

## Agenda

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

**1.1. Welcome and Introductions**

*Discussion* Patsy Roseblade, Chair

**1.2. Apologies for Absence**

*Information* Patsy Roseblade, Chair

**1.3. Declarations of Interest**

*Information* Patsy Roseblade, Chair

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**14:05 - 14:20** **2. CONSENT AGENDA**  
15 min

**2.1. Items for Approval**

**2.1.1. Unconfirmed Minutes of the Meeting held on 27 August 2024**

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

 2.1.1 Unconfirmed Minutes of the PPF Committee 27th August 2024 v2 KD GW.pdf (8 pages)

**2.1.2. Unconfirmed In Committee Minutes of the Meeting held on 27 August 2024**

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

 2.1.2 Unconfirmed Minutes of the PPF In Committee 27.8.24 v1 KD.pdf (2 pages)

**2.1.3. Outcome of the Committee Self Effectiveness Survey & Improvement Plan**

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

This item will be discussed as part of the Legacy Matters in Section 7

**2.2. Items for Noting**

**2.2.1. Month 5 & 6 Monitoring Returns to Welsh Government**

*Information* Sally May, Director of Finance


 2.2.1a M5 Monitoring Return Report PPF Committee 14 November 2024.pdf (4 pages)

 2.2.1b Annex A - Month 05 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (19 pages)

 2.2.1c Annex A - Month 05 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)

 2.2.1d M6 Monitoring Return Report PPF Committee 14 November 2024.pdf (4 pages)

 2.2.1e Annex A - Month 06 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (22 pages)

 2.2.1f Annex A - Month 06 - 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 14 November 2024.pdf (4 pages)
- 📄 2.2.2a Annual Cycle of Business 2024-25 PPF Committee 14 November 2024.pdf (3 pages)

## 2.2.3. Action Log

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

The action log is captured in agenda item 7.1b due to the requirement to consider where any open actions will be considered in the new Committee structure

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## 14:20 - 14:25 3. MAIN AGENDA

5 min

### 3.1. Matters Arising Not Contained Within the Action Log

*Discussion* Patsy Roseblade, Chair

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## 14:25 - 14:35 4. GOVERNANCE

10 min

### 4.1. Organisational Risk Register

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

- 📄 4.1a Organisational Risk Register- PPF Committee 14 November 2024.pdf (7 pages)
- 📄 4.1b Appendix 1 - Org RR - PPF Committee 14 November 2024.pdf (4 pages)

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## 14:35 - 15:35 5. IMPROVING CARE

60 min

### 5.1. Integrated Performance Dashboard (including Planned Care Recovery)

*Discussion* Executive Directors

- 📄 5.1 Integrated Performance Dashboard PPF Committee 14 November 2024.pdf (36 pages)

### 5.2. Six Goals for Urgent & Emergency Care

*Discussion* Gethin Hughes Chief Operating Officer/Anthony Gibson, Deputy Medical Director for Acute Services

- 📄 5.2 6 Goals for Urgent Emergency Care PPF Committee 14 November 2024.pdf (8 pages)

### 5.3. Red Performance

*Discussion* Linda Prosser, Director of Strategy & Transformation/Ross Whitehead, Director of Commissioning, Ambulance & 111

Deferred from August Meeting

- 📄 5.3 Ambulance Red performance update CTM PPF Committee 14 November 2024.pdf (4 pages)
- 📄 5.3a Ambulance Red Performance Presentation PPF Committee 14 November 2024.pdf (9 pages)

### 5.4. Report on the Multi Agency Event at the Princess of Wales Hospital on the 10 April 2024

*Discussion* Gethin Hughes, Chief Operating Officer

- 📄 5.4 MaDE Update PPF Committee 14 November 2024.pdf (5 pages)
- 📄 5.4a MaDE PoWH April 2024 v3.pdf (9 pages)

## 5.5. Taff Vale Practice - Proposed Branch Closures Update - Presentation

*Discussion* Gethin Hughes, Chief Operating Officer

📄 5.5 Taff Vale Update PPF Committee 14 November 2024 GH FINAL 1.1.pdf (7 pages)

## 5.6. Princess of Wales Hospital Building Update

*Discussion* Linda Prosser, Director of Strategy & Transformation

📄 5.6 POWH Building Update Cover Report PPFC 14 November 2024.pdf (4 pages)

📄 5.6a Letter 25.10.2024 - Princess of Wales Roof MB.pdf (8 pages)

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## 15:35 - 16:10 6. SUSTAINING OUR FUTURE

35 min

### 6.1. Month 6 Finance Report

*Discussion* Sally May, Director of Finance

📄 6.1 M6 Finance Report PPF Committee 14 November 2024.pdf (23 pages)

### 6.2. Month 6 Finance Performance Report

*Discussion* Sally May, Director of Finance

📄 6.2 M6 Finance Performance Report PPF Committee 14 November 2024.pdf (27 pages)

### 6.3. Integrated Medium Term Plan - Update on Setting out this Year's Framework and Commissioning Intentions

*Discussion* Sally May, Director of Finance

📄 6.3 IMTP development 2025-28 - PPF Committee 14 November 2024.pdf (6 pages)

📄 6.3a Appendix 1 - DRAFT CTMUHB Commissioning Intentions 2025-2028.pdf (6 pages)

### 6.4. Capital Quarterly Update

*Discussion* Sally May, Director of Finance

📄 6.4 Capital Update PPF Committee 14 November 2024.pdf (18 pages)

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## 16:10 - 16:20 7. Legacy Matters

10 min

### 7.1. Planning, Performance & Finance Committee Final Close down Legacy Report - April - November 2024

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

📄 7.1 Committee Final Close Down Legacy Report PC Committee 6 November 2024.pdf (4 pages)

📄 7.1a Appendix 1 PPF Close down Final Report 14 November 2024.pdf (6 pages)

📄 7.1b Appendix 3 Action Log PPF Committee 14 November 2024.pdf (6 pages)

📄 7.1c Appendix 3 Forward Work Plan PPF Committee 14 November 2024.pdf (4 pages)

📄 7.1d Outcome of Committee Self Effectiveness Survey PPF Committee 14 November 2024.pdf (4 pages)

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## 16:20 - 16:25 8. OTHER MATTERS

5 min

*Patsy Roseblade, Chair*

19th December 2024 at 2:00 pm

### 8.1. Any Other Urgent Business

*Discussion*      *Patsy Roseblade, Chair*

## **8.2. Forward Work Plan**

*Patsy Roseblade, Chair*

The Forward Work Plan was discussed under Agenda Item 7.1

## **8.3. Committee Highlight Report to Board**

*Patsy Roseblade, Chair*

## **8.4. How Did We Do Today?**

*Discussion*      *Patsy Roseblade, Chair*

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## **16:25 - 16:30 9. CLOSE OF MEETING**

5 min

*Patsy Roseblade, Chair*

**Unapproved Minutes of the Planning Performance and Finance Committee**

<b>Date and Time of Meeting</b>	Tuesday 27 August 2024 14:00pm
<b>Venue</b>	Virtual via Microsoft Teams

	Rachel Rowlands	Independent Member/Vice Chair (Acting Chair)
	Carolyn Donoghue	Independent Member
	Dilys Jouvenat	Independent Member
	Kath Palmer	Independent Member/Health Board Vice Chair
<b>In Attendance</b>	Linda Prosser	Executive Director of Strategy and Transformation
	Mark Thomas	Deputy Director of Finance
	Gethin Hughes	Chief Operating Officer
	Sallie Davies	Deputy Medical Director
	Julie Denley	Deputy Chief Operating Officer / Director of Primary, Community and Mental Health
	Simon Blackburn	Director of Communications
	Denise Lowry	Head of value based care
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager
<b>Meeting Observers</b>		

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	The Chair <b>WELCOMED</b> everyone to the meeting.
1.2	<b>Apologies for Absence</b>
	Apologies were received from: <ul style="list-style-type: none"> <li>Sally May, Executive Director of Finance &amp; Procurement</li> <li>Patsy Roseblade, Independent Member/Committee Chair</li> </ul>
1.3	<b>Declarations of Interest</b>
	<ul style="list-style-type: none"> <li>C. Donoghue declared that she was a Board Member of the Welsh Wound Institute.</li> </ul>



**2. CONSENT AGENDA BUSINESS**

**2.1 ITEMS FOR APPROVAL**

2.1.1.	<b>Unconfirmed Minutes of the Meeting held on 25 June 2024</b>
Resolution	The minutes were <b>APPROVED</b> as an accurate record subject to one minor amendment.
2.1.2.	<b>Outcome of Committee Self-Effectiveness survey</b>
	The Chair advised that the Survey has been postponed to the October 2024 meeting due to lack of responses received to date.
Resolution	The survey would be received at the October 2024 meeting.

**2.2 ITEMS FOR NOTING**

2.2.1.	<b>Months 2,3 and 4 monitoring returns to Welsh Government</b>
Resolution	Members <b>NOTED</b> the contents of the Month 2, 3 & 4 Monitoring Returns submitted to Welsh Government.
2.2.2.	<b>Annual Cycle of Business 2023-2024</b>
Resolution	The Annual Cycle of Business was <b>NOTED</b> .  The Chair advised that the Annual Cycle of Business had been amended to reflect that the Organisational Risk Register should be received at every meeting.
2.2.3.	<b>Action Log</b>
Resolution	The action log was <b>NOTED</b> .  The Chair advised that it had been raised by an Independent Member that the date was incorrect for Action 5.1.0 and had now been amended to reflect October 2024.

**3. MAIN AGENDA**

3.1	<b>Matters arising not previously contained within the Action Log</b>
Resolution	There were no further matters raised.

**4. COMMITTEE BUSINESS MATTERS**

4.1	<b>Organisational Risk Register</b>
	G. Watts presented the report for the Committee to review and discuss the organisational risk register and consider whether the assigned risks had been appropriately assessed.  C. Donoghue asked if there was any updates on risks 5730 - No Health Board MRI Pacemaker Service and 5821 - Immunology. G. Hughes advised that the risk 5730 related to patients requiring MRI scanning who have conditional cardiac implantable devices and historically they had been sent to Swansea Bay Health Board when these were required. That service had now ceased and the



	<p>Health Board have developed their own policy with the defibrillator arriving next week with radiology, cardiology and cardiac physiologists to be on site and will be running lists for these patients who have implantable cardiac devices at Prince Charles Hospital on Mondays, Wednesdays and Friday afternoons.</p> <p>G. Hughes added that the risk will come off the Risk Register once that had commenced and no harm had been identified to any patients that have not been scanned for those reasons.</p> <p>With regard to risk 5821, G. Hughes advised that there were challenges as Cardiff &amp; Vale University Health Board were no longer accepting referrals. The Health Board have reached an agreement and a planned proposal with North Bristol NHS Trust. There were currently 215 patients on the list and it was planned that 40 patients in the first instance would go to Bristol for a face to face with the remainder of the referrals not requiring skin testing following that. G. Hughes added that they were finalising the principles of the contract which was proceeding and would then reduce the risk.</p> <p>The Chair queried if they were anticipating any problems with the patients having to travel to Bristol. G. Hughes advised that they did not think there would be a problem and was fairly confident that this cohort of patients would be willing to travel.</p> <p>G. Hughes advised the Committee on the launch of the Strategic Transformation of Acute Medicine Programme (STAMP) which has been focussed initially at Prince Charles Hospital on rebalancing the pathway and opening up the new same day emergency care service, changing the function of the bed base within the Clinical Decisions Unit. G. Hughes suggested that once they have a few months of data they would bring an update to the Committee on the programme so that the Committee could see the interventions in place and the impact to ensure that patients were discharged out of the emergency department in a timely manner</p>
Resolution	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report.
Action	To bring an update on the STAMP Programme to a future meeting of the Committee.
<b>5.</b>	<b>IMPROVING CARE</b>
5.1	<b>Integrated Performance Dashboard</b>
	<p>L. Prosser and G. Hughes presented the Integrated Performance Dashboard.</p> <p>The Chair referred to the on line facility and advised that it was pleasing to see the improvements across all of those areas with Child and Adult Mental Health Services (CAMHS) and extended her thanks to all the team in achieving that. The Chair advised that Adult Mental Health was still a worry.</p> <p>C. Donoghue commented that there was good news in the report which was encouraging. However, one of the things that she had noticed was that where</p>



	<p>the narrative was positive they were not seeing this in the data. C. Donoghue also referred to the reference in the report in relation to staff numbers for vaccinations and sought an update on progress with that. C. Donoghue also referred to staff sickness levels in colonoscopy and outpatient activity which was still lower than pre-Covid.</p> <p>G. Hughes advised that the Colonoscopy Clinician had been off work with a detached retina but had now recovered and was back in work. G. Hughes advised that there were some issues with Bowel Screening Wales in getting those patients scoped and over the final administrative hurdle was a challenge.</p> <p>G. Hughes, in relation to a query on staff vaccinations, advised that this was a question that should be passed to the Director of Public Health and Director for People. It was confirmed that the Health Board were re-reviewing the way they deliver staff vaccinations for this year introducing a new model of peer vaccinators and team champions to try and improve that focus. However, it remained a challenge across the health service due to no contractual obligations and it was down to personal choice and also vaccination lethargy.</p> <p>G. Hughes in response to the query on outpatient activity advised that the Health Board had made some service changes in some of those areas and it was worth noting that for CTM they had seen a significant uplift and had recovered by 130% of pre-Covid demand. G. Hughes advised that they were also undertaking a big piece of work with Primary Care for example a new pathway for ears, nose and throat (ENT) referrals adopting the Cardiff pathway.</p> <p>G. Hughes advised that he would bring a more detailed presentation on outpatients and the work that was going on back to the Committee at a future meeting.</p> <p>K. Palmer referred to the red calls and the teams sometimes in the wrong place and queried whether any discussions were being held with the Welsh Ambulance Service Trust (WAST). L. Prosser, in response advised that they hold regular meetings with WAST and had prioritised the work they were doing on conveyancing to hospital. L. Prosser added that it would be important for the Joint Commissioning Committee (JCC) to focus on ambulance performance. K. Palmer suggested that it would be helpful to receive an update on red performance at the October 2024 meeting.</p> <p>G. Hughes advised that there been a change in planned care last week to 104 weeks and there had been a target reduction in delayed transfers of care (DToCs).</p>
Resolution	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report.
Action:	To bring a detailed presentation on the outpatients work to a future meeting of the Committee.



Action:	To receive an update on red performance at the next meeting.
5.1.1.	<p><b>Planned Care Recovery</b> G. Hughes presented the presentation that provided an update on the planned care recovery progress.</p> <p>C. Donoghue commented that it was pleasing to see that there were lots of good initiatives being undertaken and referred to the pathway redesign that was showing great progress in reducing appointments that were not required and queried what the challenges were in relation to the organisational change policy (OCP) and the structure of the Operational Team. G. Hughes advised that they were now embedding the new structure and had completed phase 2B which was Bands 5 to 7.</p> <p>C. Donoghue referred to the request to Welsh Government for additional money and queried whether any additional funding could be used for Ears, Nose and throat (ENT) and in particular cataract. G. Hughes confirmed that there were lots of smaller specialities in ENT where they could add some additional capacity. C. Donoghue added that any additional funding received would have to demonstrate an impact.</p> <p>The Chair commented that the extra funding, if received, would help to deal with the volume that they were experiencing now, however, in terms of sustaining the service moving forward would that be long term or just the here and now. G. Hughes advised that they would have to change the operating model and it was currently insufficient trying to run services over three sites with clinicians bolstering the service. He added that it would be better to fund community care to help people to live an active life.</p>
Resolution	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report.
5.2	<p><b>Business Case for the plan addressed delayed discharge issues</b> The Chair advised that this item would be discussed at the In-Committee meeting.</p>
5.3	<p><b>Taff Vale Practice proposed branch closures – verbal update</b> G. Hughes provided the Committee with a verbal update on the proposed closure of Taff Vale Practice branches.</p> <p>The Chair commented that it was good to see the progress made and that the patients affected would start to see the benefits of this in time.</p> <p>The Chair requested a further update at the next meeting of the Committee.</p>
Resolution	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the update.
Action	To receive a further update at the next meeting.
<b>6. SUSTAINING OUR FUTURE</b>	



6.1	<p><b>Month 4 Finance Report</b></p>
	<p>M. Thomas presented the Month 4 Finance Report.</p> <p>C. Donoghue referred to the savings plans and queried whether they were challenging the robustness of those plans. C. Donoghue queried what the trigger point would be for Month 5 in terms of not being able to break even.</p> <p>M. Thomas advised that with regard to Month 5 it was currently hard to predict due to the fact that there could be risks and opportunities sitting out of the forecast and whether there would be any further allocations received so this would be very much a judgement call. M. Thomas added that if they were unable to break even then an Accountable Letter from the Chief Executive would have to be submitted to Welsh Government.</p> <p>M. Thomas advised that with regard to the savings plans, they had come down significantly and had adopted a control total approach last year because of the overspend. M. Thomas added that they were now working in a different way of accounting savings and also holding monthly meetings with the Care Groups with regard to their recovery plans.</p> <p>D. Jouvenat referred to the Business Case that the Committee would be asked to approve in the In Committee session and queried how the current position would impact on their ability to make decisions such as this. M. Thomas advised that the Business Case was an earmarked funding source, however, the scope for any new investment would be much more difficult due to the consequence of the current financial position.</p> <p>K. Palmer queried whether they were still working on a straight line savings plan programme or around flexibility. M. Thomas confirmed that they did reflect the savings targets on a straight line basis monthly but were also forecasting on the annual savings target. M. Thomas advised that they would be holding their escalation meeting next week and awaiting the Welsh Government response to the Month 4 Monitoring Return.</p>
Resolution	The Committee <b>NOTED</b> the report.
6.2	<p><b>Month 4 Finance Performance Report</b></p>
	<p>M. Thomas presented the Month 4 Finance Performance Report.</p>
Resolution	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report.
6.3	<p><b>Estates Operational performance and energy performance</b></p>
	<p>The Chair advised that T. Burns was unable to attend to present the report today and suggested that if there were any questions that these would be forwarded on outside of the meeting with the response circulated back to the Committee.</p> <p>K. Palmer referred to recruitment of estates staff and the fact that they were having to re-advertise numerous times for some of those roles and queried why they were unable to attract people or whether this was a national position.</p>



	<p>The Chair advised that they would forward this question on to T. Burns outside of the meeting.</p> <p>D. Jouvenat advised that the People &amp; Culture Committee had recently received a report on the ongoing work with regard to recruitment.</p>
Resolution	The Committee <b>NOTED</b> the report.
Action	To forward the question on recruitment challenges to T. Burns outside of the meeting and feed back to the Committee following the response.
6.4	<p><b>Value based Health care steering group highlight report</b></p> <p>D. Lowry presented the highlight report and updated members on key areas of work.</p> <p>The Chair commented that the report had made her aware that communications and engagement was going to play an important part to get buy in with no extra funding for engagement.</p> <p>S. Blackburn advised that the amount and breadth of engagement with the public and stakeholders could not be under-estimated. S. Blackburn added that they needed to be smarter about what they need to engage on and to have some open and honest conversations about this.</p> <p>C. Donoghue referred to the key areas of work such as the 3P's, STAMP and the new Model of Care for Type 1 Diabetes and suggested that it would useful for the Board to see the work being undertaken.</p> <p>The Chair suggested that this could be added to the Forward Work Plan for a future Board Development Session.</p>
Resolution	The Committee <b>NOTED</b> the highlight report.
Action	To add the key areas of work to the forward plan for a future Board Development Session.
<b>7.</b>	<b>OTHER MATTERS</b>
7.1	<b>Forward Work Plan</b>
	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	<b>Committee Highlight Report to Board</b>
	It was agreed that the Corporate Governance team would draft the Highlight report for approval by the Committee Chair and Executive Leads.
7.3	<b>Any Other Urgent Business</b>
	There was no urgent business to raise on this occasion.
7.4	<b>How did we do in this meeting</b>
	The Chair advised members that should they have any comments following the meeting then these needed to be emailed to the Corporate Governance Team.



<b>8.</b>	<b>DATE AND TIME OF NEXT MEETING</b>
8.1	29 October 2024 at 14:00



<b>Agenda Item</b>	2.1.2
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## Unapproved Minutes of the Planning Performance and Finance (CLOSED) In Committee Meeting

<b>Date and Time of Meeting</b>	Tuesday 27 August 2024 4:00 pm
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Rachel Rowlands	Independent Member / Vice Chair (Acting Chair)
	Jonathan Morgan	Health Board Chair
	Carolyn Donoghue	Independent Member
	Jonathan Morgan	Health Board Chair
	Kath Palmer	Health Board Vice Chair
<b>In Attendance</b>	Helen Lentle	Independent Member
	Linda Prosser	Executive Director of Strategy and Transformation
	Mark Thomas	Deputy Director of Finance
	Gethin Hughes	Chief Operating Officer
	Julie Denley	Deputy Chief Operating Officer / Director of Primary, Community and Mental Health
	Sallie Davies	Deputy Medical Director
	Simon Blackburn	Director of Engagement and Communications
	Gareth Watts	Director of Corporate Governance
<b>Meeting Observers</b>	Kathrine Davies	Corporate Governance Manager

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
<b>1.1</b>	<b>Welcome and Introductions</b>
	The Chair <b>WELCOMED</b> everyone to the meeting.
<b>1.2</b>	<b>Apologies for Absence</b>
	Apologies were received from: <ul style="list-style-type: none"> <li>• Patsy Roseblade, Independent Member/Chair of the Committee</li> <li>• Sally May, Executive Director of Finance &amp; Procurement</li> </ul>



	<ul style="list-style-type: none"> <li>• Dilys Jouvenat, Independent Member – the Chair advised that she had received a proxy vote from D. Jouvenat for the Business Case with the caveat that it was affordable.</li> <li>• Lauren Edwards, Executive Director of Allied Health Professionals and Health Science</li> <li>• Geraint Hopkins, Independent Member</li> </ul>
1.3	<b>Declarations of Interest</b>
	<p>There were no interests declared.</p> <p>R. Rowlands declared an interest in agenda item 2.1 and advised that the Charity she is employed by (Age Connect) provides a hospital to home service.</p>
<b>2. MAIN AGENDA</b>	
2.1	<p><b>Case to support the development of an Enhanced Community Care Level 4 Service CTM Hospital @ Home</b></p> <p>G. Hughes presented the report for the In Committee to consider the contents of the business case and consider the resources and funding required; the risks identified; and the potential benefits that could be realised should the case be given the go ahead.</p> <p>G. Hughes advised that the paper had been presented to the Executive Leadership Group this morning who had been in full support.</p> <p>The Committee discussed the proposal in detail including resources and funding and engagement with the Local Authority partners and communication and engagement with the wider community. They were fully supportive of the model and what they were going to be doing to achieve the best possible outcomes and supporting flow across the Health Board and that it would be a great investment for the community over time. The Committee were also pleased to receive assurances on the disciplines that would be applied with regard bed capacity across the health board.</p>
Resolution	The Business Case was <b>APPROVED.</b>
<b>3. CLOSE OF MEETING</b>	
	The Chair advised that the next meeting would be held on the 29 <sup>th</sup> October 2024 at 2:00 pm



**Agenda Item**

2.2.1a

**Planning, Performance and Finance Committee**

**MONTH 5 MONITORING RETURNS TO WELSH GOVERNMENT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Mark Thomas, Deputy Director of Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sally May, Director of Finance & Procurement
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Welsh Government	12/09/2024	NOTED

<b>Acronyms / Glossary of Terms</b>	
WG	Welsh Government
M5 etc	Month 5 etc
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 M5 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 20<sup>th</sup> 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:

<b>Annex A</b>
M5 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 M5 Financial Monitoring returns is summarised in Section 1.2 of the M5 Narrative report at Annex A. This information is consistent with the M5 Internal Board papers.

#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
		Not Required



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	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 M5 Monitoring Returns submitted to Welsh Government for 2024/25.

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

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 August 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>B’Fwd challenge at 31 March 2024</b>	<b>19.4</b>	<b>0</b>	<b>19.4</b>
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(27.3)
<b>Total plan 23/24</b>	<b>(2.1)</b>	<b>2.0</b>	<b>(0.1)</b>

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
<b>Month 1</b>	<b>0.9</b>	<b>0.9</b>	<b>0</b>
<b>Month 2</b>	<b>1.4</b>	<b>2.3</b>	<b>0</b>
<b>Month 3</b>	<b>0.4</b>	<b>2.7</b>	<b>0</b>
<b>Month 4</b>	<b>1.4</b>	<b>4.1</b>	<b>0</b>
<b>Month 5</b>	<b>(0.2)</b>	<b>3.9</b>	<b>0</b>

The main driver for the £0.2m surplus in M5 is a shortfall in savings of £0.5m offset by other favourable variances of £0.7m.

The main driver for the M5 YTD overspend of £3.9m is a £6.7m shortfall in savings which is offset by other favourable variances of £2.8m. The key components of the M5 YTD position and the year-end forecast are summarised below:

	<b>M5 YTD</b>	<b>M5 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>
<b>Savings shortfall v £26.3m target</b>	<b>6.7</b>	<b>14.0</b>
<b>Operating overspends:</b>		
AB arbitration outcome	0.8	1.9
AB activity variances	0.4	1.0
POW temporary maternity closure	0	0.5
Unscheduled Care Medical pay overspends	1.7	3.8
Primary Care Prescribing growth above plan	1.5	3.5
Net Other Operating Variances	0.4	(2.1)
<b>Sub total</b>	<b>4.8</b>	<b>8.6</b>
<b>Financial plan improvements:</b>		
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(2.1)	(5.0)
Agency costs	(1.0)	(2.4)
Energy costs	(0.5)	(1.1)
Non pay inflation	(0.4)	(1.0)
Pay contingency v 23/24 anticipated recurrent allocation	(0.4)	(1.0)
Non pay reserve for planned care activity increases	(0.3)	(0.8)
Other Reserves	(0.5)	(1.1)
<b>Sub total</b>	<b>(5.2)</b>	<b>(12.4)</b>
<b>Accountancy gains</b>	<b>(2.6)</b>	<b>(6.3)</b>
<b>Total</b>	<b>3.9</b>	<b>3.8</b>
Further improvement needed to achieve planned break-even position		(3.8)
<b>M5 Year-end forecast</b>		<b>0</b>

The forecast break-even position has been maintained at M5. However, as noted in our M4 Monitoring Return, the level of risks that the Health Board is trying to manage increased significantly in M4 and remains high this month (See Section 3). Whilst the Health Board is continuing to develop further recovery plans, it is important to highlight that there is a significant risk that the In year and Recurrent forecasts could deteriorate in M6.

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

	August			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M5 £'000	M4 £'000	Movement £'000
RRL	118,590	116,408	2,182	1,469,034	1,467,546	1,488
Donation/Grants	5	0	5	130	100	30
Welsh HBs & NHST	6,856	7,711	(855)	76,828	79,013	(2,185)
JCC	1,214	1,020	194	12,898	12,319	579
WG Income	207	86	121	914	793	121
Other Income	4,059	3,953	106	47,856	47,351	505
<b>Income Total</b>	<b>130,931</b>	<b>129,178</b>	<b>1,753</b>	<b>1,607,660</b>	<b>1,607,122</b>	<b>538</b>
PC Contractor	13,449	13,111	338	158,265	157,616	649
PC - Drugs	9,489	8,849	640	104,699	103,842	857
Pay	56,253	56,446	(193)	678,086	678,279	(193)
Non Pay	8,874	9,859	(985)	112,628	115,205	(2,577)
SC - Drugs	4,196	5,003	(807)	59,659	60,466	(807)
H/C Other NHS	26,423	25,532	891	277,721	276,829	892
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,104	5,836	268	69,908	69,640	268
Private & Vol	1,168	1,016	152	12,422	12,270	152
Joint & Other	1,250	50	1,200	(2,865)	(4,065)	1,200
Losses, Spec Payments	183	990	(807)	16,481	17,288	(807)
DEL	183	990	(807)	35,033	34,099	934
AME	0	0	0	85,710	85,724	(14)
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	(84)	(71)	(13)
<b>Cost - Total</b>	<b>127,572</b>	<b>127,682</b>	<b>(110)</b>	<b>1,607,663</b>	<b>1,607,122</b>	<b>541</b>

Actual expenditure for M5 was £0.1m (0.08%) less than the £127.7m forecast. The most significant movements between the forecast and actuals were as follows:

- **HB Income - £855k Adverse** – Correction of Pay award allocation for JCC & HEIW £440k plus recognition of the AB LTA deterioration in performance compared to 23/24 outturn £416k.
- **Primary Care Contractors - £338k Adverse** – Increase in Non-Cash Limited expenditure related to Dispensing.
- **Primary Care Drugs - £640k Adverse** – recognition of increased volume growth beyond forecast following confirmation of Q1 PAR data.
- **Provider Services Non-Pay - £985k Favourable** – Reduction in levels of expenditure in Clinical Supplies & Services and

Establishment Expenses across several areas with no significant individual issues.

- **Secondary Care Drugs - £807k Favourable** – The secondary care drug expenditure is proving volatile with large increases in one month offset by reductions in the following month. Overall demand for NICE Drugs continues to grow beyond the original planning assumptions.
- **Healthcare NHS - £891k Adverse** – Improved activity and NICE data relating to Velindre LTA £650k plus other LTA activity increases of £250k.
- **Joint & Other and Losses & Special Payments - £393k Adverse** – the combined net expenditure has increased by £393k compared to a reduction last month of £309k. This is a volatile area which will continue to be closely monitored.

The year-end forecast expenditure at M5 has increased by £0.5m to £1,608m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M4 are as follows:

- **HB Income - £2,185k Adverse** – Note that a correction of the pay award allocation relating to JCC of £400k and HEIW of £660k now reclassified into JCC and Other Income. The remaining £1.1m reduction relates to the forecast underperformance of ABUHB LTA against the 2023/24 outturn activity assumed baseline.
- **Primary Care Contractors - £650k Adverse** – Forecast reflect the M5 in month movement of NCL of £338k plus a further £310k impact of the Global Sum list size adjustment (Anticipated Allocation).
- **Primary Care Drugs - £857k Adverse** – Forecast adjusted to reflect increased growth in PAR offset by increased CAT M Savings following September prices being published.
- **Provider Services Non-Pay - £2,577k favourable** – Recognition of in month improvement of £1.0m together with anticipated improvement in accountancy gains of £1.3m, increase in the IFRS16 revenue adjustment of £0.5m and revised forecast for future months recovery.
- **Secondary Care Drugs - £807 Adverse** – Revised forecast to reflect in month movement of £0.8m.
- **Healthcare NHS - £892k Adverse** – Revised forecast to reflect in month movement of £0.9m.
- **Joint & Other and Losses & Special Payments - £393k Adverse** – Revised forecast to reflect in month movement of £0.4m.

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 £4.6m have been profiled across CHC and Non-Pay from M6 to M12.
- Further mitigating actions to achieve the additional savings plans of £3.8m have been profiled across pay and non-pay from M7 to M12.

The forecast expenditure has not recognised the pay 23/24 & 24/25 settlement for Medical & Dental staff that is anticipated to be processed in M6, this will be reflected in our M6 submission with a matching anticipated allocation.

The forecast expenditure has not recognised the recently announced A4C pay settlement for 24/25.

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 M5 Pay expenditure was £58.3m and the monthly trend is summarised below.

	<b>M5</b>	<b>M4</b>	<b>Q1 Average</b>	<b>M3</b>	<b>M2</b>	<b>M1</b>	<b>Q4 Average</b>	<b>M12</b>	<b>M11</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
A&C	7.5	7.6	7.5	7.6	7.6	7.5	7.4	7.1	7.7
Medical	15.4	15.9	15.4	15.3	15.4	15.5	15.5	15.3	15.7
Nursing	18.1	18.2	18.2	18.4	18.3	17.9	19.0	19.6	19.3
ACS	7.6	7.4	7.4	7.5	7.5	7.3	7.5	7.7	7.5
Other	9.7	9.8	9.8	9.8	9.8	9.9	9.8	9.5	10.1
<b>Total</b>	<b>58.3</b>	<b>59.0</b>	<b>58.4</b>	<b>58.6</b>	<b>58.6</b>	<b>58.1</b>	<b>59.3</b>	<b>59.2</b>	<b>60.4</b>

The Key issues to highlight are as follows:

- Total expenditure in M5 was £0.7m less than M5 and returned to a similar level as that of the Q1 average.
- 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 M5 agency expenditure was £3.4m and the monthly trend (excluding accountancy gains) is summarised below:

	<b>M5</b>	<b>M4</b>	<b>Q1 Average</b>	<b>M3</b>	<b>M2</b>	<b>M1</b>	<b>Q4 Average</b>	<b>M12</b>	<b>M11</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Medical	0.9	1.1	0.9	0.8	1.0	0.9	1.2	1.4	1.4
Nursing	1.9	1.8	1.9	1.9	2.0	1.7	2.1	2.2	2.3
Other	0.6	0.7	0.6	0.5	0.6	0.7	0.8	0.9	0.7
<b>Total</b>	<b>3.4</b>	<b>3.7</b>	<b>3.4</b>	<b>3.2</b>	<b>3.6</b>	<b>3.3</b>	<b>4.1</b>	<b>4.5</b>	<b>4.5</b>

The Key issues to highlight are as follows:

- Total agency expenditure in M5 was £0.3 less than the M5 position and has returned to a similar level as that of the Q1 Average.

As at M5, no material changes to the future profiles of agency expenditure are anticipated and the forecast expenditure has reflected this.

The M5 variable pay expenditure was £4.9m and the monthly trend (excluding accountancy gains) is summarised below.

	<b>M5</b>	<b>M4</b>	<b>Q1 Average</b>	<b>M3</b>	<b>M2</b>	<b>M1</b>	<b>Q4 Average</b>	<b>M12</b>	<b>M11</b>
	<b>£m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Medical	2.2	2.4	2.1	2.1	2.1	2.2	2.1	2.3	1.9
Nursing	0.9	0.9	0.9	0.9	0.8	0.9	1.2	1.3	1.2
ACS	1.3	1.2	1.2	1.1	1.3	1.1	1.3	1.5	1.3
Other	0.6	0.6	0.6	0.5	0.6	0.6	0.6	0.7	0.5
<b>Total</b>	<b>4.9</b>	<b>5.1</b>	<b>4.8</b>	<b>4.7</b>	<b>4.8</b>	<b>4.8</b>	<b>5.2</b>	<b>5.7</b>	<b>4.9</b>

The Key issues to highlight are as follows:

- Total variable pay expenditure improved by £0.1m in M5 but remains £0.2m higher than the Q1 average.

As at M5, no material changes to the future profiles of variable pay expenditure are anticipated.

### **1.5 Covid analysis (Table B3)**

	<b>M5</b>	<b>YTD</b>	<b>Forecast</b>	<b>Allocation</b>	<b>Forecast Variance</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Health Protection and Vaccination	0.28	1.76	5.6	5.6	(0.16)
PPE	0.04	0.21	0.5	0.4	0.10
Adferiad	0.09	0.44	1.1	1.1	0.05
<b>Total</b>	<b>0.41</b>	<b>2.4</b>	<b>7.2</b>	<b>7.2</b>	<b>0</b>

There are no key issues to highlight at M5.

### **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 M5 and the £14.0m net risk in Section 3 represents 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 M6 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:

	<b>Month 5 £m</b>	<b>Month 4 £m</b>	<b>Comment</b>
<b>Funding risks:</b>			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
<b>Other risks:</b>			
Delivery risk on latest savings forecast	0.7	2.1	70% of the Amber schemes totalling £1.0m.
Delivery risk on forecast improvement in Delegated position compared to straight line	4.3	0	
Other cost pressure risks	2.2	2.6	50% of the High and Medium risks identified by Care Groups, over and above their M5 forecasts.
Further improvement needed to achieve planned break-even position	3.8	5.9	Improvement included in year-end forecast at Table A. See Section 1.2.
Primary Care Prescribing Growth greater than plan	0	4.8	Following the M3 prescribing data, the forecast position has been adjusted in M5 to include an estimated overspend on Primary Care prescribing of £3.5m.
ABUHB LTA Dispute- Activity Risk	1.1	1.1	Risk relating to the ABUHB LTA Activity dispute at 63.5% marginal rate. See Section 9.
SEW Cataract Business Case	0.9	0.9	Risk relating to funding level of SEW Cataract Business Case. See Section 4.
Joint Commissioning Committee expenditure being greater than M4 forecast.	1.0	1.0	Current reports indicate high levels of risk in achieving the latest JCC forecast.
Potential pay banding disputes including retrospective application	tbc	tbc	
<b>Total Risks</b>	<b>14.0</b>	<b>18.4</b>	
<b>Opportunities</b>			
Further Balance sheet opportunities in 24/25	tbc	(1.0)	£6.3m now included in year-end forecast at Table A (M4: £5.0m).
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	0	(1.0)	Now included in M5 forecast
Other	0	(0.3)	Now included in M5 forecast

	Month 5	Month 4	Comment
<b>Total Opportunities</b>	<b>0</b>	<b>(2.3)</b>	
<b>Net risk</b>	<b>14.0</b>	<b>16.1</b>	

#### 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 3 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 21<sup>st</sup> 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. **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 5			Month 4		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
<b>Savings target as at M5</b>	11.0	26.3	26.3	8.8	26.3	26.3
Actual and Forecast Savings	(4.3)	(12.3)	(13.2)	(2.6)	(12.1)	(15.1)
<b>Total</b>	<b>6.7</b>	<b>14.0</b>	<b>13.1</b>	<b>6.2</b>	<b>14.2</b>	<b>11.2</b>

Following WG feedback on our M4 monitoring Return submission, all savings schemes have been reviewed to ensure compliance with the WHC. We have also reviewed the schemes that were removed from the savings tables in previous months to determine if any schemes needed to be reinstated in M5. We are content that the schemes that were removed were not delivering any savings and therefore were correctly classified as Red schemes. To reinstate any of these Red schemes would overstate our savings position and overstate our operating variances. The breakdown of our financial position in Section 1.2 gives an accurate reflection of our financial position between savings plan, operating variances, planning benefits and accountancy gains.

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

	Initial Plan £'m	M5 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	1.7	4.3	11.6	12.1
Income Generation	0.6	0.0	0.0	0.7	1.1
To be identified	3.3	0.0	0.0	3.8	8.8
<b>Total Savings</b>	<b>26.3</b>	<b>1.7</b>	<b>4.3</b>	<b>16.1</b>	<b>22.0</b>
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.

There remains a dispute between CTMUHB and ABUHB in relation to the 24/25 LTA activity baseline that should be recognised for performance monitoring. As such although the LTA quantum of £18.9m has been agreed and recognised, there remains a disputed value to recognise the forecast performance adjustment. As at M5 the CTM LTA position recognises £20.867m compared to the ABUHB reported position of £19.467m. As noted in our risk table there is a difference of circa £1.1m at marginal rates between the ABUHB proposed baseline and the CTMUHB proposed baseline.

