than 28 days for a first outpatient appointment for Specialist Child and Adolescent Mental Health Services (sCAMHS)			100%	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		35.6%	Oct-23
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			57.8%	

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (100%) - Target 80%



Over the past six months performance has improved markedly in the number of assessments undertaken within 28 days of referral (Part 1a). October saw compliance reach 100% for the first time and surpassing the WG target of 80% for the fourth consecutive month.

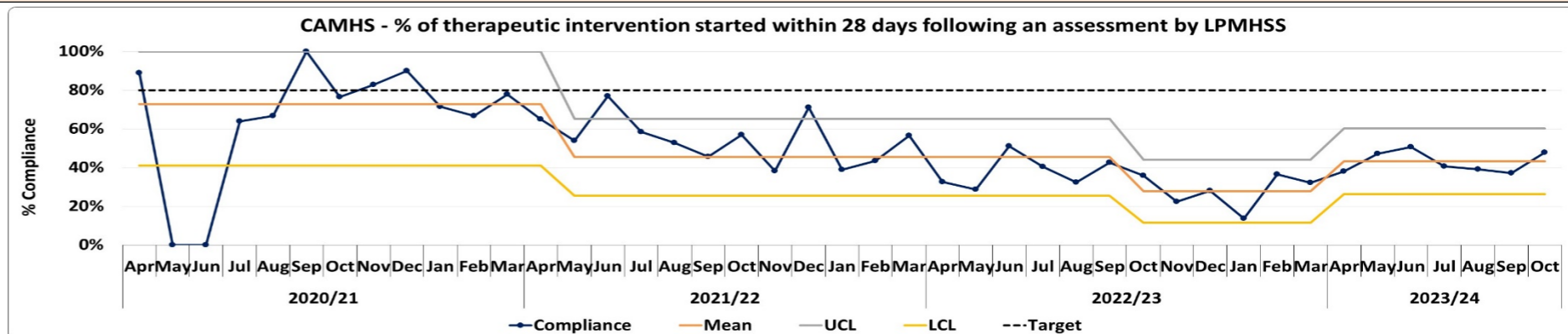
The number of assessments each month is fairly stationary, given the variability in the number of working days in the month.



% of therapeutic intervention started within 28 days following an assessment by LPMHSS (47.8%) - Target 80%

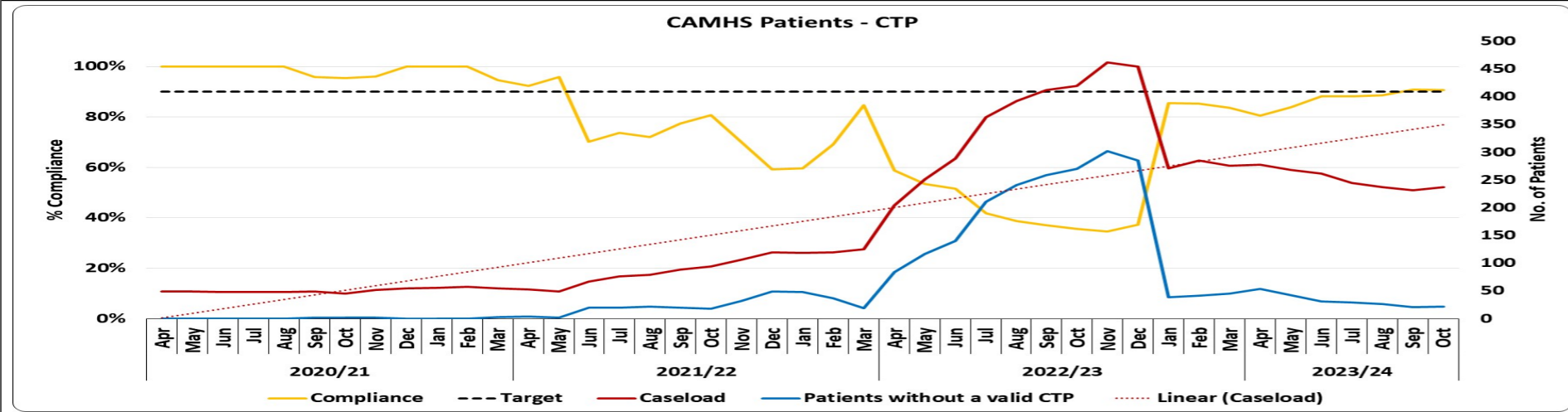
The proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS improved by 10 points on the previous month to 47.8% with 33 of the 69 interventions commencing within 28 days.

However, 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 (90.7%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month remained stable at 90.7% during October and meeting the WG standard of 90% for the second consecutive month.

As shown in the chart to the left; from January 2023, we observe that caseloads have continued to reduce by 50% from the peak seen in November 2022 (462). The number of patients without a valid CTP at the end of the month stands at 22.

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



Cont'd...CAMHS

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1a, b and 2 of the Mental Health Measure. This has delivered improvement in all 3 areas with further work required on Part 1b.
- Part 1a:** Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. The NHS Executive has helpfully provided some demand and capacity training to help our focus in this area. They have also shared a primary care audit tool which will be applied when the part 2 audit is completed in the new year.
- 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 commenced at the start of August. Each course has 6 participants comprising 4 sessions and are being delivered in each of the 3 Local Authority areas.
- Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). This includes some joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive which is helping to improve compliance in all areas and in a sustainable way.

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

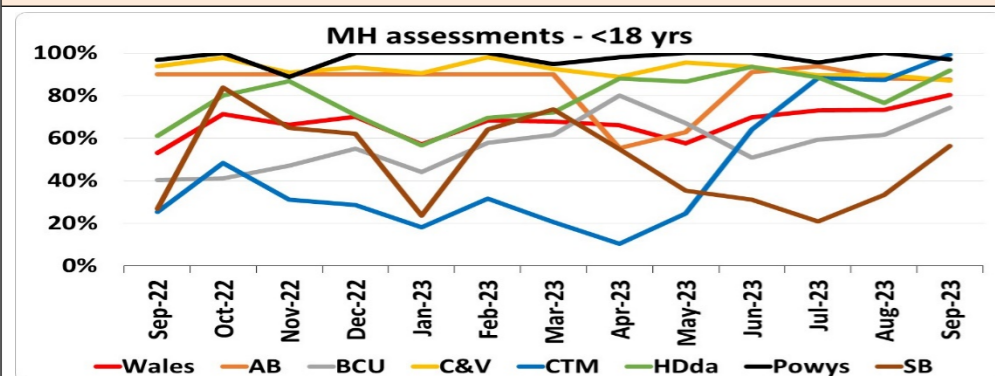
Outputs of improvements:

- Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at 30th November we had 126 patients on the waiting list, reducing from 130 in the previous month, however, none were waiting beyond 4 weeks. The average waiting time has increased to 1.3 weeks at the end of November from 0.9 weeks at the end of October.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered each month had been increasing incrementally from 73 in January 2023 up to 87 in November. Average waiting times reduced from 7.2 weeks at the end of October to 6.3 at the end of November. Both the MIND and Mental Health Matters schemes are delivering additional capacity in each of the 3 Local Authority areas. There remains three Band 5 registrant vacancies in the Intervention Team.
- Part 2:** The NHS Executive at the supportive meeting in November have provided some very helpful audit tools which we will be using to evaluate the quality of our CTPs. We will be reviewing a sample of 10 CTPs from each of our community teams between the Christmas and New Year period. The NHS executive have helpfully agreed to meet with our peer reviewers before Christmas to discuss the audit tool. We have recruited to the single care coordinator vacancy in the Taf Ely team who started mid-November

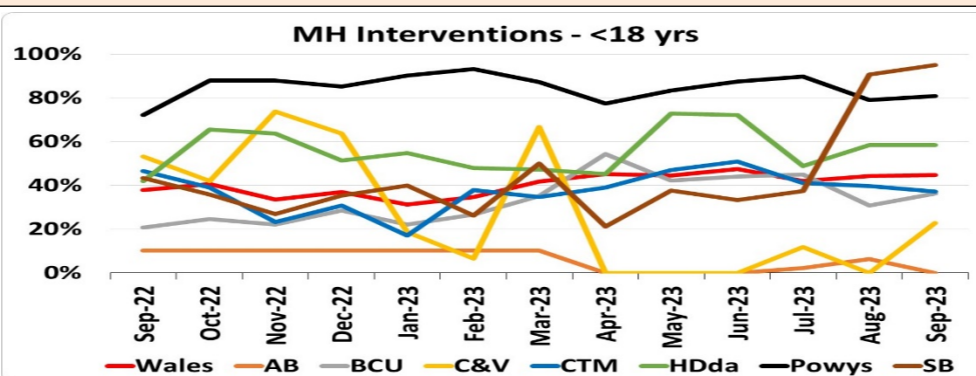
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. In October 2023, 188 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. Whilst the outstanding vacancy in the Taff Ely Community Team has been filled, which will help with Part 2 compliance, there remains three registrant vacancies in the Part 1b Interventions Team. Colleagues are in discussion with universities to identify possible students nearing qualification.
- Clinical colleagues have reported rising acuity within their patient population, this may have an impact on delivery going forward.

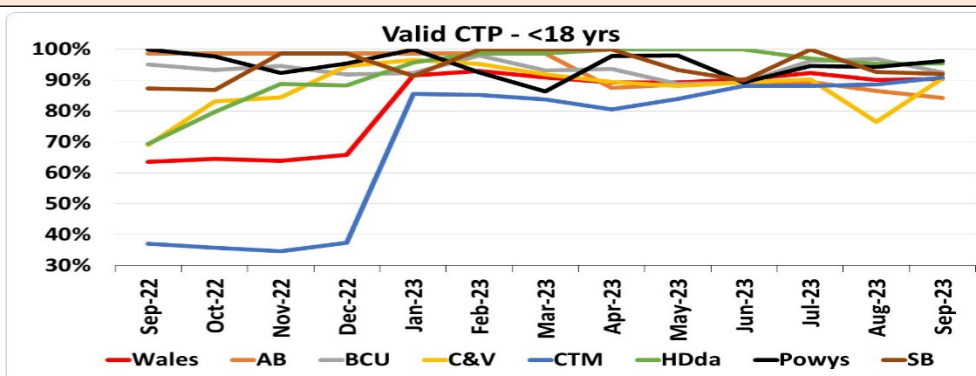
How do we compare with our peers?



Status as at September 2023		
Health Board	Compliance	Rank
CTM	99.2%	1st
Powys	97.1%	2nd
HDda	91.9%	3rd
AB	87.6%	4th
C&V	87.0%	5th
BCU	74.3%	6th
SB	56.4%	7th



Status as at September 2023		
Health Board	Compliance	Rank
SB	95.0%	1st
Powys	80.8%	2nd
HDda	58.5%	3rd
CTM	37.1%	4th
BCU	36.3%	5th
C&V	22.7%	6th
AB	0.0%	7th

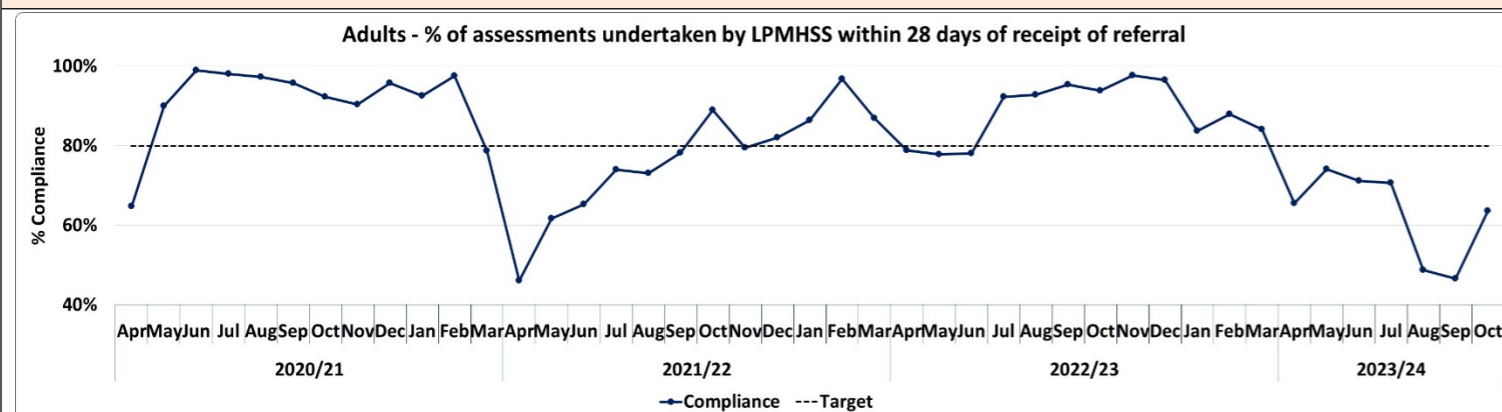


Status as at September 2023		
Health Board	Compliance	Rank
Powys	96.2%	1st
HDda	95.5%	2nd
BCU	92.5%	3rd
SB	92.0%	4th
CTM	90.9%	5th
C&V	90.6%	6th
AB	84.2%	7th



CTM Mental Health Services (excluding CAMHS) – October 2023

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (63.6%) - Target 80%



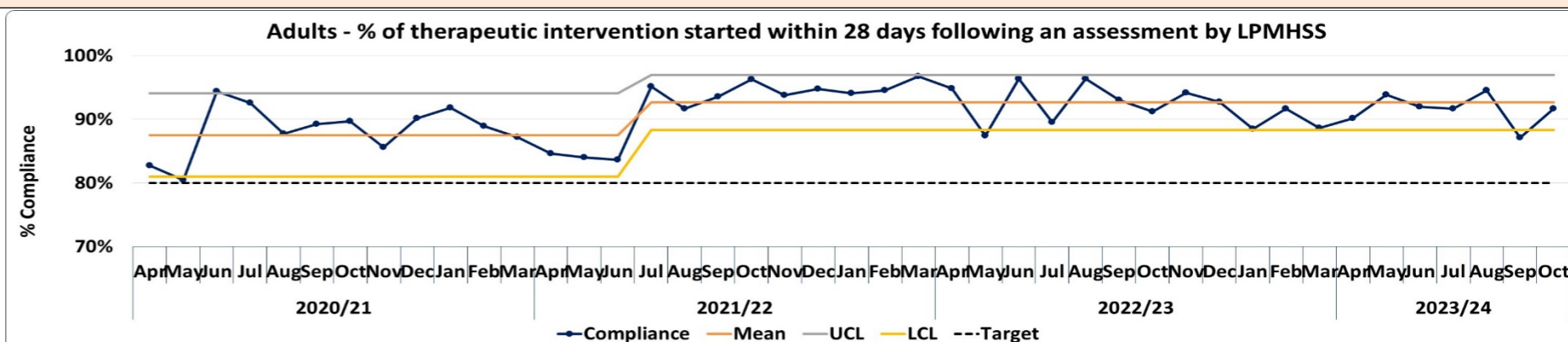
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during October saw a marked improvement from the previous two months, with compliance at 63.6%. However, compliance has remained below the 80% target for the past seven months, 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 October continued to increase to 792, with the 12 month average being 703 referrals, although volumes continue to remain lower than pre-Covid levels where referrals were in the region of 1,000 to 1,100.

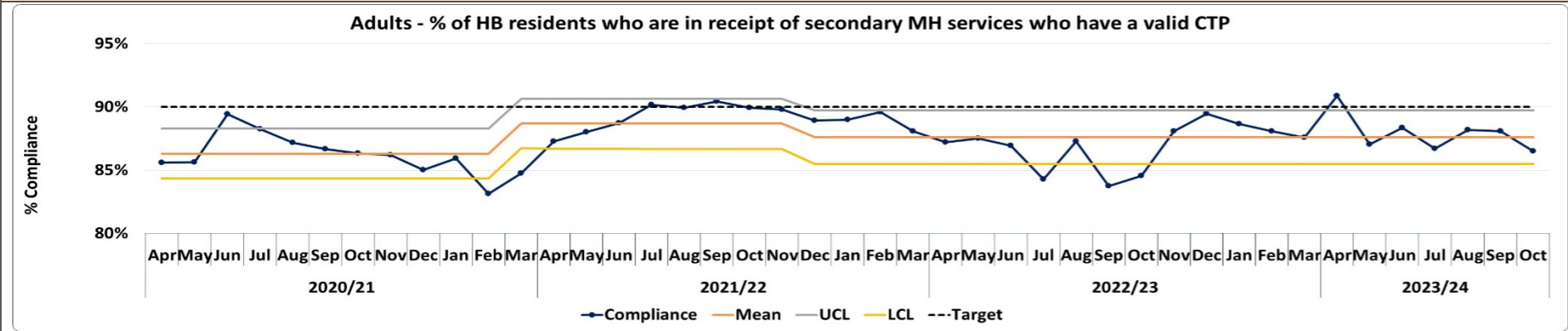
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (91.7%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during October was 91.7%, continuing to stand above the WG target of 80%.

During the month 376 of the 410 interventions commenced within the 28 day timeframe.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (86.5%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month dipped to 86.5% during October and remaining below the 90% WG standard.

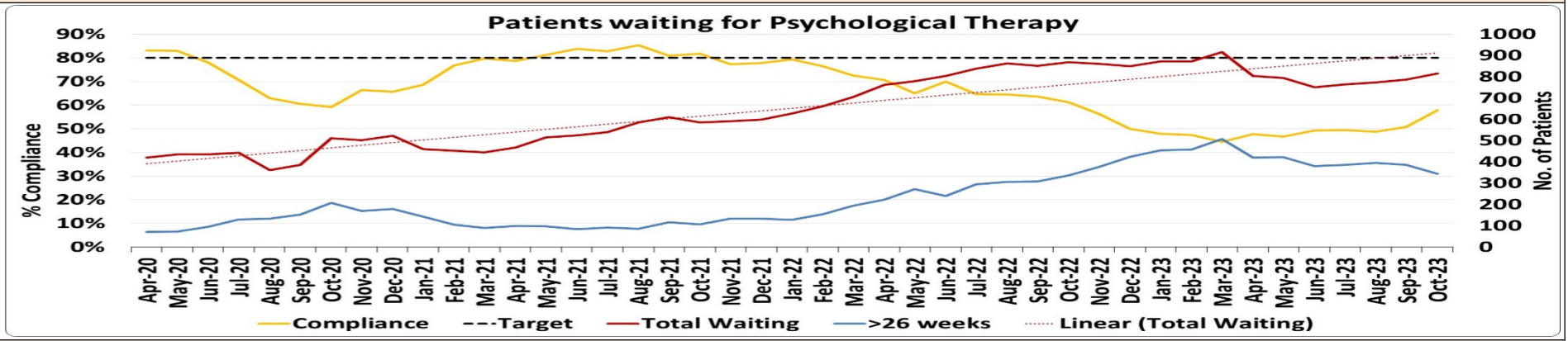
Part 3: There were no requests for any adult assessments under Part 3 of the Mental Health Measure during October.

% of patients waiting less than 26 weeks to start a Psychological Therapy (57.8%) - Target 80%

During October, Psychological Therapies compliance observed an improvement to 57.8%, the highest level seen since October 2022, but remaining 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 total number of patients waiting this period after seeing a month on month reduction in the first quarter of this year.

However, at the end of October the waiting list stood at 816 patients which represents a 11% reduction 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 improved significantly from 46.6% in September to 63.6% in October but remains below the WG target of 80%.

Merthyr Cynon area has improved in their performance compared to the previous month from 40.3% to 50%. Similarly, Rhondda Taff Ely area saw an improvement compared to the previous month from 43.2% to 65.2% with the Bridgend area declining from 71% to 64%.

Part 1b: Performance continues to be above target at 91.7%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services has declined slightly from 88.1% to 86.5%, and remains below the WG target of 90%:

- Adult Services declined slightly from 87% to 85.4%
- Older Adult Services declined from 89.8% to 87.9%
- Learning Disability Services has improved from 97.8% to 98.9%

Psychological Therapies: The overall position for Psychological Therapies waiting list for October 2023 stands at 816, which is an increase of 28 compared to September 2023. Those patients waiting over 26 weeks is 42%, this equates to 344 service users. A total of 176 new referrals were received in Oct 23, which is an increase on 139 received in September 2023.

The current performance of 58% of people waiting less than 26 weeks is higher than the trajectory target of 51% at October 2023. This is attributed to the combination of outsourcing and high referral rate. Overall longest waiter has reduced from 164 weeks to 143 weeks based in Rhondda.

Ongoing validation work continues around ensuring that all waiting lists are accurate and up to date. Three locums started early October and have made an impact by taking 60 patients off the waiting list during that month. We continue to recruit locums within the remaining financial envelope. At present, 0.2 WTE started providing intervention in December and 1 WTE will be inducted in December before starting to provide intervention in January 2024.

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
- Where possible, appointments are being offered in nearby teams to ensure there is a balance. This is proving effective to reduce the amount of breach appointments in certain areas, thus reducing the time taken to improve compliance as staff return from sickness.

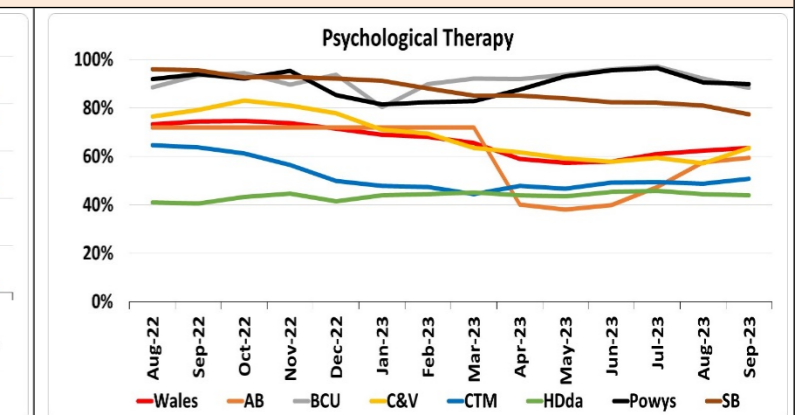
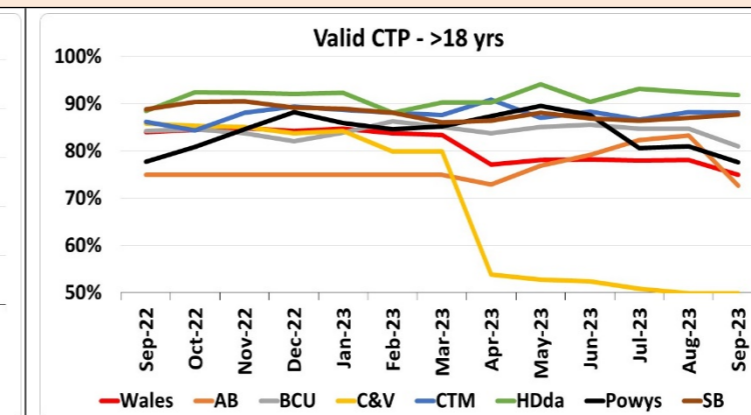
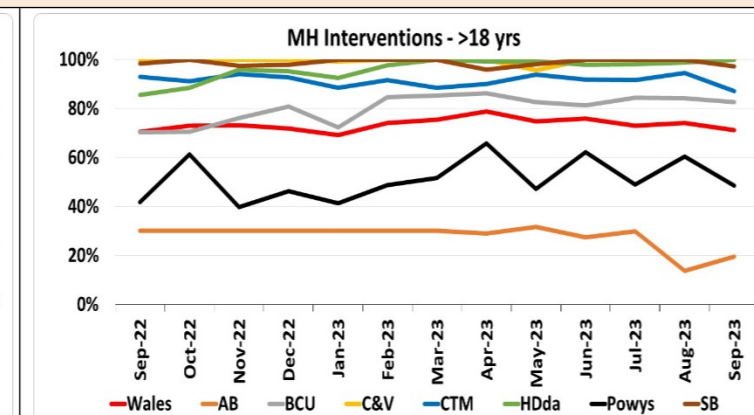
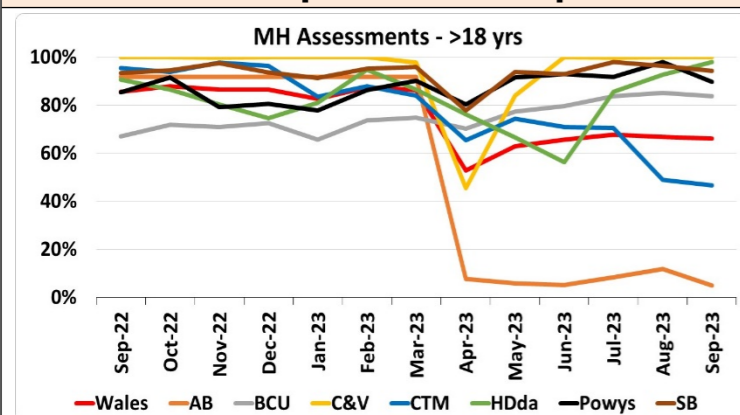
As anticipated, we have seen an improvement from September to October and forecast further improvements through November & December as we see the effects of the interventions described above take effect. Continued and sustained performance is reliant on continued improvement in sickness and absence rates and ability to balance demand across our areas where capacity allows.

Part 1b: Compliance continues to remain above target.

Part 2: Targeted work on non-compliant CTPs is continual. Work is ongoing 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 high caseloads in certain areas within CTM. Managers are monitoring compliance weekly to mitigate reductions, whilst work on Demand & Capacity and resources for large caseloads is reviewed. Improvements in Part 2 compliance are anticipated in Quarter 3 and 4 in line with staff scheduled to return from sickness.

Psychological Therapies: Patients are currently being identified for the second batch of outsourcing in CMHT via Problem Shared. Due to the timescales of on boarding, assessment and first treatment, it is not anticipated that patients will start coming off the waiting list until January 2024 at the earliest. A deep dive commenced in November 2023 for Band 6 patients waiting for LPMHSS and RTE will be prioritised.

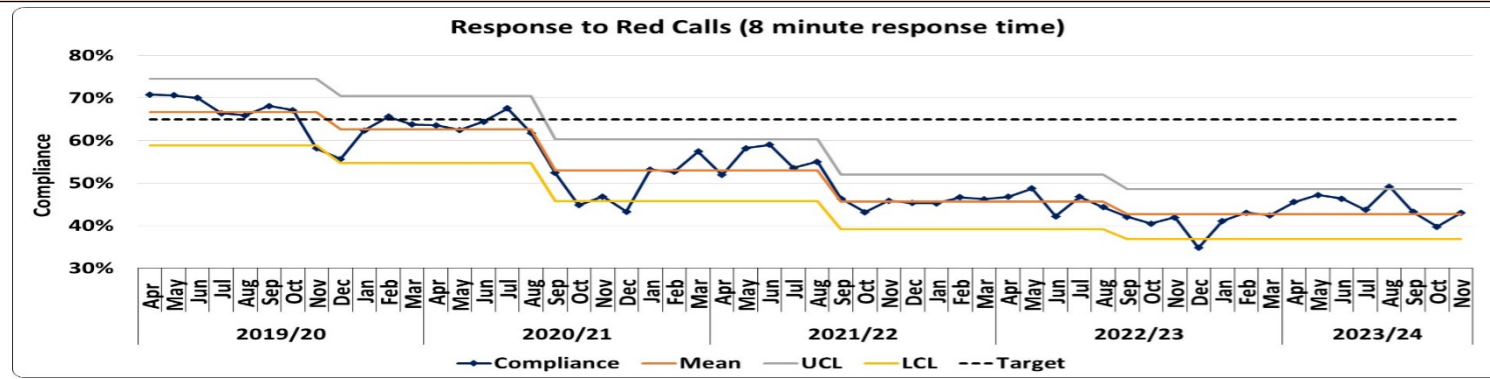
How do we compare with our peers?



