Planning, Performance & Finance Committee

Tue 27 August 2024, 14:00 - 17:00

Virtual Via Teams

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

Agenda

14:00 - 14:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Patsy Roseblade, Chair

1.2. Apologies for Absence

Information *Patsy Roseblade, Chair*

1.3. Declarations of Interest

Information *Patsy Roseblade, Chair*

14:05 - 15:00
55 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on the 25 June 2024

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

- 2.1.1 Unconfirmed Minutes 25.6.24 PPF Committee 27 August 2024 vGW.pdf (8 pages)

2.1.2. Outcome of the Committee Self Effectiveness Survey & Improvement Plan

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

This item has been deferred to the October 2024 meeting

2.2. Items for Noting

2.2.1. Months 2, 3 & 4 Monitoring Returns to Welsh Government

Information *Sally May, Executive Director of Finance & Procurement*

- 2.2.1a M2 Monitoring Return Report PPF Committee 27 August 2024.pdf (4 pages)
- 2.2.1b Annex A - Month 2 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (16 pages)
- 2.2.1c Annex A - Month 2 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)
- 2.2.1d M3 Monitoring Return Report PPF Committee 27 August 2024.pdf (4 pages)
- 2.2.1e Annex A - Month 3 - CTM ULHB - Monitoring Narrative 2024-25 FINAL Public.pdf (16 pages)
- 2.2.1f Annex A - Month 3 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (16 pages)
- 2.2.1g Annex A - Month 3 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)
- 2.2.1h M4 Monitoring Return Report PPF Committee 15 August 2024.pdf (4 pages)
- 2.2.1i Annex A - Month 04 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (21 pages)
- 2.2.1j Annex A - Month 04 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)

2.2.2. Annual Cycle of Business 2024-25

Information *Gareth Watts, Director of Corporate Governance/Board Secretary*

- 2.2.2 Annual Cycle of Business Cover Report PPF Committee 27 August 2024.pdf (3 pages)
- 2.2.2a Annual Cycle of Business 2024-25 PPF Committee 27 August 2024.pdf (3 pages)

2.2.3. Action Log

Information *Gareth Watts, Director of Corporate Governance/Board Secretary*

- 2.2.3 Action Log PPF Committee 27 August 2024.pdf (7 pages)

15:00 - 15:05
5 min

3. MAIN AGENDA

3.1. Matters Arising Not Otherwise Contained Within the Action Log

Patsy Roseblade, Chair

15:05 - 15:15
10 min

4. GOVERNANCE

4.1. Organisational Risk Register

Discussion *Gareth Watts, Director of Corporate Governance/Board Secretary*

- 4.1a Org RR Jul 24 Cover Paper PPF Committee 27 August 2024.docx (7 pages)
- 4.1b App 1 - Org RR July 2024.xlsx (5 pages)

15:15 - 16:00
45 min

5. IMPROVING CARE

5.1. Integrated Performance Dashboard (including Planned Care Recovery)

Discussion *Executive Directors*

- 5.1 PPF Integrated Performance Dashboard PPFC 27 August 2024.pdf (29 pages)

5.1.1. Planned Care Recovery

Discussion *Gethin Hughes Chief Operating Officer*

- 5.1.1 Planned Care Recovery PPF Committee 27 August 2024.pdf (6 pages)

5.2. Business Case for the Plan to Address Delayed Discharge Issues

Discussion *Gethin Hughes, Chief Operating Officer*

This item will now be discussed at an In Committee session of the Committee

5.3. Taff Vale Practice - Proposed Branch Closures - Verbal Update

Discussion *Gethin Hughes, Chief Operating Officer*

16:00 - 16:45
45 min

6. SUSTAINING OUR FUTURE

6.1. Month 4 Finance Report

Discussion *Sally May, Executive Director of Finance & Procurement*

- 6.1 M4 Finance Report Final PPFC 27 August 2024.pdf (22 pages)

6.2. Month 4 Finance Performance Report

Discussion *Sally May, Executive Director of Finance & Procurement*

6.2 M4 Finance Performance Report Final PPFC 27 August 2024.pdf (26 pages)

6.3. Estates Operational Performance and Energy Performance

Discussion *Sally May, Executive Director of Finance & Procurement*

6.3 Estates Operational and Performance Report PPf Committee 27 August 2024.pdf (11 pages)

6.4. CTM Value Based Health Care Steering Group Highlight Report

Discussion *Sally May, Executive Director of Finance & Procurement*

6.4 Value Based Healthcare Steering Group Highlight Report PPf Committee 27 August 2024.pdf (5 pages)

16:45 - 16:55
10 min

7. OTHER MATTERS

7.1. Committee Forward Work Plan

Discussion *Patsy Roseblade, Chair*

7.1 Forward Work Plan PPF Committee 27 August 2024.pdf (2 pages)

7.2. Committee Highlight Report to Board

Discussion *Patsy Roseblade, Chair*

7.3. Any Other Urgent Business

Discussion *Patsy Roseblade, Chair*

7.4. How Did We Do Today?

Discussion *Patsy Roseblade, Chair*

16:55 - 16:55
0 min

8. DATE AND TIME OF NEXT MEETING

29th October 2024 at 2:00 pm

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Agenda Item Number: 2.1.1

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

UNCONFIRMED MINUTES OF THE MEETING OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE HELD ON 25 JUNE 2024, AS A VIRTUAL MEETING HELD VIA TEAMS

Members Present:

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

In Attendance:

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

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

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

1.2 Apologies for Absence

Apologies were received from:

- Patsy Roseblade, Independent Member

1.3 Declarations of Interest

There were no interests declared.

2. CONSENT AGENDA

2.1 ITEMS FOR APPROVAL

2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 30 APRIL 2024

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

2.1.2 UNCONFIRMED MINUTES OF THE IN COMMITTEE MEETING HELD ON 30 APRIL 2024 2024

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

2.1.3 COMMITTEE ANNUAL REPORT 2023-24

G. Watts presented the report and advised that there was one slight amendment to the Vice Chair of the membership which would be made prior to it going to the Board for approval.

The Committee were advised that the Committee Annual Self-Assessment Survey would be undertaken following the meeting and the results of which would be received at the August 2024 meeting which would be the last one due to the new Committee structures going live in the Autumn.

Resolution: The Annual Report was **ENDORSED FOR BOARD APPROVAL** subject to one minor amendment.

2.2 ITEMS FOR NOTING

2.2.1 MONTHS 12 & 1 MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: Members **NOTED** the contents of the Month 12(2023-24) and Month 1 (2024-25) Monitoring Returns submitted to Welsh Government.

2.2.2 COMMITTEE ANNUAL CYCLE OF BUSINESS 2024-25

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

2.2.3 ACTION LOG

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

3. MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG

There were none.
The Chair queried whether any outstanding actions would be added to the legacy for the committee following the revised Committee structures. G. Watts confirmed that they would.

4. GOVERNANCE

4.1 ORGANISATIONAL RISK REGISTER

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

N. Milligan referred to risk 2713 that related to a backlog of radiology managers. She advised that it had been on the risk register for some time and the narrative in the action plan did not provide any assurance and requested an update.

S. May noted that there was significant outsourcing with Everlight which should be identified as a mitigation.

S. James advised that she would take on board the comments with regard to risk 2713 and would review outside of the meeting and update the Committee.

The Chair referred to public health funding for microbiology and queried whether this was an external funding issue. S. May advised that diagnostics and therapies had previously received funding for microbiology from Public Health Wales.

The Chair also referred to risk 5755 with regard to the Princess of Wales Hospital air handling unit and electrical infrastructure for the Maternity ward and neonatal unit. The Chair referred to the scoring of a consequence of 5 and a target consequence of 3 and queried how that could change the likelihood.

S. May in response, advised that there has been an issue around the electrical infrastructure for some time which was why it had been a bid through the central funding route for infrastructure capital. She advised that it has been programmed in now and when the work commences they would have to decant from the ward and she would pick this up outside of the meeting with S. James when they discuss with the Children and Families Care Group.

G. Watts commented that he agreed with all the points raised, he advised that the risk had crystalised and was now a live issue that they were having to deal with and an update to the risk would change the score. He confirmed that he would also link in with the Audit & Risk Committee to ensure that they receive an update well in advance of the next meeting and ensure that a paper outlining this would be brought to the Board so that they are sighted on this.

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

Action: To review risk 2713 outside of the meeting and update the Committee.

Action: Risk 5755 to be discussed outside of the meeting with the Children and Families Care Group with regard to the issue.

Action: Risk 5755 to be reviewed and also link in with the Audit & Risk Committee to ensure that they receive an update and also ensure that a paper outlining this would be brought to the Board so that they are sighted on this.

5. IMPROVING CARE

5.1.0 INTEGRATED PERFORMANCE DASHBOARD

L. Prosser & S. James presented the report on the Integrated Performance Dashboard.

C. Donoghue referred to page 7 and the comment that referred to lack of engagement with vaccinations and CTM Communications. It was advised that this action had been updated and the narrative was contained within the Action Log.

C. Donoghue referred to page 20 that referred to neurophysiology and advised that the wording of this could be revised to make it clearer rather than just stating that there was not a plan in place for recovery.

In response, L. Prosser clarified that there had been a collapse in the service and they were working with Cardiff and Vale and other colleagues to develop a plan. She confirmed that they were working on the development of a plan but did not have one to present as yet.

The Chair requested that the wording to this paragraph be amended to reflect this.

N. Milligan commented that it was pleasing to see the increase in Child and Adolescent Mental Health Services (CAMHS) neurodevelopment which would have a big impact on the lives of those children and their families. However, she added that it was disappointing to read that they only required two Band 7 posts to reduce the backlog but had not got the funding for them. J. Denley confirmed that they had reviewed some of the regional funding and had now agreed the funding for those posts.

L. Prosser suggested that they could invite the Assistant Director of Transformation to provide a presentation to the Committee on the work they were currently doing developing a page on the website with a whole range of services for children and were also looking to develop one for adults.

The Chair referred to the performance against the colonoscopy target which was 67.7% which was a huge improvement and she queried what the

consequences would be if they did not hit the target. S. James confirmed that they were confident that they would continue to improve and hit the target now that the Care Groups were established and the Directorate Managers were in place. She advised that a new unit would be opening in Prince Charles Hospital and they had extended the mobile unit for another year.

S. James added that unless sickness continued to be an issue she could not envisage any major issues with this service given the resources that were now wrapped around it.

The Chair referred to page 17 of the Integrated Performance Dashboard and the numbers in regard to stroke and delayed discharges and queried whether those numbers were for patients or days. S. James advised that she would review this so that it would be clearer for the next meeting.

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

Action: To revise the wording with regard to neurophysiology on page 20.

Action: To invite the Assistant Director of Transformation to a future meeting of the Committee to provide a presentation on the information they were providing for children on the website.

5.2 PLANNED CARE RECOVERY AND VERBAL UPDATE ON URGENT CARE

S James provided a presentation on the progress with the Planned Care Recovery Programme and provided a verbal update on Urgent Care.

The Chair suggested that a glossary outlining acronyms would be helpful for new members.

S. May referred to the Six Goals and the revised allocation letter and requested that when the revised allocations are received by Care Groups that the finance team are notified immediately to assist with their financial planning. S. May added that the changes to the funding rules could have put the funding into jeopardy as it had decreased by 7% and they had not been made aware of that.

Resolution: The Presentation and verbal update were **NOTED.**

5.3 UPDATE ON DEVELOPMENT OF THE 24/7 STROKE SERVICE

S. James provided a presentation to the Committee on the development of the 24/7 stroke service.

C. Donoghue referred to the lack of progress and that the health board would not be able to provide this service alone. She queried whether a regional service was being considered.

N. Milligan commented that the length of time with regards to progress being made for a seven day modelling service impacted on patients which would probably cost more in the longer term. She added that the presentation talked about progress, however, they were not seeing any outcomes and it would be remiss of the Committee not to raise their concerns.

L. Prosser, in response to both C. Donoghue and N. Milligan advised that the Board had made a decision in March 2024 not to invest in this programme and they were using early supported discharge (ESD) monies to fund. She added that the programme had been hit with unfortunate events however, the Regional Director for Stroke Services in Wales was taking up post next week which will help to get the programme back up and running. L. Prosser added that the teams were doing all they could to improve with what resources they had.

N. Milligan referred to difficulties with recruitment of consultants and queried whether they had considered recruitment and retention payments. S. May advised that they had discussed this also looking at other avenues to recruit and also discussions on a regional service. She advised that they had made a decision not to approve the Business Case but had provided additional funding to the Care Groups instead.

Resolution: The presentation was **NOTED.**

5.4 REGIONAL DIAGNOSTICS BUSINESS CASES VERBAL UPDATE

L. Prosser provided a verbal update on the progress in relation to the development of the Regional Diagnostic Business Cases.

S. May advised that the allocations for capital from Welsh Government were unclear at the moment both in terms of the overall capital resource but also with regard to how this would be funded for the future. It is hoped that this can be worked through with regional partners.

R. Rowlands commented that she was aware of some of the challenges to work in the wider region. She queried whether if there was a lag in regional synergy for the plan and what risks would be they be looking at if the timelines did not align.

L. Prosser advised that the delay in securing capital funding/IFRS 16 Capitol cover had meant that issues with regional partners could be resolved. She added that Public Health Wales (PHW) was changing the bowel screening age range which would create additional demand for which there is no capacity in Aneurin Bevan or Cardiff and Vale UHB. They will commit to commission this new activity from the CTM Endoscopy unit in LHP with funds from PHW, however there is a negotiation with PHW to ensure that funding meets the costs.

Resolution: The Committee **NOTED** the verbal update.

6. SUSTAINING OUR FUTURE

6.1.0 Budget Framework 2024-25

S. May presented the report.

The Chair thanked S. May for her report and commented that it had been helpful for colleagues to understand in simple terms the delegated and non-delegated budgets. The Chair suggested that it would be helpful if the acronyms could be set out in more detail in future reports.

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

6.2.0 MONTH 1 FINANCE REPORT

S May presented the Month 1 Finance report for 2024-25 and while recognising this was right at the outset of the financial year, it demonstrated the challenges that the Health Board would face throughout the year to deliver a balanced position.

Resolution: The Committee **NOTED** the Month 1 Finance Report.

6.3.0 MONTH 1 FINANCE PERFORMANCE REPORT

S May presented the Month 10 Performance Report that highlighted the financial performance of the individual Care Groups and Directorates as at M1.

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

6.4.0 MONTH 2 FINANCE REPORT

S May presented the Month 2 Finance Report that highlighted the financial performance of the individual Care Groups and Directorates as at M2.

The Chair referred to the allocation of savings on a straight line basis and sought clarity on the reasoning for this when realistically the organisation was not going to make the level of savings and that looking at the graph it did not offset. S. May confirmed that they tended to do this on a straight line but alongside nuance conversations as they worked through their finance reviews meeting with the Care Groups on a regular basis and meeting every two weeks with the unscheduled care, Care Group where they review in a lot of detail. She added that they would need to have milestones set in place moving forward.

The Chair referred to the graphs on page 12 which were showing a reduction in agency staff and an increase in bank staff which was encouraging.

The Chair referred to the arbitration issue in relation to contracting that had occurred last year with Aneurin Bevan UHB and advised that she could not

see that listed as a risk. S. May advised that it was contained as an overall risk within the Long Term Agreement (LTA).

S. May advised that if there was no signs of improvement with respect to finances by Month 3 then a recovery plan will need to be developed to address the position.

Resolution:

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

6.4.0 MONTH 2 FINANCE PERFORMANCE REPORT

S May presented the Month 2 Finance Performance Report.

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

7. OTHER MATTERS

7.1.0 FORWARD WORK PLAN

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

7.2.0 COMMITTEE HIGHLIGHT REPORT TO BOARD

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

7.3.0 ANY OTHER URGENT BUSINESS

There was no further urgent business.

7.4.0 HOW DID WE DO TODAY?

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

8.1.0 DATE OF NEXT MEETING

Members were advised that the next meeting would be held on the 27th August 2024

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

Agenda Item
2.2.1a

Planning, Performance and Finance Committee

MONTH 2 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Welsh Government	13/06/2024	NOTED

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

1. Situation /Background

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

The purpose of this report is to provide the PPFC with information from the M2 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

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

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

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

The following information is provided at Annex A:

Annex A
M2 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

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

The key information included in the M2 Financial Monitoring returns is summarised in Section 1.2 of the M2 Narrative report at Annex A. This information is consistent with the M2 Internal Board papers.

4. Assessment

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

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

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

5. Recommendation

5.1 The Committee is asked to **NOTE** the contents of the M2 Monitoring Returns submitted to Welsh Government for 2024/25.

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

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

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

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

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

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

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**

The main driver for the overspend in M2 is the £1.8m shortfall in savings delivery compared to the straight-line monthly savings target of £2.2m.

The year to date overspends of £2.3m includes a £3.5m shortfall in savings against the straight-line savings target of £4.4m (£2.2m per month). This has been offset by the following improvements compared to plan:

- An anticipated reduction in Contracting & Commissioning costs compared to the financial plan. This reduction is subject to agreement of the LTAs for 24/25 and the estimated year to date benefit is £0.8m.
- An anticipated reduction in Agency costs compared to the financial plan. The estimated year to date benefit is £0.4m.

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

	May			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M2 £'000	M1 £'000	Movement £'000
RRL	114,766	113,515	1,251	1,374,071	1,370,813	3,258
Donation/Grants	1	0	1	38	0	38
Welsh HBs & NHST	6,619	6,612	7	79,351	79,344	7
WHSSC	1,013	1,020	(7)	12,233	12,240	(7)
WG Income	709	7	702	1,084	(448)	1,532
Other Income	3,789	3,953	(164)	47,272	47,436	(164)
Income Total	**126,897**	**125,107**	**1,790**	**1,514,049**	**1,509,385**	**4,664**
PC Contractor	13,482	13,011	471	155,761	155,600	161
PC - Drugs	7,935	8,445	(510)	104,117	104,772	(655)
Pay	56,483	56,052	431	673,948	673,517	431
Non Pay	10,011	9,644	367	116,260	115,736	524
SC - Drugs	5,408	4,790	618	58,948	58,230	718
H/C Other NHS	22,940	22,457	483	269,967	269,484	483
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,660	6,426	234	73,695	73,461	234
Private & Vol	1,028	1,016	12	12,204	12,192	12
Joint & Other	(5,108)	(392)	(4,716)	(9,420)	(4,704)	(4,716)
Losses, Spec Payments	6,394	1,730	4,664	25,124	20,760	4,364
DEL	2,941	2,518	423	32,759	30,215	2,544
AME	99	10	89	686	122	564
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	0	0	0	0	0	0
Cost - Total	**128,273**	**125,707**	**2,566**	**1,514,049**	**1,509,385**	**4,664**

Actual expenditure for M2 was £2.6m (2.0%) greater than the £125.7m forecast. The most significant movements between the forecast and actuals were as follows:

- **WG Income - £702k Favourable** – Correction of Non-Cash Limited income in M1.
- **Primary Care Contractors - £471k Adverse –** Correction of Non Cash Limited £702k adverse, offset with improvement of £231k in Primary Care.
- **Primary Care Drugs - £510k Favourable –** Revision to the profiled plan to reflect most recent data. As no data is currently available for 24/25, the PAR position continues to be accrued to plan.
- **Provider Services Pay - £431k Adverse** – Increase in Registered Nursing agency expenditure and general increases across all pay groups.
- **Secondary Care Drugs - £618k Adverse** – Increased expenditure on NICE drugs mainly relating to Rheumatology and Dermatology.
- **NHS Healthcare - £483k Adverse –** The M2 movement reflects continued updates to the LTA and SLA plans in preparation for signing off SLAs & LTAs by the end of June.

The year-end forecast expenditure at M2 has increased by £4.6m to £1.514m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M1 are as follows:

- **WG Income - £1,532k Favourable** – Reflects correction of Non-Cash Limited income from M1 and revised estimates for future months.
- **Primary Care Drugs - £655k Favourable –** Revised forecast following improved M12 PAR and impact upon 24/25 plan.
- **Provider Services Non-Pay - £524k Adverse** – Revised forecast following increased expenditure on clinical supplies & services in M1 & M2 compared to original plan.
- **Secondary Care Drugs - £718k Adverse** – Revised forecast following increased expenditure on NICE Drugs in M1 & M2 compared to original plan.
- **Joint & Other and Losses & Special Payments –** Due to the adoption of the national mapping of financial codes to categories, the Welsh Risk Pool payments and recovery of contribution are now reported gross, these categories should be considered jointly when comparing monthly and annual forecast movements. Combined there are no material movements to report for M2.
- **Capital DLE/AME - £3,108k Adverse –** Revised Capital charge estimates with corresponding anticipated allocation adjustment.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and impact of the autumn Flu vaccination campaign.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M2 Pay expenditure was £58.6m and the monthly trend is summarised below.

	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.6	7.5	7.4	7.1	7.7	7.5
Medical	15.4	15.5	15.5	15.3	15.7	15.6
Nursing	18.3	17.9	19.0	19.6	19.3	18.2
ACS	7.5	7.3	7.5	7.7	7.5	7.3
Other	9.8	9.9	9.8	9.5	10.1	9.8
Total	**58.6**	**58.1**	**59.3**	**59.2**	**60.4**	**58.4**

The Key issues to highlight are as follows:

- Nursing expenditure increased slightly in M2; However, the year-to-date average is showing a £0.9m improvement compared to the Q4 average. The high nursing costs experienced during M11 & M12 appear to have eased in M1 & M2, with Nursing pay costs returning to previous levels.

- Medical remains consistent with the Q4 average. However, since M1 & M2 does not include any impacts of industrial action (estimated impact of £0.3m per month in Q4), underlying costs have increased by £0.3m.

- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M2 agency expenditure was £3.6m and the monthly trend (excluding accountancy gains) is summarised below:

	M2	M1	Q4 Average	M12	M11	M10
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	1.0	0.9	1.2	1.4	1.4	0.9
Nursing	2.0	1.7	2.1	2.2	2.3	1.9
Other	0.6	0.7	0.8	0.9	0.7	0.7
Total	**3.6**	**3.3**	**4.1**	**4.5**	**4.5**	**3.4**

The Key issues to highlight are as follows:

- The Nursing agency pressures experienced during M11 & M12 appear to have returned in M2 following an improvement in M1. It is reported that the impact of covering Bank Holiday periods was the major cause of the M2 increase.

- Medical Agency continues to report improvements upon the Q4 average.

The M2 variable pay expenditure was £4.8m and the monthly trend (excluding accountancy gains) is summarised below.

	M2	M1	Q4 Average	M12	M11	M10
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	2.1	2.2	2.1	2.3	1.9	2.0
Nursing	0.8	0.9	1.2	1.3	1.2	1.1
ACS	1.3	1.1	1.3	1.5	1.3	1.2
Other	0.6	0.6	0.6	0.7	0.5	0.6
Total	**4.8**	**4.8**	**5.2**	**5.7**	**4.9**	**5.0**

The Key issues to highlight are as follows:

- Registered Nursing continues to report improvements on the Q4 average.

- Additional Clinical Services deteriorated during M2 with increased use of Bank being the main cause of the £0.2m increase.

1.5 Covid analysis (Table B3)

	M2	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.30	0.70	5.6	5.7	(0.1)
PPE	0.04	0.03	0.4	0.4	0
Adferiad	0.09	0.09	1.1	1.1	0
Total	**0.43**	**0.95**	**7.1**	**7.2**	**0**

There are no key issues to highlight at M2.

2. Underlying position (Table A1)

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

As at M2 we are reporting a forecast Underlying surplus at the end of 2024/25 of £(2.1)m. This is consistent with the IMTP submitted on the 31st of March 2024 and will be reviewed at the end of Q1.

3. Risk Management (Table A2)

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

	Month 2 £m	Month 1 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	2.6	2.6	Further clarification needed on funding assumptions for 24/25
Risk of the 24/25 pay award not being fully funded	Tbc	Tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement in forecast savings plans of £22.2m	2.7	2.6	
Delivery risk on latest savings plans for £22.2m	8.2	6.5	65% of Amber schemes £12.6m
Cost pressures	5.0	5.0	
Further industrial action in 24/25.	Tbc	Tbc	
Total Risks	**18.5**	**16.7**	
Opportunities			
Balance sheet opportunities in 24/25	(5.0)	(5.0)	
Retrospective vat recoveries – Microsoft contract	(2.3)	(1.8)	Updated assessment from DHCW.
Potential reduction in Energy costs	Tbc	Tbc	
Total opportunities	**(7.3)**	**(6.8)**	
Net risk	**11.2**	**9.4**	

The net risk of £11.2m primarily represents the risk of delivering the £26.3m savings target for 24/25.

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

Tables N & O will be completed Quarterly from Q2 (M6)
Table P will be completed monthly from M3 onwards.

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

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

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

See section 1.4.

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

See section 1.4.

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

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

	Month 2			Month 1		
	YTD	**24/25**	**Rec**	**YTD**	**24/25**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M1	**4.4**	**26.3**	**26.3**	**2.2**	**26.3**	**26.3**
Actual and Forecast Savings	(0.9)	(22.2)	(24.2)	(0.5)	(23.0)	(22.6)
Total	**3.5**	**4.1**	**2.1**	**1.7**	**3.3**	**3.7**

Further work is ongoing to develop robust plans to close the forecast gap of £4.1m In year and £2.1m recurrently.

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

	Initial Plan £'m	M2 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	0.4	0.9	21.4	23.1
Income Generation	0.6	0.0	0.0	0.8	1.1
To be identified	3.3	0.0	0.0	4.1	2.1
Total Savings	**26.3**	**0.4**	**0.9**	**26.3**	**26.3**
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

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

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

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

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – Non-Recurrent savings plans will not be reviewed until M4. The first call for any NR savings will be any other operating overspends within a Care Group.

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

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

Table E shows the anticipated allocations assumed within our M2 position.

The table below summaries the more material items:

Description	M2	M1	Comments
	£k	£k	
2022/23 Pay award	8,899	8,899	
2023/24 Pay award	31,871	31,871	
2024/25 RLW Pay award	2,635	2,635	
Substance Misuse Funding	4,031	4,031	
Emergency/Urgent Care	2,959	2,959	
RLW Social Care	2,400	2,400	
MH Investment	4,069	4,069	
Dementia Action Plan	1,242	1,242	
AHW – Prevention & Early Years	984	984	
CAMHS In reach	666	666	
Memory Assessment Service	461	461	
VBHC Projects	655	655	
WG Funded Trainees	1,509	1,656	
IFRS 16 Adjustment	(2,401)	(2,401)	
WRP Recovery	(4,606)	(4,606)	
GP Pay Uplift 23/24	0	2,988	Allocation Confirmed
Capital Charges DEL/AME	3,183	122	
Other Allocations	2,269	1,927	
Total Anticipated Allocations	**60,826**	**60,558**	

9. Health Care agreements

Draft proposals for the 2024/25 LTAs have been submitted to all providers and commissioners. The latest position is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Proposal submitted, DoFs meeting held awaiting revised response.	Proposal submitted awaiting response.
C&V UHB	Proposal submitted, awaiting formal response. DoFs to meet to discuss.	Proposal submitted, initial response received disputing funding levels. DOFs to meet to discuss.
HDda UHB	Proposal submitted, awaiting response	Proposal submitted awaiting response
Powys TUHB	Proposal submitted, DoFs meeting held awaiting revised response.	Not applicable
SBUHB	Proposal submitted, awaiting formal response.	Proposal submitted, initial response received

	DoFs to meet to discuss	disputing funding levels. DOFs to meet to discuss.
JCC	Proposal submitted, awaiting response	ICP approved at JCC.
Velindre NHST	Not Applicable	Proposal submitted, DoFs meeting held awaiting revised response.
PHW	Financial schedule received from PHW, awaiting documentation for signing.	Not Applicable

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

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

10.1 Significant month on month balance sheet movements

Table F will be completed monthly from M3 onwards.

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

There are three invoices which remain unpaid over 11 weeks which all relate to Swansea Bay UHB. These have been followed up for payment.

11. Cash Flow Forecast (Table G)

The Cash Flow forecast shows a balanced position at the end of M2.

12. Public Sector Payment Compliance (Table H)

Table H will be completed quarterly from M3 onwards.

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

The M2 CRL is £53.8m, issued on the 2nd May 2024. As at M2, £9.7m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

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

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	Medium – in year overspend	The latest SCP cashflow forecast indicates a full year spend £4.1m more than the CRL of £25.3m. This will be closely monitored over the following months.
EFAB Decarb	Medium – in year underspend	Underspend of £0.6m identified on this scheme. However we will be submitting bids to utilise this.
Sunnyside BHWC	Medium – in year underspend	SCP started on site 3rd June, cashflow indicates spend of £9m in year however this will need to be reviewed further once exact requirements for existing foundations are known.
LHP	Medium - In year overspend	As discussed at CRM - additional funding required in year in order to continue.

Disposals
There are currently no confirmed disposals of property. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q will be completed monthly from M3 onwards.

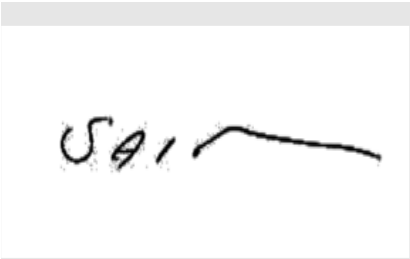
15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M2 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

For 2024/25 the deputies who have been approved to sign off the Monthly Monitoring Return in the absence of the Director of Finance and/or Chief Executive are:

- Mark Thomas, Deputy Director of Finance.
- Greg Padmore-Dix, Deputy Chief Executive/Executive Nurse Director.

16. Authorisation



P Mears
Chief Executive

S May
Director of Finance

Date: 13 June 2024

Action Points arising from Month 1 Response

Action Point	WG Comment	CTM Response
	TABLE A	
1.1	As reported in Table A, the current balanced forecast outturn position is being supported by unfinalised savings plans totalling £2.652m. We will look to your month 2 submission for assurance that all savings plans have been finalised. **(Action Point 1.1)**	The HB is still working to de-risk the existing savings plans and identify further opportunities to mitigate the £2.652m savings shortfall.
1.2	We note you are forecasting monthly deficits for the 1st six months of the financial accumulating in a YTD deficit of £3.330m: this deficit is then projected to be offset by monthly surpluses from month 9. Please ensure your narrative provides details of the assumptions which support such a profile. **(Action Point 1.2)**	The profiles of the identified savings plans are heavily weighted to the later 6 months of the year, compared to a straight-line assumption in the plan. The risk associated with the delivery of these plans is captured in our Risk table.
1.3	Please also ensure the narrative provides supporting explanations for the material monthly movements reported on Line 26 of Table A. **(Action Point 1.3)**	Noted – Table A has been updated for M2.
1.4	Please consider adjusting the opening plan section (e.g. using Line 7) to enable a straight-lined opening plan profile to be reported on Line 14. **(Action Point 1.4)**	Actioned.
	TABLE A2 (Risks & Opportunities)	
1.5	We note that you are reporting an identified savings delivery risk of £6.528m. Please refer to the relevant section of the guidance which confirms that Amber schemes must move to the Green status within 3 months of first being included within the Tracker (Table C3). The 'Go Green' date must therefore fall within that requirement. In the event that the 'Go Green'	Noted. However, it remains our view that all robust savings plans should continue to be reported pending confirmation of delivery, even if this may be delayed beyond the Q1 timeframe. As an example Prescribing

	date is not achieved, a detailed explanation will need to be provided in the narrative and the forecast scheme delivery values will need to be removed from the future profile (resulting in a pressure against the plan) and may only be reintroduced when the scheme meets the Green criteria. Please ensure the savings tracker is compliant with this guidance at month 2 and the corresponding risk value is also reviewed. **(Action Point 1.5)**	data for Q1 will not be known until M5, our profile reflects this delay in reporting.
1.6	Please ensure the risk and opportunities (including quantified values) are consistently reported between the narrative and Table A2. **(Action Point 1.6)**	Noted.
	TABLE B	
1.7	We note that a number of future month expenditure profiles have been completed on a straight line basis. We trust expenditure profiles will be further refined at month 2. **(Action Point 1.7)**	The forecast plans reflect the best estimates at this time. The profiles will be refreshed monthly to reflect the latest information with explanations for any significant changes noted in section 1.3 of the narrative report.
1.8	Within future narratives, please ensure confirmation is provided where any unidentified savings/mitigating actions supporting the outturn position are being phased within the SoCNE (e.g. all against non pay). **(Action Point 1.8)**	The mitigating actions have been factored into the detailed forecasts within Table B, they mainly impact upon Provider Pay, Non Pay and Medicines Management.
1.9	Your narrative confirms the assumption that as there is no change to the Dental Patient Charge Income target, any additional income because of the increased charges can be retained by the Health Board to support Dental Service Provision and will not be recovered by WG. Please confirm	Noted. Discussions are ongoing with WG policy team.

	whether this position has been / will be discussed with dental policy colleagues for their agreement. **(Action Point 1.9)**	
	TABLE C-C3	
1.10	The annual forecast pay savings in Table C of £12.837m are higher than the workforce savings reported in Table C2 of £12.508m. Please review the categorisation of savings in the tracker and if there remain differences between the categories in future months, provide a supporting explanation in your narrative. **(Action Point 1.10)**	The variance of £329k relates to primary care workforce savings. This will be updated in M2 to reflect the correct categories in table C3.
	TABLE D	
1.11	We note your narrative confirms that there remains a number of outstanding disputes in respect to the 2024/25 inflation uplift for both LTAs and SLAs which are yet to be resolved. Please be reminded that the deadline to agree and sign-off the NHS Wales 23/24 LTA/SLAs is the 30th of June 2024. Any requirement to activate the arbitration process should be regarded as a last resort; therefore, the submission of cases will be viewed as a failure of organisations to deal with the matter locally in a prompt and professional manner. **(Action Point 1.11)**	Noted.
	OTHER	
1.12	Please ensure that the MMR template circulated with the MMR WHC is the version used to complete and submit your month 2 return. **(Action Point 1.12)**	Noted.
1.13	Within your month 2 narrative, please provide confirmation of the deputies who have been approved to sign off the monthly	Noted – see section 15 of narrative report.

	Monitoring Returns in the absence of the CEO and DoF. **(Action Point 1.13)**	

Cwm Taf Morgannwg ULHB **Period : May 24**

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)	-19,400	0	-19,400	-19,400
2	Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3	Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6	Other Income Uplift / (Reduction)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	22,380	2,595	19,785	21,778
9	Planned (Finalised) Net Income Generation	634	32	603	825
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,285	0	3,285	3,697
14	**Opening IMTP / Annual Operating Plan**	**76**	**1,241**	**-1,165**	**2,062**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,285	0	-3,285	-3,697
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	156	0	156	323
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,412	6	-1,417	652
20	Additional In Year Identified Savings - Forecast	393	0	393	622
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	91	91		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	129	129	0	0
27	Improvement in C&C Plans (pending LTA agreements)	800	0	800	800
28	Agency Planning Assumptions improvement	400	0	400	400
29	Anticipated improvement in savings plans	2,652	1,752	900	900
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**3,218**	**-3,218**	**2,062**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**91**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-91**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-3,234
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-7,736
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-1,094
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	6,599
5	519	575	549	531	526	623	645	660	676	629	629	644	1,094
6													0
7												0	0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	1,306
9	0	6	53	66	57	67	64	64	64	65	65	64	6
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,071
14	**6**	**7**	**7**	**6**	**6**	**8**	**5**	**7**	**7**	**6**	**7**	**8**	**12**
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,071
16													0
17													0
18	0	-6	-31	-37	-37	-25	14	56	56	56	56	56	-6
19	0	-392	-142	16	-357	-49	-82	-82	-82	-82	-82	-78	-392
20	0	0	0	0	30	52	52	52	52	52	52	52	0
21													0
22	0	-145	-35	-29	-25	60	63	21	18	-5	-6	83	-145
23		-178	475	-621	-348	-203	-439	10	-152	338	536	583	-178
24	0	145	35	29	25	-60	-63	-21	-18	5	6	8	145
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26	168	-40										0	128
27	400	400											800
28	200	200											400
29							442	442	442	442	442	442	0
30													0
31													0
32													0
33													0
34													0
35													0
36													0
37													0
38													0
39													0
40	**-930**	**-1,376**	**-600**	**-500**	**-400**	**-300**	**0**	**500**	**500**	**800**	**1,000**	**1,306**	**-2,306**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**91**	**0**
42	**-930**	**-1,376**	**-600**	**-500**	**-400**	**-300**	**0**	**500**	**500**	**800**	**1,000**	**1,215**	**-2,306**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

Cwm Taf Morgannwg ULHB

Period : May 24

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	584	12,837		0	6,909				
2		Actual/F'cast	160	65	359	1,493	1,075	1,198	1,240	1,240	1,253	1,243	1,246	1,262	225	11,835	1.90%	5,104	6,731	1,955	9,880	0	13,157
3		Variance	0	(359)	(272)	(44)	(112)	(3)	(36)	(36)	(36)	(36)	(36)	(32)	(359)	(1,002)	*(61.50%)*	5,104	-178				
4	Non-Pay	Budget/Plan	8	72	278	353	197	327	224	257	384	259	259	384	80	3,004		1,384	1,621				
5		Actual/F'cast	8	42	281	339	181	317	214	247	375	250	250	375	50	2,878	1.74%	1,381	1,498	645	2,233	0	2,827
6		Variance	0	(30)	3	(14)	(16)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(30)	(126)	*(37.68%)*	-3	-123				
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	640	5,448		1,643	3,805				
8		Actual/F'cast	320	320	320	320	751	406	509	509	509	495	495	495	640	5,448	11.75%	1,643	3,805	0	5,448	0	5,625
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
10	Secondary Care Drugs	Budget/Plan	0	2	2	2	307	84	123	97	81	77	75	64	2	916		880	36				
11		Actual/F'cast	0	0	129	76	107	84	123	97	81	77	75	64	0	914	0.00%	878	36	0	914	0	984
12		Variance	0	(2)	127	74	(200)	0	0	0	0	0	0	0	(2)	(1)	*(100.00%)*	-1	0				
13	CHC/FNC	Budget/Plan	0	0	0	50	0	25	0	0	38	0	0	38	0	150		0	150				
14		Actual/F'cast	0	0	0	50	0	25	0	0	38	0	0	38	0	150	0.00%	0	150	0	150	0	150
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	25		0	25				
20		Actual/F'cast	0	0	0	0	0	16	20	20	20	20	20	20	0	136	0.00%	0	136	0	136	0	310
21		Variance	0	0	0	0	0	16	16	16	16	16	16	16	0	111		0	111				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	1,306	22,380		3,906	25				
35		Actual/F'cast	488	427	1,089	2,279	2,114	2,046	2,107	2,114	2,275	2,085	2,086	2,254	915	21,362	0.00%	9,006	12,356	2,601	18,761	0	23,052
36		Variance	0	(392)	(142)	16	(327)	3	(30)	(30)	(30)	(30)	(30)	(26)	(392)	(1,019)		5,100	12,331				

37	Variance in month	0.00%	(47.85%)	(11.56%)	0.71%	(13.41%)	0.13%	(1.41%)	(1.40%)	(1.30%)	(1.42%)	(1.42%)	(1.14%)	(29.97%)
38	In month achievement against FY forecast	2.29%	2.00%	5.10%	10.67%	9.90%	9.58%	9.86%	9.89%	10.65%	9.76%	9.77%	10.55%	

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Period : May 24

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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	Pay - General & Substantive	Budget/Plan	47	80	107	777	342	352	427	427	439	429	432	443	127	4,300	0	2,038			
2		Actual/F'cast	47	41	110	857	286	362	404	404	417	407	409	424	88	4,168	2,249	1,918	1,881	2,286	3,224
3		Variance	0	(39)	3	79	(56)	10	(22)	(22)	(22)	(22)	(22)	(18)	(39)	(133)	2249.047	(120)			
4	Pay - Variable	Budget/Plan	0	46	57	173	155	155	155	155	155	155	156	156	46	1,514	0	876			
5		Actual/F'cast	0	0	0	162	174	180	180	180	180	180	181	181	0	1,600	546	1,054	74	1,526	2,070
6		Variance	0	(46)	(57)	(10)	20	26	26	26	26	26	26	26	(46)	85	546	178			
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	411	7,022	0	3,994			
8		Actual/F'cast	113	23	249	475	615	656	656	656	656	656	656	657	137	6,068	2,309	3,758	0	6,068	7,863
9		Variance	0	(274)	(219)	(113)	(75)	(39)	(39)	(39)	(39)	(39)	(39)	(39)	(274)	(955)	2,309	(236)			
10	Total	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	584	12,837	0	6,909			
11		Actual/F'cast	160	65	359	1,493	1,075	1,198	1,240	1,240	1,253	1,243	1,246	1,262	225	11,835	5,104	6,731	1,955	9,880	13,157
12		Variance	0	(359)	(272)	(44)	(112)	(3)	(36)	(36)	(36)	(36)	(36)	(32)	(359)	(1,002)	5,104	(178)			

Table C2- V&S Saving Categories

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Workforce	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	584	12,837
2		Actual/F'cast	160	65	359	1,493	1,075	1,198	1,240	1,240	1,253	1,243	1,246	1,262	225	11,835
3		Variance	0	(359)	(272)	(44)	(112)	(3)	(36)	(36)	(36)	(36)	(36)	(32)	(359)	(1,002)
4	Medicines Management	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	644	6,544
5		Actual/F'cast	320	320	459	413	875	507	648	622	606	589	587	576	640	6,521
6		Variance	0	(4)	107	74	(200)	0	0	0	0	0	0	0	(4)	(23)
7	Procurement & Non-pay	Budget/Plan	4	67	106	285	155	159	165	168	170	170	170	170	72	1,788
8		Actual/F'cast	4	37	138	272	149	159	165	168	170	170	170	170	41	1,771
9		Variance	0	(30)	32	(13)	(6)	0	0	0	0	0	0	0	(30)	(17)
10	CHC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	0	650
11		Actual/F'cast	0	0	125	50	0	150	0	0	163	0	0	163	0	650
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	30	30	30	30	30	0	150
14		Actual/F'cast	0	0	0	0	0	0	0	30	30	30	30	30	0	150
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other - Commissioning	Budget/Plan	4	4	17	38	22	23	37	37	37	37	37	37	7	331
17		Actual/F'cast	4	5	8	37	12	29	43	43	43	43	43	43	9	354
18		Variance	0	2	(8)	(1)	(10)	6	6	6	6	6	6	6	2	23

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2

This Table is currently showing 0 errors

May 24

Table C3 - Tracker

	£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	488	816	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,260	1,308	22,380	2,595	19,785	1,993	21,778
	Month 1 - Actual/Forecast	488	427	1,089	2,279	2,084	1,984	2,055	2,063	2,223	2,033	2,034	2,202	815	20,868	2,601	18,268	4,662	22,430
	Variance	0	(390)	(142)	16	(357)	(49)	(82)	(81)	(82)	(82)	(82)	(58)	(493)	(1,412)	6	(1,417)	2,669	652
	In Year - Plan	0	0	0	0	30	52	52	52	52	52	52	52	0	393	0	393	229	622
	In Year - Actual/Forecast	0	0	0	0	30	52	52	52	52	52	52	52	0	393	0	393	229	622
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	488	816	1,231	2,263	2,472	2,095	2,188	2,196	2,357	2,166	2,168	2,312	1,308	22,773	2,595	20,178	2,223	22,400
	Total Actual/Forecast	488	427	1,089	2,279	2,114	2,036	2,107	2,115	2,275	2,085	2,086	2,254	815	21,261	2,601	18,661	4,892	23,052
	Total Variance	0	(390)	(142)	16	(357)	(59)	(82)	(81)	(82)	(82)	(82)	(78)	(493)	(1,412)	6	(1,417)	2,669	652
Net Income Generation	Month 1 - Plan	0	0	53	88	57	62	84	84	84	84	84	84	0	634	32	603	222	824
	Month 1 - Actual/Forecast	0	0	21	39	19	42	38	38	38	40	40	39	0	345	32	313	137	450
	Variance	0	(0)	(31)	(37)	(37)	(20)	(45)	(45)	(45)	(45)	(45)	(45)	(0)	(289)	0	(289)	(85)	(373)
	In Year - Plan	0	0	0	0	0	0	39	81	81	81	81	81	0	646	0	646	252	898
	In Year - Actual/Forecast	0	0	0	0	0	0	39	81	81	81	81	81	0	646	0	646	252	898
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	53	88	57	62	123	165	165	165	165	165	0	1,280	32	1,248	474	1,722
	Total Actual/Forecast	0	0	21	39	19	42	77	120	120	121	121	120	0	991	32	959	389	1,349
	Total Variance	0	(0)	(31)	(37)	(37)	(20)	(45)	(45)	(45)	(45)	(45)	(45)	(0)	(289)	0	(289)	(85)	(373)
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	488	816	1,284	2,326	2,499	2,105	2,200	2,202	2,369	2,180	2,181	2,344	1,312	23,015	2,627	20,388	2,215	22,603
	Month 1 - Actual/Forecast	488	427	1,110	2,307	2,104	2,026	2,093	2,103	2,261	2,072	2,074	2,241	815	21,314	2,633	18,681	4,199	22,880
	Variance	0	(390)	(174)	(19)	(395)	(79)	(107)	(100)	(108)	(107)	(107)	(103)	(498)	(1,701)	6	(1,707)	1,984	277
	In Year - Plan	0	0	0	0	30	52	91	133	133	133	133	133	0	838	0	838	482	1,320
	In Year - Actual/Forecast	0	0	0	0	30	52	91	133	133	133	133	133	0	838	0	838	482	1,320
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	488	816	1,284	2,326	2,529	2,157	2,291	2,335	2,502	2,313	2,314	2,477	1,312	23,853	2,627	21,226	2,697	23,923
	Total Actual/Forecast	488	427	1,110	2,307	2,134	2,078	2,184	2,236	2,394	2,206	2,207	2,374	815	22,152	2,633	19,520	4,681	24,200
	Total Variance	0	(390)	(174)	(19)	(395)	(79)	(107)	(100)	(108)	(107)	(107)	(103)	(498)	(1,701)	6	(1,707)	1,984	277

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

Agenda Item
2.2.1d

Planning, Performance and Finance Committee

MONTH 3 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Welsh Government	11/07/2024	NOTED

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

1. Situation /Background

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

The purpose of this report is to provide the PPFC with information from the M3 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

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

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

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

The following information is provided at Annex A:

Annex A
M3 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

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

The key information included in the M3 Financial Monitoring returns is summarised in Section 1.2 of the M3 Narrative report at Annex A. This information is consistent with the M3 Internal Board papers.

4. Assessment

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

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

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

5. Recommendation

5.1 The Committee is asked to **NOTE** the contents of the M3 Monitoring Returns submitted to Welsh Government for 2024/25.

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

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

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

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

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

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

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**
Month 3	**0.4**	**2.7**	**0**

The main driver for the overspend in M3 is the £1.3m shortfall in savings delivery compared to the straight-line monthly savings target of £2.2m.

The M3 YTD overspend of £2.7m includes a £4.8m shortfall in savings against the straight-line savings target of £6.6m (£2.2m per month), plus

adverse operating variances of £1.0m. These cost pressures have been offset by £3.1m of improvements compared to plan:

- Reduction in Contracting & Commissioning costs compared to the financial plan- YTD £1.25m and forecast £5.0m.
- Reduction in Agency costs compared to the financial plan- YTD £0.6m and forecast £2.4m.
- Accountancy gains – YTD £1.25m and forecast £5.0m.

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

	June			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M3 £'000	M2 £'000	Movement £'000
RRL	114,102	113,725	377	1,461,638	1,374,071	87,567
Donation/Grants	0	0	0	43	38	5
Welsh HBs & NHST	6,267	6,612	(345)	78,106	79,351	(1,245)
WHSSC	1,090	1,020	70	12,303	12,233	70
WG Income	(110)	90	(200)	842	1,084	(242)
Other Income	4,144	3,953	191	47,463	47,272	191
Income Total	**125,493**	**125,400**	**93**	**1,600,395**	**1,514,049**	**86,346**
PC Contractor	12,980	12,980	0	155,761	155,761	0
PC - Drugs	8,328	8,603	(275)	103,842	104,117	(275)
Pay	56,458	56,052	406	675,254	673,948	1,306
Non Pay	10,165	9,884	281	116,729	116,260	469
SC - Drugs	4,243	4,790	(547)	58,401	58,948	(547)
H/C Other NHS	22,573	22,457	116	270,083	269,967	116
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,047	6,126	(79)	73,616	73,695	(79)
Private & Vol	1,044	1,016	28	12,232	12,204	28
Joint & Other	425	(392)	817	(8,603)	(9,420)	817
Losses, Spec Payments	287	1,700	(1,413)	23,261	25,124	(1,863)
DEL	3,268	2,730	538	34,099	32,759	1,340
AME	33	54	(21)	85,724	686	85,038
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	(4)	0	(4)	(4)	0	(4)
Cost - Total	**125,847**	**126,000**	**(153)**	**1,600,395**	**1,514,049**	**86,346**

Actual expenditure for M3 was £0.2m (0.1%) less than the £126.0m forecast. The most significant movements between the forecast and actuals were as follows:

- **HB Income - £345k Adverse** – Recognition of agreed LTAs.
- **WG Income - £200k adverse** – Movement in non cash limited flows, this is neutralised within PC drugs.
- **Primary Care Drugs - £275k Favourable –** Movement in non cash limited flows..
- **Provider Services Pay - £406k Adverse** – Continuation of increased Registered Nursing and Additional Clinical Services expenditure above plan.
- **Secondary Care Drugs - £547k Favourable** – Reduction in expenditure following an unexpected high spend in May.
- **Joint & Other and Losses & Special Payments - £596k Favourable –** Combined the net expenditure has reduced by £596k, this is a volatile area which will be closely monitored.

The year-end forecast expenditure at M3 has increased by £86.3m to £1.600m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M2 are as follows:

- **HB Income - £1,245k Adverse** – Recognition of agreed LTAs.
- **Provider Services Pay - £1,306k Adverse** – Continuation of increased Registered Nursing and Additional Clinical Services expenditure.
- **Provider Services Non Pay - £469k Adverse** – Revised forecast to reflect Q1 trends.
- **Secondary Care Drugs - £547k Favourable** – Recognition of the in month improvement.
- **Joint & Other and Losses & Special Payments - £1,046k Favourable –** Revised forecast to reflect Q1 actuals.
- **Capital DLE/AME - £85,038 Adverse –** Revised Capital charge estimates with corresponding anticipated allocation adjustment.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and impact of the autumn Flu vaccination campaign.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M3 Pay expenditure was £58.6m and the monthly trend is summarised below.