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

Description	M5	M4	Comments
	£k	£k	
2024/25 RLW Pay award	2,635	2,635	Pending 24/25 pay award settlement
Substance Misuse Funding	0	4,031	Confirmed M5
Emergency/Urgent Care	1,372	1,372	
RLW Social Care	2,400	2,400	
Dementia Action Plan	0	1,242	Confirmed M5
AHW – Prevention & Early Years	936	936	
Memory Assessment Service	0	461	Confirmed M5
VBHC Projects	655	655	
WG Funded Trainees	1,509	1,509	
Optometry Contract	825	1,200	Indicative allocation confirmed by Paul Casey.
CTM Hospital @ Home	750	0	
GMS Global Sum List Size	310	1,509	
IFRS 16 Adjustment	(2,981)	(2,411)	Revised Estimate M5
WRP Recovery	(4,606)	(4,606)	

Capital Charges DEL/AME	90,440	89,607	Revised Capital Charge estimate M5
Other Allocations	1,157	1,157	
<b>Total Anticipated Allocations</b>	<b>95,402</b>	<b>100,188</b>	

## 9. Health Care agreements

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

<b>Organisation</b>	<b>CTM Provider LTA</b>	<b>CTM Commissioner LTA</b>
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 26<sup>th</sup> 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 M4 and M5:

- Trade and Other payables have decreased by £13m. The Pharmacy accrual has reduced by £10m due to the timing of the payments at month end. The remaining reduction is a general decrease in trade creditors.
- Provisions have decreased by £2m, this is due to a decrease in the value of clinical negligence claims.
- Trade and Other Receivables have reduced by £2m. This is mainly due to the decrease in the debtor from the Welsh Risk Pool as detailed above.
- The cash balance has reduced by £5m as planned and reported at Month 4.

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

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

- Velindre have confirmed that invoices 33684 and 33685 will be paid on the next payment run.
- The Debtors team are in contact with Cardiff & Vale and Swansea Bay in relation to payment of the two further unpaid invoices.

## **11. Cash Flow Forecast (Table G)**

The cash balance at the end of M5 was £1.8m. This is as per the planned reduced balance from M4.

The cash flow forecast shows a balanced position at the end of M5. Cash for any pay awards including arrears have not been included in the Cash Flow Forecast table and will be input from M6.

## **12. Public Sector Payment Compliance (Table H)**

No update required in this return.

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

The M5 CRL is £60.8m, issued on the 25<sup>th</sup> July 2024. As at M5, £19.3m 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.

<b>Scheme</b>	<b>Risk</b>	<b>Explanation</b>
PCH G&FF Phase 2 and 3	Medium – in year overspend	The latest SCP cashflow forecast indicates a full year spend which is £5.3m 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 is still being determined as it is not expected to be the full £5.3m. 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 3 <sup>rd</sup> 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 given for the latest IFRS16 leases at the end of July and these are included in Table Q.

### **15. Other Issues**

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M5 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 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: 12 September 2024**

## Action Points arising from Month 4 Response

Action Point	WG Comment	CTM Response
	<b>TABLE A</b>	
4.1	Please elaborate why you consider that a saving cannot be recorded in the ledger when the budget is overspending. If the savings are being delivered, then presumably the corresponding reduced budget will be met by reduced actual spend. <b>(Action Point 4.1)</b>	Please see Section 7.
4.2	The reported pressure from the AB LTA decision of £1.900m is primarily being offset by new available reserves. Please provide a full quantified breakdown of these previously committed reserves (including explanation on how each reserve was planned to be utilised and why they were not recorded in Section G of Table B) or confirm that these were uncommitted and should have been recognised and described as such within Line 24 of Table B. <b>(Action Point 4.2)</b>	The improved planning assumption of £2m has now increased to £3.9m in M5. Further information has been provided in Section 1.2.
3.1	In future narrative submissions, please provide a breakdown of the key items which support any annual values reported on Line 26. <b>(c/f Action Point 3.1)</b>	Following a meeting between CTMUHB and WG, Table A and narrative section 1.2 identify the key material items, the remaining balance on line 26 is a net impact of many much smaller elements.
4.3	Please provide details of the assumptions which support the timeframe (August to November) for the reported pressures associated with the POW NICU/Maternity Emergency Temporary Closure. <b>(Action Point 4.3)</b>	Unit closed 2 <sup>nd</sup> September plan to reopen following 12 week programme of refurbishment.
4.4	As discussed within your narrative, there are material movements in spend, opening identified savings and the utilisation of reserves	Following a meeting between CTMUHB and WG, Table A and

	from those reported in your financial opening plan. Please provide details of the identified areas of improvement in planning and reporting to improve the robustness of your financial plan. <b>(Action Point 4.4)</b>	narrative section 1.2 identify the key material items of change from our plan.
4.5	The narrative also confirms that the current reported underlying c/f position is being reviewed for month 5. Please ensure any movements are supported by detailed explanations within the narrative. <b>(Action Point 4.5)</b>	Noted.
	<b>TABLE A2 – Risks &amp; Opportunities</b>	
4.6	Please provide detail of the areas which support the reported 'other' opportunities totalling £0.300m. <b>(Action Point 4.6)</b>	The £300k opportunity relates to potential DHCW improvements compared to original plans.
	<b>TABLE B</b>	
4.7	The narrative states that the July CHC spend was c.£1.700m lower than forecast last month due to the release of accountancy gains. Of the £1.667m of accountancy gains released to date, £1.250m (moved to tracker in M4 as per AP 3.3) were released to support the June position. Therefore, please review and provide a further explanation for the reduction in July CHC spend. <b>(Action Point 4.7)</b>	Table A reflects movement in the reported position including any budget phasing to reflect revised planning assumptions not yet actioned in the actual expenditure. At M3 £1.25m of the anticipated accountancy gain had been recognised in the position through budget phasing but had not been transacted as actual expenditure adjustment. This was transacted in M4.
	<b>TABLE D</b>	

3.1	Following your response to Action Point 3.10, we trust you have escalated the matter and have since received signed LTAs from C&V and Velindre NHS Trust: please confirm this in your next submission. <b>(Action Point 3.10)</b>	Still awaiting signed documents.
	<b>TABLE F - SoFP</b>	
4.8	Within the opening SoFP, please ensure the trade receivables split between NCA and CA is consistent with 23/24 final accounts. <b>(Action Point 4.8)</b>	Updated. This was due to an audit adjustment made on final accounts.
	<b>TABLE P - Ringfenced</b>	
4.9	Please ensure the narrative discusses the ringfenced programme areas where there is currently uncommitted spend reported. <b>(Action Point 4.9)</b>	Noted
3.13	As requested in Action Point 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. <b>(c/f Action Point 3.13)</b>	Noted.

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 £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/twd 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	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	22,390	2,595	19,795	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	0	0
12	0	0	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	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	36	-18	54	288
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-13,451	-2,219	-11,232	-12,233
20 Additional In Year Identified Savings - Forecast	2,681	1,097	1,585	2,538
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	-1	-1	0	0
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)	2,108	0	2,108	2,108
27 Planning Variance - Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28 Planning Variance - Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29 Further Improvements required to achieve Break even forecast vet to be identified - Medium Risk	3,800	0	3,800	8,760
30 Non Recurrent Balance Sheet Opportunities - Minimal risk	4,633	4,633	0	0
31 Planning Variance - Energy Benefit - Minimal Risk	1,133	0	1,133	1,133
32 Operating Variance - Unscheduled Care Medical Pay Pressures	-3,800	0	-3,800	-3,800
33 Operating Variance - AB LTA Performance against 2324 outturn	-1,000	0	-1,000	-1,000
34 Operating Variance - AB LTA Arbitration Impact - Confirmed	-1,900	0	-1,900	-1,900
35 Operating Variance - Primary Care Prescribing Volume Growth Exceeding plans	-3,497	0	-3,497	-3,497
36 Operating Variance - POW NICU/Maternity Emergency Temporary Closure	-500	-500	0	0
37 Planning Variance - Planning Assumptions Improvement - Confirmed no Risk	3,900	0	3,900	3,900
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	5,900	-5,899	2,062
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)		-1		
42 Operational - Forecast Outturn (- Deficit / + Surplus)		1		

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'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	-8,084
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	-19,341
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-644	-644	-2,698
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	16,497
5	519	575	549	531	526	623	645	660	676	629	644	644	2,698
6													0
7													0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	7,242
9	0	6	53	66	57	67	64	64	64	65	65	64	182
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,534
14	6	7	7	6	6	8	5	7	7	6	7	8	30
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,534
16													0
17													0
18	0	-6	-53	-66	-44	-45	-2	45	52	51	51	52	-169
19	0	-392	-400	-1,547	-1,823	-1,130	-1,355	-1,360	-1,373	-1,328	-1,330	-1,412	-4,163
20	0	0	35	40	1,099	230	180	213	221	221	221	222	1,174
21		-178	178	-433	435	1	0	0	0	-1	-1	-4	-2
22		-145	-24	-10	-119	23	52	16	-12	74	74	71	-298
23													0
24	0	145	24	10	119	-23	-52	-16	12	-74	-74	-73	298
25	0	0	0	1,667	0	0	0	0	0	0	0	0	1,667
26	168	-40	-1,113	-662	998	157	502	417	37	484	584	575	-648
27	400	400	450	416	416	416	417	417	417	417	417	417	2,082
28	200	200	200	200	200	200	200	200	200	200	200	200	1,000
29							600	600	650	650	650	650	0
30			1,250	-1,250	958	525	525	525	525	525	525	528	958
31					472	94	94	94	94	95	95	95	472
32					-1,700	-300	-300	-300	-300	-300	-300	-300	-1,700
33					-417	-83	-83	-83	-83	-84	-84	-84	-417
34				633	-158	-158	-158	-158	-158	-158	-158	-158	792
35					-1,460	-291	-291	-291	-291	-291	-291	-291	-1,460
36					0	-167	-167	-166					0
37				667	958	325	325	325	325	325	325	325	1,625
38													0
39													0
40	-930	-1,376	-354	-1,459	246	-300	500	500	500	800	900	974	-3,873
41	0	0	0	0	0	0	0	0	0	0	0	-1	0
42	-930	-1,376	-354	-1,459	246	-300	500	500	500	800	900	974	-3,873

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

Period : Aug 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 YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
															Green	Amber	non recurring	recurring			
															£'000	£'000	£'000	£'000			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar									
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000									
1	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,281	1,270	1,274	1,286	3,898	12,738							
2	Actual/F cast	160	65	257	(20)	213	207	248	251	272	262	292	674	2,467	27.33%	1,919	548	0	2,467	0	
3	Variance	0	(359)	(375)	(1,525)	(965)	(986)	(1,020)	(1,017)	(1,009)	(1,009)	(1,012)	(994)	(3,224)	(82.70%)	1,919	548	0		3,572	
4	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	760	2,423							
5	Actual/F cast	8	42	121	66	597	269	132	165	165	165	166	834	2,060	40.47%	1,781	279	973	1,086	0	
6	Variance	0	(29)	(2)	(304)	408	76	(84)	(86)	(86)	(86)	(85)	74	(364)	9.70%	-643	279			1,508	
7	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	2,031	5,448							
8	Actual/F cast	320	320	320	660	407	577	577	577	577	577	577	2,027	6,066	33.42%	6,066	0	0	6,066	0	
9	Variance	0	0	0	340	(344)	171	68	68	68	82	82	(4)	618	(0.20%)	618	0			6,066	
10	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	378	1,096						
11	Actual/F cast	0	0	168	0	64	0	64	0	98	0	0	13	168	343	49.05%	343	0	0	343	0
12	Variance	0	(4)	136	(19)	(324)	(37)	(140)	(114)	0	(94)	(92)	(68)	(209)	(752)	(55.43%)	-752	0			668
13	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	175	650						
14	Actual/F cast	0	0	0	50	0	25	0	0	38	0	0	38	50	150	33.33%	150	0	0	150	0
15	Variance	0	0	(125)	0	0	(125)	0	0	(125)	0	0	(125)	(500)	(71.43%)	-500	0				150
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
17	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
18	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
19	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	25						
20	Actual/F cast	0	0	0	0	500	0	4	4	4	4	4	4	500	525	95.24%	525	0	500	25	0
21	Variance	0	0	0	0	500	0	0	0	0	0	0	0	500	500		500	0			120
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
23	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
26	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
28	Budget/Plan	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						
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0
34	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	7,242	22,380						
35	Actual/F cast	488	427	866	756	1,717	1,142	961	997	1,153	1,007	1,007	1,090	4,253	11,611	95.24%	10,785	827	1,473	10,138	0
36	Variance	0	(392)	(365)	(1,507)	(725)	(901)	(1,176)	(1,147)	(1,152)	(1,107)	(1,109)	(1,190)	(2,989)	(10,769)		1,142	827			12,084
37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.68%)	(44.08%)	(55.02%)	(53.50%)	(49.96%)	(52.35%)	(52.39%)	(52.21%)	(41.27%)							
38	In month achievement against FY forecast	4.20%	3.67%	7.46%	6.51%	14.79%	9.84%	8.28%	8.58%	9.93%	8.68%	8.68%	9.38%								

Period : Aug 24

Table C1- Savings Schemes Pay Analysis

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 £'000		
														Green	Amber	non recurring	recurring			
														£'000	£'000	£'000	£'000			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar								
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	1,327	4,237					
2	Actual/F cast	47	41	191	18	196	119	187	190	210	200	200	229	493	1,829	1,472	357	0	1,829	0
3	Variance	0	(39)	84	(738)	(141)	(227)	(235)	(232)	(224)	(226)	(208)	(833)	(2,408)	(1,095)	1,472	357			2,706
4	Budget/Plan	0	46	57	161	152	152	152	152	152	153	153	153	415	1,478					
5	Actual/F cast	0	0	0	0	4	4	4	4	4	4	4	4	0	25	25	0	0	25	0
6	Variance	0	(46)	(57)	(161)	(152)	(148)	(148)	(148)	(148)	(149)	(149)	(149)	(415)	(1,453)	25	0			74
7	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	2,156	7,022	0	0			
8	Actual/F cast	113	23	65	(38)	17	85	58	58	58	58	59	181	613	423	191	0	613		
9	Variance	0	(274)	(402)	(626)	(673)	(611)	(637)	(637)	(637)	(637)	(637)	(1,975)	(6,409)	423	191				792
10	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,281	1,270	1,274	1,286	3,898	12,738						
11	Actual/F cast	160	65	257	(20)	213	207	248	251	272	262	292	674	2,467	27.33%	1,919	548	0	2,467	0
12	Variance	0	(359)	(375)	(1,525)	(965)	(986)	(1,020)	(1,017)	(1,009)	(1,009)	(1,012)	(994)	(3,224)	(82.70%)	1,919	548	0		3,572

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	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	3,898	12,738
2	Actual/F'cast	160	65	257	(20)	213	207	248	251	272	262	262	292	674	2,467
3	Variance	0	(359)	(375)	(1,525)	(965)	(986)	(1,020)	(1,017)	(1,009)	(1,009)	(1,012)	(994)	(3,224)	(10,271)
4	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	2,409	6,544
5	Actual/F'cast	320	320	488	660	407	812	605	605	703	605	605	618	2,195	6,750
6	Variance	0	(4)	136	321	(668)	305	(43)	(17)	97	17	19	43	(213)	207
7	Budget/Plan	4	67	106	331	166	170	176	179	181	181	181	181	676	1,926
8	Actual/F'cast	4	37	116	65	75	94	81	84	85	85	85	86	297	896
9	Variance	0	(30)	9	(266)	(92)	(76)	(95)	(95)	(97)	(97)	(97)	(95)	(379)	(1,030)
10	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	25	0	0	38	0	0	38	50	150
12	Variance	0	0	(125)	0	0	(125)	0	0	(125)	0	0	(125)	(125)	(500)
13	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	Budget/Plan	4	4	17	38	22	23	37	37	37	37	37	37	84	331
17	Actual/F'cast	4	5	5	0	1,022	5	19	19	19	19	19	19	1,036	1,156
18	Variance	0	2	(11)	(38)	1,000	(18)	(18)	(18)	(18)	(18)	(18)	(18)	952	825

5  
Table C3 - Tracker  
This Table is currently showing 12 errors

	£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect		
Savings (Cash Release) & Capital Avoidance	Month 1 - Plan	480	473	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778	
	Month 1 - Actual/Forecast	480	477	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778	
	Variance	-	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-6
	In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plan	480	473	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778	
	Total Actual/Forecast	480	477	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778	
	Total Variance	-	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-6
	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Month 1 - Plan	480	473	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778		
Month 1 - Actual/Forecast	480	477	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778		
Variance	-	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-6	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	480	473	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778		
Total Actual/Forecast	480	477	473	1,211	2,293	2,442	2,593	2,137	2,144	2,302	2,110	2,280	2,242	22,380	22,380	2,659	19,721	1,660	22,778		
Total Variance	-	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-6	



**Agenda Item**

2.2.1d

**Planning, Performance and Finance Committee**

**MONTH 6 MONITORING RETURNS TO WELSH GOVERNMENT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Mark Thomas, Deputy Director of Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sally May, Director of Finance & Procurement
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Welsh Government	11/10/2024	NOTED

<b>Acronyms / Glossary of Terms</b>	
WG	Welsh Government
M6 etc	Month 6 etc
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 M6 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 20<sup>th</sup> 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:

<b>Annex A</b>
M6 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 M6 Financial Monitoring returns is summarised in Section 1.2 of the M6 Narrative report at Annex A. This information is consistent with the M6 Internal Board papers.

#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
		Not Required



<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	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 M6 Monitoring Returns submitted to Welsh Government for 2024/25.

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

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 September 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>B'Fwd challenge at 31 March 2024</b>	<b>19.4</b>	<b>0</b>	<b>19.4</b>
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(27.3)
<b>Total plan 23/24</b>	<b>(2.1)</b>	<b>2.0</b>	<b>(0.1)</b>

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
<b>Month 1</b>	<b>0.9</b>	<b>0.9</b>	<b>0</b>
<b>Month 2</b>	<b>1.4</b>	<b>2.3</b>	<b>0</b>
<b>Month 3</b>	<b>0.4</b>	<b>2.7</b>	<b>0</b>
<b>Month 4</b>	<b>1.4</b>	<b>4.1</b>	<b>0</b>
<b>Month 5</b>	<b>(0.2)</b>	<b>3.9</b>	<b>0</b>
<b>Month 6</b>	<b>(0.6)</b>	<b>3.3</b>	<b>0</b>

The main driver for the £0.6m surplus in M6 is a shortfall in savings of £1.4m offset by other favourable variances of £2.0m.

The main driver for the M6 YTD overspend of £3.3m is a £8.1m shortfall in savings which is offset by other favourable variances of £4.8m. The key components of the M6 YTD position and the year-end forecast are summarised below:

	<b>M6 YTD</b>	<b>M6 Year-end forecast</b>	<b>M5 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
<b>Savings:</b>			
Shortfall v £24.3m Delegated target	9.6	18.0	17.8
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(1.5)	(4.5)	(3.8)
<b>Sub total</b>	<b>8.1</b>	<b>13.5</b>	<b>14.0</b>
<b>Operating overspends:</b>			
AB arbitration outcome	0.9	1.9	1.9
AB activity variances	0.4	0.7	1.0
Additional Regional Cataract investment	0.4	0.9	0
POW temporary maternity closure	0.2	0.5	0.5
Unscheduled Care Medical pay overspends	1.7	3.5	3.8
Primary Care Prescribing growth above plan	1.8	4.0	3.5
Corporate directorates – pay underspends	(1.4)	(2.8)	(2.8)
Net Other Operating Variances	1.1	0.5	0.7
<b>Sub total</b>	<b>5.1</b>	<b>9.2</b>	<b>8.6</b>
<b>Financial plan improvements:</b>			
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(2.5)	(5.0)	(5.0)
Agency costs	(1.2)	(2.4)	(2.4)
Energy costs	(0.6)	(1.1)	(1.1)
Non pay inflation	(0.5)	(1.0)	(1.0)
Pay contingency v 23/24 anticipated recurrent allocation	(0.5)	(1.0)	(1.0)
Non pay reserve for planned care activity increases	(0.4)	(0.7)	(0.8)
Other Cost pressure reserves	(0.6)	(1.8)	0
Other	(0.5)	(1.0)	(1.1)
<b>Sub total</b>	<b>(6.8)</b>	<b>(14.0)</b>	<b>(12.4)</b>
<b>Accountancy gains</b>	<b>(3.1)</b>	<b>(6.3)</b>	<b>(6.3)</b>
<b>Total</b>	<b>3.3</b>	<b>2.3</b>	<b>3.8</b>
Further improvement needed to achieve planned break-even position		(2.3)	(3.8)
<b>M6 Year-end forecast (excluding the revenue consequences associated with repairing the roof at POW)</b>		<b>0</b>	<b>0</b>

The forecast break-even position has been maintained at M6. This forecast excludes any revenue costs associated with repairing the roof at POW. This includes both the direct repair costs and the other costs arising from decanting the wards etc. Work is underway to estimate the financial consequences arising from this significant programme of work.

It is important to highlight that, even excluding the two POW roof risks, the financial risks that the Health Board is trying to manage remains high (See Section 3) and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.

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

	September			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M6 £'000	M5 £'000	Movement £'000
RRL	124,287	115,151	9,136	1,484,892	1,469,034	15,858
Donation/Grants	0	0	0	130	130	(0)
Welsh HBs & NHST	6,404	6,402	2	76,566	76,828	(262)
WHSSC	1,009	1,075	(66)	12,646	12,898	(252)
WG Income	(59)	86	(145)	529	914	(385)
Other Income	4,337	4,010	327	48,183	47,856	327
<b>Income Total</b>	<b>135,978</b>	<b>126,724</b>	<b>9,254</b>	<b>1,622,947</b>	<b>1,607,661</b>	<b>15,286</b>
PC Contractor	13,533	13,266	267	158,532	158,265	267
PC - Drugs	9,220	8,729	491	105,472	104,699	773
Pay	62,681	56,446	6,235	688,881	678,086	10,795
Non Pay	9,727	9,643	84	112,612	112,628	(16)
SC - Drugs	5,248	5,003	245	59,904	59,659	245
H/C Other NHS	24,760	23,072	1,688	281,377	277,721	3,656
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	4,810	5,836	(1,026)	69,083	69,908	(825)
Private & Vol	905	1,016	(111)	12,311	12,422	(111)
Joint & Other	(17,455)	50	(17,505)	(20,370)	(2,865)	(17,505)
Losses, Spec Payments	19,070	990	18,080	34,561	16,481	18,080
DEL	2,919	2,919	(0)	35,030	35,033	(3)
AME	53	53	(0)	85,723	85,710	13
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(83)	0	(83)	(167)	(84)	(83)
<b>Cost - Total</b>	<b>135,388</b>	<b>127,024</b>	<b>8,364</b>	<b>1,622,947</b>	<b>1,607,661</b>	<b>15,286</b>

Actual expenditure for M6 was £8.4m (6.58%) greater than the £127.0m forecast. The most significant movements between the forecast and actuals were as follows:

- **Other Income - £327k Favourable** – Confirmation of HEIW Training grade income for new posts £0.3m.
- **Primary Care Contractors - £267k Adverse** – Increase in community pharmacy expenditure £0.2m.
- **Primary Care Drugs - £491k Adverse** – recognition of increased volume growth beyond forecast following receipt of M4 PAR data.
- **Provider Services Pay - £6,235k Adverse** – Recognition of Medical & Dental pay awards including arrears £7.5m, offset by improved Agency and ADH expenditure for medical staff of £1.1m. This pay award is assumed to be fully funded by WG with a matching anticipated allocation.
- **Healthcare NHS - £1,688k Adverse** – Recognition of year-to-date impact of new allocations for JCC £1.1m, further investment in regional cataracts £0.45m and forecast deficit for JCC on velindre drugs not included in their M6 forecast £0.45m, offset by £0.3m of other commissioning performance improvements.
- **CHC & FNC - £1,026k Favourable** – Recognition of accountancy gain of £1.3m compared to a forecast of £0.3m.
- **Joint & Other and Losses & Special Payments - £575k Adverse** – the combined net expenditure has increased by £575k compared to forecast this follows a significant movement on the risk pool in period. This is a volatile area which will continue to be closely monitored.

The year-end forecast expenditure at M6 has increased by £15.3m to £1,623m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M5 are as follows:

- **Primary Care Drugs - £773k Adverse** – Forecast adjusted to reflect increased year to date volume growth in PAR offset by increased CAT M Savings following October prices being published.
- **Provider Services Pay - £10,795k adverse** – Recognition of Medical & Dental pay awards including arrears £11.8m, offset by in month improved Agency and ADH expenditure for medical staff of £1.1m. The pay award is assumed to be fully funded by WG with a matching anticipated allocation.
- **Healthcare NHS - £3,656k Adverse** – Recognition of new allocations for JCC £2.2m, further investment in regional cataracts £0.9m and forecast deficit for JCC on velindre drugs not included in their M6 forecast £0.9m, offset by £0.3m of other in month commissioning performance improvements.

- **CHC & FNC - £825k Favourable** – Recognition of revised accountancy gain forecast for CHC together with revised forecast of packages of care.
- **Joint & Other and Losses & Special Payments - £575k Adverse** – Reflects the current month movements noted above.

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:

- Month 6 reflects pay arrears of £6.8m plus the in-month uplift of £0.7m for the medical & dental pay award.
- 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 £3.1m have been profiled across CHC and Non-Pay from M7 to M12.
- Further mitigating actions to achieve the additional savings plans of £2.3m have been profiled across pay from M7 to M12.

The forecast expenditure has not recognised the 24/25 pay settlement for Agenda for Change and Executive Pay staff which is anticipated to be processed in M8. This will be reflected in our M8 submission with a matching anticipated allocation.

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 M6 Pay expenditure was £64.8m and the monthly trend is summarised below.

	<b>Q2* Average</b>	<b>M6</b>	<b>M5</b>	<b>M4</b>	<b>Q1 Average</b>	<b>M3</b>	<b>M2</b>	<b>M1</b>	<b>Q4 Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
A&C	7.5	7.5	7.5	7.6	7.5	7.6	7.6	7.5	7.4
Medical	15.3	21.9	15.4	15.9	15.4	15.3	15.4	15.5	15.5
Nursing	18.2	18.2	18.1	18.2	18.2	18.4	18.3	17.9	19.0
ACS	7.5	7.4	7.6	7.4	7.4	7.5	7.5	7.3	7.5
Other	9.8	9.8	9.7	9.8	9.8	9.8	9.8	9.9	9.8
<b>Total</b>	<b>58.2</b>	<b>64.8</b>	<b>58.3</b>	<b>59.0</b>	<b>58.4</b>	<b>58.6</b>	<b>58.6</b>	<b>58.1</b>	<b>59.3</b>

Q2\* Average has been adjusted to reflect impact of pay arrears relating to prior periods.

The Key issues to highlight are as follows:

- The Medical & Dental pay award has been processed in M6 including arrears. The arrears processed were Circa £6.8m and the monthly estimate of the in year pay award is circa £0.7m per month.
- Total expenditure in M6 was £64.8m. After allowing for the pay award this reduces to £57.3m which is a £1.0m reduction from M5. This improvement was mainly in medical pay and relates to reductions in Agency and ADH costs.
- After excluding the impact of the pay award in M6, the average monthly spend in Q2 of £58.2m is consistent with Q1.
- 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 impact of the recently announced Agenda for Change pay award has not been recognised at M6.

The M6 agency expenditure was £3.1m and the monthly trend (excluding accountancy gains) is summarised below:

	<b>Q2 Average</b>	<b>M6</b>	<b>M5</b>	<b>M4</b>	<b>Q1 Average</b>	<b>M3</b>	<b>M2</b>	<b>M1</b>	<b>Q4 Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Medical	0.9	0.5	0.9	1.1	0.9	0.8	1.0	0.9	1.2
Nursing	1.9	1.9	1.9	1.8	1.9	1.9	2.0	1.7	2.1
Other	0.7	0.7	0.6	0.7	0.6	0.5	0.6	0.7	0.8
<b>Total</b>	<b>3.4</b>	<b>3.1</b>	<b>3.4</b>	<b>3.7</b>	<b>3.4</b>	<b>3.2</b>	<b>3.6</b>	<b>3.3</b>	<b>4.1</b>

The Key issues to highlight are as follows:

- Total agency expenditure in M6 was £0.3 less than M5, due to a reduction in medical agency.

- The Q2 average cost is consistent with Q1.

As at M6, no material changes to the future profiles of agency expenditure are anticipated and the forecast expenditure has reflected this.

The M6 variable pay expenditure was £4.6m and the monthly trend (excluding accountancy gains) is summarised below.

	<b>Q2 Average</b>	<b>M6</b>	<b>M5</b>	<b>M4</b>	<b>Q1 Average</b>	<b>M3</b>	<b>M2</b>	<b>M1</b>	<b>Q4 Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Medical	2.1	1.8	2.2	2.4	2.1	2.1	2.1	2.2	2.1
Nursing	0.9	1.0	0.9	0.9	0.9	0.9	0.8	0.9	1.2
ACS	1.2	1.2	1.3	1.2	1.2	1.1	1.3	1.1	1.3
Other	0.6	0.6	0.6	0.6	0.6	0.5	0.6	0.6	0.6
<b>Total</b>	<b>4.8</b>	<b>4.6</b>	<b>4.9</b>	<b>5.1</b>	<b>4.8</b>	<b>4.7</b>	<b>4.8</b>	<b>4.8</b>	<b>5.2</b>

The Key issues to highlight are as follows:

- Total variable pay costs in M6 was £0.3 less than M5, due to a reduction in medical variable pay.
- The Q2 average cost is consistent with Q1.

As at M6, no material changes to the future profiles of variable pay expenditure are anticipated.

### **1.5 Covid analysis (Table B3)**

	<b>M6</b>	<b>YTD</b>	<b>Forecast</b>	<b>Allocation</b>	<b>Forecast Variance</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Health Protection and Vaccination	0.37	2.13	5.5	5.6	(0.12)
PPE	0.05	0.26	0.6	0.4	0.17
Adferiad	0.09	0.53	1.1	1.1	(0.05)
<b>Total</b>	<b>0.41</b>	<b>2.4</b>	<b>7.2</b>	<b>7.2</b>	<b>0</b>

There are no key issues to highlight at M6.

## **2. Underlying position (Table A1)**

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

As at M6 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 M6 and the £10.2m net risk in Section 3 represents 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 M7 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 6 £m	Month 5 £m	Comment
<b>Funding risks:</b>			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	0	We have increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
<b>Other risks:</b>			
Further improvement needed to achieve planned break-even position	2.3	3.8	Improvement included in year-end forecast at Table A. See Section 1.2.
Delivery risk on latest savings forecast	0.2	0.7	70% of the Amber schemes totalling £0.3m.
Delivery risk on forecast improvement in Delegated position compared to straight line	3.6	4.3	
Other cost pressure risks	2.0	2.2	50% of the High and Medium risks identified by Care Groups, over and above their M6 forecasts.
Primary Care Prescribing Growth greater than plan	0	0	Following the M4 prescribing data, the forecast position has been adjusted in M6 to include an estimated overspend on Primary Care prescribing of £4.0m.
ABUHB LTA baseline- Activity Risk	1.1	1.1	Risk relating to the ABUHB LTA Activity dispute at 62.5% marginal rate. See Section 9.
SEW Cataract Business Case	0	0.9	Following the recent letter from WG, this £0.9m has now been included in the M6 forecast.
Joint Commissioning Committee expenditure being greater than M6 forecast.	0	1.0	Our M6 forecast now includes a £1.8m forecast overspend on JCC. This includes £0.9m Velindre NICE performance for JCC.
Potential pay banding disputes including retrospective application	tbc	tbc	
POW – Roof integrity issues	tbc	tbc	A substantial programme of work is required to replace the Phase 1 roof. This will include significant Capital and Revenue expenditure.
POW – Decant and service changes arising from the roof integrity issues.	tbc	tbc	There is also likely to be unavoidable revenue costs associated with these changes but, at this point, we do not

	<b>Month 6</b>	<b>Month 5</b>	<b>Comment</b>
			have sufficient detail to reliably estimate these. Work is underway to estimate the financial consequences arising from this significant programme of work.
<b>Total Risks</b>	<b>10.2</b>	<b>14.0</b>	
<b>Opportunities</b>			
Further Balance sheet opportunities in 24/25	tbc	tbc	£6.3m now included in year-end forecast at Table A (M5: £6.3m).
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 Commissioning benefits	tbc	0	Mitigating actions by JCC and other potential commissioning improvements.
<b>Total Opportunities</b>	<b>0</b>	<b>0</b>	
<b>Net risk- excluding POW roof</b>	<b>10.2</b>	<b>14.0</b>	

**It is important to highlight that, even after excluding the two POW roof risks noted above, the financial risks that the Health Board is trying to manage remains high and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.**

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

Tables N & O have been completed for General Medical Services (GMS) and General Dental services (GDS) for M6.

- GMS is reporting a forecast overspend of £1.6m.
- GDS is showing a forecast underspend of £1.0m. Since the Health Board has an approved IMTP for 24/25 we are assuming that we can retain any dental underspends. Paul Casey's letter dated 6th March 2024 confirmed that dental patient charges would increase from 1st April 2024. We are therefore 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.

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

	<b>Allocation £'m</b>	<b>Forecast £'m</b>	<b>Comment</b>
Planned & Unscheduled care Sustainability	18.4	21.5	
Regional Planned Care	7.3	8.2	See note 2 below
Value Based HC	2.1	2.1	
Regional Integration Fund	20.4	23.5	See note 3 below
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.4	2.4	
Urgent Emergency Care	2.7	2.7	
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 21<sup>st</sup> July 2022, the Health Board is assuming a £655k recurrent allocation relating to the approved recurrent bids for Atrial Fibrillation and Alcohol Liaison. Please can this funding be confirmed asap.

2. Regional Planned Care – The Health Board’s original plan for utilising the £7.3m regional planned care allocation was as follows:

- SEW Cataract Business Case £2.5m
- Endoscopy Capacity £2.3m
- Diagnostic Capacity £2.5m

Following correspondence from Nick Wood, the CTM contribution for the Regional Cataract Plan has been increased by £0.9m in M6 from £2.5m to £3.4m. See Section 1.2.

3. Regional Integration Fund - The £20.4m is the original allocation. The forecast of £23.5m includes several additional in year allocations:

- Dementia Projects £1.7m - Confirmed Allocation
- RPB Capital funding for integrated hubs £0.45m - Confirmed Allocation
- Neurodivergence improvement programme £0.73m - Confirmed Allocation
- Short Break for Carers £0.2m - remains as anticipated allocation for M6.

## **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 6			Month 5		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
<b>Savings target as at M6</b>	13.2	26.3	26.3	11.0	26.3	26.3
Actual and Forecast Savings	(5.1)	(12.8)	(13.1)	(4.3)	(12.3)	(13.2)
<b>Total</b>	<b>8.1</b>	<b>13.5</b>	<b>13.2</b>	<b>6.7</b>	<b>14.0</b>	<b>13.1</b>

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

	Initial Plan £'m	M6 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	0.8	5.1	12.2	12.2
Income Generation	0.6	0.0	0.0	0.5	1.0
To be identified	3.3	0.0	0.0	2.3	7.7
<b>Total Savings</b>	<b>26.3</b>	<b>0.8</b>	<b>5.1</b>	<b>15.0</b>	<b>20.9</b>
Accountancy Gains	0.0	1.5	3.1	3.1	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 M6 position. The table below summaries the more material items:

Description	M6	M5	Comments
	£k	£k	
2024/25 RLW A4C Pay award	2,635	2,635	Pending 24/25 pay award settlement
2023/24 & 2024/25 Medical Staff Pay Award	11,819	0	Assessment of actual costs of Pay Award. See note 1
Emergency/Urgent Care	1,372	1,372	
RLW Social Care	3,400	2,400	Revised Estimate M6 based upon consistent approach.
AHW – Prevention & Early Years	936	936	
VBHC Projects	655	655	
WG Funded Trainees	2,062	1,509	Revised estimate following August rotation.
Optometry Contract	825	825	Indicative allocation confirmed by Paul Casey.
CTM Hospital @ Home	750	750	
GMS Global Sum List Size	-	310	Allocation confirmed M6
IFRS 16 Adjustment	(2,981)	(2,981)	
WRP Recovery	(4,499)	(4,606)	Revised Estimate M6, provided by NWSSP.
Capital Charges DEL/AME	90,440	90,440	
Other Allocations	1,157	1,157	
<b>Total Anticipated Allocations</b>	<b>108,571</b>	<b>95,402</b>	

1. **Medical & Dental Pay Award** - Medical & Dental Pay Award has been calculated using the actual arrears processed in M6 as noted in the table below:

	HB Payroll £'000	SLE Payroll £'000	Total £'000
Arrears paid - Pensionable	2,620	1,630	4,250
Arrears paid - Non Pensionable	428	715	1,143
Employers NI	421	324	745
Employers Pension	384	239	623
Apprenticeship Levy	15	12	27
<b>Total Arrears Paid M6</b>	<b>3,868</b>	<b>2,920</b>	<b>6,788</b>
<b>M6 – M12 Pay Increase</b>	<b>3,465</b>	<b>1,566</b>	<b>5,031</b>
<b>Total Funding Anticipated</b>	<b>7,333</b>	<b>4,486</b>	<b>11,819</b>

## 9. Health Care agreements

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

<b>Organisation</b>	<b>CTM Provider LTA</b>	<b>CTM Commissioner LTA</b>
ABUHB	Not Agreed – See below.	Agreed & Signed
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 26<sup>th</sup> July. However, this did not resolve the activity baseline issue which was the only reason for submitting the 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.

Although the LTA quantum of £18.9m has been agreed and recognised, no agreement has been reached in relation to the 24/25 LTA activity baseline that should be recognised for performance monitoring. As at M6 the CTM LTA position recognises £20.2m compared to the ABUHB reported position of £19.5m. As noted in our risk table there is a difference of circa £1.1m at marginal rates between the ABUHB proposed baseline and the CTMUHB proposed baseline, offset by a difference of £0.4m between the CTM and AB forecast assessment of the 24/25 actual activity performance adjustment at marginal rates.

We wrote to the ABUHB DoF on 8 October 2024 but our proposal was rejected. This will now be escalated to the CEOs for urgent resolution.

## **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 M5 and M6:

- Trade and Other payables have increased by £15m. This is due to the Pharmacy accrual increasing by £11m due to the timing of the payments at month end. The remaining increase is a general increase in trade creditors.
- Provisions have increased by £19m, this is mainly due to an increase in the value of clinical negligence claims of £17m.
- Trade and Other Receivables have increased by £22m. This is mainly due to the increase in the debtor from the Welsh Risk Pool for clinical negligence claims of £17m as detailed above. The remainder of the increase is due to an increase in the Nursing Home Pooled Budget debtor of £4m.
- The cash balance has increased by £5m to £6.7m. This is higher than projected, this was to ensure there was enough cash to cover any estimated back dated pay award. The aim is for the cash balance to be below £6m at month end.

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

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

- Invoice 34192 for Velindre is showing as paid on the inter-company report, therefore should be cleared for next month.
- A credit has been raised to Swansea Bay for Invoice 34360, the Invoice will be raised to Public Health Wales.

## **11. Cash Flow Forecast (Table G)**

The cash balance at the end of M6 was £6.7m. This is higher than planned, which was due to including an estimate for the back dated pay award, which when paid did not increase the value of the monthly pay as expected. It is projected that this balance is brought down in line with the usual targeted balance in future months.

The cash flow forecast shows a balanced position. Cash for any future pay awards including arrears have not been included in the Cash Flow Forecast table and will be input from M7.

## 12. Public Sector Payment Compliance (Table H)

The percentage for the number of non-NHS invoices paid within the 30 day target for Q2 was 96.1%. We expect to remain above the 95% target for the rest of the year.

The target of paying NHS invoices within 30 days continues to be an issue, but is an improved on the position at Q1. We are working with the All-Wales P2P governance group to find solutions to improve on the performance.