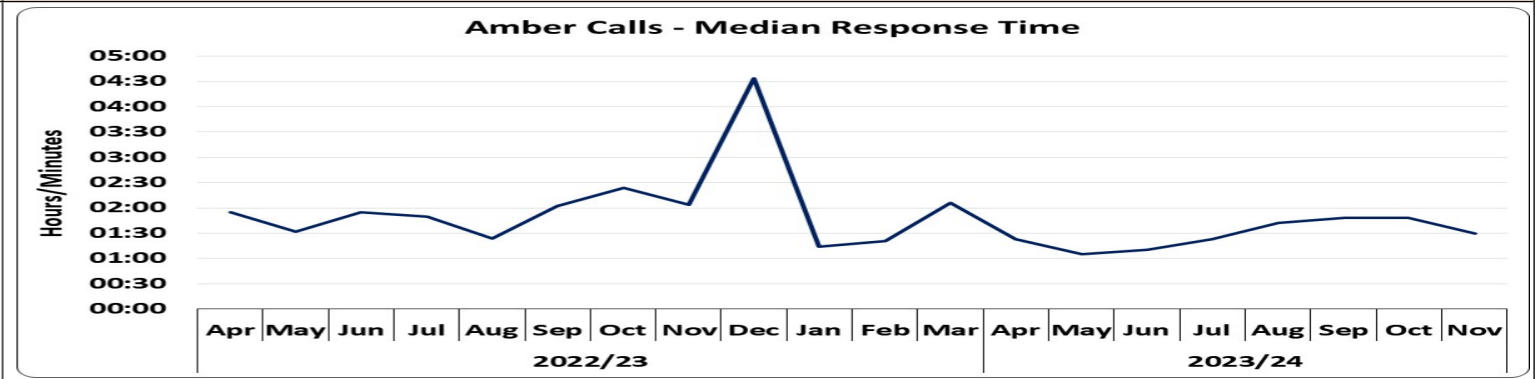


Emergency Ambulance Services – November 2023

**% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
November 2023 – 43.0%**



**Median emergency response time to Amber Calls – Target is 12 month improvement trend
November 2023 – 1 hour 30 minutes**



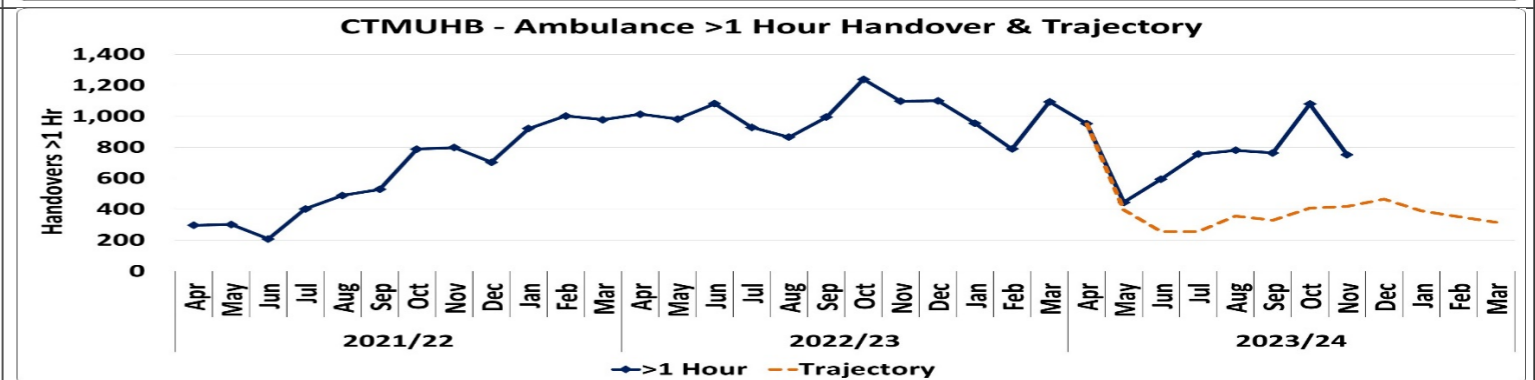
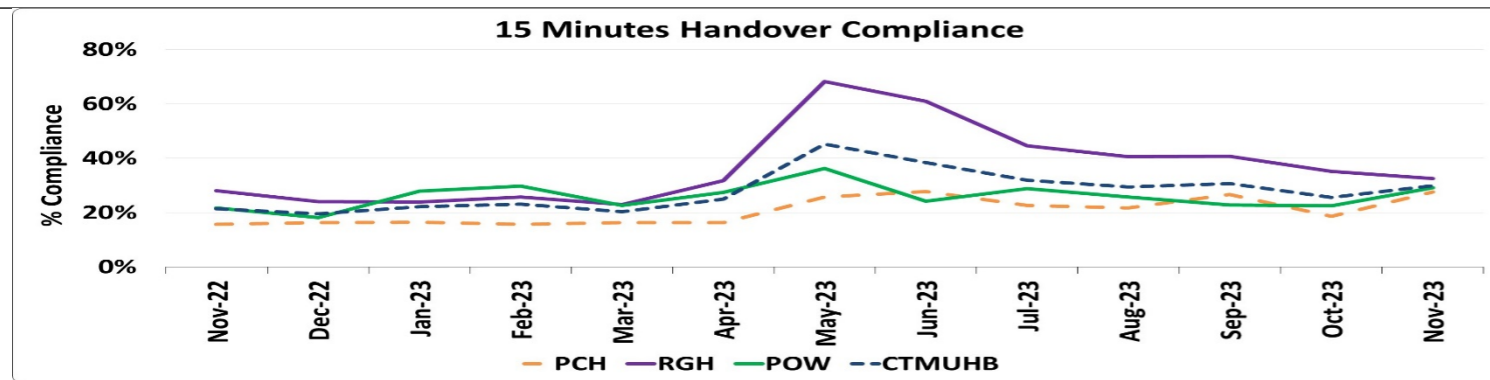
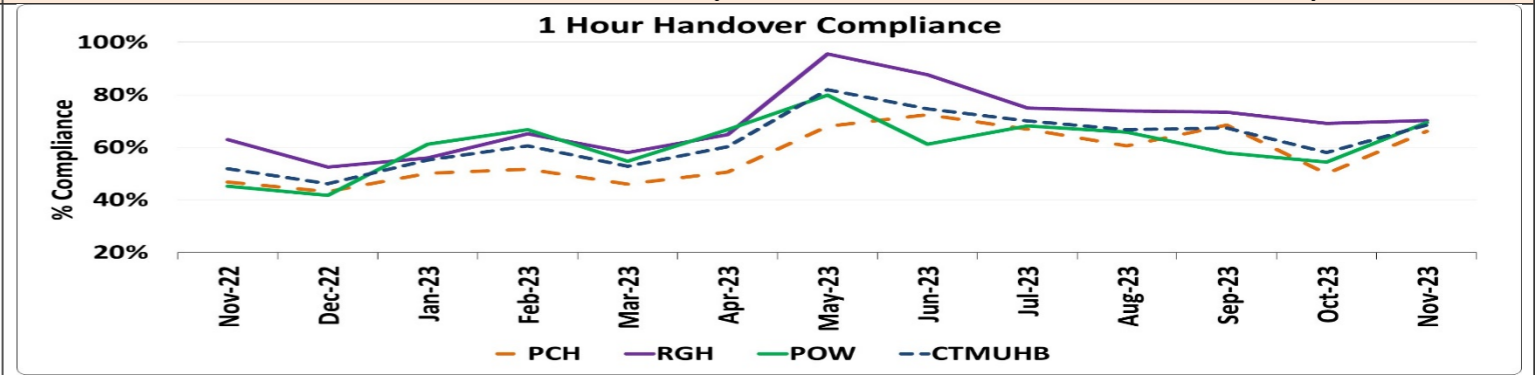
Number of ambulance handovers within 15 minutes – Target Improvement

Total handovers 2,391 of which 714 handovers were within 15 minutes (29.9%)

Period	PCH			RGH			POW			Total	CTMUHB	
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins		% <15 mins	% <60 mins
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%
Oct-23	971	18.6%	49.9%	928	35.1%	69.2%	673	22.4%	54.4%	2572	25.6%	58.0%
Nov-23	832	27.6%	66.1%	883	32.5%	70.2%	676	29.1%	69.4%	2391	29.9%	68.5%

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

752 handovers were over 1 hour (68.5% of handovers were within 1 hour)

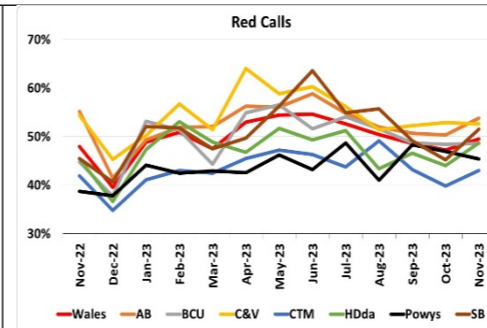


Red Release Requests – October 2023 96.2%

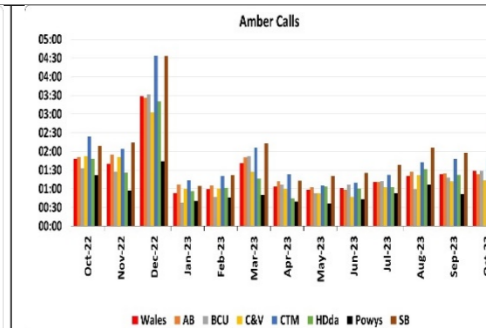
How do we compare with our peers?

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Oct-22	26	26	100.0%	16	12	75.0%	15	4	26.7%	57	42	73.7%
Nov-22	25	24	96.0%	20	13	65.0%	15	9	60.0%	60	46	76.7%
Dec-22	30	25	83.3%	31	26	83.9%	25	1	4.0%	86	52	60.5%
Jan-23	18	17	94.4%	19	13	68.4%	6	2	33.3%	43	32	74.4%
Feb-23	8	8	100.0%	10	9	90.0%	3	3	100.0%	21	20	95.2%
Mar-23	14	14	100.0%	12	10	83.3%	11	11	100.0%	37	35	94.6%
Apr-23	15	15	100.0%	7	3	42.9%	3	3	100.0%	25	21	84.0%
May-23	8	8	100.0%	5	5	100.0%	1	1	100.0%	14	14	100.0%
Jun-23	12	12	100.0%	5	4	80.0%	6	6	100.0%	23	22	95.7%
Jul-23	16	16	100.0%	7	7	100.0%	11	10	90.9%	34	33	97.1%
Aug-23	10	10	100.0%	5	5	100.0%	10	10	100.0%	25	25	100.0%
Sep-23	16	16	100.0%	5	3	60.0%	11	11	100.0%	32	30	93.8%
Oct-23	13	13	100.0%	21	19	90.5%	19	19	100.0%	53	51	96.2%

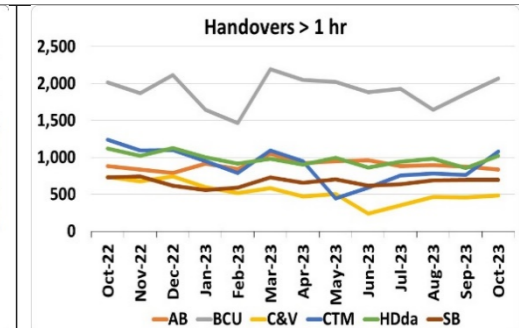
Please note that due to recent changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most recent data available is to October 2023.



Status as at November 2023		
Health Board	Compliance	Rank
AB	53.8%	1st
C&V	52.6%	2nd
SB	51.5%	3rd
HDda	48.7%	4th
BCU	48.6%	5th
Powys	45.4%	6th
CTM	43.0%	7th



Status as at October 2023		
Health Board	Compliance	Rank
Powys	00:50	1st
C&V	01:13	2nd
AB	01:23	3rd
BCU	01:28	4th
HDda	01:35	5th
CTM	01:48	6th
SB	02:38	7th



Status as at October 2023		
Health Board	Compliance	Rank
C&V	488	1st
SB	694	2nd
AB	836	3rd
HDda	1,019	4th
CTM	1,079	5th
BCU	2,071	6th

Emergency Ambulance Services continued overleaf:

Emergency Ambulance Services continued : November 2023

How are we doing?

Response to Red Calls per WAST Operational Area				
	Total Responses	Responses within 8 mins	% within 8 mins	12 Month Average
Nov-23				
Merthyr	135	70	51.9%	57.0%
RCT	420	162	38.6%	37.1%
Bridgend	197	91	46.2%	44.7%
CTM	752	323	43.0%	43.0%

Response to Red Calls: Response times to life-threatening calls for the CTM area remained low at 43.0% with the 12 month average equating to the same level. This month saw the National compliance remaining just below 50% for the third consecutive period after seeing compliance ranging from 50% to 55% between April and August. 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 November, as has been the case for the past 12 months.

The volume of Red Calls during November for CTM totalled 752, up by 3% on the previous month and is 9% higher than the same period of 2022. The current volume stands above the 12 month average of 635.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 90 minutes during November. The chart (page 13, top right) demonstrates fluctuations in the median response times and we observe that the current month is 27% (34 minutes) lower than the equivalent period of last year.

What actions are we taking & when is improvement anticipated?

- Pan CTM Emergency Pressure Escalation Procedure Policy implemented
- Zero tolerance >4 hours – improvement plan in place across CTM
- Out of hours Senior Manager and Executive on call rota under review
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement
- Executive Launch of Red to Green – 15 December 2023
- Winter resilience meetings in place, frequency increased to weekly
- Development of joint SOP with WAST to look at possible solutions to reduce ambulance handover delays and improve time for diagnostics for patients held on ambulances – initial collaborative project undertaken at RGH ED with plans to roll out across CTM if successful.

* *What is Red to Green?*

Every day a person is in a hospital bed should add value to their care.

The Red to Green approach aims to reduce a patient's length of stay by highlighting non-value adding days and reducing avoidable delays where a patient is kept waiting for things to happen to progress their care.

What are the main areas of risk?

Ambulance Handover Compliance: Ambulance conveyances to ED were 4.7% higher in November 2023 than they were during November of last year.

Performance against the 15 minute handover was just under 30%, with the number of patients and ambulance crews detained longer than an hour totalling 752 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 765 patients and as it currently stands represents a 24% reduction in the number of patient breaches.

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 53 during October. The ED services were able to support affirmatively 51 (96.2%) of those requests. The expectation is for all red release requests to be supported.

- Additional uncommissioned capacity remains open across all sites.
- Winter 2023/24 – winter planning meetings established and USC Plan developed.
- Increase in Flu presentations
- 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



Emergency Unit Waits – November 2023 (Provisional Position) - Total Attendances 15,320

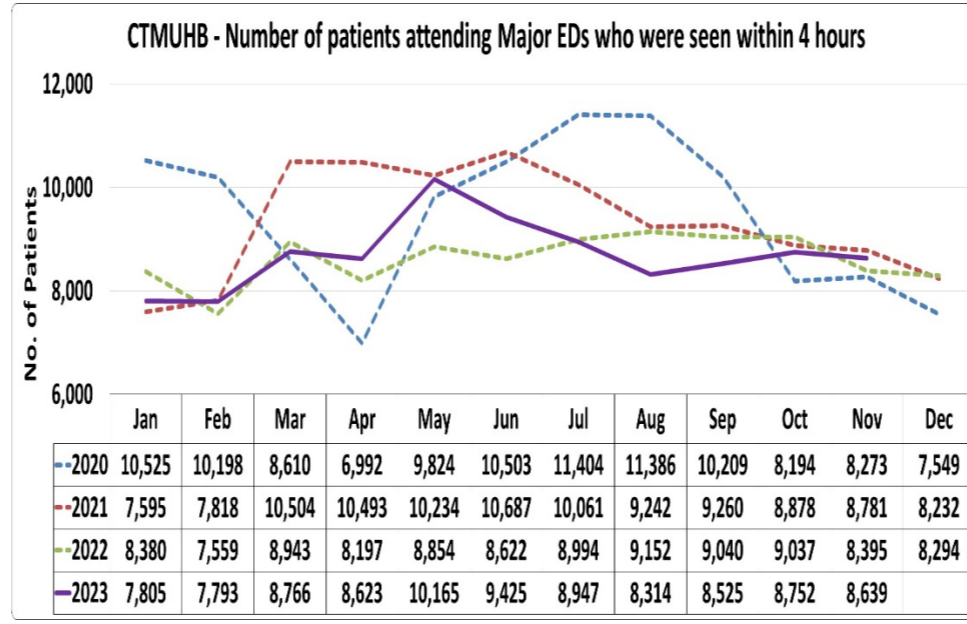
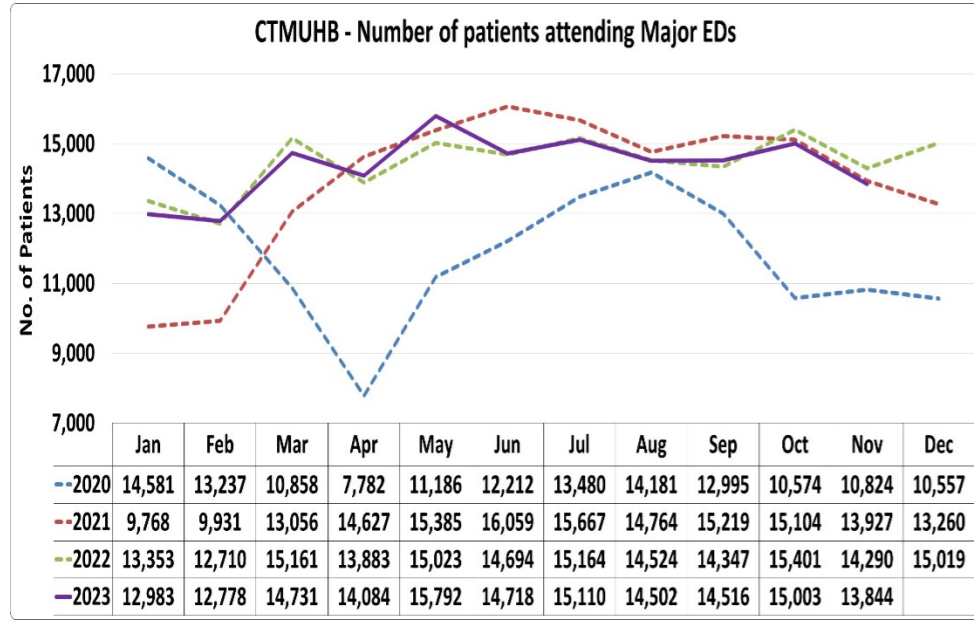
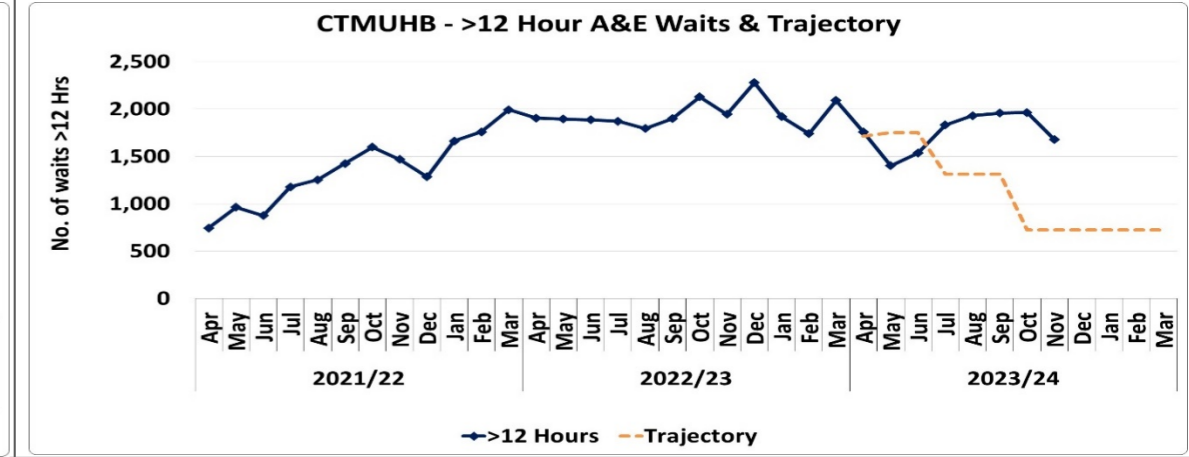
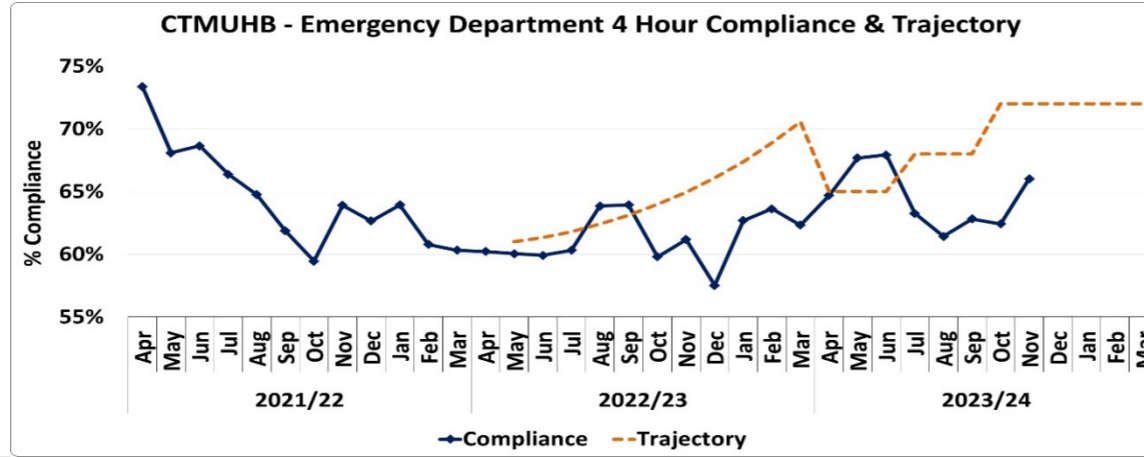
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target Improvement compared to the same month in 2022/23, towards the national target of 95%

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

66.0% were seen within 4 hours (Patients Waiting >4 hours 5,206)

11.0% of patients were waiting over 12 hours (1,680)

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
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	63.3%	1,832
Aug-23	16,054	61.4%	1,930
Sep-23	16,129	62.8%	1,957
Oct-23	16,643	62.4%	1,965
Nov-23	15,320	66.0%	1,680



How do we compare with our peers?

Status as at October 2023		
Health Board	Compliance	Rank
Powys	99.9%	1st
SB	76.6%	2nd
AB	73.1%	3rd
BCU	67.3%	4th
C&V	66.7%	5th
HDda	65.9%	6th
CTM	62.4%	7th

Status as at October 2023		
Health Board	Compliance	Rank
Powys	0	1st
C&V	853	2nd
SB	1,229	3rd
HDda	1,362	4th
AB	1,526	5th
CTM	1,965	6th
BCU	2,999	7th

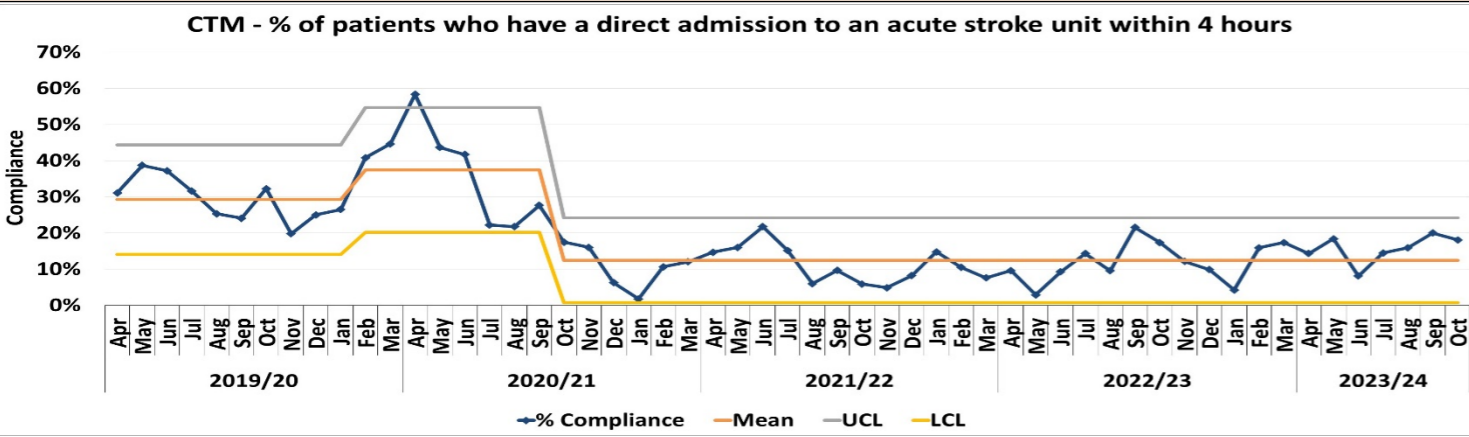
How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>The total number of ED attendances at our 3 acute hospital sites was 3.1% (446) lower than last November (graph above) with overall numbers of Minor Injuries and ED attendances increasing slightly by 0.6% to total 15,320 attendances (top left table).</p> <p>The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during November was provisionally 66.0%, a small improvement in compliance on the previous month, but remaining well below the WG compliance target of 95%.</p> <p>The twelve hours performance saw 1,680 patients waiting in excess of 12 hours and is 14% lower than November of last year.</p> <p>The average number of twelve hour patient breaches during the past 12 months is 1,841 and is similar to the previous 12 month time span where the averages were 1,836.</p>	<ul style="list-style-type: none"> • Pan CTM Emergency Pressure Escalation Procedure Policy implemented • Out of hours Senior Manager and Executive on call rota under review • USC Senior leadership team proactively engaged and leading programme for improvement • Executive Launch of Red to Green • Winter resilience meetings in place; frequency increased to weekly • Development of joint SOP with WAST looking at possible solutions to reduce ambulance handover delays and improve time for diagnostics for patients held on ambulances – initial collaborative project at RGH ED with plans to roll out across CTM if successful. 	<ul style="list-style-type: none"> • Additional uncommissioned capacity remains open across all sites. • Winter 2023/24 – winter planning meetings established and USC Plan developed. • 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. • Increase in Flu presentations.



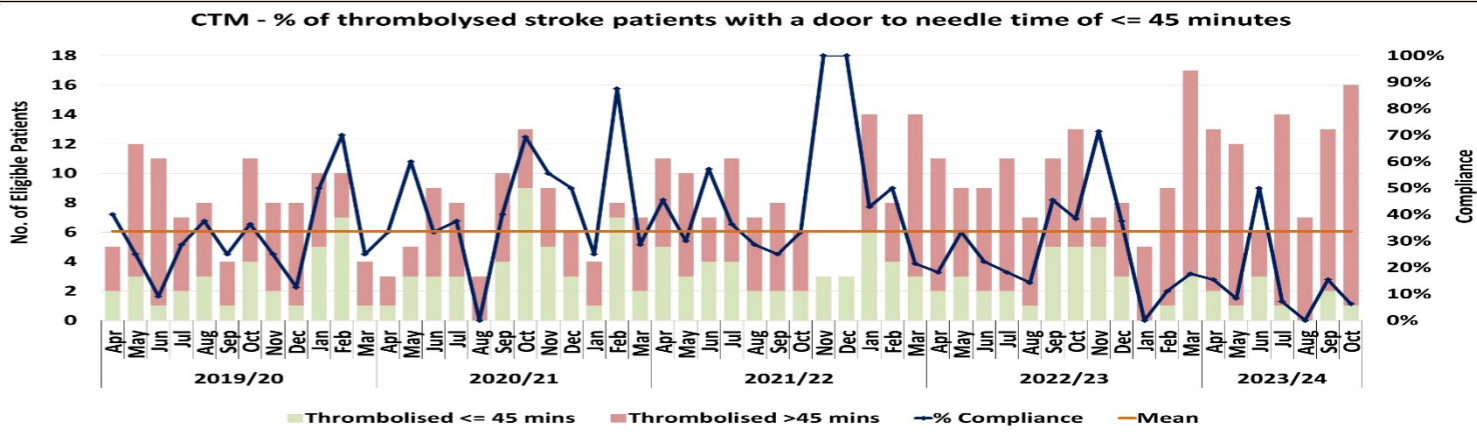
CTMUHB – Focus on Stroke Quality Improvement Measures (QIMs) – October 2023

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

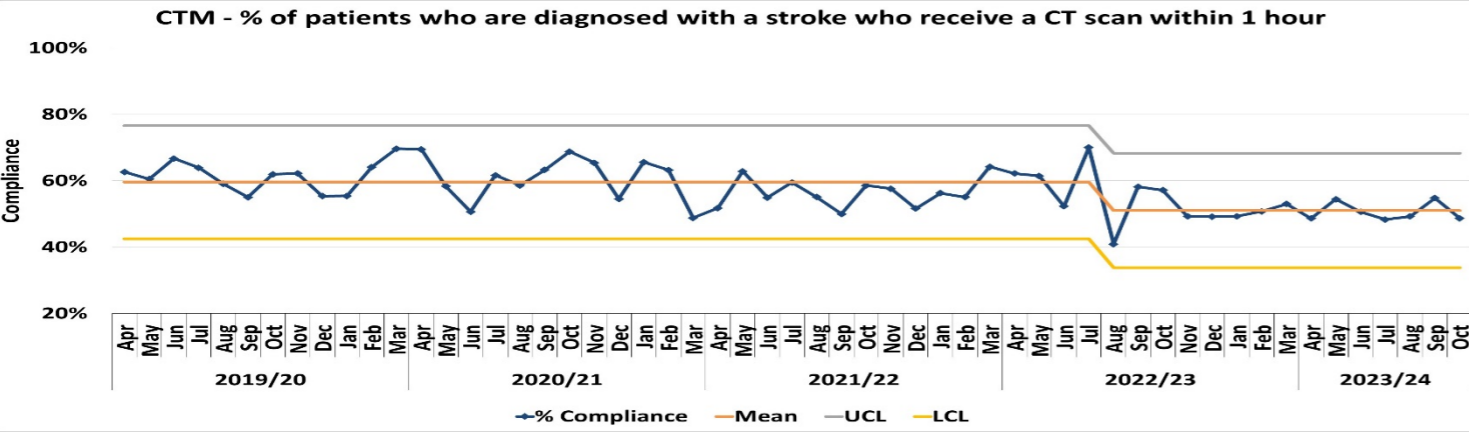
% compliance with direct admission to an acute stroke unit within 4 hours – 18.1%



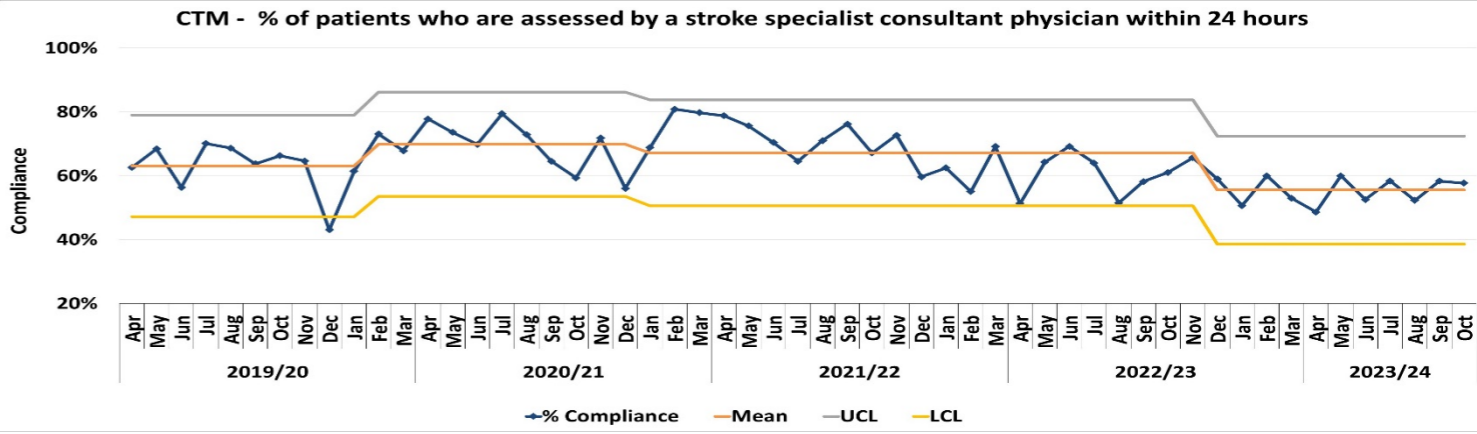
% of eligible patients thrombolysed door to needle time within 45 minutes – 6.3%



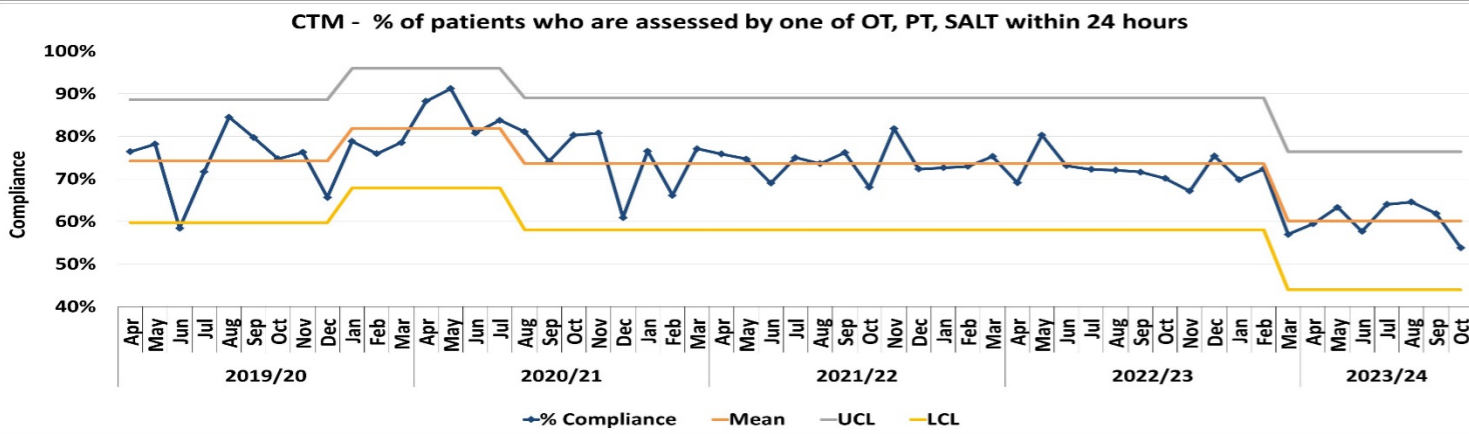
% of patients diagnosed with stroke received a CT scan within 1 hour – 48.7%



% of patients assessed by a stroke consultant within 24 hours – 57.7%



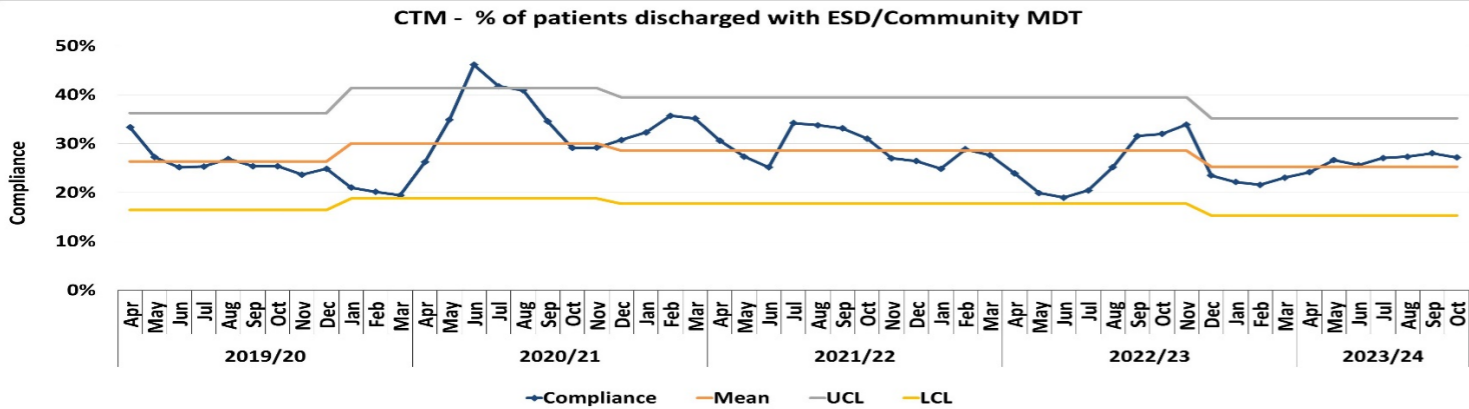
% of patients assessed by one of OT, PT, SALT within 24 hours – 53.8%



Current month stats

Stroke QIMs as per current month submitted data - October 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	46	26	N/A	72
	No. of patients within 4 hours	10	3	N/A	13
	% Compliance	21.7%	11.5%		18.1%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	8	8	N/A	16
	No of patients within 45 mins	1	0	N/A	1
	% Compliance	12.5%	0.0%		6.3%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	52	26	N/A	78
	No. of patients within 1 hour	23	15	N/A	38
	% Compliance	44.2%	57.7%		48.7%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	52	26	N/A	78
	No. of patients within 24 hours	26	19	N/A	45
	% Compliance	50.0%	73.1%		57.7%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	52	26	N/A	78
	No. of patients within 24 hours	23	19	N/A	42
	% Compliance	44.2%	73.1%		53.8%
% of applicable patients discharged with ESD/Community Therapy MDT	Applicable Patients	84	72	17	173
	No. of patients with ESD/MDT	40	3	4	47
	% Compliance	47.6%	4.2%	23.5%	27.2%

Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 27.2%



How are we doing?