	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.5	7.6	7.6	7.5	7.4	7.1	7.7	7.5
Medical	15.4	15.3	15.4	15.5	15.5	15.3	15.7	15.6
Nursing	18.2	18.4	18.3	17.9	19.0	19.6	19.3	18.2
ACS	7.4	7.5	7.5	7.3	7.5	7.7	7.5	7.3
Other	9.8	9.8	9.8	9.9	9.8	9.5	10.1	9.8
Total	**58.4**	**58.6**	**58.6**	**58.1**	**59.3**	**59.2**	**60.4**	**58.4**

The Key issues to highlight are as follows:

- Total expenditure in M3 is consistent M2 and the Q1 average is £0.9m lower than Q4. The main are of improvement in Q1 is Nursing which has reduced by £0.8m compared to Q4.

- Medical remains consistent with the Q4 average. However, since Q1 does not include any impacts of industrial action (estimated impact of £0.3m per month in Q4), underlying costs have increased by £0.3m.

- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M3 agency expenditure was £3.2m and the monthly trend (excluding accountancy gains) is summarised below:

	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.9	0.8	1.0	0.9	1.2	1.4	1.4	0.9
Nursing	1.9	1.9	2.0	1.7	2.1	2.2	2.3	1.9
Other	0.6	0.5	0.6	0.7	0.8	0.9	0.7	0.7
Total	**3.4**	**3.2**	**3.6**	**3.3**	**4.1**	**4.5**	**4.5**	**3.4**

The Key issues to highlight are as follows:

- Total agency expenditure has improved by £0.4m in M3 compared to M2 and the Q1 average is £0.7m lower than Q4.

The M3 variable pay expenditure was £4.7m and the monthly trend (excluding accountancy gains) is summarised below.

	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.1	2.1	2.1	2.2	2.1	2.3	1.9	2.0
Nursing	0.9	0.9	0.8	0.9	1.2	1.3	1.2	1.1
ACS	1.2	1.1	1.3	1.1	1.3	1.5	1.3	1.2
Other	0.6	0.5	0.6	0.6	0.6	0.7	0.5	0.6
Total	**4.8**	**4.7**	**4.8**	**4.8**	**5.2**	**5.7**	**4.9**	**5.0**

The Key issues to highlight are as follows:

- Total variable pay expenditure has improved by £0.1m in M3 compared to M2 and the Q1 average is £0.4m lower than Q4.

1.5 Covid analysis (Table B3)

	M3	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.39	1.09	5.6	5.6	(0.1)
PPE	0.04	0.12	0.5	0.4	0.1
Adferiad	0.90	0.26	1.2	1.1	0
Total	**0.53**	**1.47**	**7.2**	**7.2**	**0**

There are no key issues to highlight at M3.

2. Underlying position (Table A1)

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

As at M2 we are reporting a forecast Underlying surplus at the end of 2024/25 of £(2.1)m, which is consistent with the IMTP submitted on the 31st of March 2024. However, we are currently off plan at M3 and this presents a risk to both the In year forecast and the recurrent position.

A detailed review of the forecast recurrent position at the end of 24/25 will be undertaken at M6.

3. Risk Management (Table A2)

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

	Month 3 £m	Month 2 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	0	2.6	Email confirmation of 23/24 allocation being made recurrent by WG.
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Risk of Optometry costs not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement of £3.7m over and above the M3 forecast savings plans of £17.7m	3.7	2.7	Improvement included in year-end forecast at Table A.
Delivery risk on latest savings plans for £22.2m	3.8	8.2	65% of the Amber schemes totalling £5.8m
Cost pressures	0	5.0	Now included in year-end forecast at Table A.
Further industrial action in 24/25.	Tbc	Tbc	
ABUHB Arbitration Risk	1.7	0	Risk relating to the Arbitration case with ABUHB regarding the 24/25 LTA.
Total Risks	**9.2**	**18.5**	
Opportunities			
Balance sheet opportunities in 24/25	tbc	(5.0)	Now included in year-end forecast at Table A.
Retrospective vat recoveries – Microsoft contract	tbc	(2.3)	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of uncertainty.
Potential reduction in Energy costs	tbc	tbc	
Total opportunities	**0**	**(7.3)**	
Net risk	**9.2**	**11.2**	

The net risk of £9.2m includes a £7.5m savings risk against delivering forecast savings of £21.4m compared to the annual target of £26.3m for 24/25.

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

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

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Planned & Unscheduled care Sustainability	25.7	28.5	Includes £7.3m regional plans
Value Based HC	2.1	2.1	
Regional Integration Fund	22.3	22.3	
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.7	2.7	
Urgent Emergency Care	2.7	2.8	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See below 1 below

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

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

3. **Optometry** – The Q1 spend on WGOS2 has increased by 23% compared to 23-24 and by 48% from 22-23. If the current level of spend continues for the rest of 24/25 the potential funding shortfall against this category could be circa £1.2m. This risk could be mitigated if internal investment in WGOS3-5b is halted immediately and the budget for these categories re-aligned to WGOS2. The Health Board is assuming that additional funding will be made available to cover the potential £1.2m overspend. Please can the funding position be confirmed asap.

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

See section 1.4.

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

See section 1.4.

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

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

	Month 3			Month 2		
	YTD	**24/25**	**Rec**	**YTD**	**24/25**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M1	**6.6**	**26.3**	**26.3**	**4.4**	**26.3**	**26.3**
Actual and Forecast Savings	(1.8)	(17.7)	(23.6)	(0.9)	(22.2)	(24.2)
Total	**4.8**	**8.6**	**2.7**	**3.5**	**4.1**	**2.1**

Forecast savings for 24/25 have reduced by £4.5m from M2. This is mainly due to the removal of NR savings schemes (see below).

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

	Initial Plan £'m	M3 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	0.9	1.8	17.0	22.5
Income Generation	0.6	0.0	0.0	0.7	1.1
To be identified	3.3	0.0	0.0	3.7	2.7
Total Savings	**26.3**	**0.9**	**1.8**	**21.4**	**26.3**
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

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

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

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

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – All non-recurrent savings plans are being used to offset operating variances and will therefore not be reported as a saving in Table. This change is to reinforce the focus on the need for sustainable recurrent savings plans and has resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.

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

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below.

Table E shows the anticipated allocations assumed within our M3 position. The table below summaries the more material items:

Description	**M3**	**M2**	**Comments**
	£k	£k	
2022/23 & 23/24 Pay award	40,943	40,770	As per Matt Denham Jones Email.
2024/25 RLW Pay award	2,635	2,635	
Substance Misuse Funding	4,031	4,031	
Emergency/Urgent Care	1,372	2,959	
RLW Social Care	2,400	2,400	
MH Investment	0	4,069	Allocation Received
Dementia Action Plan	1,242	1,242	
AHW – Prevention & Early Years	936	984	
CAMHS In reach	700	666	
Memory Assessment Service	461	461	
VBHC Projects	655	655	
Neurodivergence Improvement	726	214	
WG Funded Trainees	1,509	1,509	
IFRS 16 Adjustment	(2,411)	(2,401)	
WRP Recovery	(4,606)	(4,606)	
Capital Charges DEL/AME	89,607	3,183	Revised Capital Charge estimate M3
Other Allocations	2,155	2,055	
Total Anticipated Allocations	**142,355**	**60,826**	

9. Health Care agreements

The latest position in respect to the agreement and signing of our LTAs is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Not Agreed - Arbitration request submitted 1st July 2024.	No confirmation from AB of acceptance or rejection of our proposal. We have not been informed of an arbitration case being submitted so are assuming the proposal has been accepted.
C&V UHB	Agreed – awaiting sign off of documentation	Agreed – awaiting sign off of documentation
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed – awaiting sign off of documentation
PHW	Agreed & Signed	Not Applicable

Except for ABUHB, all LTA's and SLAs were agreed by the 30th of June 2024. As required under WHC (2024) 022, arbitration documentation was submitted on the 1st of July 2024 for the ABUHB agreement.

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

10.1 Significant month on month balance sheet movements

This is the first update on balance sheet movements and highlights the main movements since the opening balance at the start of April 2024:

- Trade and Other payables have increased by £3.8m. Due to the early payment of the Pensions and National Insurance Contributions (PANISU) in 2023/24, this resulted in a lower creditor balance at year end. This increase in the PANISU creditor has been offset by a decrease in other creditors including capital creditors of £2.6m.

- Trade and Other Receivables have increased by £3.2m. This is mainly due to an increase in the debtor from the Welsh Risk Pool for Clinical negligence of £6.8m. This increase has been offset by a general decrease in trade and other receivables.

- The total balance for Provisions has increased by £6.1m and is due to an increase in the value of clinical negligence claims. This offsets the movement of Welsh Risk Pool debtors detailed above.

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

There are five NHS invoices which are due over 11 weeks, one of which is due over 17 weeks. The invoice over 17 weeks is in relation to Swansea Bay invoice reported in M2, this invoice was agreed at agreement of balances and our Debtors team have continued to chase payment. We have not been given a reason why this invoice would not be payable, therefore are still anticipating payment. We have requested this to be resolved urgently.

For the 4 invoices due over 11 weeks:

- Invoice relating to Aneurin Bevan is showing as paid on inter-company report, therefore should be cleared for next month
- Powys has confirmed that invoice 32962 will be paid on the next payment run. The Debtors team have followed up the remaining invoice.
- Debtors team have followed up the outstanding invoice with Swansea Bay, this has been agreed during the Agreement of Balance process, so we anticipate this will be paid.

11. Cash Flow Forecast (Table G)

The cash balance at the end of M3 was £3.95m.

The cash flow forecast shows a balanced position at the end of M3.

12. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30-day target for the first quarter of 23/24 was 92%. This is below the target of 95% and we are investigating this alongside the Accounts Payable team. We expect to meet the 95% target by the end of the year.

The target of paying NHS invoices within 30 days continues to be an issue and we are working with the newly formed All-Wales P2P governance group to find solutions to deal with this.

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

The M3 CRL is £54.7m, issued on the 19th June 2024. As at M3, £12.2m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

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

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	Medium – in year overspend	The latest SCP cashflow forecast indicates a full year spend £4.1m more than the CRL of £25.3m. This in being challenged currently and feedback will be provided once the HB and advisors are content with the forecast.
EFAB Infrastructure	Medium – in year underspend	One scheme cannot be completed in year due to the decant requirements and service disruption. Awaiting confirmed costs on other scheme before confirming in year position - risk of £0.4m
Sunnyside BHWC	Medium – in year underspend	SCP started on site 3rd June. Latest cashflow indicates spend of £6.4m in the year which is an underspend of £2.9m against CRL. The cost advisor is interrogating the cashflow forecast and we will monitor closely with a view to updating as soon as possible.
LHP	Medium - In year overspend	As discussed at CRM - additional funding is required in year to continue. Values to be reported in strategic overview document due to be submitted this month

Disposals
There are currently no confirmed disposals of property. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS15 leases. Approval will be requested for further IFRS16 leases at the end of July.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M2 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 11 July 2024

Action Points arising from Month 2 Response

Action Point	WG Comment	CTM Response
	TABLE A	
2.1	We note that you are now reporting a £0.091m surplus against the Covid-19 allocation which is supporting the current forecast outturn. The narrative confirms the underspend is against the Health Protection category, we trust that your colleagues are liaising with the Health Protection Policy team on the utilisation of this available funding. **(Action Point 2.1)**	The COVID funding has been allocated as a discretionary HCHS allocation (Table A2 of Initial allocation letter). Monitoring Information is being provided as required.
2.2	A contributing factor to the year to date deficit of £2.306m is an adverse Welsh Government funding variance (Line 23) of £0.178m. Please provide a supporting explanation for this in month funding pressure and provide corresponding details which support the future month profile where there are material monthly movements. **(Action Point 2.2)**	This was an error and has been corrected in M3.
2.3	The year to date favourable movements in contracting & commissioning (Line 27) and agency (Line 28) are now being reported as recurring benefits. Please provide a supporting explanation for these movements which we note you are not projecting to continue after month 2. **(Action Point 2.3)**	Table A has been updated to reflect revised planning assumptions including the Commissioning and Agency benefits.
	TABLE B	
1.8	Following your response to Action Point 1.8, please provide the financial profile by category of where any unidentified	The £3.7m mitigating actions yet to be identified are being reported within pay

	savings/mitigating actions supporting the outturn position are being phased within the SoCNE. **(Action Point 1.8)**	and Non pay lines of Table B (line 10 & 11).
2.4	Please ensure IFRS16 DEL depreciation charges are reported on the designated Line (45) of Section D. **(Action Point 2.4)**	Complete M3
	TABLE B2	
2.5	The reported April variable pay spend within Section D has increased by £0.013m from your month 1 return. Please ensure that any prior month adjustments are referenced and explained within the supporting narrative. **(Action Point 2.5)**	Noted
	TABLE C-C3	
1.5	Following your response to Action Point 1.5, we again wish to confirm that the Health Board must comply with the guidance referenced above and recently circulated on 22nd May 2024, which confirms that Amber schemes must move to the Green status within 3 months of first being included within the Tracker (Table C3). **(c/f Action Point 1.5)**	Actioned.
2.6	Section 7 of your narrative states further work is ongoing to develop robust plans to close the forecast savings gap of £4.100m in year and £2.100m recurrently. The corresponding values reported in Table A are £2.652m and £0.900m respectively. Please ensure these key saving amounts are consistently reported going forward. **(Action Point 2.6)**	Noted. The savings shortfall reported at M2 was £4.1m and £2.1m as noted in section 7 and Table A rows 15,18,19 & 20. The £2.65m and £0.9m are mitigating actions required to get back onto plan.
	TABLE E	
2.7	Please ensure the latest allocation reference on line 1 is	Noted and actioned.

	updated each month to align with the corresponding confirmed funding amount. Line reference 2 should have been stated for GMS. **(Action Point 2.7)**	
2.8	Please report the IFRS16 capital working balances cash requirement on Line 62. **(Action Point 2.8)**	Actioned M3
2.9	We note that you are anticipating a total RLW funding amount of £5.035m. Please provide details of your assumptions with corresponding workings which support this request. **(Action Point 2.9)**	The Real Living wage for social care is £2.4m (line15). This represents the cost of increasing fee rates with providers to allow payment of the Real Living Wage to social care staff. The £2.635m (Line 36) relates to the pay award issued in April 24 to increase pay for bands 2 & 3 of the A4C scales to meet the real living wage, pending agreement of the 24/25 pay award (Pay circular AfC(W) 01/2024).
	TABLE M - Debtors	
2.1	The three listed outstanding 23/24 invoices against Swansea Bay should have been paid by the 20th May. We trust that that these have since been resolved as they must not be listed as outstanding within Table M at month 3. **(Action Point 2.10).**	See para 10.2 for update

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

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

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

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

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

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

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**
Month 3	**0.4**	**2.7**	**0**

The main driver for the overspend in M3 is the £1.3m shortfall in savings delivery compared to the straight-line monthly savings target of £2.2m.

The M3 YTD overspend of £2.7m includes a £4.8m shortfall in savings against the straight-line savings target of £6.6m (£2.2m per month), plus

adverse operating variances of £1.0m. These cost pressures have been offset by £3.1m of improvements compared to plan:

- Reduction in Contracting & Commissioning costs compared to the financial plan- YTD £1.25m and forecast £5.0m.
- Reduction in Agency costs compared to the financial plan- YTD £0.6m and forecast £2.4m.
- Accountancy gains – YTD £1.25m and forecast £5.0m.

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

	June			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M3 £'000	M2 £'000	Movement £'000
RRL	114,102	113,725	377	1,461,638	1,374,071	87,567
Donation/Grants	0	0	0	43	38	5
Welsh HBs & NHST	6,267	6,612	(345)	78,106	79,351	(1,245)
WHSSC	1,090	1,020	70	12,303	12,233	70
WG Income	(110)	90	(200)	842	1,084	(242)
Other Income	4,144	3,953	191	47,463	47,272	191
Income Total	**125,493**	**125,400**	**93**	**1,600,395**	**1,514,049**	**86,346**
PC Contractor	12,980	12,980	0	155,761	155,761	0
PC - Drugs	8,328	8,603	(275)	103,842	104,117	(275)
Pay	56,458	56,052	406	675,254	673,948	1,306
Non Pay	10,165	9,884	281	116,729	116,260	469
SC - Drugs	4,243	4,790	(547)	58,401	58,948	(547)
H/C Other NHS	22,573	22,457	116	270,083	269,967	116
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,047	6,126	(79)	73,616	73,695	(79)
Private & Vol	1,044	1,016	28	12,232	12,204	28
Joint & Other	425	(392)	817	(8,603)	(9,420)	817
Losses, Spec Payments	287	1,700	(1,413)	23,261	25,124	(1,863)
DEL	3,268	2,730	538	34,099	32,759	1,340
AME	33	54	(21)	85,724	686	85,038
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	(4)	0	(4)	(4)	0	(4)
Cost - Total	**125,847**	**126,000**	**(153)**	**1,600,395**	**1,514,049**	**86,346**

Actual expenditure for M3 was £0.2m (0.1%) less than the £126.0m forecast. The most significant movements between the forecast and actuals were as follows:

- **HB Income - £345k Adverse** – Recognition of agreed LTAs.
- **WG Income - £200k adverse** – Movement in non cash limited flows, this is neutralised within PC drugs.
- **Primary Care Drugs - £275k Favourable –** Movement in non cash limited flows..
- **Provider Services Pay - £406k Adverse** – Continuation of increased Registered Nursing and Additional Clinical Services expenditure above plan.
- **Secondary Care Drugs - £547k Favourable** – Reduction in expenditure following an unexpected high spend in May.
- **Joint & Other and Losses & Special Payments - £596k Favourable –** Combined the net expenditure has reduced by £596k, this is a volatile area which will be closely monitored.

The year-end forecast expenditure at M3 has increased by £86.3m to £1.600m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M2 are as follows:

- **HB Income - £1,245k Adverse** – Recognition of agreed LTAs.
- **Provider Services Pay - £1,306k Adverse** – Continuation of increased Registered Nursing and Additional Clinical Services expenditure.
- **Provider Services Non Pay - £469k Adverse** – Revised forecast to reflect Q1 trends.
- **Secondary Care Drugs - £547k Favourable** – Recognition of the in month improvement.
- **Joint & Other and Losses & Special Payments - £1,046k Favourable –** Revised forecast to reflect Q1 actuals.
- **Capital DLE/AME - £85,038 Adverse –** Revised Capital charge estimates with corresponding anticipated allocation adjustment.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and impact of the autumn Flu vaccination campaign.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M3 Pay expenditure was £58.6m and the monthly trend is summarised below.

	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.5	7.6	7.6	7.5	7.4	7.1	7.7	7.5
Medical	15.4	15.3	15.4	15.5	15.5	15.3	15.7	15.6
Nursing	18.2	18.4	18.3	17.9	19.0	19.6	19.3	18.2
ACS	7.4	7.5	7.5	7.3	7.5	7.7	7.5	7.3
Other	9.8	9.8	9.8	9.9	9.8	9.5	10.1	9.8
Total	**58.4**	**58.6**	**58.6**	**58.1**	**59.3**	**59.2**	**60.4**	**58.4**

The Key issues to highlight are as follows:

- Total expenditure in M3 is consistent M2 and the Q1 average is £0.9m lower than Q4. The main are of improvement in Q1 is Nursing which has reduced by £0.8m compared to Q4.

- Medical remains consistent with the Q4 average. However, since Q1 does not include any impacts of industrial action (estimated impact of £0.3m per month in Q4), underlying costs have increased by £0.3m.

- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The M3 agency expenditure was £3.2m and the monthly trend (excluding accountancy gains) is summarised below:

	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.9	0.8	1.0	0.9	1.2	1.4	1.4	0.9
Nursing	1.9	1.9	2.0	1.7	2.1	2.2	2.3	1.9
Other	0.6	0.5	0.6	0.7	0.8	0.9	0.7	0.7
Total	**3.4**	**3.2**	**3.6**	**3.3**	**4.1**	**4.5**	**4.5**	**3.4**

The Key issues to highlight are as follows:

- Total agency expenditure has improved by £0.4m in M3 compared to M2 and the Q1 average is £0.7m lower than Q4.

The M3 variable pay expenditure was £4.7m and the monthly trend (excluding accountancy gains) is summarised below.

	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.1	2.1	2.1	2.2	2.1	2.3	1.9	2.0
Nursing	0.9	0.9	0.8	0.9	1.2	1.3	1.2	1.1
ACS	1.2	1.1	1.3	1.1	1.3	1.5	1.3	1.2
Other	0.6	0.5	0.6	0.6	0.6	0.7	0.5	0.6
Total	**4.8**	**4.7**	**4.8**	**4.8**	**5.2**	**5.7**	**4.9**	**5.0**

The Key issues to highlight are as follows:

- Total variable pay expenditure has improved by £0.1m in M3 compared to M2 and the Q1 average is £0.4m lower than Q4.

1.5 Covid analysis (Table B3)

	M3	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.39	1.09	5.6	5.6	(0.1)
PPE	0.04	0.12	0.5	0.4	0.1
Adferiad	0.90	0.26	1.2	1.1	0
Total	**0.53**	**1.47**	**7.2**	**7.2**	**0**

There are no key issues to highlight at M3.

2. Underlying position (Table A1)

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

As at M2 we are reporting a forecast Underlying surplus at the end of 2024/25 of £(2.1)m, which is consistent with the IMTP submitted on the 31st of March 2024. However, we are currently off plan at M3 and this presents a risk to both the In year forecast and the recurrent position.

A detailed review of the forecast recurrent position at the end of 24/25 will be undertaken at M6.

3. Risk Management (Table A2)

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

	Month 3 £m	Month 2 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2034/24 pay awards	0	2.6	Email confirmation of 23/24 allocation being made recurrent by WG.
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Risk of Optometry costs not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Anticipated improvement of £3.7m over and above the M3 forecast savings plans of £17.7m	3.7	2.7	Improvement included in year-end forecast at Table A.
Delivery risk on latest savings plans for £22.2m	3.8	8.2	65% of the Amber schemes totalling £5.8m
Cost pressures	0	5.0	Now included in year-end forecast at Table A.
Further industrial action in 24/25.	Tbc	Tbc	
ABUHB Arbitration Risk	1.7	0	Risk relating to the Arbitration case with ABUHB regarding the 24/25 LTA.
Total Risks	**9.2**	**18.5**	
Opportunities			
Balance sheet opportunities in 24/25	tbc	(5.0)	Now included in year-end forecast at Table A.
Retrospective vat recoveries – Microsoft contract	tbc	(2.3)	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of uncertainty.
Potential reduction in Energy costs	tbc	tbc	
Total opportunities	**0**	**(7.3)**	
Net risk	**9.2**	**11.2**	

The net risk of £9.2m includes a £7.5m savings risk against delivering forecast savings of £21.4m compared to the annual target of £26.3m for 24/25.

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

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

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Planned & Unscheduled care Sustainability	25.7	28.5	Includes £7.3m regional plans
Value Based HC	2.1	2.1	
Regional Integration Fund	22.3	22.3	
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.7	2.7	
Urgent Emergency Care	2.7	2.8	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See below 1 below

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

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

3. **Optometry** – The Q1 spend on WGOS2 has increased by 23% compared to 23-24 and by 48% from 22-23. If the current level of spend continues for the rest of 24/25 the potential funding shortfall against this category could be circa £1.2m. This risk could be mitigated if internal investment in WGOS3-5b is halted immediately and the budget for these categories re-aligned to WGOS2. The Health Board is assuming that additional funding will be made available to cover the potential £1.2m overspend. Please can the funding position be confirmed asap.

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

See section 1.4.

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

See section 1.4.

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

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

	Month 3			Month 2		
	YTD	**24/25**	**Rec**	**YTD**	**24/25**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M1	**6.6**	**26.3**	**26.3**	**4.4**	**26.3**	**26.3**
Actual and Forecast Savings	(1.8)	(17.7)	(23.6)	(0.9)	(22.2)	(24.2)
Total	**4.8**	**8.6**	**2.7**	**3.5**	**4.1**	**2.1**

Forecast savings for 24/25 have reduced by £4.5m from M2. This is mainly due to the removal of NR savings schemes (see below).

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

	Initial Plan £'m	M3 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	0.9	1.8	17.0	22.5
Income Generation	0.6	0.0	0.0	0.7	1.1
To be identified	3.3	0.0	0.0	3.7	2.7
Total Savings	**26.3**	**0.9**	**1.8**	**21.4**	**26.3**
Accountancy Gains	0.0	0.0	0.0	0.0	0.0

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

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

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

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – All non-recurrent savings plans are being used to offset operating variances and will therefore not be reported as a saving in Table. This change is to reinforce the focus on the need for sustainable recurrent savings plans and has resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.

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

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below.

Table E shows the anticipated allocations assumed within our M3 position. The table below summaries the more material items:

Description	**M3**	**M2**	**Comments**
	£k	£k	
2022/23 & 23/24 Pay award	40,943	40,770	As per Matt Denham Jones Email.
2024/25 RLW Pay award	2,635	2,635	
Substance Misuse Funding	4,031	4,031	
Emergency/Urgent Care	1,372	2,959	
RLW Social Care	2,400	2,400	
MH Investment	0	4,069	Allocation Received
Dementia Action Plan	1,242	1,242	
AHW – Prevention & Early Years	936	984	
CAMHS In reach	700	666	
Memory Assessment Service	461	461	
VBHC Projects	655	655	
Neurodivergence Improvement	726	214	
WG Funded Trainees	1,509	1,509	
IFRS 16 Adjustment	(2,411)	(2,401)	
WRP Recovery	(4,606)	(4,606)	
Capital Charges DEL/AME	89,607	3,183	Revised Capital Charge estimate M3
Other Allocations	2,155	2,055	
Total Anticipated Allocations	**142,355**	**60,826**	

9. Health Care agreements

The latest position in respect to the agreement and signing of our LTAs is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Not Agreed - Arbitration request submitted 1st July 2024.	No confirmation from AB of acceptance or rejection of our proposal. We have not been informed of an arbitration case being submitted so are assuming the proposal has been accepted.
C&V UHB	Agreed – awaiting sign off of documentation	Agreed – awaiting sign off of documentation
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed – awaiting sign off of documentation
PHW	Agreed & Signed	Not Applicable

Except for ABUHB, all LTA's and SLAs were agreed by the 30th of June 2024. As required under WHC (2024) 022, arbitration documentation was submitted on the 1st of July 2024 for the ABUHB agreement.

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

10.1 Significant month on month balance sheet movements

This is the first update on balance sheet movements and highlights the main movements since the opening balance at the start of April 2024:

- Trade and Other payables have increased by £3.8m. Due to the early payment of the Pensions and National Insurance Contributions (PANISU) in 2023/24, this resulted in a lower creditor balance at year end. This increase in the PANISU creditor has been offset by a decrease in other creditors including capital creditors of £2.6m.

- Trade and Other Receivables have increased by £3.2m. This is mainly due to an increase in the debtor from the Welsh Risk Pool for Clinical negligence of £6.8m. This increase has been offset by a general decrease in trade and other receivables.

- The total balance for Provisions has increased by £6.1m and is due to an increase in the value of clinical negligence claims. This offsets the movement of Welsh Risk Pool debtors detailed above.

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

There are five NHS invoices which are due over 11 weeks, one of which is due over 17 weeks. The invoice over 17 weeks is in relation to Swansea Bay invoice reported in M2, this invoice was agreed at agreement of balances and our Debtors team have continued to chase payment. We have not been given a reason why this invoice would not be payable, therefore are still anticipating payment. We have requested this to be resolved urgently.

For the 4 invoices due over 11 weeks:

- Invoice relating to Aneurin Bevan is showing as paid on inter-company report, therefore should be cleared for next month
- Powys has confirmed that invoice 32962 will be paid on the next payment run. The Debtors team have followed up the remaining invoice.
- Debtors team have followed up the outstanding invoice with Swansea Bay, this has been agreed during the Agreement of Balance process, so we anticipate this will be paid.

11. Cash Flow Forecast (Table G)

The cash balance at the end of M3 was £3.95m.

The cash flow forecast shows a balanced position at the end of M3.

12. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30-day target for the first quarter of 23/24 was 92%. This is below the target of 95% and we are investigating this alongside the Accounts Payable team. We expect to meet the 95% target by the end of the year.

The target of paying NHS invoices within 30 days continues to be an issue and we are working with the newly formed All-Wales P2P governance group to find solutions to deal with this.

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

The M3 CRL is £54.7m, issued on the 19th June 2024. As at M3, £12.2m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

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

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	Medium – in year overspend	The latest SCP cashflow forecast indicates a full year spend £4.1m more than the CRL of £25.3m. This in being challenged currently and feedback will be provided once the HB and advisors are content with the forecast.
EFAB Infrastructure	Medium – in year underspend	One scheme cannot be completed in year due to the decant requirements and service disruption. Awaiting confirmed costs on other scheme before confirming in year position - risk of £0.4m
Sunnyside BHWC	Medium – in year underspend	SCP started on site 3rd June. Latest cashflow indicates spend of £6.4m in the year which is an underspend of £2.9m against CRL. The cost advisor is interrogating the cashflow forecast and we will monitor closely with a view to updating as soon as possible.
LHP	Medium - In year overspend	As discussed at CRM - additional funding is required in year to continue. Values to be reported in strategic overview document due to be submitted this month

Disposals
There are currently no confirmed disposals of property. A small number of equipment sales are expected throughout the year.

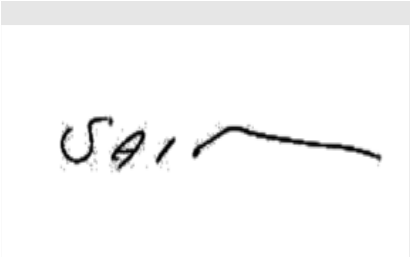
14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS15 leases. Approval will be requested for further IFRS16 leases at the end of July.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M2 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

16. Authorisation



P Mears
Chief Executive

S May
Director of Finance

Date: 11 July 2024

Action Points arising from Month 2 Response

Action Point	WG Comment	CTM Response
	TABLE A	
2.1	We note that you are now reporting a £0.091m surplus against the Covid-19 allocation which is supporting the current forecast outturn. The narrative confirms the underspend is against the Health Protection category, we trust that your colleagues are liaising with the Health Protection Policy team on the utilisation of this available funding. **(Action Point 2.1)**	The COVID funding has been allocated as a discretionary HCHS allocation (Table A2 of Initial allocation letter). Monitoring Information is being provided as required.
2.2	A contributing factor to the year to date deficit of £2.306m is an adverse Welsh Government funding variance (Line 23) of £0.178m. Please provide a supporting explanation for this in month funding pressure and provide corresponding details which support the future month profile where there are material monthly movements. **(Action Point 2.2)**	This was an error and has been corrected in M3.
2.3	The year to date favourable movements in contracting & commissioning (Line 27) and agency (Line 28) are now being reported as recurring benefits. Please provide a supporting explanation for these movements which we note you are not projecting to continue after month 2. **(Action Point 2.3)**	Table A has been updated to reflect revised planning assumptions including the Commissioning and Agency benefits.
	TABLE B	
1.8	Following your response to Action Point 1.8, please provide the financial profile by category of where any unidentified	The £3.7m mitigating actions yet to be identified are being reported within pay

	savings/mitigating actions supporting the outturn position are being phased within the SoCNE. **(Action Point 1.8)**	and Non pay lines of Table B (line 10 & 11).
2.4	Please ensure IFRS16 DEL depreciation charges are reported on the designated Line (45) of Section D. **(Action Point 2.4)**	Complete M3
	TABLE B2	
2.5	The reported April variable pay spend within Section D has increased by £0.013m from your month 1 return. Please ensure that any prior month adjustments are referenced and explained within the supporting narrative. **(Action Point 2.5)**	Noted
	TABLE C-C3	
1.5	Following your response to Action Point 1.5, we again wish to confirm that the Health Board must comply with the guidance referenced above and recently circulated on 22nd May 2024, which confirms that Amber schemes must move to the Green status within 3 months of first being included within the Tracker (Table C3). **(c/f Action Point 1.5)**	Actioned.
2.6	Section 7 of your narrative states further work is ongoing to develop robust plans to close the forecast savings gap of £4.100m in year and £2.100m recurrently. The corresponding values reported in Table A are £2.652m and £0.900m respectively. Please ensure these key saving amounts are consistently reported going forward. **(Action Point 2.6)**	Noted. The savings shortfall reported at M2 was £4.1m and £2.1m as noted in section 7 and Table A rows 15,18,19 & 20. The £2.65m and £0.9m are mitigating actions required to get back onto plan.
	TABLE E	
2.7	Please ensure the latest allocation reference on line 1 is	Noted and actioned.

	updated each month to align with the corresponding confirmed funding amount. Line reference 2 should have been stated for GMS. **(Action Point 2.7)**	
2.8	Please report the IFRS16 capital working balances cash requirement on Line 62. **(Action Point 2.8)**	Actioned M3
2.9	We note that you are anticipating a total RLW funding amount of £5.035m. Please provide details of your assumptions with corresponding workings which support this request. **(Action Point 2.9)**	The Real Living wage for social care is £2.4m (line15). This represents the cost of increasing fee rates with providers to allow payment of the Real Living Wage to social care staff. The £2.635m (Line 36) relates to the pay award issued in April 24 to increase pay for bands 2 & 3 of the A4C scales to meet the real living wage, pending agreement of the 24/25 pay award (Pay circular AfC(W) 01/2024).
	TABLE M - Debtors	
2.1	The three listed outstanding 23/24 invoices against Swansea Bay should have been paid by the 20th May. We trust that that these have since been resolved as they must not be listed as outstanding within Table M at month 3. **(Action Point 2.10).**	See para 10.2 for update

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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)	-19,400	0	-19,400	-19,400
2	Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3	Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6	Other Income Uplift / (Reduction)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	22,333	2,595	19,738	21,731
9	Planned (Finalised) Net Income Generation	634	32	603	825
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,332	0	3,332	3,744
14	**Opening IMTP / Annual Operating Plan**	**76**	**1,241**	**-1,165**	**2,062**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,332	0	-3,332	-3,744
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	73	-32	105	288
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-10,618	-2,217	-8,401	-7,978
20	Additional In Year Identified Savings - Forecast	5,251	97	5,155	8,734
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	-19	-19		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-7,531	-7,531	0	-7,400
27	Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28	Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29	Anticipated improvement in savings plans - Included in Risk Table	3,700	1,001	2,699	2,699
30	Non Recurrent Balance Sheet Opportunities - Minimal risk	5,000	5,000	0	0
31	Energy Benefit - TBC	0	0		
32	DHCW Plans - TBC	0	0		
33	Microsoft VAT - TBC	0	0		
34		0	0		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**-2,460**	**2,460**	**2,062**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**-19**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**19**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-4,850
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-11,604
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-1,642
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	9,898
5	519	575	549	531	526	623	645	660	676	629	629	644	1,642
6													0
7												0	0
8	488	818	1,231	2,263	2,442	2,043	2,129	2,136	2,297	2,107	2,108	2,272	2,538
9	0	6	53	66	57	67	64	64	64	65	65	64	59
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-1	-8	-169	20	18	-144	3,979
14	**6**	**7**	**7**	**6**	**6**	**8**	**5**	**7**	**7**	**6**	**7**	**8**	**19**
15	-1,704	-1,367	-908	137	307	-81	1	8	169	-20	-18	144	-3,979
16													0
17													0
18	0	-6	-53	-58	-45	-33	10	52	52	51	51	52	-59
19	0	-392	-400	-1,341	-1,596	-843	-1,101	-1,078	-879	-1,029	-1,030	-930	-792
20	0	0	35	13	425	470	655	689	814	675	675	800	35
21													0
22	0	-145	-24	-13	-17	68	68	28	34	11	11	-20	-169
23		-178	178	434	194	-130	120	512	27	807	1,006	-2,972	0
24	0	145	24	13	17	-68	-68	-28	-34	-11	-11	1	169
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26	168	-40	-1,113	-723	-723	-723	-723	-723	-723	-723	-723	-762	-985
27	400	400	450	416	416	416	417	417	417	417	417	417	1,250
28	200	200	200	200	200	200	200	200	200	200	200	200	600
29												3,700	0
30			1,250	416	416	416	416	416	416	416	416	422	1,250
31													0
32													0
33													0
34													0
35													0
36													0
37													0
38													0
39													0
40	**-930**	**-1,376**	**-354**	**-500**	**-400**	**-300**	**0**	**500**	**500**	**800**	**1,000**	**1,060**	**-2,660**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-19**	**0**
42	**-930**	**-1,376**	**-354**	**-500**	**-400**	**-300**	**0**	**500**	**500**	**800**	**1,000**	**1,079**	**-2,660**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	1,216	12,837		0	6,597				
2		Actual/F'cast	160	65	274	440	402	703	1,006	1,006	1,034	1,026	1,026	1,040	498	8,181	6.09%	4,810	3,371	68	8,113	0	12,606
3		Variance	0	(359)	(358)	(1,098)	(785)	(498)	(270)	(270)	(255)	(253)	(256)	(254)	(717)	(4,656)	*(58.99%)*	4,810	-3,226				
4	Non-Pay	Budget/Plan	8	72	278	353	197	327	216	250	377	252	252	377	358	2,957		1,389	1,569				
5		Actual/F'cast	8	42	104	121	116	257	147	210	335	210	210	337	154	2,096	7.34%	1,221	876	407	1,689	0	2,776
6		Variance	0	(30)	(174)	(232)	(81)	(70)	(70)	(40)	(42)	(42)	(42)	(40)	(204)	(861)	*(56.99%)*	-168	-693				
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	960	5,448		4,523	925				
8		Actual/F'cast	320	320	320	320	751	406	509	509	509	495	495	495	960	5,448	17.62%	4,523	925	0	5,448	0	5,625
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0				
10	Secondary Care Drugs	Budget/Plan	0	2	2	2	307	84	123	97	81	77	75	64	4	916		916	0				
11		Actual/F'cast	0	0	168	4	2	263	2	2	297	2	2	212	168	955	17.63%	955	0	0	955	0	1,022
12		Variance	0	(2)	166	2	(305)	179	(121)	(95)	216	(75)	(73)	148	164	40	*3812.29%*	40	0				
13	CHC/FNC	Budget/Plan	0	0	0	50	0	25	0	0	38	0	0	38	0	150		150	0				
14		Actual/F'cast	0	0	0	50	0	25	0	0	38	0	0	38	0	150	0.00%	150	0	0	150	0	150
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	25		25	0				
20		Actual/F'cast	0	0	0	0	0	16	20	20	20	20	20	20	0	136	0.00%	25	111	0	136	0	310
21		Variance	0	0	0	0	0	16	16	16	16	16	16	16	0	111		0	111				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,129	2,136	2,297	2,107	2,108	2,272	2,538	22,333		7,002	0				
35		Actual/F'cast	488	427	866	935	1,271	1,670	1,684	1,747	2,232	1,753	1,753	2,142	1,781	16,966	0.00%	11,684	5,282	475	16,492	0	22,488
36		Variance	0	(392)	(365)	(1,328)	(1,171)	(373)	(445)	(389)	(65)	(353)	(355)	(130)	(757)	(5,367)		4,682	5,282				

37	Variance in month	0.00%	(47.85%)	(29.67%)	(58.70%)	(47.97%)	(18.25%)	(20.91%)	(18.22%)	(2.84%)	(16.78%)	(16.84%)	(5.72%)	(29.83%)
38	In month achievement against FY forecast	2.88%	2.51%	5.10%	5.51%	7.49%	9.84%	9.92%	10.29%	13.15%	10.33%	10.33%	12.62%	

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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	Pay - General & Substantive	Budget/Plan	47	80	107	777	342	352	427	427	439	429	432	443	234	4,300	0	2,687			
2		Actual/F'cast	47	41	208	135	115	125	228	228	241	233	233	246	296	2,082	1,453	629	68	2,014	3,047
3		Variance	0	(39)	101	(643)	(226)	(226)	(198)	(198)	(198)	(196)	(198)	(196)	62	(2,218)	1452.93	(2,058)			
4	Pay - Variable	Budget/Plan	0	46	57	173	155	155	155	155	155	155	156	156	103	1,514	0	950			
5		Actual/F'cast	0	0	0	37	67	124	132	132	147	147	147	147	0	1,083	397	687	0	1,083	1,769
6		Variance	0	(46)	(57)	(135)	(87)	(31)	(22)	(22)	(7)	(7)	(8)	(8)	(103)	(431)	397	(264)			
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	879	7,022	0	2,960			
8		Actual/F'cast	113	23	65	268	219	454	645	645	645	645	645	646	202	5,015	2,960	2,055	0	5,015	7,791
9		Variance	0	(274)	(402)	(320)	(471)	(241)	(50)	(50)	(50)	(50)	(50)	(50)	(677)	(2,007)	2,960	(905)			
10	Total	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	1,216	12,837	0	6,597			
11		Actual/F'cast	160	65	274	440	402	703	1,006	1,006	1,034	1,026	1,026	1,040	498	8,181	4,810	3,371	68	8,113	12,606
12		Variance	0	(359)	(358)	(1,098)	(785)	(498)	(270)	(270)	(255)	(253)	(256)	(254)	(717)	(4,656)	4,810	(3,226)			

Table C2- V&S Saving Categories

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan	160	424	631	1,537	1,186	1,201	1,276	1,276	1,289	1,279	1,282	1,294	1,216	12,837
2		Actual/F'cast	160	65	295	447	405	706	1,009	1,009	1,036	1,029	1,029	1,043	520	8,231
3		Variance	0	(359)	(336)	(1,091)	(782)	(495)	(268)	(268)	(253)	(250)	(253)	(251)	(695)	(4,606)
4	Medicines Management	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	996	6,544
5		Actual/F'cast	320	320	494	325	765	681	522	522	817	509	509	719	1,134	6,504
6		Variance	0	(4)	142	(13)	(310)	174	(126)	(100)	211	(80)	(78)	143	138	(40)
7	Procurement & Non-pay	Budget/Plan	4	67	106	285	155	159	165	168	170	170	170	170	178	1,788
8		Actual/F'cast	4	37	61	96	94	111	117	120	120	120	120	121	102	1,121
9		Variance	0	(30)	(45)	(189)	(61)	(48)	(48)	(48)	(50)	(50)	(50)	(48)	(75)	(667)
10	CHC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	125	650
11		Actual/F'cast	0	0	0	50	0	150	0	0	163	0	0	163	0	525
12		Variance	0	0	(125)	0	0	0	0	0	0	0	0	0	(125)	(125)
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	30	30	30	30	30	0	150
14		Actual/F'cast	0	0	0	0	0	0	0	60	60	60	60	60	0	300
15		Variance	0	0	0	0	0	0	0	30	30	30	30	30	0	150
16	Other - Commissioning	Budget/Plan	4	4	17	38	22	23	29	29	29	29	29	29	24	284
17		Actual/F'cast	4	5	5	13	4	19	25	25	25	25	25	25	14	202
18		Variance	0	2	(11)	(26)	(19)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(10)	(82)

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This Table is currently showing 69 errors

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Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	488	816	1,231	2,263	2,442	2,043	2,129	2,134	2,268	2,107	2,108	2,272	2,526	22,331	2,584	19,748	1,983	21,731
	Month 1 - Actual/Forecast	488	422	831	922	845	1,202	1,028	1,052	1,418	1,075	1,075	1,341	1,748	11,715	378	11,337	2,417	13,754
	Variance	0	(394)	(400)	(1,341)	(1,596)	(841)	(1,101)	(1,078)	(850)	(1,029)	(1,033)	(930)	(778)	(10,616)	(2,207)	(8,411)	433	(7,978)
	In Year - Plan	0	0	35	33	432	461	669	763	828	689	689	814	34	5,366	99	5,262	1,894	7,156
	In Year - Actual/Forecast	0	0	35	13	425	470	655	689	814	675	675	800	34	5,251	97	5,155	3,579	8,734
	Variance	0	0	0	(6)	(6)	(13)	(14)	(14)	(14)	(14)	(14)	(14)	0	(108)	(2)	(107)	1,685	1,578
	Total Plan	488	816	1,266	2,262	2,873	2,504	2,798	2,898	3,096	2,796	2,797	3,086	2,560	27,697	2,684	25,010	3,888	28,886
	Total Actual/Forecast	488	422	866	935	1,271	1,672	1,683	1,741	2,232	1,750	1,750	2,142	1,782	16,966	475	16,491	5,996	22,488
	Total Variance	0	(394)	(400)	(1,327)	(1,602)	(832)	(1,115)	(1,157)	(864)	(1,046)	(1,046)	(944)	(778)	(10,727)	(2,210)	(8,518)	2,108	(6,409)
Net Income Generation	Month 1 - Plan	0	4	53	66	57	67	64	64	64	65	65	64	59	614	33	603	222	825
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	(6)	(53)	(66)	(57)	(67)	(64)	(64)	(64)	(65)	(65)	(64)	(59)	(614)	(33)	(603)	(222)	(825)
	In Year - Plan	0	0	0	0	12	35	71	116	116	116	116	116	0	708	0	708	397	1,105
	In Year - Actual/Forecast	0	0	0	0	12	35	71	116	116	116	116	116	0	708	0	708	405	1,113
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	8
	Total Plan	0	4	53	66	69	102	137	180	180	181	181	180	59	1,342	33	1,310	619	1,929
	Total Actual/Forecast	0	0	0	0	12	35	71	116	116	116	116	116	0	708	0	708	405	1,113
	Total Variance	0	(6)	(53)	(66)	(57)	(67)	(64)	(64)	(64)	(65)	(65)	(64)	(59)	(634)	(33)	(602)	(213)	(816)
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	488	820	1,284	2,329	2,499	2,110	2,192	2,200	2,331	2,172	2,173	2,336	2,586	22,946	2,622	20,341	2,215	22,556
	Month 1 - Actual/Forecast	488	422	831	922	845	1,202	1,028	1,052	1,418	1,075	1,075	1,341	1,748	11,715	378	11,337	2,417	13,754
	Variance	0	(398)	(453)	(1,407)	(1,654)	(908)	(1,164)	(1,147)	(913)	(1,096)	(1,098)	(995)	(838)	(11,231)	(2,244)	(9,004)	201	(8,803)
	In Year - Plan	0	0	35	27	444	517	743	818	944	805	805	930	33	6,068	99	5,969	2,292	8,261
	In Year - Actual/Forecast	0	0	35	13	437	505	726	804	929	791	791	916	33	5,959	97	5,862	3,983	9,847
	Variance	0	0	0	(6)	(6)	(12)	(14)	(14)	(14)	(14)	(14)	(14)	0	(108)	(2)	(107)	1,691	1,586
	Total Plan	488	820	1,319	2,356	2,942	2,627	2,935	3,018	3,275	2,977	2,978	3,266	2,619	29,035	2,721	26,310	4,507	30,817
	Total Actual/Forecast	488	422	866	943	1,283	1,707	1,754	1,856	2,347	1,866	1,866	2,258	1,781	17,674	475	17,199	6,401	23,601
	Total Variance	0	(398)	(453)	(1,413)	(1,660)	(920)	(1,179)	(1,162)	(927)	(1,110)	(1,112)	(1,008)	(838)	(11,361)	(2,246)	(9,111)	1,894	(7,216)

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

Agenda Item
2.2.1h

Planning, Performance and Finance Committee

MONTH 4 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Welsh Government	13/08/2024	NOTED

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

1. Situation /Background

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

The purpose of this report is to provide the PPFC with information from the M4 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

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

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

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

The following information is provided at Annex A:

Annex A
M4 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

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

The key information included in the M4 Financial Monitoring returns is summarised in Section 1.2 of the M4 Narrative report at Annex A. This information is consistent with the M4 Internal Board papers.

4. Assessment

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

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

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

5. Recommendation

5.1 The Committee is asked to **NOTE** the contents of the M4 Monitoring Returns submitted to Welsh Government for 2024/25.

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

Introduction

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

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

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

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

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

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

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**
Month 3	**0.4**	**2.7**	**0**
Month 4	**1.4**	**4.1**	**0**

The main driver for the £1.4m overspend in M4 is the £1.4m shortfall in savings delivery compared to the straight-line monthly savings target of £2.2m.

The main driver for the M4 YTD overspend of £4.1m is the £6.2m shortfall in savings which is offset by other favourable variances of £2.1m. The key components of the M4 YTD position and the year-end forecast are summarised below:

	M4 YTD	**M4 Year-end forecast**
	£m	**£m**
Savings shortfall v £26.3m target	6.2	14.2
AB arbitration outcome	0.63	1.9
POW temporary maternity closure	0	1.3
Other overspends	2.07	3.0
Sub total	**8.9**	**20.3**
Reduction in Contracting & Commissioning costs compared to the financial plan (excluding AB UHB)	(1.67)	(5.0)
Reduction in Agency costs compared to the financial plan	(0.8)	(2.4)
Other Reserves	(0.67)	(2.0)
Accountancy gains	(1.67)	(5.0)
Sub total	**(4.8)**	**(14.4)**
Total	**4.1**	**5.9**
Further improvement needed to achieve planned break-even position		(5.9)
M4 Year end forecast		**0**

The forecast break-even position has been maintained at M4. However, as noted in Section 3, the level of risks that the Health Board is now trying to manage has increased significantly this month. A detailed review of these risks and associated recovery plan actions will be undertaken for the M5 MR submission. It is important to highlight that, at this stage, there is a significant risk that the In year and Recurrent forecasts could deteriorate in M5.

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

	July			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M4 £'000	M3 £'000	Movement £'000
RRL	111,815	114,184	(2,369)	1,467,546	1,461,638	5,908
Donation/Grants	13	0	13	100	43	57
Welsh HBs & NHST	5,662	6,512	(850)	79,013	78,106	907
WHSSC	1,036	1,020	16	12,319	12,303	16
WG Income	37	86	(49)	793	842	(49)
Other Income	3,841	3,953	(112)	47,351	47,463	(112)

Income Total	122,404	125,755	(3,351)	1,607,122	1,600,395	6,727
PC Contractor	13,187	12,980	207	157,616	155,761	1,855
PC - Drugs	8,072	8,676	(604)	103,842	103,842	0
Pay	56,887	56,152	735	678,279	675,254	3,025
Non Pay	8,583	9,884	(1,301)	115,205	116,729	(1,524)
SC - Drugs	5,601	4,840	761	60,466	58,401	2,065
H/C Other NHS	21,824	22,457	(633)	276,829	270,083	6,746
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	4,470	6,126	(1,656)	69,640	73,616	(3,976)
Private & Vol	1,054	1,016	38	12,270	12,232	38
Joint & Other	610	(392)	1,002	(4,065)	(8,603)	4,538
Losses, Spec Payments	957	1,650	(693)	17,288	23,261	(5,973)
DEL	2,639	2,819	(180)	34,099	34,099	0
AME	47	47	0	85,724	85,724	0
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	(68)	0	(68)	(71)	(4)	(67)
Cost - Total	**123,863**	**126,255**	**(2,392)**	**1,607.122**	**1,600,395**	**6,727**

Actual expenditure for M4 was £2.4m (1.89%) less than the £126.3m forecast. The most significant movements between the forecast and actuals were as follows:

- **HB Income - £850k Adverse** – Recognition of the AB LTA arbitration outcome.
- **Primary Care Drugs - £604k Favourable –** Change in phasing of expenditure, difference has been reflected in future periods.
- **Provider Services Pay - £735k Adverse** – Increase in Medical & Dental core establishment expenditure together with increases in variable pay through ADH and WLI.
- **Provider Services Non-Pay - £1,301k Favourable** – VAT retrospective recovery of £1.1m.
- **Secondary Care Drugs - £761k Adverse** – The secondary care drug expenditure is proving volatile with large increases in one month offset by reductions in the following month. Demand for NICE drugs is growing beyond our original planning assumptions to M4.
- **Healthcare NHS - £633k Favourable** – Improved activity and NICE data relating to Velindre LTA.
- **CHC/FNC - £1,656k Favourable –** Recognition of accountancy gains to M4.
- **Joint & Other and Losses & Special Payments - £309k Favourable –** the combined net expenditure has reduced by £309k, this is a volatile area which will be closely monitored.