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

The M6 CRL is £60.8m, issued on the 27<sup>th</sup> Aug 2024. As at M6, £23.2m 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 (issued Sept) indicates a full year spend which is £5.64m more than the CRL of £25.3m. As discussed with the WG capital team It is now clear that the cashflow will not come back down to the current allocation and hence additional funding will be required. The scale of this is still being determined. A revised cashflow forecast is due for October which will need to be interrogated as well as an assessment of the contingency required for the remainder of the financial year. The position will be confirmed by the end of Oct as requested
EFAB Infrastructure	Medium – in year underspend	Relates to two schemes within EFAB RGH IPS- this scheme cannot be completed in year due to the decant

		<p>requirements and service disruption. This is due to be discussed with WG. Our proposal is to move £400k into the next financial year.</p> <p>Maesteg Generator - agreed internally that this will not be completed. This is also due to be discussed with WG. Our proposal is to retain £300k for existing scheme overspends and to return £300k to WG.</p>
Sunnyside BHWC	Medium - in year underspend	The latest cashflow indicates spend of £5.4m in 24/25, which is an underspend of £3.9m against the CRL. The cost advisor is still interrogating the latest cashflow forecast as there are 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 and as per the Strategic Overview submitted 11 <sup>th</sup> September - additional funding of £4.315m is required in year to continue.
Backlog Maintenance	Medium - In year Slippage	Funding relates to 29 backlog maintenance schemes. While progress is underway there is a risk of slippage on some of these schemes, particularly considering recent developments with the POWH roof. An assessment will be carried out ASAP on what schemes will not be deliverable on the POWH site. This will be in parallel to confirming the spend that could be achieved on the roof replacement.
DPIF - ePMA Implementation	Medium - In year Slippage	Scheme delayed hence implementation costs will slip into next financial year. Assessing if this can be offset by spend planned for next financial year.

### Disposals

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

### **13. IFRS 16 and CAME (Table Q)**

Table Q shows the lease payments, interest and depreciation associated with IFRS16 leases. Approval was given for the latest IFRS16 leases at the end of July and these are included in Table Q.

### **14. Other Issues**

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M6 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.

### **15. Authorisation**

**P Mears**  
**Chief Executive**

**S May**  
**Director of Finance**

**Date: 11 October 2024**

### Action Points arising from Month 5 Response

Action Point	WG Comment	CTM Response
	<b>TABLE A</b>	
5.1	Table A reports that £0.958m of non-recurrent balance sheet opportunities are supporting the August outturn. Please ensure that finalised accountancy gains are reported via the Tracker (Table C3) as per the WHC guidance. <b>(Action Point 5.1)</b>	Accountancy gains will be reported under the savings tracker when they are crystallised, with forecast accountancy gains reported in Table A opportunities.
5.2	The 'Planning Assumptions Improvements' (Line 37) have increased by £1.900m to £3.900m. Please provide breakdown of the c. £1.100m other reserves that contribute to this increase and clarify if there are any further potential available reserves in the pipeline. <b>(Action Point 5.2)</b>	See updated table in section 1.2 of narrative.
5.3	The annual forecast operational variances on Lines 26 have materially improved from a c.£3.000m adverse variance to a c.£2.100m favourable position. Please describe the key contributing factors for this c. £5.100m improvement and clarify if there are any risks to the corresponding favourable items which are forecast into future months materialising. <b>(Action Point 5.3)</b>	See updated table in section 1.2 of narrative. The £2.1m forecast at M5 has now improved to £2.3m at M6, table 1.2 has broken this down to £2.8m corporate pay underspends which is deemed low risk and other overspends of £0.5m.
5.4	Please provide the monthly pay and non pay profiles for the phased unidentified savings and future projected balance sheet opportunities. <b>(Action Point 5.4)</b>	The expected accountancy gains not yet actioned, are included in Table C3 in the plan section of schemes AGCHC001 and AGNP001.

		The unidentified savings of £2.3m at M6 are anticipated to be delivered through improvements in pay expenditure and have been included in the profile for M7 through to M12.
<b>4.5</b>	After previously stating the underlying position will be reviewed at month 5, your narrative advises that this will now be undertaken at month 6. Please ensure any movements are supported by detailed explanations within the narrative. <b>(c/f Action Point 4.5)</b>	Noted, given the significant work being undertaken on recovery plans this will be updated following this work.
<b>5.5</b>	If the forecast outturn is being supported by a material forecast under spend against dental or GMS ringfenced funding, please ensure that these are separately reported within the free text lines of Table A. As per previous years the retention of any underspends would need to be agreed by the appropriate policy colleagues, and we would be grateful if you would note what correspondence and / or discussions have taken place with them in this respect. <b>(Action Point 5.5)</b>	See section 4 of the narrative report.
	<b>TABLE A2 – Risks &amp; Opportunities</b>	
<b>5.6</b>	In terms of the new 'Delivery risk on forecast improvement in Delegated position' of £4.330m, please provide details on the corresponding assumptions and clarify how this projected efficiency is currently being reported in Table A. <b>(Action Point 5.6)</b>	The £4.3m is a risk, whereas table A is a forecast. There is no direct correlation, the risk is recognising the requirement for further improvements to achieve the forecast. As discussed at the M5 finance review meeting, this reflects our estimate of the optimism bias with the delegated

		forecasts. At M6 this has reduced to £3.6m
<b>5.7</b>	Please provide detail of the areas which support the reported other cost pressures risk totalling £2.200m. <b>(Action Point 5.7)</b>	As at M6, the cost pressure risk of £2.2m has reduced to £2.0m. as noted in section 3, this recognises 50% of the High and Medium risks identified by Care Groups, over and above their M6 forecasts.
	<b>TABLE B</b>	
<b>5.8</b>	Please provide a supporting explanation for the August Joint Finance and Other costs being c. £1.200m higher than projected last month and why this increase has been assessed as being non recurring. <b>(Action Point 5.8)</b>	This area is extremely volatile due to the impact of the Welsh Risk Pool re-imburement, as noted in section 1.3, this area is continually reviewed an monitored to reflect latest assessment.
	<b>TABLE D</b>	
<b>3.1</b>	Following your response to Action Point 3.10, we trust you have since received signed LTAs: please confirm this in your next submission. <b>(c/f Action Point 3.10)</b>	Please see section 9.
	<b>TABLE G – Cash Flow</b>	
<b>5.9</b>	The year to date capital cash payments are higher than the WG capital cash draw down with this projected to continue into September. Please urgently review capital cash draw down	The cumulative cash payments to M06 are now within the capital cash draw down and will be kept within the limit going forward.

	requirements to ensure revenue cash is not being used to support capital payments and advise us accordingly.	
	<b>TABLE P - Ringfenced</b>	
3.13	Please ensure the 'WG Annual Allocation' column for the Regional Integration Fund and the Critical Care categories reflect the funding values as per Table B1 of the opening allocation paper. The Current Plan column is to be used to highlight any additional funds transferred against these ringfenced areas. <b>(c/f Action Point 3.13)</b>	Noted.

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 £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/twd 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	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	22,390	2,595	19,795	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	0	0
12	0	0	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	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	-77	-15	-62	154
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-12,795	-2,208	-10,487	-11,772
20 Additional In Year Identified Savings - Forecast	2,525	1,067	1,438	2,156
21 Variance to Planned RRL & Other Income	0	0	0	0
Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
23 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0	0	0
24 In Year Accountancy Gains (Positive Value)	3,137	3,137	0	0
25 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	2,346	0	2,346	2,346
27 Planning Variance - Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28 Planning Variance - Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29 Further Improvements required to achieve Break even forecast vet to be identified - Medium Risk	2,300	0	2,300	7,681
30 Non Recurrent Balance Sheet Opportunities - Minimal risk	3,151	3,151	0	0
31 Planning Variance - Energy Benefit - Minimal Risk	1,133	0	1,133	1,133
32 Operating Variance - Unscheduled Care Medical Pay Pressures	-3,500	0	-3,500	-3,500
33 Operating Variance - AB LTA Performance against 23/24 outturn	-700	0	-700	-700
34 Operating Variance - AB LTA Arbitration Impact - Confirmed	-1,900	0	-1,900	-1,900
35 Operating Variance - Primary Care Prescribing Volume Growth Exceeding plans	-4,000	0	-4,000	-4,000
36 Operating Variance - PCW NICU/Maternity Emergency Temporary Closure	-500	500	0	0
37 Planning Variance - Planning Assumptions Improvement - Confirmed no Risk	5,500	900	4,700	4,700
38 Operating Variance - AB Cataract additional investment	-900	-900	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	5,792	-5,792	2,062
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
42 Operational - Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'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	-9,700
2	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-23,209
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-3,322
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	19,979
5	519	575	549	531	526	623	645	660	676	629	629	644	3,322
6													0
7													0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	9,285
9	0	6	53	66	57	67	64	64	64	65	65	64	249
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,616
14	6	7	7	6	6	8	5	7	7	6	7	8	38
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,616
16													0
17													0
18	0	-6	-53	-66	-44	-64	-24	19	41	40	40	41	-232
19	0	-392	-400	-1,547	-1,823	-1,453	-1,134	-1,155	-1,295	-1,123	-1,125	-1,258	-5,615
20	0	0	35	40	1,099	214	110	192	194	214	214	214	1,387
21		-178	178	-433	435	-42	8	8	8	7	7	4	-40
22		-145	-24	-10	-119	-106	57	24	4	90	91	138	-404
23													0
24	0	145	24	10	119	106	-57	-24	-4	-90	-91	-138	404
25	0	0	0	1,667	0	1,470	0	0	0	0	0	0	3,137
26	168	-40	-1,113	-662	998	620	590	477	266	265	263	512	-28
27	400	400	450	416	416	416	417	417	417	417	417	417	2,498
28	200	200	200	200	200	200	200	200	200	200	200	200	1,200
29							383	383	383	383	383	383	0
30			1,250	-1,250	958	-958	525	525	525	525	525	528	0
31					472	94	94	94	94	95	95	95	566
32					-1,700	0	-300	-300	-300	-300	-300	-300	-1,700
33					-417	67	-58	-58	-58	-59	-59	-59	-350
34				-633	-158	-158	-158	-158	-158	-158	-158	-158	-950
35					-1,460	-300	-374	-374	-374	-374	-374	-370	-1,760
36					0	-167	-167	-166					-167
37				667	958	1,175	450	450	450	450	450	450	2,800
38						-450	-450	-450	-450	-450	-450	-450	-450
39													0
40	-930	-1,376	-354	-1,459	246	590	500	500	500	500	500	782	-3,283
41	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-930	-1,376	-354	-1,459	246	590	500	500	500	500	500	783	-3,283

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000	
1	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	5,091	12,738			0	0			
2	Actual/F cast	160	65	257	(20)	213	180	180	202	231	233	233	262	855	2,197	38.91%	2,010	187	0	2,197		3,197
3	Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,088)	(1,066)	(1,049)	(1,037)	(1,041)	(1,024)	(4,236)	(10,541)	(83.21%)	2,010	187	0	2,197		
4	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	953	2,423			2,423	0			
5	Actual/F cast	8	42	121	66	597	73	114	160	153	153	154	155	906	1,796	50.45%	1,702	94	974	822		1,110
6	Variance	0	(29)	(2)	(304)	408	(121)	(102)	(89)	(98)	(98)	(98)	(96)	(47)	(627)	(4.96%)	-721	94				
7	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	2,437	5,448			5,448	0			
8	Actual/F cast	320	320	320	660	407	524	690	690	690	690	690	690	2,551	6,691	38.13%	6,691	0	0	6,691		6,744
9	Variance	0	0	0	340	(344)	118	181	181	181	195	195	195	114	1,243	4.68%	1,243	0				
10	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	479	1,096			1,096	0			
11	Actual/F cast	0	0	168	0	0	2	28	28	28	28	28	28	170	341	49.99%	341	0	0	341		341
12	Variance	0	(4)	136	(19)	(324)	(99)	(111)	(85)	(69)	(65)	(63)	(52)	(308)	(755)	(64.38%)	-755	0				
14	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	325	650			650	0			
15	Actual/F cast	0	0	0	50	0	25	96	96	96	96	96	96	75	650	11.54%	650	0	0	650		650
16	Variance	0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(250)	0	(76.92%)	0	0				
17	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
18	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
19	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
20	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	0	25			25	0			
21	Actual/F cast	0	0	0	0	500	0	4	4	4	4	4	4	500	525	95.24%	525	0	500	25		120
22	Variance	0	0	0	0	500	0	0	0	0	0	0	0	500	500			500	0			
23	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
24	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
25	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
26	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
27	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
28	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
29	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
30	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
31	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
34	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	9,285	22,380			9,642	0			
35	Actual/F cast	488	427	866	756	1,717	804	1,113	1,181	1,203	1,205	1,205	1,235	5,057	12,200	95.24%	11,919	280	1,474	10,726		12,162
36	Variance	0	(392)	(365)	(1,507)	(725)	(1,239)	(1,024)	(963)	(1,101)	(910)	(911)	(1,044)	(4,228)	(10,181)			2,277	280			
37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.68%)	(60.65%)	(47.91%)	(44.91%)	(47.79%)	(43.02%)	(43.06%)	(45.81%)	(45.53%)								
38	In month achievement against FY forecast	4.00%	3.50%	7.10%	6.19%	14.07%	6.59%	9.12%	9.68%	9.86%	9.88%	9.88%	10.13%									

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 £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	1,673	4,237			0	0		
2	Actual/F cast	47	41	191	18	196	84	128	143	172	154	154	183	578	1,510			1,434	77	0	1,510
3	Variance	0	(39)	84	(738)	(141)	(262)	(294)	(279)	(262)	(270)	(273)	(255)	(1,095)	(2,727)			1433.522	77		
4	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	567	1,478			0	0		
5	Actual/F cast	0	0	0	0	0	0	7	14	14	14	14	14	0	75			25	50	0	75
6	Variance	0	(46)	(57)	(161)	(152)	(152)	(145)	(138)	(138)	(138)	(139)	(139)	(567)	(1,404)			25	50		
7	Budget/Plan	113	298	468	688	690	695	695	695	695	695	695	696	2,851	7,022			0	0		
8	Actual/F cast	113	23	65	(38)	17	96	46	46	46	66	66	66	277	612			552	60	0	612
9	Variance	0	(274)	(402)	(626)	(673)	(599)	(649)	(649)	(649)	(629)	(629)	(630)	(2,574)	(6,410)			552	60		
10	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	5,091	12,738			0	0		
11	Actual/F cast	160	65	257	(20)	213	180	180	202	231	233	233	262	855	2,197			2,010	187	0	2,197
12	Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,088)	(1,066)	(1,049)	(1,037)	(1,041)	(1,024)	(4,236)	(10,541)			2,010	187		

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	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	5,091	12,738
2	Actual/F'cast	160	65	257	(20)	213	190	182	204	233	214	214	244	864	2,156
3	Variance	0	(359)	(375)	(1,525)	(965)	(1,003)	(1,086)	(1,064)	(1,048)	(1,056)	(1,059)	(1,042)	(4,227)	(10,582)
4	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	2,916	6,544
5	Actual/F'cast	320	320	488	660	407	526	718	718	718	718	718	718	2,721	7,032
6	Variance	0	(4)	136	321	(668)	19	70	96	112	130	132	143	(194)	488
7	Budget/Plan	4	67	106	331	166	170	176	179	181	181	181	181	846	1,926
8	Actual/F'cast	4	37	116	65	75	60	100	106	100	100	100	101	357	963
9	Variance	0	(30)	9	(266)	(92)	(111)	(76)	(73)	(82)	(82)	(81)	(80)	(489)	(963)
10	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	325	650
11	Actual/F'cast	0	0	0	50	0	25	96	96	96	96	96	96	75	650
12	Variance	0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(250)	0
13	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	10	10	30	30	30	0	110
15	Variance	0	0	0	0	0	0	0	(20)	(20)	0	0	0	0	(40)
16	Budget/Plan	4	4	17	38	22	23	37	37	37	37	37	37	108	331
17	Actual/F'cast	4	5	5	0	1,022	4	10	10	10	10	10	10	1,040	1,088
18	Variance	0	2	(1)	(38)	1,000	(20)	(28)	(28)	(28)	(28)	(28)	(28)	932	766

6

This Table is currently showing 0 errors

Table C3 - Tracker

E000		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 Release) & Capital Avoidance	Month 1 - Plan	480	473	473	1,211	2,293	2,242	2,260	2,137	2,144	2,200	2,110	2,110	2,280	6,287	22,380	2,000	19,780	1,900	20,778	
	Month 1 - Actual/Forecast	480	477	471	1,211	2,293	2,242	2,260	2,137	2,144	2,200	2,110	2,110	2,280	6,287	22,380	2,000	19,780	1,900	20,778	
	Variance	-	-6	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	In Year - Plan	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111	
	In Year - Actual/Forecast	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111	
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plan	480	473	473	1,211	2,293	2,242	2,260	2,137	2,144	2,200	2,110	2,110	2,110	6,287	22,380	2,000	19,780	1,900	20,778	
	Total Actual/Forecast	480	477	471	1,211	2,293	2,242	2,260	2,137	2,144	2,200	2,110	2,110	2,110	6,287	22,380	2,000	19,780	1,900	20,778	
	Total Variance	-	-6	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
In Year - Plan	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
In Year - Actual/Forecast	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Plan	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
Total Actual/Forecast	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
In Year - Plan	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
In Year - Actual/Forecast	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Plan	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
Total Actual/Forecast	-	-	-	1,551	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	2,934	32,766	111,111	0	111,111	0	111,111		
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Month 1 - Plan	480	474	474	1,214	2,320	2,269	2,287	2,164	2,171	2,227	2,137	2,137	2,287	6,304	22,511	2,020	19,991	1,920	20,911		
Month 1 - Actual/Forecast	480	477	471	1,214	2,320	2,269	2,287	2,164	2,171	2,227	2,137	2,137	2,287	6,304	22,511	2,020	19,991	1,920	20,911		
Variance	-	-6	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
In Year - Plan	-	-	-	1,554	3,061	3,061	3,061	3,061	3,061	3,061	3,061	3,061	3,061	32,861	111,333	0	111,333	0	111,333		
In Year - Actual/Forecast	-	-	-	1,554	3,061	3,061	3,061	3,061	3,061	3,061	3,061	3,061	3,061	32,861	111,333	0	111,333	0	111,333		
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total Plan	480	474	474	1,214	2,320	2,269	2,287	2,164	2,171	2,227	2,137	2,137	2,287	6,304	22,511	2,020	19,991	1,920	20,911		
Total Actual/Forecast	480	477	471	1,214	2,320	2,269	2,287	2,164	2,171	2,227	2,137	2,137	2,287	6,304	22,511	2,020	19,991	1,920	20,911		
Total Variance	-	-6	-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		



**Agenda Item**

2.2.2

**Planning, Performance and Finance Committee**

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

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	



## 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. However, it should be noted that this meeting will hold its last meeting in November 2024. As noted in agenda item 7 of the Committee agenda the activity captured in the Cycle of Business has been incorporated into the new Committee Structure, predominantly the Operational Delivery Committee and Strategic Development Committee.

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



<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Safe	
	If more than one applies please list below:	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	
<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

6.1 There are no next steps required.

# Planning, Performance & Finance Committee

## Cycle of Business (1<sup>st</sup> February 2024 – 31<sup>st</sup> 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 1<sup>st</sup> February 2024 to 31<sup>st</sup> March 2025. However, it should be noted that this meeting will hold its last meeting in November 2024. As noted in agenda item 7 of the Committee agenda the activity captured in the Cycle of Business has been incorporated into the new Committee Structure, predominantly the Operational Delivery Committee and Strategic Development Committee.

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

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

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

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

### Planning Performance & Finance Committee Cycle of Business (1<sup>st</sup> February 2024 – 31<sup>st</sup> March 2025)

These meetings will cease from November 2024

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																	

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
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R					
Action Log	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R					
<b>Internal Control &amp; Risk Management</b>																	
Planning, Performance & Finance Committee Annual Report	Director of Corporate Governance	Annually						R									
Planning, Performance & Finance Committee Annual Self-Assessment	Director of Corporate Governance	Annually								R Defer to Oct 2024		R					
Planning, Performance & Finance Committee Terms of Reference	Director of Corporate Governance	Annually						R									
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R					
Committee Highlight Report	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R					
Planning, Performance & Finance Committee Annual Cycle of Business	Director of Corporate Governance	Annually		R													
<b>Improving Care</b>																	
Integrated Medium Term Plan	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	Quarterly		R						R							
Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy and Transformation	Annually										R					
Performance Dashboard	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R					

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
Deep dive into one aspect of the Performance Dashboard (subject to be confirmed)	Chief Operating Officer	All Regular Meetings		R		R		R		R		R					
<b>Sustaining Our Future</b>																	
Finance Report	Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R					
Monthly Monitoring Returns to Welsh Government	Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R					
Quarterly Update on Capital	Executive Director of Finance & Procurement	Quarterly				R				R Defer to Oct 24		R					
Estates and Facilities Operational Performance and Energy Performance	Director of Finance	Annually								R							
CTM Value Based Health Care Steering Group Highlight Report	Executive Director of Finance & procurement	Annually						R									
<b>Governance and Assurance</b>																	
Organisational Risk Register	Director of Governance	All Regular Meetings		R		R		R		R		R					



**Agenda Item**

4.1

**Planning, Performance and Finance Committee**

**Organisational Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Review
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	August 2024	RISKS REVIEWED
Operational Management Board	August 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	9 <sup>th</sup> September 2024	MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	17 <sup>th</sup> October 2024	RISK REVIEWED

<b>Acronyms / Glossary of Terms</b>	



## 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 5<sup>th</sup> 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 **701** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 In addition, the Health, Safety & Fire Directorate have run Managing Safely Courses during the period which has a designated section on risk. These sessions were held as follows:
- June 2024 – 7 attendees
  - August 2024 -13 attendees
- 2.10 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.11 65 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.74 out of a maximum score of 5.
- 2.12 100% of the 65 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 97% of the 65 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:
- *"Using the live example on Datix was very helpful."*
  - *"Being a fairly new team leader, and new to Datix etc., I feel this has given me a little more insight into who should be doing what and when. I feel confident enough to share information with the team."*
  - *"As a board member I wanted to understand how risk was identified, assessed and scored across the organisation. The training achieved that and I now feel I have further context to the risk reporting I see at Board."*
  - *"An accessible, clear and succinct session which provides a valuable understanding of all things risk."*
  - *"I've done a risk assessment before and really had no clear guidance but this is really informative and I'd feel more confident to do another one"*
  - *"I felt it had good amount of information without overloading and good cadence"*
  - *"Pacing was great so easy to follow... Information was provided at a level accessible to all"*
  - *"Gave a good overview of how to register a risk and the scoring expectations"*



### 3. Key Risks / Matters for Escalation

#### 3.1 NEW RISKS

Nil.

#### 3.2 CHANGES TO RISKS

##### Risk Score Increased

There were no increases in risk score for those risks escalated to the Organisational Risk Register on this occasion.

##### Risk Score Decreased

##### Children & Family Care Group

- **Datix Risk ID 5755 - Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit.** Risk reviewed and with mitigations in place since risk was identified. Reduced consequence to a 4 (so overall score of 16 until September 6th) From September 6th units will be fully vacated so risk will be further reduced and work will commence to remove the risk entirely after the 12 week programme of refurbishment.

#### 3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.

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

Consequence	5				5730	
	4				5755 5764 5765 5691	4491 4071 3826 5821
	3					
	2					
	1					
CxL	1	2	3	4	Likelihood	5



**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
1a	<b>Sufficient capacity to meet elective demand</b>	 IMPROVING CARE	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	<b>16</b> (C4xL4)
1b	<b>Sufficient capacity to meet emergency demand</b>	 IMPROVING CARE	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	<b>20</b> (C4xL5)
10	<b>Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government</b>	 SUSTAINING OUR FUTURE	Executive Director of Finance	Planning, Performance & Finance Committee	<b>16</b> (C4xL4)

**4. Assessment**

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



<a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Safe
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below) See detail captured for each risk	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	



	See detail captured for each risk
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i>	Yes (Include further detail below)
<b>Resource Impact</b> <i>(People / Financial)</i>	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
Risk ID	Strategic Risk Owner	Core 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
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	No Health Board MRI Paediatric Service	If there is no MRI paediatric 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.	Pricing debts to be purchased - Capital Statement of need ongoing. Update August 2024 - Defibrillator ordered and should be arriving w/c 26th August 2024. DTPS Care Group have been working on a new policy to allow Patients with a Conditional Cancer Implantable device to access MRI scans in CTM (which will initially be at Prince Charles Hospital). This has required considerable work between Radiology, Cardiology and Cardiac Physiology Teams. Care Group Medical Director has been chair of this working group. DTPS Care Group have now pulled together a policy document which is just being finalised with support and help from the appropriate teams. As soon as the defibrillator arrives they will be planning to run the service at PCH within the next fortnight on Monday, Wednesday and Friday afternoons with support of Cardiac Physiology, Radiologist and Radiology. What they have not had the service consultant Radiologist input has been given to suggest other imaging options. No Harm has been recorded to patients as a result of not having this service at present.	Planning, Performance & Finance Committee Quality & Safety Committee	20	CxL4	4 (C4xL1)	↔	21.03.2024	27.8.2024	30.09.2024
5821	Executive Director of Strategy & Transformation	Central Corporate Director - 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 UHS).	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 UHS Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GPs 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. Update August 2024 - awaiting costed proposal from provider. Currently no change to risk score whilst this is explored.	Planning, Performance & Finance Committee Quality & Safety Committee	20	C4xL5	4 (C4xL1)	↔	08.07.2024	28.08.2024	30.09.2024
4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety	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 risk management processes as follows: - Specialty 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 reviewed 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 national and local criteria. • Demand and Capacity Planning being refined in the UHS 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 ILC 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 August 2024 - <b>Effective Demand</b> - There has been continuous improvement against trajectories for elective demand for a range of services including Dental Health and Elective Demand. The risk score has been reviewed and remains unchanged on this occasion, due to the following potential impacts. The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Board's ability to mitigate this risk, as capacity cannot be protected. The large-scale capital programme will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. The current Free enforcement notices 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 ADNI and WLI 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. Update Sept 2024 - Risk remains the same given the ongoing constraints above but good progress is being made across all specialties to manage planned care position. Notably, as at the end of August, as per plan, 156 week waits have been cleared. The Single Cancer Pathway (SCP) will remain a key focus with a target of 70% compliance by March 25. <b>Emergency Demand</b> - There has been some improvement against trajectories for emergency demand. Specifically in total reduction of lost ambulance hours. The risk score has been reviewed and remains unchanged, due to the following potential impacts. 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 Board's 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 ADNI and WLI 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. Update Sept 24 - review focus on 1 hour ambulance handovers and 12 hour waits in ED. Reset fortnight extremely successful in resetting PCH Acute medicine to better facilitate the flow of patients out of ED and utilise SOEC resources. This work, which comes under the STAMP project, will roll out into POW and RCH in a phased approach. Strategies to reduce Delayed Transfers of Care (DTC) across CTM footprint continue through the 6 goals workstreams no roll out of optimise and progression of the CTM 'Hospital at Home' service model.	Quality & Safety Committee Planning, Performance & Finance Committee	20	C4xL5	12 (C4 x L3)	↔	13.7.2023	29.08.2024	30.09.2024
4071	Chief Operating Officer	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety	Failure to sustain services as currently configured to meet cancer targets.	IF: The Health Board fails to sustain services as currently configured to meet cancer targets. Then: The Health Board's 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. Risk 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 reconfiguring endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for HDI and clinics, utilising Virtual options. Cancer performance is monitored through the more rigorous 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, Gynaec and colorectal, enhanced monitoring with Velindre Cancer Centre. Update August 2024 - risk ongoing, no new updates in addition to those reported in July 2024, to be reviewed in September 2024.	Quality & Safety Committee Planning, Performance & Finance Committee	20	C4 x L5	12 (C4 x L3)	↔	01.04.2014	23.08.2024	30.09.2024
3035 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	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 major cases, ambulance arrivals and self presenters.  Filling the last resort 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 Y5 to mitigate against the loss of bed capacity in the care home sector and Neatey community hospital. • Daily site wide safety meetings to ensure flow and site safety is maintained. • There is now a daily WAST hot 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 OCH 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 1 Emergency Care. 6. Developing data intelligence Emergency department acuity levels, including risk stratification and clinical frailty score for all attendances in each of our Emergency Departments. 7. CTM DMP 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.  August 2024 - Risk remains unchanged in terms of mitigation and scoring.	Quality & Safety Committee Planning & Performance Committee	20	C4xL5	12 (C4xL3)	↔	24.09.2019	28.08.2024	30.09.2024
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 IT servers, 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.  Update August 2024 - Risk reviewed and with mitigations in place since risk was identified. Reduced consequence to a 4 (so overall score of 16 until Sept 6th) From Sept 6th units will be fully vacated so risk will be further reduced and work will commence to remove the risk entirely after the 12 week programme of refurbishment.  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 and impact of the risk as well as the likelihood of occurrence. 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 from a 5. In terms of the target score. This update will be reflected in the September iteration of the Organisational Risk Register.	Planning, Performance & Finance Committee Quality & Safety Committee	16 Decreased from a 20 in September 2024	C4xL4	C4xL2	↓	18.04.2024	02.09.2024	02.10.2024
5691	Chief Operating Officer	Facilities Directorate	Assistant Director Facilities	Sustaining Our Future	Patient / Staff /Public Safety	CCTV System Failure in Prince Charles Hospital	IF: Major CCTV security management platform (SMP) headed server 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) headed 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 1249 new CCTV cameras as part of the PCH refurbishment scheme and the existing old (SMP) headed server does not have the functionality and capacity to accept these additional cameras therefore the contractor to date 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, the system contractor and Capital Major Projects team who are managing the PCH site Major projects to review the faults and aim to resolve the issue.	Update August 2024 - The Estate CCTV system contractor attended site and identified the root cause of the system failure and restored the PCH security management system headed and power to the majority of existing site cameras.  The outcome and recommendation from the system contractor, Capital Major Projects team and TD is that there is further CCTV system replacement and upgrade of hardware and software work to be undertaken. The existing Security Management Platform (SMP) which is the headend control system is old and not fit for purpose and requires replacement and upgrading. Until the (SMP) headend is replaced, the G/FF contractor will also be unable to fully install the 1249 new site G/FF scheme CCTV cameras and a 'moderate' risk of future system failure remains until this work is completed. A specification and estimate of cost of a new (SMP) headend has been completed and funding has been approved. Waiting for a contractor to be allocated the work and an installation date to install the SMP system.  Security Systems Risk Assessments  A rolling programme of security vulnerability risk assessments is being undertaken out at a number of sites that include the suitability, compliance and provision of current CCTV and control of access systems and where systems may require replacing and upgrading or where site system provision is inadequate.  Where there is a requirement for replacement/upgrade or additional systems further work is then required with support from Estates and Digital Services to complete the system technical specifications before a statement of need is provided to the Operational Capital Group for replacement or new works and security hardware/software scheme funding.	Health Safety & Fire Sub Committee Quality & Safety Committee Planning, Performance & Finance Committee	16	C4xL4	C3xL4 12	↔	31.01.2024	30.08.2024	01.10.2024
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 Matters 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 £D.9m Red. • M4 update: The M4 YTD position is a £4.1m deficit, which includes a £6.2m shortfall in savings delivery offset by other favourable variances of £2.1m. The forecast break-even position has been maintained at M4. However, the level of risks that the Health Board is now trying to manage has increased significantly with a net risk of £16.1m. At this stage, there is a significant risk that the forecast break-even position for 24/25 will deteriorate in M5. • All Care Groups and directorates with forecast overruns have been asked to prepare recovery plans to show the key actions and choices needed to deliver a break-even position in 24/25 and also recurrently. A detailed review of these recovery plans and risks will be undertaken prior to the M5 Monitoring Return submission to WG. 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	20.08.2024	31.10.2024

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Risk 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
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	<p>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.</p> <p>THEN: The Health Board may not be able to deliver a break-even financial position for 2025/26.</p> <p>RESULTING IN:</p> <ul style="list-style-type: none"> <li>The Health Board not being able to increase investments in services and/or reduce savings targets from current levels.</li> <li>Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action.</li> <li>WIG not supporting the Health Board's plan for 25/26</li> <li>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.</li> <li>Potential cash shortfalls in 25/26.</li> </ul>	<ul style="list-style-type: none"> <li>Financial Accountability letters from CEO to Executive Leadership Group.</li> <li>Monthly monitoring arrangements and meetings in place with Care Groups and directorates.</li> <li>Regular reporting to the Executive leadership Group, the Planning, Performance &amp; Finance Committee and the Board.</li> </ul>	<ul style="list-style-type: none"> <li>M4 update: The M4 YTD position is a £4.1m deficit, which includes a £6.2m shortfall in savings delivery offset by other favourable variances of £2.1m. The forecast break-even position has been maintained at M4. However, the level of risks that the Health Board is now trying to manage has increased significantly with a net risk of £16.1m. At this stage, there is a significant risk that the forecast recurrent surplus of £2.1m will deteriorate in M5.</li> <li>All Care Groups and directorates with forecast overspends have been asked to prepare recovery plans to show the key actions and choices needed to deliver a break-even position in 24/25 and also recurrently. A detailed review of these recovery plans and risks will be undertaken prior to the M5 Monitoring Return submission to WIG.</li> <li>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.</li> </ul>	Planning, Performance & Finance Committee	15	C4xL4	12 C4xL3	↔	30.04.2024	20.08.2024	31.10.2024

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
Nil as assigned to Committee											

	A	B	C	D	E	F	G	H	I	J	K
	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
1											
2	Nil as assigned to this Committee										



<b>Agenda Item</b>
5.1

## Planning, Performance & Finance Committee

### Integrated Performance Dashboard

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open / Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Jose Roper, Senior Performance Monitoring Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

Committee/Group/Individuals	Date	Outcome
Gethin Hughes, Chief Operating Officer	16/10/2024	Endorsed for Approval

**Acronyms / Glossary of Terms**

<b>ABUHB</b>	Aneurin Bevan University Health Board
<b>AMU</b>	Acute Medical Unit
<b>BCUHB</b>	Betsi Cadwaladr University Health Board
<b>BSW</b>	Bowel Screening Wales
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>COO</b>	Chief Operating Officer
<b>CTMUHB</b>	Cwm Taf Morgannwg University Health Board
<b>CTP</b>	Care and Treatment Plan
<b>CYP</b>	Children and Young People
<b>C&amp;VUHB</b>	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

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

The UHB submitted to Welsh Government a balanced integrated medium-term plan (IMTP) for 2024-27. In August 2024, the Former Cabinet Secretary for Health, Social Care and Welsh Language approved our IMTP. In doing so, she stipulated to a number of accountability conditions to ensure that the UHB continues to focus on delivering her Government's priorities. These are all current measures within the Performance Framework and our progress in delivering on these is shown in Quadruple Aim 2 of this report (page 9).