During October, 18.1% (13 out of 72) of stroke patients were admitted directly to an acute stroke unit within 4 hours. Just one of the 16 eligible patients was thrombolysed within 45 minutes (6.3%).

48.7% of patients (38 out of 78 diagnosed patients) had a CT scan within an hour and 57.7% (45 out of 78) of stroke patients treated in October were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

53.8% (42 out of 78) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech & Language Therapist within 24 hours of arrival and the rolling 3 months discharge standard saw 47 out of 173 (27.2%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT.

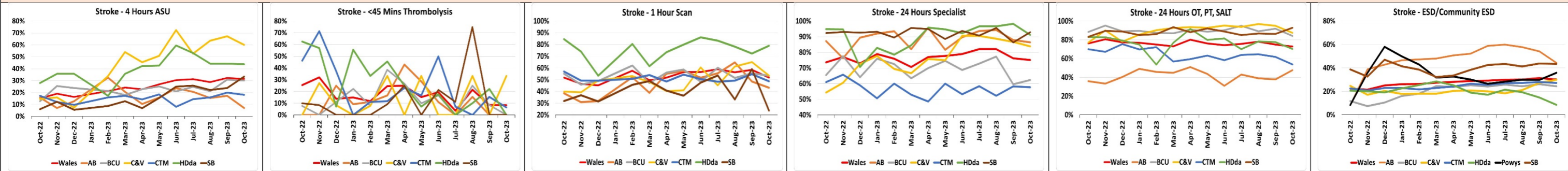
What actions are we taking & when is improvement expected?

- Brainomix AI software reporting for CTs and CT angiograms to minimise delays in referral for thrombectomy is being deployed with governance arrangements being established.
- To maintain the USC Care Group Stroke Programme Board and Stroke Operational Group, with a focus on analysis of the data and updating the programme of improvement actions to feed into the Programme Board.
- Changes to Clinical Nurse Specialists' working patterns across both sites to ensure extended cover to 18:30 in order to provide more of a window for thrombectomy referral/transfers.
- Developing Business Case to improve resilience of the Stroke Nursing Workforce and co-ordination of data quality.
- The Stroke Operational Group is in the process of updating the Improvement Plan with actions identified to improve performance.

What are the main areas of risk?

1. Resilience in the CNS workforce at PCH and POW – Business Case under development to address this.
2. Inpatient therapies resource.
3. Recruitment of Stroke Consultant – rolling advert out.
4. Data quality – business case under development for resource to support POW

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



Status as at October 2023		
Health Board	Compliance	Rank
C&V	60.0%	1st
HDda	43.8%	2nd
SB	33.3%	3rd
BCU	30.0%	4th
CTM	18.1%	5th
AB	7.1%	6th

Status as at October 2023		
Health Board	Compliance	Rank
C&V	33.3%	1st
CTM	6.3%	2nd
AB	0.0%	3rd
BCU	0.0%	4th
HDda	0.0%	5th
SB	0.0%	6th

Status as at October 2023		
Health Board	Compliance	Rank
HDda	78.9%	1st
C&V	53.6%	2nd
BCU	53.5%	3rd
CTM	48.7%	4th
AB	43.2%	5th
SB	23.8%	6th

Status as at October 2023		
Health Board	Compliance	Rank
SB	92.9%	1st
HDda	91.2%	2nd
AB	86.4%	3rd
C&V	83.9%	4th
BCU	62.4%	5th
CTM	57.7%	6th

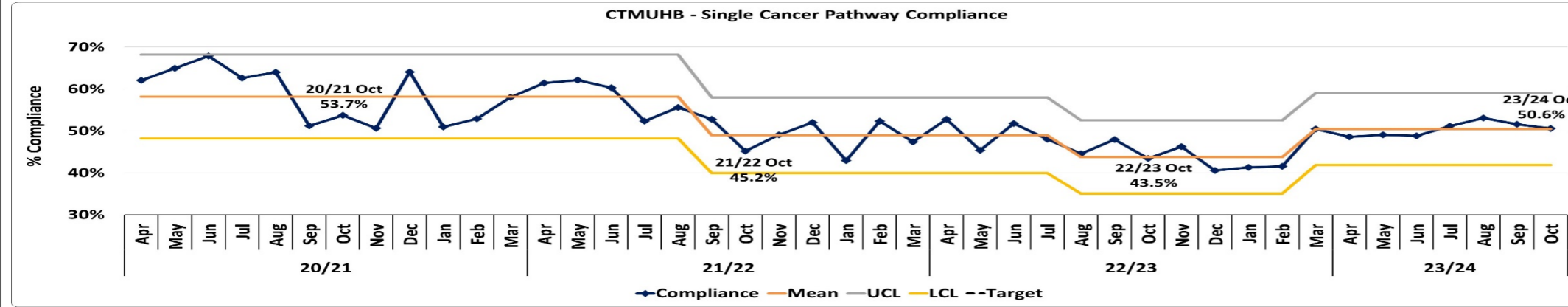
Status as at October 2023		
Health Board	Compliance	Rank
SB	92.9%	1st
C&V	87.5%	2nd
BCU	84.2%	3rd
HDda	70.2%	4th
CTM	53.8%	5th
AB	47.7%	6th

Status as at October 2023		
Health Board	Compliance	Rank
AB	44.2%	1st
SB	43.4%	2nd
Powys	35.9%	3rd
C&V	29.9%	4th
CTM	27.2%	5th
BCU	24.3%	6th



Single Cancer Pathway (SCP) October 2023 – 50.6%

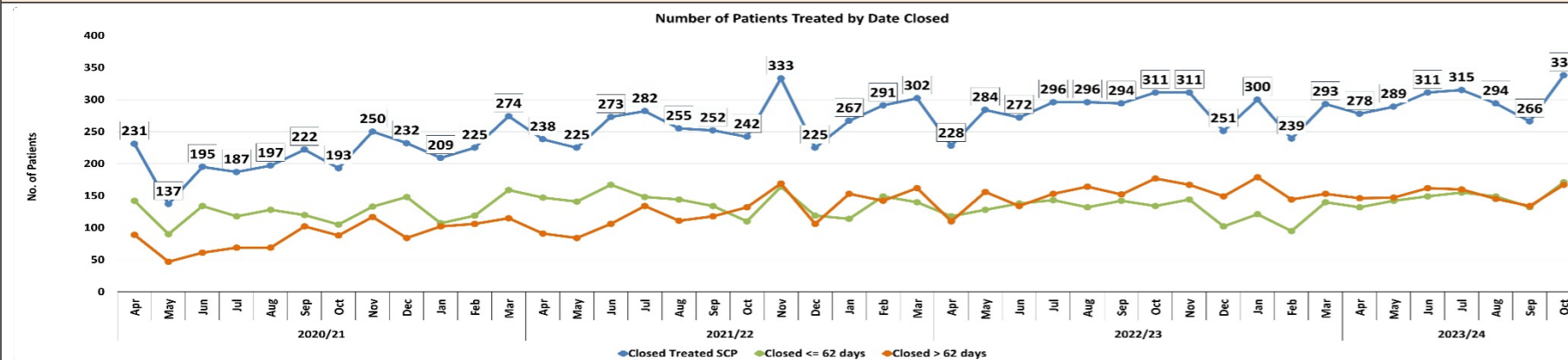
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is Improvement Trajectory towards a national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - October 2023				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	7	9	16	43.8%
Upper GI	19	9	28	67.9%
Lower GI	11	24	35	31.4%
Lung	20	13	33	60.6%
Skin (exc BCC)	66	16	82	80.5%
Brain/CNS	2	0	2	100.0%
Breast	24	30	54	44.4%
Gynaecological	2	14	16	12.5%
Urological	16	43	59	27.1%
Haematological	3	9	12	25.0%
Other	1	0	1	100.0%
Total	171	167	338	50.6%

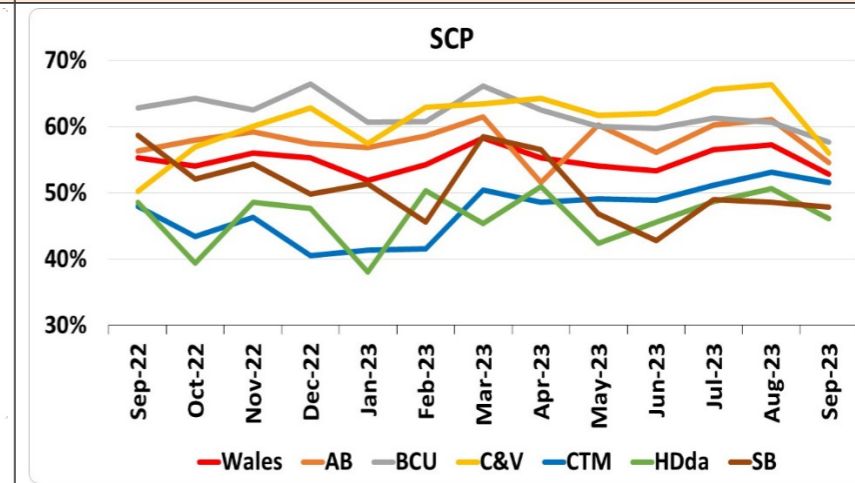
Performance during October dipped to 50.6% (resting on the current mean) with three of the tumour sites reaching the desired target threshold, as seen in the table above. Predicted compliance for November currently stands at 50.4%. Delays at first outpatient (30%) and diagnostic stage (50%) continue 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. Increased volume of patients treated in October.

Patients Treated by Closed Date



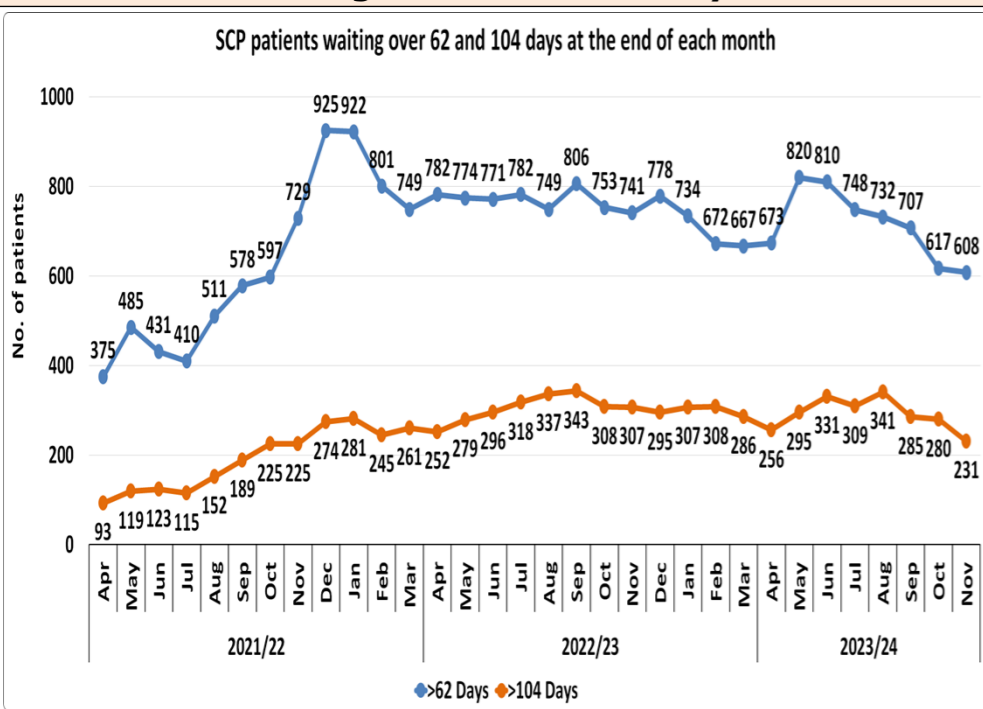
Overall cancer treatment volumes have increased marginally during the past 12 months to an average of 290 per month, compared to 283 in the previous 12 month period. This represents an average monthly increase of 2.5%.

How do we compare with our peers?



Status as at September 2023		
Health Board	Compliance	Rank
BCU	57.7%	1st
C&V	56.1%	2nd
AB	54.5%	3rd
CTM	51.6%	4th
SB	47.9%	5th
HDda	46.1%	6th

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



What actions are we taking & when is improvement anticipated?

- Streamlined haematuria pathway across CTM commenced 1st December.
- Ongoing weekly meetings with DU to support endoscopy transformation and urology sustainability
- Centralisation of Breast service – March 2024
- Increasing Straight to Test (STT) where possible
- Merging of Lower GI departments, along with centralisation of operating on one site for major cases.
- Centralisation of Gynaecology services
- Roll out of digital referrals – Breast gone live November 23
- Waiting List Initiatives (WLI's)
- Continuing outsourcing of pathology
- Additional Local Anaesthetic Transperineal Prostate Biopsy machine (LATPB) via diagnostic board awaited – will provide increased flexibility and sustainability of service

What are the main areas of risk?

- National shortage of isotope affecting breast and urology cancer pathways
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies.
- Lack of data provision following rollout of new cancer solution. Patient data missing from reports pulled, causing validation issues and assurance surrounding data quality
- Urology diagnostics – specifically prostate pathway consequent to all patients now being offered LATPB over TRUS biopsy. Demand outstripping available capacity

Diagnosics & Therapies – November 2023 (Provisional Position)

Number of patients waiting >8 weeks for a specified diagnostic – Target improvement trajectory towards national target of Zero by March 2024

Number of patients waiting >14 weeks for a specified therapy – Target improvement trajectory towards national target of Zero by March 2024

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

Number of Patients waiting >8 Weeks for a Diagnostic Test		
Cardiology Services	Echo Cardiogram	1,151
	Cardiac CT	6
	Cardiac MRI	2
	Diagnostic Angiography	89
	Stress Test	10
	DSE	32
	TOE	5
Bronchoscopy	Heart Rhythm Recording	67
	B.P. Monitoring	2
Colonoscopy		0
Gastroscopy		295
Cystoscopy		451
Flexi Sig		673
Radiology	Non-Cardiac CT	322
	Non-Cardiac MRI	772
	NOUS	773
	Non-Cardiac Nuclear Medicine	4,346
Imaging	Fluoroscopy	57
	Urodynamics	125
Physiological Measurement		97
Neurophysiology	EMG	284
	NCS	375
Total		9,934

Number of Patients waiting >14 Weeks for a Therapy	
Arts Therapy	0
Audiology	19
Dietetics	1,341
Occupational Therapy	12
Physiotherapy	1
Podiatry	2
Speech & Language	84
Total	1,459

CTMUHB - % of children waiting less than 14 Weeks for AHP	
Dietetics	60.1%
Occupational Therapy	100.0%
Physiotherapy	100.0%
Podiatry	100.0%
Speech & Language	95.0%
Total	76.0%

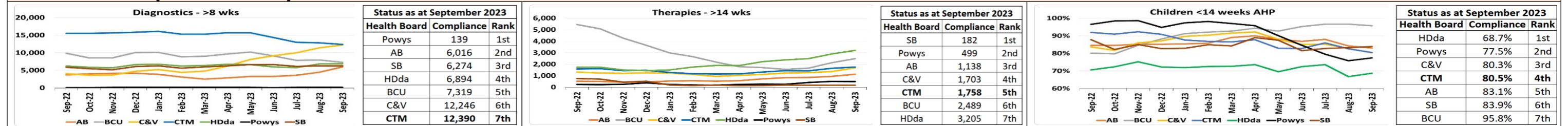
Diagnosics	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,934				

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	1,758	1,583	1,459				

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%	82.6%	80.5%	82.1%	76.0%				

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>Diagnostics: At the end of November 9,934 patients had been waiting in excess of 8 weeks for a diagnostic procedure, a reduction of 9% (1,028) on October's position.</p> <p>During November, Endoscopy saw an improvement of around 19% (408) in the number of patients waiting in excess of eight weeks, although the number of patients currently breaching the target stands at 1,741.</p> <p>The NOUS service continues to have the highest volume of breaching patients with 4,346 currently waiting over 8 weeks for a scan, however a reduction of 15% (750) is observed from the October reported position.</p> <p>Therapies: There are provisionally 1,459 patients breaching the 14 week target for therapies in November, a decrease of just under 8% (124 patients) on the reported position for October. The dietetic position has continued to see a small improvement of around 3% and SALT improving by 8% resulting in 84 patients now breaching the 14 week target.</p> <p>The Dietetic service accounts for the vast majority of the total patients waiting beyond the 14 week target for therapies (92%).</p>	<p>Radiology: Plan for Non Obstetric Ultra Sound (NOUS) backlog continues to deliver significant capacity over core and is also continuing to reduce the over 8 week breaches demonstrated in the performance month on month.</p> <p>Additional Plans are now in place to tackle MRI delays following Exec approval and are starting to deliver a reduction in the backlog of reporting capacity.</p> <p>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 consideration.</p> <p>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.</p> <p>Endoscopy Transformation Programme ongoing with developments and improvement already underway, including weekly 6/4/2-1 and weekly task and finish group. A number of actions completed which has resulted in an increase in throughput due to ongoing productivity and efficiency schemes including digital solutions, booking processes and pathway management. Bowel Screening Wales (BSW) – recovery plan developed which includes a short term plan to clear current backlog to run alongside the sustainable plan. Insourcing tender completed and awarded, working through the interdependencies before agreeing a start date, this will be completed by March 2024.</p>	<ul style="list-style-type: none"> Demand and Capacity imbalance shown in most diagnostic and therapy services as demand has risen. Also CT colon demand likely to rise further with new BSW criteria and reduction in age limit for testing/screening for younger patients. Sustained increase in CT Out of Hours emergency demand. Additional Outsourcing agreed to help with timely reporting, which has reduced reporting backlog and waiting times. Radiology service continues to hold 6.0 WTE Consultant vacancies. Interviews are taking place early Jan & Feb to tie in with new consultants coming off training rotation. Endoscopy – continues to face challenges with competing priorities with the service trying to deliver and maintain the cancer pathway, accommodate longest waiters for delivery of the RTT targets – all >156 and 104 wks waits in gastro and surgery are now partially booked; hit the 8 week diagnostic target whilst reducing the backlog of overdue surveillance patients. BSW waits has seen a significant improvement but still remains a challenge due to backlog and next steps of the Optimisation Programme, which continues to impact on CTM's overall LGI diagnostic waits – short and long term plan developed. It has now been agreed that CTM are correctly reporting screening and tracking of participants, this will now need to be adopted by all HBs across Wales. BSW - An urgent budget review is underway to support the sustainability plan and next steps in the optimisation programme. The need to increase lists to 8 this year and 11 per week by October 2024. Currently delivering an average of 7 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.

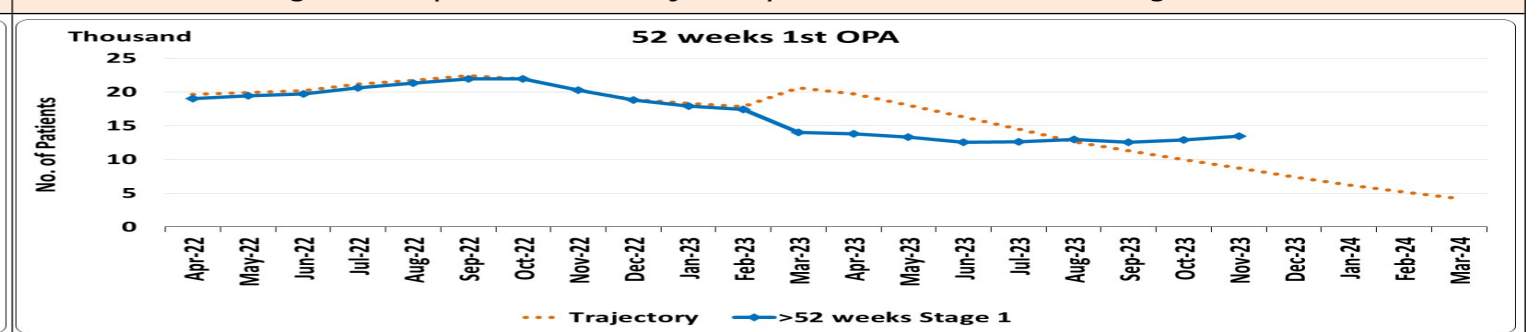
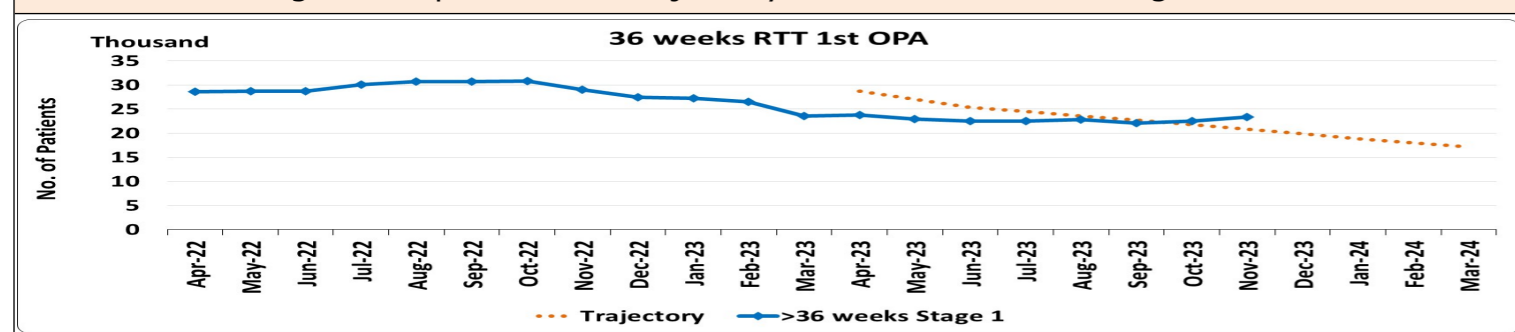
How do we compare with our peers?



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

Number of patients waiting **over 36 weeks** for a **new outpatient appointment (23,355)** - Target is Improvement Trajectory towards a national target of Zero

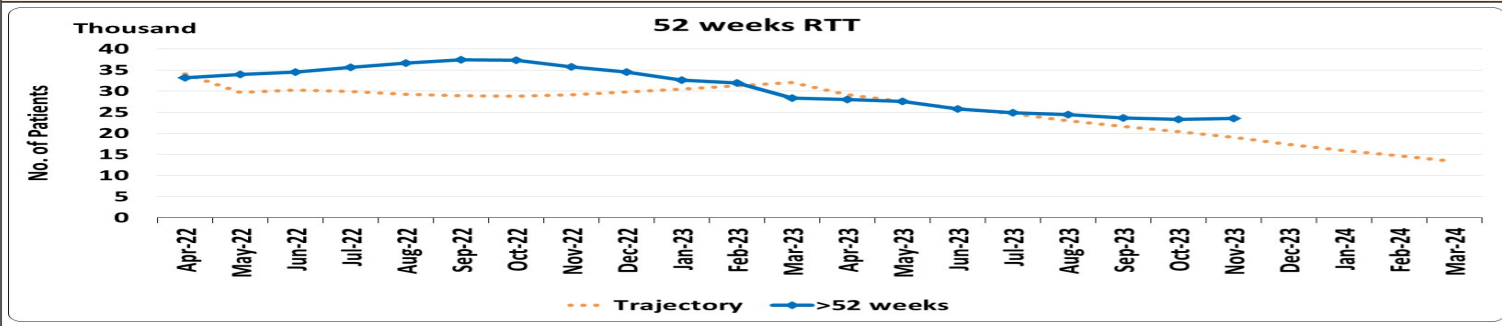
Number of patients waiting **over 52 weeks** for a **new outpatient appointment (13,426)** - Target is Improvement Trajectory towards a national target of Zero



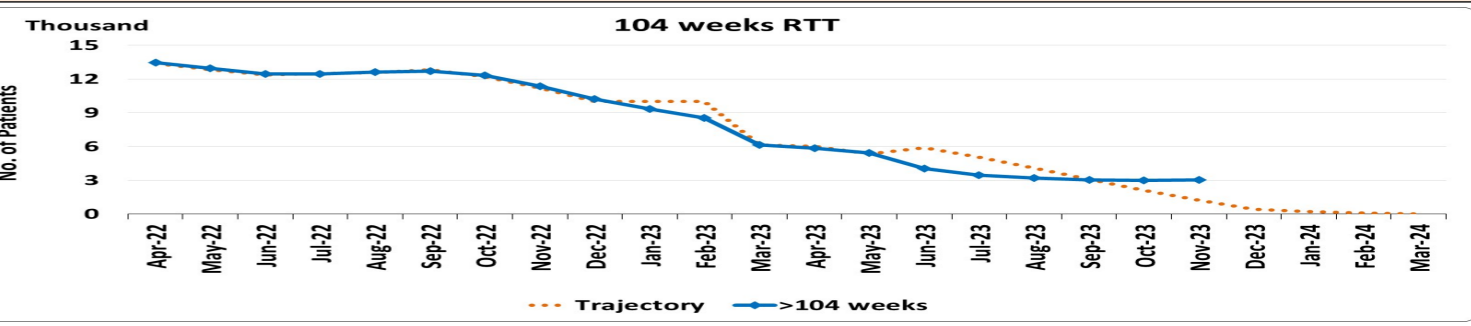
The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of November is 23,355. This is an increase of 3.6% (820) from the October reported position and is off trajectory by 12% (2,499) as shown above.

The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of November is 13,426, a decline in performance of 1.2% (increase of 277) from the October reported position and is a worsening position against trajectory by 54% (2,727) as shown above.

Number of patients waiting >52 weeks RTT (23,589) – Target is Improvement Trajectory towards a national target of Zero



Number of patients waiting >104 weeks (3,034) - 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 November is 23,589, a decline in performance of 1.2% (277) from the October reported position and is 24% higher than the forecasted level, as shown above.

The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of November is 3,034. As it currently stands this is a slight increase of 1.8% (54) from the reported October position and higher than forecasted as shown above.

Total number of open pathways per specialty - November 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	105	206	230	10	1082
Breast Surgery	262	214	237	19	1284
Cardiology	1809	864	515	4	5611
Colorectal	722	544	937	70	3427
Dermatology	2534	1168	1569	56	7650
Diagnosics	1460	725	211	6	6091
Ear, Nose & Throat Service	4	1771	3516	578	12442
Endocrinology	1240	26	1	0	279
Gastroenterology	957	611	568	38	3993
General Medicine	851	392	333	0	2616
General Surgery	5	817	1256	153	6837
Geriatric Medicine	1406	1	0	0	94
Gynaecology	25	1177	1156	267	8588
Haematology (Clinical)	20	46	0	0	345
Nephrology	625	15	0	0	168
Ophthalmology	604	2280	4044	717	15054
Oral Surgery	83	482	317	15	3168
Orthodontics	2441	50	2	0	344
Orthopaedics	180	1946	3356	650	12635
Paediatrics	0	362	86	0	3165
Rapid Diagnostic Centre	128	0	0	0	153
Respiratory Medicine	39	233	204	1	2038
Restorative Dentistry	403	26	65	10	183
Rheumatology	0	181	73	11	1627
Sport and Exercise Medicine	0	0	0	0	17
Therapies	14	228	71	0	3091
Thoracic Medicine	1723	32	0	0	570
Urology	51	1013	1604	379	7297
Vascular Surgery	0	176	204	50	1069
Total	17691	15586	20555	3034	110918

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 November will exclude 265 patients whose pathway of care is undergoing clinical review.