The year-end forecast expenditure at M4 has increased by £6.7m to £1,607m. This is offset by a corresponding increase in WG funding and

other income. The most significant changes in the year-end forecast since M3 are as follows:

- **HB Income - £907k Favourable** – Recognition of the adverse AB LTA arbitration outcome of £1.9m offset by the 23/24 pay award allocations of £3.3m.
- **Primary Care Contractors - £1,855k Adverse** – Continuation of increased optometry contract activity and planned new optometry services together with revised forecast for Primary care GMS.
- **Provider Services Pay - £3,025k Adverse** – Revised forecast to reflect continuation of increased pay costs compared to original plan.
- **Provider Services Non-Pay - £1,524k favourable** – Recognition of in month VAT recovery and revised forecast for future months recovery.
- **Secondary Care Drugs - £2,065k Adverse** – Revised forecast to reflect increased demand growth.
- **Healthcare NHS - £6,746k Adverse** – Improved activity and NICE data relating to Velindre LTA of £0.6m offset by 2023/24 pay award allocation of £7.4m.
- **CHC/FNC - £3,976k Favourable –** Recognition of accountancy gains to M4 of £1.67m plus a further £2.3m of anticipated future accountancy gains.
- **Joint & Other and Losses & Special Payments - £1,435k Favourable –** Revised forecast to reflect YTD M4 actuals.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and the impact of the autumn Flu vaccination campaign.
- Healthcare Income and expenditure reflects the 23/24 pay award allocations with arrears in M5.
- Anticipated accountancy gains of £3.3m have been profiled across CHC and Non-Pay from M5 to M12.
- Further mitigating actions to achieve the additional savings plans of £5.9m have been profiled across pay and non-pay from M7 to M12.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M4 Pay expenditure was £59.0m and the monthly trend is summarised below.

	M4	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.6	7.5	7.6	7.6	7.5	7.4	7.1	7.7	7.5
Medical	15.9	15.4	15.3	15.4	15.5	15.5	15.3	15.7	15.6
Nursing	18.2	18.2	18.4	18.3	17.9	19.0	19.6	19.3	18.2
ACS	7.4	7.4	7.5	7.5	7.3	7.5	7.7	7.5	7.3
Other	9.8	9.8	9.8	9.8	9.9	9.8	9.5	10.1	9.8
Total	**59.0**	**58.4**	**58.6**	**58.6**	**58.1**	**59.3**	**59.2**	**60.4**	**58.4**

The Key issues to highlight are as follows:

- Total expenditure in M4 was £0.6m greater than the Q1 Average, with medical pay increasing by £0.5m. This was mainly due to increased agency use together with increased ADH payments. It is anticipated that medical pay will return to Q1 levels from M5.

- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The only key future forecasting adjustment relates to M11 which reflects the impact of increased enhancements for Christmas & New Year Bank Holidays.

The M4 agency expenditure was £3.7m and the monthly trend (excluding accountancy gains) is summarised below:

	M4	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.1	0.9	0.8	1.0	0.9	1.2	1.4	1.4	0.9
Nursing	1.8	1.9	1.9	2.0	1.7	2.1	2.2	2.3	1.9
Other	0.7	0.6	0.5	0.6	0.7	0.8	0.9	0.7	0.7
Total	**3.7**	**3.4**	**3.2**	**3.6**	**3.3**	**4.1**	**4.5**	**4.5**	**3.4**

The Key issues to highlight are as follows:

- Total agency expenditure in M4 was £0.3 greater than the Q1 Average, with medical pay increasing by £0.2m.

As at M4, no material changes to the future profiles of agency expenditure are anticipated.

The M4 variable pay expenditure was £5.1m and the monthly trend (excluding accountancy gains) is summarised below.

	M4	Q1 Average	M3	M2	M1	Q4 Average	M12	M11	M10
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.4	2.1	2.1	2.1	2.2	2.1	2.3	1.9	2.0
Nursing	0.9	0.9	0.9	0.8	0.9	1.2	1.3	1.2	1.1
ACS	1.2	1.2	1.1	1.3	1.1	1.3	1.5	1.3	1.2
Other	0.6	0.6	0.5	0.6	0.6	0.6	0.7	0.5	0.6
Total	**5.1**	**4.8**	**4.7**	**4.8**	**4.8**	**5.2**	**5.7**	**4.9**	**5.0**

The Key issues to highlight are as follows:

- Total variable pay expenditure deteriorated by £0.3m in M4 compared to Q1 average.
- The £0.3m increase in medical staff relates to Additional Duty Hours payments to cover rota vacancies and sickness. This increase is anticipated to be non-recurrent with expenditure returning to Q1 levels from M5.

As at M4, no material changes to the future profiles of variable pay expenditure are anticipated.

1.5 Covid analysis (Table B3)

	M4	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.39	1.48	5.6	5.6	(0.09)
PPE	0.04	0.17	0.5	0.4	0.1
Adferiad	0.09	0.35	1.1	1.1	(0.06)
Total	**0.52**	**1.99**	**7.2**	**7.2**	**(0.05)**

There are no key issues to highlight at M4.

2. Underlying position (Table A1)

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

As at M4 we are reporting a forecast Underlying surplus at the end of 2024/25 of £(2.1)m, which is consistent with the IMTP submitted on the 31st of March 2024. However, we are currently off plan at M4 and this presents a significant risk to both the In year forecast and the recurrent position.

A detailed review of the forecast recurrent position at the end of 24/25 will be undertaken for the M5 MR submission.

3. Risk Management (Table A2)

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

	Month 4 £m	Month 3 £m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Risk of Optometry costs not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Delivery risk on latest savings forecast of £12.1m	2.1	3.8	70% of the Amber schemes totalling £3.1m. This includes £1.4m of Prescribing savings, which are now high risk following the M2 data.
Other cost pressure risks	2.6	0	50% of the High and Medium risks identified by Care Groups, over and above their M4 forecasts.
Anticipated improvement of £5.9m over and above the M4 forecast savings plans of £12.1m	5.9	3.7	Improvement included in year-end forecast at Table A. See Section 1.2.
Primary Care Prescribing Growth greater than plan	4.8	0	The financial plan allowed for 4% growth. The latest data to M2 indicates growth of circa 10%. Although this is only 2m of data, if this continues for the rest of the year the overspend would be circa £4.8m.
ABUHB LTA Dispute- Activity Risk	1.1	1.7	Risk relating to the ABUHB LTA Activity dispute at 63.5% marginal rate. See Section 9.
SEW Cataract Business Case	0.9	0	Risk relating to funding level of SEW Cataract Business Case. See Section 4.
Joint Commissioning Committee expenditure being greater than M4 forecast.	1.0	0	Current reports indicate high levels of risk in achieving the latest JCC forecast.
Further industrial action in 24/25.	Tbc	Tbc	
Total Risks	**18.4**	**9.2**	
Opportunities			
Further Balance sheet opportunities in 24/25	(1.0)	tbc	£5m already included in year-end forecast at Table A.
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries –	tbc	tbc	Updated assessment from DHCW

Microsoft contract	Month 4	Month 3	Comment indicates a potential £2.3m benefit, but high level of risk.
Potential reduction in Energy costs	(1.0)	tbc	
Other	(0.3)	0	
Total Opportunities	**(2.3)**	**0**	
Net risk	**16.1**	**9.2**	

The net risk of £16.1m includes a £8.0m savings risk against delivering forecast savings of £18.0m compared to the annual target of £26.3m for 24/25.

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

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

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Planned & Unscheduled care Sustainability	18.4	21.5	
Regional Planned Care	7.3	7.3	See note 4 below
Value Based HC	2.1	2.1	
Regional Integration Fund	22.3	22.3	
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.7	2.7	
Urgent Emergency Care	2.7	2.8	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See note 1 below

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

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

3. **Optometry** – The Q1 spend on WGOS2 has increased by 23% compared to 23-24 and by 48% from 22-23. If the current level of spend continues for the rest of 24/25 the potential funding shortfall against this category could be circa £1.2m. This risk could be mitigated if internal investment in WGOS3-5b is halted immediately and the budget for these categories re-aligned to WGOS2. The Health Board is assuming that additional funding will be made available to cover the potential £1.2m overspend. Please can the optometry funding position be confirmed asap.

4. **Regional Planned Care** – The Health Board's plan for utilising the £7.3m regional planned care allocation is as follows:
    - SEW Cataract Business Case £2.5m
    - Endoscopy Capacity £2.3m
    - Diagnostic Capacity £2.5m

   There is currently a request from the Regional Cataract Board to increase the CTM contribution from £2.5m to £3.4m. Given the commitments to the other two programmes any additional commitment to the cataract business case would represent a new cost pressure for the Health Board. This risk has been included in the Risk management table at Section 3.

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

See section 1.4.

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

See section 1.4.

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

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

	Month 4			Month 3		
	YTD	**24/25**	**Rec**	**YTD**	**24/25**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M1	**8.8**	**26.3**	**26.3**	**6.6**	**26.3**	**26.3**
Actual and Forecast Savings	(2.6)	(12.1)	(15.1)	(1.8)	(17.7)	(23.6)
Total	**6.2**	**14.2**	**11.2**	**4.8**	**8.6**	**2.7**

Forecast savings for 24/25 have reduced by £5.6m from M3. This reduction follows a detailed review of all savings schemes to ensure they are genuine savings plans and comply with the agreed approach for savings plan recognition in 24/25 (see below). The main reason for the reduction is that

where a saving cannot be recorded in the ledger (i.e. the budget cannot be reduced since it is overspending) then the 'saving' will be used to offset operating overspends. This reduction is therefore a reclassification between savings and operating variances and does not therefore have a direct impact on the bottom-line.

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

	Initial Plan £'m	M4 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	0.8	2.6	11.4	14.0
Income Generation	0.6	0.0	0.0	0.7	1.1
To be identified	3.3	0.0	0.0	5.9	5.9
Total Savings	**26.3**	**0.9**	**2.6**	**18.0**	**21.0**
Accountancy Gains	0.0	1.7	1.7	1.7	0.0

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

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

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

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – £2.1m of NR savings plans were removed from the Savings plan in M3 and used to offset operating variances. This change was to reinforce the need to focus on sustainable recurrent savings plans and is consistent with WHC (2024) 026 which states:

"As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

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

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below.

Table E shows the anticipated allocations assumed within our M4 position. The table below summaries the more material items:

Description	**M4**	**M3**	**Comments**
	£k	£k	
2022/23 & 23/24 Pay award	0	40,943	Allocation confirmed
2024/25 RLW Pay award	2,635	2,635	Pending 24/25 pay award settlement
Substance Misuse Funding	4,031	4,031	
Emergency/Urgent Care	1,372	1,372	
RLW Social Care	2,400	2,400	
Dementia Action Plan	1,242	1,242	
AHW – Prevention & Early Years	936	936	
CAMHS In reach	0	700	Allocation confirmed
Memory Assessment Service	461	461	
VBHC Projects	655	655	
Neurodivergence Improvement	0	726	Allocation confirmed
WG Funded Trainees	1,509	1,509	
Optometry Contract	1,200	0	Awaiting confirmation of allocation. See Section 4
IFRS 16 Adjustment	(2,411)	(2,411)	
WRP Recovery	(4,606)	(4,606)	
Capital Charges DEL/AME	89,607	89,607	Revised Capital Charge estimate M3
Other Allocations	1,157	2,155	
Total Anticipated Allocations	**100,188**	**142,355**	

9. Health Care agreements

The latest position in respect to the agreement and signing of our LTAs is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Not Agreed – See below.	No confirmation from AB of acceptance or rejection of our proposal. We have not been informed of an arbitration case being submitted so are assuming the proposal has been accepted.
C&V UHB	Agreed – awaiting documentation sign off	Agreed – awaiting documentation sign off
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed – awaiting documentation sign off
PHW	Agreed & Signed	Not Applicable

Except for ABUHB, all LTA's and SLAs were agreed by the 30th of June 2024.

As required under WHC (2024) 022, our arbitration documentation was submitted on the 1st of July 2024 for the ABUHB LTA dispute. Confirmation of the arbitration decision was issued on the 26th July. However, this did not resolve the disputed activity baseline which was the only reason for submitting an arbitration case as the financial baseline had already been agreed by the CEOs. Discussions are ongoing regarding the activity baseline that should be reflected within the LTA arrangement.

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

10.1 Significant month on month balance sheet movements

There are a small number of significant movements on the balance sheet between M3 and M4:

- Trade and Other Receivables have increased by £16m. This is mainly due to an increase in the debtor for the Nursing Home Pooled Budget

of £10m. The VAT debtor also increased by £2.3m as the VAT return was submitted on the 31st July and there has also been an increase in Non-NHS Prepayments of £2.9m.

- Trade and Other payables have increased by £4.7m. Non-NHS Accruals and Payables have increased by £17m due to an increase in the creditor for the Nursing Home Pooled Budget, this is offset by the increase in Debtors as detailed above. This increase has been offset by a decrease in the Pharmacy accruals of £13m due to the timing of the payment at month end compared to M3.

- The cash balance has increased by £3m to £7.3m at the end of M4 and we are planning to reduce this balance in M5 & M6.

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

There are three NHS invoices which are due over 11 weeks:

- Two invoices relate to Swansea Bay which we expect to be cleared this month.
- Public Health Wales have confirmed that invoice 33345 will be paid on the next payment run.

11. Cash Flow Forecast (Table G)

The cash balance at the end of M4 was £7.3m. This was higher than anticipated and we are planning to reduce this balance over the next couple of months.

The cash flow forecast shows a balanced position at the end of M4.

12. Public Sector Payment Compliance (Table H)

No update required in this return.

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

The M4 CRL is £60.8m, issued on the 25th July 2024. As at M4, £16.2m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

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

Scheme	Risk	Explanation

PCH G&FF Phase 2 and 3	Medium – in year overspend	The latest SCP cashflow forecast indicates a full year spend which is £5.6m more than the CRL of £25.3m. It is becoming increasingly clear that the cashflow will not come back down to the current allocation and hence additional funding will be required. The scale of this however is still being determined as it is not expected to be the full £5.6m. A major section of the works (section 3) is due to complete in Sept 2024 and the remaining cashflow on this section is currently being challenged. Once the HB and advisors are content with the cashflow, the additional funding requirements will be discussed with WG
EFAB Infrastructure	Medium – in year underspend	One scheme (RGH IPS) cannot be completed in year due to the decant requirements and service disruption. Awaiting confirmed tendered costs on other schemes before confirming in year position - risk of £0.4m underspend
Sunnyside BHWC	Medium – in year underspend	SCP started on site 3rd June. Following a request in June for the contractor to review the latest cashflow this has now been updated and indicates spend of £5.8m in the year. This is an underspend of £3.5m against the CRL. The cost advisor is still interrogating the latest cashflow forecast as there as still anomalies within this. Once content with the cashflow a request to slip funding into 2025/26 will be made. The IRCF team are aware.
LHP	Medium - In year overspend	As discussed at CRM - additional funding is required in year to continue. Values to be reported in strategic overview document.

Disposals

There are currently no confirmed disposals of property. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS15 leases. Approval was requested for further IFRS16 leases at the end of July.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M4 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

16. Authorisation

P Mears
Chief Executive

S May
Director of Finance

Date: 13 August 2024

Action Points arising from Month 3 Response

Action Point	WG Comment	CTM Response
	TABLE A	
3.1	The net in year operational value reported on line 26 has materially moved from a £0.129m favourable position to an adverse variance of £7.531m. Please provide a financial breakdown of the key areas that were understated by £7.531m within the opening plan. **(Action Point 3.1)**	The £7.531m was our forecast of the gross operational variances that have materialised to date and forecast to continue at M3. Our initial plan had identified risks of £16.2m, of which £7.9m was identified for cost pressures. This is now deemed certain enough to be included in our forecast and removed from the risk table. The major cost pressures continue to be Unscheduled care demands and medical workforce costs. Following a review of the Month 4 savings plans, the operating variances have reduced to £3.037m at M4.
3.2	The planned finalised savings reported on line 8 have reduced from £22.380m to £22.333m. As values in lines 1 – 13 are fixed at month 2, please reinstate the finalised savings amount on line 8 to £22.380m and make the corresponding adjustment on line 13. **(Action Point 3.2)**	Agreed and adjusted.
3.3	Table A reports that £1.250m of non-recurrent balance sheet opportunities are supporting the June outturn. Please ensure that	Agreed and adjusted.

	finalised accountancy gains are reported via the Tracker (Table C3). **(Action Point 3.3)**	
3.4	Please ensure the narrative provides details of your assumptions which support the inclusion of the balance sheet opportunities phased into future months that are not reported within the Tracker. **(Action Point 3.4)**	The Health Board has agreed policies for the removal of aged creditors which have been agreed with Audit. The forecasts for future months recognise the anticipated impact of these policies being applied each month.
2.2	As requested via Action Point 2.2, please provide corresponding details which support the future month profile of items reported on Line 23 where there are material monthly movements. **(c/f Action Point 2.2)**	Apologies these entries should have been on Line 21 – revised profile of RRL.
2.3	After previously reporting these benefits would not continue after month 2, please provide details of the findings which support the favourable movements in contracting & commissioning (Line 27) and agency (Line 28) now having a full year effect. **(c/f (Action Point 2.3)**	The M3 return stated that the planning assumptions had been revised and confirmed the forecast value for 24/25. This was due to confirmed LTA agreements and negotiations on LTA uplifts together with improved agency expenditure that were unknown at the submission of the plan.
3.5	Please ensure the identified savings risk is consistently reported between narrative section 3 and Table A2. **(Action Point 3.5)**	Agreed and adjusted.
	TABLE B	
1.8	As requested within Action Point 1.8, please provide the financial profile by category of where any unidentified savings/mitigating	The £7.45m mitigating action had

	actions (totalling £7.450m @ Month 3) supporting the outturn position are being phased within the SoCNE. **(c/f Action Point 1.8)**	been identified as £3.7m of anticipated savings improvements and £3.75m of accountancy gains. The £3.7m savings were anticipated to be delivered through Pay costs line 10, whereas the £3.75m of accountancy gains had been identified within CHC line 15.
3.6	Please clarify why a negative expenditure profile is being reported on the Joint and Other financing line of the SoCNE. **(Action Point 3.6)**	As noted in our M1 return, the Health Board has adopted the National categorisation of expenditure for MMR in 24/25. This is resulting in unexpected outcomes with Clinical Negligence Payments being categorised as Losses & Special Payments, whereas WRP contribution to Clinical Negligence (Credit) being reported as Joint Finance & Other. We will work with the central Oracle team to review this position. Until this issue is resolved with Central Oracle team lines 17 & 18 should be considered as combined entries rather than individual lines.

3.7	Please provide details of the actual year to date movements against original plan which has resulted in the annual losses, special payments and irrecoverable debts spend reducing by c. £1.900m. **(Action Point 3.7)**	The timing of Clinical negligence and personal injury claims being settled cannot be accurately forecast and will remain volatile. As noted in 3.6 above, the movement on WRP contribution under Joint Financing and Other also needs to be recognised alongside the clinical negligence and personal injury claims.
	TABLE B2	
3.8	We note that you are again forecasting that monthly agency spend will increase to £3.600m, after incurring £3.222m in month 3. As requested previously, please ensure narrative also discusses future month pay (including agency and variable) spend profiles. **(Action Point 3.8)**	Noted.
	TABLE C-C3	
3.9	There are £1.000m of forecast savings in Table C3 that have "Non Pay" as the MMR description and "Medicines Management" as the V&S Board category. Please review and confirm if the MMR category should have been Prescribing or Secondary Care Drugs. **(Action Point 3.9)**	Agreed and adjusted.
	TABLE D	
3.10	We trust the agreed LTAs with C&V and Velindre NHS Trust have since been signed by both parties: please confirm in your month 4 narrative. **(Action Point 3.10)**	We are still awaiting the signed documentation from C&V and Velindre, which we are actively

		chasing.
	TABLE H - PSPP	
3.11	We trust that the investigational and corresponding actions referenced in the narrative will result in improved payment performances for both NHS and non NHS invoices in quarter 2. **(Action Point 3.11)**	Month 4 has seen an improvement in the PSPP figures and this is expected to continue for the rest of the quarter.
	TABLE M - Debtors	
3.12	The three listed outstanding 23/24 invoices against Swansea Bay (2 invoices) and Powys should have been paid by the 20th May. We expect that that these have since been resolved as they must not be listed as outstanding within Table M at month 4. **(Action Point 3.12)**	The invoices reported in M3 have been resolved and paid.
	TABLE P - Ringfenced	
3.13	Please ensure the values reported in 'WG Annual Allocation' column of Table A reflect those issued within Table B1 of the opening allocation paper for all categories. **(Action Point 3.13)**	Agreed and adjusted.
3.14	We note there is c. £1.500m of uncommitted spend against the planned care recovery allocation. Please provide an update on finalising corresponding plans within your month 4 narrative. **(Action Point 3.14)**	Agreed and adjusted.
3.15	The actual/forecast expenditure profiles for all categories are straight lined which based on historical spend trends does not appear likely. Please ensure the expenditure profiles are reviewed for month 4 and reflect robust projections. **(Action Point 3.15)**	Many of the areas are long standing allocations where funding has been recognised within LTAs/SLAs and delegated core budgets. Those plans which are

		non-recurrent have been agreed and planned prior to the beginning of the year with approval given to progress.
3.16	Please ensure 'Allocated' or 'Anticipated' is included within the description of all in year allocations within the final sections of Table P. **(Action Point 3.16)**	Agreed and adjusted.

Cwm Taf Morgannwg ULHB **Period : Jul 24**

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)	-19,400	0	-19,400	-19,400
2	Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3	Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6	Other Income Uplift / (Reduction)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	22,380	2,595	19,785	21,778
9	Planned (Finalised) Net Income Generation	634	32	603	825
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,285	0	3,285	3,697
14	**Opening IMTP / Annual Operating Plan**	**76**	**1,241**	**-1,165**	**2,062**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,285	0	-3,285	-3,697
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	31	-32	63	288
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-14,162	-2,256	-11,906	-12,645
20	Additional In Year Identified Savings - Forecast	3,226	97	3,130	4,900
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	51	51		
25	In Year Accountancy Gains (Positive Value)	1,667	1,667	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-3,037	-790	-2,247	-2,247
27	Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28	Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29	Anticipated improvement in savings plans - Included in Risk Table	5,900	0	5,900	5,900
30	Non Recurrent Balance Sheet Opportunities - Minimal risk	3,333	3,333	0	0
31	Energy Benefit - TBC	0	0		
32	DHCW Plans - TBC	0	0		
33	Microsoft VAT - TBC	0	0		
34	AB LTA Arbitration Impact - Confirmed	-1,900	0	-1,900	-1,900
35	Primary Care Prescribing Volume Growth Exceeding plans TBC	0	0		
36	POW NICU/Maternity Emergency Temporary Closure	-1,300	-1,300		
37	Planning Assumptions Improvement - Confirmed no Risk	2,000	0	2,000	2,000
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**2,011**	**-2,011**	**2,062**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**51**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-51**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-6,467
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-15,473
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-2,173
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	13,198
5	519	575	549	531	526	623	645	660	676	629	629	644	2,173
6													0
7												0	0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	4,800
9	0	6	53	66	57	67	64	64	64	65	65	64	125
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,841
14	**6**	**7**	**7**	**6**	**6**	**8**	**5**	**7**	**7**	**6**	**7**	**8**	**25**
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,841
16													0
17													0
18	0	-6	-53	-66	-57	-41	3	45	52	51	51	52	-125
19	0	-392	-400	-1,547	-1,804	-1,327	-1,454	-1,461	-1,457	-1,412	-1,414	-1,494	-2,339
20	0	0	35	40	386	303	335	368	502	377	377	503	75
21		-178	178	-433	-7	293	292	291	-109	-109	-109	-109	-433
22	0	-145	-24	-10	-26	67	62	16	23	-1	-1	39	-179
23												0	0
24	0	145	24	10	26	-67	-62	-16	-23	1	1	12	179
25	0	0	0	1,667	0	0	0	0	0	0	0	0	1,667
26	168	-40	-1,113	-662	-171	-95	-60	-138	-444	-173	-174	-135	-1,647
27	400	400	450	416	416	416	417	417	417	417	417	417	1,666
28	200	200	200	200	200	200	200	200	200	200	200	200	800
29							730	730	730	1,230	1,230	1,250	0
30			1,250	-1,250	417	417	417	417	417	417	417	417	0
31													0
32													0
33													0
34				-633	-158	-158	-158	-158	-158	-158	-158	-158	-633
35													0
36					-100	-400	-400	-400					0
37				667	166	166	166	167	167	167	167	167	667
38													0
39													0
40	**-930**	**-1,376**	**-354**	**-1,459**	**-400**	**-300**	**500**	**500**	**500**	**1,000**	**1,000**	**1,319**	**-4,119**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**51**	**0**
42	**-930**	**-1,376**	**-354**	**-1,459**	**-400**	**-300**	**500**	**500**	**500**	**1,000**	**1,000**	**1,268**	**-4,119**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

Cwm Taf Morgannwg ULHB

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	2,720	12,738		0	747				
2		Actual/F'cast	160	65	257	(20)	151	207	293	293	331	321	321	351	461	2,729	16.91%	1,839	890	0	2,729	0	4,331
3		Variance	0	(359)	(375)	(1,525)	(1,028)	(986)	(975)	(975)	(949)	(949)	(953)	(935)	(2,259)	(10,009)	*(83.04%)*	1,839	143				
4	Non-Pay	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	571	2,423		2,178	246				
5		Actual/F'cast	8	42	121	66	98	101	121	154	154	168	168	171	236	1,371	17.25%	1,005	366	436	935	0	1,552
6		Variance	0	(29)	(2)	(304)	(91)	(93)	(95)	(95)	(97)	(83)	(83)	(80)	(335)	(1,052)	*(58.58%)*	-1,172	120				
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	1,280	5,448		5,033	415				
8		Actual/F'cast	320	320	320	660	773	480	583	583	583	569	569	569	1,620	6,328	25.60%	5,126	1,202	0	6,328	0	6,505
9		Variance	0	0	0	340	22	74	74	74	74	74	74	74	340	880	*26.56%*	93	787				
10	Secondary Care Drugs	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	54	1,096		1,096	0				
11		Actual/F'cast	0	0	168	0	2	66	2	2	100	2	2	15	168	355	47.39%	355	0	0	355	0	686
12		Variance	0	(4)	136	(19)	(322)	(35)	(138)	(112)	2	(92)	(90)	(66)	114	(740)	*210.22%*	-740	0				
13	CHC/FNC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	175	650		650	0				
14		Actual/F'cast	0	0	0	50	0	150	0	0	163	0	0	163	50	525	9.52%	150	375	0	525	0	650
15		Variance	0	0	(125)	0	0	0	0	0	0	0	0	0	(125)	(125)	*(71.43%)*	-500	375				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	25		25	0				
20		Actual/F'cast	0	0	0	0	0	16	20	20	20	20	20	20	0	136	0.00%	136	0	0	136	0	310
21		Variance	0	0	0	0	0	16	16	16	16	16	16	16	0	111		111	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	4,800	22,380		8,981	0				
35		Actual/F'cast	488	427	866	756	1,023	1,019	1,018	1,051	1,350	1,080	1,080	1,288	2,536	11,444	0.00%	8,611	2,833	436	11,008	0	14,034
36		Variance	0	(392)	(365)	(1,507)	(1,418)	(1,024)	(1,119)	(1,093)	(955)	(1,035)	(1,036)	(992)	(2,264)	(10,936)		-370	2,833				

37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(58.09%)	(50.12%)	(52.37%)	(50.99%)	(41.44%)	(48.94%)	(48.98%)	(43.50%)	(47.16%)
38	In month achievement against FY forecast	4.27%	3.73%	7.57%	6.60%	8.94%	8.91%	8.89%	9.18%	11.79%	9.43%	9.43%	11.26%	

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Period : Jul 24

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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	Pay - General & Substantive	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	990	4,237	0	747			
2		Actual/F'cast	47	41	191	18	108	112	192	192	207	197	197	226	297	1,727	1,240	487	0	1,727	2,673
3		Variance	0	(39)	84	(738)	(228)	(234)	(230)	(230)	(227)	(227)	(230)	(212)	(693)	(2,510)	1240.286	(260)			
4	Pay - Variable	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	264	1,478	0	0			
5		Actual/F'cast	0	0	0	0	7	36	36	36	59	59	59	59	0	353	149	204	0	353	781
6		Variance	0	(46)	(57)	(161)	(145)	(116)	(116)	(116)	(92)	(92)	(93)	(93)	(264)	(1,126)	149	204			
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	1,466	7,022	0	0			
8		Actual/F'cast	113	23	65	(38)	36	59	65	65	65	65	65	66	164	649	450	199	0	649	877
9		Variance	0	(274)	(402)	(626)	(654)	(636)	(630)	(630)	(630)	(630)	(630)	(630)	(1,302)	(6,373)	450	199			
10	Total	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	2,720	12,738	0	747			
11		Actual/F'cast	160	65	257	(20)	151	207	293	293	331	321	321	351	461	2,729	1,839	890	0	2,729	4,331
12		Variance	0	(359)	(375)	(1,525)	(1,028)	(986)	(975)	(975)	(949)	(949)	(953)	(935)	(2,259)	(10,009)	1,839	143			

Table C2- V&S Saving Categories

		Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	2,720	12,738
2		Actual/F'cast	160	65	257	(20)	151	207	293	293	331	321	321	351	461	2,729
3		Variance	0	(359)	(375)	(1,525)	(1,028)	(986)	(975)	(975)	(949)	(949)	(953)	(935)	(2,259)	(10,009)
4	Medicines Management	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	1,334	6,544
5		Actual/F'cast	320	320	488	660	775	546	584	584	682	571	571	584	1,788	6,684
6		Variance	0	(4)	136	321	(300)	39	(64)	(38)	76	(18)	(16)	8	454	140
7	Procurement & Non-pay	Budget/Plan	4	67	106	331	166	170	176	179	181	181	181	181	509	1,926
8		Actual/F'cast	4	37	116	65	83	97	101	104	104	118	118	121	222	1,067
9		Variance	0	(30)	9	(266)	(84)	(73)	(75)	(75)	(77)	(63)	(63)	(61)	(287)	(859)
10	CHC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	175	650
11		Actual/F'cast	0	0	0	50	0	150	0	0	163	0	0	163	50	525
12		Variance	0	0	(125)	0	0	0	0	0	0	0	0	0	(125)	(125)
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	30	30	30	30	30	0	150
14		Actual/F'cast	0	0	0	0	0	0	0	30	30	30	30	30	0	150
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other - Commissioning	Budget/Plan	4	4	17	38	22	23	37	37	37	37	37	37	62	331
17		Actual/F'cast	4	5	5	0	16	19	33	33	33	33	33	33	14	249
18		Variance	0	2	(11)	(38)	(7)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(48)	(82)

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Jul 24

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	488	816	1,231	2,265	2,442	2,045	2,137	2,144	2,305	2,113	2,116	2,286	4,860	22,380	2,595	19,785	1,993	21,778
	Month 1 - Actual/Forecast	488	427	831	715	639	717	682	682	848	702	702	782	2,461	8,218	339	7,879	1,255	9,133
	Variance	0	(390)	(400)	(1,547)	(1,804)	(1,327)	(1,454)	(1,463)	(1,457)	(1,412)	(1,414)	(1,504)	(2,399)	(14,162)	(2,256)	(11,906)	(738)	(12,645)
	In Year - Plan	0	0	35	91	457	668	779	823	958	821	821	947	88	6,257	187	6,070	2,200	8,270
	In Year - Actual/Forecast	0	0	35	40	386	335	335	368	502	377	377	503	75	3,226	97	3,130	1,771	4,900
	Variance	0	0	0	(51)	(71)	(253)	(444)	(464)	(455)	(444)	(444)	(444)	(13)	(3,030)	90	(2,940)	(429)	(3,369)
	Total Plan	488	816	1,266	2,312	2,899	2,938	2,916	2,967	3,262	2,934	2,937	3,233	4,948	28,637	2,782	25,855	4,193	30,048
	Total Actual/Forecast	488	427	866	756	1,025	1,053	1,018	1,051	1,350	1,080	1,080	1,285	2,536	11,444	436	11,008	3,026	14,034
	Total Variance	0	(390)	(400)	(1,556)	(1,875)	(1,885)	(1,898)	(1,916)	(1,912)	(1,854)	(1,858)	(1,948)	(2,412)	(17,193)	(2,346)	(14,846)	(1,168)	(16,014)
Net Income Generation	Month 1 - Plan	0	4	53	66	52	63	64	64	64	65	65	84	125	624	53	603	272	875
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	(4)	(53)	(66)	(57)	(63)	(64)	(64)	(64)	(65)	(65)	(84)	(125)	(624)	(53)	(603)	(272)	(875)
	In Year - Plan	0	0	0	8	12	36	73	116	116	116	116	116	8	708	0	708	397	1,105
	In Year - Actual/Forecast	0	0	0	0	0	27	66	109	116	116	116	116	0	665	0	665	448	1,113
	Variance	0	0	0	(8)	(12)	(8)	(7)	(7)	0	0	0	0	(8)	(42)	0	(42)	51	8
	Total Plan	0	4	53	74	65	100	137	180	180	181	181	200	133	1,342	53	1,310	669	1,979
	Total Actual/Forecast	0	0	0	0	0	27	66	109	116	116	116	116	0	665	0	665	448	1,113
	Total Variance	0	(4)	(53)	(74)	(65)	(73)	(71)	(71)	(64)	(65)	(65)	(84)	(133)	(677)	(53)	(645)	(171)	(816)
Accountancy Gains	In Year - Plan	0	0	0	1,667	0	0	0	0	0	0	0	0	1,667	1,667	1,667	0	0	0
	In Year - Actual/Forecast	0	0	0	1,667	0	0	0	0	0	0	0	0	1,667	1,667	1,667	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	488	824	1,284	2,329	2,494	2,133	2,200	2,207	2,369	2,180	2,181	2,344	4,925	23,015	2,627	20,388	2,235	22,603
	Month 1 - Actual/Forecast	488	427	831	715	639	717	682	682	848	702	702	782	2,461	8,218	339	7,879	1,255	9,133
	Variance	0	(396)	(453)	(1,614)	(1,855)	(1,416)	(1,518)	(1,525)	(1,520)	(1,477)	(1,479)	(1,562)	(2,464)	(14,797)	(2,288)	(12,509)	(980)	(13,470)
	In Year - Plan	0	0	35	1,726	469	595	853	939	1,074	937	937	1,062	1,761	8,631	1,854	6,777	2,597	9,374
	In Year - Actual/Forecast	0	0	35	1,707	386	335	402	477	618	493	493	619	1,742	5,559	1,764	3,795	2,219	6,013
	Variance	0	0	0	(19)	(83)	(260)	(451)	(472)	(456)	(444)	(444)	(444)	(19)	(3,073)	90	(2,982)	(378)	(3,361)
	Total Plan	488	824	1,319	4,055	2,963	2,728	3,053	3,146	3,442	3,117	3,118	3,406	6,686	31,646	4,481	27,165	4,832	31,977
	Total Actual/Forecast	488	427	866	2,422	1,025	1,053	1,084	1,159	1,466	1,196	1,196	1,401	4,203	13,777	2,103	11,674	3,473	15,147
	Total Variance	0	(396)	(453)	(1,632)	(1,938)	(1,675)	(1,969)	(1,986)	(1,976)	(1,921)	(1,922)	(2,005)	(2,482)	(17,869)	(2,378)	(15,491)	(1,359)	(16,831)

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

Agenda Item
2.2.2

Planning, Performance and Finance Committee

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

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

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

1. Situation /Background

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

1.2 The Cycle of Business covers the period 1 February 2024 to 31 March 2025, subject to any changes as a result of the committee review.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

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

4. Assessment

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

Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*		
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

6. Next Steps

6.1 There are no next steps required.

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

Planning, Performance & Finance Committee

Cycle of Business

(1st February 2024 – 31st March 2025)

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

The Cycle of Business covers the period 1st February 2024 to 31st March 2025.

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

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to provide scrutiny on behalf of the Board on all matters relating to planning, performance and Finance. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Planning Performance & Finance Committee Cycle of Business (1st February 2024 – 31st March 2025)

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

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Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Performance Dashboard	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	All Regular Meetings															
Deep dive into one aspect of the Performance Dashboard (subject to be confirmed)	Chief Operating Officer	All Regular Meetings															
Sustaining Our Future																	
Finance Report	Executive Director of Finance & Procurement	All Regular Meetings															
Monthly Monitoring Returns to Welsh Government	Executive Director of Finance & Procurement	All Regular Meetings															
Quarterly Update on Capital	Executive Director of Finance & Procurement	Quarterly								Defer to Oct 24							
Estates and Facilities Operational Performance and Energy Performance	Director of Finance	Annually															
CTM Value Based Health Care Steering Group Highlight Report	Executive Director of Finance & procurement	Annually															
Governance and Assurance																	
Organisational Risk Register	Director of Governance	All Regular Meetings															

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 08.08.24)
4.1.0	June 2024	**Organisational Risk Register** Risk 5755 to be discussed outside of the meeting with the Children and Families Care Group with regard to the query on the consequence score reducing from a 5 to a 3 when assessing the target score.	Director of Corporate Governance/Board Secretary	August	**Complete – To Close** The Service Director for Children and Family Care Group has confirmed that they now know through the project and deeper assessment of the equipment batteries that they will sustain power for a minimum of 2 hours to give time for emergency electrician to attend. Since the risk was added the Care Group have looked at their contingency plans which currently now would lessen the consequence. The Care Group did not have confirmation of these points when the risk was first assessed. On this basis they would reduce the consequence score to 4. This update will be reflected in the September iteration of the Organisational Risk Register.

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 08.08.24)
4.1.0	June 2024	**Organisational Risk Register** To review risk 2713 outside of the meeting and update the Committee on agreed mitigation and progress.	Director of Corporate Governance/Board Secretary	August 2024	**Complete – To Close** Datix Risk ID 2713 - Backlog of Reporting Radiology Examinations was de-escalated from the Organisational Risk Register in July 2024 as the score decreased from a 16 to an 8 as a result of numbers reducing so the service is now at a more manageable level. Additional capacity has been made available to support outsourcing arrangements. (Please see Org RR agenda item 4.1 capturing this update)
4.1.0	June 2024	**Organisational Risk Register** Electrical infrastructure activity to be discussed outside of the meeting and any outcomes as a result of that activity will need to feed into the risk score for risk ID 5755. G Watts agreed to ensure Audit & Risk Committee are sighted on this matter.	Director of Corporate Governance/Board Secretary	August 2024	**Completed – To Close** Further information was sought from Suzanne Hardacre following the June meetings of ARC and PPF. An update with respect to this risk was provided via email to ARC on 15/07/2024 and a briefing with respect to the situation and temporary closure of maternity services at POW was included in the CEO Report to full Board on 25/07/2024. The risk will continue to be monitored by ARC as the work commences in September and through the autumn.

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 08.08.24)
5.1.0	June 2024	**Integrated Performance Dashboard** To revise the wording with regard to neurophysiology on page 20.	Executive Director of Strategy & Transformation	August 2024	**Completed – To Close** Wording has been revised and is contained within the new iteration of the report.
5.1.0	June 2024	**Integrated Performance Dashboard** To invite the Assistant Director of Transformation to a future meeting of the Committee to provide a presentation on the information they were providing for children on the website.	Executive Director of Strategy & Transformation	October 2024	**In Progress** Added to Forward Work Plan for October 2024 Meeting
5.1.0	February 2024	**Integrated Performance Dashboard** To query dietetics and the main areas of risk around digital and waiting for the patient portal whether there was a specific issue for dietetics or part of the wider digital agenda and was there a specific timescale.	Chief Operating Officer	April 2024	**In Progress** A solution is still required for Therapies self-referral. There is a longer term plan to use the Digital Services for Patient & the Public but the timescales on this are still to be confirmed. From an Information Governance perspective, a significant amount of work has been undertaken by the teams to mitigate the risk from a data protection perspective. It is acknowledged that risks in using the Microsoft platform (for example the ability for sustainable support at a Health Board level) do remain, however these need to be considered and balanced against the wider clinical risk to

					the service. The Exec lead for AHPs, the Director for Digital and the Assistant Director for Data and Compliance are planning to meet shortly to present a consolidated position. If this cannot be achieved it will be escalated to the wider Executive.

PREVIOUSLY COMPLETED ACTIONS					
5.1.0	August 2023 & October 2023	**Integrated Performance Dashboard** Arrange for the Stroke Physician/Regional clinical lead for Stroke to attend a future meeting of the Committee, to describe the statistics and outcomes.	Chief Operating Officer	August 2024	**Completed** Arrangements are being made for the Committee to receive a Presentation on Brainomix at a future meeting. Added to Forward Work Plan for August 2024
5.3.0	August 2023	**Civil Contingencies and Business Continuity Annual Report 2022-23** Clarification to be sought around reasonable compliance to be sought from the SWLRF.	Director of Strategy & Transformation	February 2024	**Completed** A 6 month review was undertaken in February 2024 which included applying the assurance levels used by Internal Audit and a prompt for each Category 1 to ensure they have preparedness.
4.1.0	April 2024	**Organisational Risk Register** To update the narrative on the Radiology Risk 2713 for the next meeting.	Chief Operating Officer/Assistant Director of Governance & Risk	June 2024	**Completed** Feedback shared with DTPS Care Group to include in the review being undertaken for the July iteration of the Organisational Risk Register.
5.1.0	April 2024	**Integrated Performance Dashboard**	Chief Operating Officer	June 2024	**Completed**

		To discuss the lack of engagement with CTM Communications in relation to vaccines outside of the meeting.			If in relation to childhood vaccination – the School Nursing team has previously raised that they haven't felt like they've had the support needed from a Communications perspective. To alleviate this, we have now included Comms as a standing agenda item in the Childhood Vaccination Group, and members (including School Nursing) were happy with this arrangement. In addition, there is an ongoing action for School Nursing (with support from Comms) to develop a calendar for pertinent times of the year when they require Comms support
5.1.0	April 2024	**Integrated Performance Dashboard** To query the outputs for the children's vaccine group in relation to the Population Health HPV vaccine	Chief Operating Officer/Director of Public Health	June 2024	**Completed** HPV wise, it is slightly more difficult to consider improvement as the vaccination programme changed in September 2023 from a 2 dose programme to 1 dose. We don't have a UK based HPV target, but have included the WHO recommendation of 90% within our 3 year Vaccs & Immunisation strategic plan. Our current uptake is over 80% for both boys and girls, compared with a Welsh average of 74.1%.
5.1.0	April 2024	**Integrated Performance Dashboard** To provide an update on the 24/7 stroke service phased implementation plan.	Chief Operating Officer	June 2024	**Completed** Update on agenda for June 2024 meeting.

4.1.0	February 2024	**Organisational Risk Register** The Chair requested that future reports should contain any emerging risks so that the Committee are aware.	Director of Corporate Governance/Board Secretary	April 2024	**Completed** Report now contains the emerging risks.
2.2.2	January 2024	**Action Log** To amend lead from Chair to Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	February 2024	**Completed** Agenda and Annual Cycle of Business amended to reflect change to Director of Corporate Governance/Board Secretary
5.1.0	October 2023	**Integrated Performance Dashboard** To provide members with an update on the development of the 24/7 integrated stroke service. 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.	Chief Operating Officer	February 2024 February 2024	**Completed** Powerpoint Presentation on agenda – February 2024
6.3.0	October 2023	**Stretch Target Response (10,20,30)** A presentation to be shared at a future meeting on Continuing Health Care & Funded Nursing Care	Deputy Chief Operating Officer	February 2024	**Completed** Report received at January 2024 Meeting.
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.

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Agenda Item
4.1

Planning, Performance and Finance Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Service, Function and Executive Formal Review	June/July	RISKS REVIEWED
Operational Management Board	12th June 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	15th July 2024	MANAGEMENT SIGN OFF RECEIVED
Quality & Safety Committee	23rd July 2024	ASSIGNED RISKS REVIEWED
Audit & Risk Committee	15th August 2024	RISKS REVIEWED

Acronyms / Glossary of Terms	

1. Situation /Background

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

2. Specific Matters for Consideration

Risk Review

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

2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.

2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.

2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5th July 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.

2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
Risk Management Approach

Practical Approach to Managing Risk
Risk Assessment and Scoring
Datix Risk Management Module

2.8 To date **678** members of staff trained to date since training commenced in 2021.

2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

2.10 Feedback on the training continues to be positive, please see below:

2.11 47 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
- 70% (33/47) provided a score of 5/5 in terms of content of the session
- 26% (12/47) provided a score of 4/5 in terms of content of the session
- 4% (2/47) provided a score of 3/5 in terms of content of the session

2.12 100% of the 47 attendees providing formal feedback found that:
- The session provided the right amount of information.
- They gained more confidence and knowledge in risk management having attended.
- They would recommend this training to a colleague.

2.13 96% of the 47 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.

2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *"Useful to understand escalation processing more detail";*
- *"Very well delivered with a lot of information included";*
- *"I realised in the session that I don't have a good understanding of how risk is assessed in the organisation and potentially our team should be utilising this more so it initially started as confusing for me but is still very helpful";*
- *"Right amount of information given in the presentations and well explained by the presenter"; and*
- *"Good comprehensive information and resources to refer to".*
- *"An accessible, clear and succinct session which provides a valuable understanding of all things risk."*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Diagnostics, Therapies, Pharmacy and Sciences Care Group

- Datix Risk ID 5730 – No Health Board MRI Pacemaker Service. New risk escalated to the Organisational Risk Register in June 2024. Risk score 20.

Strategy, Transformation, Planning and Commissioning Directorate

- Datix Risk ID 5821 - Provision of secondary care immunology services by external provider (this is a service that is not provided by CTMUHB). Risk Score of 20.

3.2 CHANGES TO RISKS

Risk Score Increased

No risks that had been escalated to the organisational risk register were increased in score in the July iteration.

Risk Score Decreased

Diagnostics, Therapies, Pharmacy and Sciences Care Group

- Datix Risk ID 2713 – Backlog of Reporting Radiology Examinations. Risk score reduced from a 16 to an 8 on the 20th May 2024. The risk score has decreased as numbers have reduced so the service is now at a more manageable level. Additional capacity has been made available to support outsourcing arrangements. Risk will continue to be monitored via the DTPS Care Group.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

No risks that had been escalated to the organisational risk register were closed in the July iteration.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence						
5				5755 5730	
4				5764 5765 5691	4491 4071 3826
3					
2					
1					
CxL	1	2	3	4	5
	Likelihood				

3.5 EMERGING RISKS

No emerging risks notified for inclusion in the July iteration Organisational Risk Register.