## 2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's performance framework, the Cabinet Secretary's accountability conditions 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 Welsh Government 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 7 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	
<p><b>72.1% of adults aged 65 and over received the influenza vaccine during the last week of March 2024</b> →</p> <p><i>Compared to the previous period the rate was 72.0%</i></p>	<p><b>As at end of Feb 2024, 41.4% of frontline healthcare workers received the influenza vaccine</b> ↓</p> <p><i>Compared to the 2022/23 season, the uptake was 50%</i></p>	<p><b>The Month 05 financial position is £3.8m deficit. This is a decrease of £0.4m from the previous month</b> ↓</p>	<p><b>67.6% of patients were seen within 4 hours from arrival at an Emergency Department</b> →</p> <p><i>Compared to last month compliance was 66.6%</i></p>	<p><b>100% of GP Practices have achieved in-hours access standards during 2022/23</b> ↑</p> <p><i>Compared to the previous year the rate was 98%</i></p>
<p><b>1.45% of adults who smoke made a quit attempt during Q1 2024/25 which equates to an annual rate of 5.8%</b> ↑</p> <p><i>Compared to the previous year 5.65% of smokers made a quit attempt</i></p>	<p><b>91.6% of children aged 5 were up to date with their vaccinations</b> ↑</p> <p><i>Compared to the previous quarter the rate was 89.2%</i></p>		<p><b>Provisionally 3,326 patients are waiting longer than 2 years for referral to treatment</b> ↑</p> <p><i>Compared to the previous period 3,281 patients had waited this length of time</i></p>	<p><b>56.4% of patients started their cancer treatment within 62 days</b> ↑</p> <p><i>Compared to the previous month the rate was 50.4%</i></p>

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

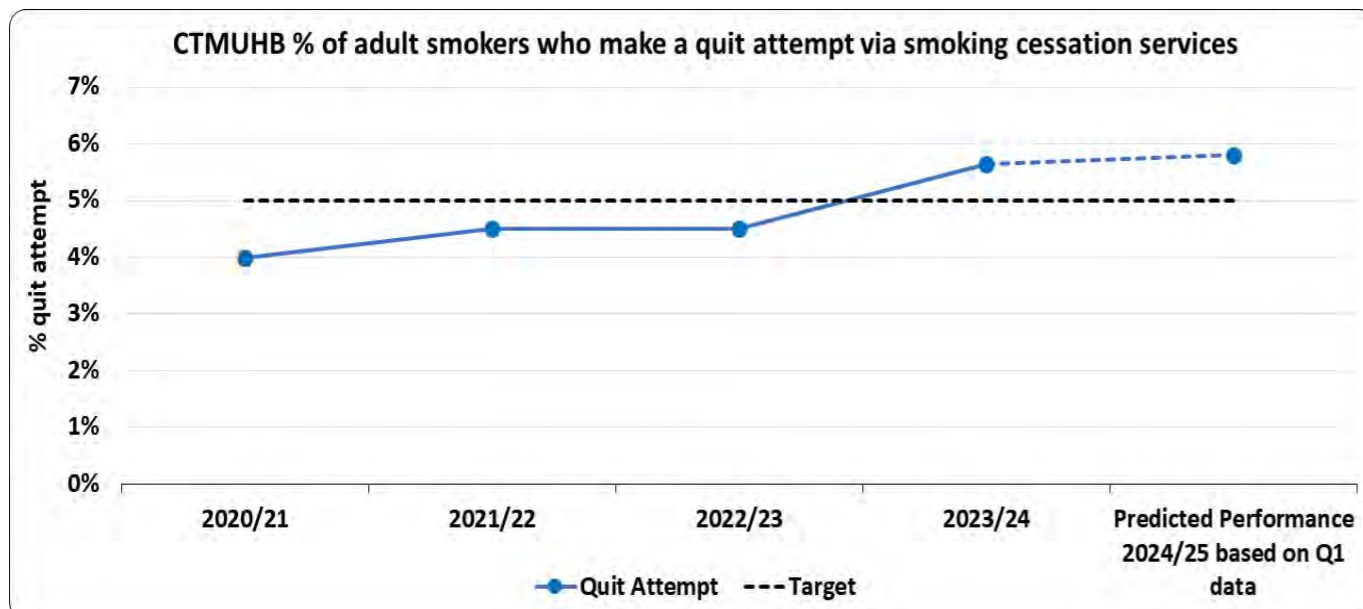
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management																																																																
	Performance Measure	Target	Key: <span style="color: orange;">—●—</span> Trend <span style="color: grey;">- - -</span> Target/Trajectory	Key: Target Achieved <span style="background-color: #d9ead3;"> </span> Target Failed <span style="background-color: #f4cccc;"> </span>	Latest Position																																																											
	Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Year</th><th>Q1-Q4</th></tr> <tr><td>2020/21</td><td>4.0%</td></tr> <tr><td>2021/22</td><td>4.5%</td></tr> <tr><td>2022/23</td><td>4.5%</td></tr> <tr><td>2023/24</td><td>5.5%</td></tr> <tr><td>2024/25</td><td>1.45%</td></tr> </table>	Year	Q1-Q4	2020/21	4.0%	2021/22	4.5%	2022/23	4.5%	2023/24	5.5%	2024/25	1.45%	1.45% on the basis of this extrapolation compliance should hit 5.3% at year end	Q1 2024/25																																														
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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	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Quarter</th><th>2024/25</th></tr> <tr><td>Q1</td><td>7.95%</td></tr> </table>	Quarter	2024/25	Q1	7.95%	7.95%	Q1 2024/25																																																							
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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	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Year</th><th>Q4</th></tr> <tr><td>2021/22</td><td>70%</td></tr> <tr><td>2022/23</td><td>75%</td></tr> <tr><td>2023/24</td><td>78%</td></tr> <tr><td>2024/25</td><td>68.4%</td></tr> </table>	Year	Q4	2021/22	70%	2022/23	75%	2023/24	78%	2024/25	68.4%	68.4%	Q1 2024/25																																																		
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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%	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Year</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr> <tr><td>2020/21</td><td>90%</td><td>92%</td><td>93%</td><td>94%</td></tr> <tr><td>2021/22</td><td>92%</td><td>93%</td><td>94%</td><td>95%</td></tr> <tr><td>2022/23</td><td>91%</td><td>92%</td><td>93%</td><td>94%</td></tr> <tr><td>2023/24</td><td>90%</td><td>91%</td><td>92%</td><td>93%</td></tr> </table>	Year	Q1	Q2	Q3	Q4	2020/21	90%	92%	93%	94%	2021/22	92%	93%	94%	95%	2022/23	91%	92%	93%	94%	2023/24	90%	91%	92%	93%	91.6%	Q4 2023/24																																			
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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%	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Year</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr> <tr><td>2023/24</td><td>85%</td><td>86%</td><td>87%</td><td>88%</td></tr> <tr><td>2024/25</td><td>84.0%</td><td></td><td></td><td></td></tr> </table>	Year	Q1	Q2	Q3	Q4	2023/24	85%	86%	87%	88%	2024/25	84.0%				84.0%	Q4 2023/24																																													
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Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.24 - 31.03.25)	75%	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Month</th><th>Uptake</th></tr> <tr><td>Oct-23</td><td>55%</td></tr> <tr><td>Nov-23</td><td>65%</td></tr> <tr><td>Dec-23</td><td>68%</td></tr> <tr><td>Jan-24</td><td>70%</td></tr> <tr><td>Feb-24</td><td>71%</td></tr> <tr><td>Mar-24</td><td>72.4%</td></tr> </table>	Month	Uptake	Oct-23	55%	Nov-23	65%	Dec-23	68%	Jan-24	70%	Feb-24	71%	Mar-24	72.4%	72.4%	Data for 2024/25 will be available shortly																																														
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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)	75%	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Month</th><th>Uptake</th></tr> <tr><td>Apr-23</td><td>40%</td></tr> <tr><td>May-23</td><td>55%</td></tr> <tr><td>Jun-23</td><td>65%</td></tr> <tr><td>Jul-23</td><td>70%</td></tr> <tr><td>Aug-23</td><td>75%</td></tr> <tr><td>Sep-23</td><td>10%</td></tr> <tr><td>Oct-23</td><td>20%</td></tr> <tr><td>Nov-23</td><td>35%</td></tr> <tr><td>Dec-23</td><td>45%</td></tr> <tr><td>Jan-24</td><td>50%</td></tr> <tr><td>Feb-24</td><td>55%</td></tr> <tr><td>Mar-24</td><td>50%</td></tr> <tr><td>Apr-24</td><td>25%</td></tr> <tr><td>May-24</td><td>50%</td></tr> <tr><td>Jun-24</td><td>59.6%</td></tr> </table>	Month	Uptake	Apr-23	40%	May-23	55%	Jun-23	65%	Jul-23	70%	Aug-23	75%	Sep-23	10%	Oct-23	20%	Nov-23	35%	Dec-23	45%	Jan-24	50%	Feb-24	55%	Mar-24	50%	Apr-24	25%	May-24	50%	Jun-24	59.6%	59.6%	Jun-24																												
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Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Month</th><th>Rate</th></tr> <tr><td>Apr-22</td><td>10%</td></tr> <tr><td>May-22</td><td>10%</td></tr> <tr><td>Jun-22</td><td>10%</td></tr> <tr><td>Jul-22</td><td>10%</td></tr> <tr><td>Aug-22</td><td>10%</td></tr> <tr><td>Sep-22</td><td>10%</td></tr> <tr><td>Oct-22</td><td>10%</td></tr> <tr><td>Nov-22</td><td>10%</td></tr> <tr><td>Dec-22</td><td>10%</td></tr> <tr><td>Jan-23</td><td>10%</td></tr> <tr><td>Feb-23</td><td>10%</td></tr> <tr><td>Mar-23</td><td>10%</td></tr> <tr><td>Apr-23</td><td>10%</td></tr> <tr><td>May-23</td><td>10%</td></tr> <tr><td>Jun-23</td><td>10%</td></tr> <tr><td>Jul-23</td><td>10%</td></tr> <tr><td>Aug-23</td><td>10%</td></tr> <tr><td>Sep-23</td><td>10%</td></tr> <tr><td>Oct-23</td><td>10%</td></tr> <tr><td>Nov-23</td><td>10%</td></tr> <tr><td>Dec-23</td><td>10%</td></tr> <tr><td>Jan-24</td><td>10%</td></tr> <tr><td>Feb-24</td><td>10%</td></tr> <tr><td>Mar-24</td><td>10%</td></tr> <tr><td>Apr-24</td><td>10%</td></tr> <tr><td>May-24</td><td>10%</td></tr> <tr><td>Jun-24</td><td>10%</td></tr> <tr><td>Jul-24</td><td>11.7%</td></tr> </table>	Month	Rate	Apr-22	10%	May-22	10%	Jun-22	10%	Jul-22	10%	Aug-22	10%	Sep-22	10%	Oct-22	10%	Nov-22	10%	Dec-22	10%	Jan-23	10%	Feb-23	10%	Mar-23	10%	Apr-23	10%	May-23	10%	Jun-23	10%	Jul-23	10%	Aug-23	10%	Sep-23	10%	Oct-23	10%	Nov-23	10%	Dec-23	10%	Jan-24	10%	Feb-24	10%	Mar-24	10%	Apr-24	10%	May-24	10%	Jun-24	10%	Jul-24	11.7%	11.7%	Jul-24		
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Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	<table border="1" style="margin-top: 5px; font-size: 8px;"> <tr><th>Month</th><th>Rate</th></tr> <tr><td>Apr-22</td><td>96%</td></tr> <tr><td>May-22</td><td>97%</td></tr> <tr><td>Jun-22</td><td>96%</td></tr> <tr><td>Jul-22</td><td>97%</td></tr> <tr><td>Aug-22</td><td>96%</td></tr> <tr><td>Sep-22</td><td>97%</td></tr> <tr><td>Oct-22</td><td>96%</td></tr> <tr><td>Nov-22</td><td>97%</td></tr> <tr><td>Dec-22</td><td>96%</td></tr> <tr><td>Jan-23</td><td>97%</td></tr> <tr><td>Feb-23</td><td>96%</td></tr> <tr><td>Mar-23</td><td>97%</td></tr> <tr><td>Apr-23</td><td>96%</td></tr> <tr><td>May-23</td><td>97%</td></tr> <tr><td>Jun-23</td><td>96%</td></tr> <tr><td>Jul-23</td><td>97%</td></tr> <tr><td>Aug-23</td><td>96%</td></tr> <tr><td>Sep-23</td><td>97%</td></tr> <tr><td>Oct-23</td><td>96%</td></tr> <tr><td>Nov-23</td><td>97%</td></tr> <tr><td>Dec-23</td><td>96%</td></tr> <tr><td>Jan-24</td><td>97%</td></tr> <tr><td>Feb-24</td><td>96%</td></tr> <tr><td>Mar-24</td><td>97%</td></tr> <tr><td>Apr-24</td><td>96%</td></tr> <tr><td>May-24</td><td>97%</td></tr> <tr><td>Jun-24</td><td>96%</td></tr> <tr><td>Jul-24</td><td>97%</td></tr> <tr><td>Aug-24</td><td>95.2%</td></tr> </table>	Month	Rate	Apr-22	96%	May-22	97%	Jun-22	96%	Jul-22	97%	Aug-22	96%	Sep-22	97%	Oct-22	96%	Nov-22	97%	Dec-22	96%	Jan-23	97%	Feb-23	96%	Mar-23	97%	Apr-23	96%	May-23	97%	Jun-23	96%	Jul-23	97%	Aug-23	96%	Sep-23	97%	Oct-23	96%	Nov-23	97%	Dec-23	96%	Jan-24	97%	Feb-24	96%	Mar-24	97%	Apr-24	96%	May-24	97%	Jun-24	96%	Jul-24	97%	Aug-24	95.2%	95.2%	Aug-24
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**% of adult smokers who make a quit attempt via smoking cessation services – 5% Annual Target**

**% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks – 40% Annual Target**

Q1 2024/25 = 1.45% (Predicted performance for 2024/25 = 5.8%)

Q1 2024/25 = 7.95%



CTMUHB		
Estimated number of smokers	Estimated % of CTMUHB population who are smokers	Estimated number of smokers needing to access smoking cessation to reach 5% of smokers
<b>53,900</b>	<b>14.7%</b>	<b>2,700</b>
Number of smokers treated by the smoking cessation service	Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter	
<b>Q1 2024/25</b>		
<b>780</b>	<b>62</b>	
<b>1.45%</b>	<b>7.95%</b>	

**What are the key challenges & actions in delivering smoking cessation targets?**

**Challenges:**

**Resource:** Achievement of the 5% target is limited by the capacity within smoking cessation services. During 2023/24 there was significant work and some additional investment to increase capacity and this resulted in CTM reaching the 5% target for the first time ever. However, there are challenges in sustaining this increased capacity:

- Fixed term funding was secured for 2 w.t.e. Help Me Quit Advisors during 2023/24, however there is currently no funding identified to continue these posts beyond March 2025.
- There was a successful effort to increase commissioned Community Pharmacies in actively delivering a smoking cessation service, however we are aware this is very dependent on capacity in this sector with many competing demands.

**CO validation of 4 week quits:** It is proving very challenging to meet this new target and it is unlikely to be met in 2024/25. This is for a number of reasons, including:

- A large proportion of clients are receiving remote support via telephone rather than face to face, and it is logistically very difficult to obtain CO readings in this situation.
- The majority of clients prefer a remote service and find it flexible and accessible.

*(It should be noted that all clients are followed up at 4 weeks to assess their quit status and this is recorded as self-reported if CO validation cannot be undertaken. Consequently, taking this into consideration the overall quit rate for Q1 2024/25 would be around 48%).*

**Actions:**

A plan is being implemented to reduce smoking prevalence to 5% by 2030, including meeting the smoking cessation targets as a key outcome and this is accountable to the Creating Health Board. The plan includes actions to address the challenges as follows:

**Resource:**

- Continued support to increase the number of Community Pharmacies delivering smoking cessation & improve quit rates.
- Business case being developed for continued funding of fixed term Help Me Quit Advisors.

**CO validation of 4 week quits:**

- Self-reported and CO validated quit data is being collected locally to give a full picture.
- The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues, to enable CO validation.
- Input to a national review of the Community Pharmacy smoking cessation service specifications and advocate for inclusion of routine CO validation when clients collect their pharmacotherapy which would enable the target to be met.

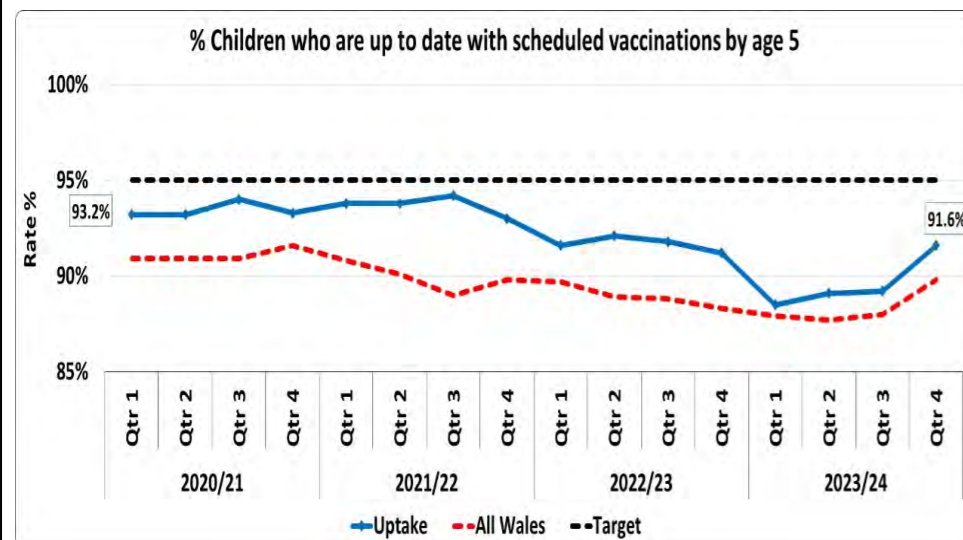
**Other actions to develop and promote smoking cessation services include:**

- Implementation of Help Me Quit in Hospital model, ensuring we support inpatients to stay smoke-free or initiate a quit attempt during their hospital stay.
- Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service.
- Implementing a communications plan to promote uptake of HMQ services.
- Increasing awareness and referrals from Primary Care, including a MECC pilot (Making Every Contact Count) with Optometry practices.



**% 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:**

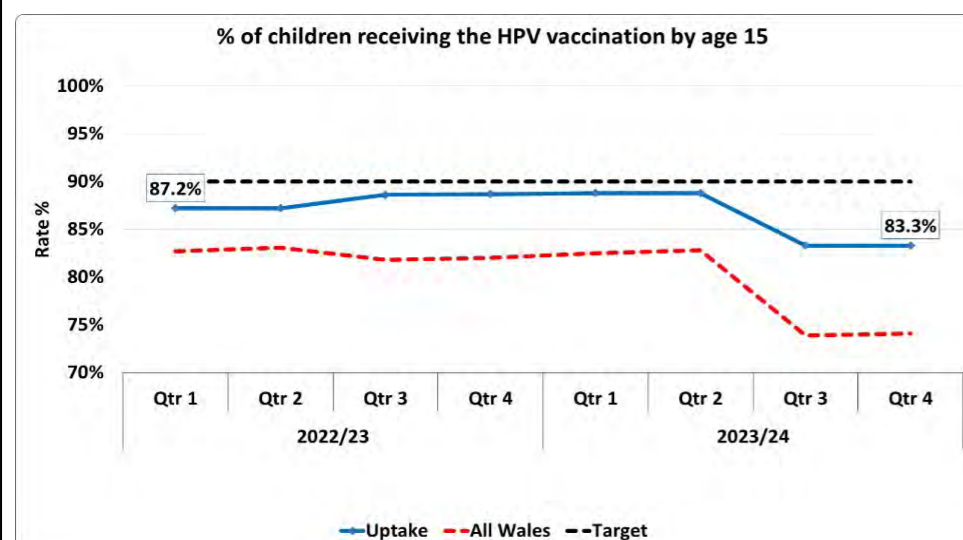
- Scheduled immunisations - achieving the Welsh Government uptake target (95%) for all scheduled childhood immunisation programmes and reducing inequalities. Changes to ages under 5 schedule will affect delivery.
- MMR uptake - Welsh Health Circular (2024) 008, received with the action that every school 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.

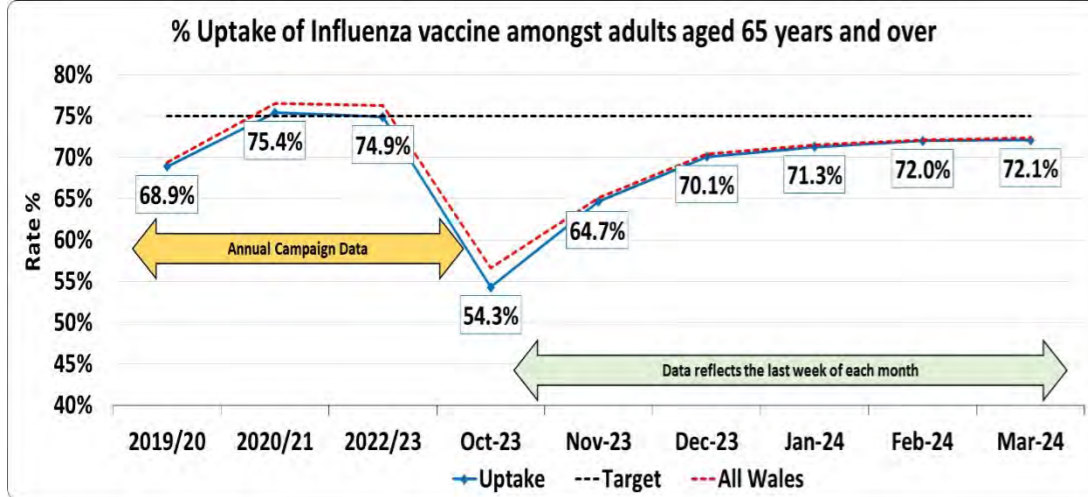
**Actions:**

- 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, now in final testing.
- 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.

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

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

Please note that data for the 2024/25 flu season will be available shortly.



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

### Challenges:

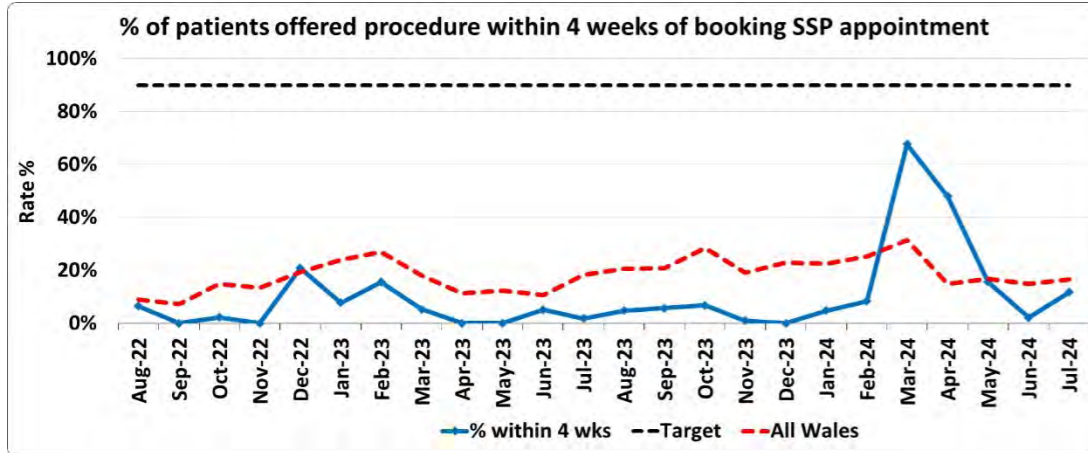
- **Vaccine fatigue** - in line with other HBs, CTM are experiencing a drop in vaccination uptake generically and especially since the pandemic. Understanding the underlying reasons and causes for this will be critical to allow any improvement in uptake.
- Joint Committee on Vaccination and Immunisation (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 65's 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:

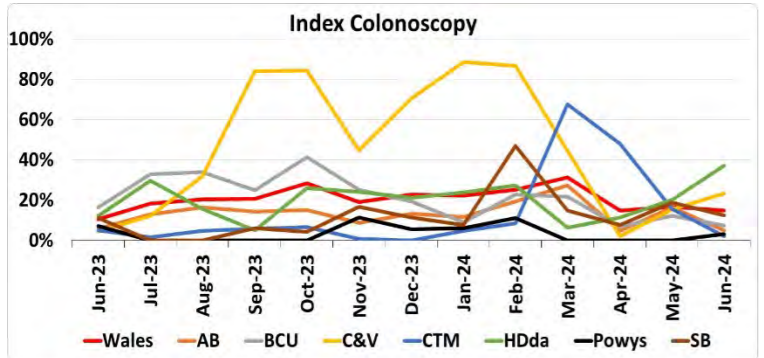
- **Vaccine fatigue** - ensure consideration for vaccine equity in all programme planning and increased communication.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) – recruitment into the health protection system will add some resource but will not alleviate 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% - July 2024 11.7%



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



Status as at June 2024		
Health Board	Compliance	Rank
HDda	37.3%	1st
C&V	23.5%	2nd
SB	12.5%	3rd
BCU	7.4%	4th
AB	5.2%	5th
Powys	3.3%	6th
<b>CTM</b>	<b>2.1%</b>	<b>7th</b>

**How are we doing & what actions are we taking?** Low compliance in recent months is due to SSP sickness absence delaying assessments and the limited amount of BSW Endoscopists we have within CTM. We are planning to run additional weekend BSW lists, but we are currently overcoming some issues regarding staffing and training, although the training for these staff members from POW has been successful. As of the 8<sup>th</sup> October there were 131 patients waiting for an index colonoscopy, of which, 99 have a booked appointment. Unfortunately, 85 patients will have waited longer than 4 weeks for their procedure and of these, 25 patients over 8 weeks. Following a period of sickness within the team, momentum has improved as staff members have returned 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 periods 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 3<sup>rd</sup> 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					
Performance Measure	Target	Key: <span style="color: orange;">—</span> Trend <span style="color: grey;">- - -</span> Target/Trajectory	Key: <span style="color: green;">■</span> Target <span style="color: red;">■</span> Target Failed	Latest Position	
Cabinet Secretary's Accountability Conditions	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	March 2024 baseline - 20% reduction by September 2024, further 20% reduction by March 2025		1,593	Sep-24
	Number of ambulance patient handovers over 1 hour	30% reduction on March 2024 baseline by December 2024		784	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	60% performance by December 2024 followed by 70% performance by March 2025		56.4%	Aug-24
	Number of patients waiting more than 8 weeks for a specified diagnostic	95% of modalities to be zero by December 2024		5,480	
	Number of patients waiting over 52 weeks for a new outpatient appointment	March 2024 baseline - 40% reduction by end of September 2024, zero by March 2025		17,092	Sep-24
	Number of patients waiting more than 104 weeks for referral to treatment	Zero by December 2024		3,326	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% by December 2024		85.1%	Aug-24
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% by December 2024		92.4%	
	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%
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%	Jul-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		44.8%	Apr to Aug 2024
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)		Increase compared to the same month in the previous year		1,682	Jul-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%		96.3%	Aug-24
% 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)		80%		93.5%	Aug-24

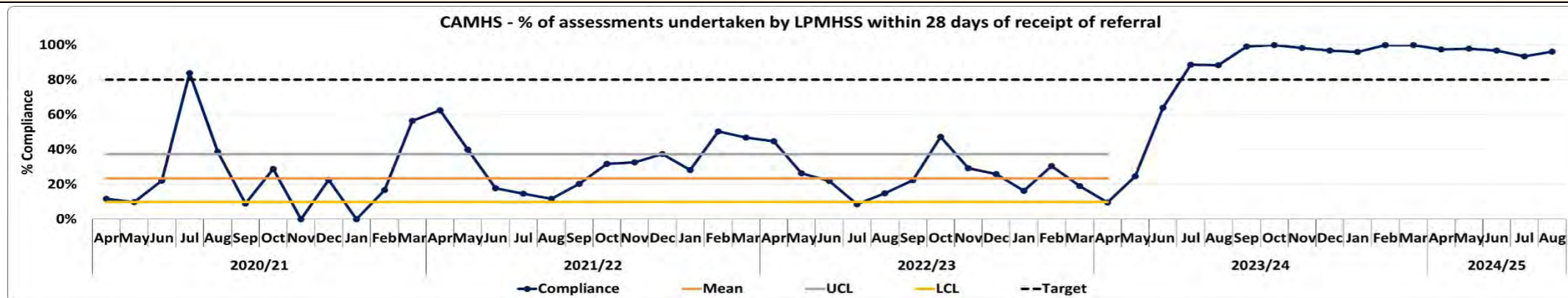
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure	Target	Key: <span style="color: orange;">—</span> Trend <span style="color: grey;">- - -</span> Target/Trajectory	Key: <span style="color: green;">■</span> Target <span style="color: red;">■</span> Target Failed	Latest Position	
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		42.9%	Sep-24
	Median emergency response time to amber calls	12 Month Reduction Trend		02:08:00	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		14	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		64	
	% 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%		67.6%	
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		98.0%	Sep-24
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero		50	
	Number of patients (all ages) waiting more than 14 weeks for audiology	Zero		83	
	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		43,830	
	Number of patients waiting more than 52 weeks for treatment	Month on month reduction towards the national target of zero by 30th June 2025		26,512	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		35.7%	Aug-24
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		57.7%	



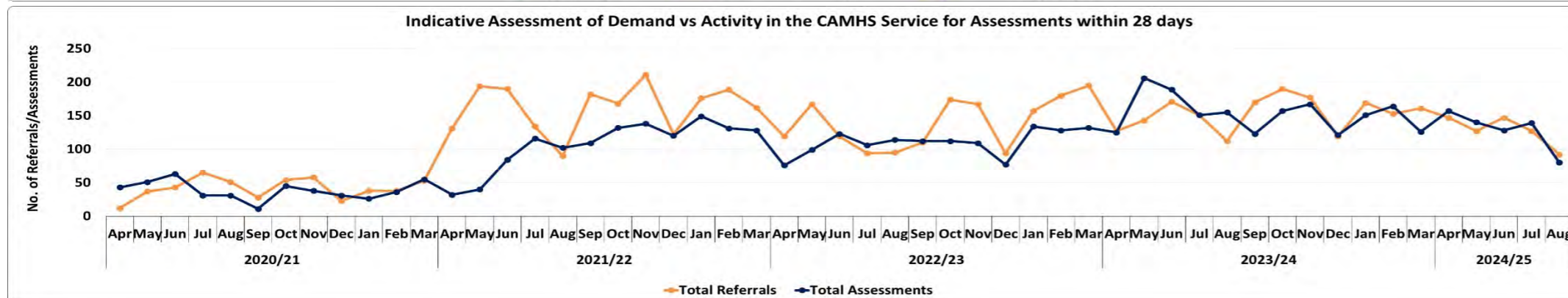
# CTMUHB Mental Health & Learning Disabilities Care Group

## CAMHS & Specialised Services – August 2024

### % of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.3%) - 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 August 2024 remained relatively stable at 96.3% and continues to exceed the WG target of 80%.

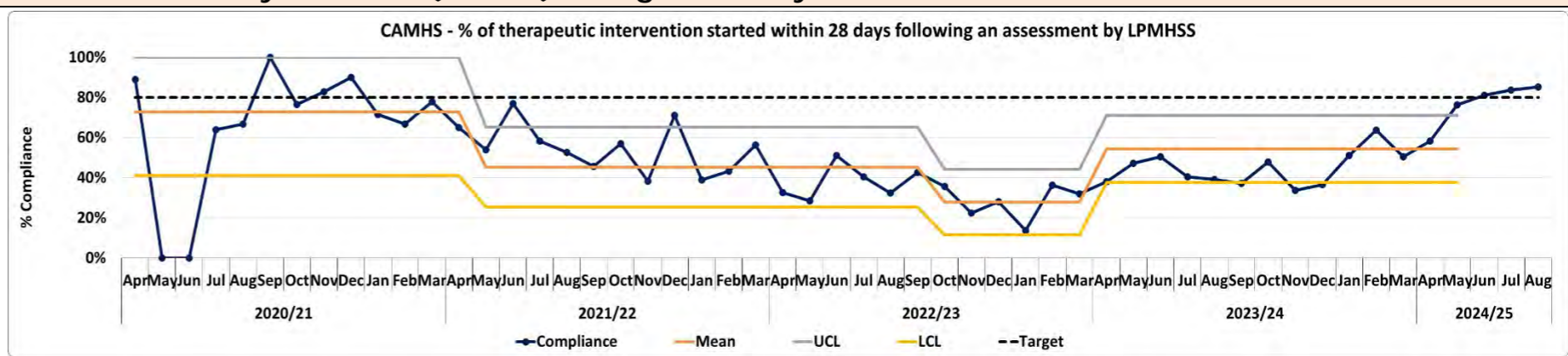


As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month, with the exception of August where assessments reduced to 80 and 77 of those were carried out during the requisite timescale.

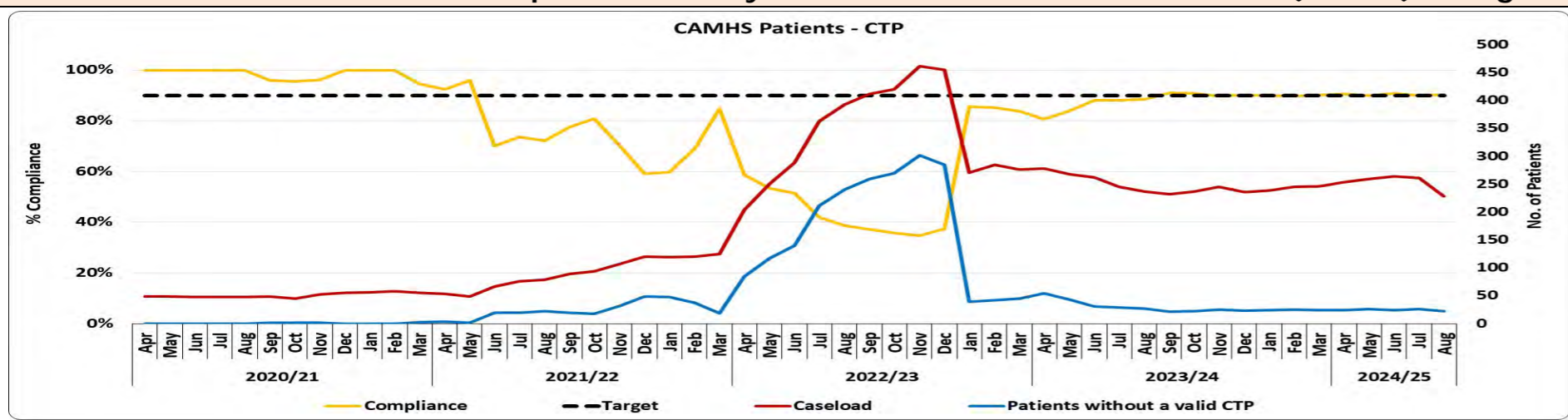
### % of therapeutic intervention started within 28 days following an assessment by LPMHSS (85.1%) - Target 80% by December 2024

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS further improved during August to 85.1% and continues to surpass the WG set target of 80%.

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 (90.4%) - 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 90.4% during August, meeting the WG standard.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have 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 22.

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

## 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.
- 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?

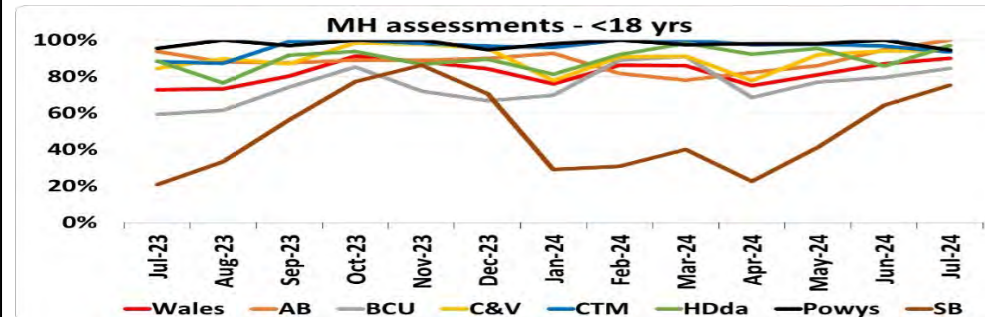
### Outputs of improvements:

- 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 August we had 58 patients on the waiting list (58 previous month also), with no patient waiting beyond 30 days. The average waiting time has remained at 2 weeks.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered was 51 with the average waiting time remaining at 3 weeks.
- As clinical teams have worked through the waiting list backlog our performance against the interventions target has steadily increased.
- During April we introduced referral-based access to the online digital platform SilverCloud to further help with interventions.
- Part 2:** The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's.

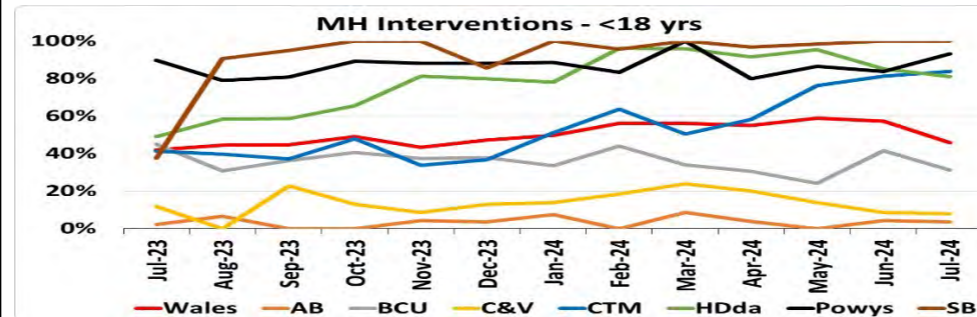
### Main areas of risk:

- 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.

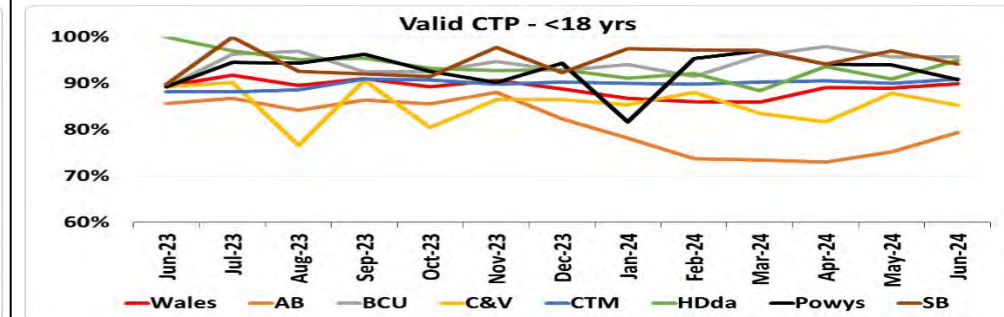
## How do we compare with our peers?



Status as at July 2024		
Health Board	Compliance	Rank
AB	100.0%	1st
HDda	97.0%	2nd
Powys	94.6%	3rd
C&V	94.3%	4th
<b>CTM</b>	<b>93.5%</b>	<b>5th</b>
BCU	84.5%	6th
SB	75.5%	7th

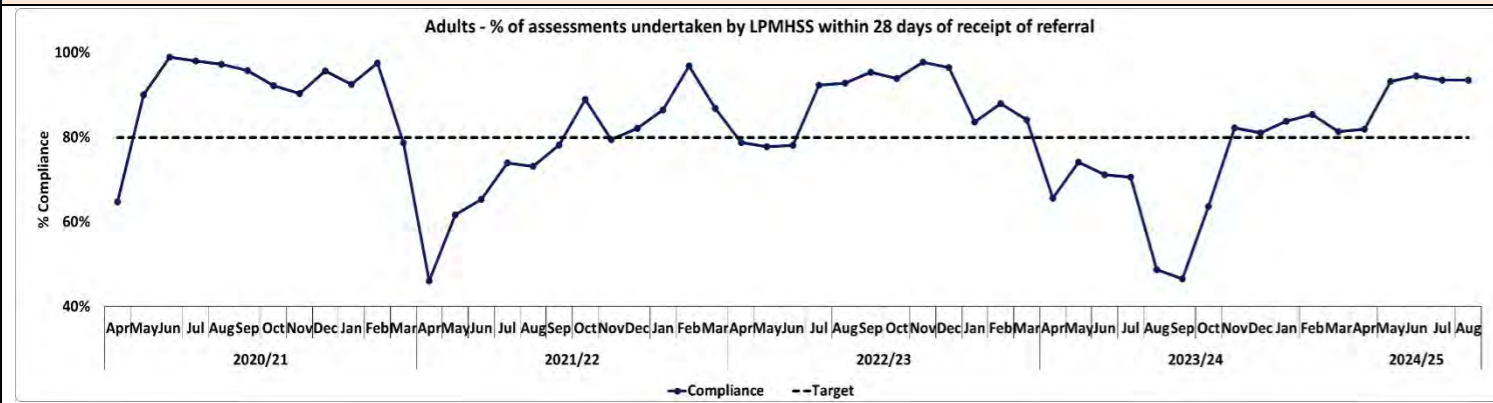


Status as at July 2024		
Health Board	Compliance	Rank
SB	100.0%	1st
Powys	93.1%	2nd
<b>CTM</b>	<b>83.8%</b>	<b>3rd</b>
HDda	81.0%	4th
BCU	31.3%	5th
C&V	7.9%	6th
AB	3.6%	7th



Status as at June 2024		
Health Board	Compliance	Rank
BCU	95.7%	1st
HDda	95.0%	2nd
SB	94.1%	3rd
<b>CTM</b>	<b>90.9%</b>	<b>4th</b>
Powys	90.8%	5th
C&V	85.3%	6th
AB	79.4%	7th

### % of assessments undertaken by LPMHSS within 28 days of receipt of referral (93.5%) - Target 80%



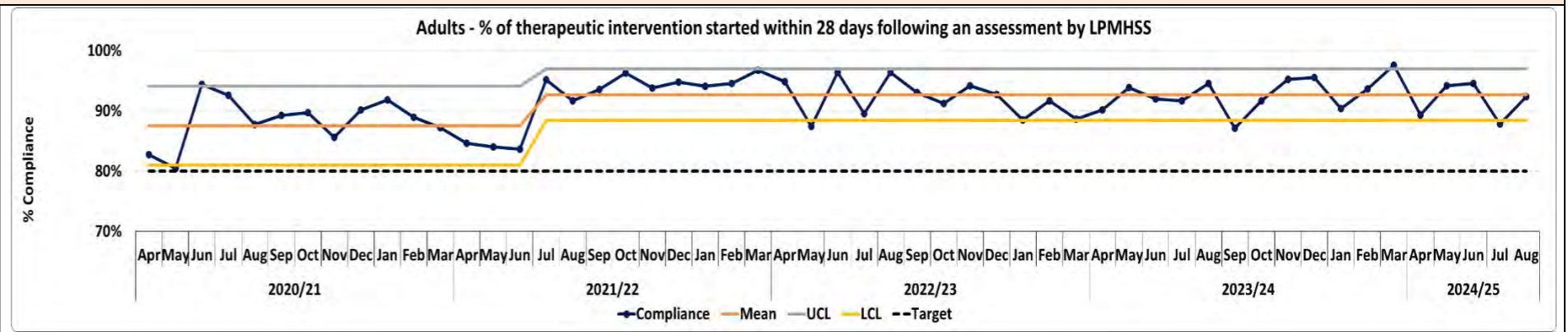
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during August was 93.5% and continues to stand above the WG target.