How do we compare with our peers?

Status as at September 2023		
Health Board	Compliance	Rank
Powys	197	1st
SB	5,327	2nd
HDda	11,136	3rd
C&V	20,662	4th
CTM	22,102	5th
AB	23,208	6th
BCU	24,476	7th

Status as at September 2023		
Health Board	Compliance	Rank
Powys	60	1st
SB	162	2nd
HDda	3,260	3rd
C&V	10,850	4th
AB	11,907	5th
CTM	12,548	6th
BCU	12,865	7th

Status as at September 2023		
Health Board	Compliance	Rank
Powys	75	1st
SB	14,083	2nd
HDda	14,390	3rd
AB	21,007	4th
CTM	23,689	5th
C&V	24,750	6th
BCU	35,525	7th

Status as at September 2023		
Health Board	Compliance	Rank
Powys	0	1st
HDda	2,861	2nd
CTM	3,015	3rd
AB	3,726	4th
C&V	3,876	5th
SB	4,567	6th
BCU	8,394	7th

RTT continued on the next page...

Cont'd...Referral to Treatment Times (RTT)

How are we doing, what actions are we taking & when is improvement

Backfilling sessions across the specialities to increase stage 1 access (first outpatient appointments). Where there is middle tier support; clinics are running to increase capacity. ENT are running Super Saturday sessions to reduce the backlog. Validation and close working with the diagnostic teams continues to support areas requiring expedites. Focus has been on the >104 weeks and a reduction has been noted. For areas where improvement has fallen short due to conflicts with cancer demand, outsourcing options are being considered via Planned Care Recovery.

Urology: Reviewing of clinic templates with clinicians commenced at the end of November and it is anticipated this will be completed mid December. Discussions are taking place with clinicians regarding follow-up patients for assurance that the patients being brought back to clinic actually need to have a face-to-face slot; other options are telephone clinics or letters to patients. Further admin training to be carried out on the process of reviewing patients who should be on an open RTT pathway and those who should be on active monitoring. This will improve the waiting list and lessen the need to re-validate lists going forward. Patients are being actively transferred across the 3 DGH sites. Additional lists have been allocated throughout December in PCH.

OMFS: It has been necessary to halt additional waiting list initiative clinics due to the high volume of sickness absence within our nursing workforce. Work to reduce the routine new waiting times down to <52 weeks continues, as does the urgent waiting time to 16 weeks with core activity, but this will take longer to achieve without the WLI activity. Despite this, waits continue to improve week on week and it is anticipated that there will be additional minor operating lists running to help reduce the stage 4 patients waiting for treatment when clinician availability is known, however this is reliant on the nursing sickness absence improving.

General Surgery & Colorectal: Working daily with Radiology, Endoscopy and Pathology to ensure long waiters are booked / reported and to progress any required follow-up or initiate PIFU/SOS pathways. Across site collaboration is ongoing in order to support booking patients in turn at the treatment stage. Medical Records have pooled first appointment lists and patients will be offered the next available slot across RGH and PCH (POW will require WPAS to interface). Additional Registrars are in clinics to reduce the stage 1 patients waiting for a first outpatient appointment. Actively reviewing clinic capacity with the aim of creating a standardised template and it is anticipated that improvement is likely in January.

What are the main areas of risk?

ENT: remains greatest risk at stage 1. A transformation group has been established to look at new ways of working together with close links to the national Clinical Implementation Network (CIN).

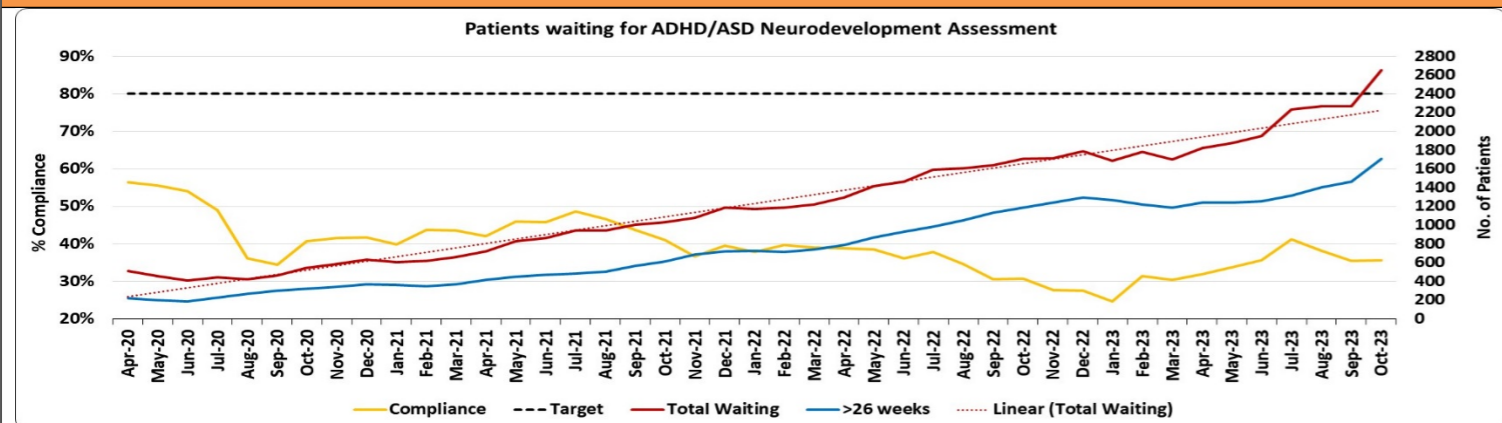
Availability of clinics, theatres and clinician time to meet the demands.

Urology: Historically the demand has always outweighed the capacity. Risks will be the Urgent Suspected Cancer (USC) and long waiter ratio, alongside the RTT follow-ups and clinical priority follow-ups. Mitigation would be extra clinics, but this is not a sustainable solution. Responsibility for the booking of patients across all sites is yet to be resolved.

OMFS: Clinician availability for additional clinics during evenings and weekends; risk of exhausting workforce and impacting on core activity.

General Surgery & Colorectal: Winter site pressures and potential impact on elective capacity. Currently no dedicated inpatient capacity at PCH site, all in-patients are managed through Day Surgery Unit and allocated in-patient beds post-op. Across site working – poor uptake of patients willing to travel – increased comms required to improve this. Insufficient number of theatre slots and radiology provision clashes – the service continues to monitor closely to prevent on the day cancellations through job planning and 6/4/2-1 process. Case for change and capital bids in place for sustainable model. The majority of stage 1 patients are incisional hernia repairs and there is a lack of Consultants with this skillset within POW – the plan is to create a pan CTM team. Colorectal numbers increasing due to USC demand. Significant delays for diagnostic and reporting from SBUHB - impacting stage 2 (follow-up). More complex patients remain at stage 4, but these should be cleared by end of December.

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (Target 80%) October - 35.6%



What actions are we taking & when is improvement anticipated?

The Improvement Board is overseeing the impact of the Regional Partnership Board’s allocation to Neurodevelopment (ND) services. Ongoing work in progress with LA, along with AHP posts to support pre/post diagnosis, with third sector agencies allocated funding to provide support until March 2024. Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further.

Improvements in waiting times are anticipated from January 2024 following commencement in post of substantive appointments. Ongoing validation of waiting list, with transition and signposting to relevant services/agencies as appropriate

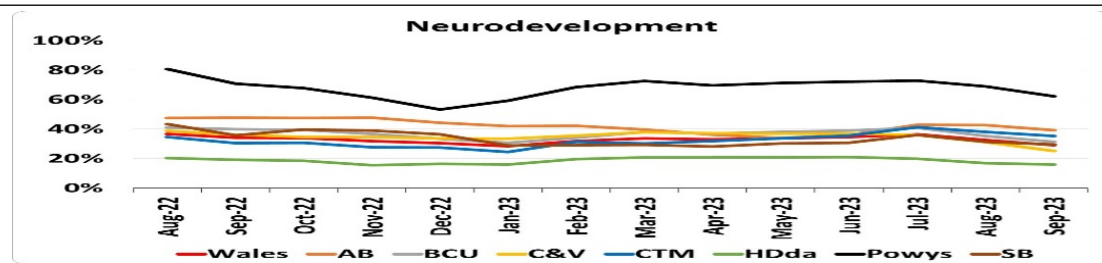
How are we doing?

The yellow line on the chart above shows that compliance with the 26 week access target for neurodevelopmental is fluctuating around 35-40%. Discrete performance during the month remained static at 35.6%, which compares to 24.7% in January 2023 (lowest level observed) with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

What are the main areas of risk?

- 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 – projects ending by 31st March 2024 will inform.
- Resource constraints on multidisciplinary provision that lead to assessment outcomes.
- Identifying constraints that are impacting on the ability to deliver timely services.

How do we compare with our peers?



Status as at September 2023		
Health Board	Compliance	Rank
Powys	62.3%	1st
AB	39.3%	2nd
CTM	35.4%	3rd
BCU	31.5%	4th
SB	29.7%	5th
C&V	25.3%	6th
HDda	16.0%	7th

- Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners

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

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

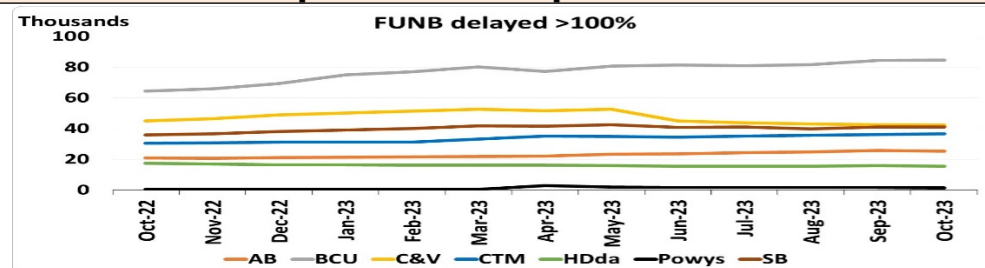
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	86,990	53,868	140,858

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

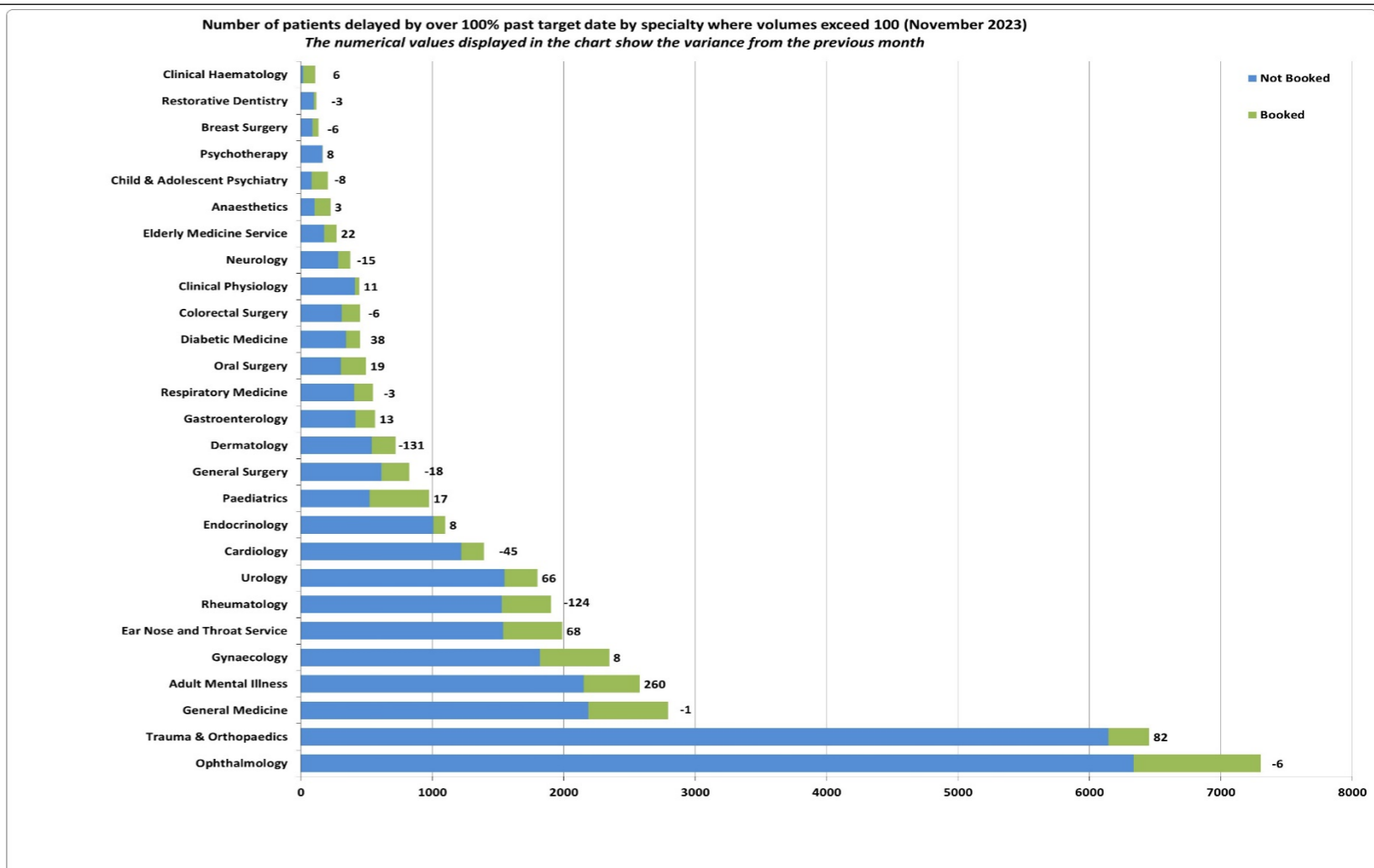
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
30,699	6,495	37,194	26.4%



How do we compare with our peers?



Status as at October 2023		
Health Board	Compliance	Rank
Powys	1,575	1st
HDda	15,571	2nd
AB	25,399	3rd
CTM	36,717	4th
SB	41,188	5th
C&V	42,289	6th
BCU	84,537	7th



How are we doing?

The number of patients waiting for a follow-up appointment in CTM, at the end of November 2023, provisionally stands at 140,858 which is an increase of around 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, 37,194 (26.4%) have waited more than 100% longer than their clinician advised, representing an increase of over 21% on the same period last year.

As it currently stands, combined outpatient activity levels during November, continued to be below pre-Covid levels (9% lower), with the provisional November figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 16,978 which is a reduction of 3% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 17,493
- Total Follow-up Patients seen: 35,011 which is a reduction of 11% 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

Work is ongoing in areas to push on FUNB validation. SOS/PIFU processes are being distributed again.

Urology: Clinicians have agreed to review all FUNB patients via a list circulated at the end of November for validation or removal.

OMFS: We are continuing with the validation and awaiting consultant availability to run additional review clinics, both face to face and virtual. Improvement is anticipated for March 2024.

General Surgery & Colorectal: Minimal ongoing clerical validation on FUNB's due to admin resource. Increased admin support for pathway management required. Ongoing data quality validation as some patients remain on the FUNB list after being discharged.

What are the main areas of risk?

The immediate focus is on new and SCP patients but where possible validation work is underway on the FUNB lists.

Urology: Large numbers on the FUNB list. Risks that patients may have come to harm due to long waits.

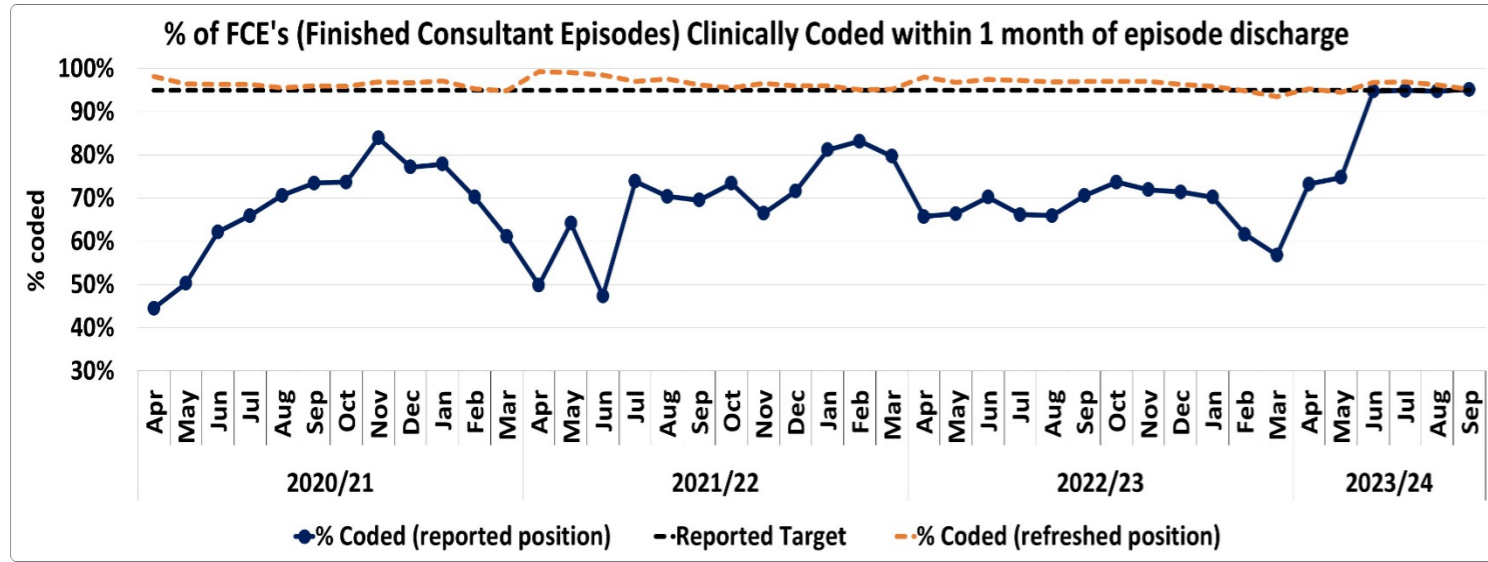
OMFS: Clinician availability for additional evening and weekend clinics, risk of exhausting workforce and impacting on core activity.

General Surgery & Colorectal: Admin resource and increased USC demands. Currently struggling for new patient capacity as majority is being consumed by USC patients. Increasing follow-up capacity will create further strain.

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

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes							
Performance Measure		Target	Key: — Trend - - - Target/Trajectory	Key: Target Achieved ■ Target Failed ■	Latest Position		
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months		95.2%	Sep-23		
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		96.9%	Sep-23		
	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	
	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		11.9%	Sep-23		
	Number of Pathways of Care delayed discharges	12 month reduction trend		282	Nov-23		
	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays	Evidence of Improvement	Data not available as yet				
	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%		90.7%	Oct-23		
	% 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			86.5%			
	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	
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		752	Nov-23		

% 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 – September 2023 – 95.2%



How are we doing?

The reported position for September 2023 was just over target at 95.2% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale. As of 27th November 2023, the backlog which developed at the start of the year has been addressed and coding rates for Q1 of 23/24 are > 97% coded.

Compliance for the correction of errors for September, once more surpassed the WG target of 90% with 96.9% (63 of 65) of identified errors corrected within the specified timescale of 35 days.

We continue to demonstrate the value of data science in improving the quality and number of episodes that can be auto coded, this currently stands at 1,500 FCE's per month.

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

Coding managers are working with the heart failure nurses to improve the flow of information and in turn improve on the quality of the coding to further support national Heart Failure Audit.

Coding managers are also supporting the GIRFT meetings in various specialties.

The DHCW Clinical Coding National Audit has been arranged for January 2024.

Coded Position as at 27th November 2023				
2023/24	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-23	9791	9518	273	97.2%
May-23	11342	10969	373	96.7%
Jun-23	11491	11252	239	97.9%
Jul-23	11418	11148	270	97.6%
Aug-23	11275	10941	334	97.0%
Sep-23	11815	11310	505	95.7%
Oct-23	12439	10872	1567	87.4%
Nov-23	9598	2670	6928	27.8%
Total	89169	78680	10489	88.2%
Current Uncoded Backlog (Apr to Sep 2023)		1994	2.97%	

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

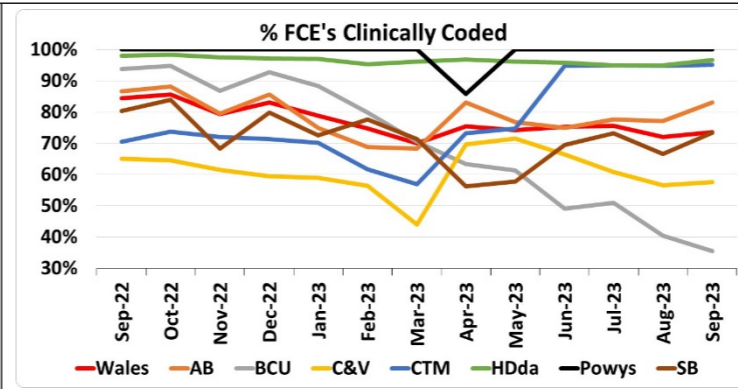
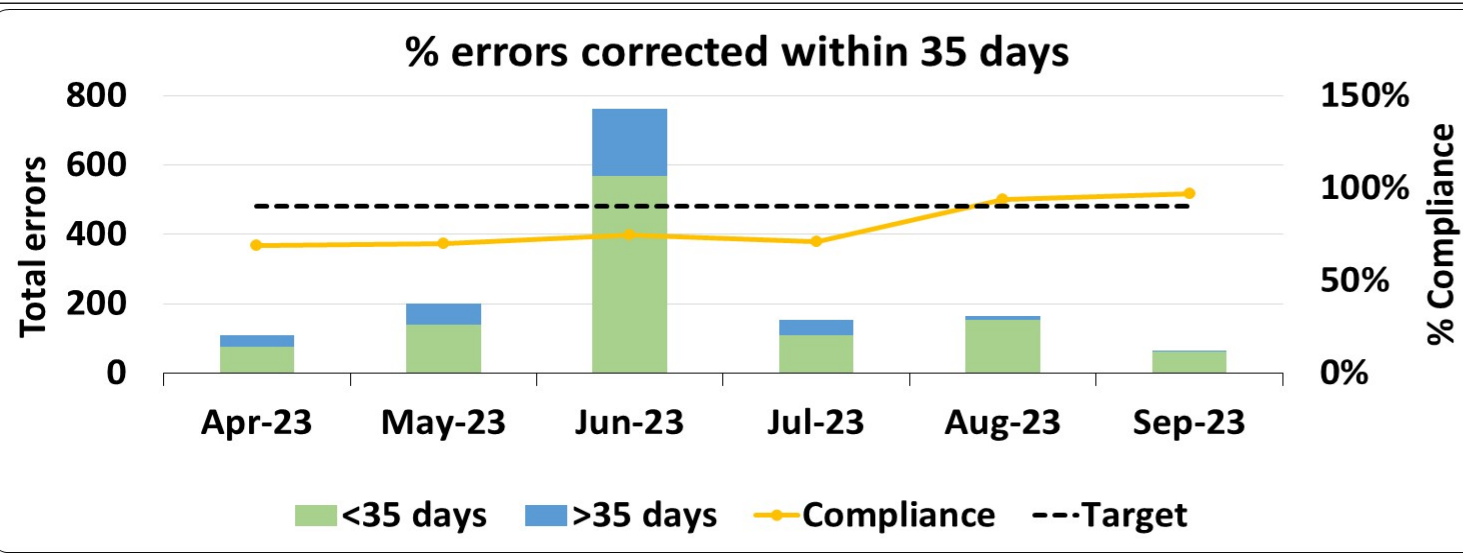
The auto-coding system incorporating the validation functionality continues to be improved and its output is increasingly being incorporated within the operational coding process.

A dashboard, providing the coding team with drill through access to their key performance measures, went live in June and it is expected that this will support the early review of any coding errors without the need for DHCW audit.

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

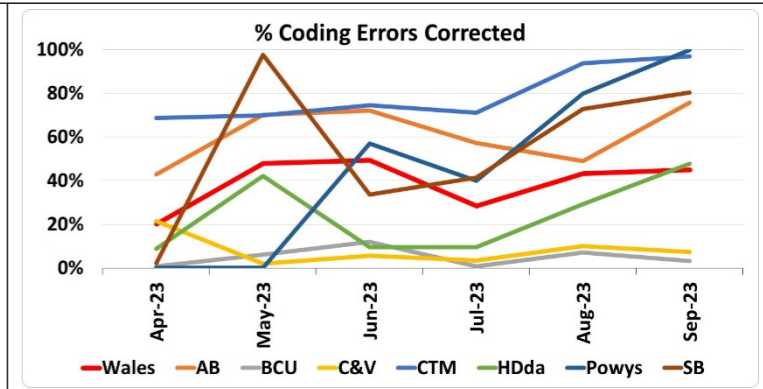
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - September 23 - 96.9%

How do we compare with our peers?



Status as at September 2023

Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	96.6%	2nd
CTM	95.2%	3rd
AB	83.1%	4th
SB	73.4%	5th



Status as at September 2023

Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	96.9%	2nd
SB	80.5%	3rd
AB	75.7%	4th
HDda	47.7%	5th



Efficient Services – Pathways of Care Delayed Discharges - November 2023

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 28 / Non Mental Health Delays = 254

How are we doing?

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 15th November) equates to 282 patients i.e. 254 non-Mental Health patients and 28 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 301 over the last 12 months, as observed in the chart bottom left.

What actions are we taking & when is improvement anticipated?

All assessment and communication tools for reporting PoCD have been revised and are being launched as a flow and discharge package called Optimise on the 15th December.

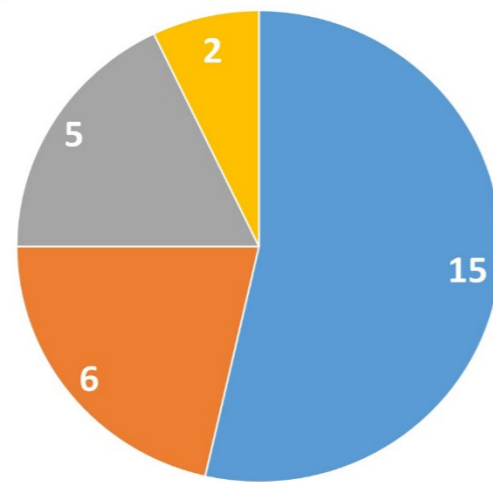
This programme of work is aimed at improving flow and discharge across CTM and launches daily board rounds, a further embedding of Discharge to Recover then Assess as well as improved support for discharging, with discharge guidance to ward staff.

Targeted improvement of assessment delays is being rapidly progressed with the agreement to establish 2 trusted assessor roles per acute site. This has been sent as an EOI to the 3rd sector with anticipated operationalisation in late January 2024.

What are the main areas of risk?

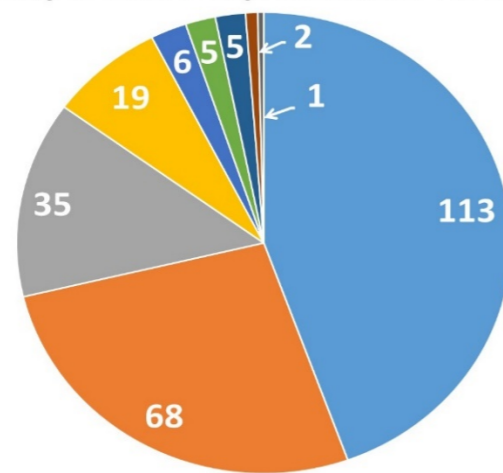
Mental Health - Reasons for Patient Pathway of Care Delays November 2023

- Care Home placement arrangements
- Assessment Issues
- Disagreements/Legislation
- Step down to recover and assess



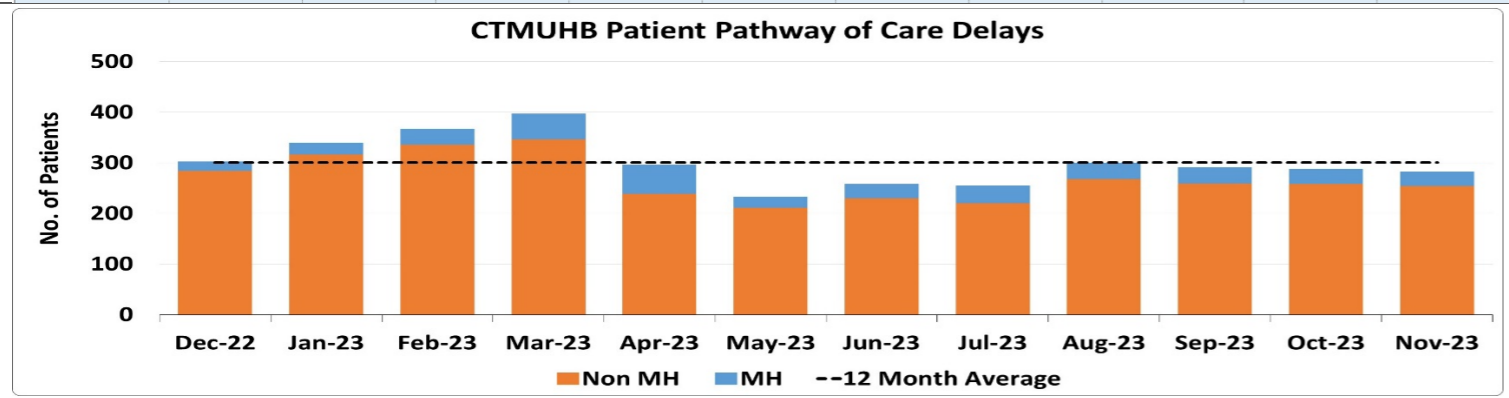
Non-Mental Health - Reasons for Patient Pathway of Care Delays November 2023

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

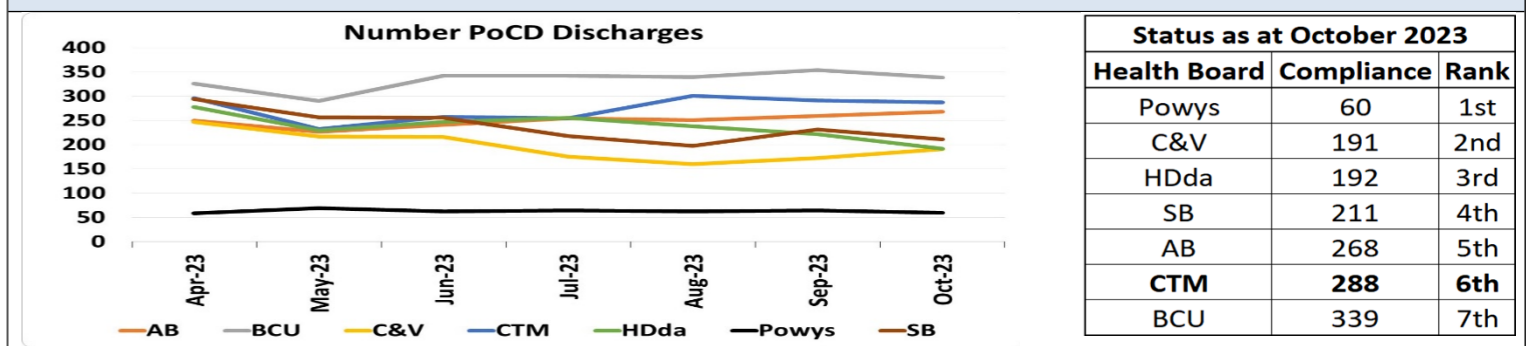


Delays by Local Authority - November 2023										
Healthcare Facility	Powys	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taff	Vale of Glamorgan	Cardiff	Total
PCH		3		5	12		15			35
POW			67				1	4		72
RGH			3	1	2		74		2	82
YCC					27		32			59

- Recruitment to trusted assessor roles
- Staffing vacancies within discharge teams
- Resource allocation driven constraints within the data science and software development team capacity
- Community capacity
- Quality issues causing delays to the process of transferring care to the community



How do we compare with our peers?