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

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory *(since the last report received by the Board)*
1a	**Sufficient capacity to meet elective demand**	IMPROVING CARE	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	**16** (C4xL4)	Updated risk developed in July 2024 specific to planned care.
1b	**Sufficient capacity to meet emergency demand**	IMPROVING CARE	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	**20** (C4xL5)	Updated risk developed in July 2024 specific to Unscheduled Care.
10	**Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government**	SUSTAINING OUR FUTURE	Executive Director of Finance	Planning, Performance & Finance Committee	**16** (C4xL4)	↔

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 /	Not Applicable
	If more than one applies please list below:

Link to CTMUHB Strategic Areas	
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 Resilient Wales 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))*	Learning, Improvement & Research 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))*	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks

	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	See detail captured for each risk	

5. Recommendation

5.1 The Committee are asked to:

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

6. Next Steps

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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
2	5730	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Specialties Care Group	Service Director - Diagnostics, Therapies, Pharmacy and Specialties Care Group	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	No Health Board MRI Pacemaker Service	IF there is no MRI pacemaker service THEN patients that require urgent imaging for serious conditions e.g. cauda equina, stroke and Unscheduled Care can not be imaged using the appropriate modality RESULTING IN poor patient outcomes, (life limiting conditions where alternative imaging (CT,US does not answer the clinical question)	Care Group director discussing situation with cardiac team to resource and support this service provision. Escalation to Clinical and Medical Directors as appropriate. Prince Charles Hospital site will offer the service as cardiac physiologist available.	Pacing defib to be purchased - Capital Statement of Need ongoing.	Planning, Performance & Finance Committee Quality & Safety Committee	20	C5xL4	4 (C4xL1)	New risk escalated to the Organisational Risk Register in June 2024.	21.03.2024	17.06.2024	22.07.2024
3	5821	Executive Director of Strategy & Transformation	Central Corporate Directorate - Commissioning	Assistant Director of Transformation, Strategic and Operational Planning	Improving Care	Service / Business interruption	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB).	If: CTM is unable to secure a new contract with an alternative commissioned provider; Then: CTM residents will have no access to secondary care immunology provision. Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards.	Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024. CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GP's have been informed of the challenges currently experienced with immunology provision and delays can be expected.	Establish short term contract with NHS provider for urgent referrals. Secure provision for routine cases. Work collaboratively with health boards across the SE Wales and SW Wales region to secure immunology provision in the longer term.	Planning, Performance & Finance Committee Quality & Safety Committee	20	C4xL5	4 (C4xL1)	New risk escalated to the Organisational Risk Register in June 2024.	08.07.2024	11.07.2024	11.08.2024
5	5755	Chief Operating Officer	Children and Families Care Group	Service Director - Children and Family Care Group	Improving Care	Environment /Estate/ Infrastructure	Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit	**If** the Air handling unit or the electrical system backups fail for the labour ward and neonatal unit template in POW. **Then** we do not have assurance that our backup systems will maintain critical equipment including ventilators, anaesthetic machines, pumps etc. and key life preserving equipment during clinical procedures. **Resulting in** harm to patients and potential for life changing consequences for mothers and babies.	All equipment is being assessed for battery backup. Emergency scenario planning will be arranged with Strategy team as a priority. A Project plan is in place with support from Corporate Planning. Weekly planning meetings held with teams and external stakeholders including WAST, JSS, Network. Neighbouring Health Boards have been informed, meetings between Care Groups arranged. FAQs to staff are out, one to one meetings with affected colleagues taking place, meetings with community midwives / ANC staff underway. FAQs external to women and birthing people are out, drop in sessions underway for any one with any concerns.	Capital resource has been approved and allocated to support the infrastructure work from Welsh Government during this financial year. Plans are being drafted for the temporary decant of services for the period of estates work. Update June 2024: • Start date for the work (2nd September 2024). • Clinical pathways are being finalised.	Planning, Performance & Finance Committee Quality & Safety Committee	20	C5xL4	C3xL2	↔	18.04.2024	25.06.2024	31.07.2024
8	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to meet the demand for patient care at all points of the patient journey	**IF:** The Health Board is unable to meet the demand upon its services at all stages of the patient journey. **Then:** the Health Board's ability to provide high quality care will be reduced. **Resulting in:** Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Speciality specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Update June 2024 **Elective Demand-** The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. The large-scale capital programme at Prince Charles Hospital will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. The current Fire enforcement notice at Princess of Wales hospital will reduce the number of operating theatres. Plans are ongoing for the temporary location of the theatres. Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WL1 activity attributed to standardisation of pay. Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. **Emergency Demand** There has been some improvement against trajectories for emergency demand. Specifically in total reduction of lost ambulance hours. There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WL1 activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID uncommissioned capacity remains a priority. Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 C4 x L3	↔	13.7.2023	09.07.2024	09.08.2024
9	4071	Chief Operating Officer Planned Care - Care Group	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	**IF:** The Health Board fails to sustain services as currently configured to meet cancer targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in**: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage individual cases on the cancer Pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigours monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update July 2024 - risk ongoing, mitigation continues to be : ongoing increased scrutiny of pathways, focused work with urology, Gynae and colorectal, enhanced monitoring with Velindre Cancer Centre.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	↔	01.04.2014	04.07.2024	02.09.2024
13	3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Emergency Department (ED) Overcrowding	**If:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). **Then:** patients are therefore placed in non-clinical areas. **Resulting In:** Failure to deliver Emergency Department Metrics**,** Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in YS to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. -Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. -Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21 - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update July 2024 The Unscheduled Care SMT reviewed current ambulatory pathways and the site based clinical teams are in the process of developing an SOP relating to fit2sit. We continue to explore the potential to expand ambulatory footprint at the Princess of Wales site. Quality statement baseline assessment has been completed, part of this work, will result in the development of an overcrowding score which should help reduce the risk of harm with overcrowding in the emergency department. 1. Currently developing a standardised approach to our huddle capture and reporting. 2. Proof of concept has been completed with engagement from operational and clinical stakeholders. 3. Move to development of software project. 4. This will support a consistent approach to recording and reporting escalation levels across all our acute sites. 5. USC Dashboard which provides daily and ongoing trend data for performance metrics I Emergency Care. 6. Developing data intelligence Emergency department acuity levels, including risk stratification and also clinical frailty score for all attendances in each of our Emergency Departments. 7. CTM IMTP describes development of a predictive data model to enhance current systems (we already have predicted attendance) This remains an ongoing risk for all 3 sites and is reviewed regularly as implementation of targeted improvement takes place. Nurse establishments are being reviewed to ensure safe staffing. With sustained high level of escalation, risk rating to remain at 20. C4, likely hood 5. New review date 01/09/2024.	Quality & Safety Committee Planning & Performance Committee	20	C4xL5	12 (C4xL3)	↔	24.09.2019	2.7.2024	1.9.2024
14	5691	Chief Operating Officer	Facilities Directorate	Assistant Director Facilities	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	CCTV System Failure in Prince Charles Hospital	**IF:** Major CCTV security management platform (SMP) headend and camera outage at PCH. Unable to live view live data images at the security control centre. NVR recording function is not available to record data images. The outage is also linked with the PCH site refurbishment scheme. The Capital Major Projects team advise that the new (SMP) headend server is not part of the PCH scheme as there is no funding for it. **THEN:** As a consequence this presents a site security with very limited site surveillance available to identify site incidents and provide evidence of criminal activity and crime. **RESULTING IN:** The ground floor, first floor and external site areas require the roll out of (124) new CCTV cameras as part of the PCH refurbishment scheme and the existing old (SMP) headend server does not have the functionality and capacity to accept these additional cameras therefore the contractor Tilbury Douglas are unable to roll out the new cameras on site until a new SMP is installed. Risks to the PCH site, patients and staff safety risk. Site risk of theft, property damage and personal injury/assault.	Incident meeting held by Facilities with Digital ICT, Estates, Open View the system contractor and Capital Major Projects team who are managing the PCH site Major project scheme to review the faults and aim to resolve the issue. Open View have managed to restore the security management system headend and power to the majority of existing site cameras. However there is further work to be undertaken and a risk of system failure remains. The outcome and recommendation from Open View the Capital Major Projects team and Tilbury Douglas is that the existing (SMP) headend system is old and not fit for purpose and requires replacement and upgrading. Until the (SMP) headend is replaced Tilbury Douglas will be unable to fully install the (124) new site CCTV cameras. Open View are providing a specification and estimate of cost of a new (SMP)headend so that a SON can be submitted for discretionary capital FY2024/25. System specification provided Capital SON ID 1251 submitted 17 May 24. Waiting for SON approval by ECG for funding.	Facilities have developed a case and tender spec for a suitable new CCTV head end in conjunction with ICT and estates and some discretionary capital combined with PCH scheme funding has been secured to cover the costs and is due out to Tender imminently (July 2024).	Health Safety & Fire Sub Committee Quality & Safety Committee Planning, Performance & Finance Committee	16	C4xL4	C3xL4 12	New risk escalated to the Organisational Risk Register in June 2024.	31.01.2024	24.06.2024	31.08.2024

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
16	5764	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to achieve the planned break-even position in 2024/25.	IF: The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2024/25. THEN : The Health Board will not be able to deliver the planned break-even financial position for 2024/25. RESULTING IN : • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • Failure to deliver the financial plan for 24/25. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 24/25. • Potential cash shortfalls in the latter months of 24/25	Financial Accountability letters issued from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Planning, Performance & Finance Committee and the Board.	• Context: The Health Board has submitted a balanced financial plan for 24/25 but this plan includes significant risks, including the delivery of £26.3m of efficiency savings. The savings plans at the 26 March 24 total £23.0m with a RAG rating of £10.0m Green, £12.1m Amber and £0.9m Red. • M2 update: The M2 YTD position is a £2.3m deficit, which includes a £3.5m shortfall in savings delivery. The Health Board is continuing to forecast a break even position for 24/25.The key risks to the forecast are estimated at £11.2m and the main risk is savings delivery. The following actions are to support savings plan identification, development and delivery: • Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	Planning, Performance & Finance Committee	16	C4xL4	12 C4xL3	↔	30.04.2024	04.07.2024	31.08.2024
17	5765	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 24/25	IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2024/25. THEN: The Health Board may not be able to deliver a break-even financial position for 2025/26. RESULTING IN : • The Health Board not being able to increase investments in services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WG not supporting the Health Board's plan for 25/26 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26. • Potential cash shortfalls in 25/26.	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Planning, Performance & Finance Committee and the Board.	• M2 update: The M2 YTD position is a £2.3m deficit and this position presents a risk to both the In year forecast and the recurrent forecast. The forecast recurrent position at the end of 24/25 will be reviewed after Q1. • The main action is to develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25.	Planning, Performance & Finance Committee	16	C4xL4	12 C4xL3	↔	30.04.2024	04.07.2024	31.08.2024

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
2713	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Backlog of Reporting Radiology Examinations	**IF** there is consistent backlog of Radiology reports **THEN** there will a delay in patient diagnosis and treatment, which could lead to poorer patient outcomes **RESULTING IN** deterioration of health and potential death. All radiological examinations should be reported in a timely manner. There is a risk of delay in diagnosis of patient condition and any additional interventions/treatment that may be required following diagnosis due to an excessive backlog and increasing demand in imaging services. There is also a risk of damage to the reputation of the Organisation due to the failure to meet performance targets. The reporting backlog has been compounded by; Reduced effective Radiologist workforce due to retirements, sickness, secondment, maternity leave and limited available Radiologist workforce. RadIS merger which caused problems for outsourcing as prior imaging has not been available as it previously has been. National Cyber attack, computer & RadIS patches which caused two weeks downtime for reporting. Colon CT - All barium enema examinations are now scanned in CT which has increased the specialist reporting significantly with no increase in Radiologist support. Long term inability to recruit Radiologists as there are insufficient numbers trained in the UK. There is also risk of work related stress due to pressure placed on existing Radiologist workforce to meet the demands of the service.	Radiologists performing extra reporting sessions in addition to their normal working hours. Radiographers trained to report accident & emergency images. Up to date job plans for all Radiologists. Datix incident and concerns procedures in place. Data tracked weekly.	Update April 2024 - Review monitoring of additional funding. Vacancies. See rationale for de-escalation.	Quality & Safety Committee Planning Performance & Finance Committee	8 Decreased from a 16 on 20 May 2024	4 C4xL1	Score decreased as numbers have reduced so the service is now at a more manageable level. Additional capacity has been made available to support outsourcing arrangements. Risk will continue to be monitored via the DTPS Care Group.

	A	B	C	D	E	F	G	H	I	J	K
1	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	No risks that had been escalated to the organisational risk register were closed in the July iteration.										

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

Agenda Item
5.1

Planning, Performance & Finance Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Linda Prosser	16/08/2024	Endorsed for Approval

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
AMU	Acute Medical Unit
BCUHB	Betsi Cadwaladr University Health Board
BSW	Bowel Screening Wales
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
CTP	Care and Treatment Plan
CYP	Children and Young People
C&VUHB	Cardiff & Vale University Health Board

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
HDUHB	Hywel Dda University Health Board
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
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
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
PTHB	Powys Teaching Health Board
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
SBUHB	Swansea Bay University Health Board
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SOS	See on Symptom
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 Early in 2024, Welsh Government released the NHS Performance Framework for 2024/25. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL:

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

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

2. Specific Matters for Consideration

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

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

2.1 Executive Performance Indicators

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

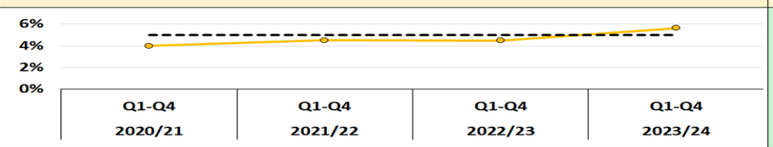
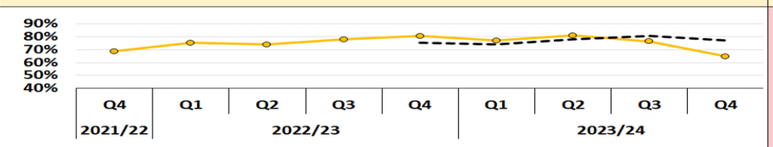
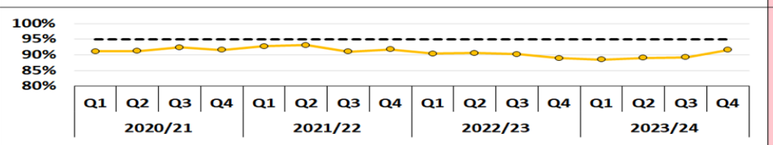
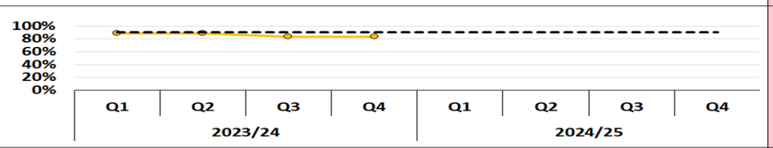
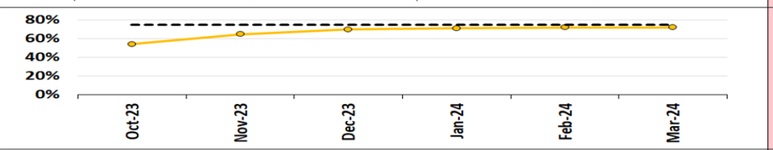
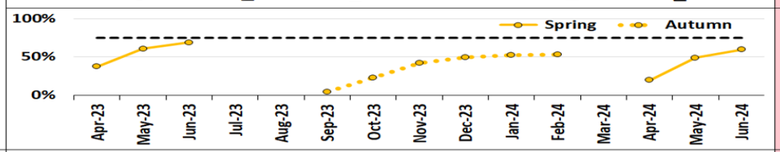
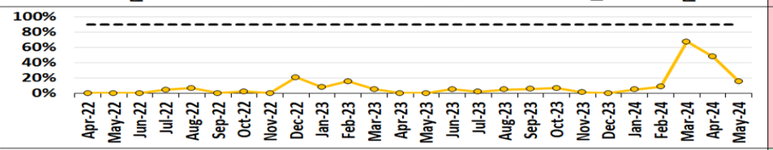
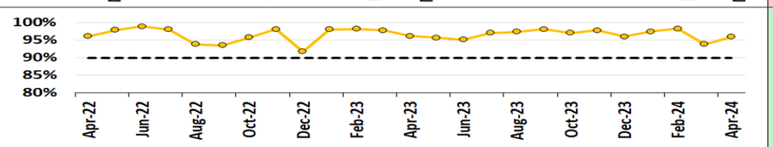
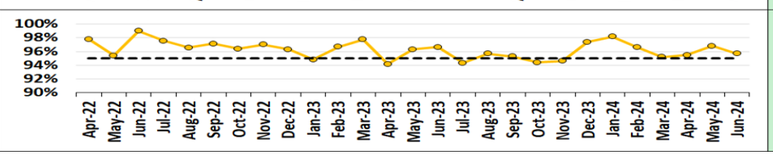
Population Health		Finance	Operational Performance	
72.1% of adults aged 65 and over received the influenza vaccine during the last week of March 2024 → *Compared to the previous period the rate was 72.0%*	**As at end of Feb 2024, 41.4% of frontline healthcare workers received the influenza vaccine** ↓ *Compared to the 2022/23 season, the uptake was 50%*	**The Month 03 financial position is £2.7m deficit. This is an increase from the previous month of £0.3m** ↑	**64.7% of patients were seen within 4 hours from arrival at an Emergency Department** → *(the average daily attendances during July were 12 patients less per day than in June, however compliance remained similiar to the previous month)* *Compared to last month compliance was 64.8%*	**100% of GP Practices have achieved in-hours access standards during 2022/23** ↑ *Compared to the previous year the rate was 98%*
5.65% of adults who smoke made a quit attempt during 2023/24 ↑ *Compared to the previous year 4.5% of smokers made a quit attempt*	**91.6% of children aged 5 were up to date with their vaccinations** ↑ *Compared to the previous quarter the rate was 89.2%*		**Provisionally 2,970 patients are waiting longer than 2 years for referral to treatment** ↑ *Compared to the previous period 2,738 patients had waited this length of time*	**52.3% of patients started their cancer treatment within 62 days** ↓ *Compared to the previous month the rate was 56.5%*

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

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

Key: Trend / Target/Trajectory

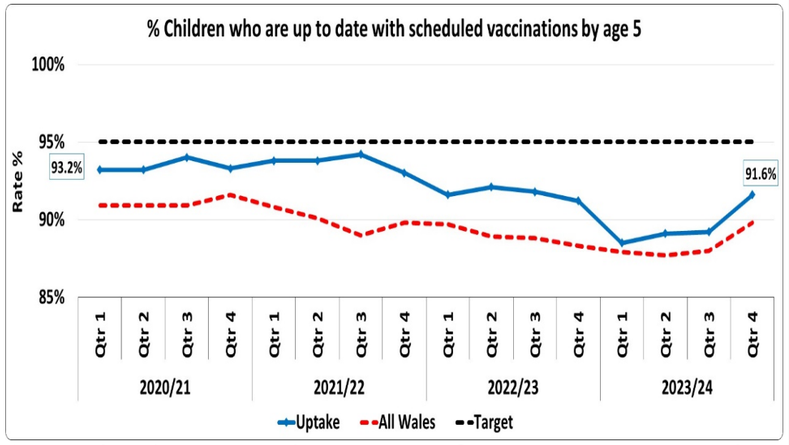
Key: Target Achieved / Target Failed

	Performance Measure	Target	Trend	Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		5.65%	Q1-Q4 2023/24
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target	Data not available as yet		
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend		64.8%	Q4 2023/24
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%		91.6%	Q4 2023/24
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *(applicable during 01.04.24-30.06.24 & 01.01-31.03.25)*	90%		83.3%	
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(applicable during 01.09.24 - 31.03.25)*	75%		72.4%	Data for 2024/25 will be available from Oct 2024
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people *(applicable 01.04.24 - 30.06.24 & 01.09.24 - 31.03.25)*			59.6%	Jun-24
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		15.6%	May-24
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		95.9%	Apr-24
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		95.7%	Jun-24

CTMUHB Improving Population Health & Wellbeing

% of children who are up to date with the scheduled vaccinations by age 5 - Target 95%

Age 5 schedule includes: '4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)



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

Quarter 4 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	84.6%
RCT LA	92.6%
Bridgend LA	93.2%
CTMUHB	91.6%

Quarter 4 2023/24 Welsh HB's Uptake	
ABUHB	88.7%
BCUHB	92.4%
C&VUHB	86.4%
CTMUHB	91.6%
HDUHB	88.9%
PTHB	94.5%
SBUHB	89.0%
All Wales	89.8%

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

Challenges:

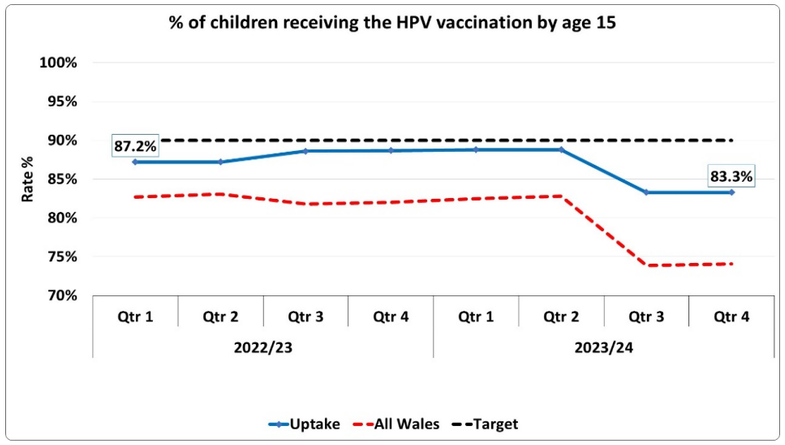
- Scheduled immunisations - achieving the Welsh Government uptake target (95%) for all scheduled childhood immunisation programmes and reducing inequalities. Changes to ages under 5 schedule will affect delivery.
- MMR uptake – Welsh Health Circular (2024) 008, received with the action that every school in Wales with 50 pupils or more on roll, has 90% of its pupils recorded as having received two doses of MMR (by July 2024).
- Influenza – although still below target, we are still in line within uptake in other HBs.
- Data systems – poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
- Increasing diversity within our communities - affects accurate vaccination history for clients and the ability to provide information in required languages.
- Transition from Health Visiting to School Nursing – immunisation history and recall for any outstanding vaccines.

Actions:

- Scheduled immunisations – out of season training for vaccinators to support schedule changes. Practice Nurse Forum used to disseminate relevant information.
- Influenza – work is ongoing to expand the nursery programme into the Bridgend area. Fluenz/MMR mop up evaluation report will be used to inform future initiatives.
- Data systems –the National Immunisation Framework (NIF) have a programme of work to enhance connectivity between immunisation data systems.
- Increasing diversity within our communities – SOP created to enable translation of vaccine history in other languages.
- Transition from Health Visiting to School Nursing - ensure the immunisation profiling tool (HCWP2 Healthy Child Wales) is included in the development of the programme offer.

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

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



Quarter 4 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	72.0%
RCT LA	85.2%
Bridgend LA	84.8%
CTMUHB	83.3%

Quarter 4 2023/24 Welsh HB's Uptake	
ABUHB	67.9%
BCUHB	75.7%
C&VUHB	59.9%
CTMUHB	83.3%
HDUHB	75.8%
PTHB	77.4%
SBUHB	88.2%
All Wales	74.1%

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

Challenges:

- Communication support - School Nursing Service has previously raised that they required more support to actively raise the profile of all vaccination programmes.
- Consent for immunisation – Paper: uptake of paper consent returns remains poor. E-consent for immunisation: creating an e-consent system that fulfils functionality (including collaboration with partners) and information governance requirements at both HB and all Wales levels.
- Personal data accuracy (address, contact number, school attended) – Recent Fluenz and MMR catch up programmes has further highlighted that addresses and contacts details are not always up to date.

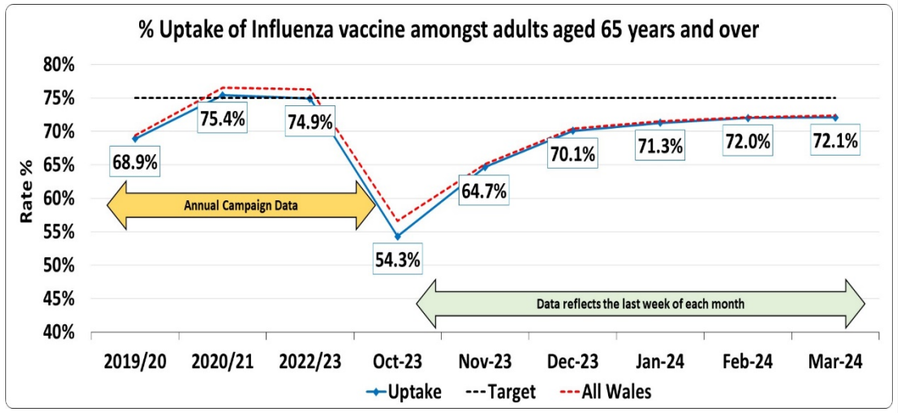
Actions:

- Communication support – communication is now included as a standing item in the Childhood Vaccination Group which meets monthly. There is an action (school nursing and communications team) to develop a calendar for pertinent times of the year when support is required.
- Uptake – additional visits to low uptake schools have been undertaken. Additionally, mop up clinics have been held in after school and in school holidays in the CVCs. Major mop up of MMR and HPV will be undertaken during the upcoming summer holidays in the CVCs.
- Consent for immunisation – *Paper*: progress has been made by engaging with parents and promoting immunisations on school platforms. Verbal consents are used for missing consent forms by the vaccinator contacting the parent on the day, and self-consents are being encouraged (Frazer Gillick competencies - assesses whether child is mature enough to consent). This has increased the percentage of children vaccinated. *E-consent*: still aim to replace paper consent with e-consent. Considerable work has been undertaken to create the platform, however it requires penetration testing before it can be launched.
- HPV - Sexual Health Newsletter for relevant partners included a focus on HPV (produced by the Local Public Health Team in collaboration with school immunisation lead). School nursing service have adopted a universal, enhanced and intensive approach to target areas known to have lower uptake rates with the aim of increasing these rates and reduce inequalities. Planning underway to invite those not up to date to CVC mop up clinics over the summer holidays.
- Personal data accuracy (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools.

CTMUHB Improving Population Health & Wellbeing

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

Please note that data for the 2024/25 flu season will not be available until October 2024.



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

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

Challenges:

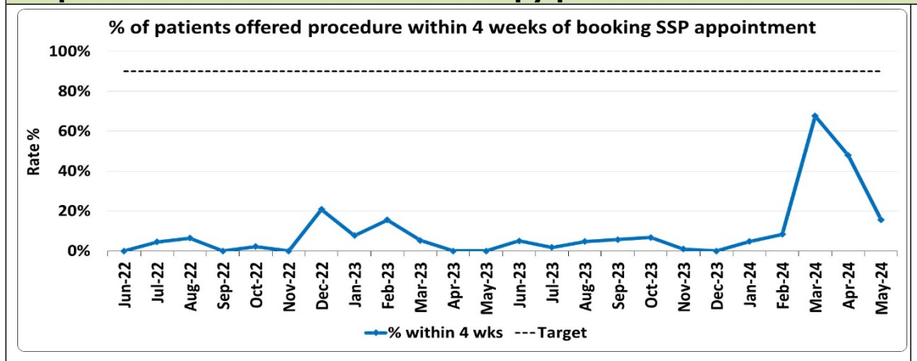
- Vaccine fatigue - in line with other HBs, CTM are experiencing a drop in vaccination uptake generically and especially since the pandemic. Understanding the underlying reasons and causes for this will be critical to allow any improvement in uptake.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) and Vaccine Programme Wales (VPW) requests - the number of requests for immediate action on a range of vaccination programmes continues.
- Demand on vaccination services – there are continued changes to programme scheduling and introduction of new vaccination programmes. This will impact on the practical aspects related to update training, vaccination clinics and the storage of vaccines.
- GP services – delivery of changes to universal vaccination programmes such as Shingles and RSV will put added pressure onto GP services.
- Uptake of Flu and COVID-19 – poor uptake for care home & health board staff and those who are immune-suppressed and under 65s clinically at risk.
- Community pharmacies - ensuring that community pharmacies have sufficient vaccinators and capacity to provide flu vaccination, alongside demand to provide alternative clinical pharmaceutical services.

Actions:

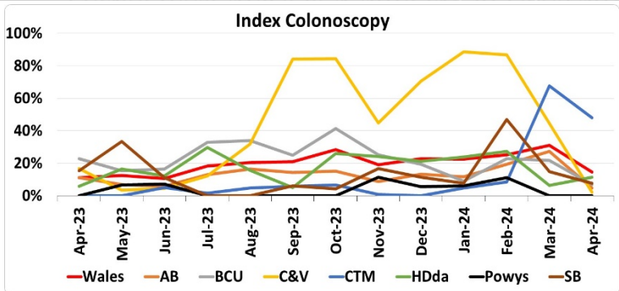
- Vaccine fatigue - ensure consideration for vaccine equity in all programme planning and increased communication.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) – recruitment into the health protection system will add some resource but will not alleviate all the vaccination pressures in GP practices.
- Demand on vaccination services – maintain multi professional collaboration.
- Uptake of flu and COVID-19 - establishment of a sustainable model for vaccination of care home staff, explore the possibility of developing the role of flu champions in care homes, primary care and GP practices.
- Collaboration and programme alignment – multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging to support the optimization of flu uptake.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
  - Maintain current position regarding pharmacy opening hours on the weekend to improve access.
  - Utilise primary care clusters to support a collaborative approach to vaccination.
  - Engage with low level providers to support greater provision.

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment - Target 90% - May 2024 15.6%



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



Status as at April 2024		
Health Board	Compliance	Rank
CTM	48.0%	1st
HDda	11.5%	2nd
SB	7.7%	3rd
BCU	6.9%	4th
AB	4.8%	5th
C&V	2.1%	6th
Powys	0.0%	7th

How are we doing & what actions are we taking?

As of the 6th August there are 161 patients waiting for an index colonoscopy, of which, 135 have a booked appointment. However, 77 of these patients will have waited longer than 4 weeks for their procedure and 16 patients over 8 weeks. After a period of sickness within the team momentum has improved due to staff members returning to work.

Internal additional ad hoc lists and flipping of symptomatic lists to overcome lost activity due to sickness has reduced the impact and current waits are around 12 weeks, with further plans over the next 6 weeks to bring the service in line with '4-week compliance'. Sustainability plans are ongoing to staff unfunded sessions (x2) at POW; this will continue to support the Optimisation Programme.

The operational challenges that have an impact on activity are:

- Participant, patient choice and refusal remains an issue when booking dates across CTM.
- Providing cover for period of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic lists and improvement to utilisation through productivity and efficiencies – continues to be monitored.
- Uptake and current conversion to surgery continues to be monitored and escalated.
- A period of long-term sickness has now ended, however backlog of patients to be booked still remains.

Actions being taken:

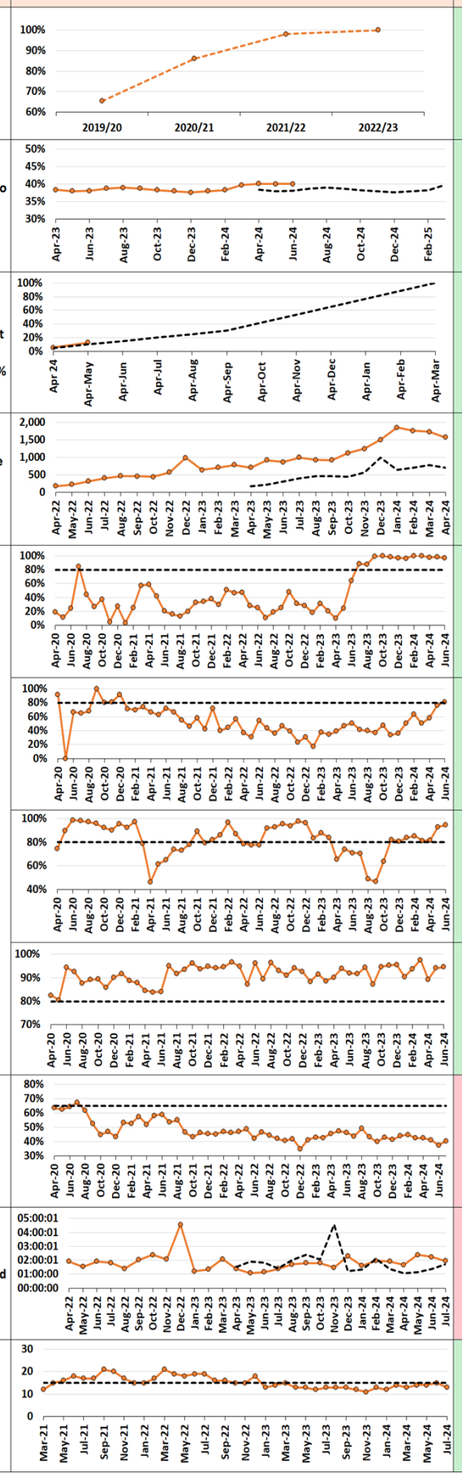
- Use of Text Remind and Broadcast Messenger to reduce patient choice (refusal of offer) and DNA rates.
- Insourcing – completed and supported backlog clearance.
- Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
- Sustainability plan is ongoing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

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

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

Key: Trend / Target/Trajectory — Key: Target Achieved / Target Failed

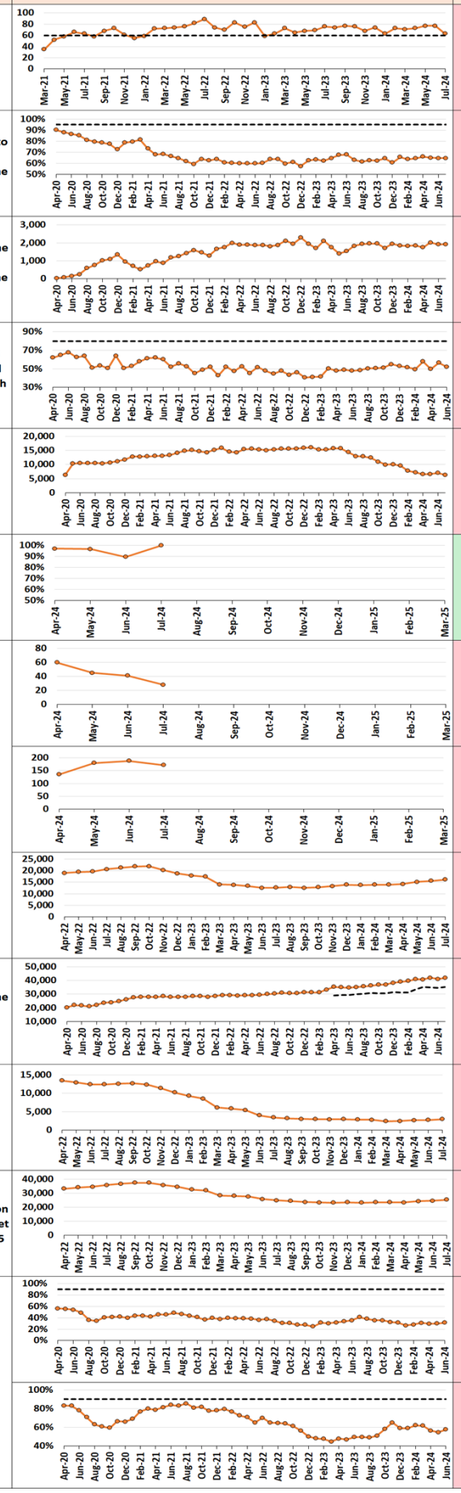
	Performance Measure	Target	Latest Position	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	100.0%	2022/23
	Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year	40.0%	Jun-24
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	12.7%	Apr to May 2024
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year	1,578	Apr-24
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%	96.9%	Jun-24
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)		81.2%	
	% 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)		94.5%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)		94.6%	
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	40.4%	Jul-24
	Median emergency response time to amber calls	12 Month Reduction Trend	01:58:00	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	13	



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

Key: Trend / Target/Trajectory — Key: Target Achieved / Target Failed

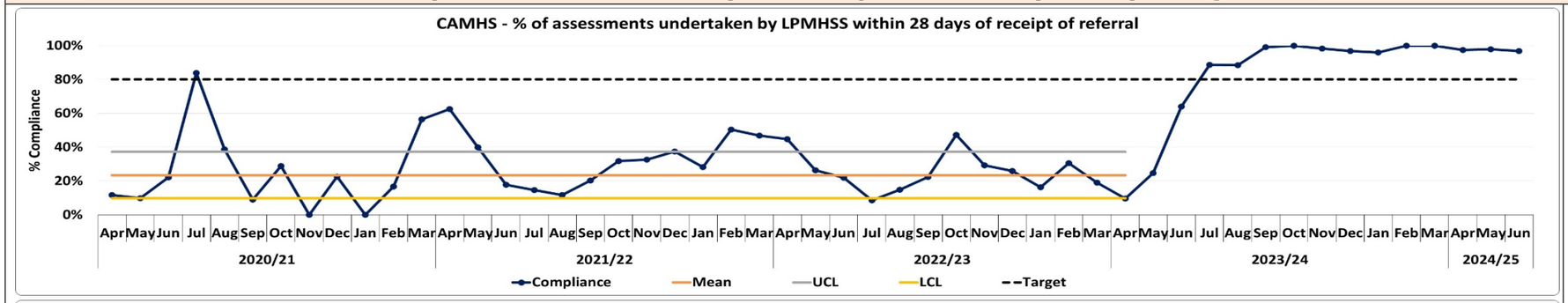
	Performance Measure	Target	Latest Position	
Access Hospital Services Quickly	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less	63	Jul-24
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%	64.8%	
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero	1,922	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend towards a national target of 80% by 31 March 2026	52.3%	Jun-24
	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero	6,367	Jul-24
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%	100.0%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero	28	
	Number of patients (all ages) waiting more than 14 weeks for audiology		172	
	Number of patients waiting over 52 weeks for a new outpatient appointment		16,186	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year	41,797	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero	2,970	
	Number of patients waiting more than 52 weeks for treatment	Month on month reduction towards the national target of zero by 30th June 2025	25,300	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	31.5%	Jun-24
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		57.4%	



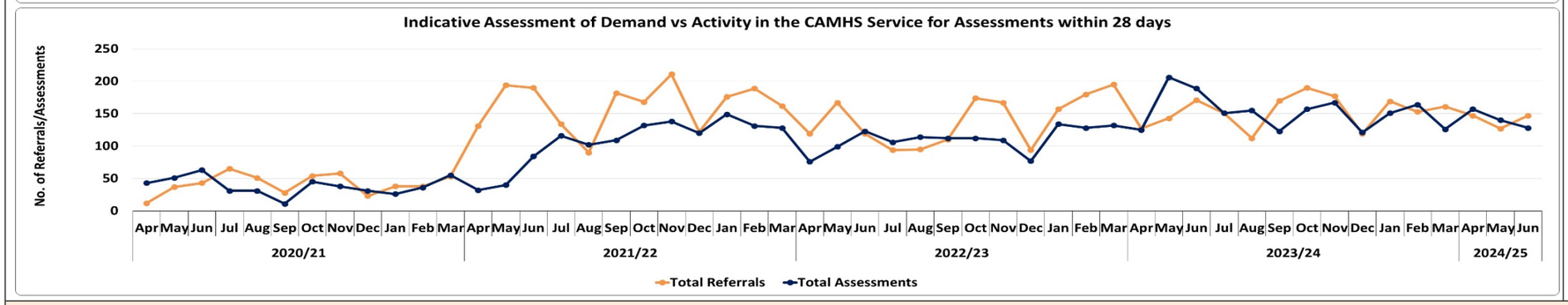
CTMUHB Mental Health & Learning Disabilities Care Group

CAMHS & Specialised Services – June 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.9%) - Target 80%



Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance has notably improved in this area of the CAMHS service since the summer of last year. Compliance during June 2024 remained relatively stable at 96.9% and continues to exceed the WG target of 80%.

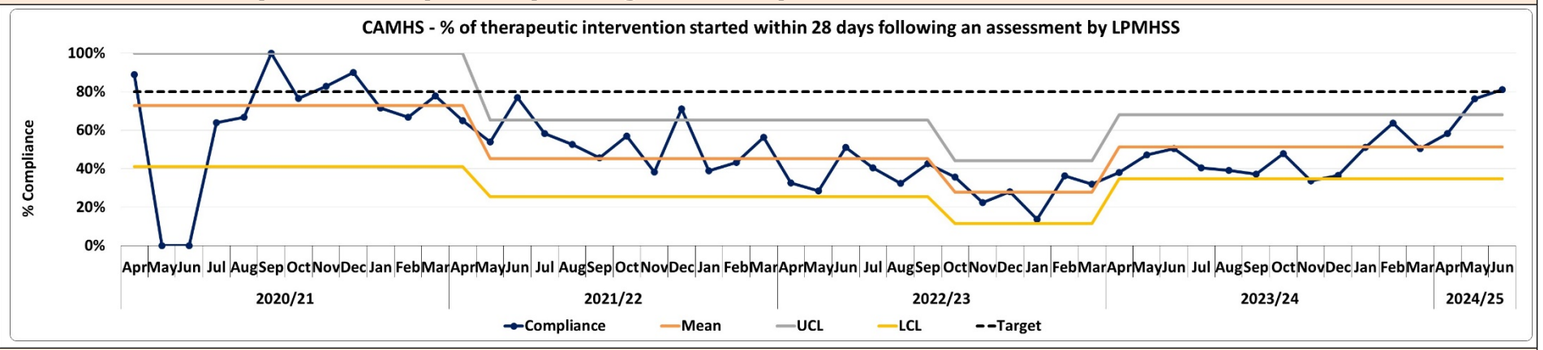


As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month.

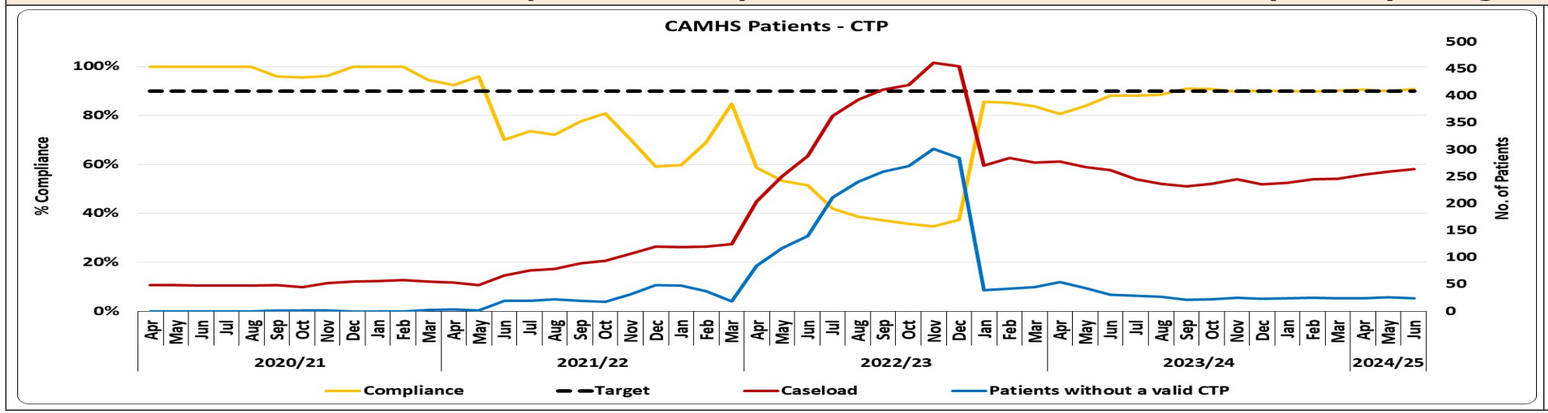
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (81.2%) - Target 80% by December 2024

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS further improved during June to 81.2% and surpassing the WG set target of 80% for the first time since November 2020.

The Directorate is continuing to develop its local groups and the digital SilverCloud offer. The Qlik information system is supporting the Directorate to monitor compliance on a real time basis which will help to manage compliance going forward and maintain the achievement of the set target.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (90.9.%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month observed a compliance rate of 90.9% during June and is just above the WG standard of 90%.

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

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

CAMHS & Specialised Services - continued

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1 (a & b) and 2 of the Mental Health Measure. This has delivered improvement in all three areas with additional work required on Part 1b (therapeutic interventions).
- **Part 1a**: Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. Demand & capacity training has helped us to focus on this area.
- **Part 1b:** We are working with the third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions. We have ten groups starting each month, which are being delivered in each of the three local authority areas. Referrals to the Silvercloud digital platform are increasing and there is multi-disciplinary engagement with the SilverCloud project management team hosted by Powys Teaching Health Board.
- The Directorate took part in an NHS Executive All Wales workshop on 9th July which was a good opportunity to share ideas.
- **Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). This includes some joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive, which is helping to improve compliance in all areas and in a sustainable way. The service has completed a self-assessment audit of CTP's which we plan to present at that meeting in due course.

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

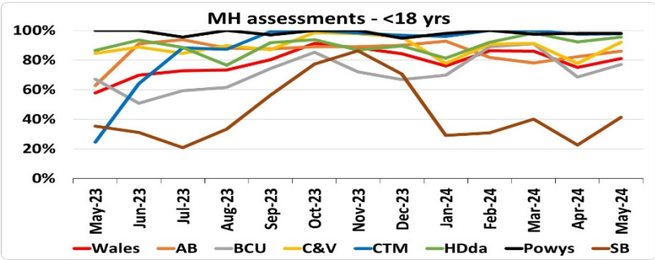
Outputs of improvements:

- **Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of June we had 91 patients on the waiting list (79 previous month), with no patient waiting beyond 30 days. The average waiting time has decreased from 2.4 to 2 weeks.
- **Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered was 85 with the average waiting time decreasing slightly to 3 weeks.
- As clinical teams work through the waiting list backlog our performance against the interventions target will steadily increase.
- During April we introduced referral-based access to the online digital platform SilverCloud to further help with interventions. All three of the remaining Band 5 registrant vacancies in the Intervention Team will be filled in September through the streamlining process.
- **Part 2:** The focus on quality in relation to CTP's will be supported by the results of the caseload audit that was completed during the end of 2023.

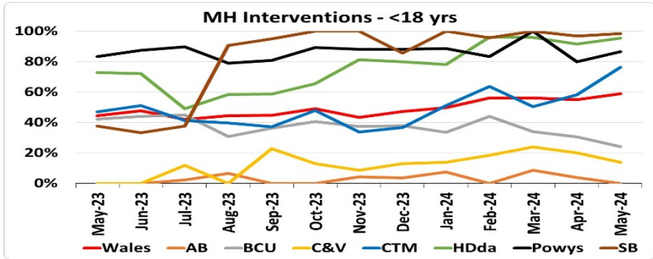
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment. The service is planning to temporarily increase capacity to help address this rise in referrals.
- The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.
- Clinical colleagues continue to report rising acuity within their patient population, this may have an impact on delivery going forward.

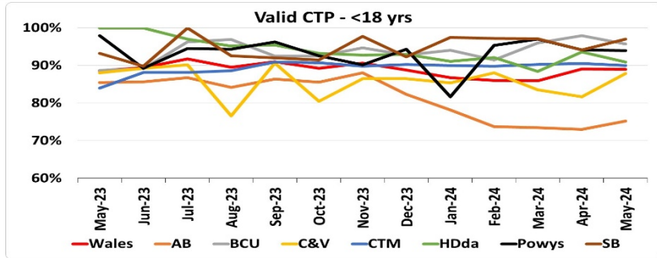
How do we compare with our peers?



Status as at May 2024		
Health Board	Compliance	Rank
Powys	98.1%	1st
CTM	**97.9%**	**2nd**
HDda	95.7%	3rd
C&V	92.0%	4th
AB	86.2%	5th
BCU	77.0%	6th
SB	41.4%	7th



Status as at May 2024		
Health Board	Compliance	Rank
SB	98.3%	1st
HDda	95.3%	2nd
Powys	86.5%	3rd
CTM	**76.3%**	**4th**
BCU	24.1%	5th
C&V	13.8%	6th
AB	0.0%	7th

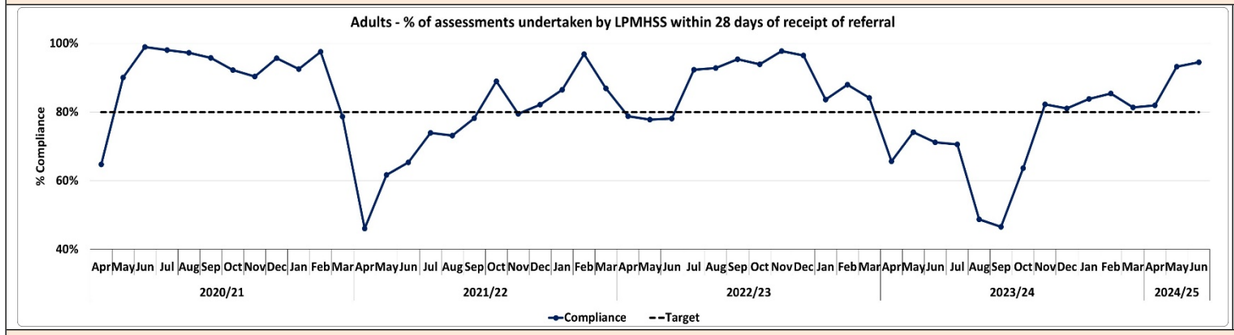


Status as at May 2024		
Health Board	Compliance	Rank
SB	97.0%	1st
BCU	95.7%	2nd
Powys	93.9%	3rd
HDda	90.9%	4th
CTM	**90.0%**	**5th**
C&V	87.8%	6th
AB	75.2%	7th

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services – June 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (94.5%) - Target 80%



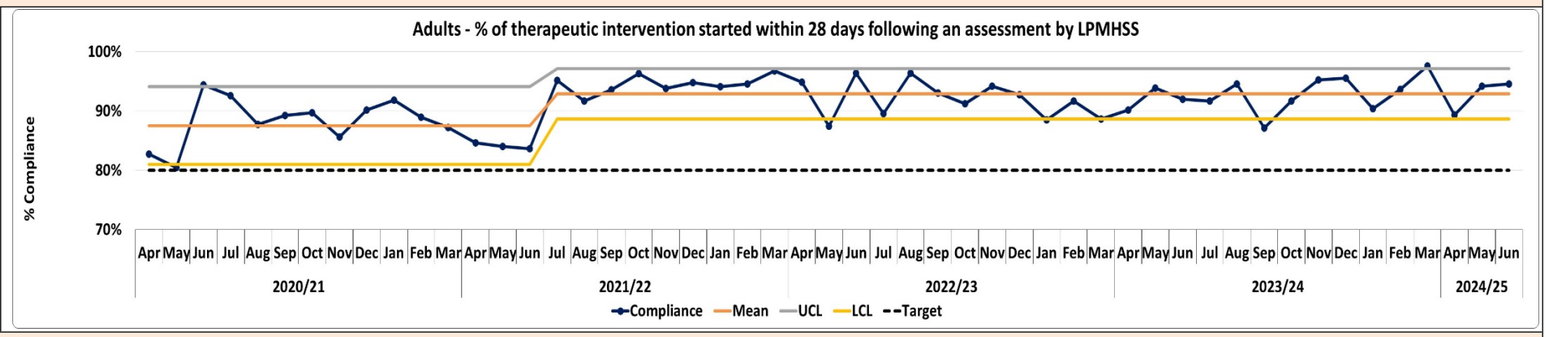
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during June reached 94.5% and continues to stand above the WG target.

Referrals during the month totalled 635, which is a 13% reduction on those received during the equivalent period of 2023, with the 12 month average being 718 referrals each month. We continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

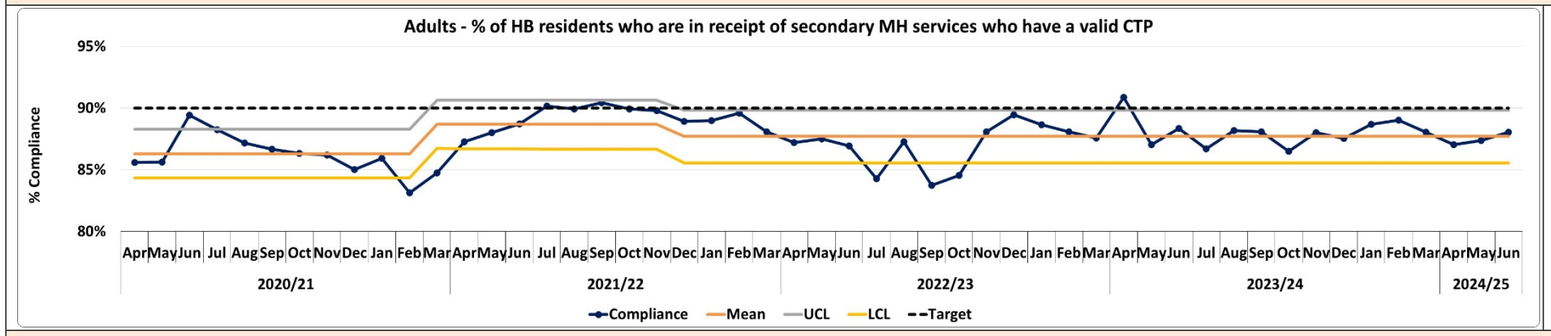
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (94.6%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during June remained stable at 94.6% and also continues to stand above the WG target of 80%.

During the month, 348 of the 368 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (88.1%) - 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 saw a compliance of 88.1% during June and remains just below the 90% WG standard.