Referrals during the month totalled 715 and is similar to the 12 month average. We continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

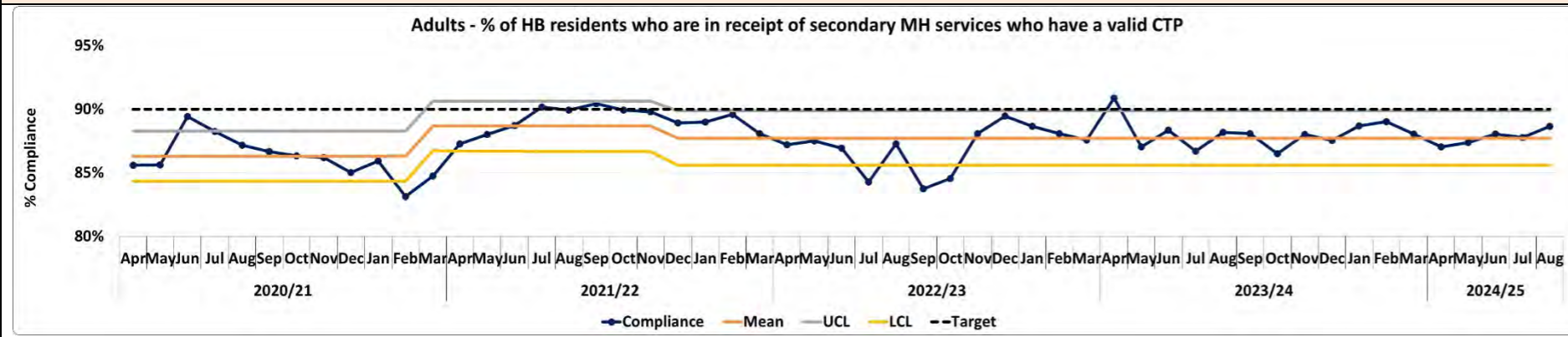
### % of therapeutic intervention started within 28 days following an assessment by LPMHSS (92.4%) - Target 80% by December 2024

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during August was 92.4% and continues to stand above the WG target of 80%.

During the month, 279 of the 302 interventions commenced within the 28 day timeframe.



### % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.7%) - 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 88.7% during August and remains just below the 90% WG standard.

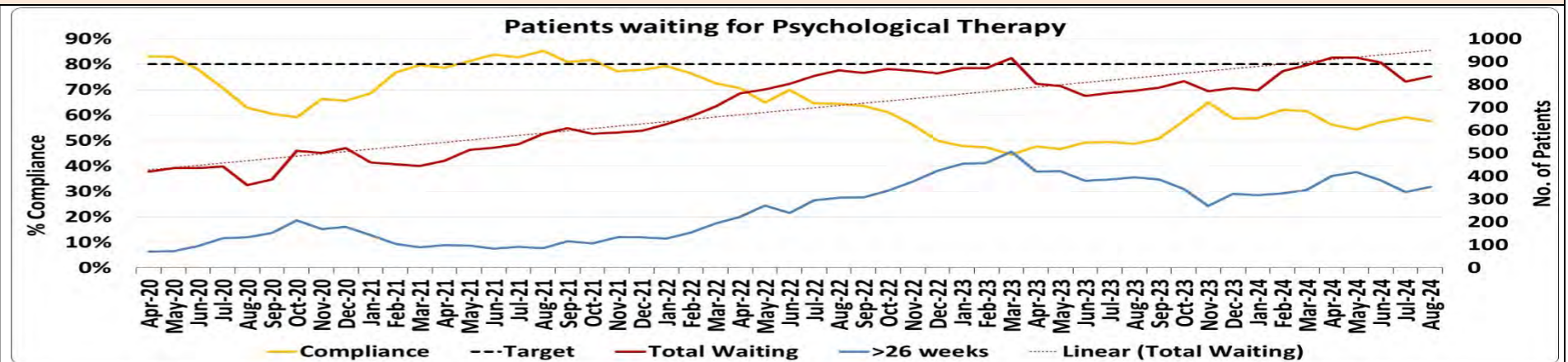
**Part 3:** There were 2 requests made for an adult assessment under Part 3 of the Mental Health Measure during August, with both outcome reports being sent within the 10 working days timescale.

### % of patients waiting less than 26 weeks to start a Psychological Therapy (57.7%) - Target 80%

During August, Psychological Therapies compliance was 57.7%, 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 50.9% 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 August the waiting list stood at 837 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 771 and 918 patients.





## Adult Mental Health Services - continued

### How are we doing?

**Part 1a:** During August, performance across all teams continued to remain above target at 93.5% and we are continually monitoring demand and have plans in place for the anticipated increase during the winter months.

**Part 1b:** Performance continues to be above target at 92.4%.

**Part 2:** Overall compliance for both Adult, Older Adult and Learning Disability Services was 88.7% and compliance for the services is shown below:

- Adult Services – increased slightly to 87.7%
- Older Adult Services – increased slightly to 93.5%
- Learning Disability Services – fell slightly to 81.8%.

**Psychological Therapies:** The overall position for Psychological Therapies waiting list for August stands at 839 patients. This is a small increase of 24 on July's position as a result of a slight increase in referral rates to 154 during the month, with 86% (120) of these patients referred to LPMHSS.

42% of patients on the list have waited in excess of 26 weeks, equating to 354 service users with performance for August (57.7%) being higher than the 51% forecasted position.

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

**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.
- 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.

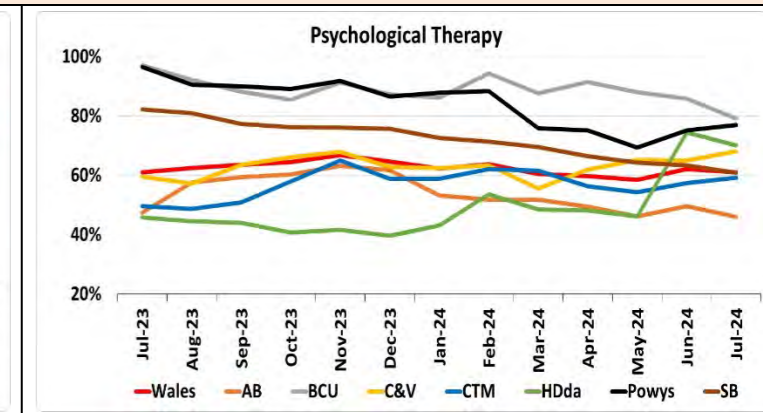
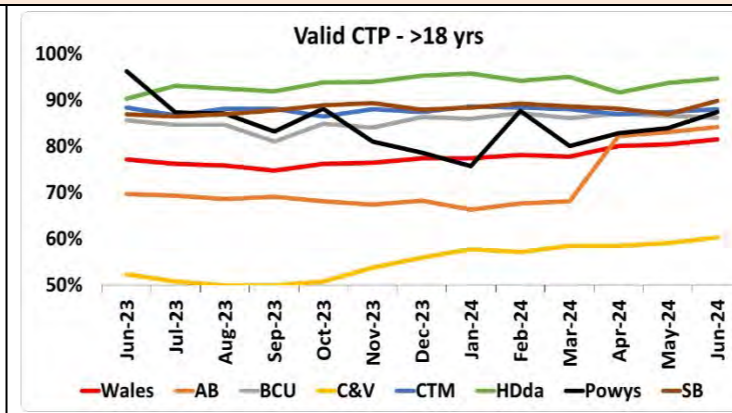
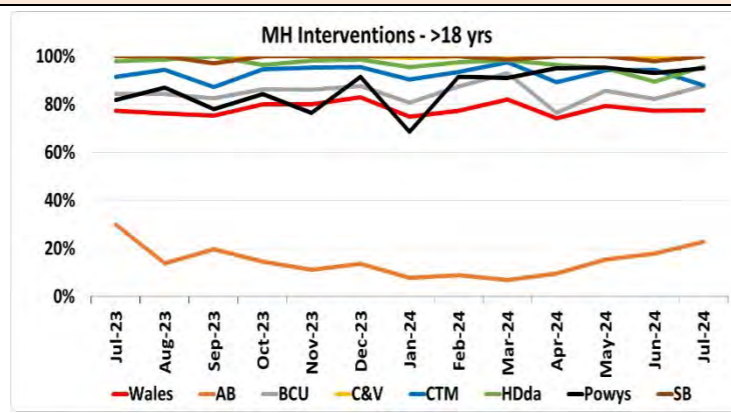
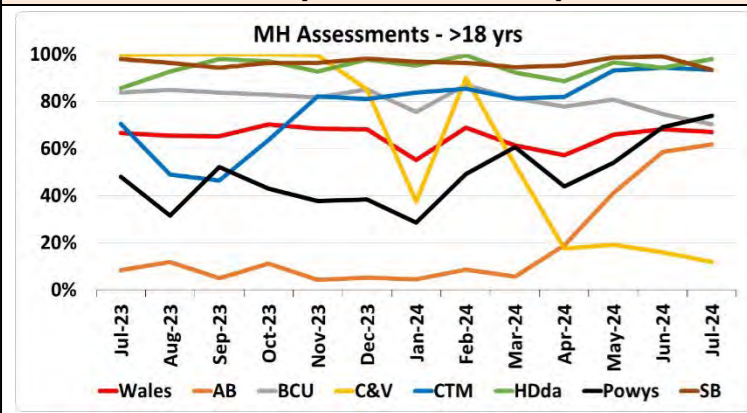
**Part 2:** The proportion of residents who have a valid care treatment plan, varies by the lead practitioner. Those where the lead is a medical consultant are low and achieving improvement is presenting challenges. Whilst the overall rate is 88.7%, only 11% of adult residents in Rhondda, with consultant leads, have a valid CTP, with the rates in the Merthyr area at 33%. This underperformance has heavily impacted overall compliance in these localities.

Whilst the overall compliance rate is just below 90%, the improvements in CMHTs and specialised teams are promising and are offsetting the challenges of Occupational Therapists, in multiple regions, being notably low at around 33.3%.

**Psychological Therapies:** The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across adult and older adult mental health services.

As at August the area with the highest number of waiting patients is 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. Inconsistent administration support in this area is also proving difficult but this will improve in due course as the new structure establishes itself.

### How do we compare with our peers?



Status as at July 2024		
Health Board	Compliance	Rank
HDda	98.1%	1st
SB	93.6%	2nd
<b>CTM</b>	<b>93.5%</b>	<b>3rd</b>
Powys	74.0%	4th
BCU	70.3%	5th
AB	61.9%	6th
C&V	11.8%	7th

Status as at July 2024		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	1st
HDda	95.7%	3rd
Powys	95.1%	4th
<b>CTM</b>	<b>87.9%</b>	<b>5th</b>
BCU	87.8%	6th
AB	22.9%	7th

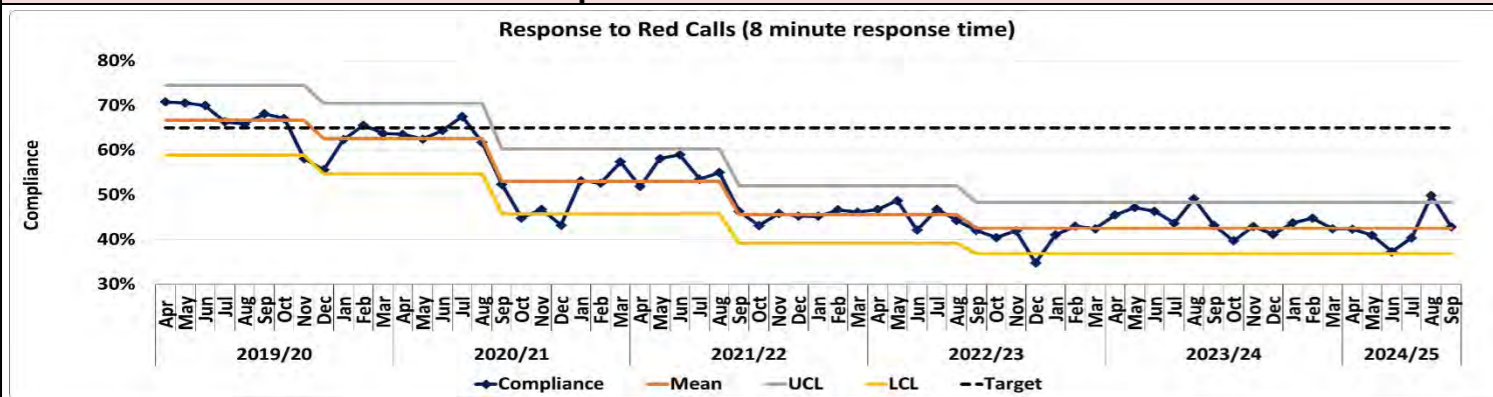
Status as at June 2024		
Health Board	Compliance	Rank
HDda	94.7%	1st
SB	89.8%	2nd
<b>CTM</b>	<b>88.1%</b>	<b>3rd</b>
Powys	87.5%	4th
BCU	86.2%	5th
AB	84.2%	6th
C&V	60.3%	7th

Status as at July 2024		
Health Board	Compliance	Rank
BCU	79.1%	1st
Powys	76.9%	2nd
HDda	70.2%	3rd
C&V	68.1%	4th
SB	60.8%	5th
<b>CTM</b>	<b>59.2%</b>	<b>6th</b>
AB	46.1%	7th

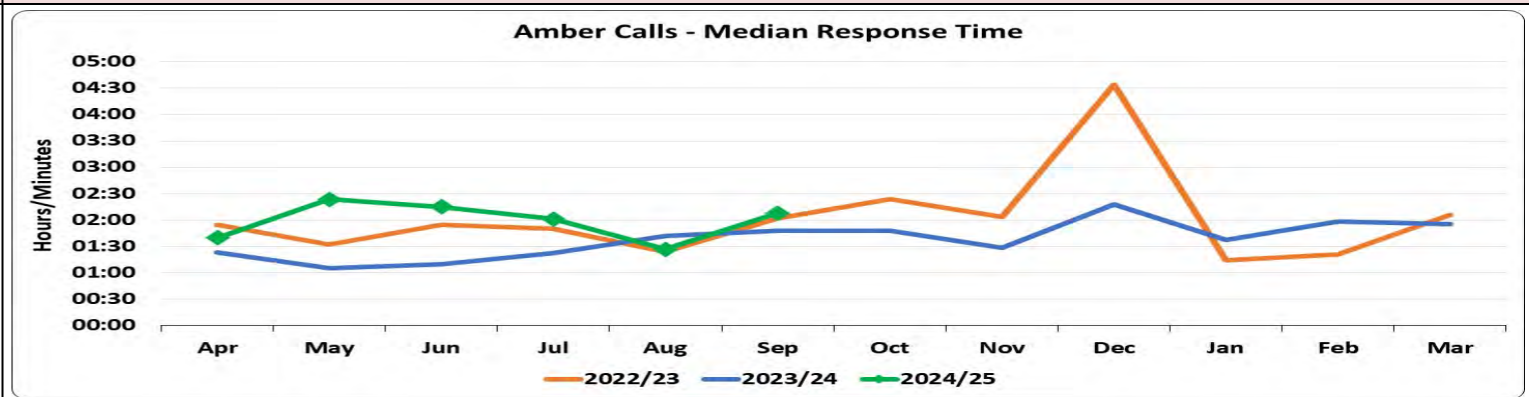


## CTMUHB Unscheduled Care Group Emergency Ambulance Services – September 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)  
September 2024 – 42.9%



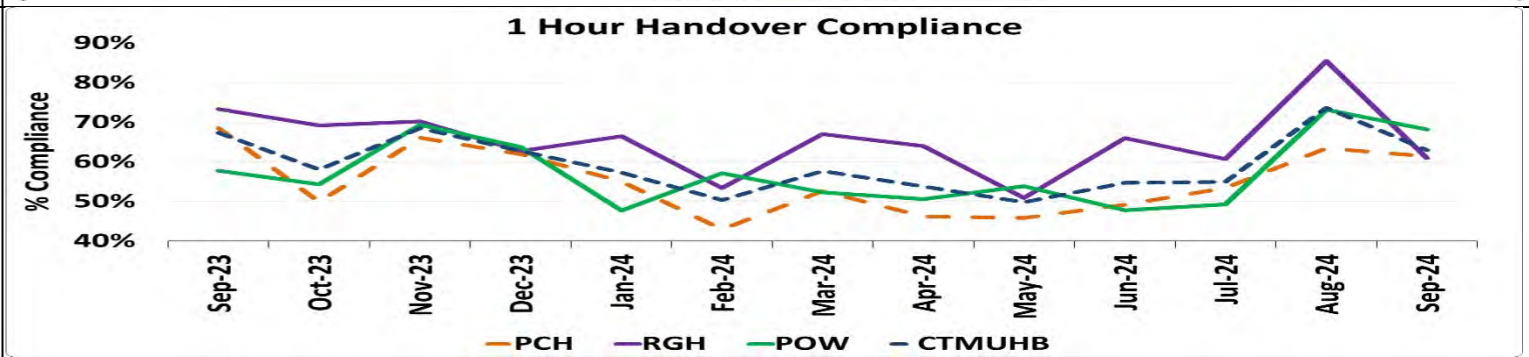
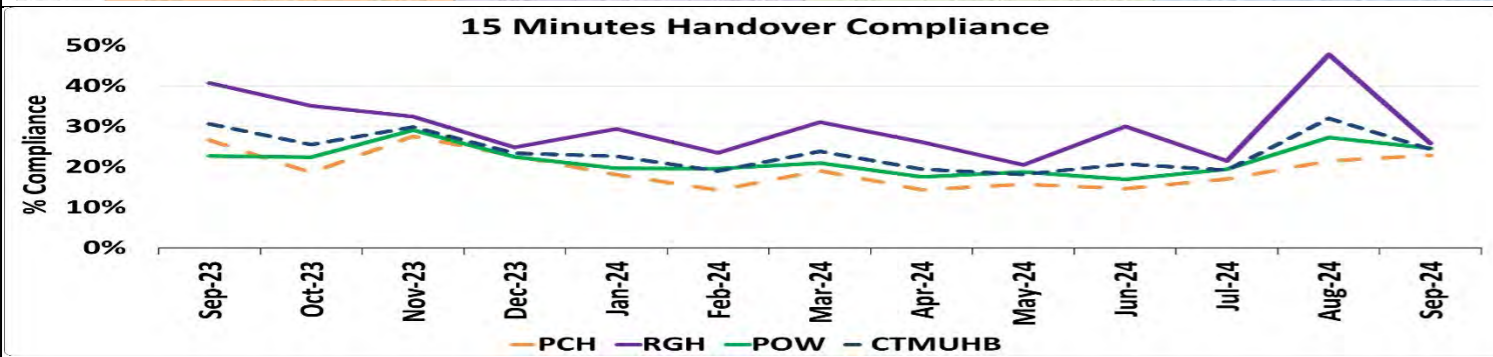
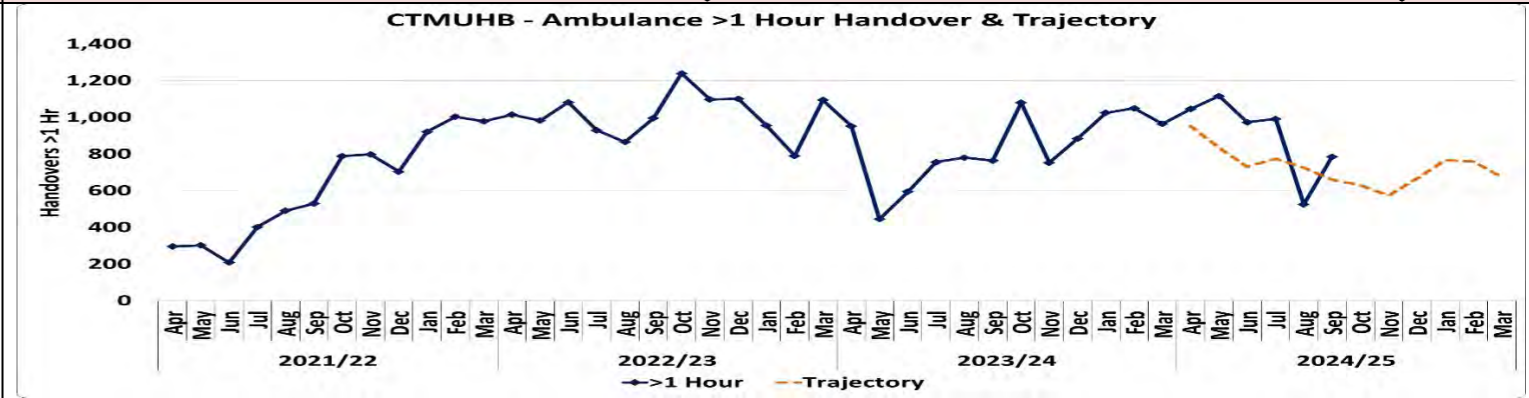
Median emergency response time to Amber Calls – Target is 12 month reduction trend  
September 2024 - 2 hours 8 minutes



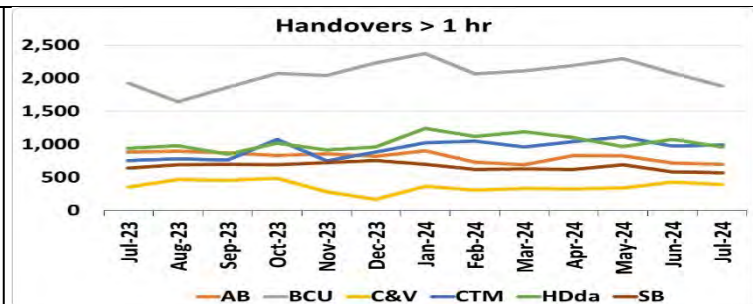
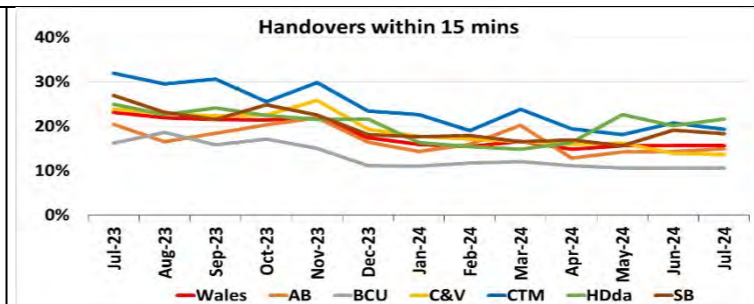
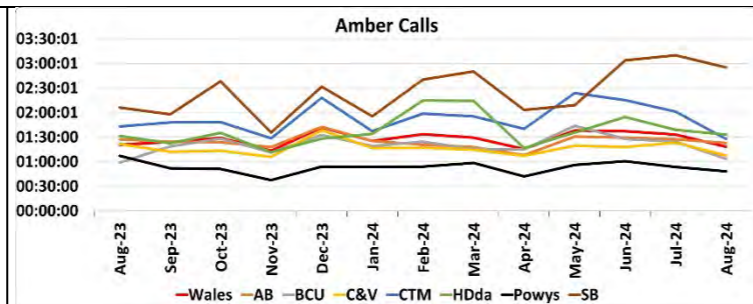
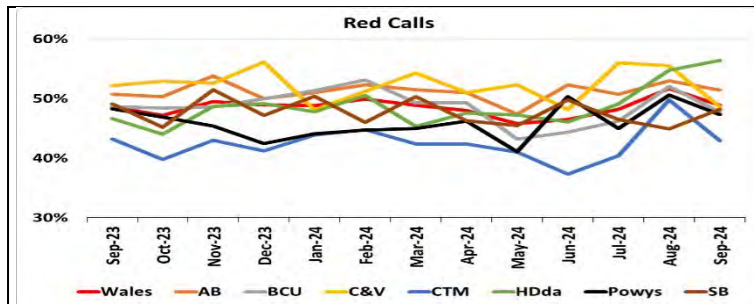
% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.  
Total handovers 2,120 of which 517 (24.4%) of handovers were within 15 minutes

Period	Handovers	PCH		Handovers	RGH		Handovers	POW		Total Handovers	CTMUHB	
		% <15 mins	% <60 mins		% <15 mins	% <60 mins		% <15 mins	% <60 mins			
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%
Aug-24	756	21.6%	63.5%	667	47.8%	85.5%	567	27.3%	73.2%	1990	32.0%	73.6%
Sep-24	822	22.9%	61.4%	751	25.8%	61.0%	547	24.7%	68.2%	2120	24.4%	63.0%

Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024  
784 handovers were over 1 hour (63.0% of handovers were within 1 hour)



How do we compare with our peers?



Status as at September 2024		
Health Board	Compliance	Rank
HDda	56.4%	1st
AB	51.4%	2nd
C&V	48.6%	3rd
SB	48.2%	4th
BCU	47.7%	5th
Powys	47.3%	6th
<b>CTM</b>	<b>42.9%</b>	<b>7th</b>

Status as at August 2024			
Health Board	Compliance	Rank	
Powys	00:48	1st	
BCU	01:03	2nd	
C&V	01:07	3rd	
AB	01:22	4th	
<b>CTM</b>	<b>01:27</b>	<b>5th</b>	
HDda	01:33	6th	
SB	02:55	7th	

Status as at July 2024		
Health Board	Compliance	Rank
HDda	21.6%	1st
<b>CTM</b>	<b>19.3%</b>	<b>2nd</b>
SB	18.3%	3rd
AB	14.9%	4th
C&V	13.6%	5th
BCU	10.6%	6th

Status as at July 2024		
Health Board	Compliance	Rank
C&V	395	1st
SB	573	2nd
AB	697	3rd
HDda	959	4th
<b>CTM</b>	<b>991</b>	<b>5th</b>
BCU	1,879	6th

**Emergency Ambulance Services continued overleaf:**

**CTMUHB Unscheduled Care Group**  
**Emergency Ambulance Services continued – September 2024**

**How are we doing?**

Response to Red Calls per WAST Operational Area				
	Total Responses	Responses within 8 mins	% within 8 mins	12 Month Average
<b>Sep-24</b>				
<b>Merthyr</b>	155	85	<b>54.8%</b>	55.0%
<b>RCT</b>	409	158	<b>38.6%</b>	37.7%
<b>Bridgend</b>	224	95	<b>42.4%</b>	42.6%
<b>CTM</b>	788	338	<b>42.9%</b>	42.3%

**Response to Red Calls:** Response times to life-threatening calls for the CTM area fell this month to 42.9% from 49.8% in the previous period, but is similar to the level seen during the equivalent period of 2023 and the 12 month average of 42.3%. Compliance continues to remain low with the volume of Red Calls during September totalling 788, with the 12 month average at 732.

As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough continuing to experience the poorest response times during September at 37.7%.

The National compliance was 48.9% (in line with the 12 month average) and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes and out of all the other health boards in Wales, CTM received the poorest response times during September.

**Median Response to Amber Calls:** The median response times for serious, but not immediately life threatening calls was 2 hours and 8 minutes during September; 41 minutes longer than the previous month but around 20 minutes less than the equivalent period of last year. The chart (page 14, top right) demonstrates fluctuations with response times during the past twelve months ranging between 87 and 143 minutes.

**Ambulance Handover Compliance:** During September ambulance conveyances to ED totalled 2,120, which is 9% fewer than the equivalent period of last year. Performance against the 15 minute handover was a low 24.4%, with the number of patients and ambulance crews detained longer than an hour totaling 784, a similar volume of patient breaches as in September 2023. The 12 month average is 932 patient breaches, which is 6% higher than the equivalent time span of the previous year (Oct 22 to Sep 23).

**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 turnaround and front loading of investigations.
- Proposal to introduce Urgent Treatment Centre (UTC) at PCH from the early November.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Achieve NHS framework trajectories 1 and 12 hour ED improvement plan in place across CTM with regular performance meetings held.
- 1 and 12 Hour Ambulance Handover Escalation Card developed and shared for comment prior to implementation.
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Strategic Transformation of Acute Medicine Programme (STAMP) established mid-July, followed by a 2-week reset of acute medicine at PCH in early August (including Phase 2 of SDEC). The aim being to reset the acute medicine footprint and creating a less than 72 hours AMU. This was achieved and has contributed to the gains in ED performance at PCH and closure of GP Assessment Unit (un-commissioned area).
- The successful collaborative Test of Change between WAST and RGH Emergency Department is to be rolled out
- Bi-weekly team meetings established with WAST.

**What are the main areas of risk?**

Hospital Handovers in minute time groups								
Sep-24	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	188	160	98	59	139	98	80	822
RGH	194	123	80	61	114	63	116	751
POW	135	112	84	42	63	29	82	547
<b>CTM</b>	<b>517</b>	<b>395</b>	<b>262</b>	<b>162</b>	<b>316</b>	<b>190</b>	<b>278</b>	<b>2,120</b>

**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 23 during August. The ED services were able to meet all but one of those requests, with the expected standard being 100%.

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
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%
Jul-24	9	9	100.0%	11	11	100.0%	9	9	100.0%	29	29	100.0%

- The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working
- Although some additional uncommissioned capacity areas have closed, some areas remain open across all sites, but is under daily review by Directorate Management Team.
- System flow remains highly impacted by capacity within social care.
- ED and ambulance activity has increased in September from August which may have contributed to the deteriorating performance. An increase in demand has resulted 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 – September 2024 (Provisional Position) - Total Attendances = 16,266

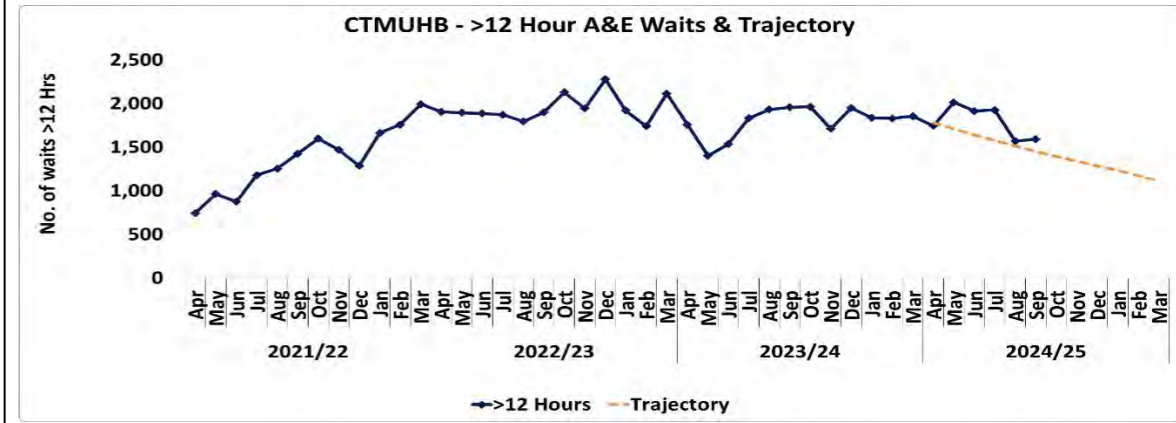
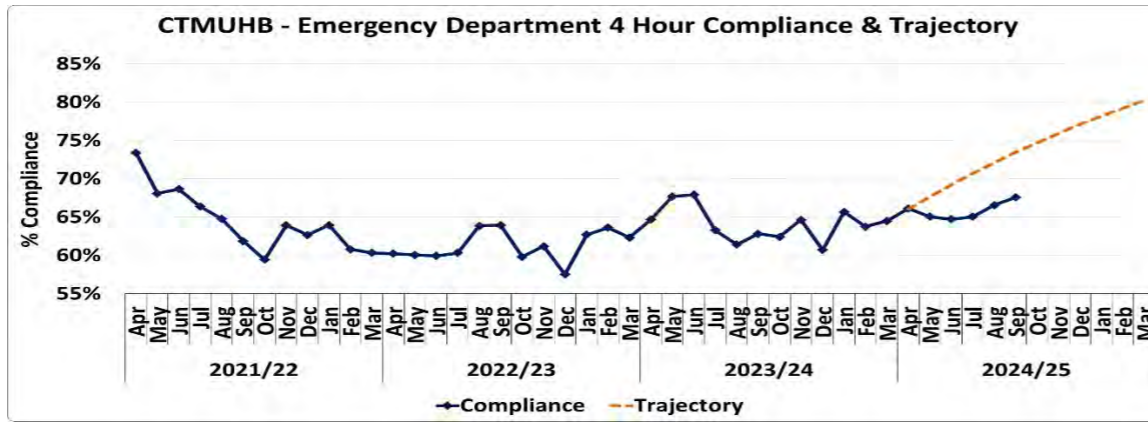
% of patients who spend < 4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

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.

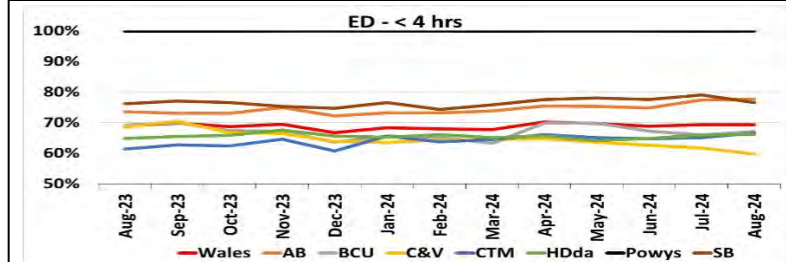
**67.6% were seen within 4 hours (Patients Waiting >4 hours 5,277)**

**1,593 patients were waiting over 12 hours**

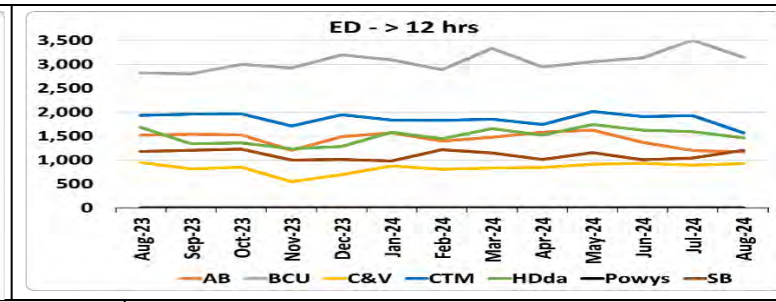
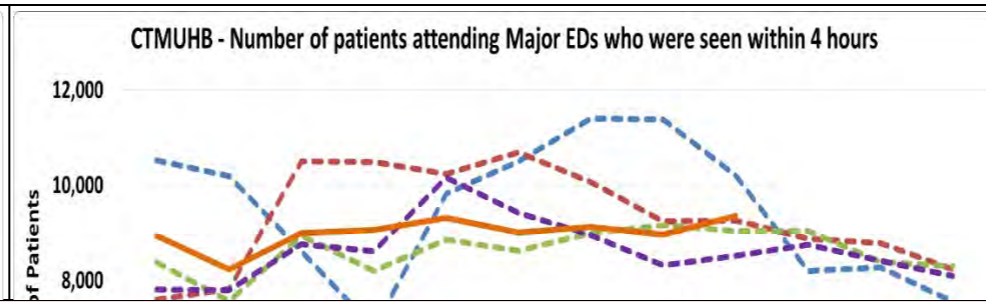
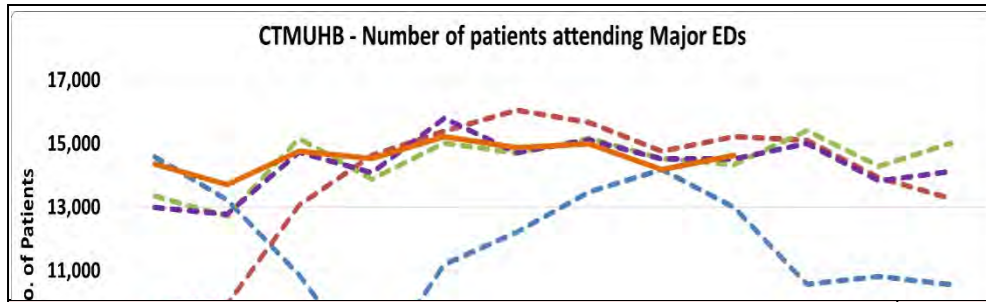
Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Sep-23	16,127	62.8%	1,957
Oct-23	16,639	62.4%	1,965
Nov-23	15,298	64.6%	1,712
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,180	66.1%	1,745
May-24	16,947	65.1%	2,015
Jun-24	16,647	64.7%	1,913
Jul-24	16,802	65.1%	1,927
Aug-24	15,631	66.6%	1,570
Sep-24	16,266	67.6%	1,593



### How do we compare with our peers?



Status as at August 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	77.7%	2nd
SB	76.6%	3rd
BCU	67.1%	4th
<b>CTM</b>	<b>66.6%</b>	<b>5th</b>
HDda	66.2%	6th
C&V	59.8%	7th



Status as at August 2024		
Health Board	Compliance	Rank
Powys	0	1st
C&V	925	2nd
AB	1,175	3rd
SB	1,202	4th
HDda	1,466	5th
CTM	1,570	6th
BCU	3,151	7th

**How are we doing?**

The chart above shows that throughout September the total number of ED attendances at our three acute hospital sites was slightly higher (around 1%) than those observed during September 2023, with overall numbers of Minor Injuries and ED attendances (16,266) also around 1% higher than those observed during the equivalent period of last year (16,127).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during September is provisionally 67.6%, which as it currently stands is 5 points higher than the performance seen during September 2023, but remaining well below the WG compliance target of 95%.

The twelve hours performance observed 1,593 patients waiting in excess of 12 hours and is 18.6% (364) fewer than the number of breaching patients observed during the same period of 2023. As can be seen in the chart top right, the performance during September falls 10% (141) outside the predicted level.

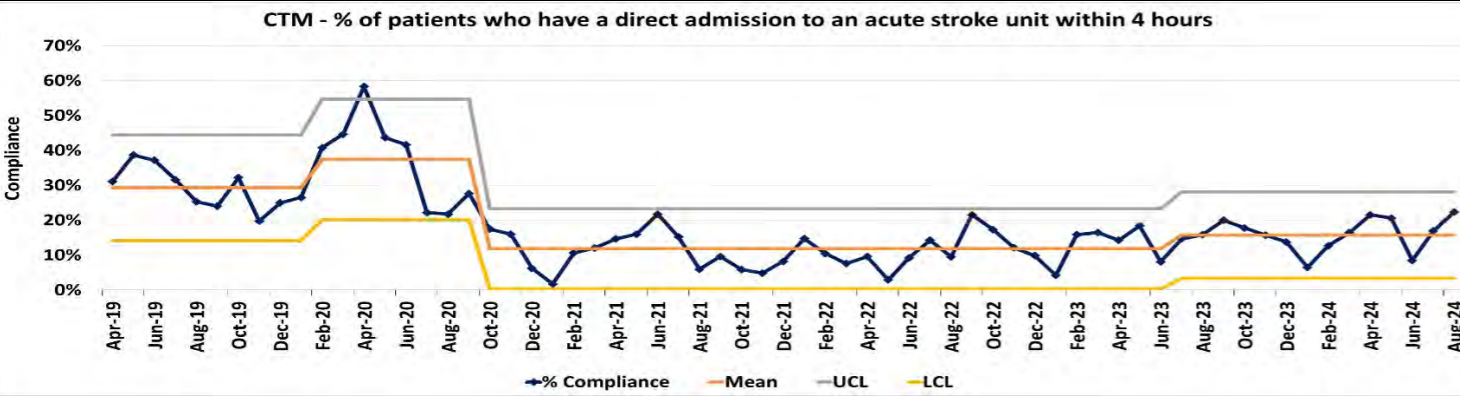
**What actions are we taking & when is improvement anticipated?**

- 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.
- Proposal to introduce Urgent Treatment Centre (UTC) at PCH early November. This will improve patient experience and ED performance/waiting times once operational.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improvement plan in place across CTM with regular performance meetings.
- ED 4 and 12 hour Escalation Card developed and shared for comment prior to implementation.
- 4 hour compliance validation exercise completed in POW which saw an improved performance (60.6%).
- 12 hour performance review in progress to understand and resolve exit blocks to improve performance.
- Plan to introduce incremental weekly reduction in the longest patients waiting.
- Development of business case for the recruitment of Patient Flow Co-ordinator in PCH & RGH sites to support patient flow & recording of accurate data.
- 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 to provide a real time picture of demand, capacity and risk level.