Status as at October 2023		
Health Board	Compliance	Rank
Powys	60	1st
C&V	191	2nd
HDda	192	3rd
SB	211	4th
AB	268	5th
CTM	288	6th
BCU	339	7th



Finance Update – Month 8

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.

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

5. Recommendation

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

(Agenda Item) 5.1 **11 January 2024** **Planning , Performance & Finance Committee** **M8 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.

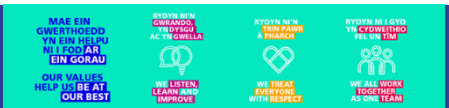
2023-24 Finance Report

Month 8

Summary



Situation	Background
<p>This report outlines our financial performance against the draft plan for Month 8 (i.e. the period to 30th November 2023.</p> <p>A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 8 (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.</p>	<p>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.</p> <p>The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.</p> <p>During M7, WG confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, WG have given the Health Board a break even Control Total target for 23/24. This equates to further £7.7m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break even Control Total target in 23/24.</p>



Summary

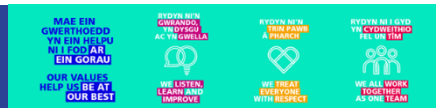
Assessment	Recommendation
<p>Overall Revenue position- 2023/24:</p> <ul style="list-style-type: none"> The M8 core plan position reported a £1.5m surplus. This includes a monthly deficit of £3.7m offset by confirmed WG funding of £5.2m (i.e. 1/12ths of £62.5m). The M8 YTD position is now reporting a £3.1m deficit against the Revenue Resource Limit. This represents a £2.0m favourable variance compared to 8/12th of the £7.7m revised 'planned' deficit of (i.e. £70.9m less £62.5m). As at M8 we are forecasting a year end break even position for 23/24. This forecast assumes that we will receive £8.9m funding for energy and £9.0m of funding for ongoing Covid programme costs. The key risks to the break even forecast are included in the Risks & Opportunities table on Page 16. The key risks relate to anticipated funding from WG for pay awards and Real Living Wage which have yet to be confirmed. <p>Recurrent Revenue position:</p> <ul style="list-style-type: none"> As at M8 the HB is forecasting an underlying deficit at the end of 23/24 of £35.7m (M7: £19.8m). Further information is provided on Page 9. The forecast underlying deficit is the starting point for the 2024/25 financial plan. This forecast will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 2024/25. 	<p>The Board is asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 30th November 2023.</p>



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Slide	Subject Area
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9	Forecast Underlying Position
10-12	Pay Expenditure Trends
13	Non pay Expenditure Trends
14	COVID Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19-20	Risk Management
21	Statement of Financial Position
22	Cash Flow forecast
23	Public Sector Payment Policy Compliance
24	Capital Expenditure



Executive Summary

Overall Revenue Position

- The M8 position was a £1.5m Surplus. This includes a monthly deficit of £3.7m offset by confirmed WG funding of £5.2m (i.e. 1/12ths of £62.5m).
- The M8 YTD position is a £3.1m deficit.
- The Forecast position has improved in M8 to a Break Even position. The key risks/opportunities to the M8 break even forecast are included in the Risk& Opportunities table on Pages 19/20.
- The forecast underlying deficit at the end of 23/24 is £35.7m (M7: 19.8m). Further information is provided on Page 9. The forecast underlying deficit is the starting point for the 2024/25 financial plan. This forecast will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 2024/25.

Savings

- The actual savings to M8 was £17.7m which is £0.5m below the M8 YTD savings target of £18.2m.
- The M8 forecast In year savings is £28.4m. This represents a step up of £1.8m in the last 4 months of the year compared to trend and a forecast over achievement of £1.1m compared to the £27.3m target.
- The M8 forecast Recurrent savings of £28.3m is £1.0m over the £27.3m target.

Cash

- The closing cash balance at 30th November 2023 was £3.4m.
- The forecast Cash Flow position to year end shows a nil balance. This forecast assumes additional cash funding for movements in working balances for both Revenue and Capital at £11.0m and £1.75m respectively. The Revenue requirement is the projected reduction in the creditors/accruals which is supporting the overall position.

Capital

- The latest Capital Resource Limit for 23/24 is £68.0m. This was issued on the 29th November 2023.
- Expenditure to M8 was £43.7m.
- The forecast outturn Capital position is breakeven to the CRL target.



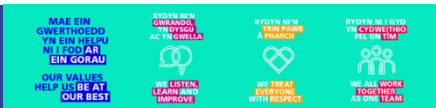
Summary Income & Expenditure Account



	M8 Actual	M8 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(116,353)	(900,088)	(1,351,183)
02. Capital Donation / Government Grant Income	0	(44)	(200)
03. Welsh NHS Local Health Boards & Trusts Income	(7,264)	(57,072)	(84,612)
04. WHSSC Income	(1,003)	(8,034)	(12,406)
05. Welsh Government Income (Non RRL)	78	1,158	1,118
06. Other Income	(5,264)	(29,933)	(43,753)
Total Allocations & Income	(129,806)	(994,013)	(1,491,036)
08. Primary Care Contractor	12,362	101,087	153,620
09. Primary Care - Drugs & Appliances	8,509	68,614	102,316
10. Provided Services - Pay	55,759	451,594	676,290
11. Provider Services - Non Pay	10,474	79,835	121,322
12. Secondary Care - Drugs	5,448	37,549	55,887
13. Healthcare Services Provided by Other NHS Bodies	25,247	177,584	266,028
14. Non Healthcare Services Provided by Other NHS Bodies	340	2,886	4,174
15. Continuing Care and Funded Nursing Care	5,659	42,148	65,546
16. Other Private & Voluntary Sector	1,622	11,290	16,130
17. Joint Financing and Other	107	1,977	2,953
22. DEL Depreciation\Accelerated Depreciation\Impairments	2,765	22,128	33,240
23. AME Donated Depreciation\Impairments	57	498	(6,430)
24. Uncommitted Reserves & Contingencies	0	0	0
25. Profit\Loss Disposal of Assets	0	(40)	(40)
Total Expenditure	128,349	997,150	1,491,036
Grand total	(1,457)	3,137	0

Key Points:

- The Summary I&E account shows the Health board's income & expenditure by the categories used in the monthly monitoring returns submitted to WG.
- The M8 YTD Total Allocations & Income of £994m is in line with 8/12ths of the year end forecast of £1,491m.
- After allowing for the AME Donated Depreciation profile, the M8 YTD expenditure of £997m is also broadly in line with 8/12ths of the year end forecast of £1,491m.
- The key risks to this break-even forecast are included in our Risks & Opportunities Table. The main risks relate to anticipated funding from WG which has yet to be confirmed.





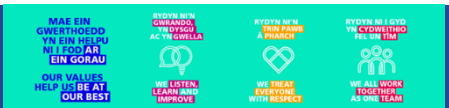
Year to Date Performance and Forecast



	M8 Actual	M8 YTD	M8 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	3.7	44.8	62.5	70.9
Confirmed WG Funding	(5.2)	(41.7)	(62.5)	0
Total	(1.5)	3.1	0	70.9
Energy:				
Exceptional Energy inflation	0.7	5.9	8.9	8.7
Anticipated Energy Funding	(0.7)	(5.9)	(8.9)	0
Total	0	0	0	8.7
Covid programme costs:				
Health Protection	0.7	4.2	7.1	9.1
PPE	0.0	0.3	0.4	1.0
Adferiad	0.1	0.4	0.8	1.0
Nosocomial	0.0	0.3	0.6	0.6
Anticipated funding	(0.9)	(5.2)	(9.0)	(11.7)
Total	0	0	0	0
Grand total	(1.5)	3.1	0	79.6

Key Points:

- **Core plan In month position** - The M8 position was a £1.5m surplus. The average monthly variance to M7 was £0.6m (£4.6m/7) so the M8 position represents a £2.1m improvement on trend. This improvement includes £1.8m of income for the Llantrisant Health Park.
- **Core plan YTD position** - The M8 YTD Core plan position is a £3.1m deficit. This represents a £2.0m favourable variance compared to 8/12th of the £7.7m revised 'planned' deficit (i.e. £70.9m less £62.5m). This £2.0m YTD favourable variance includes:
 - a £0.5m shortfall against the M8 YTD savings target (M7: £0.6m)
 - accountancy gains £0.8m (M5: £0.8m)
 - Llantrisant Health Park Income £1.8m
 - Net adverse operating variances of £0.1m (M7: £0.1m favourable)
- **Core plan forecast** - As at M8 we are forecasting a break-even Core plan position (M7: £7.7m deficit). The Board fully recognises the importance of achieving the break-even Control Total to secure £51m of recurrent funding for next year. Our draft financial plans for next year and our Forecast Recurrent position are assuming that this recurrent funding will be secured. The key risks to this break-even forecast are included in our Risks & Opportunities Table. The main risks relate to anticipated funding from WG which has yet to be confirmed.





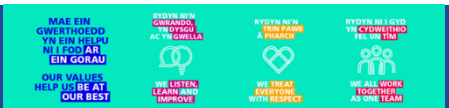
Year to Date Performance and Forecast (2)



	M8 Actual	M8 YTD	M8 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	3.7	44.8	62.5	70.9
Confirmed WG Funding	(5.2)	(41.7)	(62.5)	0
Total	(1.5)	3.1	0	70.9
Energy:				
Exceptional Energy inflation	0.7	5.9	8.9	8.7
Anticipated Energy Funding	(0.7)	(5.9)	(8.9)	0
Total	0	0	0	8.7
Covid programme costs:				
Health Protection	0.7	4.2	7.1	9.1
PPE	0.0	0.3	0.4	1.0
Adferiad	0.1	0.4	0.8	1.0
Nosocomial	0.0	0.3	0.6	0.6
Anticipated funding	(0.9)	(5.2)	(9.0)	(11.7)
Total	0	0	0	0
Grand total	(1.5)	3.1	0	79.6

Key Points (continued):

- **Exceptional energy costs** - As at M8 we are forecasting a cost pressure of £8.9m (M7: £8.9m) which is £0.2m higher than the original plan. It is important to note that this forecast cost pressure is lower than the £9.4m draft allocation included in the WG letter dated 20 October, which also confirmed that energy funding will be confirmed on an actuals /forecast actuals basis in due course. The energy forecast is very volatile and our forecast may increase later in the year. Energy costs for the Laundry are recharged to NWSSP and are not included in the above forecast.
- **Covid programme costs** - As at M8 the Health Board is reporting COVID Programme expenditure of £5.2m with a forecast out-turn of £9.0m (M7: £9.3m). In line with the WG guidance, we are anticipating that all COVID Programme costs will be fully funded.



Forecast Underlying Deficit

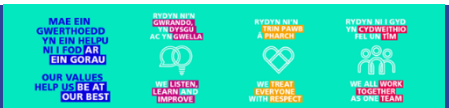


Recurrent Financial Challenge	M8	M7
	£m	£m
Brought Forward Financial Challenge 1 April 2023	70.9	70.9
Exceptional Energy Costs	8.9	0
Assumed WG recurrent funding – conditional upon achieving break even in 2023/24	(51.1)	(51.1)
Net Other Movements	7.0	0
Forecast Carry Forward Financial Challenge 31 March 2024	35.7	19.8

Key Points:

- As at M8 we are reporting a forecast Underlying deficit at the end of 23/24 of £35.7m (M7: £19.8m).
- After allowing for energy pressures and WG additional funding support, the recurrent deficit has deteriorated by £7.0m from the original opening position at the 1st April 2023..
- The movement from the current year (2023/24) forecast break even position to the forecast underlying deficit of £35.7m is itemised in the “Bridge” table.
- The main causes of the deterioration is:
 - £20.3m of 23/24 WG Non recurrent funding support not anticipated to be recurrent.
 - £5.0m of accountancy gains
 - £4.8m of other one off benefits in 23/24 (LHP, VAT, Rates and WHSSC)
 - £4.6m recurrent impact of LTA contracting issues with other Health Boards.
 - £1.0m of Other non recurrent items
- The recurrent forecast will continue to be reassessed in the coming months as we develop our IMTP and financial plan for 2024/25.

Bridge from 2023/24 Forecast position to Forecast underlying Deficit	£m
Forecast position 2023/24	0
Non Recurrent 2023/24 WG inflation funding	11.4
Non Recurrent 2023/24 WG energy funding	8.9
Accountancy gains	5.0
Non Recurrent Income – Llantrisant Health Park income	1.8
Non Recurrent benefits – VAT & Rates rebates	1.2
Non Recurrent benefits – WHSSC	1.8
Removal of all Wales DoF LTA agreement in 2024/25	3.5
Other Contracting Changes	1.1
Other Non Recurrent items	1.0
Forecast Carry Forward Financial Challenge 31 March 2024	35.7





Pay Expenditure Trends

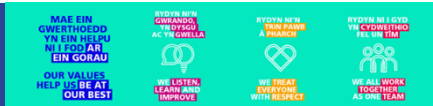


Staff Group	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m
Administrative & Clerical	9.6	8.9	7.6	7.6	7.6	7.6
Medical And Dental	14.4	14.6	14.8	14.9	18.1	15.1
Nursing And Midwifery Registered	21.1	20.2	17.4	17.6	18.0	18.4
Add Prof Scientific And Technical	1.9	1.8	1.7	1.7	1.6	1.6
Additional Clinical Services	9.4	8.7	7.4	7.2	7.1	7.3
Allied Health Professionals	4.2	4.1	3.5	3.5	3.5	3.6
Healthcare Scientists	1.3	1.3	1.1	1.1	1.1	1.1
Estates And Ancillary	4.2	3.7	3.1	3.3	3.3	3.3
Students	0.0	0.0	0.0	0.0	0.0	0.1
Grand Total	66.1	63.3	56.6	56.9	60.4	58.0

Spend category	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m
Core	58.0	53.8	48.2	48.7	51.6	49.1
Agency	4.0	4.8	3.9	3.8	3.8	3.8
Overtime	1.2	1.8	1.4	1.7	1.6	1.9
ADH	1.4	1.4	1.7	1.4	1.7	1.8
Bank	1.1	1.2	1.1	1.0	1.1	1.3
WLI	0.3	0.2	0.3	0.2	0.2	0.2
Grand Total	66.1	63.3	56.6	56.8	60.4	58.0

Key Points:

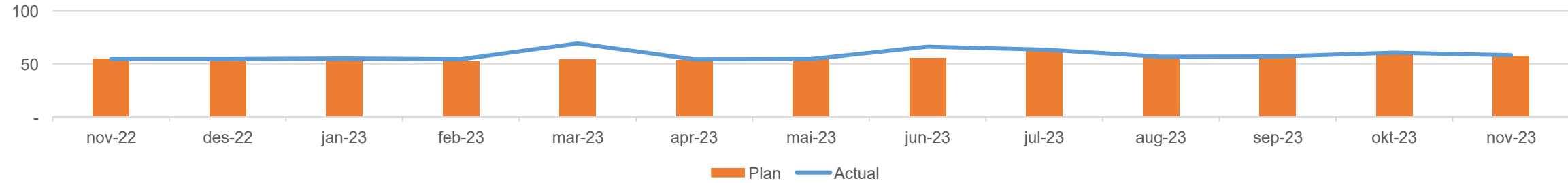
- The Jun-23 expenditure of £66.1m included the non recurrent recovery payment of £11.7m. The net position after allowing for this one off item was £54.4m
- The Jul-23 expenditure of £63.3m included £8m for the 23/24 A4C pay award of 5% including arrears. The net position excluding this item was £55.3m.
- There were small increases in August and September followed by a £3.5m increase in October (M7). The M7 increase was mainly due to the Medical & Dental pay award and arrears.
- The M8 position increased by £1.1m compared to M6. This included a £0.8m increase in Registered nursing which has steadily increased over the past 2 months plus a £0.2m increase in Medical pay (estimated pay award impact £0.5m less reductions in medical agency £0.2m)
- £2.4m decrease in Core spend in M8 was mainly due to the Medical & Dental pay award in M07.
- Overtime has increased by £0.2m compared to M7
- ADHs have increased by £0.1m compared to M7.
- Bank has increased by £0.2m compared to M7.



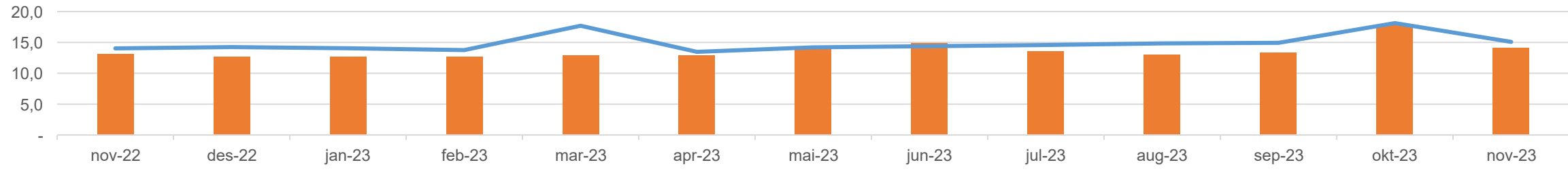
Pay Expenditure Trends



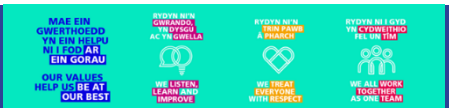
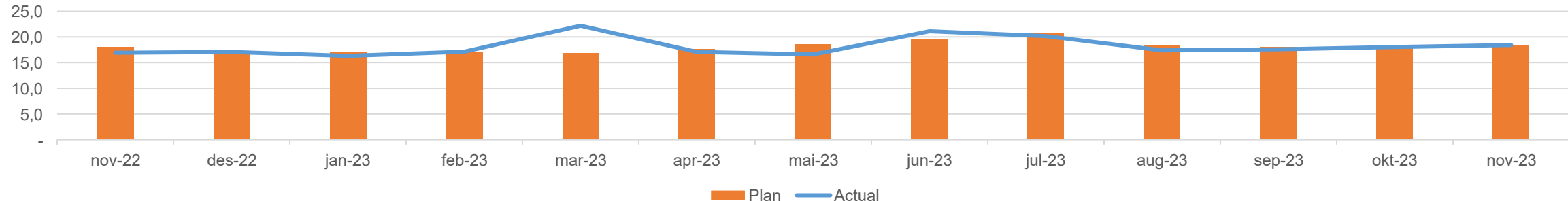
Total Pay Expenditure Trend (£'m)



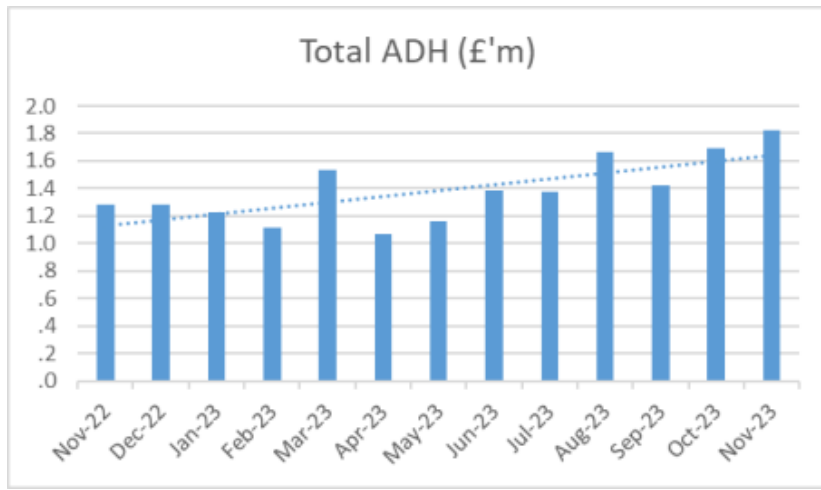
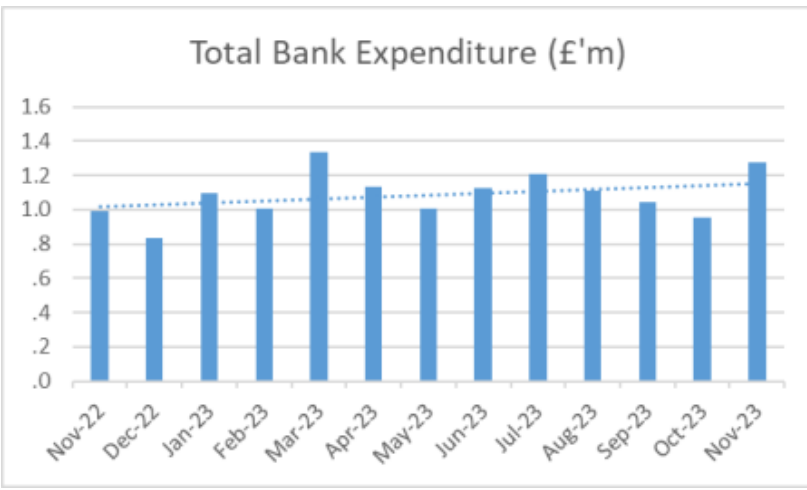
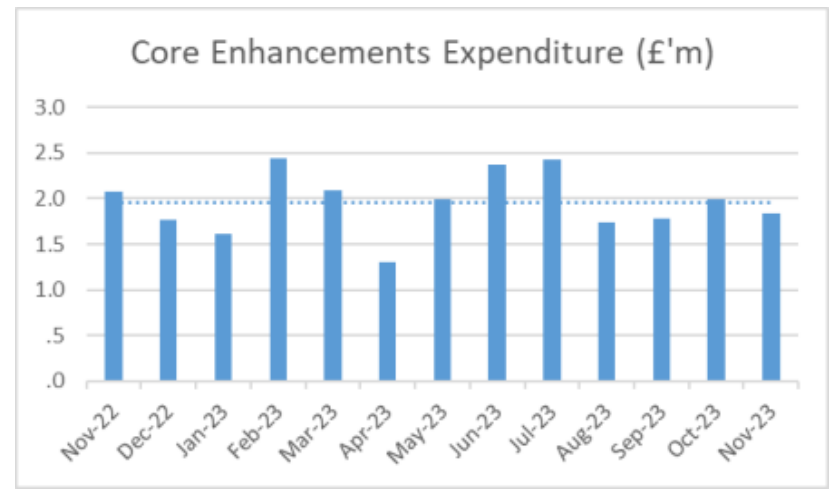
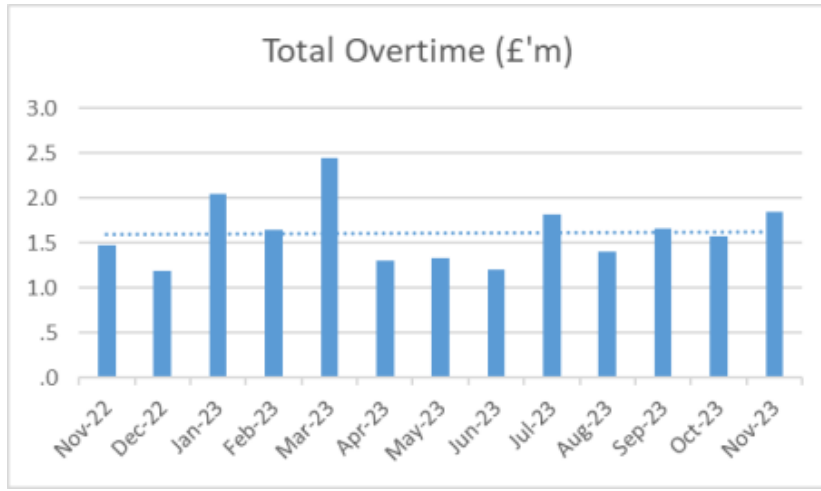
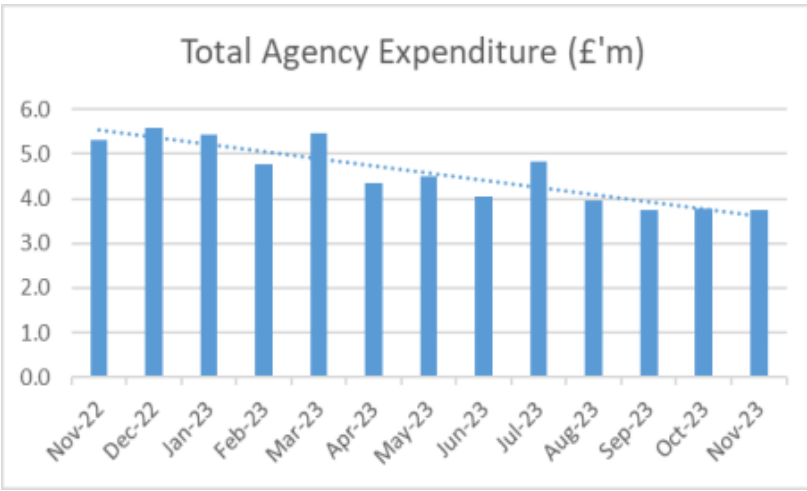
Medical & Dental Pay Expenditure Trend (£'m)



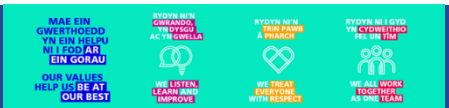
Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends



- #### Key Points :
- Total agency expenditure has remained unchanged in M8.
 - Overtime payments and Bank payments have both increased by £0.3m over M7.
 - ADH Expenditure has increased by £0.1m.
 - Enhancements have decreased by £0.2m.





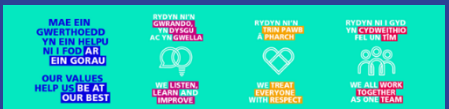
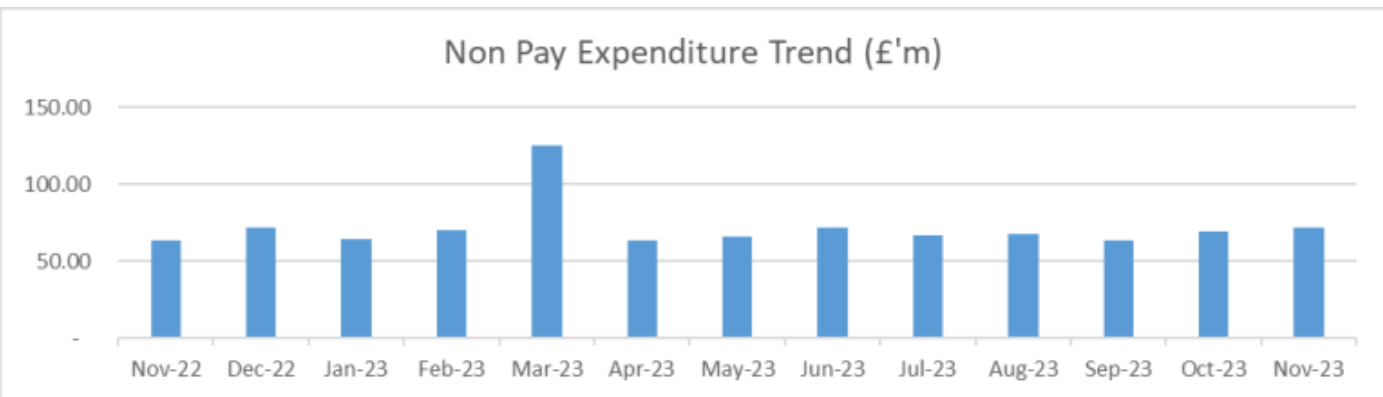
Non Pay Expenditure Trends



Non Pay Group	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m
Primary Care Contractors	12.3	11.6	12.2	11.9	13.9	13.2
Primary Care Drugs	8.9	8.8	8.8	7.8	7.3	8.0
Provider Non Pay	13.2	9.2	9.4	10.3	9.4	10.4
Secondary Care Drugs	4.6	4.4	4.5	4.8	4.6	5.0
Healthcare Commissioning	22.2	21.9	22.0	21.4	22.9	25.2
CHC & FNC	6.1	6.3	6.1	2.0	5.6	5.3
Other	4.6	4.7	5.0	5.0	6.0	5.0
Total Expenditure	71.7	67.0	68.0	63.2	69.8	72.1

Key Points:

- The M8 non pay expenditure increased by £2.4m compared to M7. The main changes were in the following areas:
- Healthcare commissioning expenditure increased by £2.2m in M8, mainly as result of WG funding for WHSSC..
- CHC & FNC expenditure reported a decrease of £0.3m which is lower than all prior months. Note that the £2m expenditure in M8 was net of accountancy gains of £3.8m.
- Included in Other is capital charges which reflects the latest capital charge estimates. During M7 the capital charge estimate increased by £0.5m and the Clinical Negligence provision increased by £0.5m.





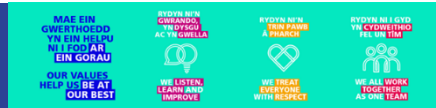
COVID Expenditure Trends



COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000	Oct-23 £'000	Nov-23 £'000
Programme costs								
Health Protection – TTP	113	133	97	123	70	88	110	78
Health Protection - Vaccination	372	285	306	308	475	495	511	662
PPE	83	(33)	37	18	58	41	41	41
Adeferiad	39	47	39	50	37	41	53	53
Noscomial	39	27	45	46	55	53	45	44
Total Covid costs	646	459	525	545	695	718	760	878
Anticipated funding	(646)	(459)	(525)	(545)	(695)	(718)	(760)	(878)
Total	0	0	0	0	0	0	0	0

Key Points:

- M8 expenditure increased by £118k compared to M7. This was due to increased spend on the Vaccination and Testing programmes.
- The latest Health Protection forecast (including vaccination) is £7.1m compared to the £9.1m initial funding allowance. It is important to note that this improvement of £2.0m has not been recognised in the Health Board's financial position as it has been matched with an anticipated allocation reduction of £2.0m.