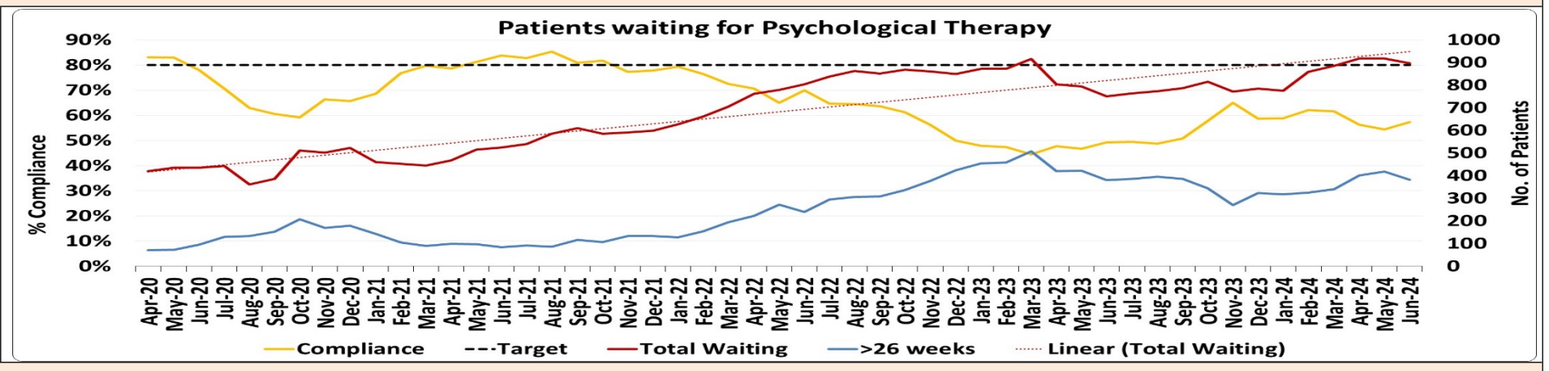
Part 3: There were no requests for adult assessments under Part 3 of the Mental Health Measure during June.

% of patients waiting less than 26 weeks to start a Psychological Therapy (57.4%) - Target 80%

During June, Psychological Therapies compliance was 57.4%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has ranged between 48.8% and 65.0%.

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

At the end of June the waiting list stood at 897 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 765 and 918 patients.



Adult Mental Health Services continued on the next page…

Adult Mental Health Services - continued

How are we doing?

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

All three local authority areas are above the target threshold of 80%; Merthyr Cynon area has fallen slightly compared to the previous month to 87.2%, Rhondda Taff Ely has stayed the same at 90% and Bridgend has increased slightly to 95%.

Part 1b: Performance continues to be above target at 94.6%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 87.4% and compliance for the services is shown below:

- Adult Services – improved slightly to 86.6%
- Older Adult Services – slight improvement to 93.4%
- Learning Disability Services – fall from 90% to 86.7%.

Psychological Therapies: During June, the overall waiting list position for Psychological Therapies stands at 897 patients and those patients waiting over 26 weeks equates to 382 service users. The current performance of 57% of people waiting less than 26 weeks is higher than the 52% forecasted position for June, however the longest waiting patient has waited 164 weeks at month end and is based in Rhondda CMHT.

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

Actions to improve performance are:

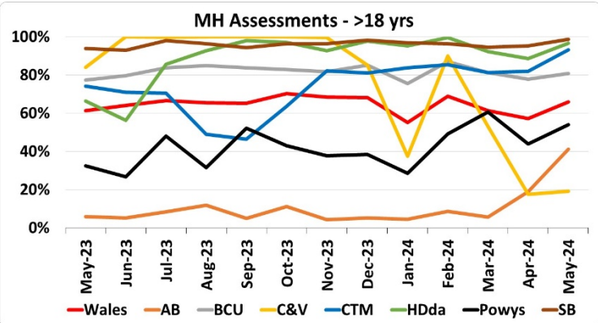
Part 1a:

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

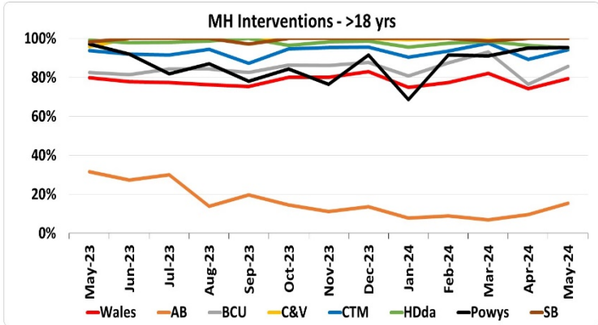
Part 2: In view of the low compliance rates for Adult Services in Rhondda & Taff Ely, targeted training sessions for healthcare providers will be delivered by September to ensure they are well versed in compliance requirements and best practice. A request for planning and best practices to be included in the syllabus has been made. In addition, regular performance review meetings with social service leads to monitor progress of the countermeasure actions. A standardised discharge criteria will be developed to avoid unnecessary prolongation of care. Technology will be used for better case management and tracking, ensuring that care plans are up to date and compliance is monitored in real time. Implement a CMHT Improvement Program to streamline and harmonise processes across business support teams. It is anticipated that Older Adult Mental Health Services will remain above the target compliance whilst this work is on-going.

Psychological Therapies: The highest number of waiting patients sits in the Local Primary Mental Health Support Services. There is ongoing work to clearly identify and record on the LPMHSS waiting lists the types of therapy service users are waiting for to allow efficient allocation of service users to staff resource. There are significant workforce pressures in some areas of LPMHSS. Bridgend LPMHSS has two band 6 vacancies with a band 7 post currently on long term sickness absence. Rhondda Taff Ely and Merthyr & Cynon LPMHSS has 2 new therapists starting and 1 therapist returning to work after a period of sickness absence; this will alleviate some of the pressures in this area.

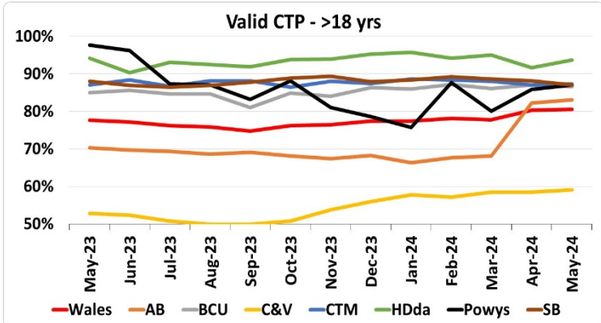
How do we compare with our peers?



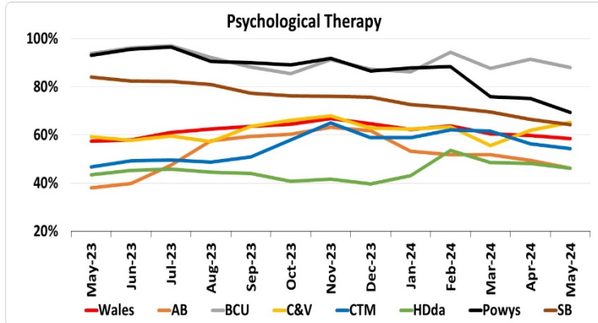
Status as at May 2024		
Health Board	Compliance	Rank
SB	98.8%	1st
HDda	96.6%	2nd
CTM	**93.1%**	**3rd**
BCU	80.9%	4th
Powys	54.1%	5th
AB	41.3%	6th
C&V	19.1%	7th



Status as at May 2024		
Health Board	Compliance	Rank
CTM	**100.0%**	**1st**
SB	100.0%	1st
C&V	95.3%	3rd
HDda	95.2%	4th
Powys	94.2%	5th
BCU	85.7%	6th
AB	15.6%	7th



Status as at May 2024		
Health Board	Compliance	Rank
HDda	93.7%	1st
CTM	**87.4%**	**2nd**
Powys	87.1%	3rd
SB	87.0%	4th
BCU	86.6%	5th
AB	83.1%	6th
C&V	59.1%	7th

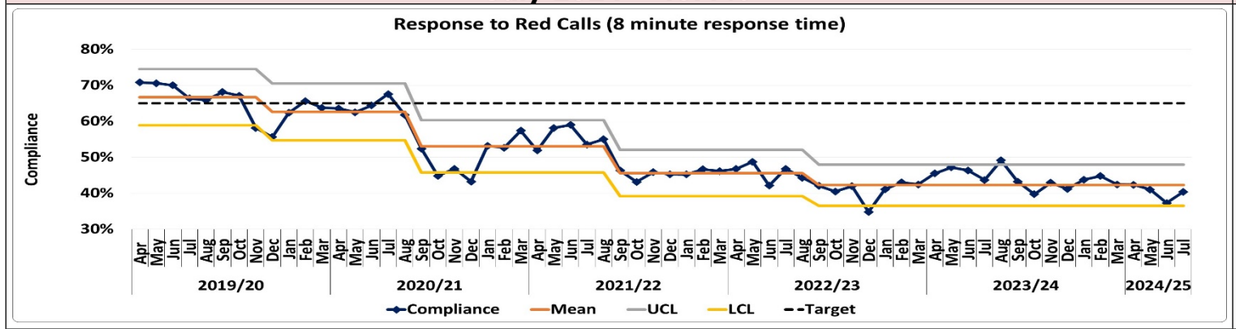


Status as at May 2024		
Health Board	Compliance	Rank
AB	46.1%	1st
HDda	46.2%	2nd
CTM	**54.4%**	**3rd**
SB	64.2%	4th
C&V	65.2%	5th
Powys	69.4%	6th
BCU	87.9%	7th

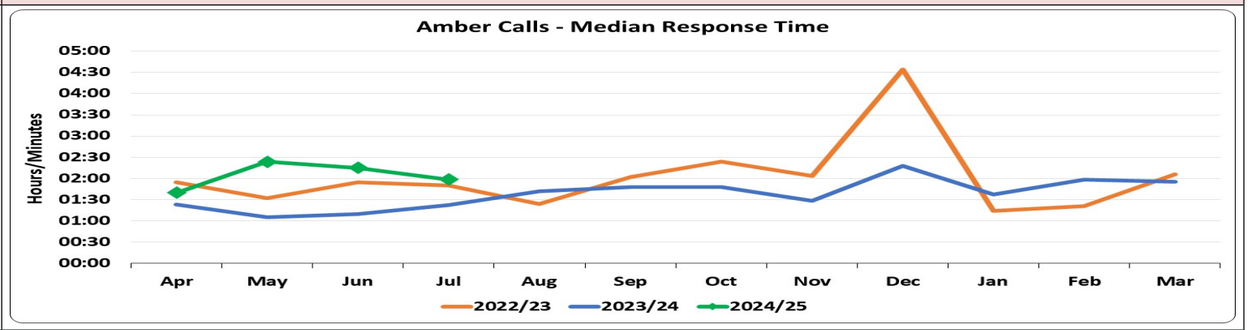
CTMUHB Unscheduled Care Group

Emergency Ambulance Services – July 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%) July 2024 – 40.4%



Median emergency response time to Amber Calls – Target is 12 month reduction trend July 2024 - 1 hour 58 minutes



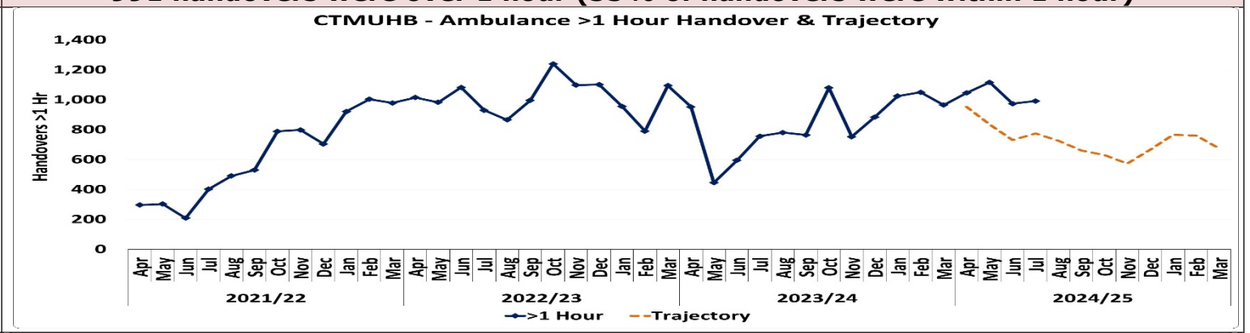
% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.

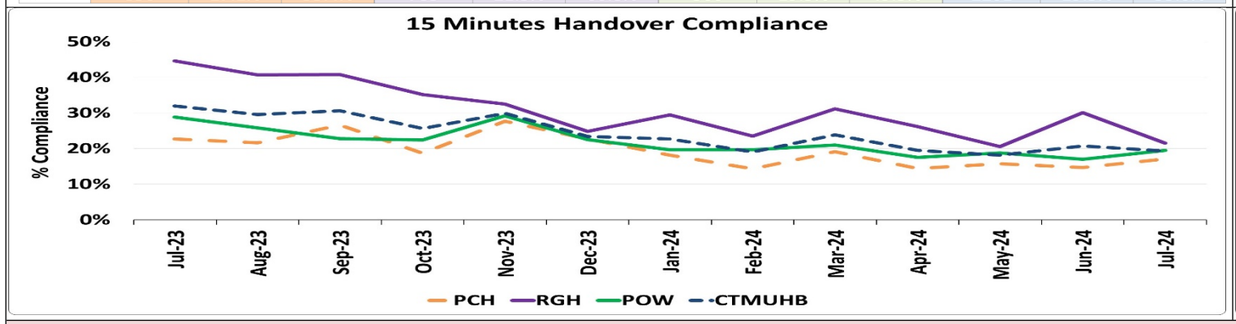
Total handovers 2,201 of which 424 (19.3%) of handovers were within 15 minutes

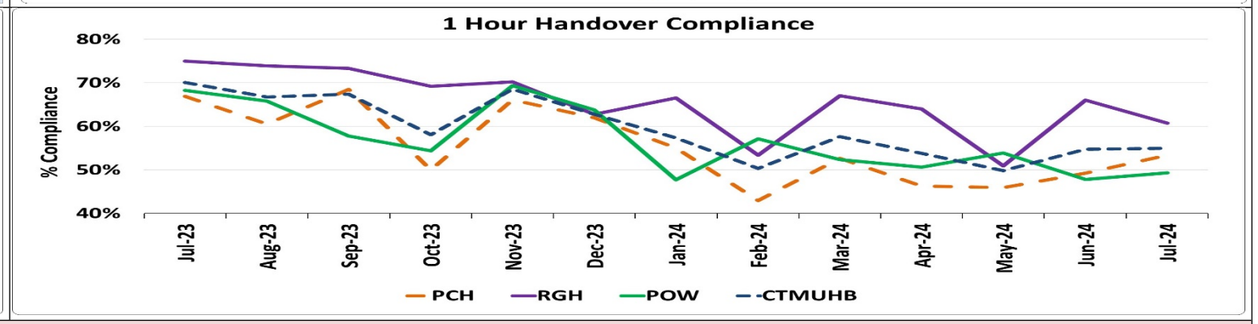
	PCH			RGH			POW			CTMUHB		
Period	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total Handovers	% <15 mins	% <60 mins
Jul-23	940	22.7%	66.9%	864	44.6%	75.0%	721	28.8%	68.2%	2525	31.9%	70.1%
Aug-23	869	21.6%	60.5%	832	40.6%	73.9%	644	25.8%	65.8%	2345	29.5%	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%
Dec-23	863	22.7%	62.0%	833	24.8%	62.8%	676	22.5%	63.8%	2372	23.4%	62.8%
Jan-24	910	18.1%	55.1%	869	29.5%	66.5%	620	19.7%	47.7%	2399	22.6%	57.3%
Feb-24	805	14.3%	43.0%	783	23.5%	53.4%	525	19.6%	57.1%	2113	19.0%	50.4%
Mar-24	870	19.1%	52.6%	807	31.1%	67.0%	600	21.0%	52.3%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	819	26.1%	64.0%	587	17.5%	50.6%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201	19.3%	55.0%

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

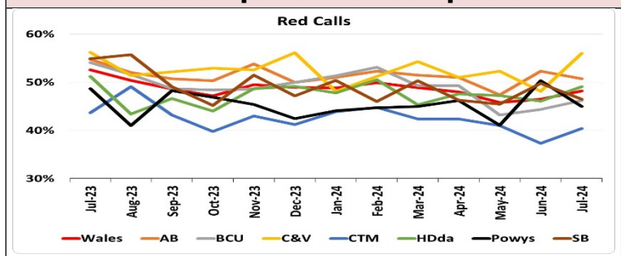
991 handovers were over 1 hour (55% of handovers were within 1 hour)



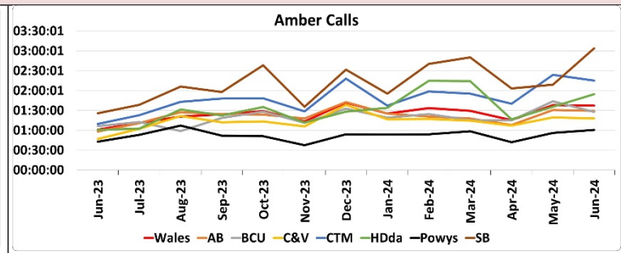




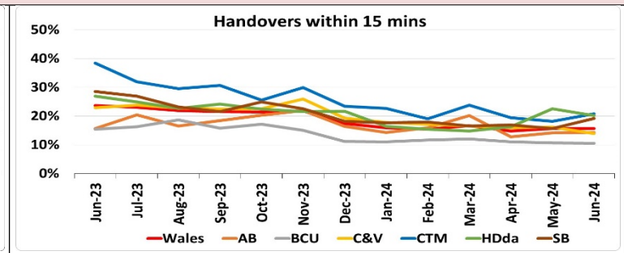
How do we compare with our peers?



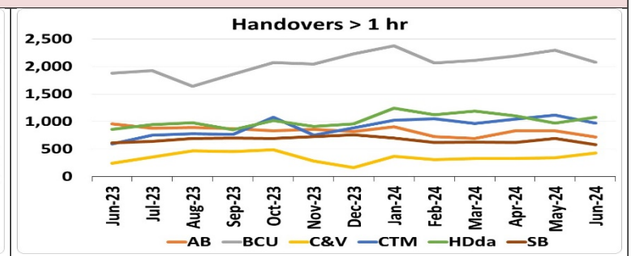
Status as at July 2024		
Health Board	Compliance	Rank
C&V	56.0%	1st
AB	50.7%	2nd
HDda	49.1%	3rd
SB	46.5%	4th
BCU	46.2%	5th
Powys	45.0%	6th
CTM	**40.4%**	**7th**



Status as at June 2024		
Health Board	Compliance	Rank
Powys	01:00	1st
C&V	01:18	2nd
BCU	01:27	3rd
AB	01:29	4th
HDda	01:54	5th
CTM	**02:15**	**6th**
SB	03:03	7th



Status as at June 2024		
Health Board	Compliance	Rank
CTM	**20.7%**	**1st**
HDda	20.1%	2nd
SB	19.1%	3rd
AB	14.3%	4th
C&V	13.9%	5th
BCU	10.6%	6th



Status as at June 2024		
Health Board	Compliance	Rank
C&V	431	1st
SB	584	2nd
AB	721	3rd
CTM	**973**	**4th**
HDda	1,078	5th
BCU	2,081	6th

Emergency Ambulance Services continued overleaf:

CTMUHB Unscheduled Care Group

Emergency Ambulance Services continued - July 2024

How are we doing?

Response to Red Calls per WAST Operational Area				
Jul-24	Total Responses	Responses within 8	% within 8 mins	*12 Month Average*
Merthyr	119	59	**49.6%**	*55.2%*
RCT	366	126	**34.4%**	*37.4%*
Bridgend	213	97	**45.5%**	*42.8%*
CTM	698	282	**40.4%**	*42.2%*

Response to Red Calls: Response times to life-threatening calls for the CTM area continues to remain low at 40.4%, with the 12 month average recording a rate of 42.2%. For CTM the volume of Red Calls during July totalled 698 and is just below the 12 month average of 714.

Since September 2023 the National compliance has remained below 50%, with the minimum expected standard being 65% of Red Calls to be responded to within 8 minutes (July 48.3%). Out of all the other health boards in Wales, CTM also continued to receive the poorest response times during July.

As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough once again experiencing the poorest response times during at 37.4%.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 118 minutes during July; 17 minutes shorter than the previous month but over half an hour longer than the equivalent period of last year. The chart (page 13, top right) demonstrates fluctuations with response times during the past twelve months ranging between 88 and 143 minutes.

Ambulance Handover Compliance: During July ambulance conveyances to ED totalled 2,201, which is 13% fewer than the equivalent period of last year. Performance against the 15 minute handover was 19.3%, with the number of patients and ambulance crews detained longer than an hour totaling 991, which is similar to the 12 month average but as it currently stands is 40% (235) higher than the equivalent period of 2023.

Hospital Handovers in minute time groups								
Jul-24	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	146	146	102	63	136	111	152	856
RGH	169	137	100	71	117	76	115	785
POW	109	67	56	44	89	55	140	560
CTM	**424**	**350**	**258**	**178**	**342**	**242**	**407**	**2201**

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 35 during June. The ED services were able to meet 91.4% (32) of those requests; with the expected standard being 100%.

	PCH			RGH			POW			CTMUHB		
Period	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jun-23	12	12	100.0%	5	4	80.0%	6	6	100.0%	23	22	95.7%
Jul-23	16	16	100.0%	7	7	100.0%	11	10	90.9%	34	33	97.1%
Aug-23	10	10	100.0%	5	5	100.0%	10	10	100.0%	25	25	100.0%
Sep-23	16	16	100.0%	5	3	60.0%	11	11	100.0%	32	30	93.8%
Oct-23	13	13	100.0%	21	19	90.5%	19	19	100.0%	53	51	96.2%
Nov-23	16	16	100.0%	16	16	100.0%	3	3	100.0%	35	35	100.0%
Dec-23	19	19	100.0%	19	16	84.2%	6	6	100.0%	44	41	93.2%
Jan-24	21	21	100.0%	12	11	91.7%	12	11	91.7%	45	43	95.6%
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%
Mar-24	10	10	100.0%	14	12	85.7%	5	5	100.0%	29	27	93.1%
Apr-24	11	11	100.0%	7	7	100.0%	5	5	100.0%	23	23	100.0%
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%
Jun-24	13	12	92.3%	10	9	90.0%	12	11	91.7%	35	32	91.4%

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

What actions are we taking & when is improvement anticipated?

- Site and USC collaborative approach to the development of the One Hour Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance that may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turn around and front loading of investigations.
- Proposal to introduce Rapid Assessment & Treatment Model (RAT) at PCH.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Achieve NHS framework trajectories >4 hour waits – improvement plan in place across CTM with regular performance meetings held.
- Out of hours Senior Manager and Executive on call rota under review.
- 1 Hour Ambulance Handover Escalation Card in development.
- ED 4 and 12 hour Escalation Card in development.
- WAST Immediate Release SOP rolled out across the 3 sites.
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Phase 1 of the SDEC unit on the PCH successfully launched. Phase 2 launch early August to coincidence with the Strategic Transformation of Acute Medicine in PCH. The aim being to reset the acute medicine footprint and creating a less than 72 hours AMU.
- Further longer term developments planned to redirect GP medical expected admitted through SDEC and close existing GP corridor.
- Unscheduled Care Senior leadership team proactively engaged and leading Programme for improvement and a Care Group Senior Leadership Team rota has been established to support flow.
- The successful collaborative Test of Change that was undertaken at the end of last year between WAST and RGH Emergency Department is to be rolled out across POW and PCH. This will ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment.
- Bi-weekly team meetings established with WAST.

What are the main areas of risk?

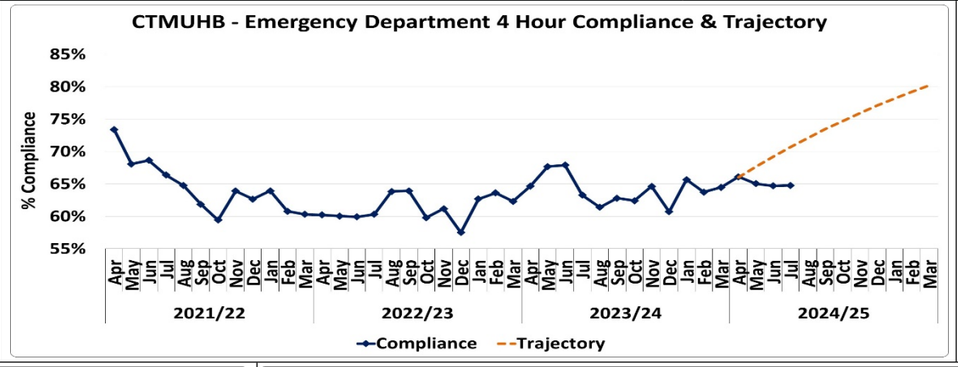
- Additional uncommissioned capacity remains open across all sites but is under daily review by Directorate Management Team.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent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

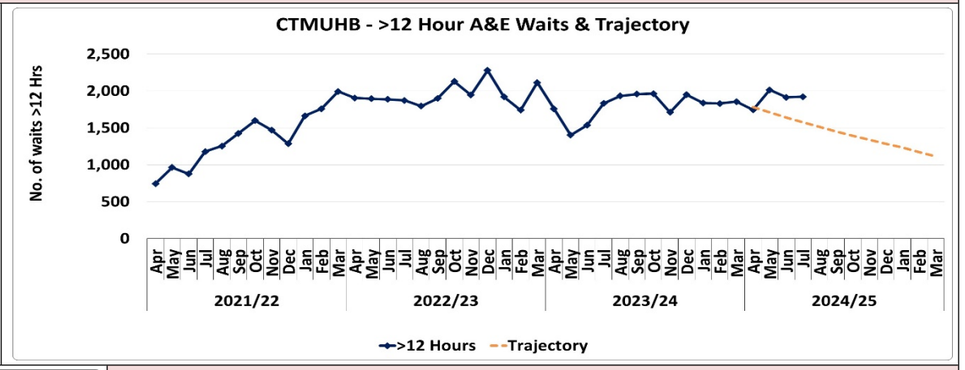
CTMUHB Unscheduled Care Group

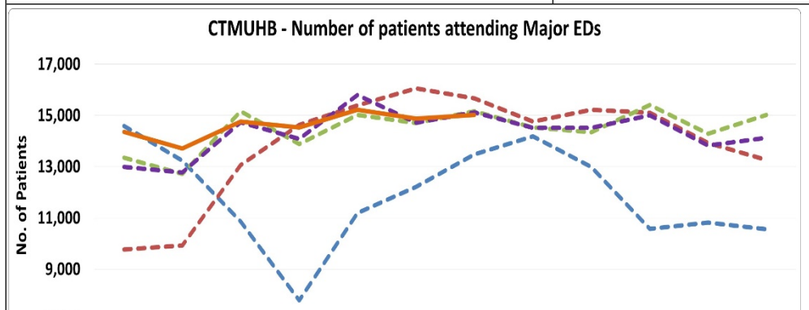
Emergency Unit Waits – July 2024 (Provisional Position) - Total Attendances = 16,821

% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%	Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Revised Target is a 20% reduction on March 2024 number by September 2024 and a further 20% reduction by March 2025.
64.8% were seen within 4 hours (Patients Waiting >4 hours 5,926)	**1,922 patients were waiting over 12 hours**

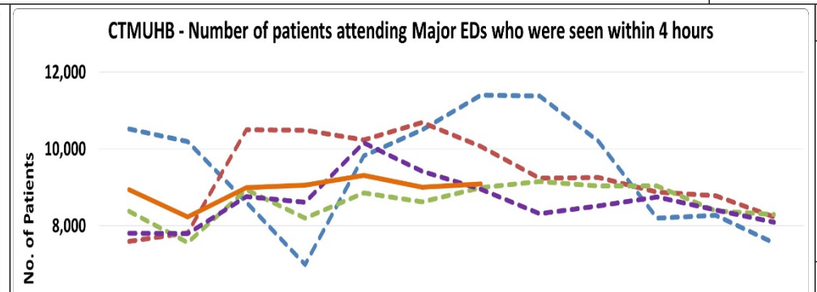
Period	CTMUHB Attendances	CTMUHB 4 Hrs %	CTMUHB > 12 Hrs
Jul-23	16,799	63.3%	1,833
Aug-23	16,067	61.4%	1,932
Sep-23	16,127	62.8%	1,957
Oct-23	16,639	62.4%	1,965
Nov-23	15,298	64.6%	1,712
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,180	66.1%	1,745
May-24	16,947	65.1%	2,015
Jun-24	16,647	64.7%	1,915
Jul-24	16,821	64.8%	1,922





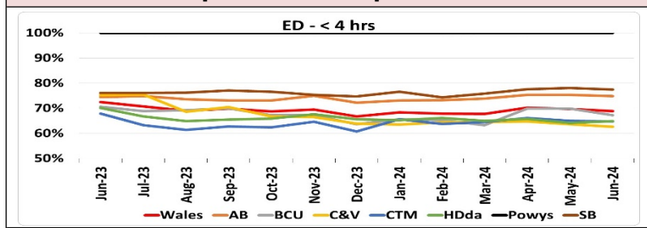


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	14,581	13,237	10,858	7,782	11,186	12,212	13,480	14,181	12,995	10,574	10,824	10,557
2021	9,768	9,931	13,056	14,627	15,385	16,059	15,667	14,764	15,219	15,104	13,927	13,260
2022	13,353	12,710	15,161	13,883	15,023	14,694	15,164	14,524	14,347	15,401	14,290	15,019
2023	12,983	12,778	14,731	14,079	15,795	14,711	15,119	14,515	14,514	14,999	13,817	14,130
2024	14,349	13,704	14,761	14,532	15,222	14,880	15,011					

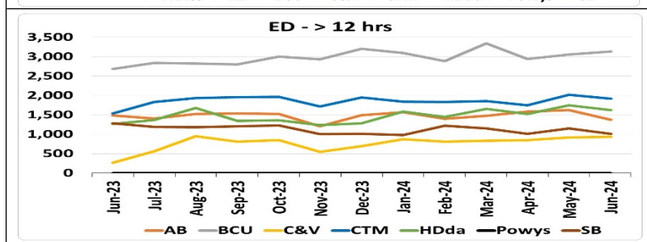


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	10,525	10,198	8,610	6,992	9,824	10,503	11,404	11,386	10,209	8,194	8,273	7,549
2021	7,595	7,818	10,504	10,493	10,234	10,687	10,061	9,242	9,260	8,878	8,781	8,232
2022	8,380	7,559	8,943	8,197	8,854	8,622	8,994	9,152	9,040	9,037	8,395	8,294
2023	7,805	7,793	8,766	8,616	10,166	9,418	8,955	8,319	8,520	8,748	8,407	8,093
2024	8,943	8,228	8,992	9,053	9,308	9,006	9,085					

How do we compare with our peers?



Status as at June 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	77.5%	2nd
AB	74.9%	3rd
BCU	67.3%	4th
HDda	64.9%	5th
CTM	**64.7%**	**6th**
C&V	62.6%	7th



Status as at June 2024		
Health Board	Compliance	Rank
Powys	0	1st
C&V	933	2nd
SB	1,008	3rd
AB	1,374	4th
HDda	1,623	5th
CTM	**1,915**	**6th**
BCU	3,136	7th

How are we doing?

The chart above shows that throughout July the total number of ED attendances at our three acute hospital sites was marginally lower (0.7%) than those observed during July 2023, with overall numbers of Minor Injuries and ED attendances (16,821) similar to those observed during the equivalent period of last year (16,799).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during July is provisionally 64.8%, which as it currently stands is just higher than the performance seen during July 2023 (63.3%) but remaining well below the WG compliance target of 95%.

The twelve hours performance observed 1,922 patients waiting in excess of 12 hours and is slightly fewer (89) than the number of breaching patients observed during the same period of 2023.

What actions are we taking & when is improvement anticipated?

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

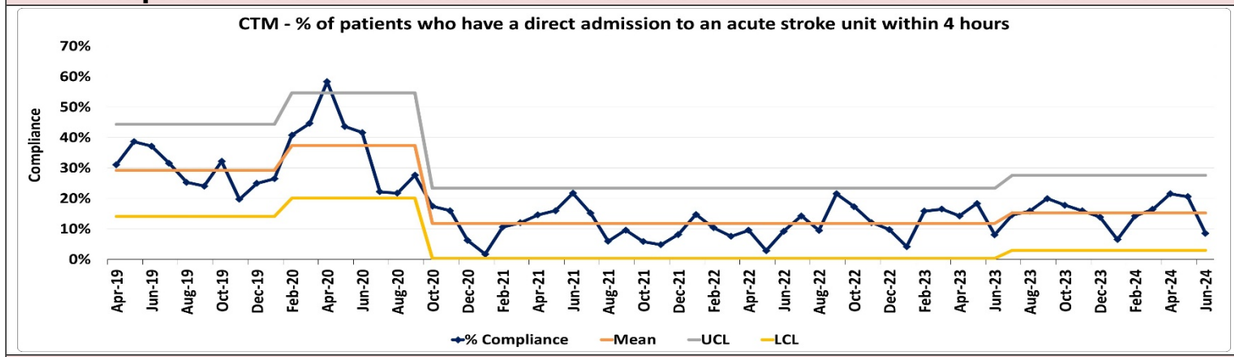
What are the main areas of risk?

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

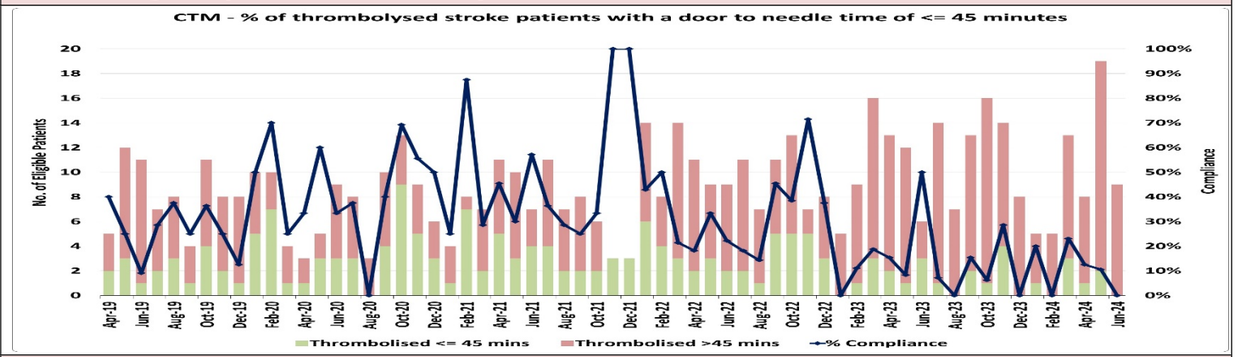
CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs) – June 2024

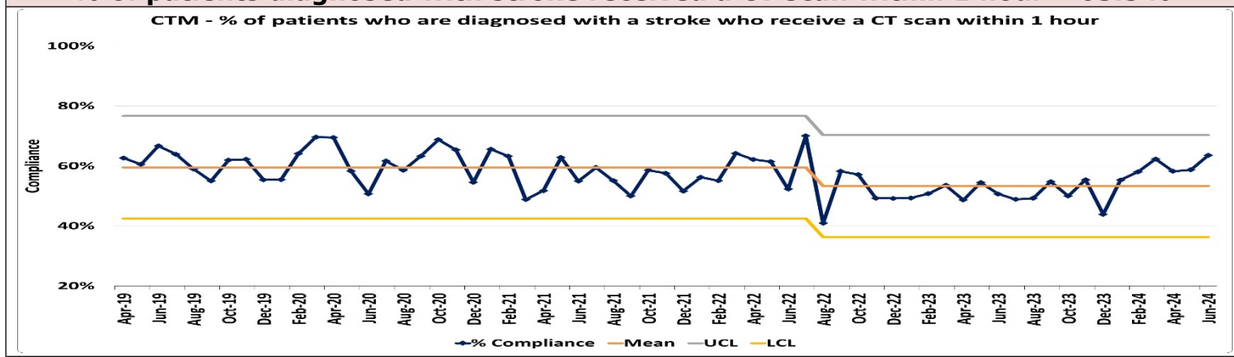
% compliance with direct admission to an acute stroke unit within 4 hours – 8.6%



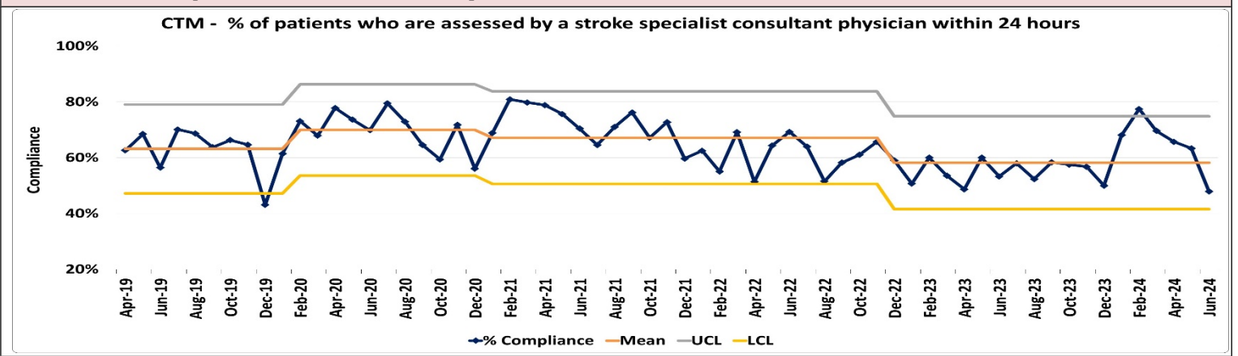
% of eligible patients thrombolysed door to needle time within 45 minutes – 0.0%



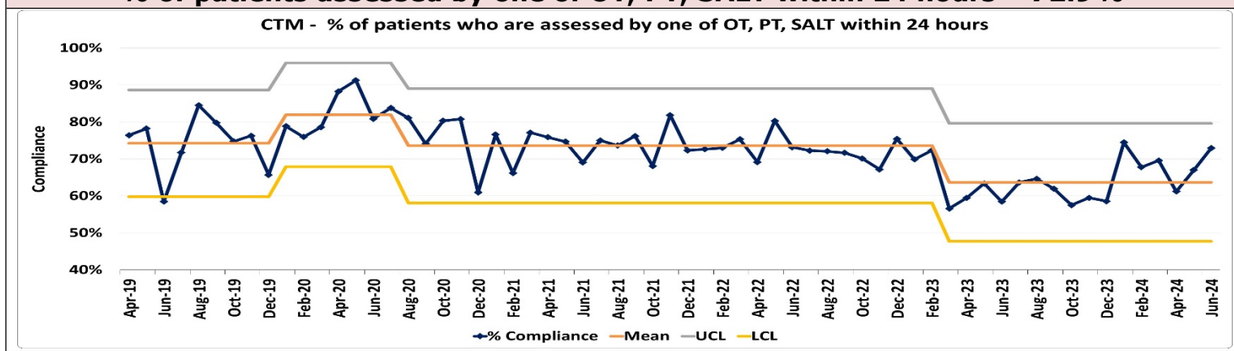
% of patients diagnosed with stroke received a CT scan within 1 hour – 63.5%



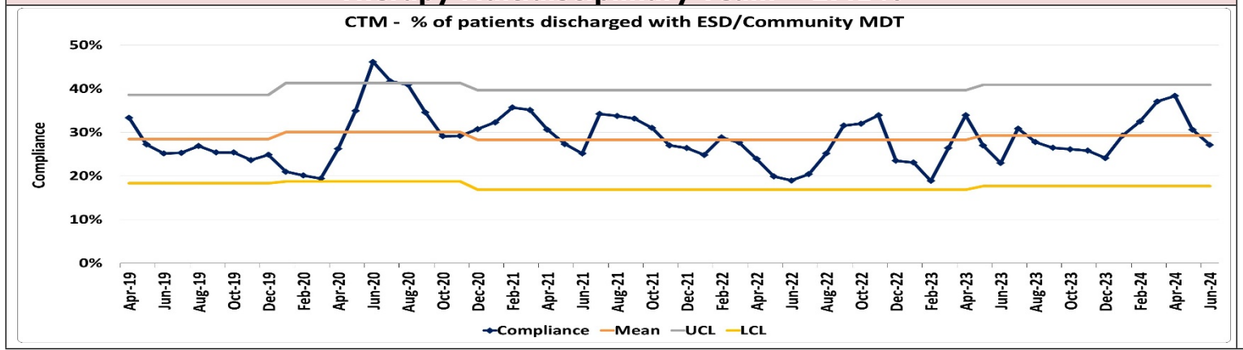
% of patients assessed by a stroke consultant within 24 hours – 47.9%



% of patients assessed by one of OT, PT, SALT within 24 hours – 72.9%



Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 27.1%



Current month stats

Stroke QIMs as per current month submitted data - June 2024		PCH	POW	YCR	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	56	37	N/A	93
	No. of patients within 4 hours	8	0		8
	% Compliance	**14.3%**	**0.0%**		**8.6%**
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	4	5	N/A	9
	No of patients within 45 mins	0	0		0
	% Compliance	**0.0%**	**0.0%**		**0.0%**
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	58	38	N/A	96
	No. of patients within 1 hour	34	27		61
	% Compliance	**58.6%**	**71.1%**		**63.5%**
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	58	38	N/A	96
	No. of patients within 24 hours	27	19		46
	% Compliance	**46.6%**	**50.0%**		**47.9%**
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	58	38	N/A	96
	No. of patients within 24 hours	40	30		70
	% Compliance	**69.0%**	**78.9%**		**72.9%**
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	88	92	19	199
	No. of patients with ESD/MDT	34	18	2	54
	% Compliance	**38.6%**	**19.6%**	**10.5%**	**27.1%**

Stroke Quality Improvement Measures (QIMs) continued – June 2024

How are we doing?

- During June, 8.6% (8 out of 93) of stroke patients were admitted directly to an acute stroke unit (ASU). There has been nearly a 40% increase in admissions for confirmed stroke patients; a significant increase compared to the usual baseline. With the increased demand and continued bed pressures across each site, admitting patients within 4 hours continues to be a challenge. Whilst there have been some improvements with reducing medical patients on our wards at PCH, there continue to be different pressures at POW due to the stroke unit delivering both acute and rehab care on the ward. The Directorate has proposed the possibility of ring-fencing stroke beds to reflect the positive impact this would have patient's pathway and experience.
- None of the nine eligible patients that were thrombolysed received treatment within 45 minutes, although all eligible patients were thrombolysed. The more common reasons for non-compliance with the 45-minute standard are: absence of service provision (the specialist stroke service runs 9-5 Monday to Friday for the POW and PCH sites) and atypical presentations where diagnosis can take longer. 5/9 patients self-presented to ED which will also impact on timeliness of our stroke pathway as no pre-alert goes out. The mean time for thrombolysis was 1hr 12mins for the 9 patients.
- 63.5% of patients (61 out of 96 diagnosed patients) had a CT scan within an hour. There has been improvement in CT scanning compared to May data, particularly in POW. We have recently met with colleagues around the portering issues that were seen at POW ED. Since the meeting has taken place, there has been an improvement in performance and this will continue to be monitored.
- 47.9% (46 out of 96) of stroke patients treated in June were seen by a specialist stroke physician within 24 hours of arrival at the hospital. There has been a decrease in performance for this KPI, and there has been an increase in patients presenting outside of core hours where there is no stroke service. In June, 55% of patients presented outside of stroke service hours. For June, there were also 6 patients who self-presented to RGH which will impact on performance.
- 72.9% (70 out of 96) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival. Performance has increased for these AHPs compared to last month. The data will fluctuate each month depending on when patients present as the AHPs run a Monday–Friday core hours service.
- The rolling 3-month discharge standard saw 54 out of 199 (27.1%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. The performance will fluctuate each month depending on severity of the patients on the ward, as only mild-moderate patients are eligible for the service and patients have to be deemed able to manage at home 24/7 (the ESD service runs Monday-Friday). CTM does not have a community stroke service.

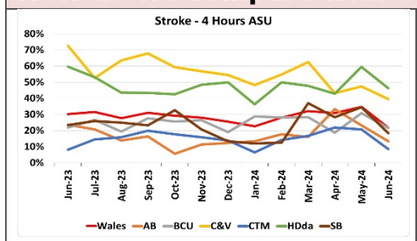
What actions are we taking & when is improvement expected?

- As part of the 'perfect fortnight', it has been additional focus to ring-fence stroke beds for stroke patients to showcase the improvement to pathways and patient experience. The Programme starts on 12th August for a two week period.
- The care group has committed to taking through the ACP workforce expansion paper this financial year which, if approved, will support patient experience and outcomes for those patients who are presenting outside of core hours. We will not expect to see performance increase for around 12 months from the investment, after taking into account recruitment and training for the ACP roles.
- Funding approved for CTM to have own link for Biotronics 3D, previously relied on link at Swansea Bay which was not a robust process. CTM having their own link will minimise any potential imaging delays being transferred to Bristol for patients requiring thrombectomy.
- The impact of Brainomix AI software (reporting for CTs and CT angiograms) continues to be monitored. Review of 6-month data shows 119 CTAs completed, which is a significant increase compared to previously. Data is taken through the Stroke Operational and Programme Board to review in high level detail.
- A contributing factor to some performance measures not being achieved is due to MDT services being run over 5 days opposed to 7 days. In addition, overall numbers for some of the stroke pathways are small, therefore % for performance can fluctuate significantly each month.
- CT perfusion can now be undertaken at PCH and RGH. POW has had the software installed, but there is ongoing training required. There is no confirmed date at present but this is being regularly discussed through Stroke operational meetings. The full impact will not be seen for CT perfusion until workforce is expanded to support the new pathways. Review of data shows with the use of CTP, there could potentially be an 80% increase for thrombolysis which the current workforce could not manage.
- Refresh of consultant advert completed and signed off by Royal College of Physicians, substantive post to be advertised – the care group is working with the Attraction and Resourcing Lead to support with recruitment to maximise interest in the post.
- Specialty doctor job description agreed and post to be substantively advertised parallel to consultant post – this will offer more opportunity to secure a more resilient workforce.
- Programme underway with executive leadership around community beds and models to support internal delays across CTM acute sites
- Workforce **-** We have secured one locum consultant to start on 27th August for a 6month period to cover maternity leave, with a second fixed term locum starting end of October for a 12 month period to cover part maternity leave and part vacancy.

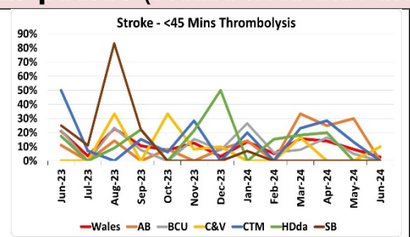
What are the main areas of risk?

- Reliant on x2 locums starting (details above), to continue being able to provide a safe service.
- Small consultant workforce - currently the service is running a 1 in 6 on-call rota despite only having 4 substantive consultants.
- ACP/CNS workforce across POW and PCH - this would require investment to recruit further CNS/ACP workforce to extend hours and provide a 7-day service to support improved patient care and experience.
- Inpatient AHP resource does not meet national standards and is delivered Mon-Fri 9-5 p.m.
- Bridgend Early Supported Discharge service taking new referrals again from 3rd June 2024, however escalation has been received from DTPS Care Group to advise that they will likely reach capacity again at times when demand is high/staffing gaps occur. Review of the impact is being closely monitored and discussed through our Stroke Operational Group. Further demand and capacity mapping of the service is required.
- Data quality - additional resource is required to support data input/performance reporting across both PCH and POW, which will support with performance monitoring and improvement. This requirement will be included in the ACP workforce expansion paper which will be presented to the SMT in June.
- Ring-fencing stroke beds continues to be a challenge due to site pressures, as well as high numbers of clinically optimised patients awaiting social care, community hospital and nursing home.
- Limited stroke rehabilitation capacity for CTM patients, in particular patients at POW.
- Therapy rooms within ward areas are not fit for purpose in PCH and POW. Many patients are currently receiving therapy input at their bedside, which is not appropriate.
- Clinically optimised patients within acute stroke bed base due to lack of community support available.
- A number of stroke patients still continue to self-present to RGH where there is no specialist stroke provision. This impacts the ability to enact stroke pathway due to no pre-alert for these patients (impacting on timely care).
- A recent stroke conference attended has reiterated the lack of psychology support available to our patient's post-acute stroke.

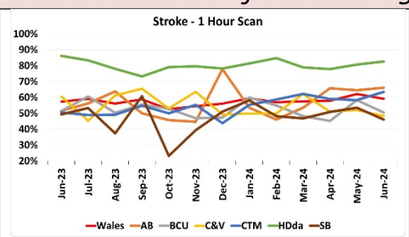
How do we compare with our peers? *(Please note that the data below is subject to change due to data being refreshed monthly)*



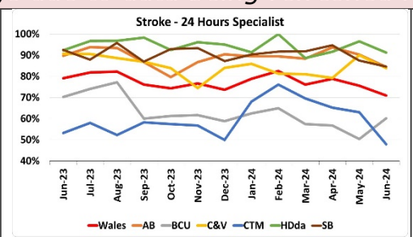
Status as at June 2024		
Health Board	Compliance	Rank
HDda	46.3%	1st
C&V	39.6%	2nd
BCU	21.6%	3rd
SB	18.4%	4th
AB	13.4%	5th
CTM	**8.6%**	**6th**



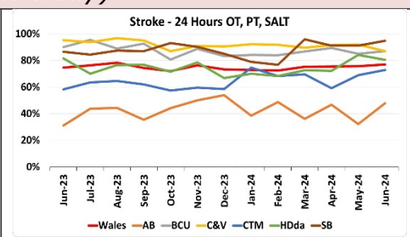
Status as at June 2024		
Health Board	Compliance	Rank
C&V	10.0%	1st
AB	0.0%	2nd
BCU	0.0%	2nd
CTM	**0.0%**	**2nd**
HDda	0.0%	2nd
SB	0.0%	2nd



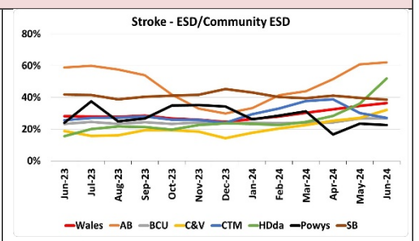
Status as at June 2024		
Health Board	Compliance	Rank
HDda	82.6%	1st
AB	66.2%	2nd
CTM	**63.5%**	**3rd**
BCU	50.5%	4th
C&V	48.4%	5th
SB	46.2%	6th



Status as at June 2024		
Health Board	Compliance	Rank
HDda	91.3%	1st
SB	84.6%	2nd
AB	84.5%	3rd
C&V	83.9%	4th
BCU	60.2%	5th
CTM	**47.9%**	**6th**



Status as at June 2024		
Health Board	Compliance	Rank
SB	94.9%	1st
BCU	87.1%	2nd
C&V	87.1%	2nd
HDda	80.4%	4th
CTM	**72.9%**	**5th**
AB	47.9%	6th

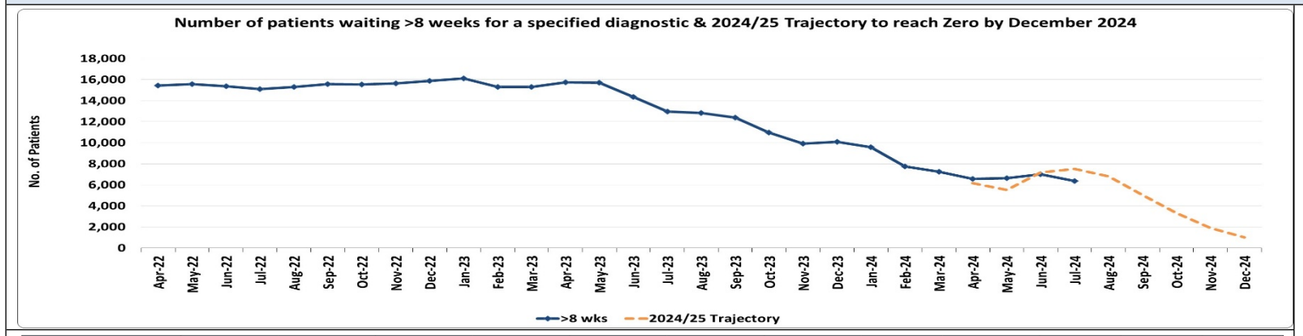


Status as at June 2024		
Health Board	Compliance	Rank
AB	62.1%	1st
HDda	52.0%	2nd
SB	38.6%	3rd
C&V	32.1%	4th
CTM	**27.1%**	**5th**
BCU	26.8%	6th
Powys	22.6%	7th

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics - July 2024 (provisional position)

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



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	6,989	6,367								

Number of Patients waiting >8 Weeks for a Diagnostic Test - July 2024		
Cardiology	Echo Cardiogram	930
Cardiology Services	Cardiac CT	2
	Cardiac MRI	2
	Diagnostic Angiography	41
	Stress Test	6
	DSE	57
	TOE	9
	Heart Rhythm Recording	6
	B.P. Monitoring	0
Bronchoscopy		3
Colonoscopy		88
Gastroscopy		110
Cystoscopy		893
Flexi Sig		37
Radiology	Non-Cardiac CT	1,454
	Non-Cardiac MRI	227
	NOUS	1,470
	Non-Cardiac Nuclear Medicine	0
Imaging	Fluoroscopy	60
Physiological Measurement	Urodynamics	136
Neurophysiology	EMG	387
	NCS	449
Total		6,367

How are we doing?