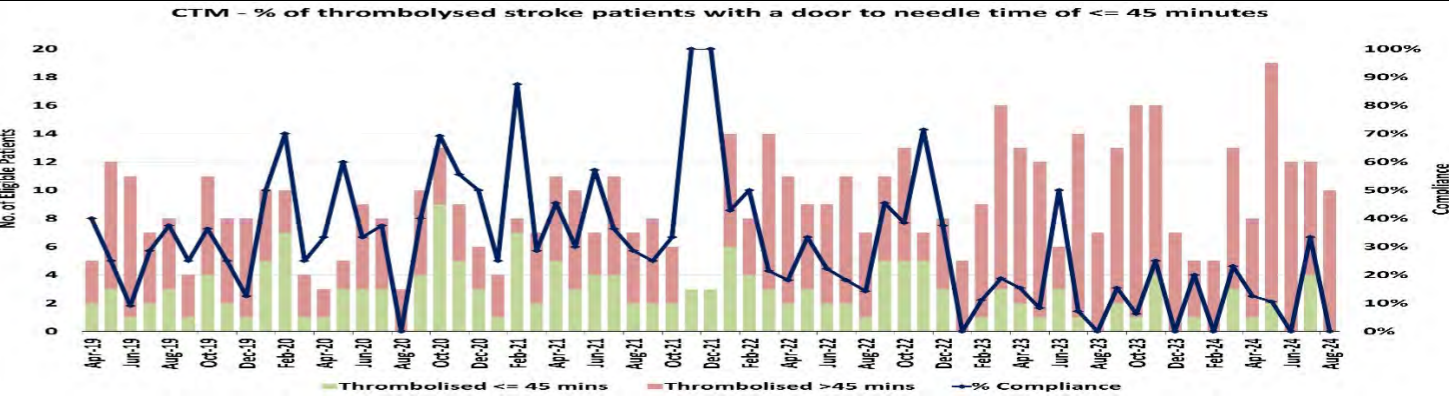
**What are the main areas of risk?**

- The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working
- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Any increase may result 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. This will reduce as recruited posts receive start dates.

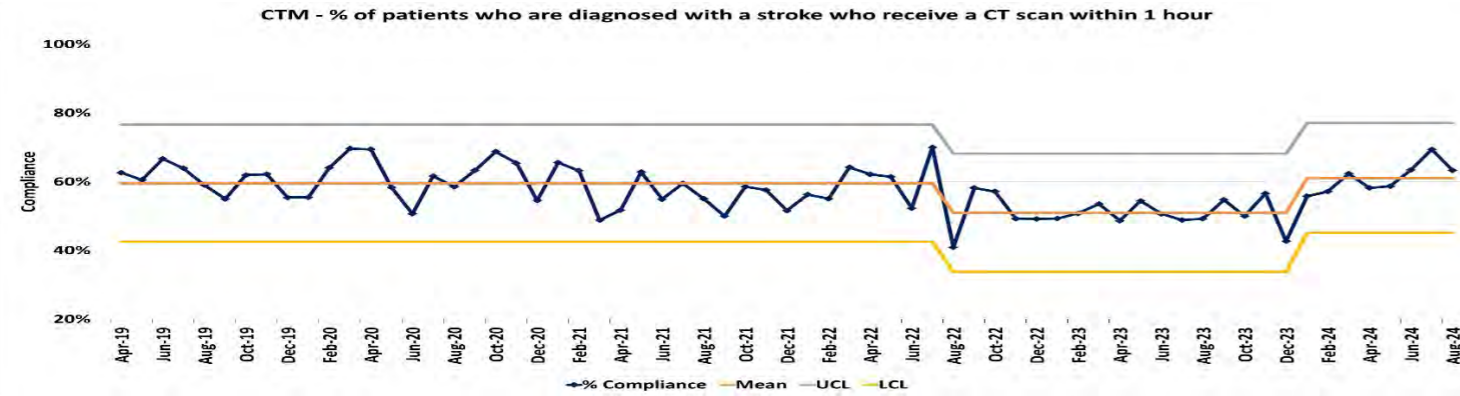
**% compliance with direct admission to an acute stroke unit within 4 hours – 22.4%**



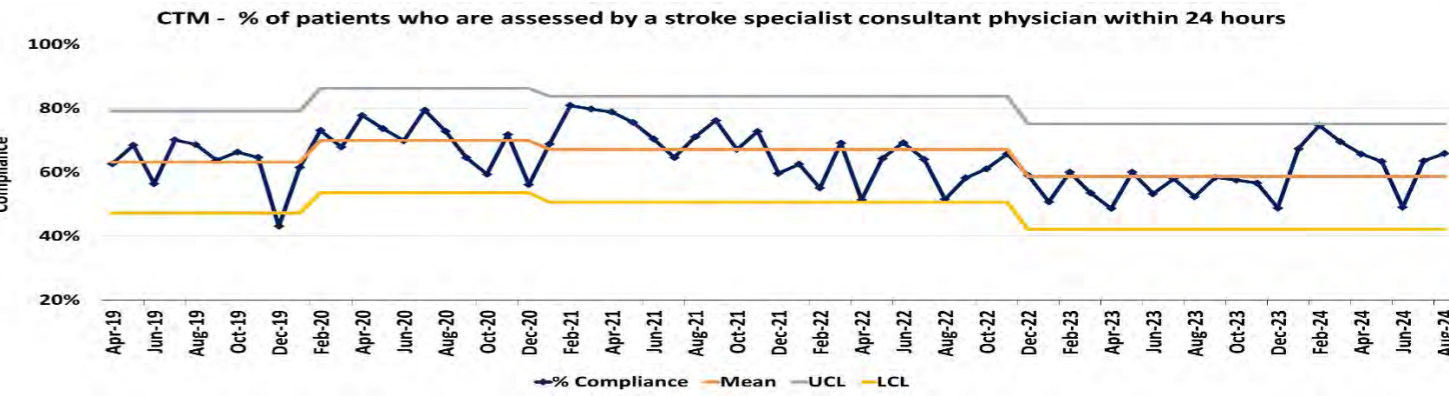
**% of eligible patients thrombolysed door to needle time within 45 minutes – 0%**



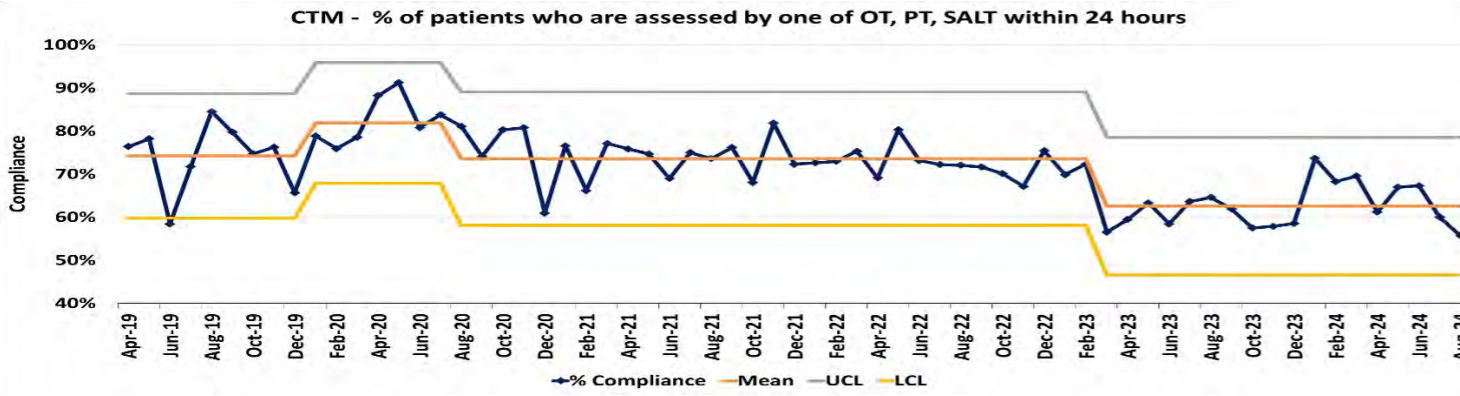
**% of patients diagnosed with stroke received a CT scan within 1 hour – 63.3%**



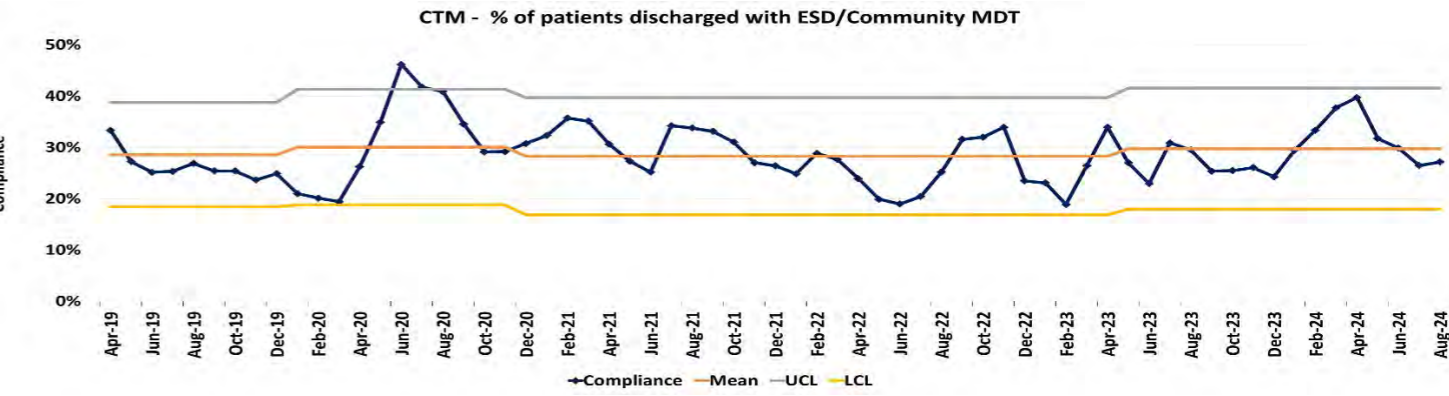
**% of patients assessed by a stroke consultant within 24 hours – 65.8%**



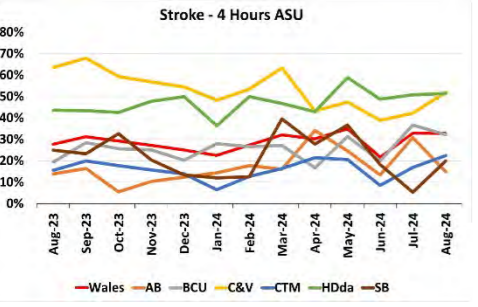
**% of patients assessed by one of OT, PT, SALT within 24 hours – 55.7%**



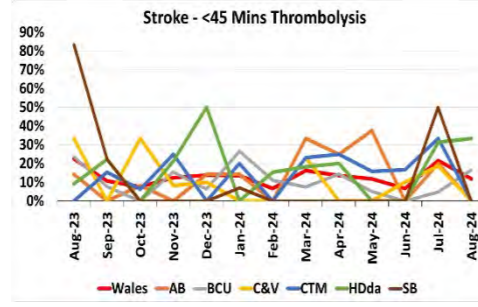
**% of applicable patients discharged with ESD/Community Therapy MDT – 27.2%**



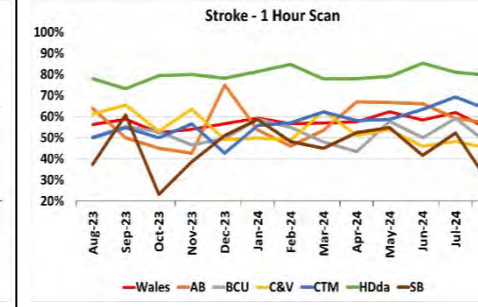
**How do we compare with our peers? (Please note that the data below is subject to change due to data being refreshed monthly)**



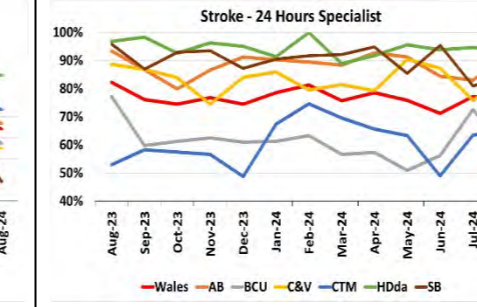
Status as at August 2024		
Health Board	Compliance	Rank
C&V	51.9%	1st
HDda	51.4%	2nd
BCU	32.2%	3rd
<b>CTM</b>	<b>22.4%</b>	<b>4th</b>
SB	20.0%	5th
AB	14.9%	6th



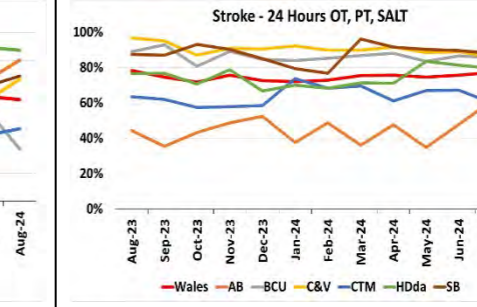
Status as at August 2024		
Health Board	Compliance	Rank
HDda	33.3%	1st
BCU	16.7%	2nd
AB	0.0%	3rd
C&V	0.0%	3rd
<b>CTM</b>	<b>0.0%</b>	<b>3rd</b>
SB	0.0%	3rd



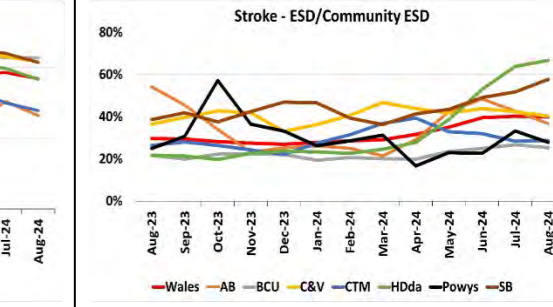
Status as at August 2024		
Health Board	Compliance	Rank
HDda	79.7%	1st
<b>CTM</b>	<b>63.3%</b>	<b>2nd</b>
AB	56.9%	3rd
BCU	47.2%	4th
C&V	45.0%	5th
SB	29.3%	6th



Status as at August 2024		
Health Board	Compliance	Rank
HDda	93.7%	1st
AB	90.2%	2nd
SB	84.5%	3rd
C&V	83.3%	4th
<b>CTM</b>	<b>65.8%</b>	<b>5th</b>
BCU	58.5%	6th



Status as at August 2024		
Health Board	Compliance	Rank
BCU	85.4%	1st
C&V	83.3%	2nd
SB	82.8%	3rd
HDda	73.4%	4th
<b>CTM</b>	<b>55.7%</b>	<b>5th</b>
AB	52.9%	6th



Status as at August 2024		
Health Board	Compliance	Rank
HDda	66.7%	1st
SB	57.7%	2nd
C&V	40.3%	3rd
AB	36.7%	4th
<b>CTM</b>	<b>28.7%</b>	<b>5th</b>
Powys	27.8%	6th
BCU	25.4%	7th

## How are we doing?

Stroke Quality Improvement Measures - August 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	45	31		76
	No. of patients within 4	17	0	N/A	17
	% Compliance	37.8%	0.0%		22.4%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	7	3		10
	No of patients within 45	0	0	N/A	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	47	32		79
	No. of patients within 1	29	21	N/A	50
	% Compliance	61.7%	65.6%		63.3%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	47	32		79
	No. of patients within	27	25	N/A	52
	% Compliance	57.4%	78.1%		65.8%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	47	32		79
	No. of patients within	30	14	N/A	44
	% Compliance	63.8%	43.8%		55.7%
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	98	73	13	184
	No. of patients with	32	17	1	50
	% Compliance	32.7%	23.3%	7.7%	27.2%

- During August, 16.9% (17 out of 76) of stroke patients were admitted directly to an acute stroke unit (ASU) within 4 hours. Unfortunately, no patients who attended POW had care in line with the standard. The ability to admit within 4 hours remains difficult due to site pressures and POW Acute Stroke Unit - providing acute and rehab care in one place with no community bed support is resulting in a longer LoS. At PCH, 17 patients were admitted within 4 hours; of the remaining PCH patients, 6 initially presented to RGH and 22 patients did not get transferred to ASU within 4 hours due to site bed pressures.
- Ten patients were thrombolysed, however none of these patients received treatment within the 45 minutes window. Main factor to not achieving this KPI was that all 10 patients presented outside of stroke service hours.
- 63.3% of patients (50 out of 79) had a CT scan within an hour. Our performance continues to remain fairly high in relation to this KPI. We have ongoing WAST support taking patients to CT during handover delays. Challenges still remain with timely triage of self-presenters to the stroke pathway and the management of patients attending outside of stroke service hours are contributing to the number of patients not having a scan within one hour.
- 65.8% (52 out of 79) of stroke patients treated in August were seen by a specialist stroke physician within 24 hours of arrival at the hospital. Of the 35 patients who did not have a specialist stroke review within 24 hours; 26 of these patients presented at the weekend when there is no specialist service. Further restrictions for achieving this was due to patients self-presenting to RGH, as well as patients presenting with atypical stroke symptoms.
- 55.7% (44 out of 79) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival. The reasons largely remain the same in terms of patients not being admitted to an ASU within a timely fashion and therefore reliant on a small workforce to see them as outliers, which remains challenging. Other reasons impacting performance are lack of 7-day service and self-presenting patients being held at RGH due to capacity/IPC constraints.
- The rolling 3-month discharge standard saw 50 out of 184 (27.2%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. On review by the team, to the best of our knowledge, no patient was denied the ESD service in August. The fluctuation in performance may refer to less patients meeting the criteria, however, there is ongoing work by the therapy team to review YCR referrals.

## What actions are we taking & when is improvement expected?

- A locum consultant has now started at PCH with very positive feedback from all members of the multidisciplinary team. A further locum (12 months fixed term) is due to start on 4<sup>th</sup> November to cover a post that has been vacant for a number of years. This will be the first occasion in a significant period of time when the health board will have five Stroke Consultants.
- ACP workforce and SSNAP co-ordinator proposal has been submitted and awaiting Care Group feedback to support expanding the workforce to enable 7-day stroke provision at PCH and POW sites. Currently unable to identify investment funding due to challenging in year position.
- 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. The Clinical Director will present the overall data at the Planning, Performance & Finance Committee in December.
- CT perfusion can now be undertaken at PCH and RGH. POW has had the software installed and training where possible is underway. The full impact will not be seen for CT perfusion until workforce is expanded to support the new pathways. Review of data shows that with the use of CTP there could potentially be an 80% increase for thrombolysis, which the current workforce could not manage.
- Regional meetings with C&V are now set back up from 8<sup>th</sup> October. The regional clinical lead role still remains vacant.
- Internal review of stroke future services is underway

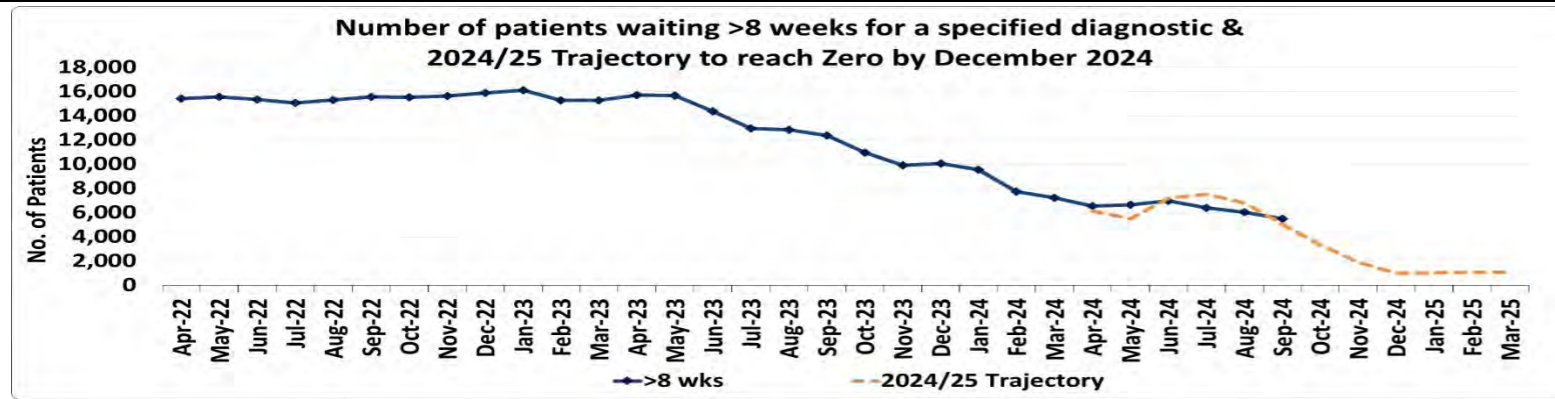
### What are the main areas of risk?

- 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 is small and has limited capacity
- 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. SSNAP Co-ordinator is included in the ACP workforce expansion paper.
- 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 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).
- Lack of psychology support available to our patient's post-acute stroke.



Diagnostics - September 2024 (provisional position)

Number of patients waiting >8 weeks for a specified diagnostic – revised Target is for 95% of modalities to be Zero by December 2024

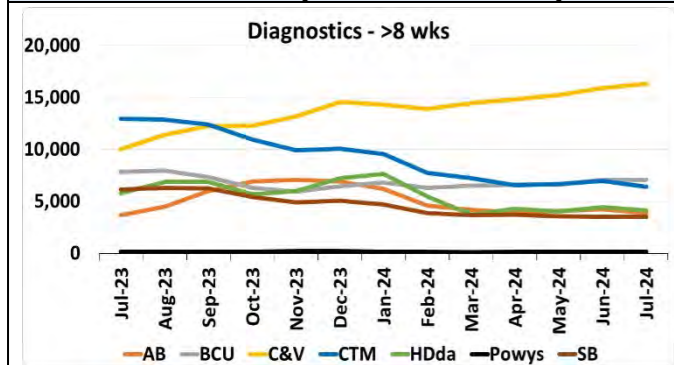


Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	6,989	6,403	6,031	5,480						

Number of Patients waiting >8 Weeks for a Diagnostic Test September 2024		
Cardiology Cardiology Services	Echo Cardiogram	631
	Cardiac CT	46
	Cardiac MRI	4
	Diagnostic Angiography	58
	Stress Test	6
	DSE	42
	TOE	10
	Heart Rhythm Recording	3
	B.P. Monitoring	0
Bronchoscopy		0
Colonoscopy		101
Gastroscopy		65
Cystoscopy		861
Flexi Sig		23
Radiology	Non-Cardiac CT	1,555
	Non-Cardiac MRI	40
	NOUS	817
Imaging	Non-Cardiac Nuclear Medicine	24
Physiological Measurement	Fluoroscopy	132
Neurophysiology	Urodynamics	191
	EMG	410
	NCS	461
<b>Total</b>		<b>5,480</b>

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p><b>Diagnostics:</b> Over the past year good progress has been made to reduce the number of patients waiting more than 8 weeks prior to receiving their test, which has seen a 56% reduction since the equivalent period of 2023. Provisionally, at the end of September, 5,480 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an improvement of 9% (551) on the August reported position.</p> <p>This month the position within the NOUS service continues to improve with a 25% (271) reduction in the number of breaching patients bringing the total number of patients waiting in excess of 8 weeks to 817 (the same period last year the breaches totalled 1,777).</p> <p>There has been a continued reduction in the number of patients waiting longer than 8 weeks for an Echo Cardiogram; falling by 23% (192 patients) from the previous reported position, although there are currently 631 patients waiting more than the desired timescale for this diagnostic procedure. We have also seen a 75% reduction from the previous month in the number of patients waiting longer than 8 weeks for Non-Cardiac MRI, which currently stands at just 40 patients waiting beyond 8 weeks.</p> <p>During the month, the Endoscopy service also saw a reduction in the number of patients breaching with the number of patients currently waiting beyond the target of 8 weeks standing at 1,050. This time last year the volume of breaching patients stood at 2,416.</p>	<p><b>Radiology:</b> NOUS - business case developed and partly approved to address current backlog growth which includes a maintenance scheme. Timetable developed to co-ordinate SpR scanning lists across RGH &amp; PCH. NOUS consultant waiting list initiatives arranged across all sites. The service continues to maintain an improved MRI and CT reporting position.</p> <p>The Mobile MRI unit has been operational since last week of April, which continues to deliver a reduction in &gt;8 week waits and the overall waiting list numbers. Trajectories for CT and MRI developed and show scanning capacity shortfalls with the additional demand trends.</p> <p>A business case has been submitted and partially approved for a sustainable solution to increase CT scanning capacity in 2024. D&amp;C has demonstrated a maintained increased growth in demand for CT.</p> <p>Changes to the Breast template - increased &gt;40 patient capacity and session slots. The current wait for first OPA is 14 days. The service has been able to support refresh training for a current NHS Locum Radiologist with a sub-special interest in Breast to enable permanent cover for all One Stop USC Breast clinics from October.</p> <p><b>Endoscopy:</b></p>	<ul style="list-style-type: none"> <li>The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working</li> </ul> <p><b>Neurophysiology:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>JCC (Joint Commissioning Committee) conversations developing as a commissioned service but the reporting will remain with Health boards for the foreseeable future.</li> </ul> <p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>D&amp;C imbalance shown in most D&amp;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.</li> <li>Sustained increase in In Hours and Out of Hours CT emergency demand. Additional outsourcing funding is currently in place to assist with timely reporting, to reduce the reporting backlog. 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. The CT mobile solution will clear backlog waiting patients but sustainable staffing resource is needed to maintain waiting times and for safety purposes during OOH.</li> </ul>

**How do we compare with our peers?**



Status as at July 2024		
Health Board	Compliance	Rank
AB	3,864	1st
BCU	7,077	2nd
C&V	16,324	3rd
CTM	6,403	4th
HDda	4,147	5th
Powys	155	6th
SB	3,490	7th

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 at the end of September. The service has seen an increase in USC demand but has managed to maintain current USC waits.

**Cardiac Physiology:** Reduction of over 8 week echocardiograms continues. Additional scans commenced in July and will continue through to December.

- NOUS waiting list has been maintained with additional resources for this year. Recruitment and training are underway to help build a resilient workforce but this will take time to embed. There are also national changes to obstetric protocols that will put further pressure on the service and reduce capacity to scan NOUS patients going forward.

**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 – September 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. Therefore the change applied from April means that DATs data will not be directly comparable to previous years.

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero **(September 2024 = 50)**

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero **(September 2024 = 83)**

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% **(September 2024 = 98.0%)**

**How are we doing?**

During September there are provisionally 50 patients waiting in excess of 14 weeks for an initial therapy assessment, which is an increase of 4 patients from the August reported position and 83 adults waiting beyond the target for a hearing aid fitting, which is a reduction of 26 patients from the previous reported position.

2024/25 Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Excluding Adult Hearing Aids	60	45	41	22	46	50						
Adult Hearing Aids	135	180	188	172	109	83						

**What actions are we taking & when is improvement anticipated?**

- Ensuring administrative staff are applying the RTT rules appropriately.
- Considering the opportunity to intergrate Community Health Pathways into the Therapies triage processes with the intention to improve quality and appropriateness of referrals.
- Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency

Number of Patients waiting >14 Weeks for a Therapy September 2024	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	20	2	10.0%
Dietetics	906	5	0.6%
Occupational Therapy	166	14	8.4%
Physiotherapy	1,399	25	1.8%
Podiatry	817	3	0.4%
Speech & Language	440	1	0.2%
<b>Total</b>	<b>3,748</b>	<b>50</b>	<b>1.3%</b>
Audiology (Adult Hearing Aids)	1,028	83	8.1%
<b>Grand Total</b>	<b>4,776</b>	<b>133</b>	<b>2.8%</b>

% of children waiting less than 14 Weeks for AHP September 2024	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	20	18	90.0%
Dietetics	245	245	100.0%
Occupational Therapy	23	23	100.0%
Physiotherapy	295	278	94.2%
Podiatry	84	84	100.0%
Speech & Language	283	283	100.0%
<b>Total</b>	<b>950</b>	<b>931</b>	<b>98.0%</b>

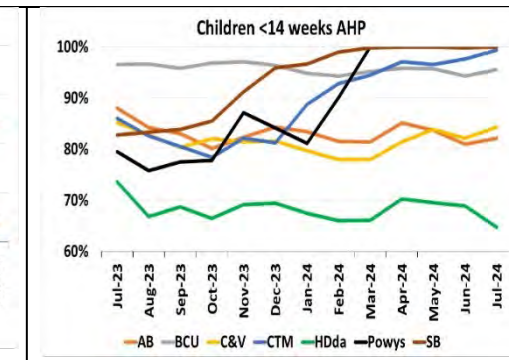
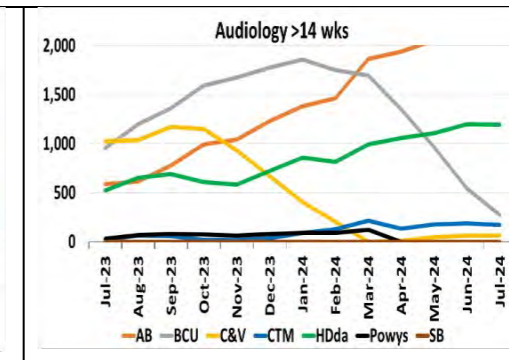
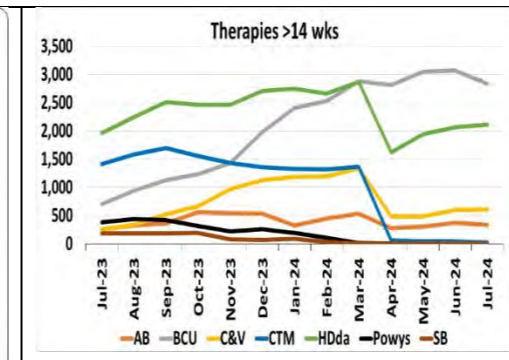
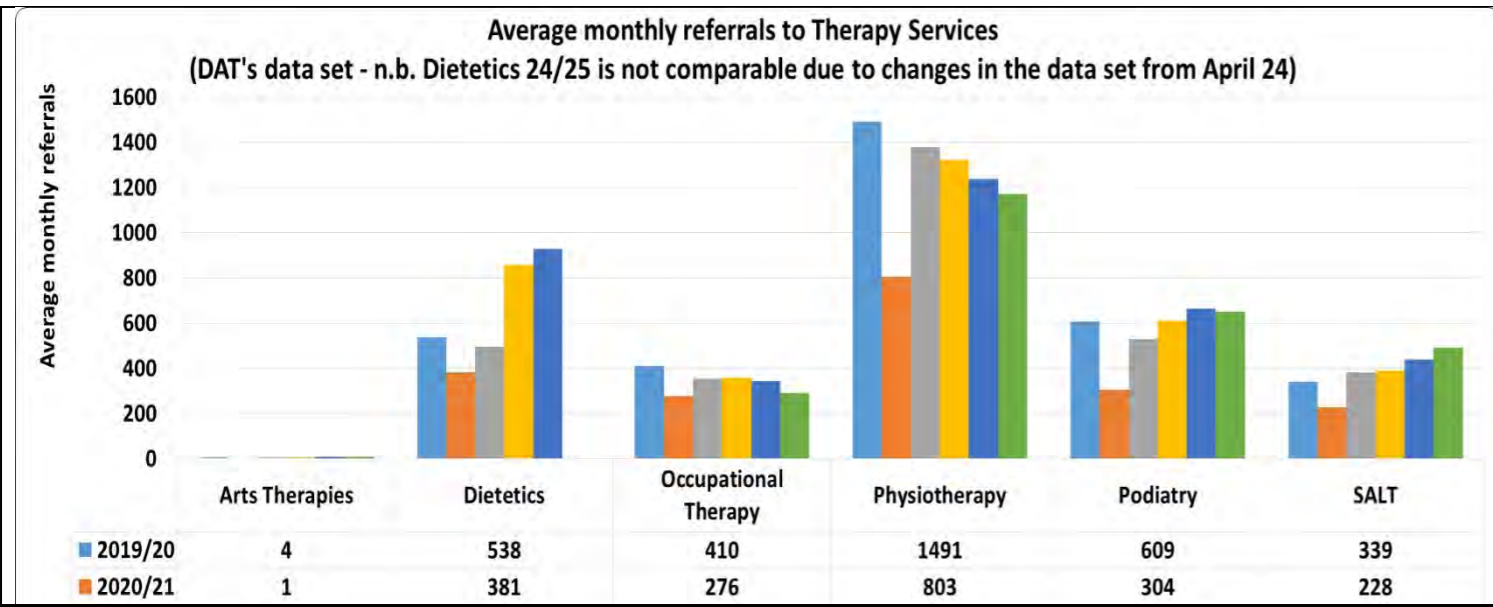
**Adult hearing aids:**  
Audiology has been gradually reducing waiting times over the last 12 months. This has been achieved by sharing waiting lists across sites and training staff in new areas of work. From Autumn 2025, all our audiology wait times will be reported to WG. For this reason, and to ensure fair and equitable patient care, we are working to reduce all our wait times (not just the currently reportable adult 14 week RTT wait time). This means the rate of reduction in wait time may appear slower than expected and we still have some breaches. We are confident that we will meet this RTT by early 2025 and have zero breaches.

**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 increase in breaching patients waiting more than 14 weeks.

Audiology are now required to see out of area patients. This change in approach will increase demand on our service and therefore increase wait times. This demand is unknown so the extent of the risk is unclear. As GPs become aware of the new approach, we may see the 'flood gates opening' and many more out of area referrals coming into the service. We are auditing the number of out of area patients and we hope an agreement can be put in place to ensure we have funding for these additional patient pathways and increased *life-long* hearing aid provision.

**How do we compare with our peers?**



#### Status as at July 2024

Health Board	Compliance	Rank
Powys	1	1st
SB	5	2nd
CTM	22	3rd
AB	338	4th
C&V	611	5th

#### Status as at July 2024

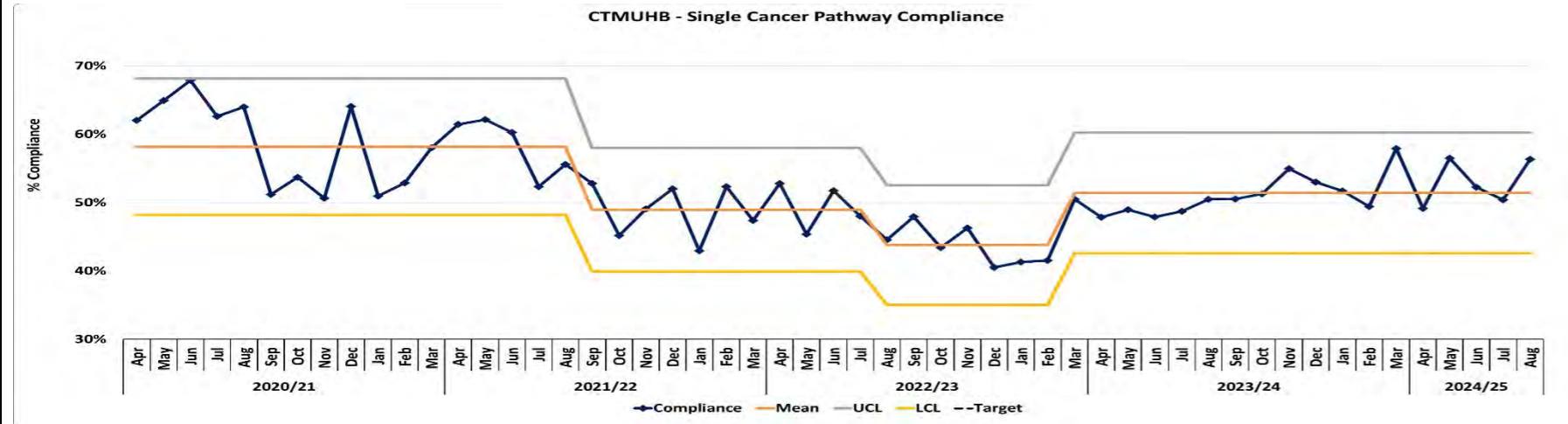
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
C&V	64	3rd
CTM	172	4th
BCU	276	5th

#### Status as at July 2024

Health Board	Compliance	Rank
Powys	100.0%	1st
SB	100.0%	2nd
CTM	99.4%	3rd
BCU	95.5%	4th
C&V	84.3%	5th

## CTMUHB Planned Care Group Single Cancer Pathway (SCP) August 2024 – 56.4%

% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Revised Target: 60% performance by December 2024 & 70% performance by March 2025

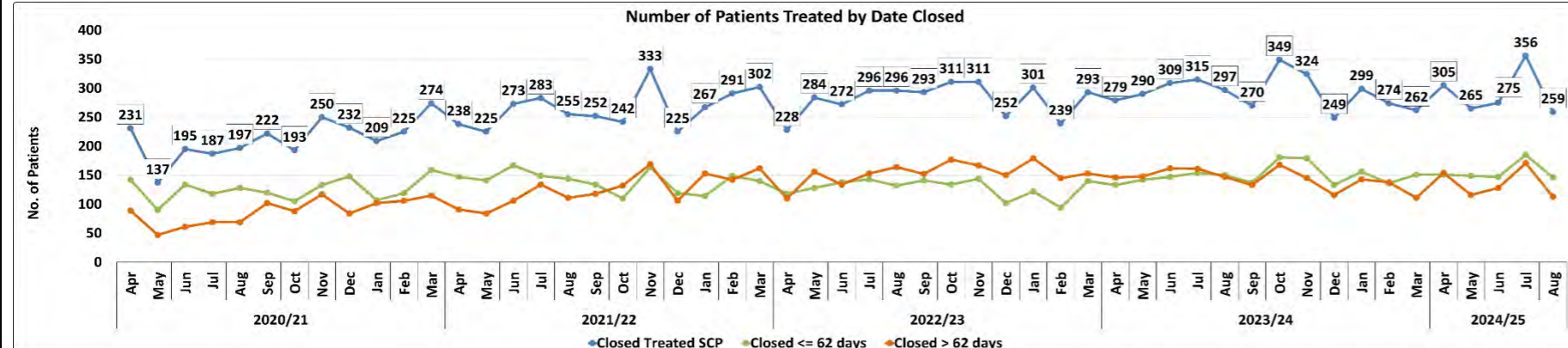


### CTMUHB - SCP % Treated Without Suspensions - August 2024

Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 60%
Head and neck	3	5	8	37.5%
Upper GI	13	1	14	92.9%
Lower GI	15	16	31	48.4%
Lung	20	17	37	54.1%
Sarcoma	0	2	2	0.0%
Skin (exc BCC)	45	5	50	90.0%
Brain/CNS	1	1	2	50.0%
Breast	15	12	27	55.6%
Gynaecological	8	16	24	33.3%
Urological	20	30	50	40.0%
Haematological	4	7	11	36.4%
Other	2	1	3	66.7%
<b>Total</b>	<b>146</b>	<b>113</b>	<b>259</b>	<b>56.4%</b>

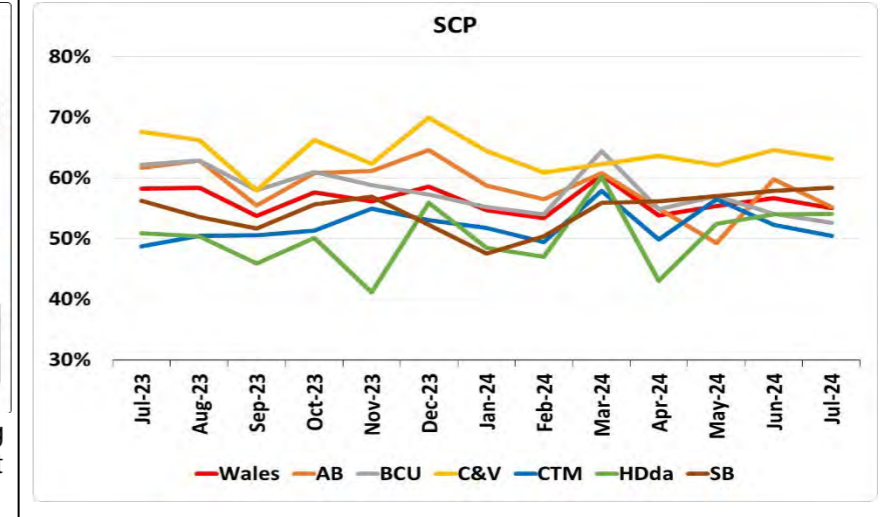
Compliance during August 2024 was 56.4% and is above the current mean of 51.4%. Three of the tumour sites reached the desired target threshold of 60% this period, as seen in the table above. Predicted compliance for September currently stands at 56.5%. The continuing delays at first outpatient (23%) and diagnostic stage (53%) and are the significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology with tertiary delays for diagnostics & treatments also continuing.