Income Trends

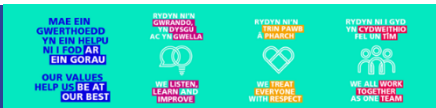
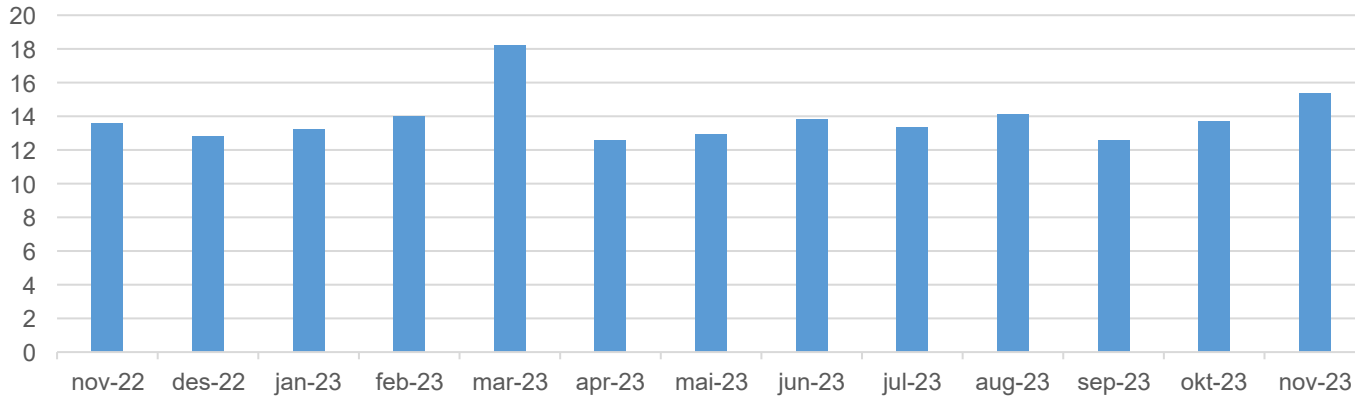


Income Group	Jun-23 £'m	Jul-23 £'m	Aug-23 £'m	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m
Welsh NHS Income	7.7	7.3	8.2	6.0	7.4	7.6
WHSSC Income	1.0	1.0	1.0	1.0	0.0	0.0
Primary Care Contractor Income	1.2	1.2	1.2	1.1	1.3	1.2
CHC Income	0.5	0.5	0.5	0.5	0.5	0.5
Other Income	3.5	3.4	3.3	4.0	4.6	6.1
Total Expenditure	13.8	13.4	14.1	12.6	13.7	15.4

Key Points:

- The £1.7m increase in M8 is mainly in Other Income which includes £1.8m of income for the early surrender of the BA lease and dilapidations at Llantrisant Health Park. WG have confirmed that the income can be retained by the Health Board.

Income Trend (£'m)





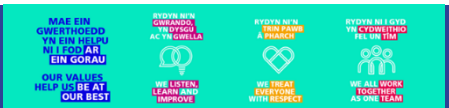
Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,162.4	29.7	23.5	83.7	1,299.2
Anticipated Allocations:					
RLW Social Care Workers	4.8				4.8
COVID Programme costs	4.5				4.5
1.5% Consolidate NHS Pay Award 22/23	8.9				8.9
Energy Funding	8.9				8.9
WG Funded Medical Trainees	1.4				1.4
Six Goals and Same Day Emergency Care (SDEC)	1.6				1.6
23/24 Pay award	31.9				31.9
WRP contribution	-3.5				-3.5
IFRS Revenue Adjustment	-2.4				-2.4
Capital Charges	-6.1				-6.1
Other	1.9				1.9
Total Allocations	1,214.3	29.7	23.5	83.7	1,351.2

Key Points:

- As at M8 the confirmed Revenue Resource allocation was £1,299.2m.
- The forecast position assumes a further £52.0m of Anticipated allocations to give a Total allocation of £1,351.2m.
- Until formally confirmed by WG, there are a number of risks associated with some of these anticipated allocations. These are included in the Risk & Opportunities section.





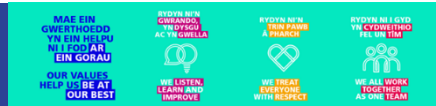
Income Assumptions - NHS



	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	0.7	0.9	1.6
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.2	0.3	11.5
EASC	0.0	0.0	0
HEIW	0.0	14.7	14.7
NHS Wales Executive	0.0	0.0	0.0
Total	88.0	31.6	119.5

Key Points :

- During M6, WG confirmed the outcome of the arbitration with ABUHB which resulted in a £2.0m income reduction compared to our original financial plan. This has been reflected in our YTD position and forecast.
- All LTAs have been agreed and signed. The only exception is ABUHB. The LTA has been updated following the arbitration outcome and has been shared with ABUHB but ABUHB are unwilling to sign this document.

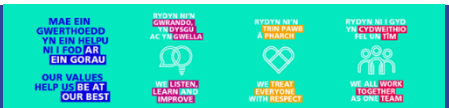
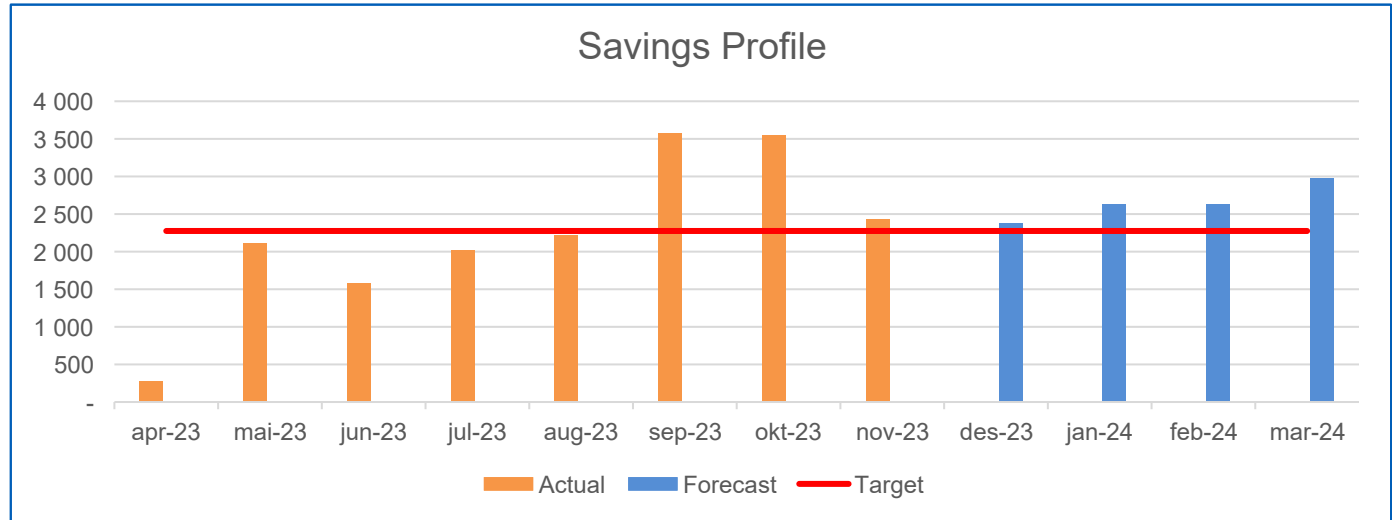


Savings



	Month 8			Month 7		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M8	18.2	27.3	27.3	15.9	27.3	27.3
Actual and Forecast Savings	(17.7)	(28.4)	(28.3)	(15.3)	(28.3)	(27.0)
Total	0.5	(1.1)	(1.0)	0.6	(1.0)	0.3

- Key Points:**
- Actual savings in M8 were £2.4m which was a £0.2m increase on the M7 YTD trend of £2.2m/month.
 - The actual savings to M8 was £17.7m which is £0.5m below the M8 YTD savings target of £18.2m.
 - The M8 forecast In year savings is £28.4m. This represents a step up of £1.8m in the last 4 months of the year and a forecast over achievement of £1.1m compared to the £27.3m target.
 - The M8 forecast Recurrent savings of £28.3m is £1.0m above the £27.3m target.





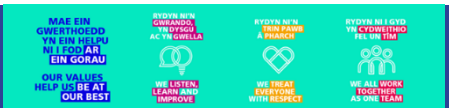
Risk Management Risks and Opportunities



	M8 £m	M7 £m	Comment
Funding risks:			
Assumed funding for the impact of RLW in 23/24 of £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 £7.7m.	2.5	2.5	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.
EASC Emergency Capacity (100wte)	0	0.8	Risk removed in M8 and included in forecast position.
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	1.4	1.4	Total allocation assumed = £7.3m
Retention of slippage from VBHC – Additional schemes	0.3	0	
Cost pressure risks:			
Significant uncertainty surrounding the forecast energy cost pressure for 23/24.	0	0	Assumed to be neutral following confirmation that Energy funding will be provided based on actual costs /forecast actuals. Plus confirmation that NWSSP will be funded directly for laundry costs.
Impact of doctor strikes on medical pay costs	Tbc	Tbc	Potential for significant additional costs.
Assumed reduction in All Wales WRP costs do not materialise	0.5	0	
Total Risks	6.4	6.4	

Key Points :

- The draft plan highlighted several significant risks and opportunities.
- As at M8 we are reporting total risks of £6.4m offset by total opportunities of £3.0m (next page) to give a net risk of £3.4m.
- The most significant risks are the WG funding assumptions for 23/24. The risk table includes £5.9m of funding risks where further clarification is needed on the assumptions for 23/24.





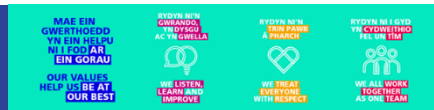
Risk Management Risks and Opportunities



	M8 £m	M7 £m	Comment
Contingencies / Opportunities			
Additional Financial Improvement target actions	0	(8.0)	Included in M8 forecast
Llantrisant Health park dilapidations funding	0	(1.8)	Included in M8 forecast
Retrospective vat recoveries Microsoft	(1.7)	(1.4)	Latest estimate from DHCW but negotiations with HMRC continuing and may not conclude in 23/24.
Energy Non-Commodity Forecast (NWSSP)	(1.3)	0	Potential opportunity depending on when the additional WG funding is confirmed.
Potential reduction in all wales risk share pool	0	0	Included in M8 forecast
Retention of slippage from VBHC – Additional schemes	0	(0.3)	Included in M8 forecast and assumed can retain.
Further balance sheet review within 22/23	Tbc	Tbc	
Total Opportunities	(3.0)	(11.5)	
Total	3.4	(5.1)	

Key Points :

- The additional Financial Improvements of £8m has now been included in the forecast assumptions.
- The Llantrisant Health Park income has now been included in the forecast following confirmation from WG that the income can be retained.
- There remains a potential opportunity on the non commodity forecast for energy of £1.3m. However, this is dependant upon when the WG funding for energy is confirmed.





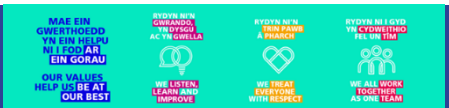
Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M07 £'000	Closing Balance as at M08 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	676,704	679,690
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	709,298	727,145	730,131
Current Assets			
Inventories	7,017	7,071	6,983
Trade and Other Receivables	74,622	100,571	103,512
Cash and Cash Equivalents	1,348	3,436	4,054
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	83,232	111,323	114,794
Current Liabilities			
Trade and Other Payables	169,055	165,305	172,209
Provisions	27,320	47,336	47,484
Total Current Liabilities	196,375	212,641	219,693
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	553,594	552,999
Financed By:			
General Fund	428,850	458,522	457,927
Revaluation Reserve	95,072	95,072	95,072
TOTAL	523,922	553,594	552,999

Key Points :

- The Cash Flow position at the end of M8 was a surplus of £4.1m. The forecast Cash Flow position to year end shows a nil balance reflecting the projected balanced position at year end.
- Between M7 and M8 Trade and Other Payables increased by £6.9m. This was due to a WHSSC LTA accrual for M8 of £2.8m and other general increases on trade payables and accruals.
- Trade and Other Receivables increased by £2.9m in M8. This was due to increases in Accounts Receivable control and manual debtors.





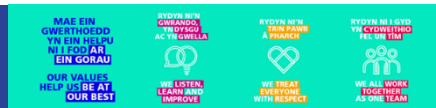
Cash Flow Forecast



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	97,817	110,863	132,100	92,000	109,000	118,257	1,341,506
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,900	5,400	6,600	11,615	72,015
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	15,458	10,081	11,000	12,000	12,000	12,000	137,731
Other	5,917	7,290	2,069	2,737	3,983	4,660	3,001	5,179	3,200	4,700	2,700	2,700	48,136
Total Receipts	131,381	130,445	139,959	131,065	119,680	154,637	120,776	131,523	151,200	114,100	130,300	144,572	1,599,638
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,674	29,928	8,223	19,075	33,727	8,665	19,430	19,015	232,066
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	(64)	(66)	0	0	0	0	118,243
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	55,288	58,540	55,500	54,200	52,500	53,001	643,621
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,241	57,285	46,801	73,680	56,476	53,355	61,350	53,000	57,650	76,189	595,027
Total Payments	128,040	129,725	142,416	130,209	117,483	158,059	119,923	130,904	150,577	115,865	129,580	148,205	1,600,986
Net Cash In/Out	3,341	720	(2,457)	856	2,197	(3,422)	853	619	623	(1,765)	720	(3,633)	
Balance B/F	1,348	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	4,678	2,913	3,633	
Balance C/F	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	4,678	2,913	3,633	0	

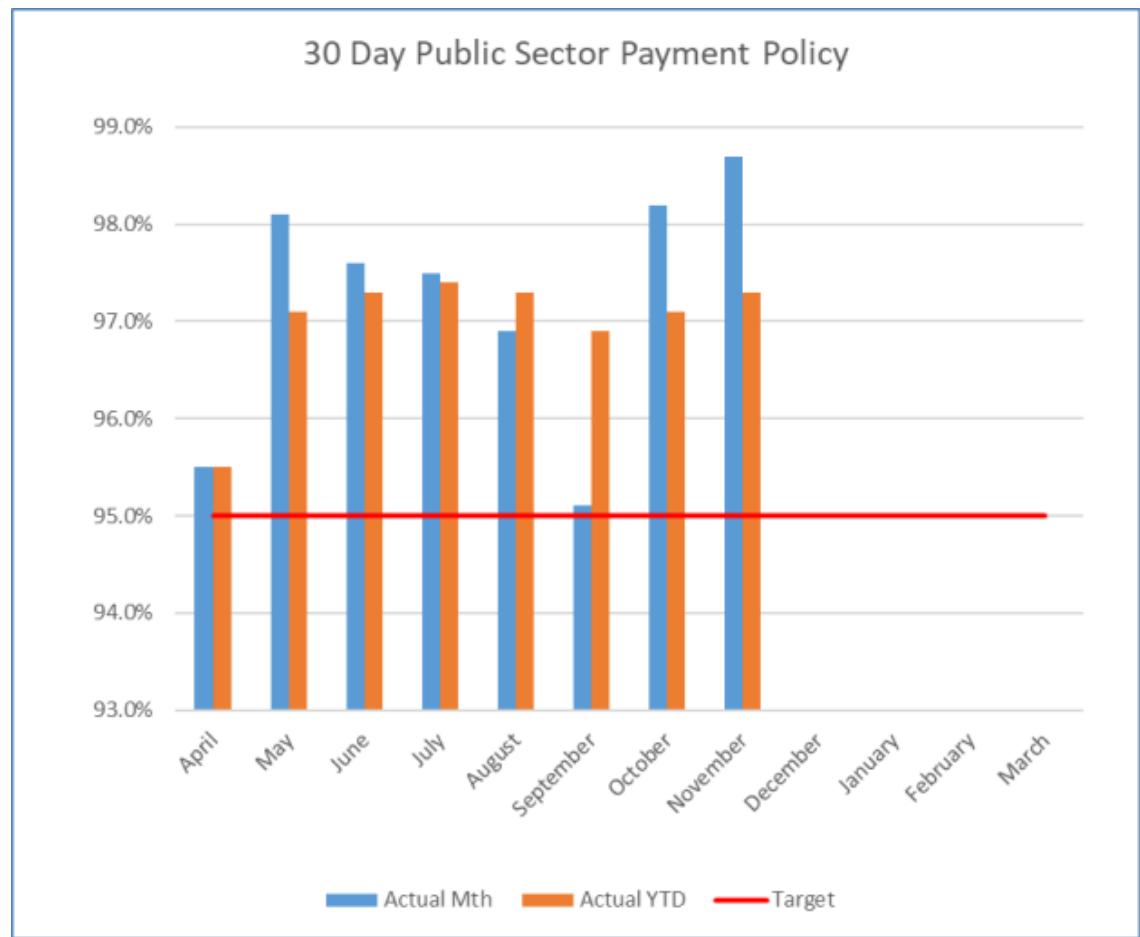
Key Points within the Cash Flow Forecast :

- The closing cash balance at 30th November 2023 was £4.1m.
- The forecast Cash Flow position to year end shows a nil balance. This forecast assumes additional WG cash funding for movements in working balances for both Revenue and Capital at £11.0m and £1.75m respectively. The Revenue requirement is the projected reduction in the creditors/accruals which is supporting the overall position.

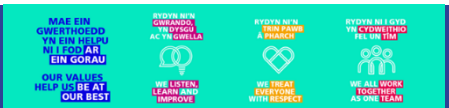




Public Sector Payment Policy

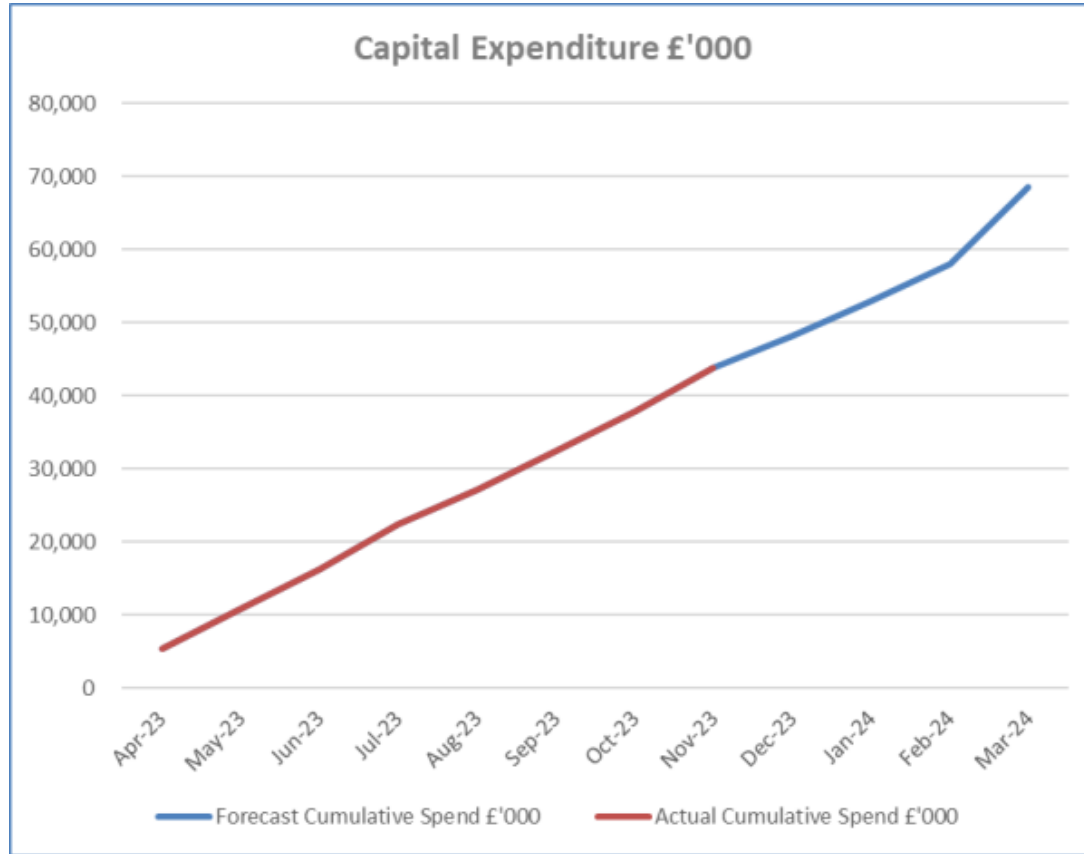


- Key Points in the Public Sector Payment Policy :**
- The percentage for the number of non-NHS invoices paid within the 30 day target in November was 98.7%
 - The cumulative percentage year to date is 97.3%.
 - The PSCP target has therefore been achieved up to M8 of 23/24.



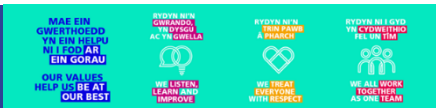


Capital Expenditure



Key Points in Capital Expenditure:

- The Capital Resource Limit for 2023-24 of £68.0m was issued on the 29th November 2023.
- This is supplemented by a forecast of £0.2m for donated funds and £0.2m of assets disposed of in this financial year giving an overall programme of £68.4m.
- Expenditure to 30.11.23 amounted to £43.7m.
- The outturn capital position is forecast to be balanced against the CRL target.



(Agenda Item) 5.2 **11 January 2024** **Planning , Performance & Finance Committee** **M8 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 8

Summary



Situation

The purpose of this report is focus on the financial performance of the individual Care Groups and directorates as at M8 (i.e. the **Delegated** budget position). This financial performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG) meetings. Where required, PPFC may request further information or a 'deep dive' on the financial performance of individual ILGs and directorates.

A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M8. The overall financial position report is discussed at the Full Board, PPFC and 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.

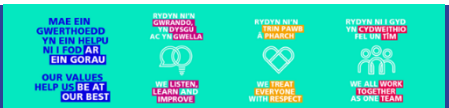
In summary:

	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

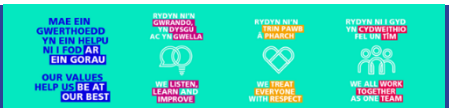
Savings plans are only reported against the 23/24 Savings target once the NR benefits reported in 22/23 have been covered.



Summary



Assessment	Recommendation
<p>The M8 Delegated overspend was £3.1m which was £1.1m more than the monthly Delegated Control Total of £2m. The M8 overspend was a £0.6 improvement when compared to the M1-7 average run rate of £3.7m</p> <p>The M8 YTD Delegated overspend now stands at £28.8m, which is an adverse variance of £13.0m compared to the M8 YTD Control Total of £15.8m. The main overspending areas are as follows:</p> <ul style="list-style-type: none"> • Unscheduled Care - £3.8m • DT&S (Meds Mgt) - £3.6m • Planned Care - £2.4m • DT&S (CSS) - £1.6m • Children & Families - £1.3m • Mental Health & LD – £1.1m <p>The main drivers for the M8 YTD Control Total variance of £13.0m are :</p> <ul style="list-style-type: none"> • A £5.9m shortfall against the £28.3m Delegated savings target for 23/24 • £7.7m of other adverse operating variances (Page 7). <p>The latest bottom up forecasts (post M7) from the Care Groups/directorates is indicating a £39.8m Delegated deficit for 23/24. This would represent a £16.1m overspend compared to the original Control Total of £23.7m.</p>	<p>The ELG and the PFFC are asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 30th November 2023.</p>

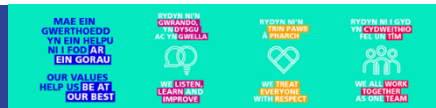




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6-8	Summary Performance
9-10	Summary Performance – Corporate directorates
11-21	Annex A - Savings Performance report
22-27	Annex B – Care Group trend analysis





Executive Summary



Current Month Analysis

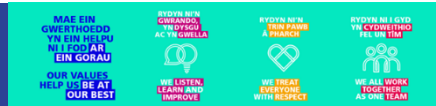
- The M8 **Delegated** overspend was £3.1m which was £1.1m more than the monthly **Delegated** Control Total of £2m. The M8 overspend was a £0.6 improvement when compared to the M1-7 average run rate of £3.7m. The M8 **Delegated** overspend of £1.1m includes:
 - An underachievement against the M8 **Delegated** 23/24 savings target of £0.5m.
 - An overachievement against the M8 **Delegated** 23/24 B/Fwd savings of £0.3m
 - Other adverse Operating variances of £0.9m.

Year to Date Analysis

- The M8 YTD **Delegated** overspend now stands at £28.8m, which is an adverse variance of £13.0m compared to the M8 YTD Control Total of £15.8m. The M8 **Delegated** overspend of £13.0m includes:
 - A shortfall against the M8 YTD **Delegated** 23/24 savings target of £5.9m.
 - An Overachievement against 23/24 B/Fwd savings of £0.5m.
 - Other adverse Operating variances of £7.7m (see page 7).

Forecast Position

- A simple extrapolation of the M8 YTD position would indicate a forecast **Delegated** overspend of circa £43.2m which is £19.5m above the original **Delegated** Control Total of £23.7m.
- The latest Bottom up forecasts from the Care Groups and directorates (post M7) is indicating a **Delegated** overspend of £39.8m, which is £16.1m above the **Delegated** Control Total of £23.7m.





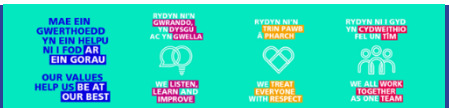
M8 YTD Performance – Variance against Control totals



	Annual Budget	Control Total	M8 Variance against Control Total	YTD Variance against Control Total
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	168.7	3.1	0.2	2.4
Unscheduled Care	168.4	13.1	0.8	3.8
Primary & Community Care	199.9	0.0	(0.1)	0.5
Mental Health & Learning Disabilities	115.8	0.0	(0.1)	1.1
Children & Families	78.5	0.0	0.2	1.3
Diagnostics, Therapies & Specialties (Med Mgt)	144.7	5.5	0.5	3.6
Diagnostics, Therapies & Specialties (Therapies)	28.7	0.0	0.0	(0.1)
Diagnostics, Therapies & Specialties (CSS)	57.6	0.0	0.0	1.6
Facilities	44.8	1.9	0.0	0.4
Corporate directorates	115.7	0.1	(0.5)	(2.2)
Contracting & Commissioning	151.5	0.0	0.1	0.6
Total Delegated Budgets	1274.7	23.7	1.1	13.0

Key Points :

- The M8 **Delegated** position is showing a £1.1m adverse variance against the Control Total. This represents a £0.6 improvement when compared to the M1-7 run rate of £1.7m.
- The M8 YTD **Delegated** position is now a £13.0m overspend against their Control Total.
- The main overspending areas at M8 are as follows:
 - Unscheduled Care - £3.8m
 - DT&S (Meds Mgt) - £3.6m
 - Planned Care - £2.4m
 - DT&S (CSS) - £1.6m
 - Children & Families - £1.3m
 - Mental Health & LD – £1.1m
- The main reasons for the £13.0m YTD **Delegated** overspend against the Control Total is provided on the next page.





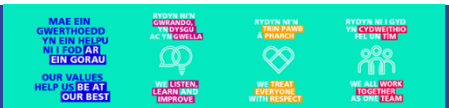
M8 YTD Performance – Variance against Control totals



DELEGATED BUDGETS	Year to Date Variance (M08-24)			
	23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Children & Families	884	105	313	1,302
Mental Health & LD	659	(195)	633	1,097
Planned Care	1,391	(429)	1,405	2,367
Diagnostics, Therapies & Specialties (CSS)	832	(75)	877	1,634
Diagnostics, Therapies & Specialties (Med Mgt)	294	1,053	2,237	3,583
Diagnostics, Therapies & Specialties (Therapies)	(5)	(6)	(65)	(75)
Unscheduled Care	888	(777)	3,727	3,838
Primary Care & Community	745	(222)	(38)	485
Facilities	262	182	(18)	426
Corporate directorates	87	(138)	(2,166)	(2,217)
Contracting & Commissioning	(156)	0	745	589
TOTAL DELEGATED BUDGETS	5,880	(500)	7,651	13,031

Key Points :

- The £13.0m YTD **Delegated** overspend includes:
 - A shortfall against the M8 YTD Delegated 23/24 savings target of £5.9m.
 - A favourable variance for the M8 YTD Delegated B/Fwd savings target of £0.50m.
 - Other Operating Variances of £7.7m.
- 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 - £3.7m - predominantly driven by increased medical staffing spend.
 - DT&S (CSS)- £0.9m – mainly due to Roche Contract Activity, High Cost Drugs and AHP agency.
 - Planned Care - £1.4m – attributed to surge capacity, High Cost Drugs and activity driven non pay.
 - DT&S (Med Mgt) - £2.2m – Community Pharmacy contract £1.9m plus £0.3m Drug expenditure.
 - Mental Health - £0.6m – mainly due to increased CHC costs.
 - Contracting & Commissioning - £0.7m.
- A breakdown of the Corporate directorate positions is provided on Page 9.



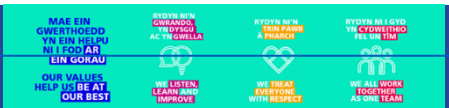
M8 Forecast Performance – Variance against Control totals



	Control Total	M6 Forecast overspend	Targeted Improvement	Revised Target	M7 Forecast overspend	Variance from Revised Target
	£m	£'m	£m	£m	£'m	
Delegated Budgets						
Planned Care	3.1	8.0	(1.7)	6.3	6.7	0.4
Unscheduled Care	13.1	17.4	(1.5)	15.9	18.2	2.3
Primary & Community Care	0.0	0.0	(1.0)	(1.0)	(0.5)	0.5
Mental Health & Learning Disabilities	0.0	2.5	(1.4)	1.1	1.9	0.8
Children & Families	0.0	1.8	(0.6)	1.2	1.5	0.3
Diagnostics, Therapies & Specialties	5.5	15.5	(3.9)	11.6	12.4	0.8
Sub total	21.7	45.2	(10.0)	35.2	40.2	5.0
Facilities	1.9	1.6			1.6	1.6
Corporate directorates	0.1	(2.9)			(2.9)	(2.9)
Contracting & Commissioning	0.0	1.2			0.8	0.8
Total Delegated Budgets	23.7	45.1	(10.0)	35.2	39.7	4.5

Key Points :

- The WG letter dated 20 Oct requires the Health Board to deliver a £8.0m improvement target from the original planned deficit of £79.6m.
- The M6 forecasts from the Care Groups was showing a forecast year end overspend of £45.2m which is £23.5m greater than their Control Total of £21.7m.
- The Care Groups have been set a £10.0m improvement target compared to their M6 forecast.
- The latest forecasts (post M7) from the Care Groups are forecasting a £5.0m improvement against this £10.0m target, leaving a forecast variance of £5.0m. The post M8 forecasts will be available shortly.
- With the exception of Unscheduled Care, all of the Groups have reduced their forecast overspends between M6 and M7.