Diagnostics: Over the past 12 months the number of patients waiting more than 8 weeks prior to receiving their test has reduced by around 50%.

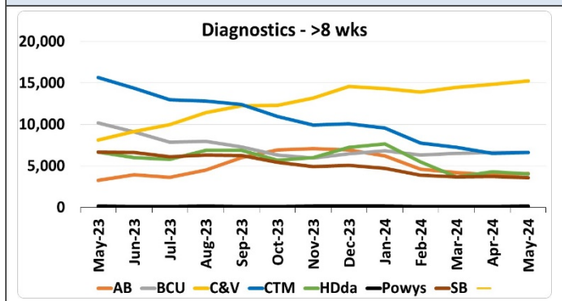
Provisionally, at the end of July, 6,367 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an improvement of 9% (622) on the June reported position.

This month the NOUS service has observed a 15% (268) reduction in the number of breaching patients after seeing an increase in the previous 2 months; bringing the total number of patients waiting in excess of 8 weeks to 1,470.

There has been a continued reduction in the number of patients waiting in excess of 8 weeks for an Echo Cardiogram; falling by 7% (68 patients) from the previous reported position, although there are currently 930 patients waiting more than 8 weeks for this diagnostic procedure. We have also seen a 50% reduction from the previous month in the number of patients waiting longer than 8 weeks for Non-Cardiac MRI which currently stands at 227 patients waiting beyond the desired timeframe.

During the month, the Endoscopy service saw a slight reduction in the number of patients breaching with the number of patients currently waiting beyond the desired target of 8 weeks standing at 1,131.

How do we compare with our peers?



Status as at May 2024		
Health Board	Compliance	Rank
Powys	171	1st
SB	3,576	2nd
HDda	4,051	3rd
AB	4,073	4th
BCU	6,619	5th
CTM	**6,646**	**6th**
C&V	15,245	7th

What actions are we taking & when is improvement anticipated?

Radiology: NOUS - business case developed to address current backlog growth which includes a maintenance scheme. Appointed 3.8 w.t.e. training sonographers; two will commence training September, the other two in January 2025 with 2 w.t.e. vacancies out to advert. Utilising locum agency sonographer at PCH. Timetable developed to co-ordinate SpR scanning lists across RGH & PCH. MSK paper being drafted to address interventional Ultrasound backlog. NOUS consultant waiting list initiatives arranged across all sites. PAAR rates reinstated, evidenced by improved >8 week breaching position. Good uptake from all staff for enhanced overtime.

The service continues to maintain an improved MRI and CT reporting position. Successful interview process has taken place with the appointment of 2.6 w.t.e. Locum NHS Consultants. All will be in post by start of September, with a further substantive 0.7 w.t.e. Consultant joining mid-September.

The Mobile MRI unit has been operational since last week of April, which continues to deliver a reduction in over 8 week waits and the overall waiting list numbers. The team have re-vetted and redirected CT head scans to MRI head scans to balance the risk. Trajectories for CT and MRI developed and show scanning capacity shortfalls with the additional demand trends. A business case has been drafted for sustainable solutions to increase CT scanning capacity in 2024. Meeting arranged for early August to discuss the proposal. D&C has demonstrated a maintained increased growth in demand for CT.

Changes to Breast template - increased >40 capacity and session slots. The current wait for first OPA is 12 days.

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

What are the main areas of risk?

Neurophysiology:
- This is the only diagnostic procedure which CTM does not have a tactical plan in place by which to achieve the 8 week target by December 2024.
- We have spoken with Colleagues in Swansea Bay to see if they have any additional capacity to offer and we await a response.
- JCC (Joint Commissioning Committee) conversations developing as a commissioned service but it appears that these will not bring any further opportunities and the reporting will remain with Health boards for the foreseeable future.

Radiology:
- D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals.
- Sustained increase in CT Out of Hours emergency demand, but also increase in elective referrals. Additional outsourcing agreed to assist with timely reporting, which has helped reduce the reporting backlog and waiting times. Going forward a plan has been drafted in radiology to try and reduce any unnecessary demand and look at the opportunities to utilise currently unfunded CT sessions, but also utilise the mobile CT scanner at PCH, following completion of the ground floor work.
- Radiology service continues to hold 4.9 w.t.e. Consultant vacancies. The ongoing recruitment campaign has proven successful and we have recruited 3.3 w.t.e. consultants to join us in Q2. Prudent use of reliable locums will help bridge the gap temporarily.

Cardiac Physiology: Options paper approved to accelerate reduction of over 8 week echocardiograms. Additional scans commenced in July.

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

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Therapies – July 2024 (provisional position)

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

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

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero **(July 2024 = 28)**

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero **(July 2024 = 172)**

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

2024/25 Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Excluding Adult Hearing Aids	60	45	41	28								
Adult Hearing Aids	135	180	188	172								

How are we doing?

During July there are provisionally 28 patients waiting in excess of 14 weeks for an initial therapy assessment, which is a reduction of 13 patients from the May position and 172 adults waiting beyond the target for a hearing aid fitting which is a small reduction of 16 patients form the previous reported position.

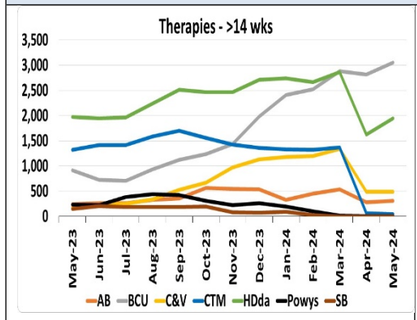
Number of Patients waiting >14 Weeks for a Therapy - July 2024	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	14	1	7.1%
Dietetics	954	4	0.4%
Occupational Therapy	243	3	1.2%
Physiotherapy	1,470	11	0.7%
Podiatry	971	4	0.4%
Speech & Language	584	5	0.9%
Total	***4,236***	***28***	***0.7%***
Audiology *(Adult Hearing Aids)*	1,126	172	15.3%
Grand Total	**5,362**	**200**	**3.7%**

% of children waiting less than 14 Weeks for AHP - July 2024	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	1	1	100.0%
Dietetics	99	99	100.0%
Occupational Therapy	6	6	100.0%
Physiotherapy	69	69	100.0%
Podiatry	57	57	100.0%
Speech & Language	36	36	100.0%
Total	**268**	**268**	**100.0%**

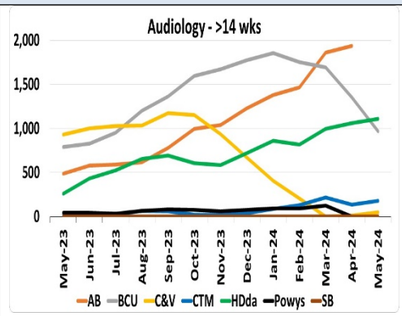
What actions are we taking & when is improvement anticipated?

Ensuring administrative staff are applying the RTT rules aprropriately

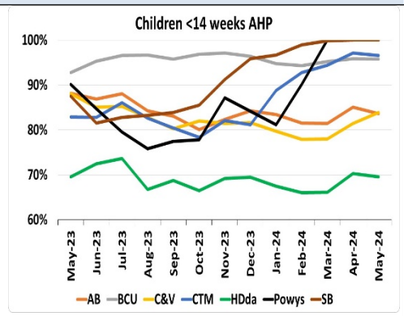
How do we compare with our peers?



Status as at May 2024		
Health Board	Compliance	Rank
SB	0	1st
Powys	2	2nd
CTM	**45**	**3rd**
AB	311	4th
C&V	491	5th
HDda	1,942	6th
BCU	3,054	7th



Status as at May 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
C&V	50	3rd
CTM	**180**	**4th**
BCU	969	5th
HDda	1,109	6th
AB	2,052	7th



Status as at May 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	100.0%	2nd
CTM	**96.6%**	**3rd**
BCU	95.8%	4th
C&V	83.9%	5th
AB	83.7%	6th
HDda	69.5%	7th

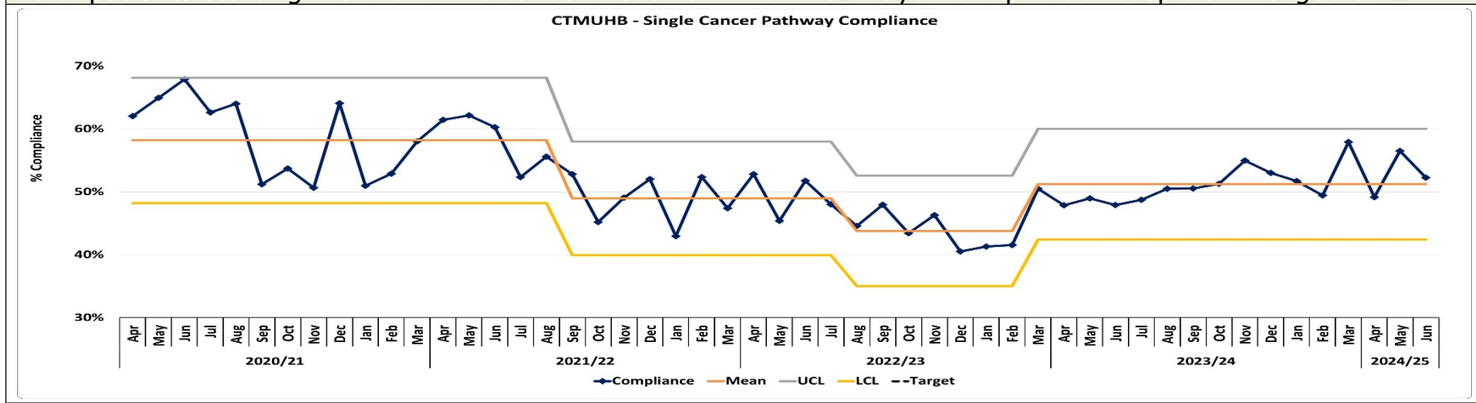
What are the main areas of risk?

Ongoing growing demand for both musculoskeletal and pelvic health physiotherapy. Without additional resource we will see an increase in average waiting times and anticipate breaching patients waiting more than 14 weeks during August.

CTMUHB Planned Care Group

Single Cancer Pathway (SCP) June 2024 – 52.3%

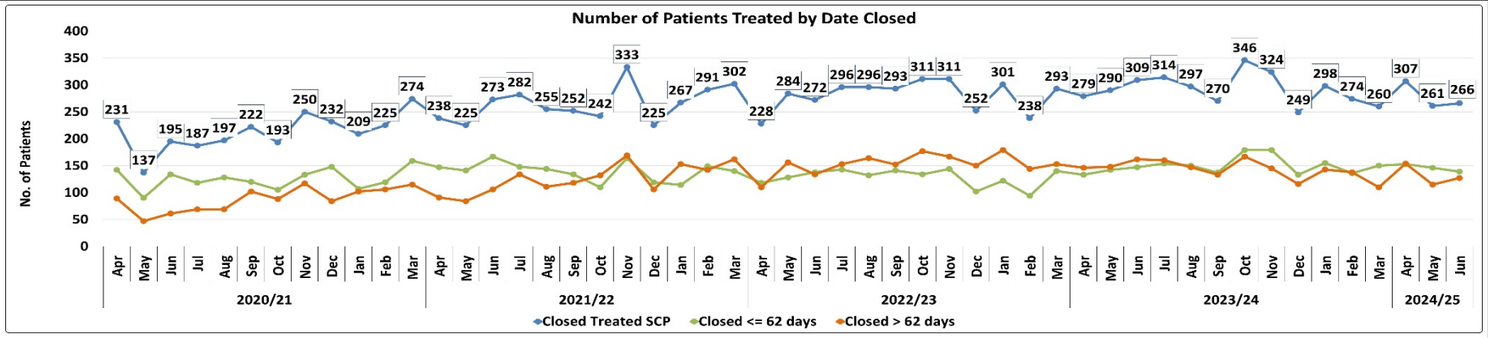
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is 12 month improvement trend towards national target of 80% by 31st March 2026



CTMUHB - SCP % Treated Without Suspensions - June 2024				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	4	6	10	40.0%
Upper GI	17	11	28	60.7%
Lower GI	10	20	30	33.3%
Lung	13	12	25	52.0%
Skin (exc BCC)	50	3	53	94.3%
Brain/CNS	0	1	1	0.0%
Breast	19	16	35	54.3%
Gynaecological	5	10	15	33.3%
Urological	13	43	56	23.2%
Haematological	3	4	7	42.9%
Other	5	1	6	83.3%
Total	139	127	266	52.3%

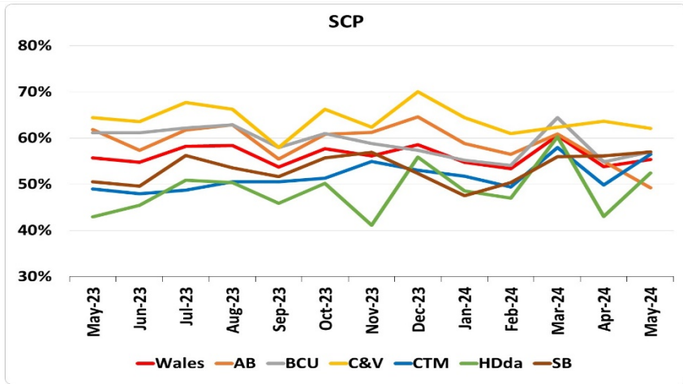
Compliance during June 2024 was 52.3% and is just above the current mean of 51.2%. Two of the tumour sites reached the desired target threshold this period, as seen in the table above. Predicted compliance for July currently stands at 49.0%. Of greatest concern are the continuing delays at first outpatient (29%) and diagnostic stage (50%) and are the significant factors in not achieving the target. Diagnostic delays remain in radiology, endoscopy and pathology. Tertiary delays for diagnostics & treatments also continue.

Patients Treated by Closed Date



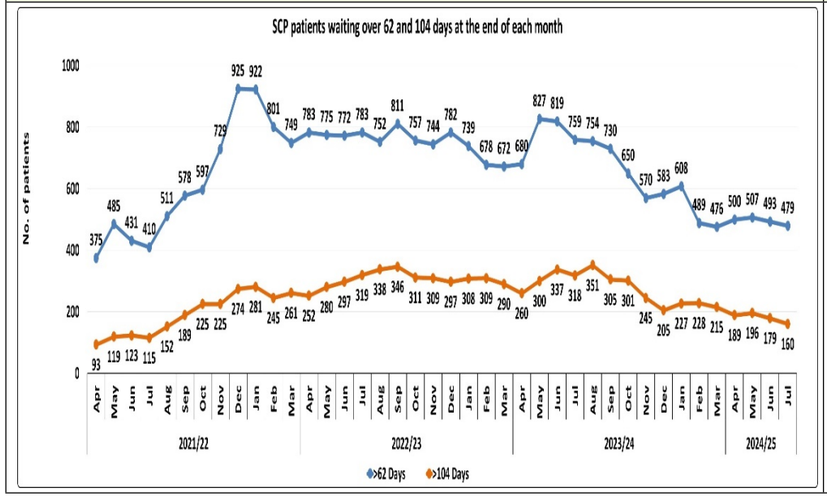
Cancer treatment volumes have not seen an increase during the past 12 months with the monthly average (Jul 23 to Jun 24) equating to 289 per month, which is the same as the volumes seen in the equivalent time span of 2022/23. Changes in treated volumes vary at a tumour site level, with reductions in Breast, Haematology and Urology balancing out increases in Skin and Lower GI.

How do we compare with our peers?



Status as at May 2024		
Health Board	Compliance	Rank
C&V	62.1%	1st
BCU	57.0%	2nd
SB	57.0%	2nd
CTM	56.5%	4th
HDda	52.5%	5th
AB	49.2%	6th

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



What actions are we taking & when is improvement anticipated?

- Merging of Lower GI MDTs. Discussions progressing well, first merger RGH/PCH MDT scheduled for September 9th.
- Rollout of digital vetting – Urology went live in July. Rollout elsewhere continues.
- Continuing outsourcing of pathology.
- Increased focus on time to first appointment through capacity review and booking analysis.
- Local Anaesthetic Transperineal Prostate Biopsy (LATPB) backlog is anticipated to be cleared by mid August.
- Focus on booking of flexible cystoscopies pan CTM to reduce waiting list.
- Gynaecology – weekly improvement meeting ongoing with reduction in backlog noted.

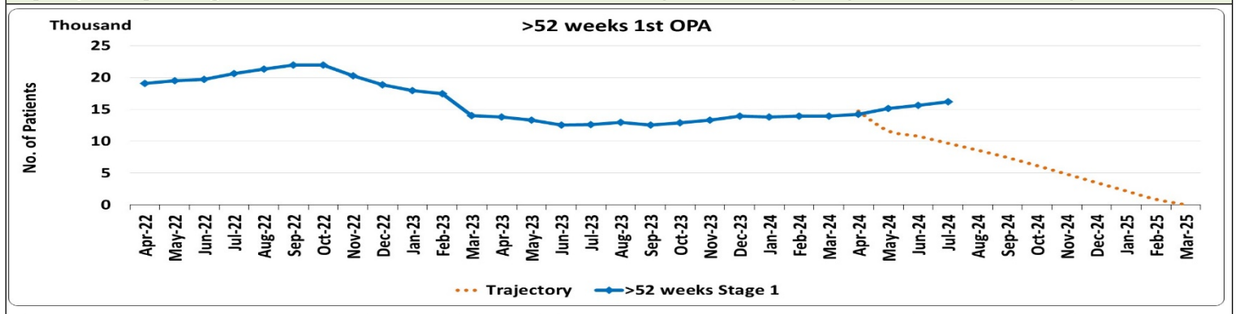
What are the main areas of risk?

- Reduction in capacity during summer due to leave. Mitigations are being considered to prioritise cancer activity.
- 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.
- Delays in Gynaecology diagnostics and treatments for POW patients via SLA with SBUHB.
- Delays in nephrectomies being undertaken due to sole clinician undertaking procedure and unavailable for 7 out of 8 planned theatre lists. Mitigations in place to backfill other lists – 3 identified and agreed to date

CTMUHB Planned Care Group

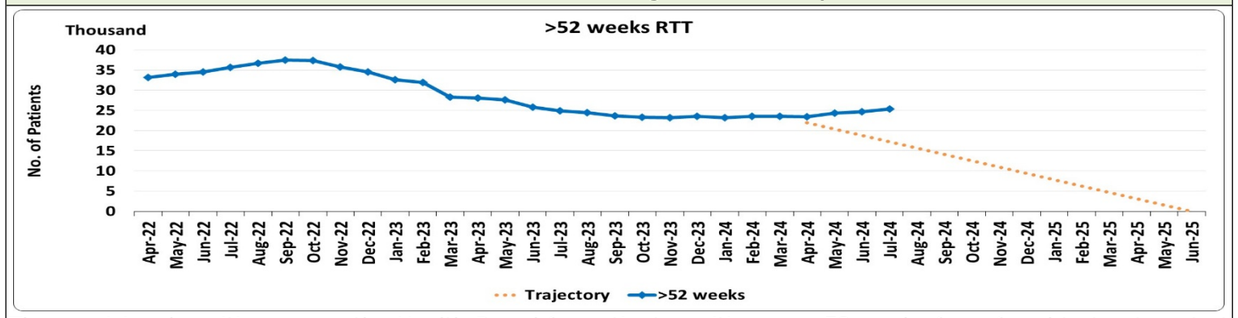
Referral to Treatment Times (RTT) – July 2024 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (16,186)** Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25



The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of July is 16,186; an increase of 4% (616) on the June reported position and is above the desired trajectory equating to 6,507 patients waiting longer than forecasted, as shown above.

Number of patients waiting **>52 weeks RTT (25,300)** – Target is month on month reduction towards the national target of Zero by 30th June 2025

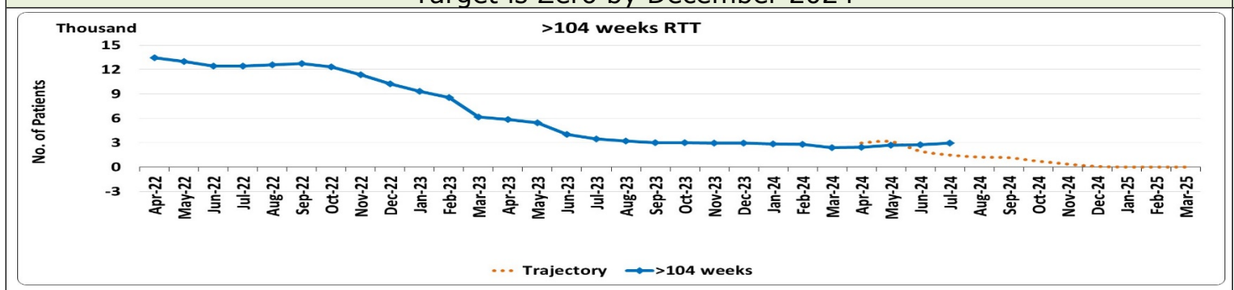


The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of July is 25,300, which as it currently stands is a 2.9% (710) increase on the June reported position resulting in 8,053 patients waiting longer than the forecasted level, as shown above.

Total number of open pathways per specialty - July 2024 (provisional)

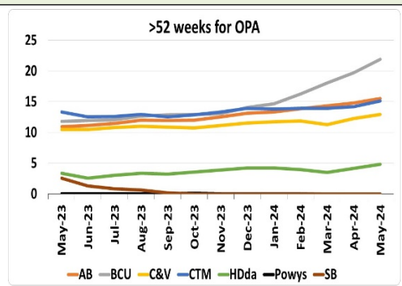
Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	135	250	306	0	1367
Breast Surgery	30	118	88	10	1065
Cardiology	1438	986	1021	1	6367
Colorectal	672	488	405	10	2898
Dermatology	1185	1017	1581	0	7215
Diagnostics	0	90	74	0	4143
Ear, Nose & Throat Service	1118	1758	3419	604	12097
Endocrinology	0	0	0	0	208
Gastroenterology	1343	661	882	33	4249
General Medicine	716	422	532	19	3022
General Surgery	583	737	734	68	5485
Geriatric Medicine	4	5	1	0	120
Gynaecology	1513	1904	1052	82	9041
Haematology (Clinical)	20	55	1	0	325
Nephrology	31	24	0	0	194
Ophthalmology	681	2459	4541	1178	16397
Oral Surgery	722	568	552	24	3296
Orthodontics	143	75	1	0	307
Orthopaedics	2202	2182	3651	655	13062
Paediatrics	167	348	173	0	3340
Pain Management	0	0	0	0	4
Rapid Diagnostic Centre	0	1	0	0	152
Respiratory Medicine	195	336	476	6	3092
Restorative Dentistry	44	39	69	38	231
Rheumatology	357	230	136	3	1901
Sport and Exercise Medicine	0	3	0	0	17
Therapies	0	0	0	0	1356
Urology	1513	1213	2233	166	7976
Vascular Surgery	103	197	402	73	1279
Total	**14,915**	**16,166**	**22,330**	**2,970**	**110,206**

Number of patients waiting **>104 weeks RTT (2,970)** - Target is Zero by December 2024

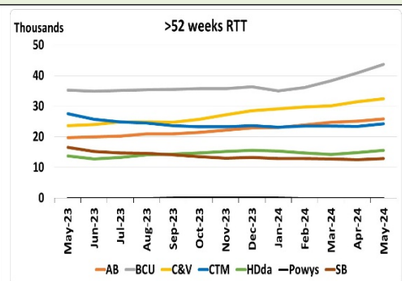


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of July is 2,970. As it currently stands this is an increase of 232 patients from the reported June position and is above the anticipated number of waiting patients forecasted to be 1,477, as shown above.

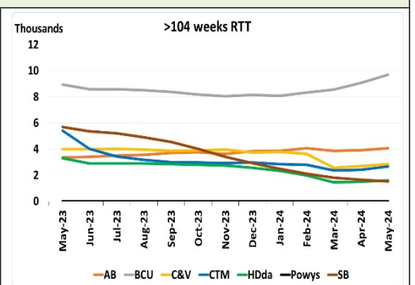
How do we compare with our peers?



Status as at May 2024		
Health Board	**Compliance**	**Rank**
Powys	0	1st
SB	0	1st
HDda	4,815	3rd
C&V	12,933	4th
CTM	**15,133**	**5th**
AB	15,520	6th
BCU	21,898	7th



Status as at May 2024		
Health Board	**Compliance**	**Rank**
Powys	29	1st
SB	12,899	2nd
HDda	15,609	3rd
CTM	**24,291**	**4th**
AB	25,853	5th
C&V	32,489	6th
BCU	43,702	7th



Status as at May 2024		
Health Board	**Compliance**	**Rank**
Powys	1	1st
SB	1,535	2nd
HDda	1,613	3rd
CTM	**2,680**	**4th**
C&V	2,843	5th
AB	4,075	6th
BCU	9,708	7th

RTT continued on the next page…

Referral to Treatment Times (RTT) continued - July 2024

What actions are we taking & when is improvement anticipated?

Ophthalmology: Cataracts - The regional work is continuing with 110 patients already agreed to outsourcing (100 Spa Medica and 10 Regional). Since April, 605 cataract patients have been sent to Vanguard with additional unutilised capacity offered to CTM.
Glaucoma - Funding approval received for the Glaucoma Diagnostic Hub in Ysbyty Cwm Cynon (YCC). Recruitment to begin in the next few weeks. Glaucoma consultant has returned from maternity leave giving us additional capacity.
Corneal - SOP signed off for Corneal Service to restart in RGH.
Squints - All new patients for motility (squints) are now being managed on one single pathway and RTT rules are being applied appropriately. Validation is continuing to ensure patients are not on duplicate pathways.

Gastroenterology: Ongoing validation for true waiting list as there are duplicate values and pathway errors. Training on transacting the correct outcomes on WPAS to prevent duplicate pathways. Change in reporting of fibroscans to reduce incorrect reporting at stage 1. Currently at PCH huge deficit in capacity to accommodate the waiting list demand for both cancer and routine patients. Review of current vacancies and finance discussion required to look at ways of improving the position; will need to involve the CD in remodelling pathways.

Urology: Validation exercise completed resulting in 41 patients on stage 1 being returned to primary care due to inappropriate referral to secondary care. A new locum Consultant will see all Erectile Dysfunction patients in an additional clinic in PCH as of September allowing the substantive Consultant to concentrate on specific complex patients. Redesign of clinic templates being undertaken. We are ensuring all capacity is backfilled.

ENT: Validation of stage 2 & 3 patients at the >104 cohort is carried out on a weekly basis. Systems validations are carried out with the stage 4 patients as and when time allows.

During the weeks leading up to June, arrangements were made for the consultants to undertake non-face to face telephone consultation clinics with the patients – the longest waiting patients were targeted and contacted. Four clinics were undertaken with a total of 25 patients per clinic, and of these 25% were off listed/pathway resets due to either no longer wanting/requiring treatment, or due to failure to make contact. The consultants agreed this was a very useful exercise for both the HB and the patients. This requires funding to maintain going forward as it is of value.

We are hoping to secure backfill sessions and additional WLI sessions to target the longest waiting stage 4 patients.

Dermatology: Validation of all stages ongoing. WLIs commenced and we should see improvement late summer. New Paediatrics consultant starts September. WRPS has now gone live and no issues to date. Triage time is now within 24 hours for USC patients with all others triaged within 2 days. Two experienced registrars commenced early August, which will increase capacity in clinics. Tele-dermoscopy is supporting the routine and urgent lesion waiting list.

OMFS: Agreement made to go ahead with additional MOS operating sessions for any patients that convert across to stage 4 and reduce this waiting list. Discussions are taking place with orthodontics for a plan to reduce the waiting times for review and treatments; this will more than likely require additional funding to support this backlog. Discussions have taken place with our restorative consultant and a proposal has been submitted.

General Surgery and Colorectal: "Mega" clinics in place for General Surgery to help reduce the waiting list. Funding agreed to set up Colorectal additional clinics; once in place will have a positive impact on the current WL. Two new locum NHS consultants will be in post by October/November. This will cease the use of expensive agency locums.

Gynaecology: Have now cleared all stages at 156 weeks and continuing to reduce the over 104 weeks cohort of patients. Working on those patients who are waiting between 52-103 weeks with sustained reduction noted. Validation work continues to ensure demand anticipated going into 2025.

T&O: We are currently offering out WLI to consultants in an attempt to improve the waiting list RTT position, all efforts have been focussed on clearing our >156 weeks position by the end of August. Actively working on ensuring we are minimising treating out of turn. There is work ongoing to explore roster changes which will help to ensure cover for elective theatres at POW.

{n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment}

What are the main areas of risk?

Ophthalmology: The patients being outsourced are not our longest waiting patients as these are complex. Patients are being outsourced from the >70 week cohort.

Gastroenterology: Lack of nursing establishment to support gastro day unit in Maesteg that could impact service delivery. Clinic capacity for Gastro stage 1 cohort - support from OPD, Medical Records, Radiology and Pathology to run additional clinics.

Urology: Whilst we currently have workforce issues impacting on admin resource, we have gone out to advert for around 5 posts. We have 3 long term sickness. The risks are delays with recruitment and further sickness.

ENT: Reduced Anaesthetic cover during core sessions throughout August impacting on capacity.

Dermatology: Risk with admin support – currently mitigating with additional overtime at cost whilst vacancies in the service are being appointed to.

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

General Surgery and Colorectal: Reduced colorectal clinic capacity due to USC demand. Interdependencies will need to be agreed for any additional clinics to go ahead. Ongoing cancellation of theatre sessions will impact the waiting list. Several patients have been cancelled multiple times with the possibility of complaints increasing. Patient care and timely treatment will be compromised. Planning in progress for the anticipated closure of 2 theatres in December.

Gynaecology: Inpatient gynae cases remain as a risk for us due to small number of inpatient beds and not enough capacity on a weekly basis. Uptake of backfill lists to increase capacity at risk due to consultant rate card for surgeons and anaesthetists. Implementation of all actions recommended by the GIRFT programme are underway (Getting It Right First Time)*

T&O: Current risks include the WLI agreement, specifically at POW resulting in lack of uptake.

**GIRFT is designed to improve treatment & care by reviewing health services. Undertaking clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.*

CTMUHB Planned Care Group

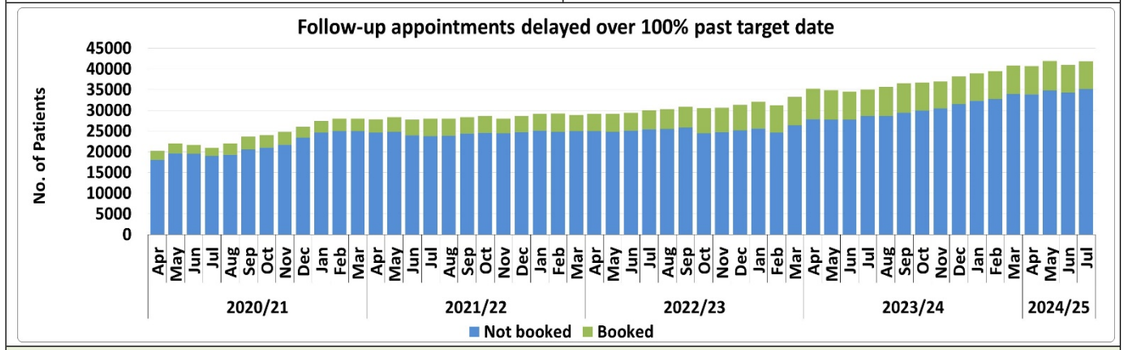
Follow-up Outpatients Not Booked (FUNB) – Provisional Position July 2024

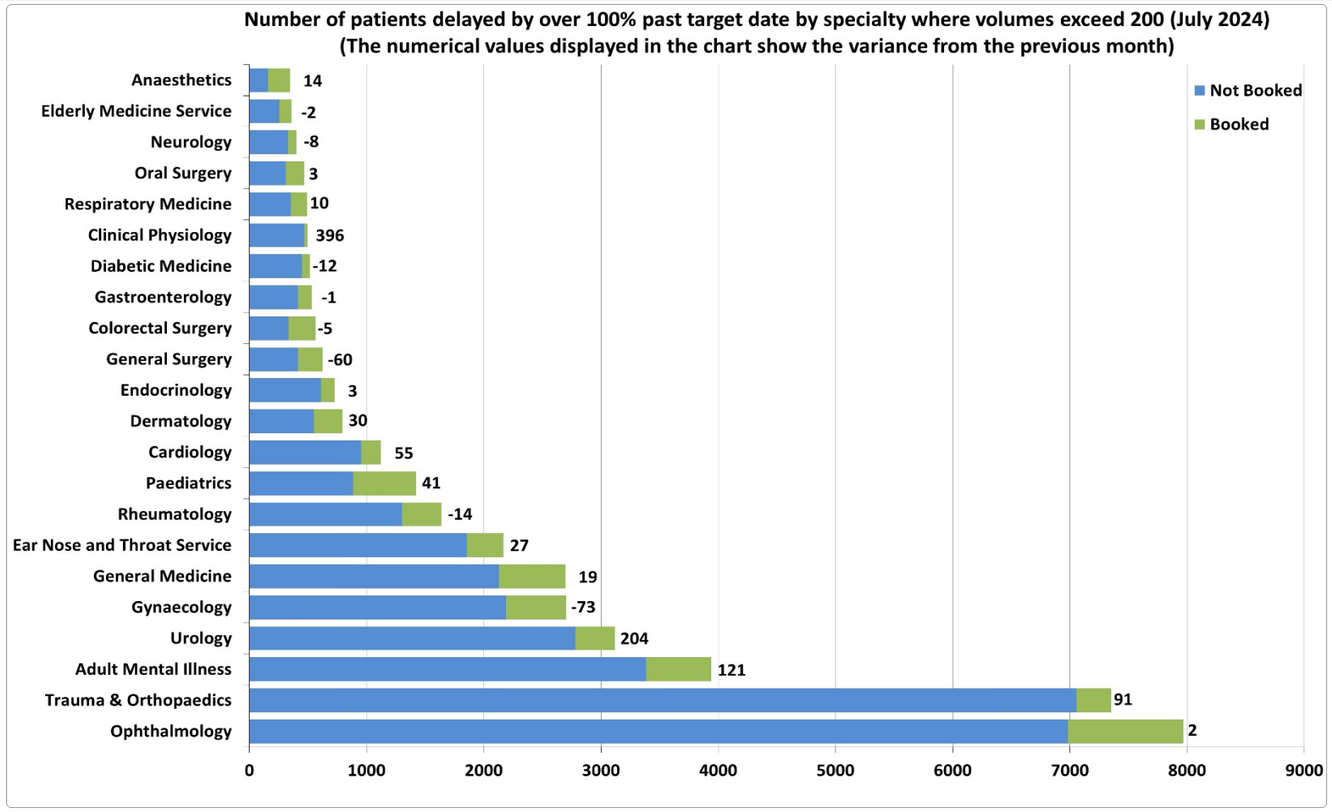
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	89,070	55,407	144,477

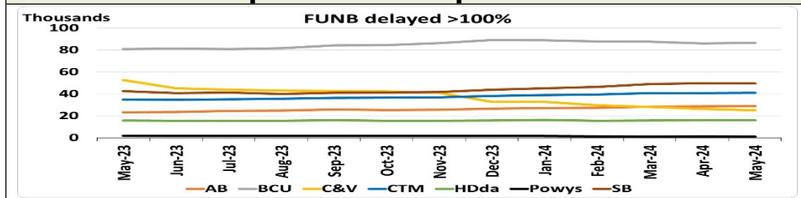
Number of patients waiting for a Follow-up delayed over 100% - Target is Reduction compared to the same month in the previous year

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
35,143	6,654	41,797	28.9%





How do we compare with our peers?



Status as at May 2024		
Health Board	Compliance	Rank
Powys	1,152	1st
HDda	16,062	2nd
C&V	24,915	3rd
AB	28,825	4th
CTM	**40,975**	**5th**
SB	49,585	6th
BCU	86,465	7th

How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of July 2024 provisionally stands at 144,477, which is a growth of 6.4% on the number of patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date. Of the patients waiting, 41,797 (29%) have waited more than 100% longer than their clinician advised.

First quarter follow up activity was 852 attendances (2.3%) higher at 36983 in 2024/25 when compared with 2023/24 levels but remains 2500 (6.4%) lower than pre covid activity volumes.

What actions are we taking & when is improvement anticipated?

Ophthalmology: Work is ongoing with PIFU/SOS to help reduce the number of patients being added to the FUNB list. Both clerical and clinical validation is key to reducing these high numbers.

Gastroenterology: Clinical & admin validation ongoing. Text & Remind service in place to help reduce DNA rate. Maesteg Gastro Day Unit – training given to staff to appropriately manage pathways.

Urology: Identified a large number of duplicate pathways – working to establish source of duplication. Current validation is reducing the FUNB, albeit slowly. Staff to undergo RTT/FUNB outcomes training on WPAS. Consultants validating 50 patients per week when on call.

ENT: Validation - There is not enough capacity to validate the FUNB list in RGH. For POW WLI additional clinical sessions up to July have provided a bit of flexibility in elective clinics freeing up new patient slots to allow clinicians to work through their FUNB lists. Future WLI's will be required to help support achieving target for exiting patients on their FUNB lists.

Dermatology: POW secretaries actively monitor the FUNB list. RGH/PCH secretaries will shortly be monitoring their FUNB lists and we should see improvement by end of year. Clinical conditions to be introduced in the North (currently using these in POW) to aide pathway management. Discussions ongoing with clinicians with regards to using PIFU/SOS more often. Outcome sheets have been amended to highlight the PIFU/SOS. Discussions currently ongoing with the Clinical Director and Pharmacy to allow 'pharmacy led drug monitoring clinics' which will provide additional capacity for the FUNB patients.

OMFS: We are converting telephone templates to case note review to work through the FUNB backlog. Improvement is anticipated by March 2025.

General Surgery and Colorectal: Clinical and administrative validation ongoing.

Gynaecology: Validation process has begun for all patients exceeding planned follow up timeframe, supported by medical records and Performance & Information team. FUNB validation project expected to complete end November 2024 with administrative validation of all patients >100% delay.

What are the main areas of risk?

Ophthalmology: Not enough clerical or clinical time to validate the high numbers on the FUNB.

Gastroenterology: The available resource of Medical Records to undertake partial booking and Text & Remind service. Demand for RTT clinic slots reduces clinicians' availability to undertake FUNB validation.

Urology: Having to reduce f/up slots to accommodate new OPA's to meet RTT stage 1 targets. Current A&C workforce vacancies & long term sickness impacting - we have gone out to advert for around 5 posts. The risks are delays with recruitment and further sickness.

ENT: Elective clinics currently cannot solely sustain both new patients on the >104 week long waiters RTT waiting list and FUNB patients in POW.

OMFS: We will need to keep an eye on the demand for face to face reviews following the large case note review numbers and there may be a need for additional face to face review clinics following this work.

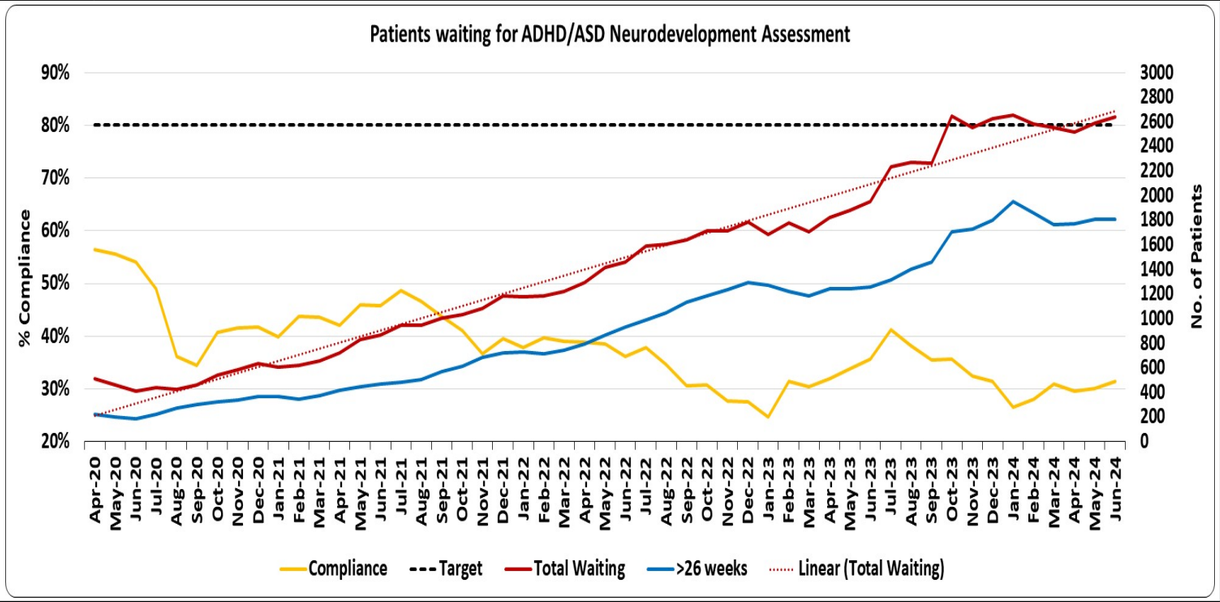
General Surgery & Colorectal: Limited clinic capacity for FUNB, but clinical validation ongoing.

Gynaecology: Resource to undertake clinical validation. Outpatient clinic capacity for booking all patients who require appointments. Competing demand of RTT/New outpatient activity.

CTMUHB Children & Families Care Group

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

June 2024 - 31.5%



How are we doing?

We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,640 patients; with the greatest growth occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 325 per month, even with robust triage decisions at the point of referral being made

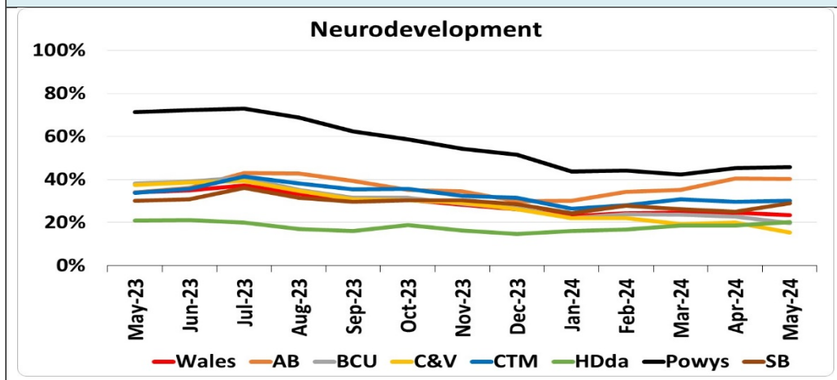
The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopmental remains low at 31.5%.

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

What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis, with third sector agencies who were allocated funding to provide support between April 2023 and March 2024. Additional funding has been made available until March 2025. The plans are for this to be spent on increasing the capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff. As a service we committed to starting an additional 500 new ND assessments over 2024/25 and at the end of Q1 over 200 assessments have already started, so this target seems achievable
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further. Slippage from 2023/24 spend was utilised by Speech and Language Therapists to take additional patients off the waiting list.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. 3.5 wte CNS/AHP staff have commenced and are actively supporting with the new patient and follow-up waiting lists. If we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing website in conjunction with local authorities and third sector will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We are forecasting that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. It is anticipated that the longest waiter at the end of March 2025 will be around 78 weeks (longest waiter at end of March 2023 and 2024 was >104 weeks), although achieving this target does involve seeing 1,800 new patients in total over 2024/25; with still a relatively small clinical team.

How do we compare with our peers?



Status as at May 2024		
Health Board	**Compliance**	**Rank**
Powys	45.8%	1st
AB	40.3%	2nd
CTM	**30.1%**	**3rd**
SB	28.9%	4th
HDda	20.3%	5th
BCU	19.7%	6th
C&V	15.4%	7th

What are the main areas of risk?

- A demand and capacity review was undertaken during January 2024 and templates have been implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, have created additional waits for children/young people for ADHD assessments.
- The service has identified what is required to bridge the gap of the deficit in capacity to meet the demand. Without investment of 2 x B7 AHP for 2 years, the backlog of patients will remain an issue although current demand will be met. Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners.

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

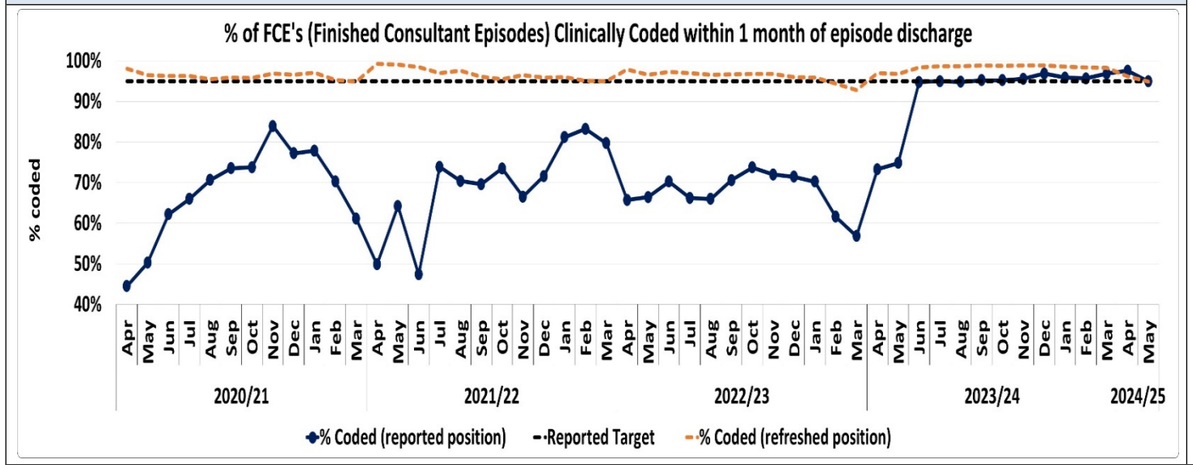
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Key: Trend / Target/Trajectory — Key: Target Achieved / Target Failed

	Performance Measure	Target	Latest Position	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend	94.9%	May-24
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	99.0%	
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more	14.9%	Apr-24
	Number of Pathways of Care delayed discharges	12 month reduction trend	313	Jul-24
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%	90.9%	Jun-24
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over		88.1%	
Safe Services	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95%	64.0%	May-24
	Number of ambulance patient handovers over 1 hour	Zero	991	Jul-24
	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	19.3%	

Effective Services - Clinical Coding

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate a 12 month improvement trend – May 2024 – 94.9%



Current Coded Position as at 5th August 2024				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,537	11,258	279	97.6%
May-24	11,748	11,244	504	95.7%
Jun-24	10,730	8,658	2,072	80.7%
Jul-24	11,115	2,758	8,357	24.8%
Total	45,130	33,918	11,212	75.2%

Uncoded 2024/25 (Apr - Jul 2024)	11,212	24.8%

How are we doing?

The reported position for May 2024 is 94.9% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and is a fraction under the set target of 95%.

As of the start of August, the coded position from April to July currently stands at 75.2% with the backlog accrued during April & May largely coded (96.6%).

Compliance for the correction of errors within 35 days reached 99.0% during May with 100 of the 101 errors corrected within the requiste timescale.

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

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

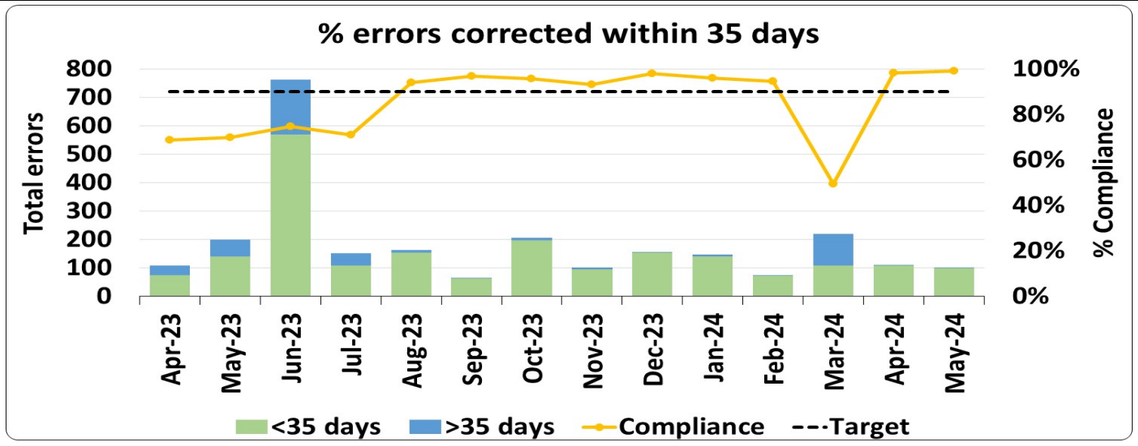
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

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

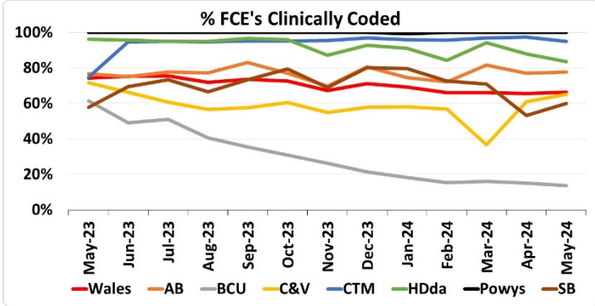
Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

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

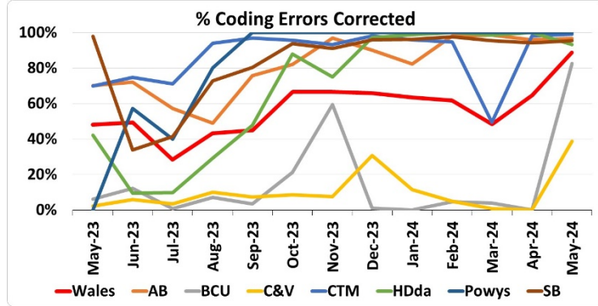
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - May 2024 – 99.0%



How do we compare with our peers?