### Patients Treated by Closed Date



Cancer treatment volumes have not seen an increase during the past 12 months with the monthly average (Sep 23 to Aug 24) equating to 291 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, Lower GI and Gynaecology.


### How do we compare with our peers?

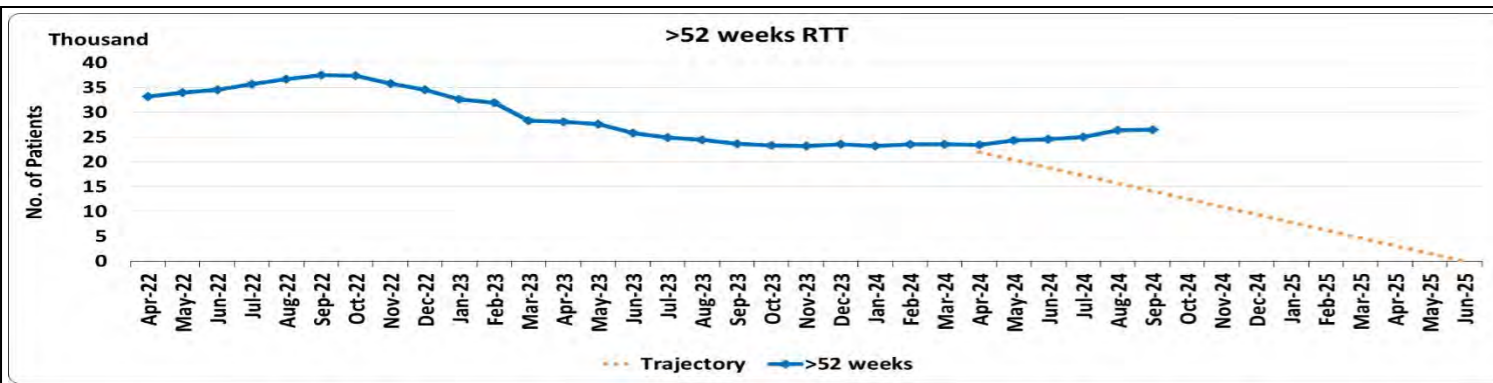


#### Status as at July 2024

Health Board	Compliance	Rank
C&V	63.1%	1st
SB	58.4%	2nd
AB	55.2%	2nd
HDda	54.1%	4th
BCU	52.6%	5th
CTM	50.4%	6th

Patients currently waiting on a Cancer Pathway waiting in excess of 62 days	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>SCP patients waiting over 62 and 104 days at the end of each month</p>	<ul style="list-style-type: none"> <li>• Merging of Lower GI MDTs. Merged RGH/PCH MDT now in place. POW MDT to join in 2025 following merger of PAS IT system.</li> <li>• Rollout of digital vetting continues.</li> <li>• Continuing outsourcing of pathology.</li> <li>• Increased focus on time to first appointment through capacity review, booking analysis and standing item in Friday cancer performance meeting.</li> <li>• Focus on booking of flexible cystoscopies pan CTM to reduce waiting list.</li> <li>• Demand &amp; Capacity undertaken</li> <li>• Increased clinic templates</li> <li>• Weekly focused cancer assurance meeting in ENT service.</li> </ul>	<ul style="list-style-type: none"> <li>• National shortage of isotope affecting breast and urology cancer pathways.</li> <li>• Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.</li> <li>• Delays in tertiary investigations &amp; treatments at SBUHB, Velindre Cancer Centre and C&amp;VUHB.</li> <li>• Implementation of genomic testing for new targeted therapies.</li> <li>• Single clinician for laparoscopic nephrectomies – currently demand outweighing capacity.</li> <li>• Long wait for Bowel Screening Wales referrals.</li> <li>• Admin and nursing resource to undertake additional outpatient lists</li> </ul>

 <b>CTMUHB Planned Care Group</b> <b>Referral to Treatment Times (RTT) – September 2024 (Provisional Position)</b>	
<p>Number of patients waiting over 52 weeks for a new outpatient appointment (17,092) Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25</p>	<p>&gt;52 weeks 1st OPA</p>
<p>The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of September is 17,092; a reduction of 1% (168) on the August reported position and is above the desired trajectory equating to 9,659 patients waiting longer than forecasted, as shown above.</p>	
<p>Number of patients waiting &gt;52 weeks RTT (26,512) – Target is month on month reduction towards the national target of Zero by 30<sup>th</sup> June 2025</p>	

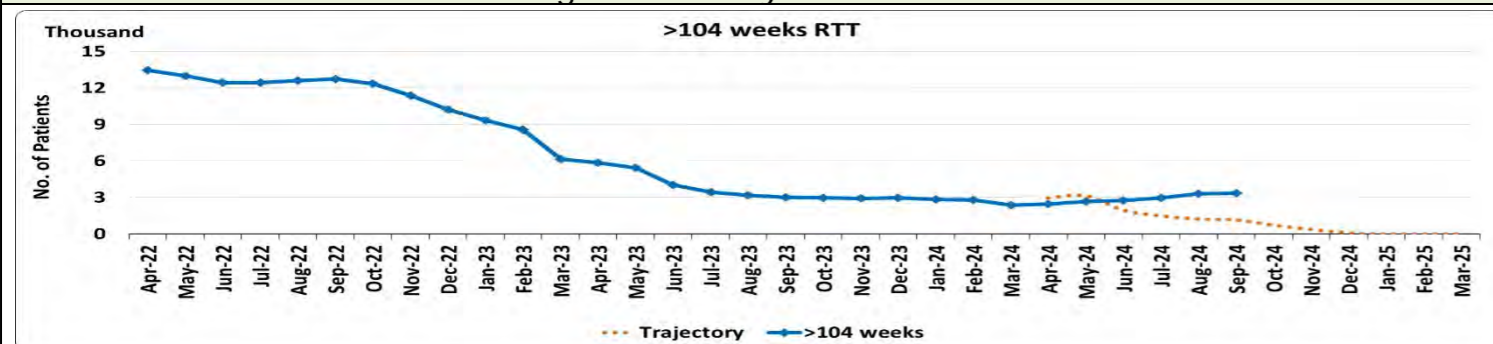


The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of September is 26,512, which as it currently stands is a 1% (168) reduction on the August reported position resulting in 12,401 patients waiting longer than the forecasted level, as shown above.

Total number of open pathways per specialty - September 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	165	299	305	0	1428
Breast Surgery	37	79	64	4	920
Cardiology	1523	930	1015	0	6561
Colorectal	542	376	320	9	2605
Dermatology	1180	907	1286	0	6789
Diagnostics	0	89	77	6	3654
Ear, Nose & Throat Service	1206	1798	3564	697	12312
Endocrinology	1	0	0	0	226
Gastroenterology	1507	568	931	44	4244
General Medicine	715	362	508	39	2943
General Surgery	627	698	756	97	5395

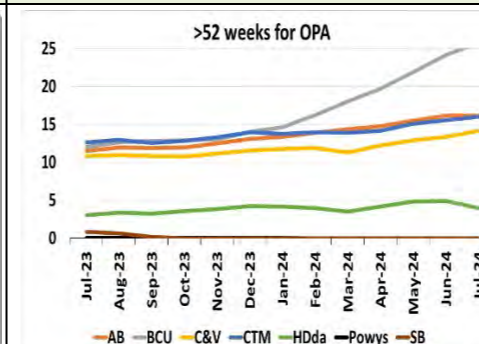
### Number of patients waiting >104 weeks RTT (3,326)

- Target is Zero by December 2024

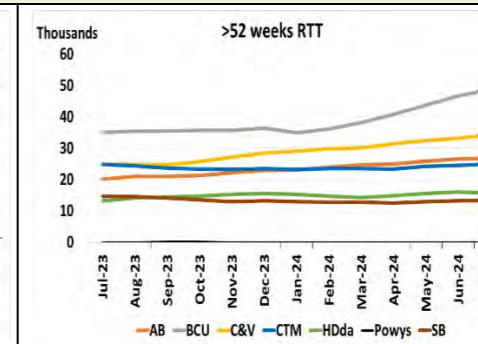


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of September is 3,326. As it currently stands this is an increase of 45 patients from the reported August position and is above the anticipated number of waiting patients forecasted to be 1,148, as shown above.

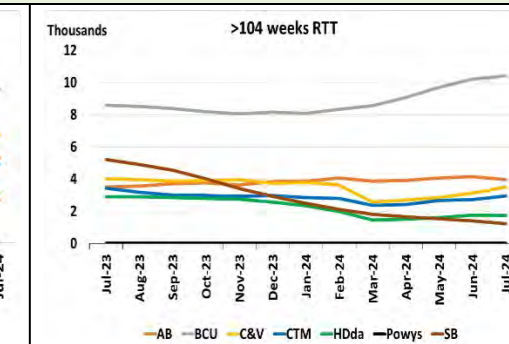
### How do we compare with our peers?



Status as at July 2024		
Health Board	Compliance	Rank
SB	0	1st
Powys	1	1st
HDda	3,959	3rd
C&V	14,200	4th
CTM	16,027	5th
AB	16,163	6th
BCU	25,782	7th



Status as at July 2024		
Health Board	Compliance	Rank
Powys	21	1st
SB	13,381	2nd
HDda	15,696	3rd
CTM	25,031	4th
AB	26,823	5th
C&V	34,418	6th
BCU	48,886	7th



Status as at July 2024		
Health Board	Compliance	Rank
Powys	3	1st
SB	1,229	2nd
HDda	1,733	3rd
CTM	2,956	4th
C&V	3,513	5th
AB	3,967	6th
BCU	10,429	7th

RTT continued on the next page...



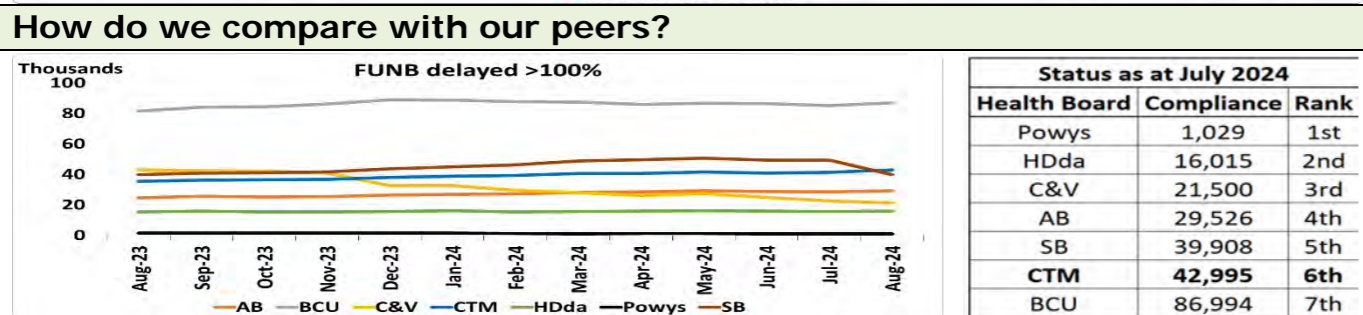
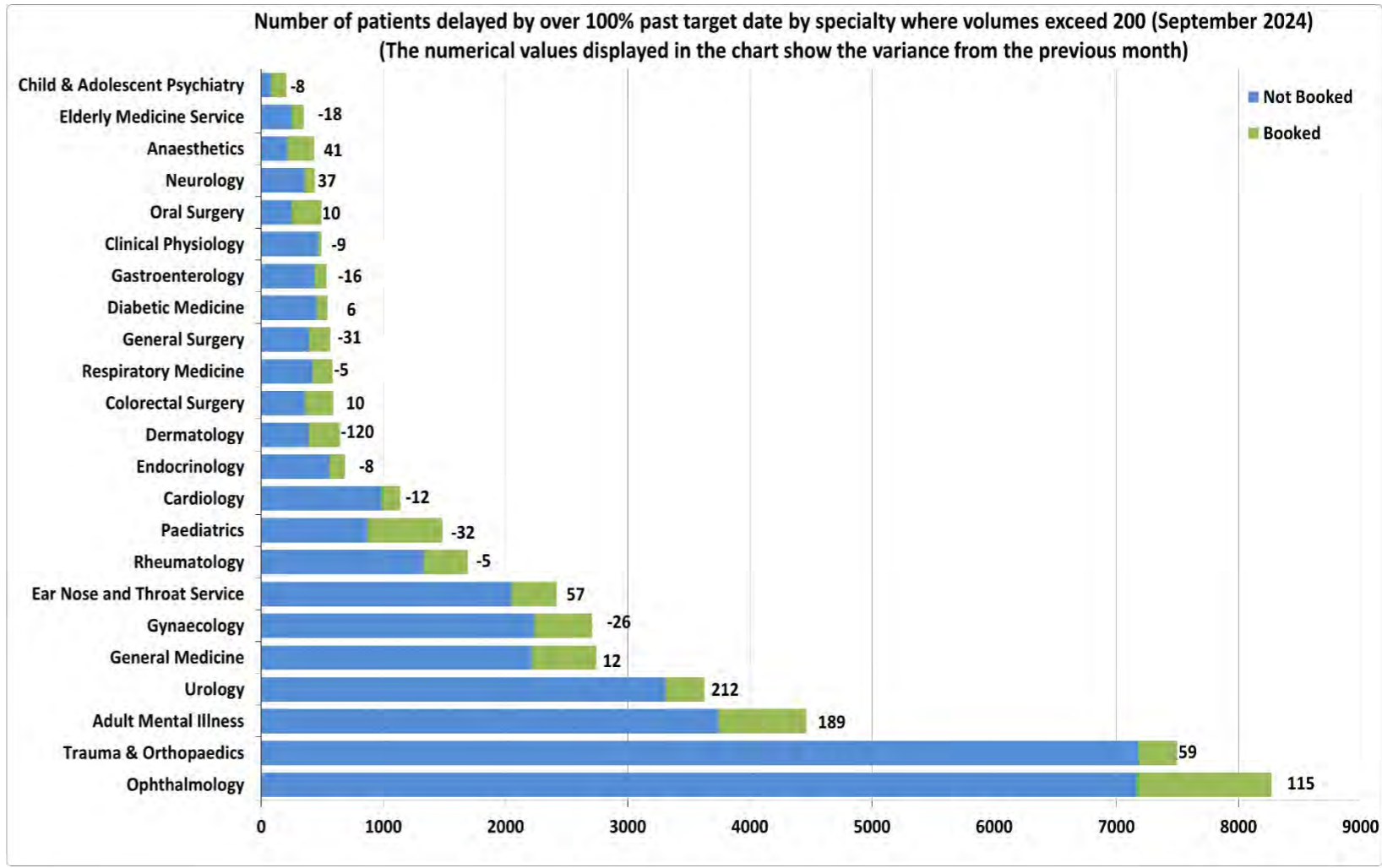
What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p><b>General Surgery:</b></p> <ul style="list-style-type: none"> <li>Clerical validation is underway for the Stage 1 patients and also 'gastro investigation' pathway patients. Significant validation is required for Stages 3 and 4.</li> <li>Additional funding has been secured for WLI clinics.</li> <li>Successful recruitment of Locum consultant (fixed term) in PCH - awaiting start date.</li> <li>Backfilling sessions across the specialties to increase Stage 1 access. Where there is experienced middle tier support, we are running clinics with a registrar to increase capacity.</li> <li>Close working with Diagnostic teams to support areas requiring urgent expedites.</li> <li>WG funding secured to run 'Mega' clinics on weekends for Stage 1 hernia and laparoscopic cholecystectomy patients.</li> <li>Focus has shifted to the &gt;52 week cohort to hit the target of zero patients waiting for 1<sup>st</sup> OPA by March 2025.</li> </ul> <p><b>Colorectal</b></p> <ul style="list-style-type: none"> <li>Eliminated all &gt;104 Week Stage 1 patients, resulting in increased activity at Stages 2 to 4.</li> <li>The team continue working towards the WG target of zero Stage 1 patients waiting over 52 weeks by March 2025. There is currently no risk to meeting this target.</li> <li>With the remaining stages of the pathway, we are reliant on the interdependencies. Pre-assessment is at reduced capacity, due to staff shortages and cancer patients being the priority.</li> <li>Currently utilising Locum to reduce colorectal stage 1 patient from the 52-week cohort.</li> <li>Additional colorectal clinics are ongoing.</li> <li>Undertaking clinical validation of specific clinical conditions for suitability of Stage 1 patients for virtual clinics.</li> <li>Maximising theatre usage to minimise fallow lists</li> </ul> <p><b>Vascular:</b></p> <ul style="list-style-type: none"> <li>Exploring weekend new OPA clinics to help reduce Stage 1 cohort.</li> <li>Identifying veins only referrals in Stage 1 cohort with a view to consider outsourcing.</li> <li>Additional Vascular clinic at PCH from October and backfilling clinics due to sickness absence.</li> </ul> <p><b>Dermatology:</b></p> <ul style="list-style-type: none"> <li>Continuing to maintain waits under &lt;104 weeks.</li> <li>Continuing to maintain 10-12 days wait for Stage 1 urgent suspected cancer across CTM.</li> <li>POW – suitable routine and urgent lesion referrals are being redirected to Medical Illustration for clinical photography speeding up diagnosis and treatment.</li> <li>Review of all clinic templates – Demand &amp; Capacity work done - currently being reviewed.</li> <li>POW - flexibility with clinic appointments - Consultants agreed to add 2 additional new patients to each clinic from October.</li> </ul> <p><b>Ophthalmology:</b></p> <ul style="list-style-type: none"> <li>Continuing to maintain waits under 156 weeks.</li> <li>Focus now on zero &gt;104 weeks wait by end of December.</li> <li>The regional work is continuing and outsourcing to SPA MEDICA. We will be sending further referrals to Vanguard.</li> <li>Funding approval received for the Glaucoma diagnostic hub in YCC.</li> <li>Corneal Service to restart in RGH during November.</li> </ul> <p><b>Orthopaedics:</b></p> <ul style="list-style-type: none"> <li>Regular RTT meetings</li> <li>Focusing on Treat In Turn</li> <li>Offering WLI where possible</li> <li>Exploring outsourcing</li> <li>Validation Work</li> <li>Exploring Workforce</li> <li>Exploring expanding workforce &amp; sustainability</li> </ul> <p><b>Gynaecology</b> - 156 weeks remain clear at all stages and there is a sustained weekly reduction of the &gt;104 weeks cohorts. Administrative and clinical validation work is ongoing to manage demand going into 2025.</p> <p><i>{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}</i></p>	<p><b>The impact of the system changes required to decant parts of the POW site are still being worked through, with plans to mitigate them still in development.</b></p> <p><b>General Surgery:</b></p> <ul style="list-style-type: none"> <li>Low uptake with clinicians wanting extra WLI clinics to see stage 1 patients.</li> <li>Any potential loss of locum consultants, would impact current backfill of clinics and our ability to reduce waiting lists for the &gt;52 &amp; &gt;104 week targets.</li> <li>Risk to Oncoplastic patients awaiting treatment.</li> </ul> <p><b>Colorectal :</b></p> <ul style="list-style-type: none"> <li>Reduced colorectal clinic capacity due to USC demand.</li> <li>Interdependencies will need to provide additional support to meet patient demand in the middle stages of the patient pathway.</li> <li>The closure of 2 theatres in December will result in a reduction in sessions and increase the already lengthy waiting lists for surgery.</li> <li>SBU diagnostic delays for Endoscopy procedures</li> <li>Limited Outpatient capacity to increase clinic numbers (lack of registrar participation)</li> </ul> <p><b>Dermatology:</b></p> <ul style="list-style-type: none"> <li>Staff burnout</li> </ul> <p><b>Vascular :</b></p> <ul style="list-style-type: none"> <li>Additional clinics and theatres could be at risk due to large cohort of patients requiring appointment / treatment before December / March.</li> <li>Limited number of vascular clinicians' available - risks burnout and reluctance to agree to multiple weekend or evening sessions.</li> <li>Capacity could be further impacted by clinicians being pulled to cover additional on calls at network due to sickness etc. between now and March 2025.</li> <li>We would have limited options for backfill of sessions due to consultants' current commitments at C&amp;V.</li> </ul> <p><b>Ophthalmology:</b></p> <ul style="list-style-type: none"> <li>The patients being outsourced are not our longest waiting patients as these are complex.</li> <li>Patients are being outsourced from the &lt;70 week cohort.</li> </ul> <p><b>Orthopaedics:</b></p> <ul style="list-style-type: none"> <li>Gaps in the admin &amp; clerical establishment</li> <li>Lack of digital dictation preventing more streamlined working</li> <li>Insufficient workforce to manage demand and backlog</li> </ul> <p><b>Gynaecology</b></p> <ul style="list-style-type: none"> <li>Inpatient gynae cases remain as a risk for us due to small number of inpatient beds and not enough capacity on a weekly basis.</li> <li>Uptake of backfill lists to increase capacity at risk due to consultant rate card for surgeons and anaesthetists.</li> <li>Implementation of all actions recommended by the GIRFT programme are underway (Getting It Right First Time)*</li> </ul> <p><i>*GIRFT is designed to improve treatment &amp; 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.</i></p>



# CTMUHB Planned Care Group

## Follow-up Outpatients Not Booked (FUNB) – Provisional Position September 2024

Number of patients waiting for a Follow-up with documented target date				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 waiting for follow-up appointment				No. of patients delayed over 100% past their target date			
No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
0	89,239	57,268	146,507	36,655	7,175	43,830	29.9%



**How are we doing?**

The number of patients waiting for a follow-up appointment in CTM at the end of September 2024 provisionally stands at 146,507, which is a growth of 6.5% 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, 43,830 (29.9%) have waited more than 100% longer than their clinician advised.

From April to August this year, the average monthly follow up activity was 556 attendances higher (1.5%) at 36,690 in 2024/25 when compared with 2023/24 levels, but remains 2,816 (7.1%) lower than pre-covid activity volumes.

**What actions are we taking & when is improvement anticipated?**

**General Surgery:** Clinicians have been validating the longest FUNB. Secretaries providing consultants with lists for review.

- Clerical validation of waiting list continues.
- SOS/PIFU processes are being shared again in each area.
- Breast clinician reviewing FUNB patients in Monday AM session

**Colorectal:** Working through the numbers as much as practical

- Consultants are being provided with the FUNB waiting lists to review and provide advice on next stage i.e. face to face appointment required or discharge with advice.
- Clinical & administrative validation ongoing

**Dermatology:** POW only – Clinical conditions and appointment directive used allowing for patients to be booked as per clinical priority. Secretaries regularly validate and update consultants and noted as a standard agenda item at the department meeting.

- RGH/PCH and Paeds HB wide – Clinics booked in advance and therefore very little scope to book off the FUNB increasing clinical risk and need for validation.
- Slight reduction in the numbers on the FUNB list.
- Clinical conditions and appt directive to be introduced at RGH/PCH to align practices across the specialty.
- Reintroduced department meeting at RGH/PCH with standard agenda item to RTT/FUNB.
- Consultants have agreed to discharge routine patients after 1 x DNA.

**Ophthalmology:** Significant clerical and clinical validation required with no current resource to carry this out.

- Work is ongoing with PIFU/SOS to help reduce the number of patients being added to the FUNB.

**Gynaecology:** Validation processes are underway across the Care Group for all patients exceeding their planned follow up timeframe.

- Validation project expected to complete end of November 2024 with validation of all patients >100% delay.

**What are the main areas of risk?**

**Colorectal :**

- Limited clinic capacity for FUNB, but clinical validation ongoing.

**Dermatology:**

- Risk is greater at RGH & PCH as currently the clinical priority is not identified and consultants/secretaries are not actively managing FUNB.

**General Surgery:**

- Focus has been on RTT and SCP patients. Where possible, validation work is underway.
- FUNB with target dates figures are different to Wizard figures.

**Ophthalmology:**

- The risk is not enough clerical or clinical time to validate the high numbers on the FUNB.

**Gynaecology:**

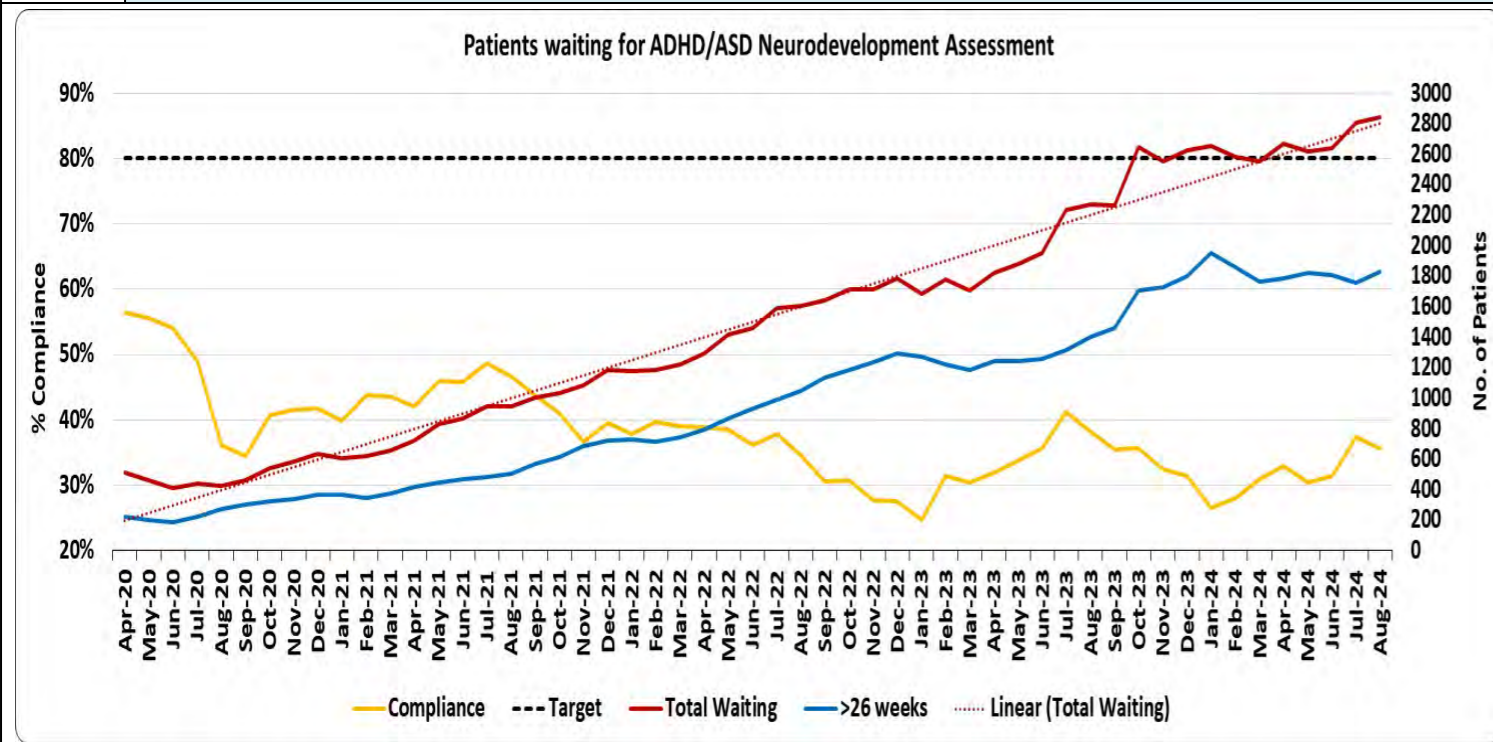
- Resource to undertake clinical validation.
- Outpatient clinic capacity for booking all patients who require appointments.
- Competing demand of RTT/New outpatient activity.



# CTMUHB Children & Families Care Group

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

August 2024 - 35.7%



### 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 as 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.
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further.
- 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. Recently appointed CNS/AHP staff 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 anticipate 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.

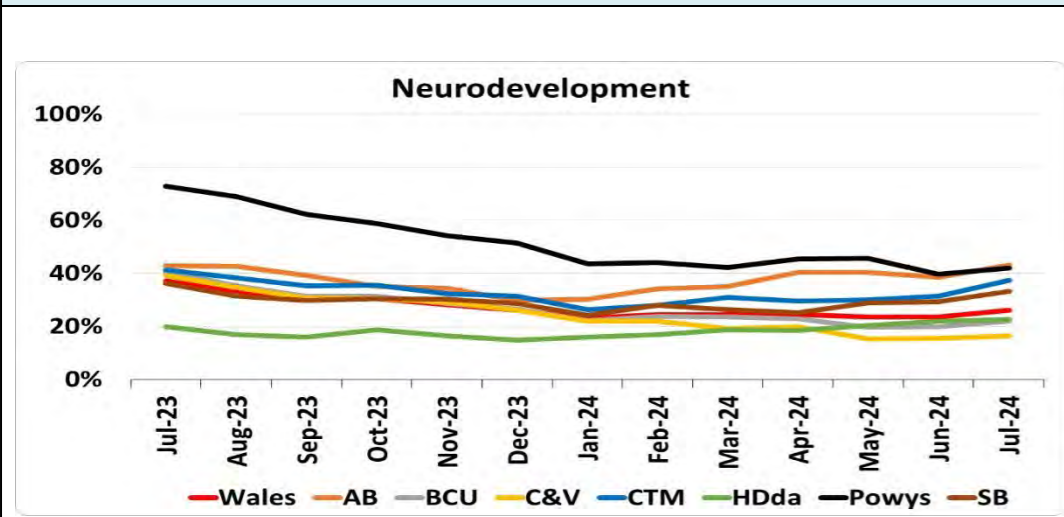
### How are we doing?

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 2,841 patients (Aug 24); 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 203 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 35.7%.

During the past 12 months the chart shows that compliance has been fluctuating between 26.5% and 37.4% with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

### How do we compare with our peers?



Status as at July 2024		
Health Board	Compliance	Rank
AB	43.3%	1st
Powys	42.0%	2nd
<b>CTM</b>	<b>37.4%</b>	<b>3rd</b>
SB	33.3%	4th
HDda	22.6%	5th
BCU	21.9%	6th
C&V	16.5%	7th

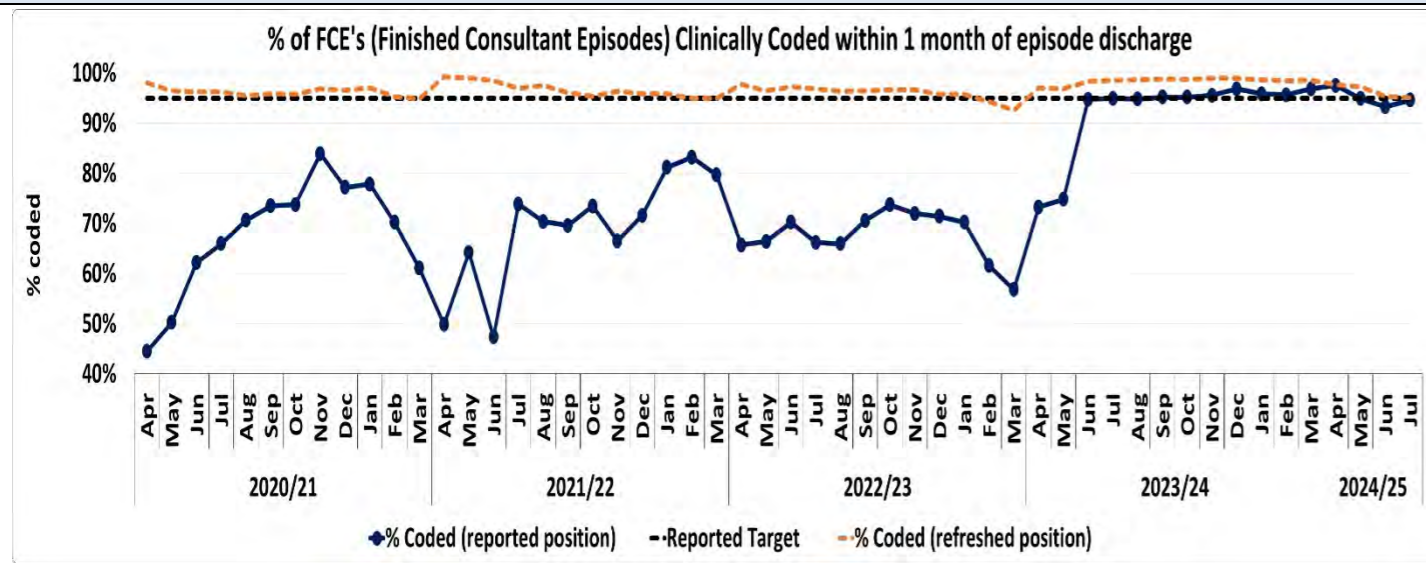
### What are the main areas of risk?

- A demand and capacity review was undertaken earlier in the year 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, although these are now starting to be brought back in line in terms of waiting times with assessments for autism.
- 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				
Performance Measure		Target	Key:  Trend  Target/Trajectory	Key: <span style="color: green;">Target Achieved</span> <span style="color: red;">Target Failed</span>
				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		93.3%
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		98.8%
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		14.9%
	Number of Pathways of Care delayed discharges	12 month reduction trend		359
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%		90.4%
	% 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			88.7%
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%		65.5%
	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		24.4%

**% 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 – July 2024 – 94.6%**



## How are we doing?

The reported position for July 2024 is 94.6% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and is just a fraction short of the set target of 95%.

As of the start of October, the coded position from April to September currently stands at 81.5% with the backlog accrued during April to July largely coded and is at 97.3%.

Compliance for the correction of errors within 35 days reached 98.8% during July with 79 of the 80 errors corrected within the requisite 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.

Current Coded Position as at 1st October 2024				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,588	11,425	163	98.6%
May-24	11,839	11,637	202	98.3%
Jun-24	10,880	10,485	395	96.4%
Jul-24	11,787	11,289	498	95.8%
Aug-24	10,314	7,212	3102	69.9%
Sep-24	9,672	1,831	7841	18.9%
<b>Total</b>	<b>66,080</b>	<b>53,879</b>	<b>12,201</b>	<b>81.5%</b>

<b>Uncoded 2024/25 (Apr - Sep 2024)</b>	<b>12,201</b>	<b>18.5%</b>
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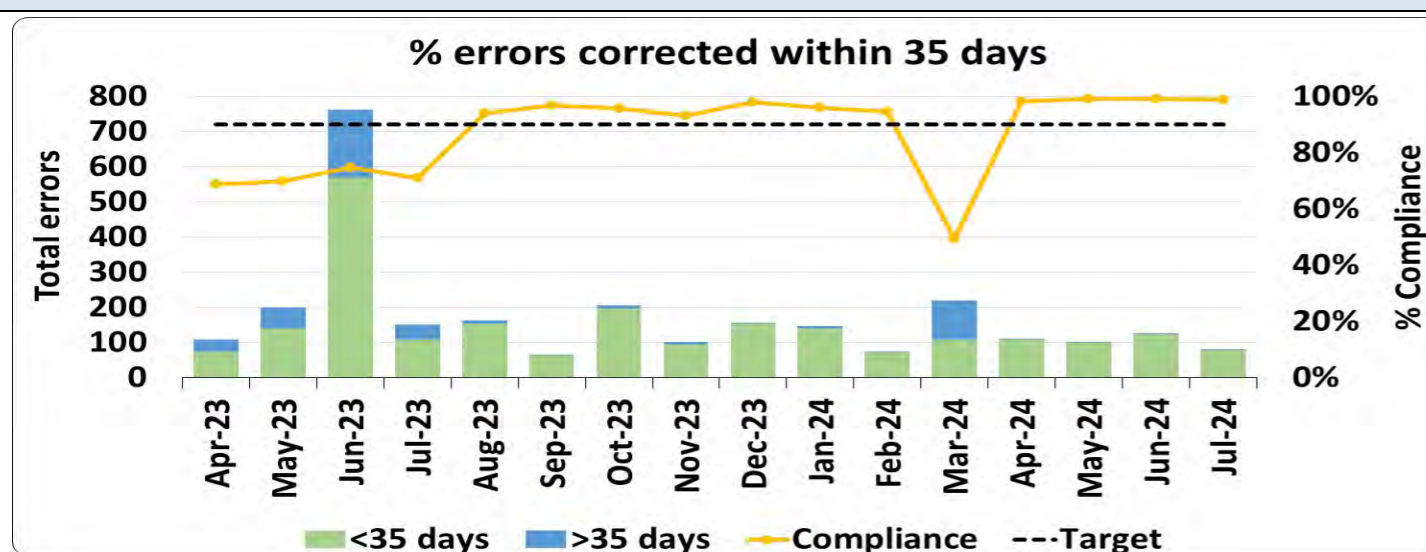
## What actions are we taking & when is improvement anticipated? What are the main areas of risk?

The auto-coding system incorporating the validation functionality continues to be improved, however it has not been used for the past 2 months whilst it is being updated to incorporate the new coding standards and the hardware on which it runs is upgraded.

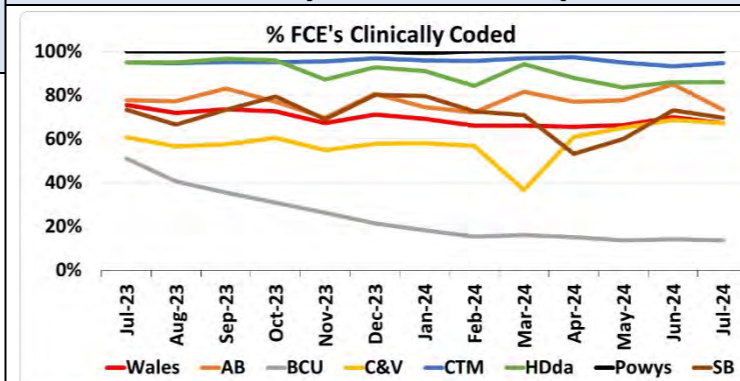
Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records, with the pathology improvement board having recently given approval for the autocoder to use pathology data within its algorithms.