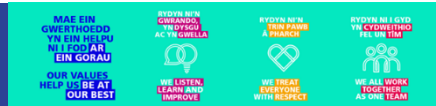
M8 Summary Performance Against Control Totals – Corporate directorates



Corporate Directorates	Annual Budget	Annual Control Total	M8 Variance against Control Total	M8 YTD Variance against Control Total
	£k	£k	£k	£k
Patient Care & Safety	15,028	0	(173)	318
Corporate Development	663	0	(4)	(86)
Chief Executive	3,644	0	7	(97)
Finance	4,574	0	(46)	(110)
Public Health	3,506	0	(26)	(260)
Digital	22,557	0	(81)	(413)
Medical Director	720	0	(13)	(43)
National Imaging Academy	1,613	0	(0)	(0)
Value Based Healthcare	2,306	0	1	1
Planning & Partnership	18,753	0	(29)	(152)
Research & Development	1,355	0	4	30
Estates	26,291	0	18	(595)
Therapies & Healthcare Sciences	205	0	(0)	(6)
Workforce & Organisational Development	10,154	0	(165)	(585)
COO Management	4,326	107	(33)	(216)
Grand total	115,698	107	(543)	(2,217)

Key Points for Year to Date Performance:

- The M8 YTD position is reporting a favourable variance against the Control Total of £2,217k.
- The main overspending area is Patient Care & Safety, which is reporting a £318k overspend.





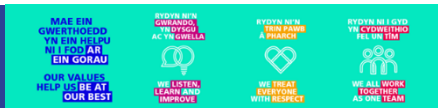
M8 Summary Performance Against Control Totals – Corporate directorates



Corporate directorates	Year to Date Variance (M08-24)			
	23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Patient Care & Safety	101	(134)	351	318
Corporate Development	(44)	3	(45)	(86)
Chief Executive	(61)	(10)	(26)	(97)
Finance	(0)	0	(110)	(110)
Public Health	5	15	(280)	(260)
Digital	(23)	23	(413)	(413)
Medical Director	(25)	0	(18)	(43)
National Imaging Academy	0	0	(0)	(0)
Value Based Healthcare	0	0	1	1
Planning & Partnership	13	0	(165)	(152)
Research & Development	0	0	30	30
Estates	40	0	(635)	(595)
Therapies & Healthcare Sciences	0	0	(6)	(6)
Workforce & OD	0	6	(592)	(585)
COO Management	82	(40)	(258)	(216)
TOTAL	87	(138)	(2,166)	(2,217)

Key Points for Savings:

- The M8 YTD favourable variance of £2.2m includes:
 - A shortfall against the M8 YTD Delegated 23/24 savings target of £87k.
 - A favourable M8 YTD Delegated B/Fwd savings target of £138k.
 - Other favourable Operating Variances of £2,166k.
- Other Operating variances - the only significant adverse variance at M8 is Patient Care & Safety - £351k. This includes an overspend of £383k for legal costs offset by £32k of other underspends.



Annex A

Savings Performance Report

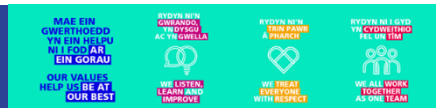
Month 8



Contents



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16-18	2023/24 WG Savings Forecast
19-21	Brought Forward Savings Forecast





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:

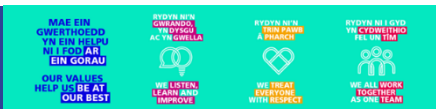
	Delegated £m	Non Delegated £m	Total £m
Assessed Underlying Position	63.8	-29.6	34.2
Savings required to cover the NR Benefits from 22/23 assumed to be delivered in 23/24 plan	-11.7	4.8	-6.9
New 23/24 Savings Target	-28.3	1.0	-27.3
Control Total	23.8	-23.8	0.0

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 8 are available if required.





Executive Summary- Month 8



Year to Date Savings

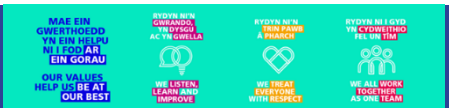
- **The M8 YTD Delegated savings shortfall is £5.9m.**
- This is offset by a £5.6m favourable variance on Non delegated savings to give a M8 total savings shortfall of £0.3m.

23/24 Savings Forecast

- **The forecast delegated 23/24 WG Savings achievement is £21.4m (£21.4m M7) compared to the £28.3m savings target ,giving an adverse variance of £6.9m (£6.9m M7) for delegated budgets.**
- **The forecast recurrent delegated savings achievement is £21.7m (£20.5m M7) compared to the recurrent target of £28.3m, giving a recurrent adverse variance of £6.6m (£7.8m M7).**
- Only 76% of the delegated savings target has been identified in plans, with the recurrent plans being 77%.
- The forecast delegated savings shortfalls of £6.9m and £6.6m are offset by a £7.9m & £7.5m favourable variances on Non delegated savings to give a total forecast savings surplus of £1.1m In year and £0.9m Recurrently

Brought Forward Savings Forecast

- The forecast delegated brought forward savings achievement is £12.4m (£12.1m M7) compared to the £11.7m savings target, giving surplus position of £0.7m (£0.4m M7) for delegated budgets.
- **The forecast recurrent delegated savings achievement is £4.2m (£4.1m M7) compared to the recurrent target of £11.7m, giving a recurrent adverse variance of £7.5m (£7.6m M6).**
- Circa 100% of the current year savings target has been identified in plans, with the recurrent plans being only 36%.





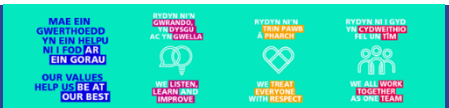
Year to Date Performance – Month 8



DELEGATED BUDGETS	Year to Date Variance – Month 8			
	23/24 Savings	B/Fwd Savings	Other Operating Variances	Variance from Control Total
	£'000	£'000	£'000	£'000
Women & Children	884	105	313	1,302
Mental Health & LD	659	(195)	633	1,097
Planned Care	1,391	(429)	1,405	2,367
Diagnostics, Therapies & Specialties (CSS)	832	(75)	877	1,634
Diagnostics, Therapies & Specialties (Med Mgt)	294	1,053	2,237	3,583
Diagnostics, Therapies & Specialties (Therapies)	(5)	(6)	(65)	(75)
Unscheduled Care	888	(777)	3,727	3,838
Primary Care & Community	745	(222)	(38)	485
Facilities	262	182	(18)	426
Corporate Executives	87	(138)	(2,166)	(2,217)
Contracting & Commissioning	(156)	0	745	589
TOTAL DELEGATED BUDGETS	5,880	(500)	7,651	13,031
NON DELEGATED BUDGETS	(5,562)	(3,229)	(6,237)	(15,028)
TOTAL	318	(3,729)	1,414	(1,997)

Key Points :

- The M8 YTD position is reporting an adverse variance against the Delegated Control Total of £13,031k. This is offset by a £15,028k favourable variance for Non Delegated budgets to give a total M8 YTD favourable variance of £1,997k.
- The M8 YTD Delegated overspend of £13,031k (£11,889k M7) includes:
 - A shortfall against the M8 YTD Delegated 23/24 savings target of £5.88m (M7: £5.41m).**
 - A favourable variance for the M8 YTD Delegated B/Fwd savings target of £0.5m (M7 : £0.23m).
 - Other adverse Operating Variances of £7.65m (M7 :£6.71m).
- The M8 Delegated savings shortfall of £5.9m is offset by a £5.6m favourable variance on Non delegated savings to give a M8 total savings shortfall of £0.3m (M7 :£0.5m Adverse).**





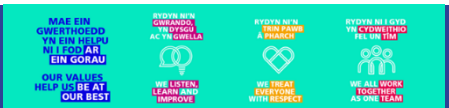
23/24 WG Savings Forecast- Month 8



DELEGATED BUDGETS	23/24 Welsh Government Savings Target				
	WG Savings Target	F/Cast Achievement	F/Cast Variance	Rec F/Cast Achievement	Rec F/Cast Variance
	£'000	£'000	£'000	£'000	£'000
Women & Children	1,904	937	967	1,659	245
Mental Health & LD	2,808	2,227	581	1,258	1,550
Planned Care	4,543	2,658	1,885	2,744	1,799
Diagnostics, Therapies & Specialties (CSS)	1,248	11	1,237	113	1,135
Diagnostics, Therapies & Specialties (Med Mgt)	5,256	4,912	344	4,566	690
Diagnostics, Therapies & Specialties (Therapies)	624	634	(10)	139	485
Unscheduled Care	5,111	3,827	1,284	4,570	541
Primary Care & Community	2,132	1,086	1,046	875	1,257
Facilities	1,526	1,753	(227)	3,219	(1,693)
Corporate Executives	2,135	2,138	(3)	1,543	592
Contracting & Commissioning	1,000	1,235	(235)	1,000	0
TOTAL DELEGATED BUDGETS	28,287	21,417	6,870	21,685	6,602
NON DELEGATED BUDGETS	(1,000)	6,943	(7,943)	6,543	(7,543)
TOTAL	27,287	28,360	(1,073)	28,228	(941)

Key Points :

- The forecast delegated Savings achievement is £21.4m compared to the £28.3m savings target, giving an adverse variance of £6.9m for delegated budgets.
- The forecast recurrent delegated savings achievement is £21.7m compared to the recurrent target of £28.3m, giving a recurrent adverse variance of £6.6m.
- Only 76% of the £28.3m Delegated savings target has been identified in plans, with the recurrent plans being 77%.
- The areas with the greatest proportion of forecast savings compared to target are:
 - Facilities - **115%**
 - DT&S(Therapies) - **102%**
 - Contracting & Commissioning -**124%**
- The areas with the lowest proportion of forecast savings compared to target are:
 - Clinical Support Services - **1%**
 - Primary Care & Community **51%**
 - Women & Children **49%**
- The forecast delegated savings shortfalls of £6.9m and £6.6m are offset by a £7.9m & £7.5m favourable variances on Non delegated savings to give a total forecast savings surplus of £1.1m In year and £0.9m Recurrently.





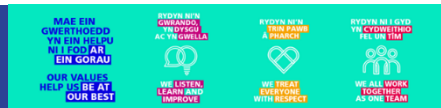
23/24 WG Savings Forecast- Month 8



DELEGATED BUDGETS	WG Savings Target £'000	Welsh Government Savings					
		F/Cast @ M08 £'000	F/Cast @ M07 £'000	Change £'000	Recurrent F/Cast @ M08 £'000	Recurrent F/Cast @ M07 £'000	Recurrent Change £'000
Women & Children	1,904	937	1,035	(98)	1,659	1,653	6
Mental Health & LD	2,808	2,227	2,206	21	1,258	1,094	164
Planned Care	4,543	2,658	2,906	(248)	2,744	2,979	(235)
Diagnostics, Therapies & Specialties (CSS)	1,248	11	47	(36)	113	113	0
Diagnostics, Therapies & Specialties (Med Mgt)	5,256	4,912	4,647	265	4,566	3,897	669
Diagnostics, Therapies & Specialties (Therapies)	624	634	634	0	139	139	0
Unscheduled Care	5,111	3,827	3,834	(8)	4,570	4,570	0
Primary Care & Community Facilities	2,132	1,086	1,022	64	875	853	22
Corporate Executives	1,526	1,753	1,735	18	3,219	3,219	0
Contracting & Commissioning	2,135	2,138	2,090	48	1,543	974	569
Contracting & Commissioning	1,000	1,235	1,235	0	1,000	1,000	0
TOTAL DELEGATED BUDGETS	28,287	21,417	21,391	26	21,685	20,491	1,194
NON DELEGATED BUDGETS	(1,000)	6,943	6,943	0	6,543	6,543	0
TOTAL	27,287	28,360	28,334	26	28,228	27,034	1,194

Key Points :

- As at M8, the current year forecast is in line with the M7 forecast.
- The recurrent forecast for M8 has improved by £1.2m compared to the M7 forecast. This is mainly attributed to DT&S (Meds Mgt) £0.7m and Corporates £0.6m.



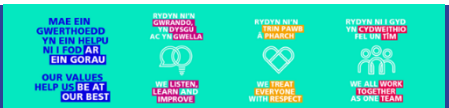
23/24 WG Savings Forecast- Month 8



DELEGATED BUDGETS	23/24 Welsh Government Savings Target										
	WG Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Achievement (Excluding Red schemes)	F/Cast Variance (Excluding Red schemes)	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Achievement (Excluding Red schemes)	Rec F/Cast Variance (Excluding Red schemes)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Women & Children	1,904	937	0	0	937	967	1,659	0	0	1,659	245
Mental Health & LD	2,808	2,227	0	0	2,227	581	1,258	0	0	1,258	1,550
Planned Care	4,543	2,629	29	0	2,658	1,885	2,628	116	0	2,744	1,799
Diagnostics, Therapies & Specialties (CSS)	1,248	11	0	0	11	1,237	113	0	0	113	1,135
Diagnostics, Therapies & Specialties (Med Mgt)	5,256	4,912	0	0	4,912	344	4,566	0	0	4,566	690
Diagnostics, Therapies & Specialties (Therapies)	624	634	0	0	634	(10)	139	0	0	139	485
Unscheduled Care	5,111	3,827	0	0	3,827	1,284	4,570	0	0	4,570	541
Primary Care & Community Facilities	2,132	1,086	0	0	1,086	1,046	875	0	0	875	1,257
Corporate Executives	1,526	1,684	69	0	1,753	(227)	2,943	276	0	3,219	(1,693)
Contracting & Commissioning	2,135	2,055	84	0	2,138	(3)	1,536	7	0	1,543	592
Contracting & Commissioning	1,000	1,235	0	0	1,235	(235)	1,000	0	0	1,000	0
TOTAL DELEGATED BUDGETS	28,287	21,236	182	0	21,417	6,870	21,286	399	0	21,685	6,602
NON DELEGATED BUDGETS	(1,000)	6,943	0	0	6,943	(7,943)	6,543	0	0	6,543	(7,543)
TOTAL	27,287	28,179	182	0	28,360	(1,073)	27,829	399	0	28,228	(941)

Key Points :

- As at M8, the forecast delegated 23/24 WG Savings achievement is reporting £21.2m (£21.2m M7) of Green schemes with £0.2m (£0.2m M7) of Amber and nil (£0.0m M7) of Red.
- It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.





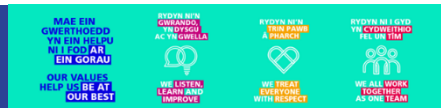
B/Fwd Savings Forecast- Month 8



DELEGATED BUDGETS	Brought Forward Savings Target				
	B/f Savings Target	F/Cast Achievement	F/Cast Variance	Rec F/Cast Achievement	Rec F/Cast Variance
	£'000	£'000	£'000	£'000	£'000
Women & Children	1,590	1,565	25	669	921
Mental Health & LD	2,693	2,987	(294)	568	2,125
Planned Care	3,088	3,394	(306)	1,572	1,517
Diagnostics, Therapies & Specialties (CSS)	129	272	(143)	221	(92)
Diagnostics, Therapies & Specialties (Med Mgt)	1,579	0	1,579	0	1,579
Diagnostics, Therapies & Specialties (Therapies)	431	431	0	0	431
Unscheduled Care	137	1,334	(1,197)	0	137
Primary Care & Community	938	1,250	(312)	126	812
Facilities	524	348	176	515	9
Corporate Executives	585	792	(207)	495	90
Contracting & Commissioning	0	0	0	0	0
TOTAL DELEGATED BUDGETS	11,695	12,374	(679)	4,166	7,528
NON DELEGATED BUDGETS	(4,843)	0	(4,843)	0	(4,843)
TOTAL	6,852	12,374	(5,522)	4,166	2,685

Key Points :

- The M8 forecast delegated brought forward savings achievement is £12.4m compared to the £11.7m savings target, giving a favourable variance of £0.7m for delegated budgets.
- The forecast recurrent delegated savings achievement is £4.2m compared to the recurrent target of £11.7m, giving a recurrent adverse variance of £7.5m.**
- Only 36% of the recurrent savings target has been identified in plans.
- Most of the areas are forecasting full achievement of the target In year, the main exceptions being:
 - Medicines Management £1.6m shortfall
 - Facilities £0.2m shortfall





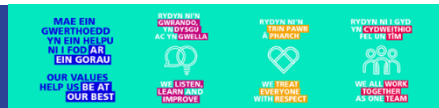
B/Fwd Savings Forecast- Month 8



DELEGATED BUDGETS	WG Savings Target £'000	Local Savings (Inc Broughtforward Assumptions)					
		F/Cast @ M08 £'000	F/Cast @ M07 £'000	Change £'000	Recurrent F/Cast @ M08 £'000	Recurrent F/Cast @ M07 £'000	Recurrent Change £'000
Women & Children	1,590	1,565	1,588	(23)	669	669	0
Mental Health & LD	2,693	2,987	2,990	(2)	568	467	101
Planned Care	3,088	3,394	3,278	116	1,572	1,316	256
Diagnostics, Therapies & Specialties (CSS)	129	272	289	(16)	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	1,334	1,300	35	0	0	0
Primary Care & Community	938	1,250	1,270	(20)	126	113	14
Facilities	524	348	365	(17)	515	300	215
Corporate Executives	585	792	564	228	495	735	(240)
Contracting & Commissioning	0	0	0	0	0	0	0
TOTAL DELEGATED BUDGETS	11,695	12,374	12,073	301	4,166	3,821	345
NON DELEGATED BUDGETS	(4,843)	0	0	0	0	0	0
TOTAL	6,852	12,374	12,073	301	4,166	3,821	345

Key Points :

- As at M8, the current year forecast has improved by £0.3m when compared to M7 forecast.
- The recurrent forecast for M8 has also improved by £0.3m when compared to the M7 forecast.





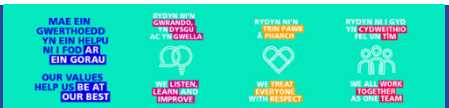
B/Fwd Savings Forecast- Month 8



DELEGATED BUDGETS	B/F Savings Target £'000	Brought Forward Savings Target									Rec F/Cast Achievement £'002	Rec F/Cast Variance £'003
		Green	Amber	RED	F/Cast Achievement	F/Cast Variance	Green	Amber	RED			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'001			
Women & Children	1,590	1,545	20	0	1,565	25	624	45	0	669	921	
Mental Health & LD	2,693	2,987	0	0	2,987	(294)	568	0	0	568	2,125	
Planned Care	3,088	3,250	144	0	3,394	(306)	1,572	0	0	1,572	1,517	
Diagnostics, Therapies & Specialties (CSS)	129	272	0	0	272	(143)	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	1,253	0	81	1,334	(1,197)	0	0	0	0	137	
Primary Care & Community	938	1,240	10	0	1,250	(312)	86	40	0	126	812	
Facilities	524	313	0	35	348	176	480	0	35	515	9	
Corporate Executives	585	792	0	0	792	(207)	495	0	0	495	90	
Contracting & Commissioning	0	0	0	0	0	0	0	0	0	0	0	
TOTAL DELEGATED BUDGETS	11,695	12,084	174	116	12,374	(679)	4,046	85	35	4,166	7,528	
NON DELEGATED BUDGETS	(4,843)	0	0	0	0	(4,843)	0	0	0	0	(4,843)	
TOTAL	6,852	12,084	174	116	12,374	(5,522)	4,046	85	35	4,166	2,685	

Key Points :

- As at M8, the forecast delegated Brought Forward Savings achievement is reporting £12.1m of Green schemes and £0.2m Amber.
- The recurrent forecast savings achievement is reporting only £4.1m of Green schemes and £0.1m of amber against the delegated £11.7m target.

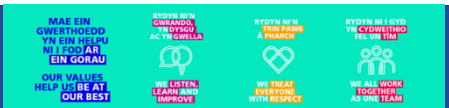
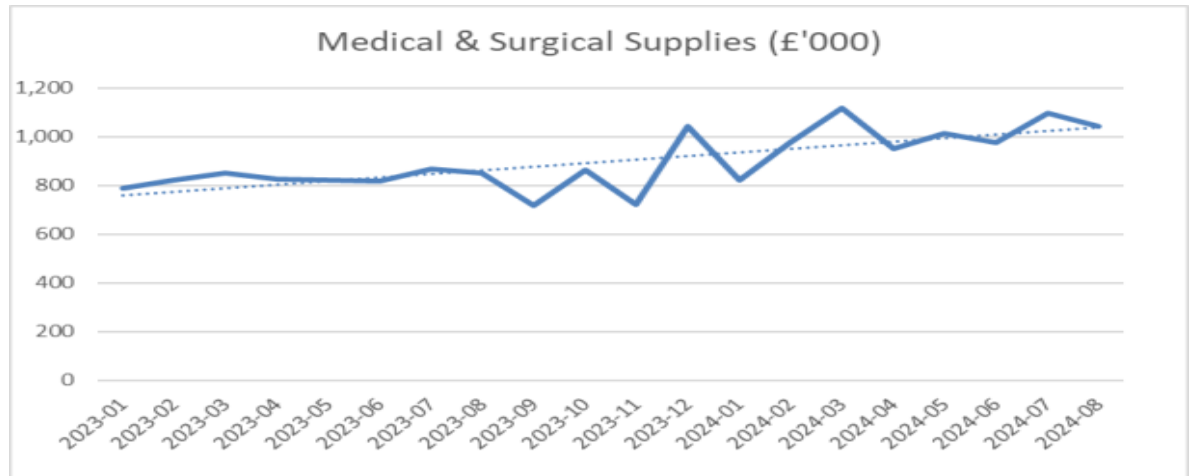
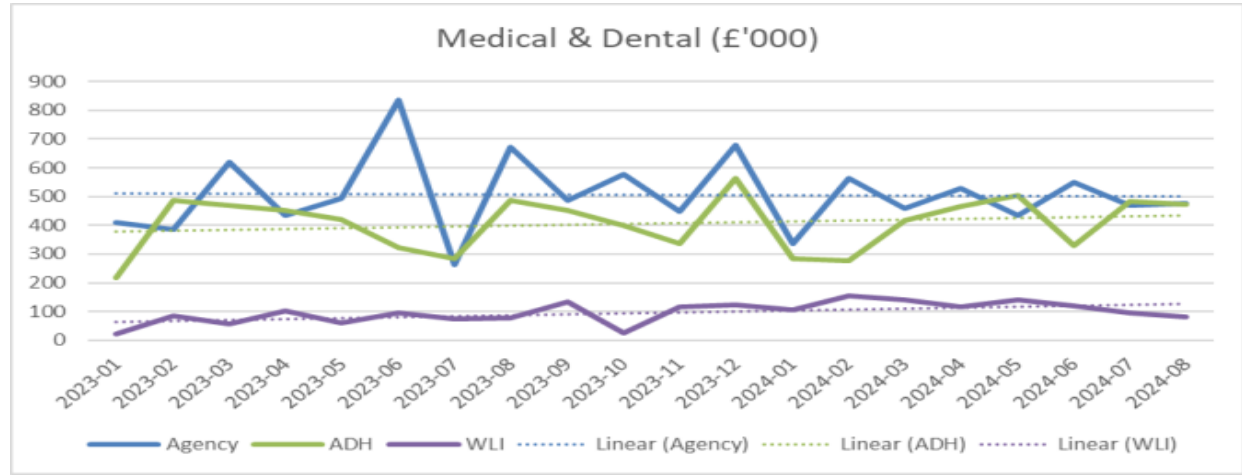
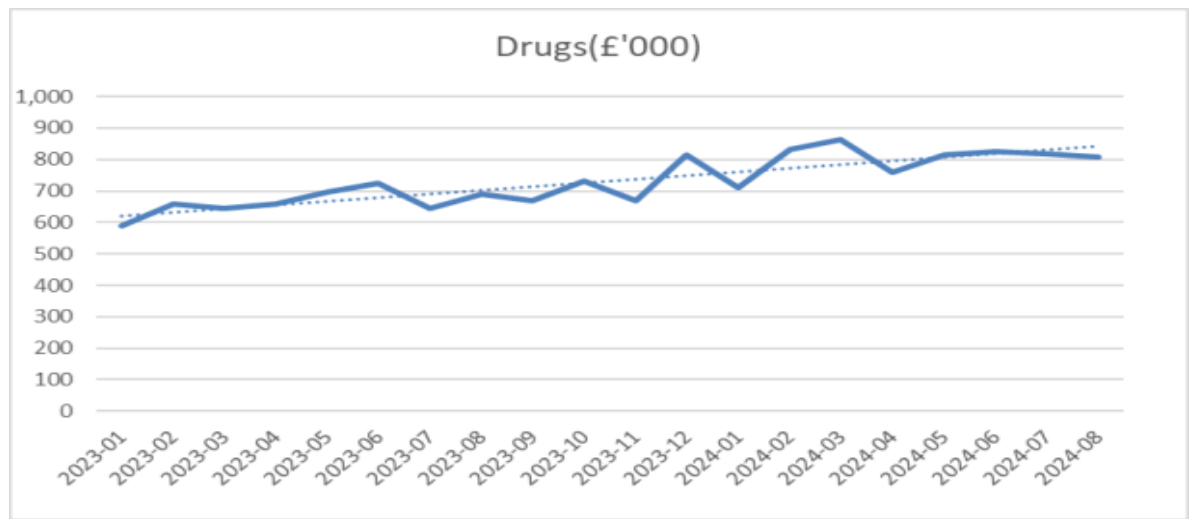
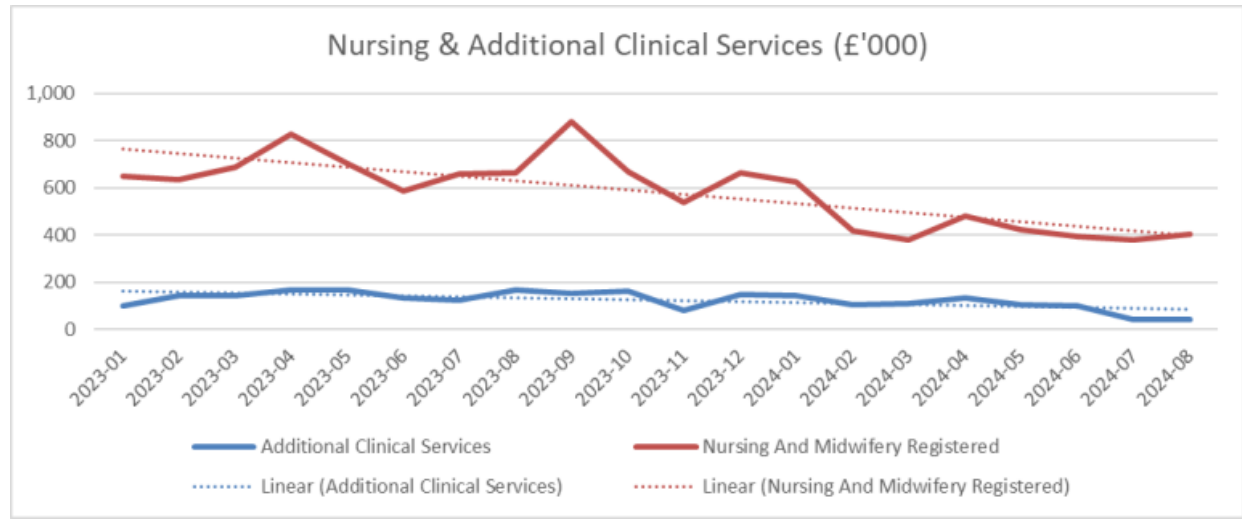