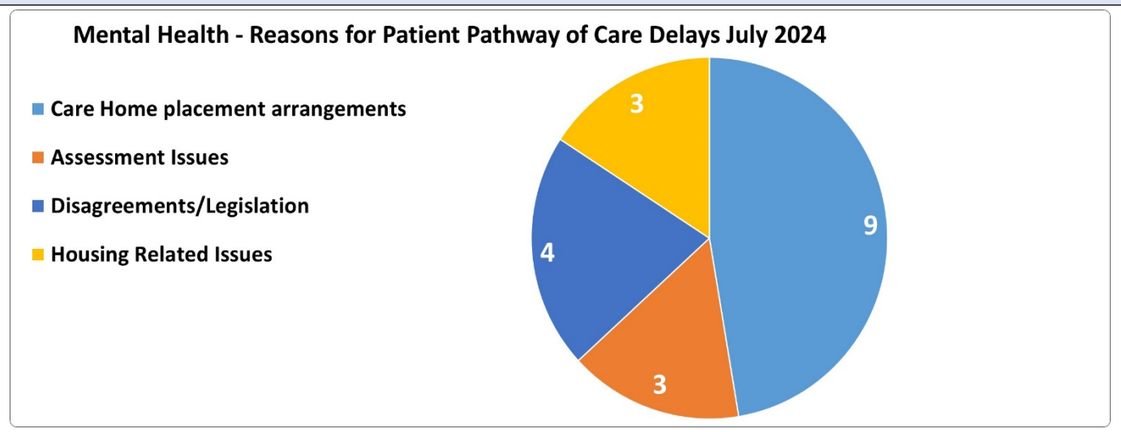
Status as at May 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	**94.9%**	**2nd**
HDda	83.6%	3rd
AB	77.6%	4th
C&V	65.1%	5th
SB	59.9%	6th
BCU	13.7%	7th

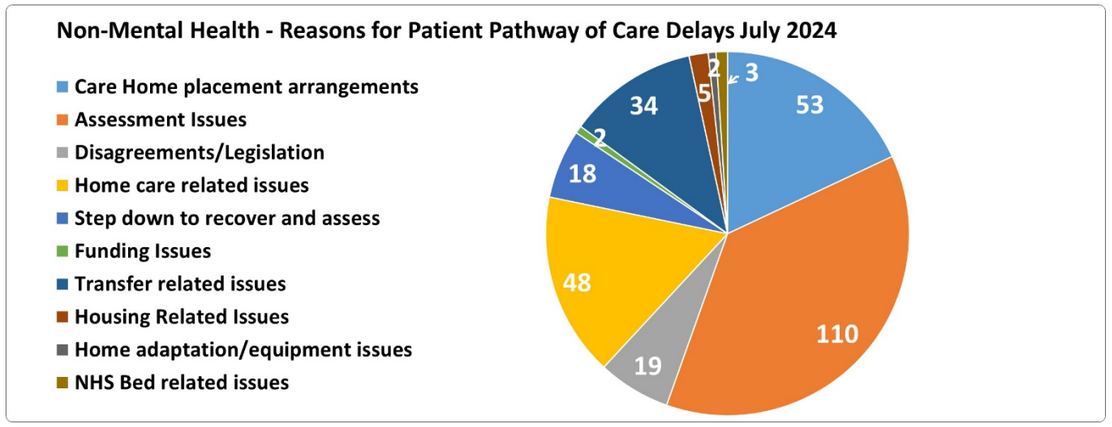


Status as at May 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	**99.0%**	**2nd**
AB	96.7%	3rd
SB	95.4%	4th
HDda	93.2%	5th
BCU	82.4%	6th
C&V	38.6%	7th

Efficient Services – Pathways of Care Delayed Discharges - July 2024

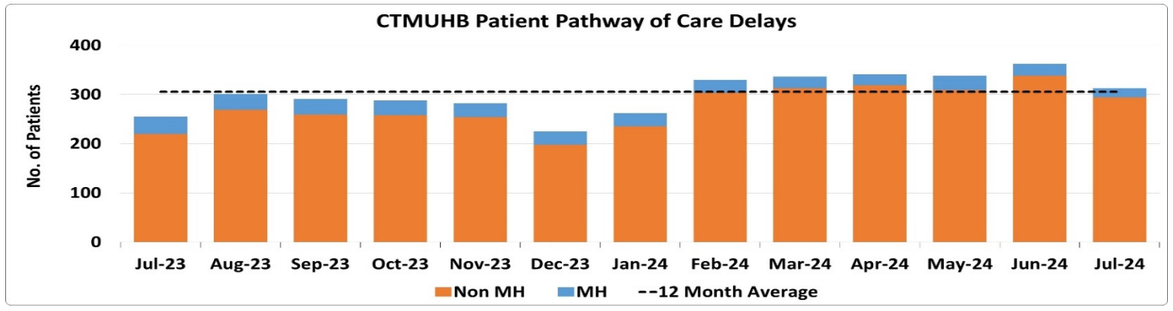
Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 19 / Non Mental Health Delays = 294





Delays by Local Authority - July 2024

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Swansea	Vale of Glamorgan	Total
PCH	3		6		7			9			25
POW		84			1	1		2		4	92
RGH		4						73			77
YCC					18	1		45	1		65
YCR		1						42			43
Glanrhyd		11									11
Grand Total	3	100	6	0	26	2	0	171		4	313



How are we doing?

On average, 306 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority (43.5%) related to delayed assessment, as per the table below (left) with 135 assessment delays during July as described in the table below (right) :

Reason for Delay	12 month average	
Assessment Issues	132	43.3%
Care Home placement arrangements	65	21.4%
Home care related issues	41	13.5%
Transfer related issues	21	6.7%
Disagreements/Legislation	18	5.8%
Step down to recover and assess	10	3.2%
Housing Related Issues	8	2.5%
NHS Bed related issues	3	0.9%
Funding Issues	4	1.3%
Home adaptation/equipment issues	4	1.4%
Total	**305**	

Assessment Delay Flag - July 2024	
Awaiting completion of assessment	32
Awaiting joint assessment	20
Awaiting completion of assessment Nursing	28
Awaiting Social worker allocation	7
Awaiting Continuing Healthcare (CHC) Assessment	9
Awaiting completion of assessment AHP	14
Awaiting completion of assessment Medical	1
Awaiting completion of assessment Pharmacy	1
Awaiting completion of assessment Psychiatry	1
Awaiting completion of assessment/provision for equipment	2
Court of Protection Delays	12
Awaiting care home manager to visit and assess (Standard 3 residential)	4
Awaiting care home manager to visit and assess (Standard 3 nursing)	4
Total Assessment Issues	**135**

There has been a slight reduction in PoCD this month, with a correlating reduction in assessment delays. However, there has not been a marked increase in discharges and a reduction in LoS which prompts us to query if this is a data recording issue.

A deep dive of data will be carried out and revised SOP (standard operating procedure) for validation will be drafted to ensure data accuracy.

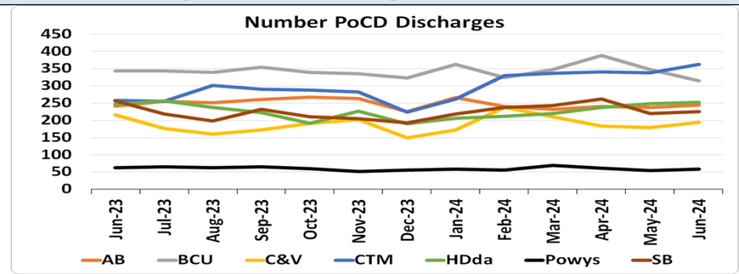
What actions are we taking & when is improvement anticipated?

- Change in governance of PoCD with responsibility transferred to lead for D2RA (Discharge To Recover & Assess).
- Action plan developed through Integrated Discharge Delivery Board.
- Revised PoCD improvement plan submitted to WG on behalf of the integrated board
- Appointment of improvement nurse for Optimize Programme
- Revision and re-writing of EWB (Electronic White Board)

What are the main areas of risk?

Process: Escalation process of discharge delays, Discharge Hub, EWB, proportionate assessment.
Resources: Workforce gaps & resilience, new roles, training.
Capacity: Residential & Nursing home capacity/EMI, commissioning for intermediate and long term domiciliary care. Intermediate care beds.
Compliance: Discharge Policy (including reluctant discharge & choice), Time standards, EWB Data and PoCD Delay Codes.
Culture: Actions to address risk aversion, blame, silo working, approach to frailty.
Operating Model: No integrated or clear model, silo working, duplication and confusion, lack of ownership.

How do we compare with our peers?



Status as at June 2024		
Health Board	**Compliance**	**Rank**
Powys	59	1st
C&V	194	2nd
SB	225	3rd
AB	244	4th
HDda	253	5th
BCU	315	6th
CTM	**362**	**7th**

Finance Update – Month 4

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

3. Key Risks/Matters for Escalation

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

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

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

(Agenda Item 5.1.1)	27 August 2024	Planning, Performance & Finance Committee	Planned Care Recovery

Report Details:	
FOI Status:	Please select: Open
If closed please indicate reason:	Not applicable
Prepared By:	Tarek Allouni
Presented By:	Gethin Hughes, Chief Operating Officer
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	

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

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

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Planned Care Update

Planning Performance & Finance Committee

27 August 2024

End of 2024/25 Trajectories

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

>156 weeks	>156 Trajectory	>156 Actual
Quarter 1	0	41
Quarter 2	0	Predicted 0
Quarter 3	0	
Quarter 4	0	

>104 weeks	>104 Trajectory	>104 Actual
Quarter 1	1,949	2,937
Quarter 2	1,148	
Quarter 3	0	
Quarter 4	0	

>52 weeks (Stage 1	>52 Trajectory	>52 Actual
Quarter 1	10,774	16,252
Quarter 2	7,433	
Quarter 3	3,847	
Quarter 4	0	

Actions

- Planned Care Recovery business cases submitted and approved for WLI funding for multiple specialities
- Standardisation of direct to test pathway across CTMUHB with recoding of New OPA
- Validation of waiting lists
- Validation team for Stage 1
- Theatre Utilisation Group established
- ENT service additional visit to UHW – Recovery action plan developed
- Pre-assessment transformation implementation
- Healthcare Pathways implementation continues
- Endoscopy room 3 progressing for opening in Sept 24
- Regional Ophthalmology activity across ABUHB, CVUHB and CTUHB
- Additional Cataract capacity being assessed

Challenges

- Workforce challenges across multiple services
- Structure and OCP of Operational teams
- Elective bed capacity and unscheduled care pressures
- Number of areas that require transformation and a clinical strategy for reconfiguration
- Diagnostic capacity
- WPAS across former CT and Princess of Wales
- Digital enablers
- Increased Demand - New referral rate increased
- Clinical leadership in Ophthalmology
- Treat in turn rates including regional working

2024/25 Forecast

Key risks

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

Key Initiatives

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

Recommendation:	**The Board or Committee are asked to:**
	The Committee are asked to: • *Note the update provided*

2024-25 Finance Report

Month 4

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

cwmtafmorgannwg.wales

Summary

Situation	Background
This Finance report outlines our financial performance for Month 4 (i.e. the period to 31 July 2024). This Finance report is discussed at the Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 4 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m. It is important to note that , even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.

Summary

Assessment	Recommendation
Overall Revenue position - 2024/25: • The M4 position was a £1.5m deficit in month. • The M4 YTD position is now a £4.1m deficit. The main driver for the £4.1m YTD deficit is a £6.2m shortfall in savings delivery which is offset by other favourable variances of £2.1m. • As at M4 we are continuing to forecast a break even position for 24/25. However, the level of risks that the Health Board is now trying to manage has increased significantly in M4. A detailed review of these risks and associated recovery plan actions will be undertaken for the M5 Monitoring Return submission to WG. It is important to highlight that, at this stage, there is a significant risk that the In year and Recurrent forecasts could deteriorate in M5. • The net risks to the forecast break even position at M4 are £16.1m (M3: £9.2m) and these are summarised on Page 18. **Recurrent Revenue position:** • The b'fwd recurrent deficit at the end of 2023/24 was £19.4m. • The planned recurrent surplus at the end of 2024/25 is £2.1m. However, we are currently off plan at M4 and this presents a significant risk to the recurrent forecast. A detailed review of the forecast recurrent position will be undertaken for the M5 Monitoring Return submission to WG.	The Board, the PPFC and the ELG are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 31st July 2024.

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7-8	YTD Performance & Forecast
9	Forecast Underlying Position
10-12	Pay Expenditure Trends
13	Non pay Expenditure Trends
14	Income Trends
15-16	Income Assumptions
17	Savings
18	Risk Management
19	Capital Expenditure
20	Statement of Financial Position
21	Cash Flow forecast
22	Public Sector Payment Policy Compliance

Executive Summary

Overall Revenue Position

- The M4 position was a £1.4m deficit and the M4 YTD position is now a £4.1m deficit. The main driver for the £4.1m YTD deficit is a £6.2m shortfall in savings offset by favourable variances of £2.1m.
- As at M4 we are continuing to forecast a break even position for 24/25. However, the level of risks that the Health Board is now trying to manage has increased significantly in M4. It is important to highlight that, at this stage, there is a significant risk that the In year and Recurrent forecasts could deteriorate in M5.
- The net risks to the forecast break even position at M4 are £16.1m (M3: £9.2m) and these are summarised on Page 18.

Savings Position

- Actual savings in M4 was £0.8m which was £1.4m below the M4 target of £2.2m. The M4 YTD savings is now £2.6m which is £6.2m below the M4 YTD target of £8.8m.
- The M4 forecast In year savings is £12.1m, which is £14.2m below the £26.3m target. These savings plans have been risk assessed as £9.1m Green and £3.1m Amber. The estimated savings delivery risk at M4 has been estimated at £2.1m. This risk is included in our M4 Risk assessment on Page 18.
- The M4 forecast Recurrent savings is £15.1m, which is £11.2m below the £26.3m target.

Cash

- The closing cash balance at 31st July 2024 was £7.3m. The cash flow forecast shows a balanced position at the end of the year.

Capital

- The latest Capital Resource Limit for 24/25 is £60.8m. This was issued on the 25th July 2024.
- Expenditure to M4 was £16.2m and the forecast outturn Capital position is breakeven.

Summary Income & Expenditure Account

	M4 Actual	M4 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(111.8)	(453.5)	(1,467.5)
02. Capital Donation / Government Grant Income	0.0	0.0	0.0
03. Welsh NHS Local Health Boards & Trusts Income	(5.7)	(25.2)	(79.0)
04. WHSSC Income	(1.0)	(4.1)	(12.3)
05. Welsh Government Income (Non RRL)	0.0	(0.1)	(0.8)
06. Other Income	(3.8)	(15.7)	(47.5)
Total Allocations & Income	**(122.3)**	**(498.6)**	**(1,607.1)**
08. Primary Care Contractor	13.2	52.1	157.6
09. Primary Care - Drugs & Appliances	8.1	33.2	103.8
10. Provided Services - Pay	56.9	225.8	678.3
11. Provider Services - Non Pay	8.6	38.4	115.2
12. Secondary Care - Drugs	5.6	20.0	60.5
13. Healthcare Services Provided by Other NHS Bodies	21.8	89.8	276.8
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	4.5	22.9	69.6
16. Other Private & Voluntary Sector	1.0	4.1	12.3
17. Joint Financing and Other	0.6	(4.5)	(4.1)
18. Losses Special Payments and Irrecoverable Debts	1.0	9.4	17.3
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.6	11.4	34.1
23. AME Donated Depreciation\Impairments	0.0	0.2	85.7
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.1)
Total Expenditure	**123.9**	**502.7**	**1,607.1**
Grand total	**1.5**	**4.1**	**0.0**

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The year to date position is reporting a deficit of £4.1m.
- The Year end forecast remains a breakeven position.
- The key risks to this forecast position are shown on Page 18.

Year to Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0
Month 2	1.4	2.3	0
Month 3	0.4	2.7	0
Month 4	1.5	4.1	0

Key Points:

- The main driver for the £1.5m overspend in M4 is a £1.9m shortfall in savings delivery compared to the monthly savings target of £2.2m/month.
- The M4 YTD overspend of £4.1m includes a £6.2m shortfall in savings offset by other favourable planning variances of £2.1m.
- As at M4 we are continuing to forecast a break even position for 24/25. However, the level of risks that the Health Board is now trying to manage has increased significantly in M4 (see page 18). A detailed review of these risks and associated recovery plan actions will be undertaken for the M5 Monitoring Return submission to WG. It is important to highlight that, at this stage, there is a significant risk that the In year and Recurrent forecasts could deteriorate in M5.
- Further details of the key drivers for the YTD position and year end forecast are provided overleaf.

Year to Date Performance and Forecast

	M4 YTD	M4 Forecast
	£'m	**£m**
Delegated budgets:		
Savings shortfall v £24.1m savings target	7.1	16.9
AB arbitration outcome	0.63	1.9
Other Operating variances	1.32	2.7
Sub total	**9.05**	**21.5**
Non Delegated budgets:		
Savings shortfall v £2.2m savings target	(0.9)	(2.7)
Accountancy gains	(1.67)	(5.0)
Reserves:		
Contracting & Commissioning	(1.67)	(5.0)
Agency inflation	(0.8)	(2.4)
Other Planning Variances	(0.67)	(2.0)
Other Operating variances	0.77	1.5
Sub total	**(4.93)**	**(15.6)**
Minimum further savings required to achieve break even position	0	(5.9)
Total	**4.12**	**0**

Key Points:

- Delegated budgets are forecasting a £21.5m overspend. A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 4 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.
- Non Delegated budgets are forecasting a £(15.6)m underspend.
- **Minimum further savings of £5.9m are required in order to achieve the forecast break-even position for 2024/25. The Health Board also needs to manage the key risks to the forecast break even position. These risks are estimated at £16.1m and are summarised on Page 18.**

Forecast Underlying Position

Underlying Deficit	Plan £'m	M1 F/Cast £'m	M2 F/Cast £'m	M3 F/Cast £'m	M4 F/Cast £'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2	55.2	55.2
Savings Target	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)
Grand Total	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**

Key Points:

- The b'fwd recurrent deficit at the end of 23/24 was £19.4m.
- The planned recurrent surplus at the end of 2024/25 is £2.1m and full delivery of the recurrent financial plan in 2024/25 (Year 1)) should present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.
- **As at M4 we are reporting a forecast underlying surplus at the end of 2024/25 of £(2.1)m, which is consistent with the IMTP submission at the end of March. However, we are currently off plan at M4 and this presents a significant risk to the recurrent forecast. A detailed review of the forecast recurrent position will be undertaken for the M5 monitoring return submission to at M6.**

Pay Expenditure Trends

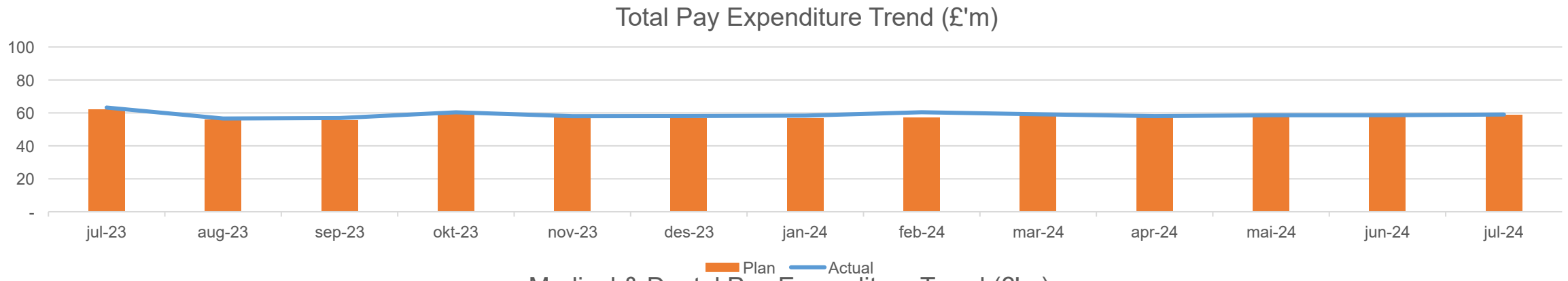
Staff Group	Mar-24 £'m	Qtr4 Ave £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m
Administrative & Clerical	7.1	7.4	7.5	7.6	7.6	7.6	7.6
Medical And Dental	15.1	15.5	15.5	15.4	15.3	15.4	15.9
Nursing And Midwifery Registered	19.7	19.0	17.9	18.3	18.4	18.2	18.2
Add Prof Scientific And Technical	1.4	1.6	1.7	1.7	1.7	1.7	1.7
Additional Clinical Services	7.7	7.5	7.3	7.5	7.5	7.4	7.4
Allied Health Professionals	3.6	3.7	3.6	3.6	3.6	3.6	3.6
Healthcare Scientists	1.1	1.1	1.2	1.1	1.1	1.1	1.1
Estates And Ancillary	3.3	3.3	3.5	3.4	3.3	3.4	3.4
Students	0.1	0.1	0.0	0.0	0.0	0.0	.0
Grand Total	**59.2**	**59.3**	**58.1**	**58.6**	**58.6**	**58.4**	**59.0**

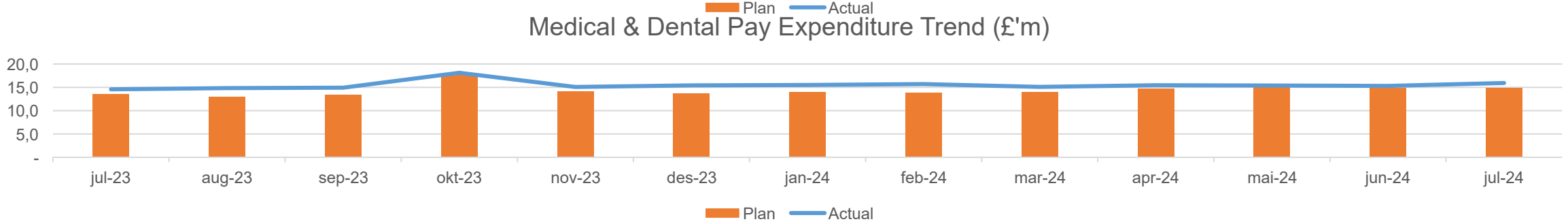
Spend category	Mar-24 £'m	Qtr4 Ave £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m
Core	49.8	50.3	49.9	50.2	50.7	50.3	50.3
Agency	3.7	3.9	3.3	3.6	3.2	3.4	3.7
Overtime	2.1	1.9	1.5	1.4	1.4	1.4	1.5
ADH	2.1	1.9	2.0	2.1	1.9	2.0	2.2
Bank	1.3	1.2	1.1	1.3	1.1	1.2	1.2
WLI	0.2	0.1	0.2	0.1	0.2	0.2	0.2
Grand Total	**59.2**	**59.3**	**58.1**	**58.6**	**58.6**	**58.4**	**59.0**

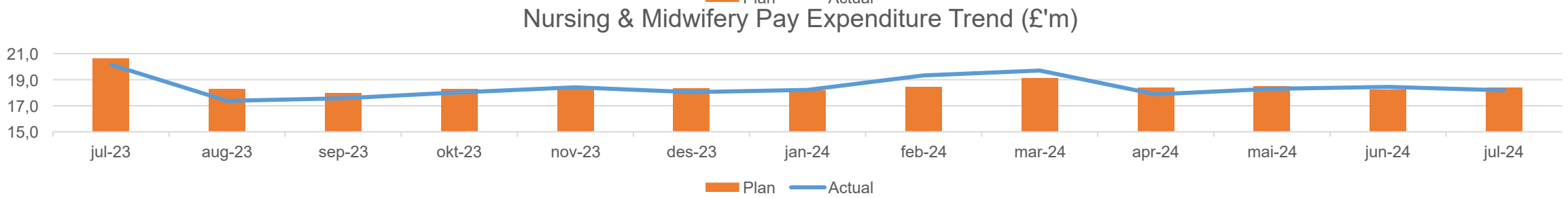
Key Points:

- Total expenditure in M4 was £59.0m, which is £0.6m higher than the Q1 average of £58.4m. This increase was due to a £0.5m increase in Medical & Dental spend as a result of increased agency and ADH payments.
- Total agency expenditure in M4 was £0.3 greater than the Q1 Average, with medical pay increasing by £0.2m.
- Total ADH expenditure increased by £0.2m in M4 compared to the Q1 average.
- Other variable pay expenditure has remained consistent when compared to Q4 average.

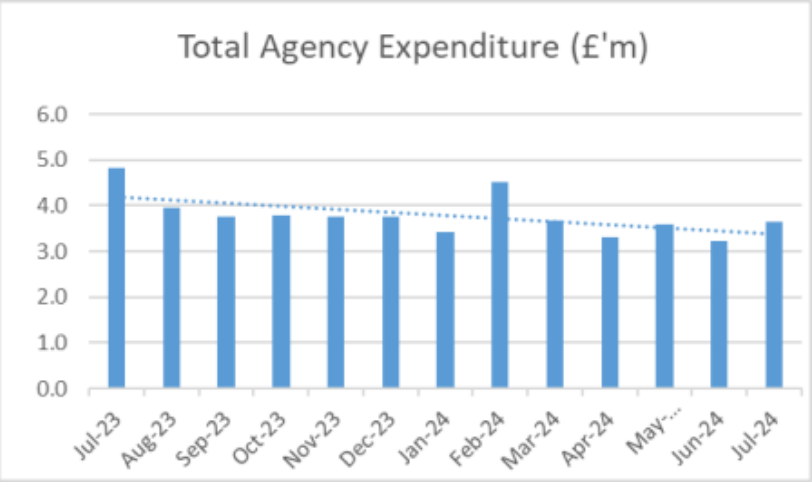
Pay Expenditure Trends

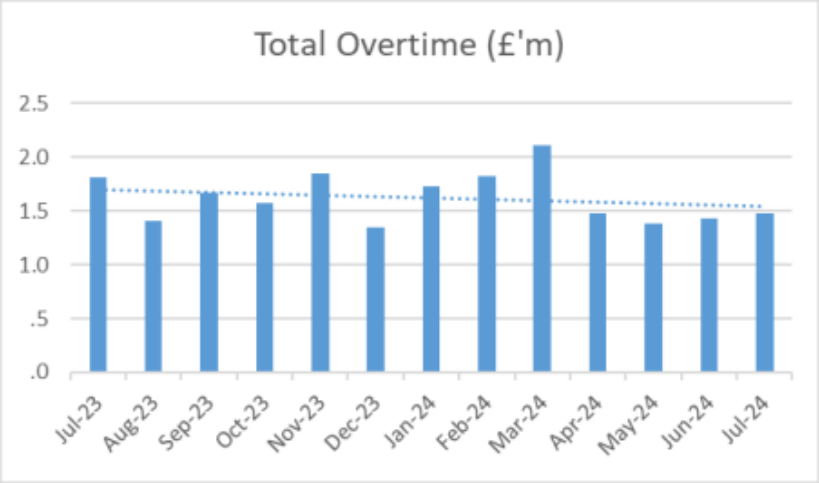


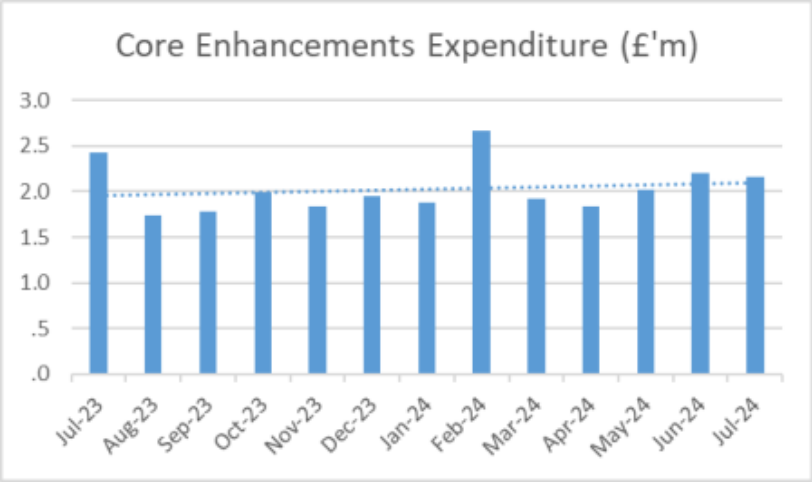


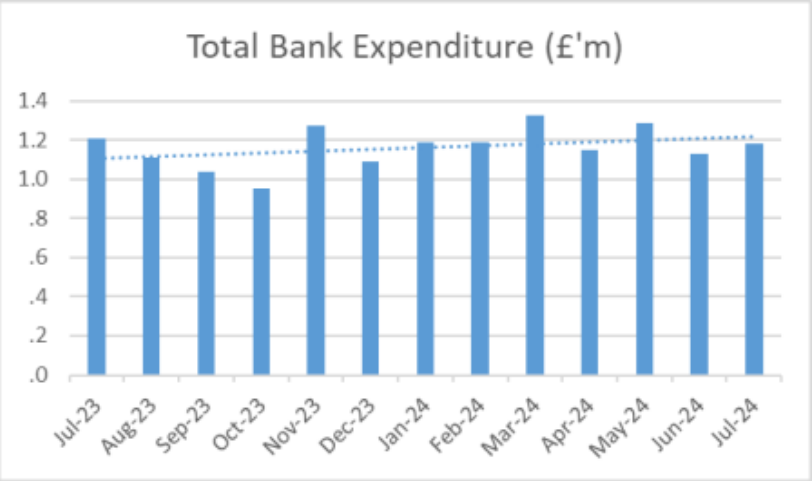


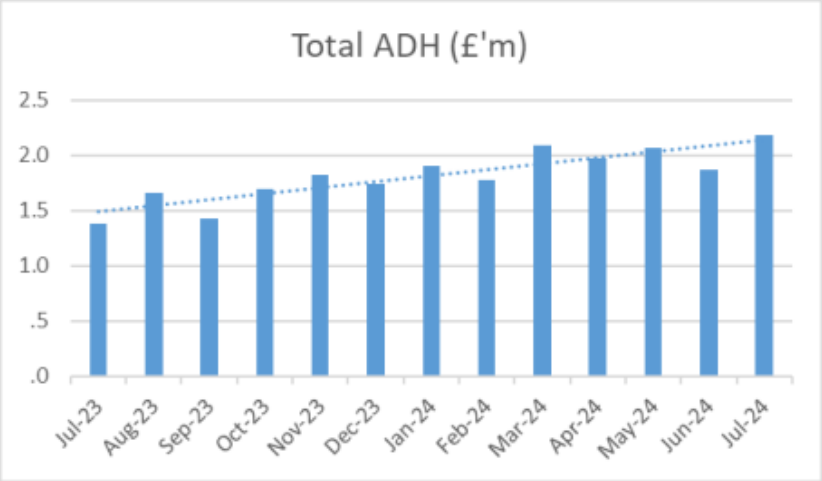
Variable Pay Expenditure Trends









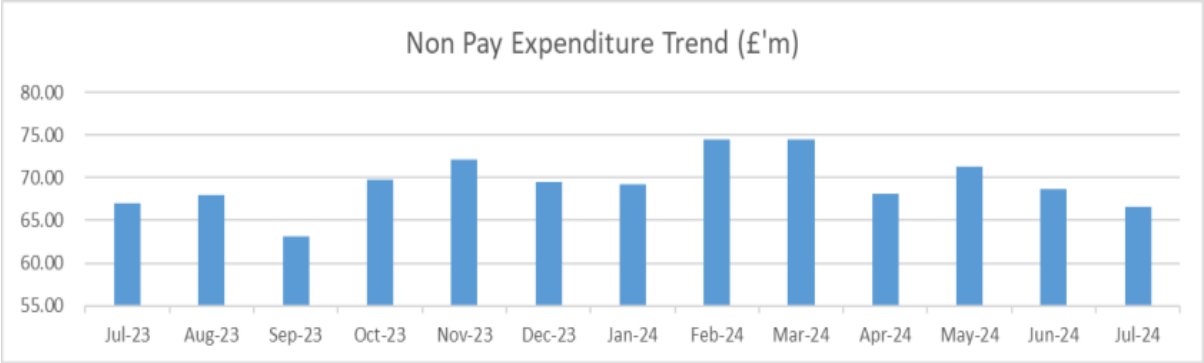


Key Points :

- Agency spend – £0.5m increase in M4 and overall a downward trend.
- Overtime payments- £0.1m increase in M4 and trend broadly flat.
- Core enhancements - £0.0m movement in M4 and trend broadly flat.
- Bank - £0.1 increase in M4 and an increasing trend.
- ADH spend – small increase in M4 but an increasing trend.

Non Pay Expenditure Trends

Non Pay Group	Mar-24 £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m
Primary Care Contractors	14.5	11.6	12.8	11.9	12.1	12.4
Primary Care Drugs	8.5	8.8	7.9	8.3	8.3	8.1
Provider Non Pay	13.0	9.6	11.2	10.2	10.3	8.6
Secondary Care Drugs	4.6	4.7	5.4	4.2	4.8	5.6
Healthcare Commissioning	29.8	22.5	22.9	22.6	22.6	21.8
CHC & FNC	5.5	6.0	6.8	6.4	6.4	4.8
Other	(1.4)	4.9	4.2	5.1	4.7	5.2
Total Expenditure	**74.5**	**68.1**	**71.2**	**68.7**	**69.3**	**66.6**



Key Points:

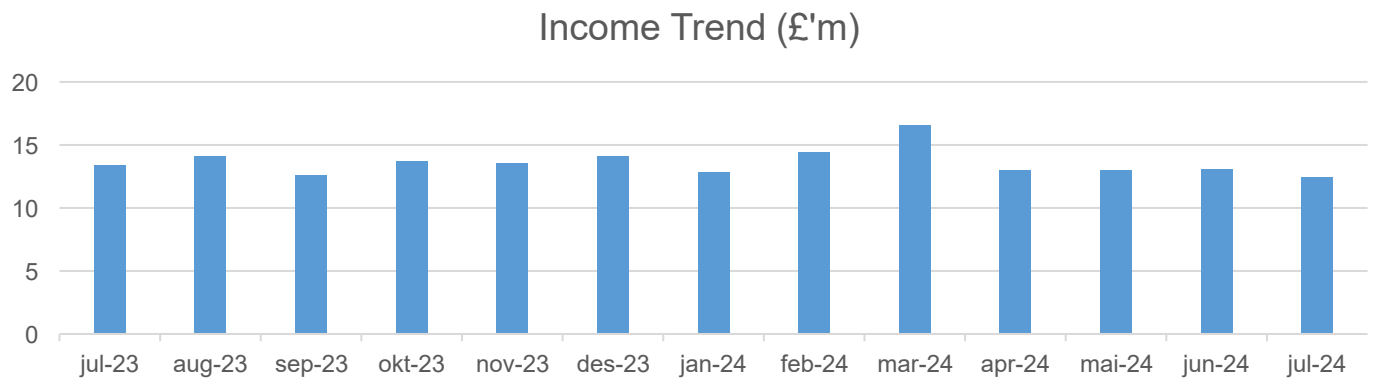
- The level of expenditure in M11 & M12 was higher than normal due to a number of year end adjustments and arrears being processed.
- The total spend in M4 of £66.6m was £2.7m lower than the q1 average. The main movements were:
  - Increase in Primary Care Contractors £0.3m – This mainly relates to a correction of Non Cash Limited expenditure in M2, returning to normal in M3.
  - Decrease in Provider Non-Pay £1.7m – this improvement includes a £1.1m retrospective VAT recovery in M4.
  - Increase in Secondary Care drugs £0.8m – Expenditure has been volatile for the first 4m of the year. However, the demand for NICE drugs is higher than original assumptions.
  - Decrease in Healthcare Commissioning of £0.8m – This is due to improved activity and NICE data from Velindre.
  - Decrease in CHC & FNC £1.6m – The favourable in month reduction is the result of accountancy gains being recognised in M4.

Income Trends

Income Group	Mar-24 £'m	Apr-24 £'m	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m
Welsh NHS Income	7.7	6.6	6.6	6.3	6.5	5.7
WHSSC Income	1.1	1.0	1.0	1.1	1.0	1.0
Primary Care Contractor Income	1.2	1.0	1.1	1.0	1.0	1.2
CHC Income	0.5	0.4	0.4	0.4	0.4	0.6
Other Income	6.0	4.0	3.8	4.3	4.0	3.9
Total Income	**16.6**	**13.0**	**13.0**	**13.1**	**13.0**	**12.4**

Key Points:

- The level of income received in M12 was higher than normal due to a number of year end adjustments .
- The total Income in M4 of £12.4m is £0.6m less than the Q1 average of £13.0m. This is primarily due to:
  - Decrease in Welsh NHS Income £0.8m – mainly due to a reduction in the AB LTA following the recent arbitration outcome.



Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,226.0	29.7	25.0	86.7	1,367.4
Anticipated Allocations:					
Primary Care Optometry Contract Funding	1.2				1.2
2024/25 RLW Pay award	2.6				2.6
Substance Misuse Funding	4.0				4.0
Emergency/Urgent Care	1.4				1.4
RLW Social Care	2.4				2.4
Dimentia Action Plan	1.2				1.2
IFRS 16 Adjustment	(2.4)				(2.4)
WRP Recovery	(4.6)				(4.6)
Trainees	1.5				1.5
Depreciation	89.6				89.6
Other	3.3				3.3
Total Allocations	**1,326.2**	**29.7**	**25.0**	**86.7**	**1,467.5**

Key Points:

- As at M4 the confirmed Revenue Resource allocation was £1,367.4m.
- The forecast position assumes a further £107.2m of additional allocations offset by a reduction of £7.0m for IFRS 16 adjustments and Welsh Risk Pool (WRP) recovery to give a Total allocation of £1,467.5m.

Income Assumptions - NHS

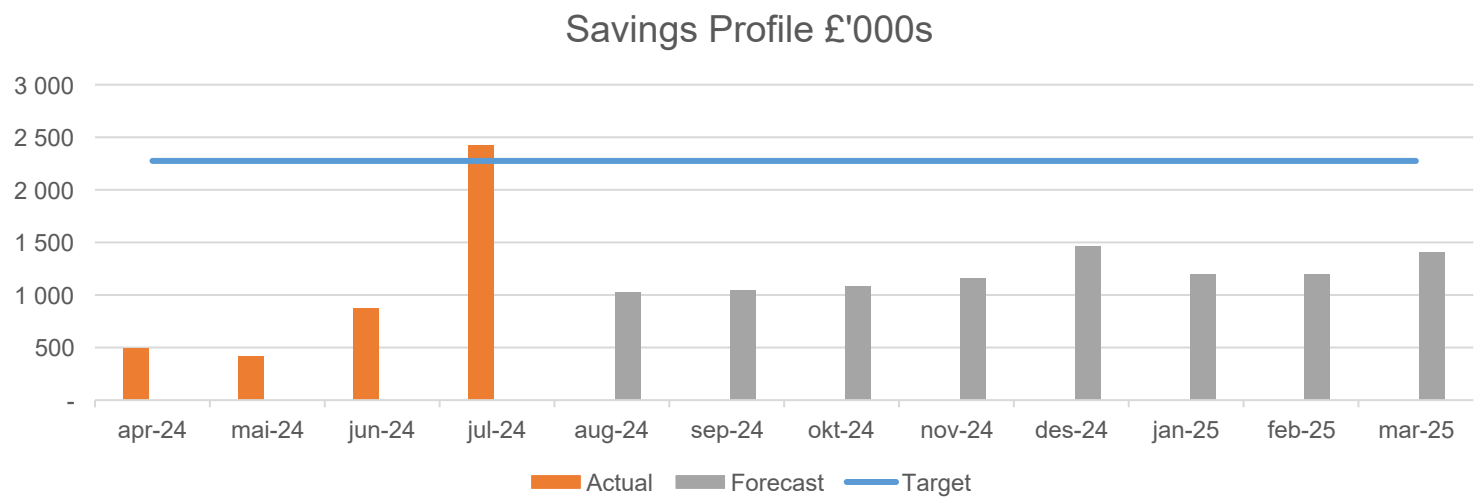
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	**27.4**
Aneurin Bevan University	20.0	2.1	**22.1**
Betsi Cadwaladr University	0	0.3	**0.3**
Cardiff & Vale University	17.2	1.2	**18.4**
Cwm Taf Morgannwg University	0.0	0.0	**0.0**
Hywel Dda University	0.6	0.4	**1.0**
Powys	5.1	1.2	**6.3**
Public Health Wales	3.3	1.3	**4.6**
Velindre	0	11.8	**11.8**
NWSSP	0	0.0	**0.0**
DHCW	0.7	0.7	**1.4**
Wales Ambulance Services	0.0	0.1	**0.1**
JCC	11.7	0.0	**11.7**
HEIW	0.0	16.9	**16.9**
NHS Wales Executive	0.0	0.0	**0.0**
Total	**88.5**	**33.4**	**121.9**

Key Points :

- With the exception of ABUHB, all LTAs and SLAs were agreed by the 30 June deadline. Most of the LTA documentation has now been signed by both parties. but work continues to progress the final documentation and signing of the following LTAs:
  - Cardiff & Vale UHB
  - Velindre NHS Trust
- The Health Board submitted its arbitration documentation for the ABUHB LTA dispute to WG on 1st July 2024. WG ruled in favour of ABUHB and the £1.9m impact has been factored into the year end forecast (see page 8). There is also a further risk of £1.1m regarding the activity baseline which has been included in the Risk Table (page 18).

Savings

	Month 4			Month 3		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	8.8	26.3	26.3	6.6	26.3	26.3
Actual and Forecast Savings	(2.6)	(12.1)	(15.1)	(1.8)	(17.7)	(23.6)
Total	6.2	14.2	11.2	4.8	8.6	2.7



Key Points:

- Actual YTD savings in M4 was £2.6m which was £6.2m below the target of £8.8m.
- The M4 forecast In year savings is £12.1m, which is £14.2m below the £26.3m target. The M4 savings profiles from Care Groups and directorates are showing low levels of savings from M5 onwards.
- The £12.1m forecast savings plans have been risk assessed as £9.1m Green and £3.1m Amber. The estimated savings delivery risk at M4 has been estimated at £2.1m (65% of the Amber schemes). This risk is included in our M4 Risk assessment on Page 18.
- The M4 forecast Recurrent savings is £15.1m, which is £11.2m below the £26.3m target.

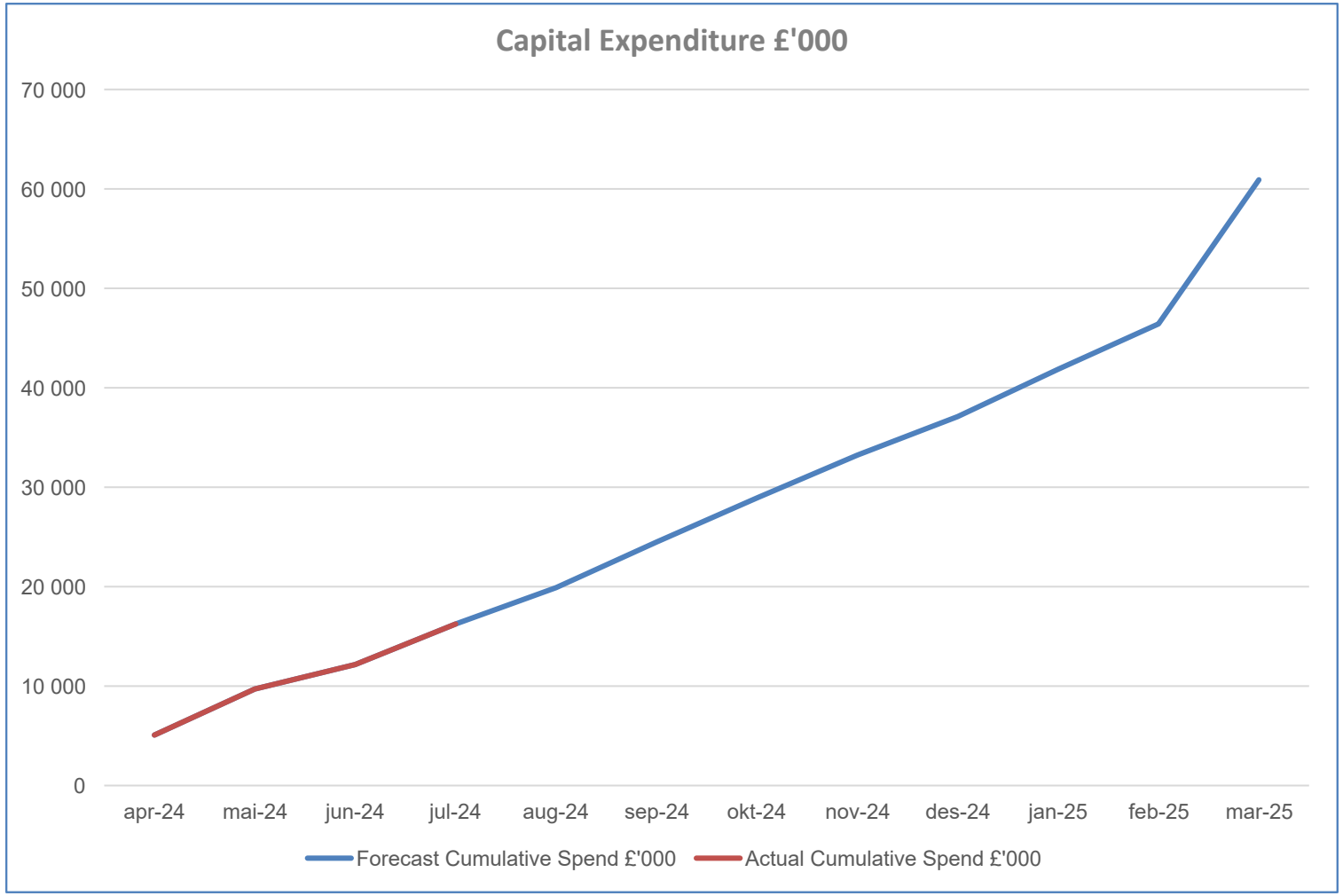
Risk Management Risks and Opportunities

	M4 £m	M3 £m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Risk of Optometry costs not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Other risks:			
Delivery risk on latest savings forecast of £12.1m	2.1	3.8	70% of the Amber schemes totalling £3.1m. This includes £1.4m of Prescribing savings, which are now high risk following the M2 data.
Other cost pressure risks	2.6	0	50% of the High and Medium risks identified by Care Groups, over and above their M4 forecasts.
Anticipated improvement of £5.9m over and above the M4 forecast savings plans of £12.1m	5.9	3.7	Improvement included in year-end forecast at Table A. See Page 8.
Primary Care Prescribing Growth greater than plan	4.8	0	The financial plan allowed for 4% growth. The latest data to M2 indicates growth of circa 10%. Although this is only 2m of data, if this continues for the rest of the year the overspend would be circa £4.8m.
ABUHB LTA Dispute- Activity Risk	1.1	1.7	Risk relating to the ABUHB LTA Activity dispute at 63.5% marginal rate. See Page 16.
SEW Cataract Business Case	0.9	0	Risk relating to funding level of SEW Cataract Business Case.
Joint Commissioning Committee expenditure being greater than M4 forecast.	1	0	Current reports indicate high levels of risk in achieving the latest JCC forecast.
Further industrial action in 24/25.	Tbc	Tbc	
Total Risks	**18.4**	**9.2**	
Opportunities			
Further Balance sheet opportunities in 24/25	(1.0)	tbc	£5m already included in year-end forecast . See Page 8.
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries – Microsoft contract	tbc	tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of risk.
Potential reduction in Energy costs	(1.0)	tbc	
Other	(0.3)	0.0	
Total Opportunities	**(2.3)**	**0.0**	
Total	**16.1**	**9.2**	

Key Points :

- As at M4 we are reporting an estimated net risk of £16.1m.
- The level of risks that the Health Board is trying to manage has increased by £6.9m in M4. A detailed review of these risks and the associated recovery plan actions will be undertaken for the M5 Monitoring Return submission to WG.
- It is important to highlight that, at this stage, there is a significant risk that the In year and Recurrent forecasts could deteriorate in M5.

Capital Expenditure



Key Points:

- The latest Capital Resource Limit for 2024/25, issued on the 25th June 2024, is £60.8m.
- Expenditure to M4 was £16.2m.
- The outturn capital position is forecast to be balanced against the CRL target.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2024) £'000	Closing Balance as at M03 £'000	Closing Balance as at M04 £'000
Non Current Assets			
Property, Plant & Equipment	730,452	733,746	735,144
Intangible Assets	2,092	2,092	2,092
Trade and Other Receivables	63,977	63,977	63,977
Total Non-Current Assets	**796,521**	**799,815**	**801,213**
Current Assets			
Inventories	7,367	7,387	7,353
Trade and Other Receivables	80,949	84,239	100,240
Cash and Cash Equivalents	1,485	3,951	7,293
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	**89,801**	**95,577**	**114,886**
Current Liabilities			
Trade and Other Payables	161,743	161,743	161,743
Provisions	36,955	36,955	36,955
Total Current Liabilities	**198,698**	**198,698**	**198,698**
Non-Current Liabilities			
Trade and Other Payables	18,437	22,194	26,900
Provisions	65,735	71,807	72,504
Total Non-Current Liabilities	**84,172**	**94,001**	**99,404**
TOTAL ASSETS EMPLOYED	**603,452**	**602,693**	**617,997**
Financed By:			
General Fund	493,867	493,108	508,412
Revaluation Reserve	109,585	109,585	109,585
TOTAL	**603,452**	**602,693**	**617,997**

Key Points :

There were a small number of significant movements on the balance sheet between M3 and M4:

- Trade and Other Receivables increased by £16m. This was mainly due to an increase in the debtor for the Nursing Home Pooled Budget of £10m. The VAT debtor also increased by £2.3m as the VAT return was submitted on the 31st July. There was also an increase in Non-NHS Prepayments of £2.9m.
- Trade and Other payables increased by £4.7m. Non-NHS Accruals and Payables increased by £17m due to an increase in the creditor for the Nursing Home Pooled Budget (this was offset by the increase in Debtors as detailed above). This increase was offset by a decrease in the Pharmacy accruals of £13m due to the timing of the payment at month end compared to M3.
- The cash balance increased by £3m to £7.3m at the end of M4 and we are planning to reduce this balance in M5 & M6.