Annex B

Trend Analysis

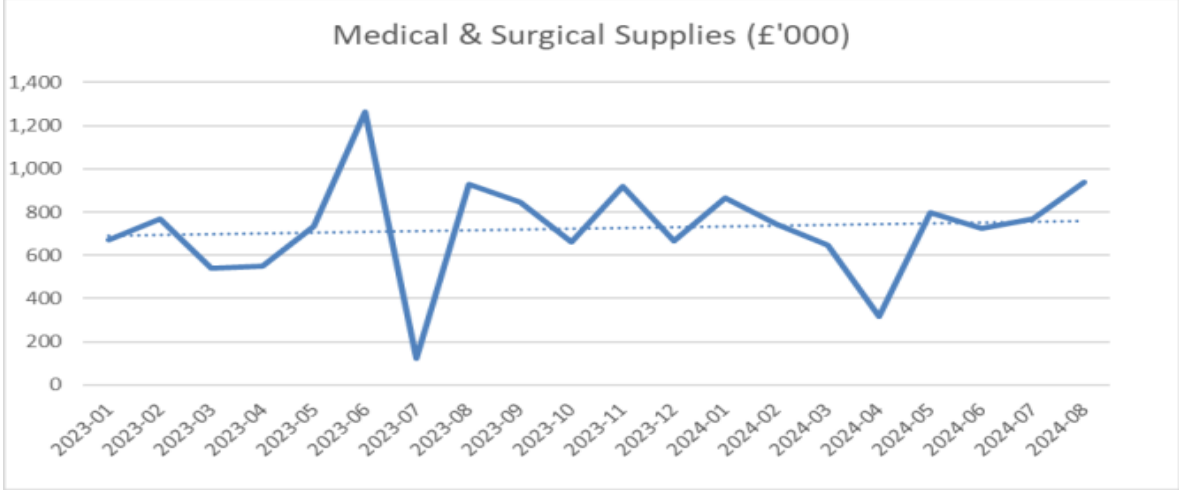
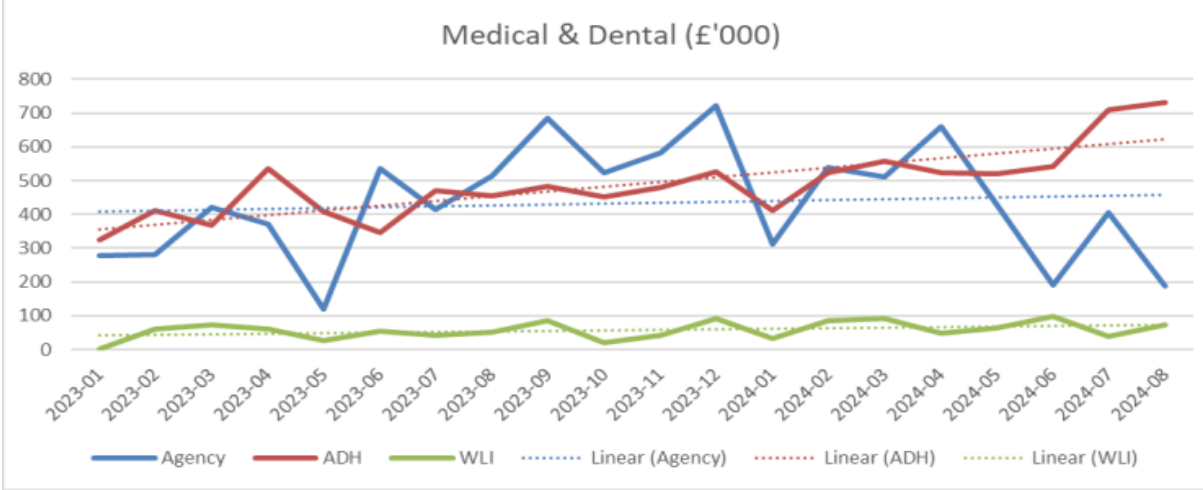
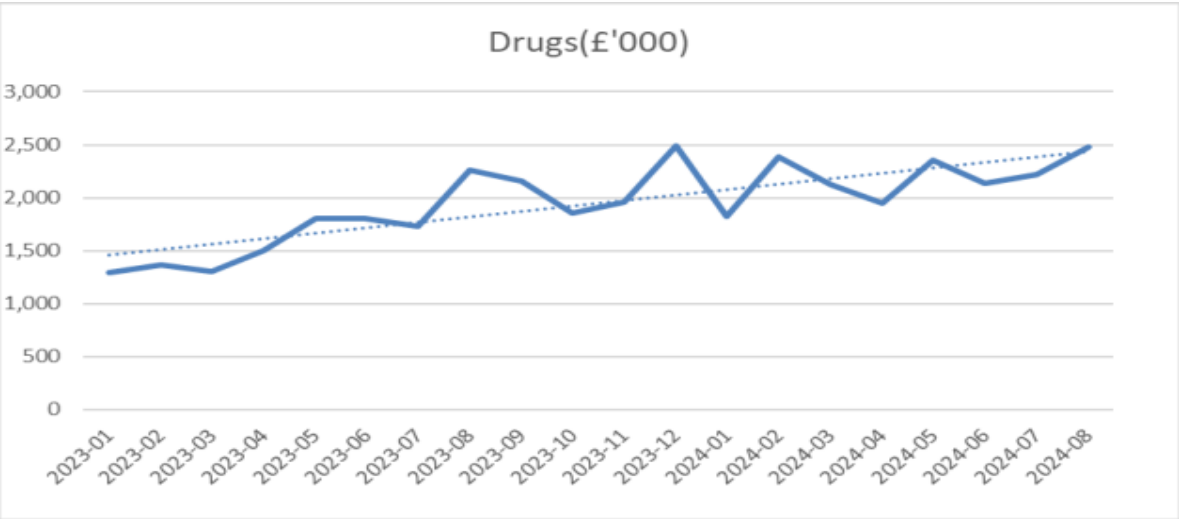
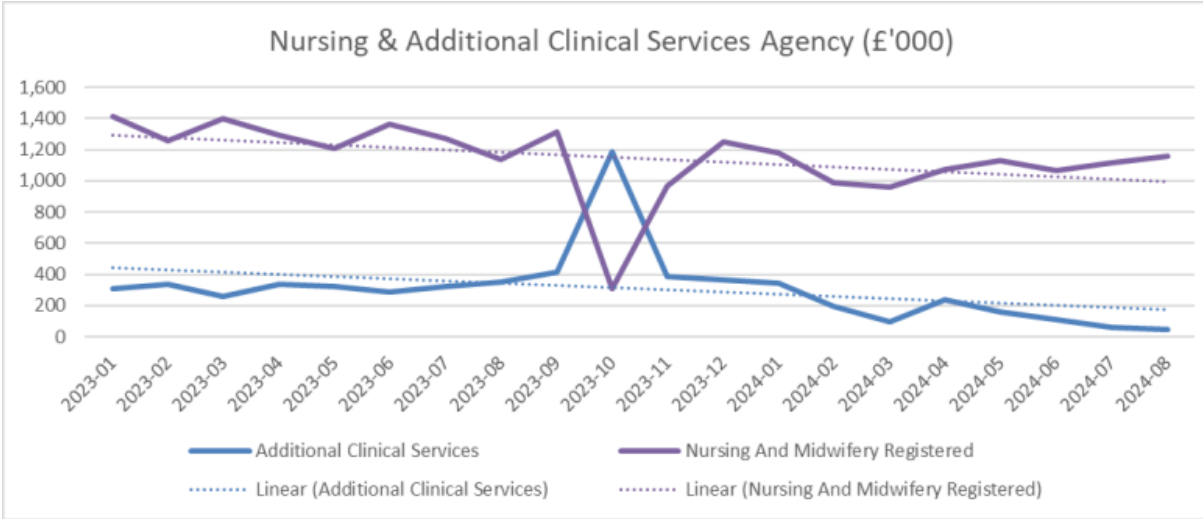
Month 8

Planned Care





Unscheduled Care



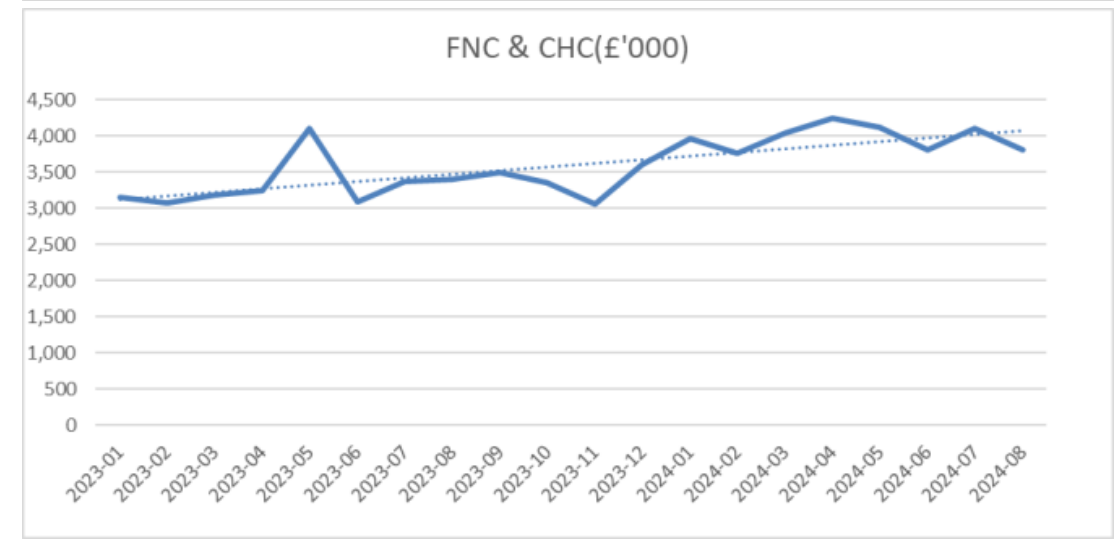
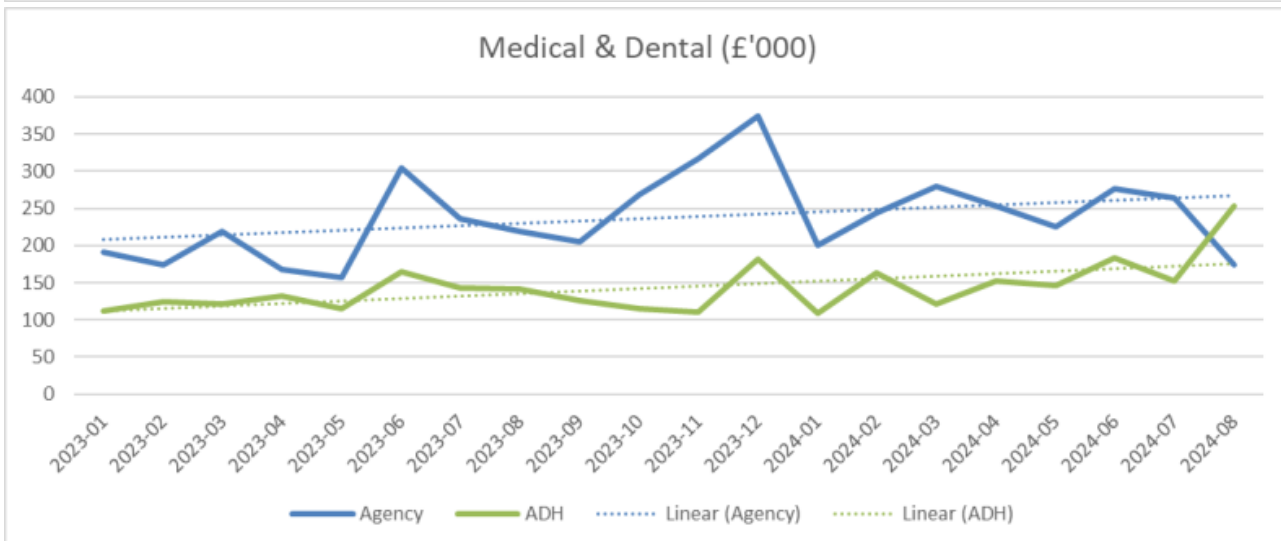
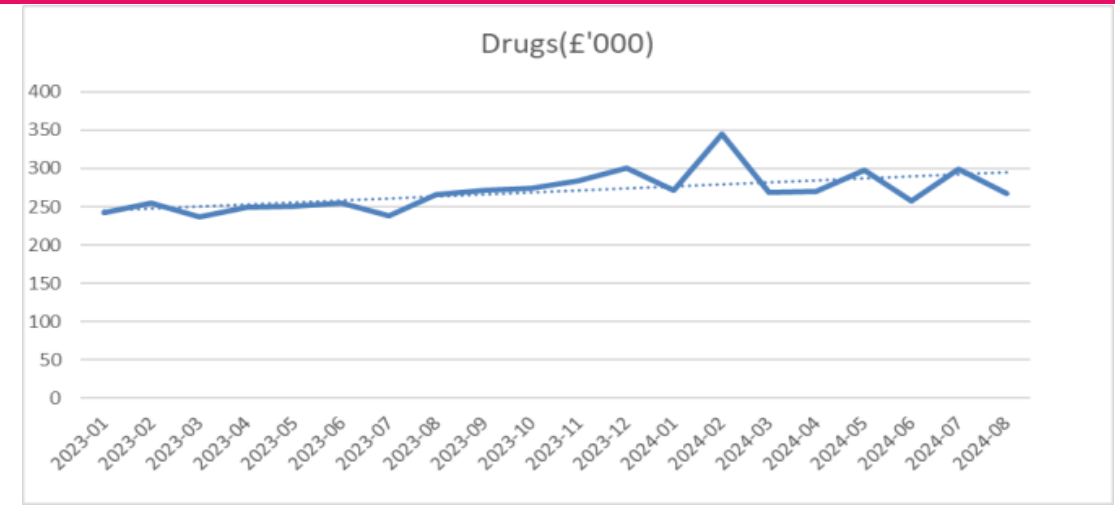
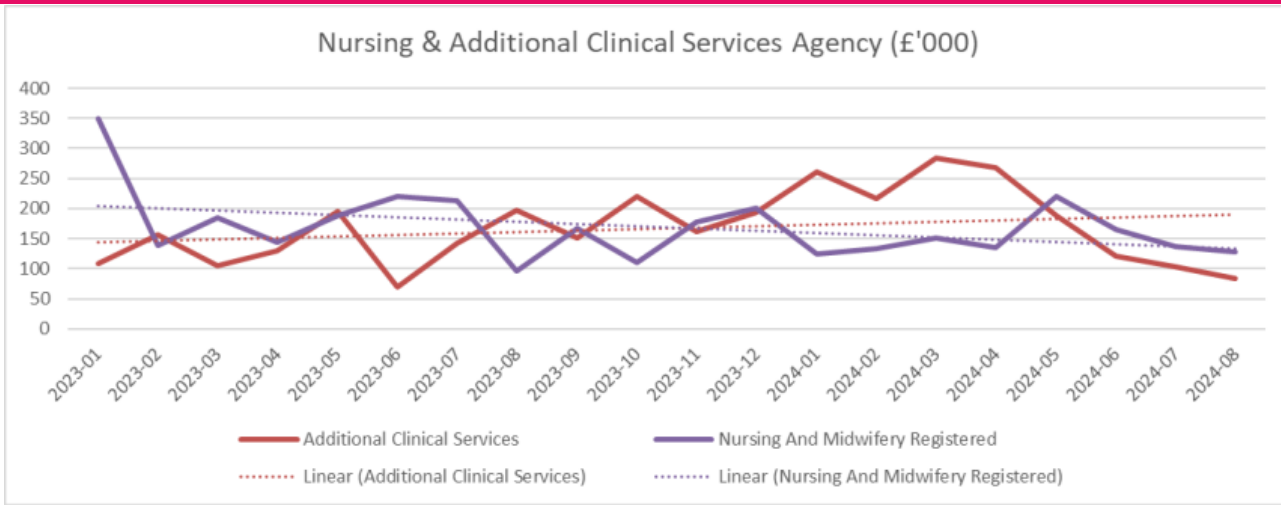
MAE EIN GWERTHOEDD YN EIN HELPU WLEDDIAD EIN GORAU
 OUR VALUES HELP US BE AT OUR BEST

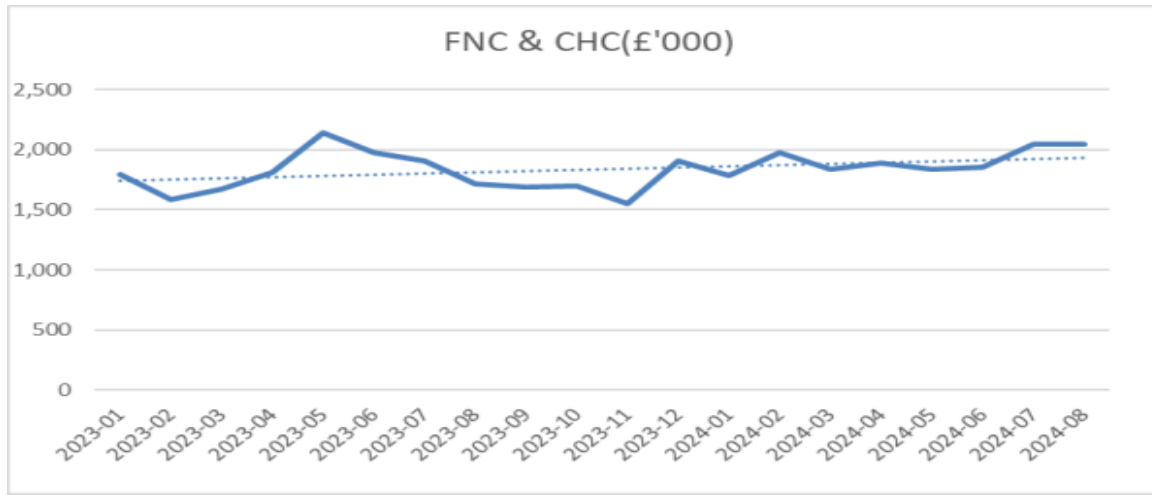
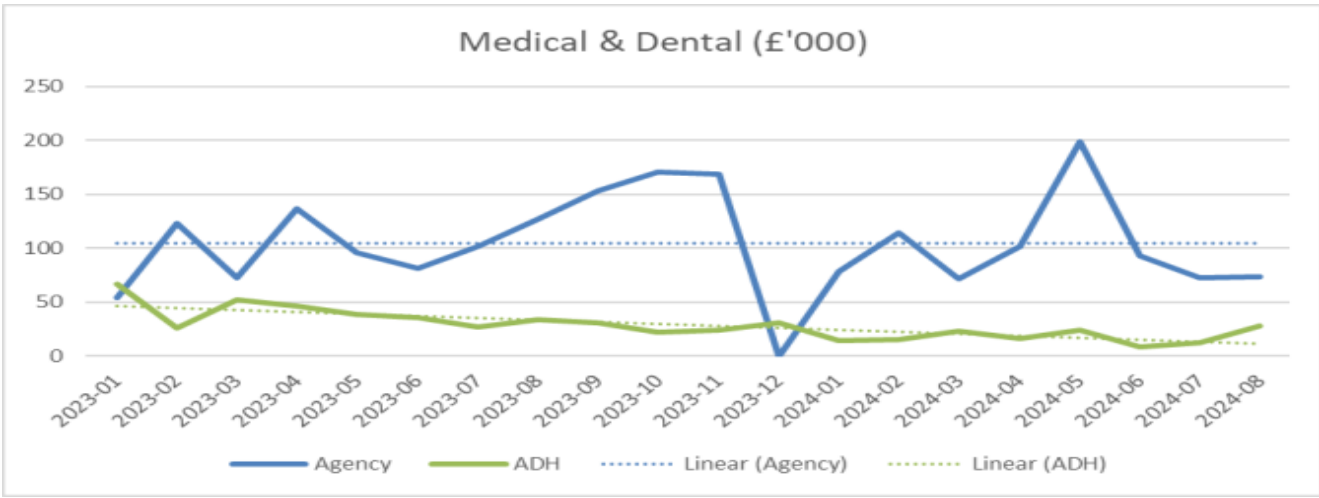
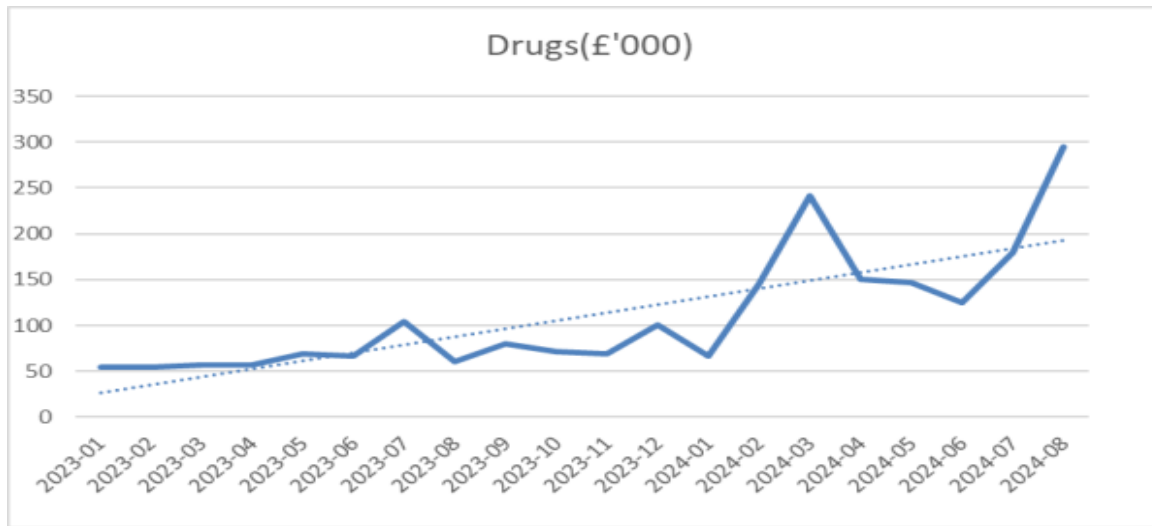
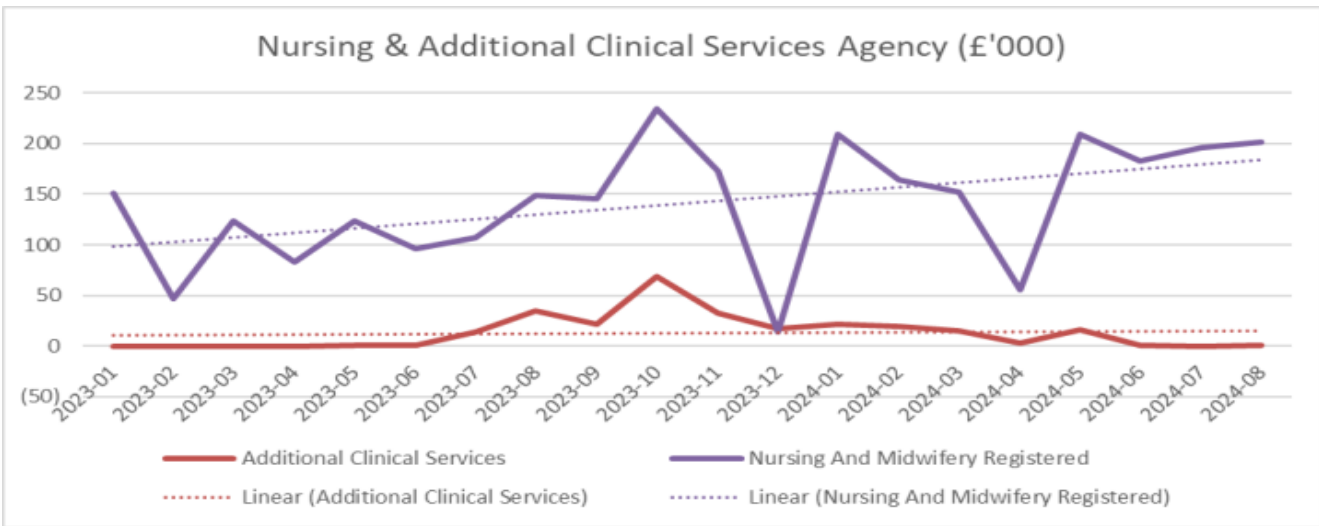
BYDYN NIN GWERTHOEDD YN DYFODOL AT YR GWELLA
 WE LISTEN, LEARN AND IMPROVE

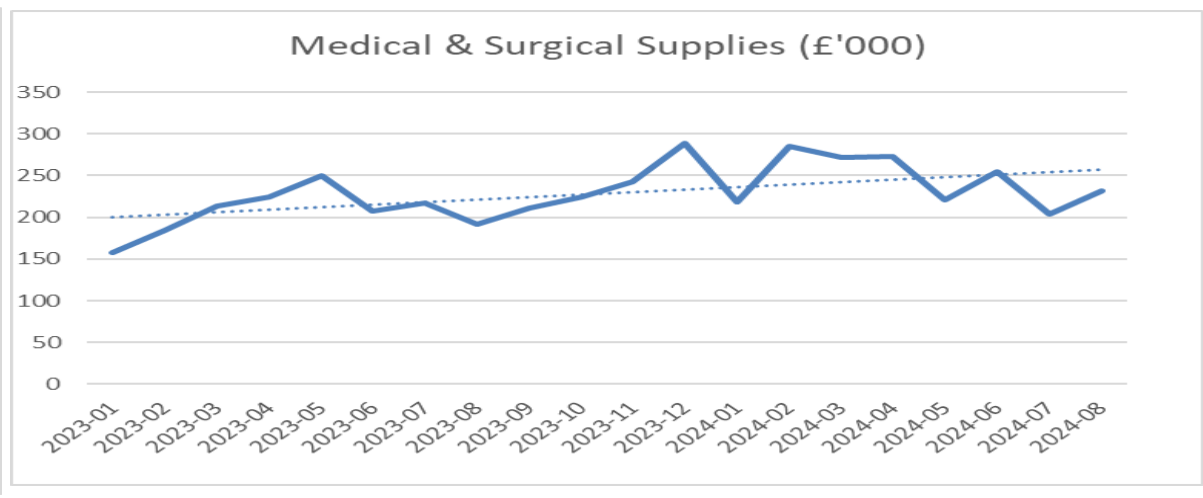
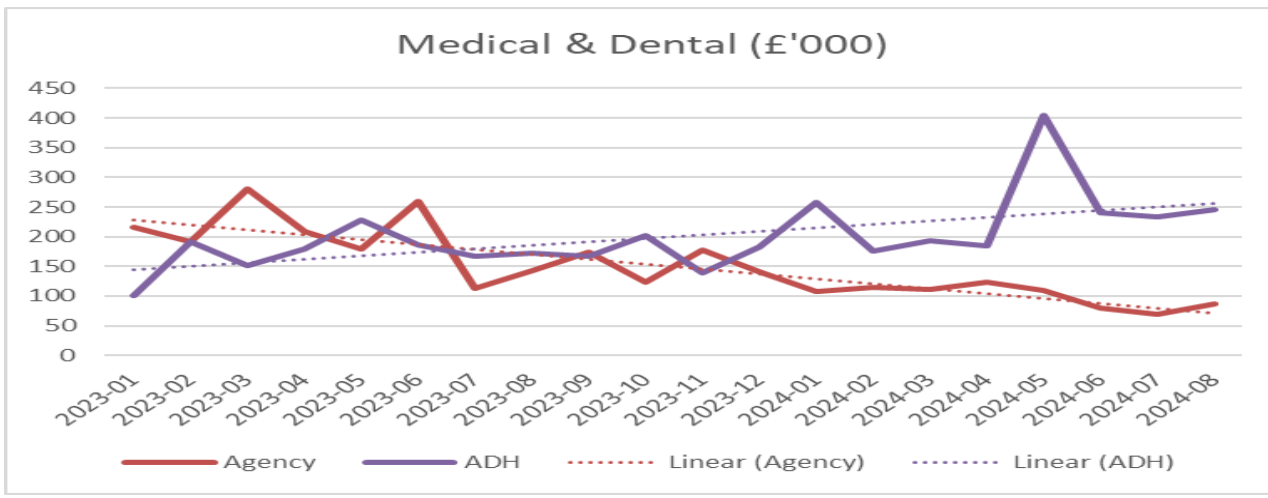
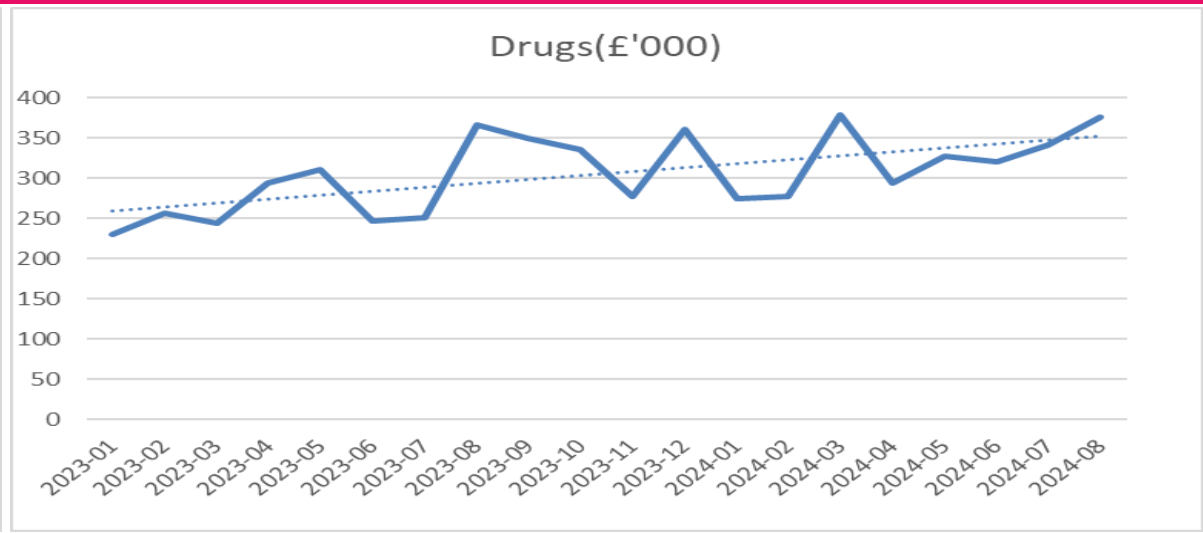
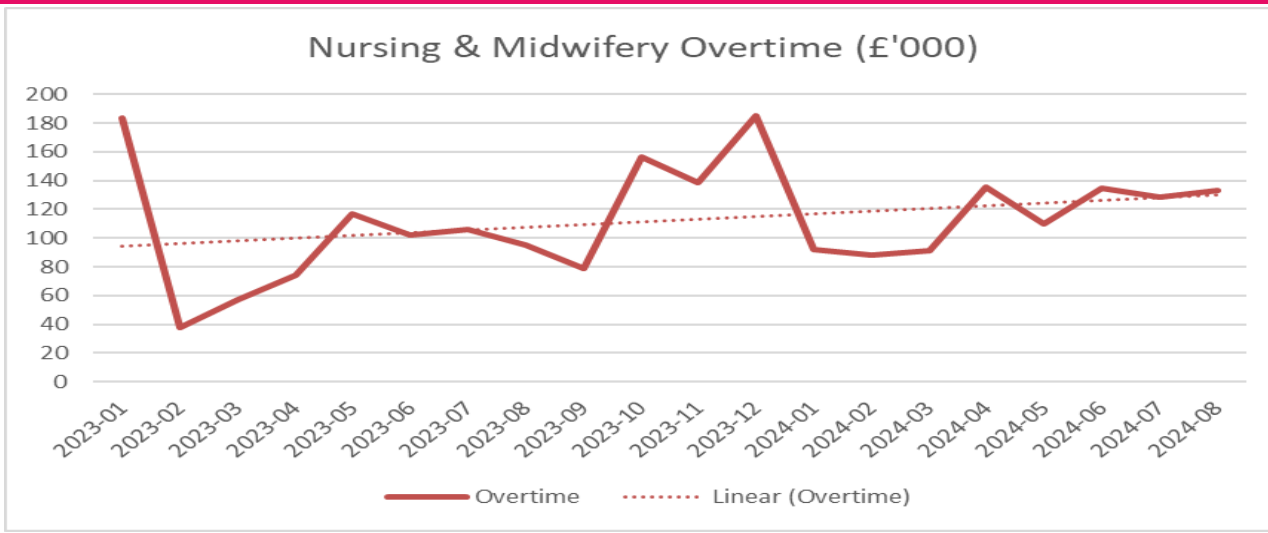
BYDYN NIN DYN PŴN A THORCH
 WE TREAT EVERYONE WITH RESPECT

BYDYN NI I DIND YN CYDREITHIO FFRONTIM
 WE ALL WORK TOGETHER AS ONE TEAM

STARTING WELL
 GROWING WELL
 LIVING WELL
 AGEING WELL
 DYING WELL







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
Agreed at the Agenda Planning Meeting December 2023	Deferred Item	Estates Annual Report	Director of Finance & Procurement	27 February 2024
Agreed at the Agenda Planning Meeting December 2023	Deferred Item	Expansion Plans for the Navigation Hub	Chief Operating Officer	27 February 2024
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

Request made at agenda planning	Annual Item	Capital Update 2023-24	Director of Finance & Procurement	31 October 2023 - Completed
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meeting for April 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 - Completed
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	Deferred Item from May 2023 meeting.	Six Goals for Planned Care Recovery	Director of Strategy & Transformation	27 June 2023 – Completed

February 2023 meeting.				
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 DoG October 2022	Additional Item	Spinal Services Operational Delivery Network	Director of Strategy & Transformation	Completed - 28 February 2023
Request made by DoF via email	Additional item	NWSSP - Energy Procurement Proposal	Director of Finance	Completed - 28 February 2023