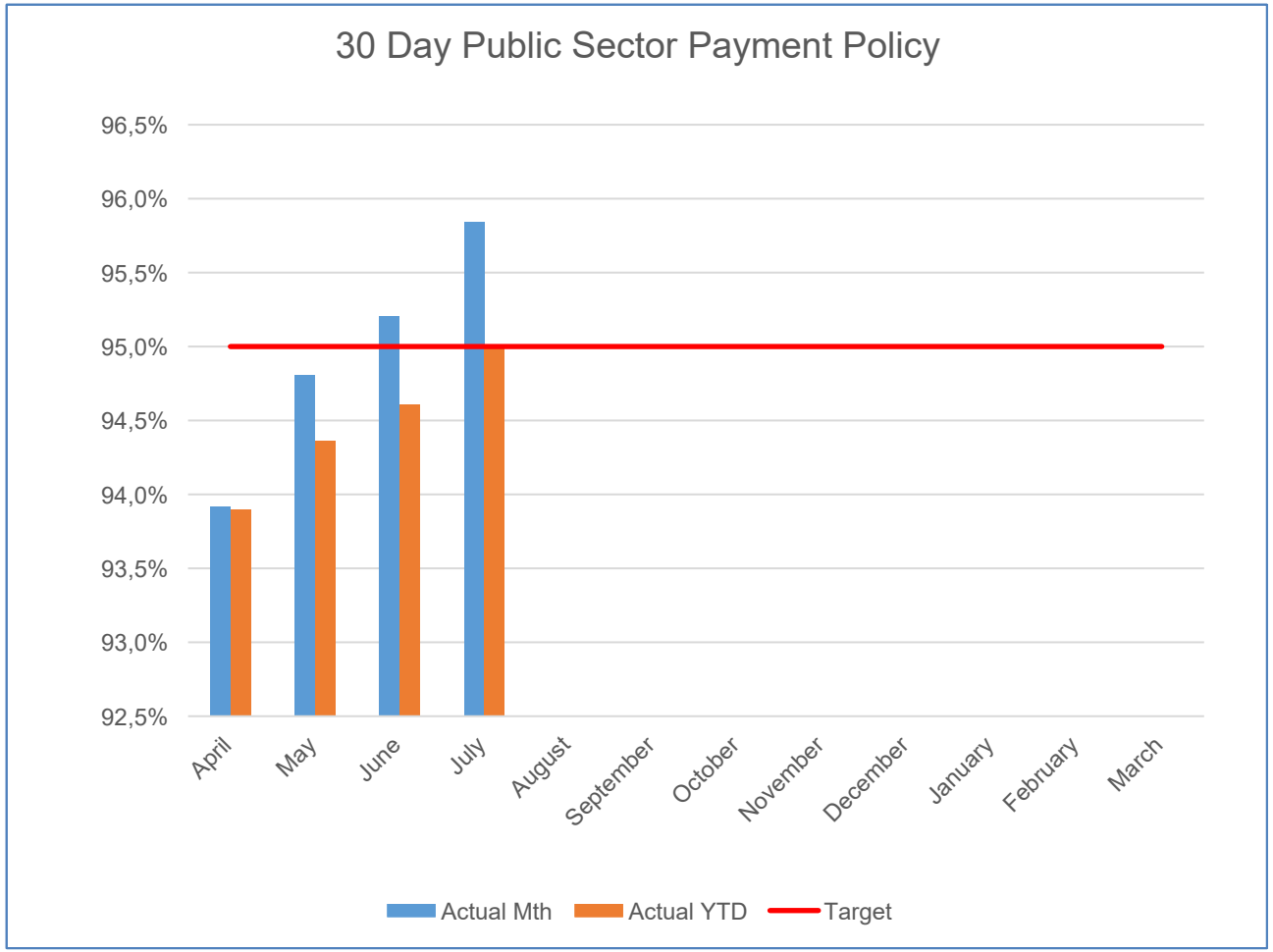
Cash Flow Forecast

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	104,060	121,501	110,845	123,671	125,200	99,500	115,500	123,500	114,500	114,500	115,500	88,065	1,356,342
WG Capital Funding	6,000	3,000	3,600	5,300	3,900	4,450	4,450	4,450	4,450	4,450	4,450	14,727	63,227
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	13,521	8,976	10,095	10,090	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	130,682
Other	6,489	5,527	3,110	1,968	5,200	5,200	5,200	5,200	5,200	5,200	5,200	5,200	58,694
Total Receipts	**130,070**	**139,004**	**127,650**	**141,029**	**145,300**	**120,150**	**136,150**	**144,150**	**135,150**	**135,150**	**136,150**	**118,992**	**1,608,945**
Payments													
Primary Care Services	18,876	30,646	10,140	18,812	26,238	10,563	20,714	28,333	20,293	18,857	21,310	9,081	233,863
Salaries and Wages	(262)	(169)	0	300	0	0	0	0	0	0	0	431	300
Non Pay Expenditure	44,837	57,323	58,000	56,289	57,000	57,000	57,000	57,000	57,000	57,000	57,000	57,000	672,449
Capital Payments	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	64,537	54,230	56,100	62,284	62,900	58,500	58,500	58,500	58,500	58,500	58,500	52,767	703,818
Total Payments	**127,988**	**142,030**	**124,240**	**137,685**	**146,138**	**126,063**	**136,214**	**143,833**	**135,793**	**134,357**	**136,810**	**119,279**	**1,610,430**
Net Cash In/Out	2,082	(3,026)	3,410	3,344	(838)	(5,913)	(64)	317	(643)	793	(660)	(287)	
Balance B/F	1,485	3,567	541	3,951	7,295	6,457	544	480	797	154	947	287	
Balance C/F	3,567	541	3,951	7,295	6,457	544	480	797	154	947	287	0	

Key Points within the Cash Flow Forecast :

- The closing cash balance at 31st July 2024 was £7.3m. This was higher than anticipated and we are planning to reduce the balance over the next two months. The cash flow forecast shows a balanced position at the end of the year.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in July was 95.8%
- The cumulative percentage to M4 is 95.0%.
- We are forecasting to achieve the 95% target by the end of the year.

2024-25 Finance Performance Report

Month 4

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

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Summary

Situation	Background
The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M4 (i.e. the **Delegated** budget position). This Finance performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG) meetings. Where required, PPFC may request further information or a 'deep dive' on the financial performance of an individual Care Group or directorate. A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M4.The overall financial position report is discussed at the Board, PPFC and ELG .	The financial plan for 24/25 made provision for a £44m recurrent investment in Care Groups and directorates to cover their forecast recurrent deficits at the end of 23/24 and also included a £26.3m savings target for 24/25. The forecast recurrent deficits were based on the recurrent forecasts in the M9 Finance packs for 23/24. Adjustments totalling £8.5m were made to the Care Groups' recurrent forecasts following review meetings with the Finance director and the COO. These adjustments were mainly where the Care Group recurrent forecasts were greater than the 23/24 out-turn positions and the Care Groups agreed to re-deliver some of the Non Recurrent benefits that were reported in 23/24. **All Care Groups and directorates are therefore expected to deliver a 2.4% savings target and also to manage costs within their budgets in order to deliver a break even position in 24/25. All Care Groups and directorates have had Accountability letters which confirms this expectation.**

Summary

Assessment	Recommendation
The Delegated position reported a £2.7m deficit in M4, which increases the M4 YTD deficit to £9.0m. This includes: • A £7.1m shortfall against the £24.2m Delegated savings target for 24/25. • £1.9m of other adverse operating variances. The latest Delegated forecasts (following M3 reports) are showing a forecast overspend for 24/25 of £21.5m. This is after the £44m recurrent investment to cover the forecast recurrent overspends at the end of 23/24. A breakdown of the Delegated position by Care Group/directorate is provided on Page 6. **There is now a serious risk that the Health Board will not deliver its planned break even position for 24/25 and this could result in a significant recurrent deficit going into 25/26. All Care Groups and directorates which are forecasting an In year or Recurrent deficit in their M4 Finance packs are required to prepare costed recovery plans setting out their plans/actions/choices to show how they could achieve a break even position on both an In year and a Recurrent basis. Any proposed change to our break even forecast would require an Accountable Officer letter to be submitted to Welsh Government.**	The ELG and the PPFC are asked to **DISCUSS** and **NOTE** the financial performance of individual Care Groups and directorates for the period to 31st July 2024.

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Slide	Subject Area
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6-7	Summary Performance
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10-19	Annex A - Savings Analysis
20-26	Annex B- Operating Variance Analysis

Executive Summary

Delegated position

- The Delegated position reported a £2.7m deficit in M4, which increases the YTD deficit to £9.0m.
- This deficit includes a £7.1m shortfall against the M4 YTD savings target of £8.0m
- The latest Delegated forecasts are showing a forecast overspend for 24/25 of £21.5m. All Care Groups and directorates which are forecasting an In year or Recurrent deficit in their M4 Finance packs are required to prepare costed recovery plans setting out their plans/actions/choices to show how they could achieve a break even position on both an In year and a Recurrent basis.

Savings Plan Analysis

- M4 savings is £0.1m and the M4 YTD savings is only £0.9m. This represents a shortfall of £7.1m compared to the M4 YTD savings target of £8.1m
- The forecast In year delegated savings is £7.2m, which is a shortfall of £16.9m compared to the annual savings target of £24.1m.
- The forecast savings of £7.2m includes £4.2m of Green schemes and £3.1m Amber schemes. The M4 risk assessment also includes a significant savings delivery risk against the £7.2m forecast savings.

Operating Variance Analysis

- The M4 overspend was £0.8m which increases the M4 YTD overspend to £1.9m. This includes Pay overspends of £1.1m, Non pay £0.3m and Income shortfalls £0.6m.
- The most significant YTD variances are within
- Pay - Medical & Dental £2.8m and Estates & ancillary £0.6m
- Non pay- Clinical supplies £1.6m
- Income – Other income £0.9m

Summary Performance M4

,	Annual Budget	M4 Variance	M4 YTD Variance	M4 Year end forecasts
	£'000	£'000	£'000	£'000
Delegated Budgets				
Planned Care	187,464	619	1,855	2,148
Unscheduled Care	148,773	935	3,568	7,480
Primary & Community Care	205,189	(344)	(1,249)	(1,232)
Mental Health & Learning Disabilities	118,339	538	1,049	2,408
Children & Families	78,744	513	1,360	2,989
Diagnostics, Therapies & Specialties (Med Mgt)	264,041	513	2,355	5,588
Corporate directorates	124,322	(143)	(429)	618
Facilities	43,028	266	981	877
Contracting & Commissioning	158,760	(173)	(447)	613
Total Delegated Budgets	**1,328,660**	**2,724**	**9,044**	**21,489**

Key Points :

- The Delegated position reported a £2.7m deficit in M4, which increases the YTD deficit to £9.0m. A breakdown of the £9.0m overspend is provided on page 7.
- The main overspending areas are as follows:
  - Unscheduled Care - £3.6m
  - DTPS - £2.4m
  - Planned Care - £1.9m
  - Children & Families - £1.4m
  - Facilities - £1.0m
  - Mental Health & LD – £1.0m
- A straight line extrapolation of the M4 YTD position would give a Year end overspend of £27.0m.The latest Delegated forecasts are showing a forecast overspend of £21.5m, which is an expected £5.5m improvement from straight line.
- All Care Groups and directorates which are forecasting an In year or Recurrent deficit in their M4 Finance packs are required to prepare costed recovery plans setting out their plans/actions/choices to show how they could achieve a break even position on both an In year and a Recurrent basis.

Summary Performance M4

DELEGATED BUDGETS	M4 Year to Date Variance		
	Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Planned Care	1,211	644	1,855
Unscheduled Care	1,162	2,406	3,568
Primary Care & Community	628	(1,876)	(1,247)
Mental Health & LD	748	302	1,049
Children & Families	617	743	1,360
Diagnostics, Therapies & Specialties	1,797	559	2,355
Corporate Directorates	590	(1,019)	(429)
Facilities	340	640	981
Contracting & Commissioning	0	(447)	(447)
TOTAL DELEGATED BUDGETS	**7,092**	**1,953**	**9,046**

Key Points :

- The M4 YTD overspend of £9.0m includes:
  - A shortfall against the M4 YTD savings target of £7.1m.
  - Other Operating Variances of £1.9m.
- Further information on the savings shortfalls is provided at Annex A.
- Further information on the Other Operating variances is provided at Annex B.
- A breakdown of the Corporate directorate positions is provided on Page 8.

Summary Performance M4- Corporate directorates

Corporate Directorates	Annual Budget	M4 Variance	M4 YTD Variance	M4 Year end forecasts
	£'000	£'000	£'000	£'000
Patient Care & Safety	14,473	(7)	(114)	382
Corporate Governance	641	(7)	(2)	6
Chief Executive	3,606	3	(12)	36
Finance	4,663	(2)	(43)	(15)
Public Health	4,267	(71)	(238)	(300)
Digital	23,477	(24)	68	171
Medical Director	694	1	(6)	9
National Imaging Academy	1,617	(0)	(0)	22
Planning & Partnership	21,768	(17)	(65)	(64)
Research & Development	904	(1)	(4)	0
Estates	29,375	10	194	574
Therapies & Healthcare Sciences	94	(1)	(5)	0
People Services	9,397	(27)	(92)	0
COO Management	9,346	(2)	(110)	(203)
Grand total	**124,322**	**(143)**	**(429)**	**618**

Key Points :

- The Corporate directorates reported a £143k surplus in M4, which increases the YTD surplus to £429k.
- The only Corporate directorates reporting an overspend at M4 YTD are:
  - Estates - £194k
  - Digital - £68k
- A breakdown of the £429k M4 YTD underspend is provided on page 9.
- Three Corporate directorates are currently forecasting significant year end overspends, and therefore need to prepare costed recovery plans:
  - Estates - £574k
  - PC&S - £382k
  - Digital - £171k

Summary Performance M4 – Corporate directorates

Corporate directorates	Year to Date Variance: Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Patient Care & Safety	80	(194)	(114)
Corporate Governance	5	(7)	(2)
Chief Executive	28	(40)	(12)
Finance	35	(78)	(43)
Public Health	(1)	(237)	(238)
Digital	172	(105)	68
Medical Director	6	(12)	(6)
National Imaging Academy	0	0	0
Planning & Partnership	25	(90)	(65)
Research & Development	0	(4)	(4)
Estates	137	57	194
Therapies & Healthcare Sciences	2	(7)	(5)
People Services	71	(163)	(92)
COO Management	29	(139)	(110)
TOTAL	**590**	**(1,019)**	**(429)**

Key Points :

- The M4 YTD favourable variance of £429k includes a savings shortfall of £590k offset by favourable operating variances of £(1,019)k.
- The two overspending areas are:
  - Estates - £137k savings shortfalls and £57k other overspends. These relate to Building and Engineering contracts and other utilities (mainly water in POW).
  - Digital – £172k savings shortfalls offset by £105k of other underspends.

Annex A
Savings Performance

Month 4

Contents

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16	Forecast Savings
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19	Forecast Savings – Care Group and Directorate trend lines

Executive Summary- Month 4

In month Savings

- The M4 savings is only £0.1m. This represents a shortfall of £1.9m compared to the monthly savings target of £2.0m.

YTD Savings

- The M4 YTD savings is only £0.9m. This represents a shortfall of £7.1m compared to the M4 YTD savings target of £8.1m

Forecast In year Savings

- The M4 forecast for Delegated In year savings achievement (excluding Red schemes) is £7.2m. This represents a forecast shortfall of £16.9m compared to the annual savings target of £24.1m.
- The forecast savings of £7.2m includes £4.2m of Green schemes and £3.1m Amber.
- The M4 savings profiles from Care Groups and directorates are showing low levels of savings in M6-M12, averaging £0.8m, which is significantly lower than the £2.0m target.
- The M4 risk assessment includes a significant savings delivery risk against the £7.2m forecast savings.

Recurrent Savings

- The M4 forecast for Delegated Recurrent savings achievement (excluding Red schemes) is £10.3m. This represents a forecast shortfall of £13.9m compared to the recurrent savings target of £24.1m.
- The forecast savings of £10.3m includes £5.5m of Green schemes and £4.8m Amber.

Savings principles

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

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing** - Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – All non-recurrent savings plans are being used to offset operating variances and will therefore not be reported as a saving in Table. This change was to reinforce the need to focus on sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.

In Month Savings – Month 4

DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 4 Savings £'000	Month 4 Variance from Target £'000
Planned Care	4,252	354	25	329
Unscheduled Care	3,562	297	5	292
Primary Care & Community	2,091	174	59	115
Mental Health & LD	2,753	229	(90)	319
Children & Families	1,920	160	6	154
Diagnostics, Therapies, Pathology & Specialties	6,279	523	32	492
Corporate Executives	2,158	180	59	121
Facilities	1,022	85	0	85
Contracting & Commissioning	123	10	0	10
TOTAL DELEGATED BUDGETS	**24,159**	**2,013**	**96**	**1,918**

Key Points :

- The M4 savings figure is only £0.1m . This represents a £1.9m shortfall against the monthly savings target of £2.0m.

YTD Savings– Month 4

DELEGATED BUDGETS	Annual Savings Targets £'000	Month 4 YTD Savings Targets £'000	Month 4 YTD Savings £'000	Month 4 YTD Variance from Target £'000
Planned Care	4,252	1,417	184	1,234
Unscheduled Care	3,562	1,187	20	1,167
Primary Care & Community	2,091	697	69	628
Mental Health & LD	2,753	918	170	748
Children & Families	1,920	640	23	617
Diagnostics, Therapies, Pathology & Specialties	6,279	2,093	311	1,782
Corporate Executives	2,158	719	140	580
Facilities	1,022	341	0	341
Contracting & Commissioning	123	41	0	41
TOTAL DELEGATED BUDGETS	**24,159**	**8,053**	**916**	**7,137**

Key Points :

- The M4 YTD savings position is reporting total Delegated savings of only £0.9m, which is circa 11% of the M4 YTD target of £8.1m.
- This represents an adverse variance of £7.1m against the M4 YTD savings target of £8.1m.

Forecast Savings- Month 4

DELEGATED BUDGETS	Annual Savings Targets £'000	Forecast Savings £'000	Forecast Savings %	Forecast Variance £'000	Recurrent Forecast Savings £'000	Recurrent Forecast Variance £'000
Planned Care	4,252	669	16%	3,583	767	3,484
Unscheduled Care	3,562	90	3%	3,472	50	3,512
Primary Care & Community	2,091	452	22%	1,639	511	1,580
Mental Health & LD	2,753	1,546	56%	1,207	2,406	346
Children & Families	1,920	527	27%	1,393	985	935
Diagnostics, Therapies, Pathology & Specialties	6,279	2,383	38%	3,896	3,098	3,181
Corporate Executives	2,158	467	22%	1,691	487	1,671
Facilities	1,022	1,074	105%	(52)	1,846	(824)
Contracting & Commissioning	123	25	20%	98	120	3
TOTAL DELEGATED BUDGETS	**24,159**	**7,234**	**30%**	**16,925**	**10,271**	**13,888**

Key Points :

- The forecast savings achievement (excluding Red schemes) is £7.2m, This represents a forecast shortfall of £16.9m compared to the £24.2m annual savings target.
- The forecast savings of £7.2m is only 30% of the Annual target.
- The forecast recurrent savings achievement is £10.3m which represents a recurrent adverse variance of £13.9m.

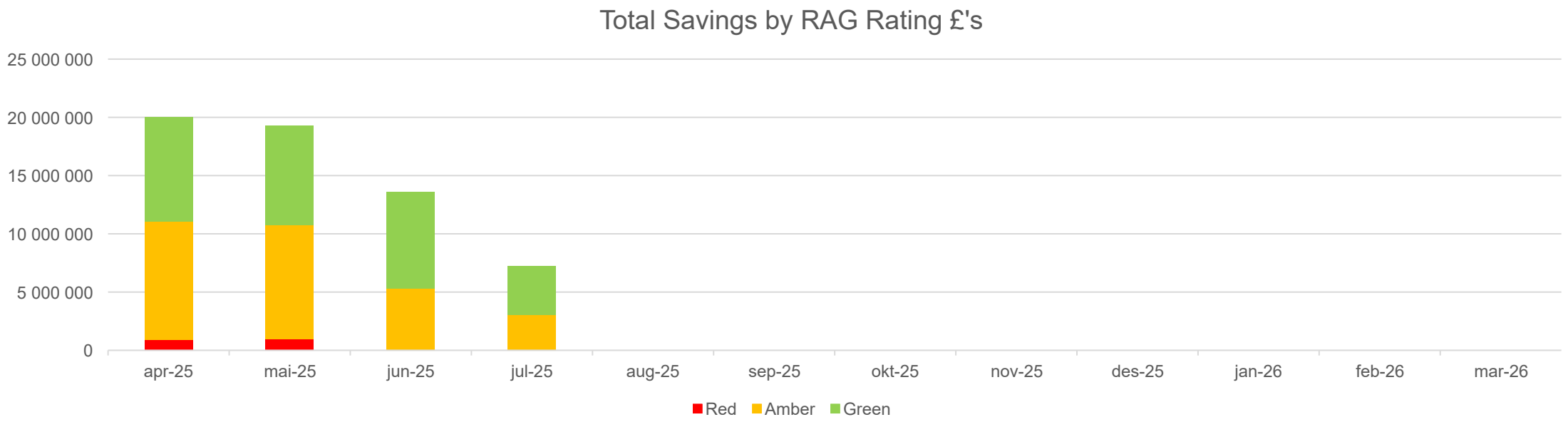
Forecast Savings RAG ratings - Month 4

DELEGATED BUDGETS	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'001	£'002
Planned Care	4,252	506	163	0	3,583	487	280	0	3,484
Unscheduled Care	3,562	61	29	0	3,472	0	50	0	3,512
Primary Care & Community	2,091	402	50	0	1,639	411	100	0	1,580
Mental Health & LD	2,753	894	652	0	1,207	1,339	1,067	0	346
Children & Families	1,920	211	316	0	1,393	353	632	0	935
Diagnostics, Therapies, Pathology & Specialties	6,279	1,088	1,296	0	3,896	1,498	1,600	0	3,181
Corporate Executives	2,158	467	0	0	1,691	487	0	0	1,671
Facilities	1,022	527	547	0	(52)	813	1,033	0	(824)
Contracting & Commissioning	123	25	0	0	98	120	0	0	3
TOTAL DELEGATED BUDGETS	**24,159**	**4,181**	**3,053**	**0**	**16,925**	**5,509**	**4,762**	**0**	**13,888**

Key Points :

- As at M4, the forecast delegated savings of £7.2m includes £4.2m of Green schemes and £3.1m of Amber schemes. It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.

Forecast Savings Health Board trend line - Month 4



Key Points :

- As at M4, the forecast savings of £7.2m includes £4.2m of Green schemes, £3.1m of Amber schemes and £0.0m Red
- The trend is showing a reduction in forecast savings from £19.1m in M1 to £7.2m in M4.

Forecast Savings Care Group and Directorate trend lines - Month 3

DELEGATED BUDGETS	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Movement from M1 £'000
Children & Families	841	785	524	527	(314)
Mental Health & LD	2,414	2,311	2,008	1,546	(868)
Planned Care	3,466	3,621	3,109	669	(2,796)
Diagnostics, Therapies, Pathology & Specialties	4,016	4,019	3,267	2,383	(1,633)
Unscheduled Care	5,227	4,338	3,305	90	(5,137)
Primary Care & Community	970	970	453	452	(518)
Facilities	1,151	1,225	536	1,074	(77)
Corporate Executives	1,018	1,018	381	467	(551)
Contracting & Commissioning	25	25	25	25	0
TOTAL DELEGATED BUDGETS	**19,128**	**18,312**	**13,607**	**7,234**	**(11,894)**

Key Points :

- The M4 forecast is reporting savings plans of £7.2m (excluding Red schemes).
- The total reduction from M1 is £11.9m , with all areas (except Contracting & Commissioning) showing a deterioration.
- As noted on Page 13, all non-recurrent savings plans are now being used to offset operating variances and are therefore not being reported as a saving. This change was to reinforce the focus on the need for sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.

Annex B
Operating Variance Analysis

Month 4

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Executive Summary- Month 4

Operating Variance

- The M4 operating variance is a £0.8m overspend and the M4 YTD overspend is now £1.9m.

Pay Variance

- The M4 overspend is £0.5m and the M4 YTD overspend is now £1.1m.
- The most significant YTD variances are within:
  - Medical & Dental Staff £2.8m
  - Estates & ancillary £0.6m
  - Additional Clinical Services £0.4m
  - Registered Nursing £(0.8)m
  - Administrative & Clerical £(2.0)m

Non Pay Variance

- The M4 overspend is £0.1m and the M4 YTD overspend is £0.3m .
- The most significant YTD variances are within:
  - Clinical Supplies & Services £1.6m
  - Premises and fixed plant £0.6m
  - Primary & Secondary Care £(1.3)m

Income Variance

- The M4 overspend is £0.2m and the M4 YTD overspend is now £0.6m.
- The most significant variances are within:
  - Other Income £0.9m
  - Welsh NHS Income £(0.3)m

M4 Operating Variances

	Month 4					Year to Date			
	Pay	Non Pay	Income	Total		Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Planned Care	92	206	(5)	292		272	389	(17)	644
Unscheduled Care	670	(27)	2	644		2,249	153	5	2,406
Primary & Community Care	(221)	(290)	53	(458)		(1,142)	(1,237)	504	(1,876)
Mental Health & Learning Disabilities	36	180	3	219		137	142	23	302
Children & Families	122	125	112	358		189	409	145	743
Diagnostics, Therapies & Specialities	(92)	140	(37)	11		(156)	608	107	559
Corporate Directorates	(259)	(36)	6	(288)		(991)	(28)	(0)	(1,019)
Facilities	171	(89)	98	181		512	24	104	640
Contracting & Commissioning	0	(86)	(56)	(142)		0	(183)	(264)	(447)
Grand total	**519**	**123**	**175**	**818**		**1,070**	**277**	**607**	**1,953**

Key Issues

- The M4 YTD overspend of £1.9m is a concern, particularly given the significant recurrent investment in Care Groups/Directorates to meet their recurrent overspends from 23/24.
- A detailed analysis of the M4 YTD Pay, Non pay and Income overspends is provided on the following pages.

M4 YTD Pay Variances

	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(29)	(46)	(347)	509	(22)	(8)	668	(497)	44	272
Unscheduled Care	66	441	(182)	6	0	(0)	1,375	529	15	2,249
Primary & Community Care	(72)	(121)	(318)	(136)	29	(0)	(117)	(408)	(0)	(1,142)
Mental Health & Learning Disabilities	(144)	127	(72)	(35)	2	0	423	(153)	(11)	137
Children & Families	(6)	113	(37)	(15)	1	0	255	(121)	0	189
Diagnostics, Therapies & Specialities	(297)	(188)	(205)	109	(11)	23	251	(15)	177	(156)
Corporates	21	58	(765)	(12)	40	(118)	(100)	(116)	0	(991)
Facilities		(12)	(48)	(1)	585				(12)	512
Grand total	**(462)**	**371**	**(1,976)**	**425**	**625**	**(102)**	**2,757**	**(780)**	**212**	**1,070**

Key Issues

- At a bottom line level, the most concerning overspends are Medical & Dental (£2,757k), Estates & Ancillary (£625k) and AHP (£425k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.

M4 YTD Non Pay Variances

	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	244	39	(2)	107	389
Unscheduled Care	92	31	0	31	153
Primary & Community Care	262	76	(1,386)	(191)	(1,237)
Mental Health & Learning Disabilities	(10)	29	109	15	142
Children & Families	392	(11)	26	2	409
Diagnostics, Therapies & Specialities	596	25	13	(26)	608
Corporates	(27)	130	(137)	6	(28)
Facilities	6	273	0	(255)	24
Contracting & Commissioning	0	0	37	(220)	(183)
Grand total	**1,554**	**591**	**(1,341)**	**(529)**	**277**

Key Issues

- At a bottom line level, the most concerning overspends are Clinical Services & Supplies (£1,554k) and Premises & Fixed Plant (£591k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.

M4 YTD Income Variances

	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(9)	0	0	(8)	(17)
Unscheduled Care	10	0	0	(5)	5
Primary & Community Care	(144)	0	(53)	701	504
Mental Health & Learning Disabilities	(26)	0	0	49	23
Children & Families	23	0	1	121	145
Diagnostics, Therapies & Specialities	28	(9)	(5)	92	107
Corporates	(35)	4	(2)	33	(0)
Facilities	37	0	0	68	104
Contracting & Commissioning	(137)	(0)	0	(127)	(264)
Grand total	**(255)**	**(5)**	**(59)**	**925**	**607**

Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£925k).
- At a Care Group/Directorate level, the more significant income shortfalls are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.

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

Agenda Item
6.3

Planning, Performance and Finance Committee

Estates Operational and Energy Performance

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tim Burns, Assistant Director (Capital & Estates
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Executive Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Estates & Capital Governance Board, Estates Operational Management Team Meetings and Energy Compliance Group Meetings	23/07/2024	NOTED

Acronyms / Glossary of Terms	
EFAB	Estates funding advisory Board
PPM	Planned Preventative maintenance

PART A- ESTATES PERFORMANCE

1. SITUATION/BACKGROUND

The purpose of **Part A** of this report is to provide the Planning, Performance and Finance Committee with the 2023/24 estates operational planned and reactive maintenance performance data for the Health Board and to note the Health Board's estates performance against the 2022/23 all Wales national key performance indicators.

1.1 Operational Maintenance Performance Indicators

The Estates department provides an essential 24 hour, 365 days a year service in the delivery of planned, reactive and help desk maintenance across the estate.

The department measure and monitor a range of indicators related to the service it provides to the organisation. These include the:

- % of statutory jobs undertaken each month.
- % of mandatory jobs undertaken each month.
- % of helpdesk requests completed each month.

The maintenance programme is managed via the Planet Facilities Management system; this enables the scheduling and operation of all planned and reactive maintenance jobs. The performance is reported quarterly to the Estates and Capital Governance Board, and monthly at the Estates Operational Management team meetings.

The department carry out approximately 66,000 jobs per annum covering statutory, mandatory and help desk jobs, the split is noted in table 1 with the corresponding completion ratios noted in table 2.

Table 1- Total number of jobs

	2022/23	2023/24
Statutory PPM Jobs	15,958	15,983
Mandatory PPM Jobs	13,901	14,235
Response Desk Jobs	38,962	36,281

Table 2 - Completion Ratios

	2022/23	2023/24
Statutory PPM Jobs	91%	89%
Mandatory PPM Jobs	91%	91%
Response Desk Jobs	69%	72%

In light of the retention and recruitment challenges within the department noted below it is encouraging to report that the performance level in 2023/24 were comparable with the previous year.

During 2023/24 the estates operational function was digitized, the estates operatives were provided with mobile phones so that they are now able to work in current time, this has helped to smooth the effect of the staff shortages with performance not being materially affected.

It should be noted that all jobs cannot be completed each month, the risk is minimised wherever possible by ensuring that where a particular statutory planned job is not undertaken one week/month, then it is undertaken on the following cyclical occasion. This is monitored by the Operational Head of Estates and senior operational estates managers at their monthly operational management meetings.

1.2 Recruitment and retention

During the last 2 years the department has experienced significant challenges recruiting staff, table 3 below shows the number of times posts have been advertised before an appointment has been made. There is a particular problem appointing engineering staff with electricians being the most challenging. Posts have been advertised on 11, 9 and 7 occasions at Prince Charles, Royal Glamorgan and Princess of Wales Hospitals respectively.

The national skills shortage is driving up salaries in the private sector that the Health Board is unable to compete with.

The Senior Operational Estates managers post at both Prince Charles and Princess of Wales are currently vacant, following unsuccessful interviews on the 12th August both posts will be re advertised for the 4th time.

This issue has been raised with the Board's Organisational Development department to see what can be done to reverse the trend.

Table 3

Date	Position	Location	Times out to advert
2022	Supervisor	PCH	8
2024	Operational Estates manager	PCH	4
2023	Estates Officer	PCH	4
2023	Electrician	PCH	5
2023	Estates Officer	POW	3
2023	Electrician	POW	7
2023	Contracts Manager	DSH	4
2024	Supervisor	POW	2
2023	Electrician	PCH	4
2023	OMM	POW	3
2023	Fitter	POW	3
2023	Fitter	PCH	4
2023	Electrician	RGH	3
2022	Electrician	RGH	9
2022	Fitter	PCH	5
2023	Supervisor	POW	2
2023	operational Estates manager	RGH	2
2022	Electrician	YCR	7
2022	Electrician	PCH	11
2022	Electrician	YCR	4
2022	Operational Estates manager	POW	4
2021	Contracts Manager	N/A	3
2021	Estates Officer	PCH	3

1.3 National Key Performance Indicators

The most recently published National Estates Condition and Performance indicators (2022/23) measure the percentage of the estate that is in a reasonable standard and fall within estate code category B or above. Table 4 below shows Cwm Taf Morgannwg's position and a comparator against the other Health Board's in Wales.

Table 4

National Key Performance Indicators

Percentage of the estate which is of reasonable standard and therefore falls within Estatecode category 'B'/'F' or above:

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	94	94	84	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	68	74	64	74	93
CARDIFF & VALE UNIVERSITY HEALTH BOARD	55	86	87	69	97
CWM TAF MORGANNWG UHB	97	83	97	100	96
HYWEL DDA UNIVERSITY HEALTH BOARD	88	89	67	90	99
POWYS TEACHING LHB	67	80	72	71	86
SWANSEA BAY UNIVERSITY HEALTH BOARD	77	82	91	87	97
VELINDRE UNIVERSITY NHS TRUST	55	95	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	56	93	93	40	99

The Health Board has been fortunate to have received additional capital allocations from Welsh Government. EFAB funding is a Government targeted improvement programme intended to assist NHS organisations in Wales with investment to improve compliance, infrastructure, physical condition, Health and Safety risk and decarbonisation , the Health Board were awarded circa £7m for this in addition to this the Health Board have been awarded £5.7m to address backlog and high risk issues .

PART B

2.0 - ENERGY PERFORMANCE 2022/23

The purpose of **Part B** of this report is to provide the committee with the 2022 /23 energy performance levels for the Health Board's estate and show how they compare against Welsh Government's key performance indicators and the other Health Board's in Wales.

The Board recognises that it has a responsibility to be energy and resource efficient by minimising unnecessary energy usage, reducing emissions & the impact on the environment and through its Green working group are actively engaged in responding to NHS Wales Decarbonisation Strategic delivery plan.

2.1 Energy Targets

The NHS Wales Decarbonisation Strategic Delivery Plan is aligned to Welsh Ministers ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales, the NHS has an important role to play to contribute towards this target.

The reduction of energy usage will deliver benefits of:

- Reducing cost which enables savings made to be reinvested.
- Minimizing the impact on the environment.

2.2 Monitoring

The Health Board utilises a software package to monitor the consumption and cost of energy.

The trend graph below in table 6 shows that the emissions were reducing, albeit with small margins. Acceleration in carbon reduction is required in future years to meet the Welsh Government's Net Zero target by 2030.

The Cwm Taf Morgannwg 'Strategic Assessment of Energy Efficiency Opportunities' report has been undertaken with consultancy support from the Welsh Government Energy Service (WGES), which recommends six detailed projects. This initial assessment identified the potential for a 13% carbon saving that can be achieved across the six audited sites.

2.3 All Wales Benchmarks

The most recently published All Wales Dashboards for 2022 / 2023 shown in table 5 confirms that energy consumption (kWh/m^2) in Cwm Taf Morgannwg has decreased from 407 to 400 whilst CO2 (Kg/m^2) emissions has reduced from 84 to 82.

Table 5

2021 – 2022

Energy Performance and Carbon Dioxide (CO_2) Emissions

	Net Energy Consumption (kWh/m²)	CO_2 Emissions* (kg/m²)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	412	84
BETSI CADWALADR UNIVERSITY HEALTH BOARD	439	91
CARDIFF & VALE UNIVERSITY HEALTH BOARD	412	83
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD	407	84
HYWEL DDA UNIVERSITY HEALTH BOARD	491	107
POWYS TEACHING LHB	382	77
SWANSEA BAY UNIVERSITY HEALTH BOARD	440	91
VELINDRE UNIVERSITY NHS TRUST	394	86
WELSH AMBULANCE SERVICES NHS TRUST	171	38

2022 - 2023

Energy Performance and Carbon Dioxide (CO_2) Emissions

	Net Energy Consumption (kWh/m²)	CO_2 Emissions* (kg/m²)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	341	70
BETSI CADWALADR UNIVERSITY HEALTH BOARD	382	82
CARDIFF & VALE UNIVERSITY HEALTH BOARD	344	78
CWM TAF MORGANNWG UHB	400	82
HYWEL DDA UNIVERSITY HEALTH BOARD	472	103
POWYS TEACHING LHB	343	68
SWANSEA BAY UNIVERSITY HEALTH BOARD	415	82
VELINDRE UNIVERSITY NHS TRUST	367	81
WELSH AMBULANCE SERVICES NHS TRUST	141	31

2.4 CARBON REDUCTION AND ENERGY MANAGEMENT

CTMUHB is committed to achieve the challenging targets set out in the NHS Wales Decarbonisation Strategic Delivery Plan. This plan sets out a series of aims and initiatives for Health boards in Wales to address in order to contribute towards Wales decarbonisation targets, including the aim for the public sector in Wales to be net zero by 2030. For building energy this translates to a 34% reduction in CO_2 emissions by 2030, with an interim 16% reduction in CO_2 by 2025.

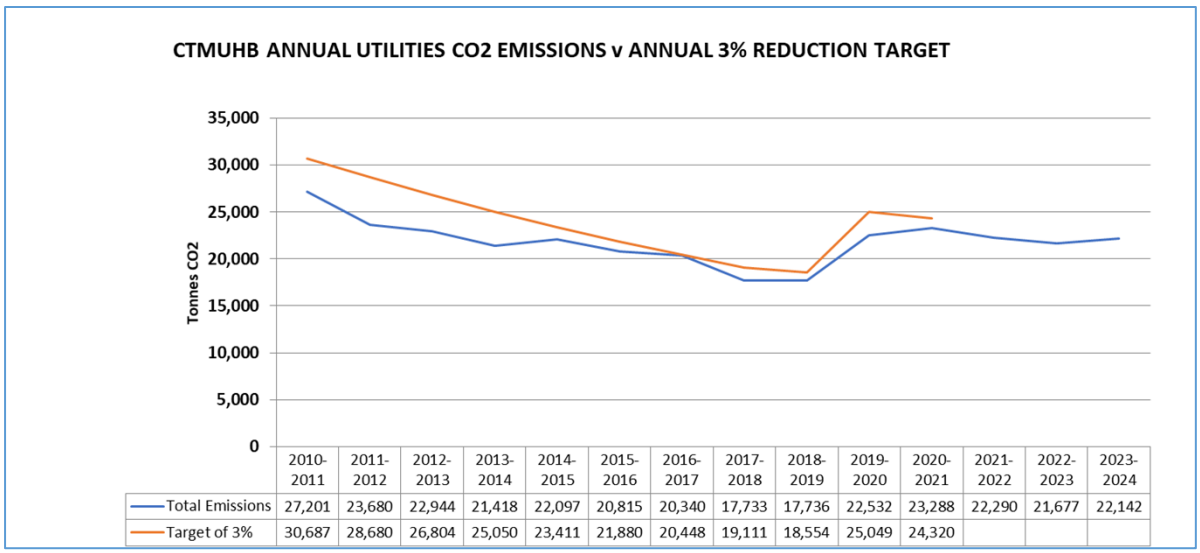
CTMUHB Health Board has an Environment & Sustainability Group which is the over-arching steering group for the decarbonisation agenda in the Health Board. In addition, the Board has the Green CTM Group which is the staff working group actively engaged in responding to the *NHS Wales Decarbonisation Strategic Delivery Plan*. The group gathers ideas and engagement from staff about how the Health Board can deliver carbon net zero by 2030 in line with this delivery plan. The Health Board also have a dedicated Green Space intranet site, the home to CTMUHB's climate change work.

In terms of the carbon emissions from the energy usage of our buildings, the Capital & Estates Team is committed to tackling these and to continually drive to reduce the carbon footprint of our building energy emissions. Set against the challenges of a growing estate and demand for services, this challenge can only be achieved through a major step-change in the way we manage and use energy.

In terms of our energy costs, in 2023-24 this stood at £15.7 million, which, whilst a decrease on the previous year's historic high are still over double the costs from prior to the Covid pandemic and other global volatility challenges. Although consumption decreased marginally it is vital that the drive continues to reduce energy usage and the resulting carbon emissions.

Prior to the introduction of the National Decarbonisation Strategic Delivery Plan, our progress was measured against a 3% year-on-year reduction target and, although this has now been withdrawn it still provides a useful illustration of the long-term direction of travel for energy and carbon reduction:

Table 6



	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Total Emissions	27,201	23,680	22,944	21,418	22,097	20,815	20,340	17,733	17,736	22,532	23,288	22,290	21,677	22,142
Target of 3%	30,687	28,680	26,804	25,050	23,411	21,880	20,448	19,111	18,554	25,049	24,320			

(Note – the step increase in 2019 represents the addition of Bridgend area estate into the previous Cwm Taf estate)

2.5 RE- FIT FUTURE PLANS

The key plan within CTMUHB to improve energy consumption and emissions and to deliver the transformational level of change required is to enter into a programme called Re:Fit. This is a Welsh Government backed energy performance contracting framework that supports public sector bodies wishing to implement energy efficiency and decarbonisation measures across the estate through a long-term partnership (typically 10 years) based on a guaranteed savings arrangement.

CTMUHB have recently selected it's preferred Re:Fit partner company and it is anticipated that substantive works to start the first phase of energy and carbon reduction projects will commence in 2024-25. The types of initiatives likely to form part of the first phase of Re:Fit include solar photovoltaic generation installations, the rapid roll-out of LED lighting and low carbon heating systems.

2.6 CURRENT ACTIVITY

In terms of specific projects and activity delivered within the CTMUHB Estates and Capital Teams, much has been achieved in recent years and the team continues to work hard to build on these schemes. Including:

- Onsite generation – The Health Board now employs a variety of onsite energy generation technologies e.g., Solar Photovoltaics (PV), gas turbine CHPs, Absorption Chillers, Biomass boilers
- In the last 2 years there have been significant new Solar PV installations across the estate, including at Dewi Sant, YCC, YCR & KHHP. This has increased the installed solar PV capacity by almost 700 kilowatts.
- Further major PV installations commencing at Glanrhyd Hospital, Williamstown Medical Records Store and NIAW (National Imaging Academy Wales) at Pencoed totalling over 500 kilowatts.
- Together this will result in approximately 1.2 Megawatts of new solar PV across our estate
- LED Lighting upgrades (internal & external) continue with the UHB now having converted approximately 40% of the estate
- Air Source Heat Pumps (a low carbon heating technology) are currently in use at Keir Hardie Health Park
- Insulation & other building fabric improvements (including window replacement) undertaken where funding available
- Monitoring & targeting – the Health board is pro-active in utilising Building Energy Management Systems such as Team Sigma, and Automatic Meter Reading

- Voltage optimisation technology has been installed at a number of sites which was able to deliver savings in electrical consumption.

Clearly these are positive developments, however they are by themselves relatively small scale and are not able to deliver the transformative change required to reduce carbon emissions in line with national aims. This makes it clear why moving ahead with the Re:Fit partnership is seen as the best option to deliver the scale and pace of carbon reduction activity required.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	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))*	Efficient If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment

Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

3.0 Recommendation

3.1 To note the report

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

Agenda Item
6.4

Planning, Performance and Finance Committee

Highlight Report from the CTMUHB Value-Based Healthcare Programme

Dyddiad y Cyfarfod / Date of Meeting	27/08/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Denise Lowry – Head of Value-Based Healthcare
Cyflwynydd yr Adroddiad / Report Presenter	Denise Lowry – Head of Value-Based Healthcare
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
VBHC	Value-Based Healthcare
PROMs	Patient Reported Outcomes Measures
PREMs	Patient Reported Experience Measures
AHPs	Allied Health Professionals
HDUHB	Hywel Dda University Health Board

SBUHB	Swansea Bay University Health Board
STAMP at PCH	Strategic Transformation of Acute Medicine Programme at Prince Charles Hospital
WWIC	Welsh Wound Innovation Centre

1. Introduction

1.1 This report had been prepared to provide the Planning, Performance & Finance Committee with an overview of the Value-Based Healthcare programme of work 2023/24 & 2024/25.

1.2 Key highlights from the programme of work are reported in section 3.

2. Purpose of this overview report

2.1 The purpose of this overview report is to provide the Planning, Performance & Finance Committee with an overview of the Value-Based Healthcare programme of work 2023/24 & 2024/25.

2.2 The report will cover:

- Financial Report 2023/24 and overview of planned funding for 2024/25
- An update on funded VBHC portfolio projects
- An update on the procurement & implementation of VBHC measures digital system
- An overview of planned work 24/25

3. Highlight Report

Alert / Escalate	• There are no matters requiring escalation
Advise	• The financial position for 23/24 is included in Appendix 1 • The procurement for a new VBHC Measures digital system concluded in March 2024, and the new system, called Promptly, has been implemented and launched on 22/7/24, alongside implementation at HDUHB & SBUHB. • Good progress has been made across the VBHC funded portfolio of projects, as outlined in the summarised Highlight Report – Appendix 2

Assure	• Internal PROM & PREM scoping exercises have been undertaken to identify current and future needs, alongside a National review of Implementation Groups & other Health Boards – to enable a prioritised roadmap for roll-out. • A 1 year contract extension of Civica has been agreed to enable sufficient time for migration to the new system. • The VBHC Team is working with Care Groups to identify key priorities for Value work, use of PROM/PREM data and information flows, and 2025-27 VBHC funding allocation • VBHC business case templates (for 25-27) have been reviewed & updated to provide greater guidance on assessing need and impact, confirming Care Group sign-off and support. VBHC funding process developed, including an 8 week business case development timeframe. • VBHC Team are working in partnership with the new Head of Sustainability to support increased awareness and implementation of sustainable goals. • A Patient Experience Dashboard report has been developed and produced regularly for the Quality & Safety Committee
Inform	• Introduction to VBHC training planned for first 2 weeks in September 24, available across all sites to increase knowledge, skills and understanding of VBHC at CTMUHB. The new business case model and sustainability are included. A VBHC Training Framework is currently under development • A registry of patients lived experience films has been created and link to the wider CTMUHB plans via the Patient Experience Forum • Collaboration with patient experience groups has been embedded throughout VBHC portfolio projects, including patient leaflets and manuals, service re-design, recruitment, etc • The VBHC Team have been working with National Groups in the development of National PROMs and PREMs, including Palliative Care, Emergency Care, Diabetes, AHPs • The VBHC Team are supporting key areas of local and National work including 3P's, STAMP at PCH, New Model of Care for Type 1 Diabetes, the development of new National Shared Decision Making training resources, Peoples' Experience Framework • Annual reports for the VBHC CTMUHB Cellulitis and Lymphoedema Projects are attached – Appendix 4 – The oversight and continuation of this work from March 2025 is within the Primary Care Directorate. • The VBHC Community Hospital Acquired Pressure Ulcer Project with WWIC, has concluded and the key findings have been shared across the Nursing Directorate and with the STAMP project – Appendix 5 • The VBHC Diabetic Podiatry project is shortlisted for the NHS Wales Awards 2024

Appendices	The Appendices listed below are provided for review in a separate folder in Admin Control: • Appendix 1 – CTMUHB VBHC Funding Position • Appendix 2 – CTUHB VBHC Summary of Highlight Reports • Appendix 3 – Quality & Safety Committee – Patient Experience Dashboard • Appendix 4 – Annual Reports for VBHC CTMUHB Lymphoedema & Cellulitis Programmes • Appendix 5 – WWIC report – Community Hospital Acquired Pressure Ulcers

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Inspiring People, Improving Care, Sustaining Our Future,
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: All – Dying Well, Growing Well, Living Well, Starting Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below: Whole Systems Perspectives Learning, Improvement & Research Leadership Culture & Valuing People
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below: Effective, Efficient, Safe, Equitable, Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Reduce
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:Quality Impact Assessment Screening is Undertaken on all programmes of work within the VBHC portfolio	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE As above Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE As above	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	CTMUHB's approach to VBHC has been identified as a positive impact on reputation	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	CTMUHB VBHC Portfolio of work is ring-fence funding allocation from Welsh Government	

5. Recommendation

5.1 The Planning, Performance & Finance Committee is asked to **NOTE** the highlights outlined in section 3 of this report.

PLANNING, PERFORMANCE & FINANCE COMMITTEE– FORWARD WORK PLAN 2024/25				
Origin of Request	**Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)**	**Item Title**	**Lead Officer**	**Intended Meeting Date**
Requested at Agenda Planning Meeting for August 24 meeting	Additional Item	Business Case for the Plan to Address Delayed Discharge Issues	Chief Operating Officer	27 August 2024
Agreed at Agenda Planning Meeting for August 24 meeting	Additional Item	Taff Vale Practice – Proposed Branch Closures – Verbal Update	Chief Operating Officer	27 August 2024 – On agenda
Annual Cycle of Business 2024-25	New Annual Item	CTM Value Based Health Care Steering Group Highlight Report	Executive Director of Finance & Procurement	27 August 2024 – On agenda
Annual Cycle of Business 2024-25	Deferred Item (from June 2024 meeting)	Estates Operational Performance and Energy Performance	Executive Director of Finance & Procurement	27 August 2024 – On agenda
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 – To be deferred to 29 October 2024
Action arising from October 23 Meeting	October 2023 meeting	Brainomix – Statistics and Outcomes	Chief Operating Officer/Stroke Physician/Regional clinical lead for Stroke	29 October 2024
Requested via email	Additional Item	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	29 October 2024

Annual Cycle of Business 2024-25	Quarterly Report (**Deferred from August 2024)**	Capital Quarterly Update	Executive Director of Finance & Procurement	29 October 2024
Annual Cycle of Business 2024-25	Annual Report	Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	29 October 2024

Completed Activity from the Forward Work Programme

Requested via email following agenda planning meeting	Additional Item	Budget Framework for 2024-25	Executive Director of Finance & Procurement	25 June 2024 - **Completed**
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	25 June 2024 - **Completed**
Request received via email	Additional Item	Regional Diagnostic Business Cases Progress Update	Executive Director of Strategy & Transformation	25 June 2024 - **Completed**
Request received via email	Additional Item	Regional Diagnostic Business Cases Progress Update	Executive Director of Strategy & Transformation	30 April 2024 (deferred from February 24 meeting) - **Completed**
Requested at Agenda Planning Meeting	Changed Item to the normal substantive report on Planned Care Recovery	Planned Care Trajectories for 2024-25 - Forward Look	Chief Operating Officer	30 April 2024 – **Completed**
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	30 April 2024 – **Completed**