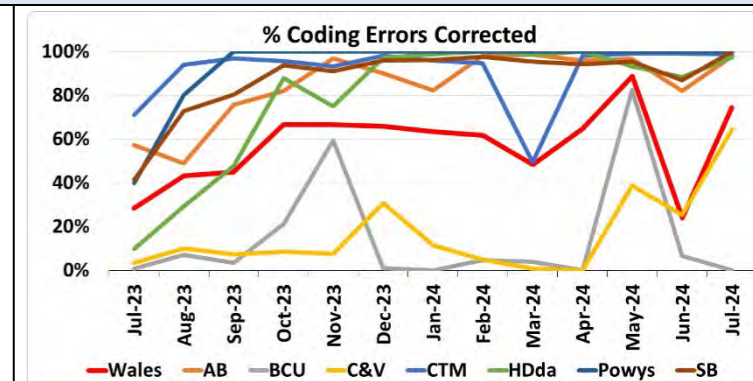
**% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - July 2024 – 98.8%**



## How do we compare with our peers?



Status as at July 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	94.6%	2nd
HDda	86.0%	3rd
AB	73.3%	4th
SB	69.7%	5th
C&V	67.2%	6th
BCU	13.6%	7th

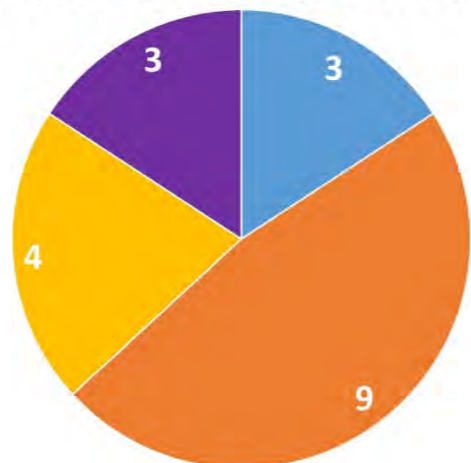


Status as at July 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	100.0%	2nd
CTM	98.8%	3rd
AB	97.9%	4th
HDda	97.5%	5th
C&V	64.6%	6th
BCU	0.0%	7th

**Number of Pathways of Care delayed discharges**  
**Target is 12 month reduction trend**  
**Mental Health Delays = 19 / Non Mental Health Delays = 340**

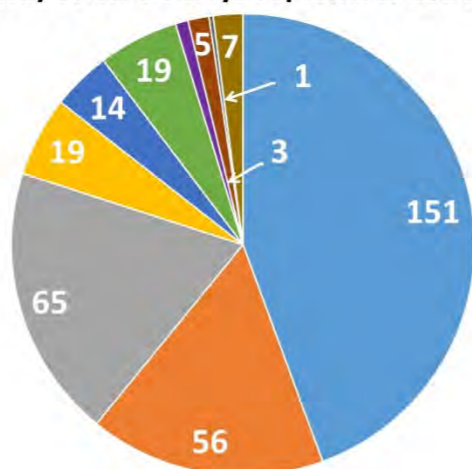
### Mental Health - Reasons for Patient Pathway of Care Delays September 2024

- Assessment Issues
- Care Home placement arrangements
- Disagreements/Legislation
- Funding Issues



### Non-Mental Health - Reasons for Patient Pathway of Care Delays September 2024

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



### How are we doing?

On average, 317 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority (43.8%) related to delayed assessment, as per the table below (left) with 154 assessment delays during September as described in the table below (right) :

Reason for Delay	12 month average	Assessment Delay Flag - September 2024	
Assessment Issues	139 43.8%	Awaiting completion of assessment AHP	12
Care Home placement arrangements	65 20.4%	Awaiting completion of assessment by social care	38
Home care related issues	45 14.1%	Awaiting completion of assessment Nursing	43
Transfer related issues	19 6.1%	Awaiting completion of assessment Pharmacy	1
Disagreements/Legislation	19 6.1%	Awaiting Continuing Healthcare (CHC) Assessment	13
Step down to recover and assess	12 3.7%	Awaiting joint assessment	33
Housing Related Issues	8 2.4%	Awaiting Social worker allocation	14
NHS Bed related issues	3 0.9%	<b>Total Assessment Issues</b>	<b>154</b>
Funding Issues	5 1.4%		
Home adaptation/equipment issues	3 1.1%		
<b>Total</b>	<b>317</b>		

There was an increase in delays for care at home in RCT, with analysis showing that this may be attributed to the introduction of a new domiciliary care commissioning framework. The new framework commenced in October with a projected improvement in performance.

### What actions are we taking & when is improvement anticipated?

- Roll out of 'Optimise' educational framework across CTM – 1st cohort of trainees in POW commenced the programme on 21st September. Programme intends to improve structure of daily board rounds, flow and discharge planning.
- Implementation of Enhanced Care in Community Level 4 - the first phase to be completed in Quarter 3 will see circa 80 care assistants (hybrid model: direct employment and commissioning with independent providers) providing level of intermediate care to patients discharged from hospital into their usual place of residence as a bridging provision.
- Integrated Discharge Team combining health and social care resource is in planning phase with anticipated implementation in Quarter 3 to support effective and timely discharge at the front door (ED turnaround and admission avoidance) and from hospital sites into community provision (ECC Level 4).
- Plans and actions are captured in PoCD action plan produced in partnership with local authorities and monitored through Integrated Discharge Delivery Board governed by 6 Goals Programme Board.

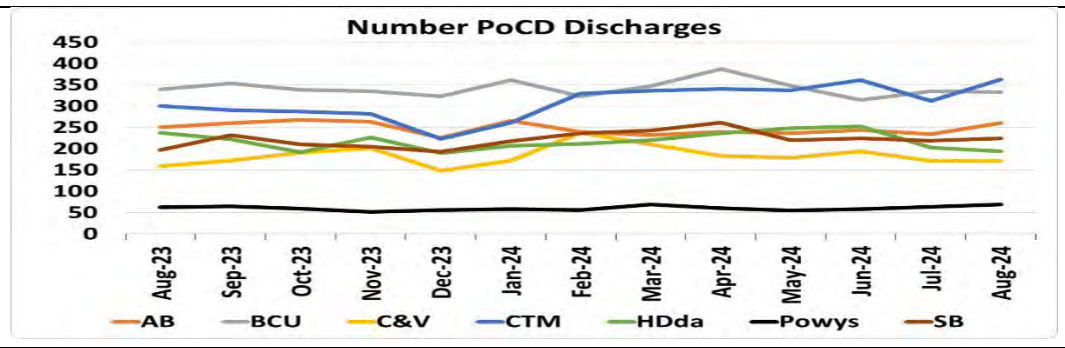
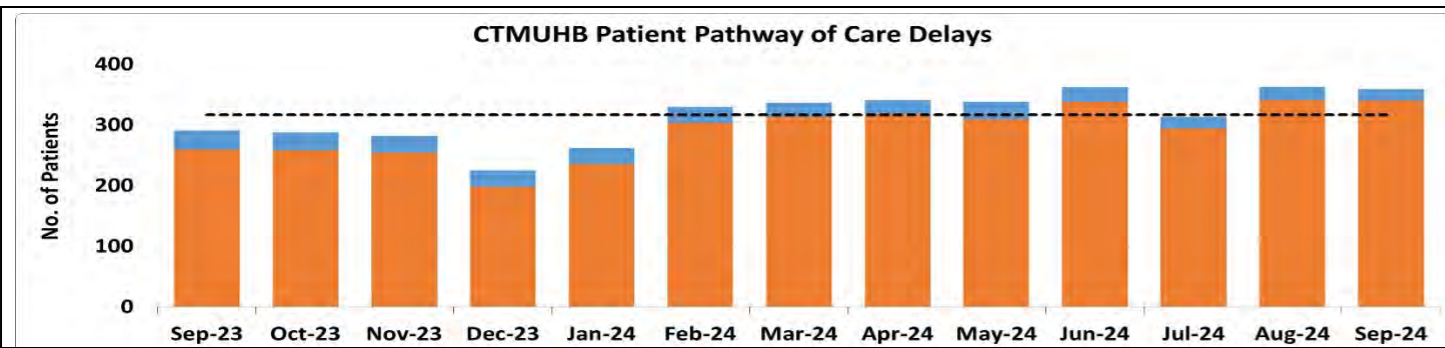
### What are the main areas of risk?

- Co-ordination of patient-centred approach to discharge planning is limited - multiple team working within individual parameters. If the discharge model in CTM remains non-integrated, the risk is that separate agencies, not centrally managed, will not be supporting D2RA best practice model, which will cause further delays and confusion.
- Analysis shows increased levels of complexity and frailty in patients, with higher levels of dementia and associated longer length of stay in our hospitals.

### How do we compare with our peers?

Delays by Local Authority - September 2024

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Other (outside Wales)	Total
PCH	1		3		8		2	7			21
POW		74				7		5	4	2	92
RGH								99			99
YCC					21			53			74
YCR								65			65
Glanrhyd		7		1							8
<b>Grand Total</b>	<b>1</b>	<b>81</b>	<b>3</b>	<b>1</b>	<b>29</b>	<b>7</b>	<b>2</b>	<b>229</b>	<b>4</b>	<b>2</b>	<b>359</b>



Status as at August 2024		
Health Board	Compliance	Rank
Powys	69	1st
C&V	171	2nd
HDda	194	3rd
SB	225	4th
AB	261	5th
BCU	333	6th
<b>CTM</b>	<b>363</b>	<b>7th</b>

## Finance Update – Month 6

Updates on the financial position become available on the 9<sup>th</sup> 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	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	If more than one applies please list below: Data to Knowledge
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cyfreithiol / Legal</b>	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.	
<b>Enw da / Reputational</b>	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.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

## 5. Recommendation

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



**Agenda Item**

5.2

**Planning, Performance and Finance Committee**

**Highlight Report for CTM Six Goals for Urgent & Emergency Care Programme**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Anthony Gibson, Deputy Medical Director for Acute Services/Anna Pepper, Programme Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Anthony Gibson, Deputy Medical Director for Acute Services/Anna Pepper, Programme Manager
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
UEC	Urgent & Emergency Care



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

D2RA	Discharge to Recover than Assess
WPAS	Welsh Patient Administration System
SDEC	Same Day Emergency Care
ED	Emergency Department

## 1. Introduction

1.1 Delivery of strategic objectives aligned with national and local priorities for urgent and emergency care governed by Six Goals Programme has been conducted in partnership with health and social care, aiming towards efficient and integrated approach in the way we deliver care and quality-driven outcomes for patients in our communities.

The collaborative approach between secondary and primary care, communities and social care partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) is aiming to transform in hospital and out of hospital care. The programme's scope includes provision of urgent care that is responsive to patient needs and integrated within the model of care included in local project plans for areas that transcends across boundaries of health and social care provision.

The delivery of the Six Goals objectives includes number of system enablers which will support overall strategy, these include information technology and analytics. The aims of the programme enable sustainable integration and simplification of the system. The key principles set out in the programme scope for transformation of urgent and emergency services are to ensure they:

- Are easy to navigate
- Deliver urgent and emergency care as close to people homes as possible
- Meet national requirements and standards
- Align with transformational changes in the region

1.2 Key highlights from the programme of work are reported in section 3.

## 2 Purpose of the overview report

2.1 The purpose of this overview report is to provide the Planning, Performance and Finance Committee with an overview of the Six Goals for Urgent & Emergency Care programme of work for 2024/2025.

2.2 The report will cover:

- An update on Six Goals work-streams/projects
- Financial report 2024/2025
- An overview of planned work for 2024/2025

## 3 Highlight Report

<b>Alert/Escalate</b>	<ul style="list-style-type: none"> <li>• <b>There are no matters requiring escalations</b></li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• Ambulance conveyance in CTM remains high, community capacity and commissioning does not meet current demand causing delay in discharge out of D2RA across CTM UHB. Risks are being</li> </ul>



	<p>mitigated through development of projects specifically in Work-stream 1 and 4 and development of Enhanced Care in Community Level 4 and Integrated Discharge Team.</p> <ul style="list-style-type: none"> <li>• Issues with activity recording in Princess of Wales, Bridgend hospital sites and incorporating into agreed data framework due to ongoing WPAS merger and server transfer from Swansea Bay UHB remains, however the merger of servers is on track with acute areas prioritised for action before final completion of merger across CTM UHB in May 2025.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• Expenditure on track to agreed forecast. Recruitment delays in Work-stream 2 and 4 are being addressed in Quarter 2 as predicted in previous submission for Quarter 1.</li> <li>• Delivery across the programme scope remains on track. Delayed actions from Quarter 1 have been addresses in Quarter 2 through completion of reprioritisation to fit overall strategic plan and delivery of operational activities.</li> <li>• Service delivery and commissioning are shaped by data intelligence on local needs and by evidence on the outcomes.</li> </ul>
<b>Inform</b>	<ul style="list-style-type: none"> <li>• Scope remains within the parameters agreed in 6 Goals UEC 24/25 delivery plan and aligned to four ministerial priorities as follows:</li> </ul> <p><b>Delivery of a 24/7 urgent care service:</b></p> <ul style="list-style-type: none"> <li>• Multidisciplinary approach to delivery of urgent care through Navigation Hub including therapies and paramedics. Current provision operational during week days, i.e. General Practitioner (GP) triage and provision of home visits. Referrals received for therapies support within Multidisciplinary Team.</li> <li>• Direct pathways with Welsh Ambulance Services Trust for referral to Same Day Emergency Care (SDEC) services set up for Deep Vein Thrombosis, early pregnancy and specialty via Medical SDEC in Royal Glamorgan Hospital.</li> <li>• Planning phase in progress to implement Integrated Discharge Team and Enhanced Care in Community Level 4 providing a function of front door turnaround (admission avoidance) and support in community with 2 hrs response for people in crisis and at risk of conveyance and hospital admission. This will support implementation of 7-day working model to provide sustainable and responsive services to CTM population.</li> </ul>



### **Implementation of SDEC services:**

- Quarter 2 has seen a completion of operational embedding of new SDEC service in Prince Charles Hospital and reset of Acute Medicine Footprint across CTM UHB which will be further progressed in quarter 3 and 4 in Royal Glamorgan Hospital, Llantrisant and Princess of Wales Hospital, Bridgend.
- It is important to note that recent structural issues in Princess of Wales Hospital have had detrimental impact on this piece of work, which is described in programme's risk and issue log.
- In Quarter 2 has seen a successful ward reconfiguration and the creation of a Surgical SDEC, Surgical Assessment Unit (24hrs) and Surgical Assessment Unit - 72hrs on Ward 9 in Royal Glamorgan Hospital operational from 9<sup>th</sup> September 2024. Model is aimed at streaming the surgical patients at point of triage at the front door or at point of triage by the surgical Acute Care Practitioners of GP calls directly to the Surgical SDEC or Surgical Assessment Unit.
- Further plans in Quarter 3 and 4 will include scoping and planning to replicate the model in Prince Charles Hospital with the use of existing resources.

### **Reduction of ambulance handover waits and reduction in 12-hour Emergency Department waits:**

- Strategic Transformation of Acute Medicine Programme (STAMP) has had very positive impact on front door flow to include flow through SDEC and acute medicine units for up to 72 hr assessment.
- The implementation of the programme and reset of flow through acute medicine improved ED targets and assessment unit targets, providing a successful improvement methodology for further progression across all acute sites.
- In addition to STAMP, Unscheduled and Primary Care & Communities Care Groups are progressing implementation of Urgent Treatment Centre (UTC) in PCH to support demand in ED on site and subsequently contribute to improvement of 4 and 12 hr performance in ED, Prince Charles Hospital. The service is scheduled to become operational by the end of October 2024.
- Operational and clinical management and Organisational Change Process Phase 2 has been



completed in Quarter 2 which will ensure continuity, strategic and operational direction for Emergency Medicine.

- In addition to STAMP and implementation of UTC, Emergency Department Improvement Board will be set up in Quarter 3 to ensure appropriate governance structure to deliver actions and plans that will support ongoing improvement of quality and performance within emergency departments, supported by actions plans from Quality Statement baseline report, GIRFT outcome report and data.

**Reducing Pathways of Care Delays (POCD):**

- Number of Pathway of Care Delays across CTM UHB remains high. The remedial actions to address are being delivered through:
  - ✓ Roll out of 'Optimise' educational framework across CTM UHB – 1<sup>st</sup> cohort of trainees in POW commenced the programme on 21<sup>st</sup> September 2024. Programme intends to improve structure of daily board rounds, flow and discharge planning.
  - ✓ Implementation of Enhanced Care in Community (ECC) Level 4, the first phase to be completed in Quarter 3 will see circa 80 care assistants (hybrid model: direct employment and commissioning with independent providers) providing level of intermediate care to patients discharged from hospital into their usual place of residence as a bridging provision before in community.
  - ✓ Integrated Discharge Team combining health and social care resource is in planning phase with anticipated implementation in Quarter 3 to support effective and timely discharge at the front door (ED turnaround and admission avoidance) and from hospital sites into community provision (ECC Level 4)
- Plans and actions are captured in POCD action plan produced in partnership with local authorities and monitored through Integrated Discharge Delivery Board governed by 6 Goals Programme Board.



#### 4 Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Ageing Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Person Centred
	If more than one applies please list below: Effective, Efficient, Timely, Equitable, Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>  <b>Equality and Welsh Language</b>  <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Outcome for Equality (delete as appropriate):            POSITIVE/NEUTRAL            NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate):            POSITIVE/NEUTRAL            NEGATIVE</p>	<p>If no, please include rationale below:</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i>  <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)            CTMUHB Six Goals for UEC programme of work is ring-fence funding allocation from Welsh Government</p>	

## 5 Recommendation

- 5.1 The Planning, Performance & Finance Committee is asked to **NOTE** the highlights outlined in section 3 of this report.



**Agenda Item**

5.3

**Planning, Performance and Finance Committee**

**Ambulance Red Performance Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Choose an item.
<b>Awdur yr Adroddiad / Report Author</b>	Ross Whitehead, Director of Commissioning Ambulance Services & 111, NWJCC
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Ross Whitehead, Director of Commissioning Ambulance Services & 111, NWJCC
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Performance reported regularly at JCC meetings	17/09/2024	Noted

<b>Acronyms / Glossary of Terms</b>	
NWJCC	NHS Wales Joint Commissioning Committee



## 1. Situation / Background

Members have asked for an update on the performance related to red calls presenting to the Welsh Ambulance Services University NHS Trust in the Cwm Taf Morgannwg area.

Red calls are those 999 calls assessed as immediately life threatening and have a Welsh Government response time target of 65% of responses within 8 minutes.

## 2. Specific Matters for Consideration

The attached presentation (appendix 1) provides an update on red calls in the Cwm Taf Morgannwg University Health Board area:

- Volume of monthly incidents and demand by hour of day
- Proportion of total demand that is red
- Response time performance
- Demand distribution
- Impact of handover delays
- Performance Measure & Innovation
- Performance Improvements.

## 3. Key Risks / Matters for Escalation

Red response performance in Cwm Taf Morgannwg continues to fall below the required target and lower than the national position.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below: Dying well; ageing well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Data to Knowledge
	If more than one applies please list below: Leadership Learning, Improvement and Research Whole systems perspective



<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Safe
	If more than one applies please list below: All domains of quality – Efficient, effective, equitable, person-centred, timely and safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is reporting the performance of ambulance services in the CTMUHB area
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  NEUTRAL (emergency service response available to all and not impacting on protected characteristics)  Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: This is reporting the performance of ambulance services in the CTMUHB area
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report. This is reporting on performance	
<b>Enw da / Reputational</b>	Yes (Include further detail below) Ambulance service provision is regularly reported in the media. The impacts on patients not receiving a timely service is wide ranging and can be very serious. The high levels of handover delays at emergency departments is leading to patients not receiving a timely and safe service.	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	There is no direct impact on resources as a result of the activity outlined in this report.	
	This is a report on performance	



## 5. Recommendation

Members of the Planning, Performance and Finance Committee are asked to:

- **NOTE** and **DISCUSS** the content of this report.

## 6. Next Steps

Consider further actions that the Health Board could take to support the timely delivery of ambulance services for their population.



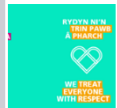
<b>Agenda Item 5.3</b>	<b>14 November 2024</b>	<b>Planning, performance &amp; Finance Committee</b>	<b>Ambulance Red Performance</b>
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**Report Details:**

FOI Status:	Please select: Open (Public)
If closed please indicate reason:	
Prepared By:	Ross Whitehead, Director of Commissioning Ambulance Service & 111
Presented By:	Ross Whitehead, Director of Commissioning Ambulance Service & 111
Approving Executive Sponsor:	Linda Prosser, Executive Director Strategy & Transformation
Report Purpose	Please Select:  For Noting
Engagement undertaken to date:	Performance reported regularly at JCC meetings

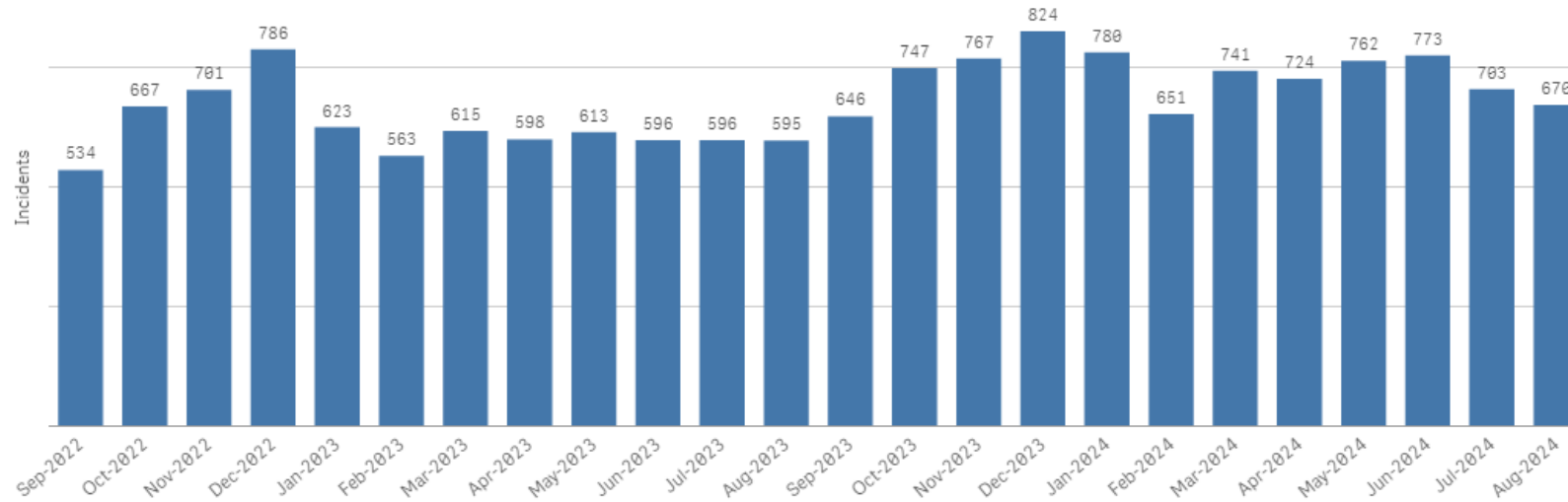
**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	All domains of quality – Efficient, effective, equitable, person-centred, timely and safe
Related Health and Care Standard	Leadership Learning, Improvement and Research Whole systems perspective
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes (include date) No (Explain why)
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Please Select: Improving Care



# Red Demand - Incidents

## Comparison



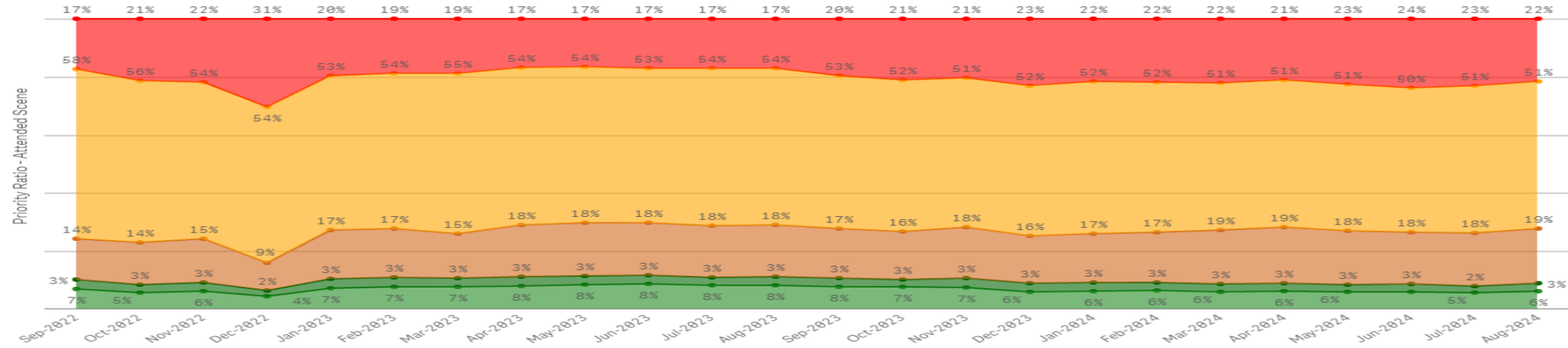
Hourly and Daily Demand (Based on Clock Start Time)

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Monday	102	67	83	60	53	46	40	70	79	100	114	132	124	125	134	141	112	129	122	129	117	118	113	120
Tuesday	76	62	48	54	38	47	43	81	77	115	106	103	130	134	116	119	103	121	131	126	130	101	124	83
Wednesday	71	71	51	40	48	46	45	74	90	98	107	102	113	96	111	125	110	112	148	113	127	122	103	89
Thursday	85	60	57	59	52	44	61	56	88	107	136	106	97	97	116	118	108	108	120	116	120	101	105	99
Friday	70	58	55	38	60	51	61	62	78	102	94	108	108	97	135	124	117	100	126	110	134	134	125	110
Saturday	106	101	70	62	57	57	49	71	99	104	114	106	108	123	115	115	128	102	125	124	116	115	131	136
Sunday	117	104	76	77	60	59	57	65	90	94	114	102	131	114	125	120	126	112	145	151	117	118	90	94

# Red Demand - Proportion

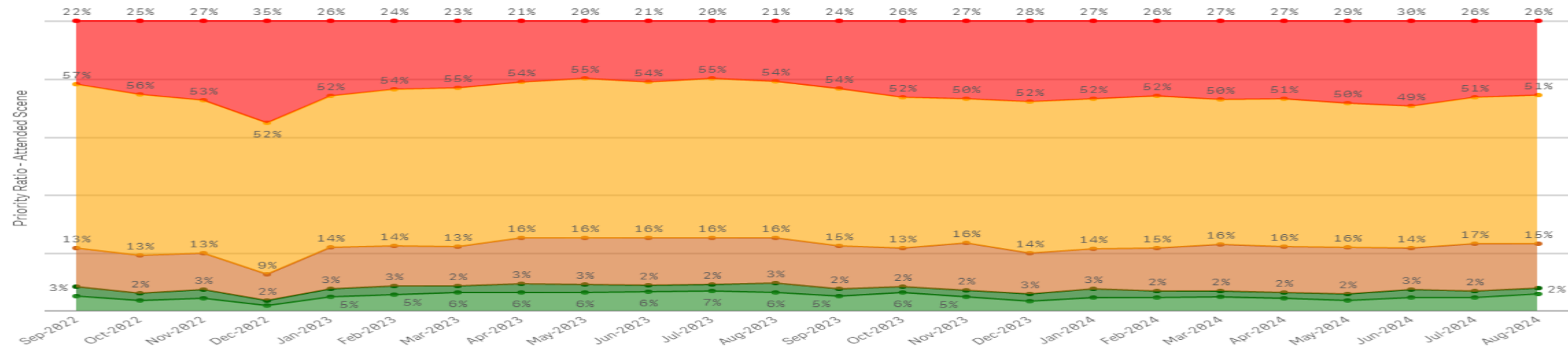
Wales

Acuity Trend

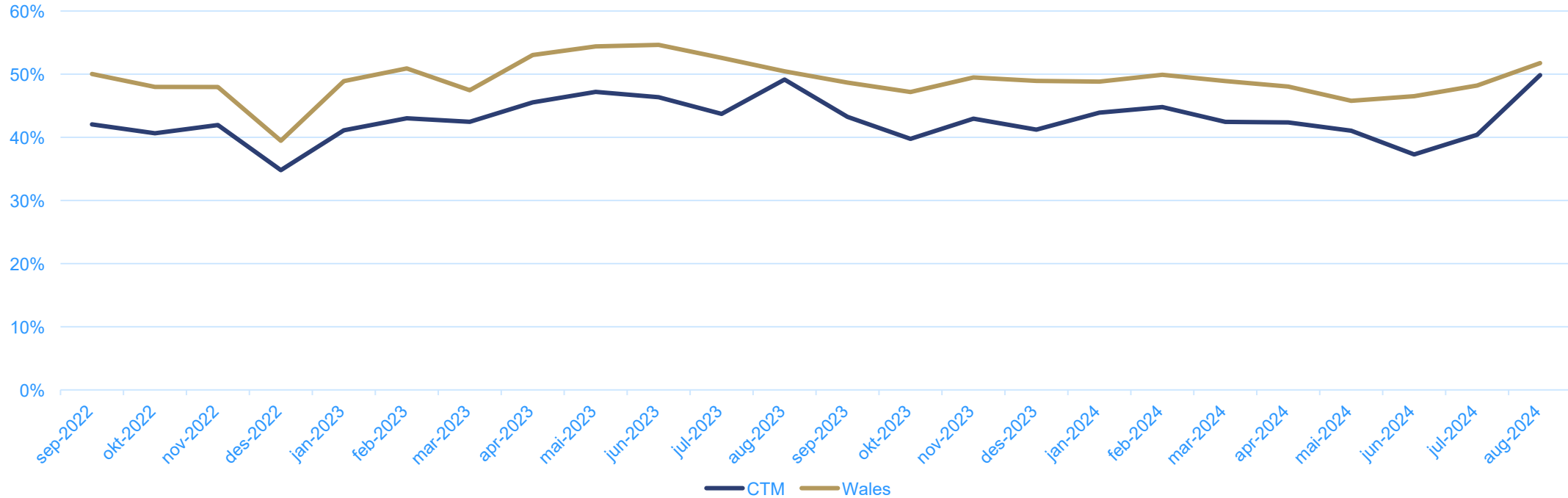


CTM

Acuity Trend

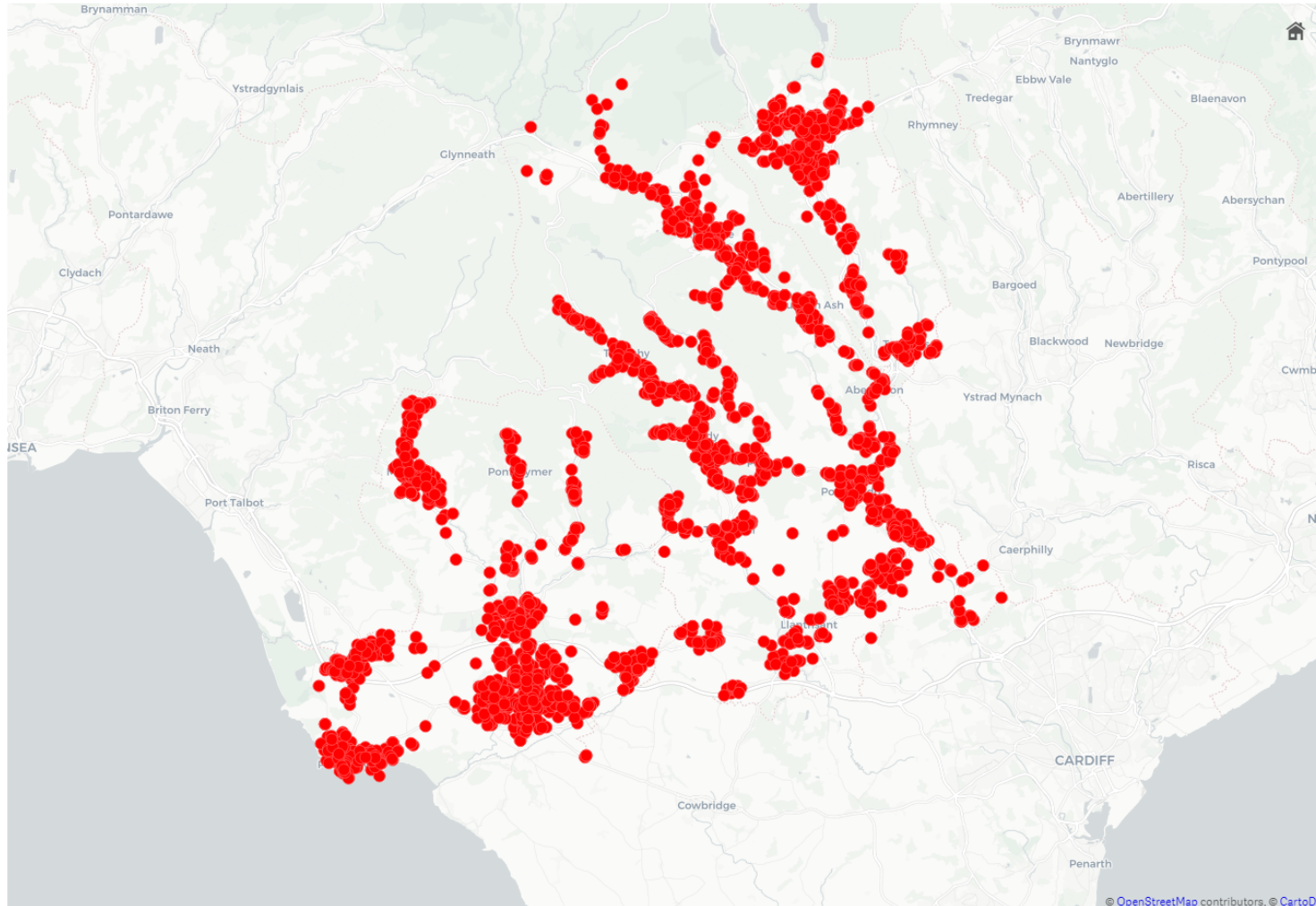


# Red Demand – Performance



# Red Demand – Distribution

Incident Locations \*(Maximum 1000 Incidents Can Be Shown - Limitation of This Version of Qlik Sense) \*

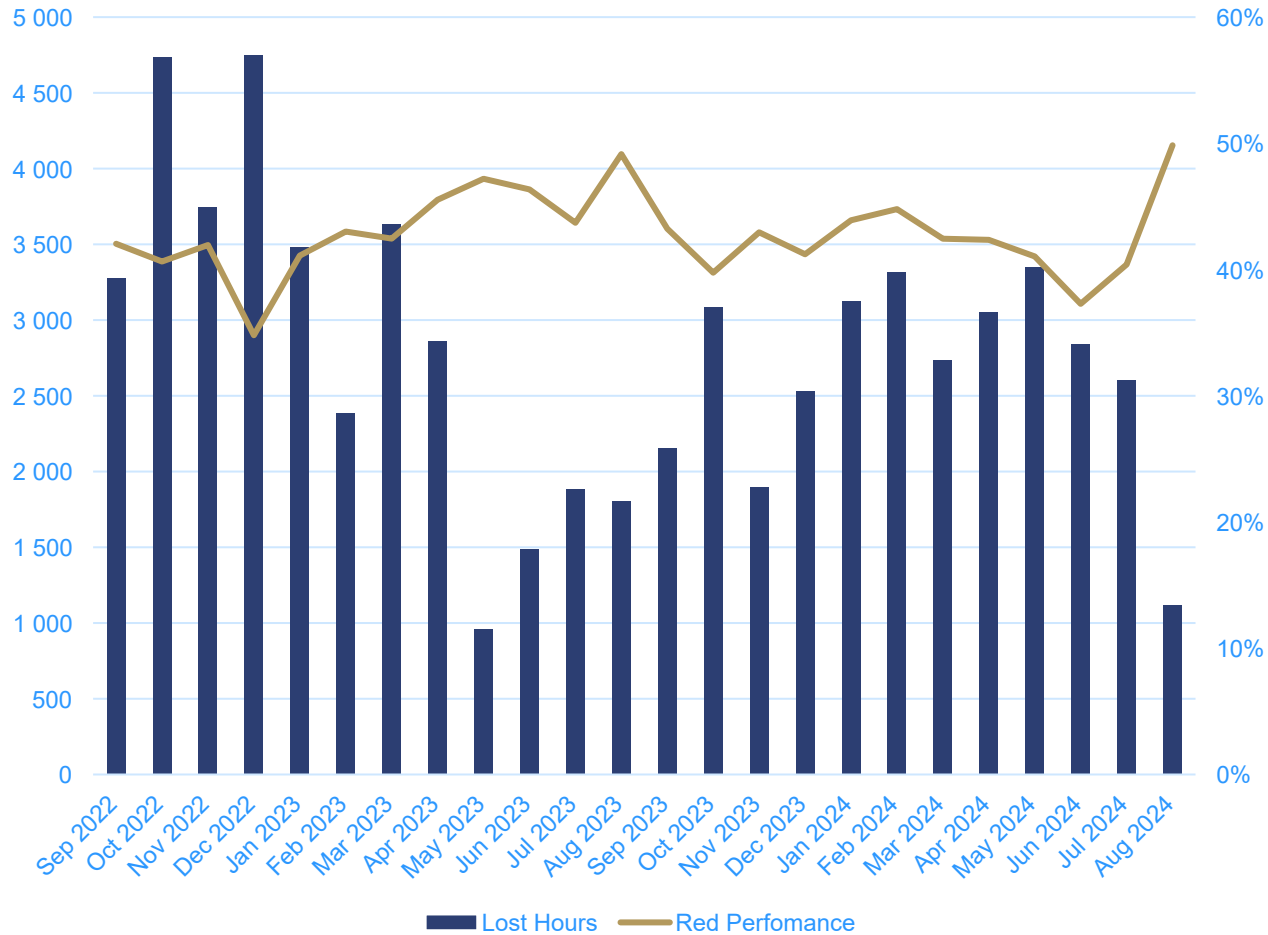


\* Currently showing a limited data set.

What leads to missed reds?

- Vehicles not in the right place
- Incidents further away
- Process or operational delay

# Red Performance & Handover



## Impact of handover

- Vehicles not in the right place
- Waiting 999 queue
- Vehicles not ready to move

## August 2024 Improvement

- One of lowest H/O level since 2021
- One of highest red performance since 2021
- Lowest median response since Aug 21 despite 200+ increase in incidents

# Performance Measures & Innovation

*The Committee asked the Welsh Government to work with the NHS Wales Joint Commissioning Committee to review the target, and consider whether assurance could be provided that it continues to be appropriate, within six months.*

*The Committee also recommended a robust evaluation process should be established to understand the impact of the Trust's plans to evolve its clinical response model, bringing clinical assessment earlier in 999 callers' care episode.*

- ## WAST Actions

- Scrutiny of mobilisation times for CHARU and EA
- Continued focus on reducing multiple dispatched for codes assessed as not requiring them
- Additional CHARU recruitment
- Further development of clinical model and enhanced clinical screening

- ## Health Board Actions

- Continued and sustainable reduction in handover
- Review of ambulance arrivals to understand missed opportunities for alternative pathways

- ## Joint Actions

- Evolution of the APP Nav hub and additional APP recruitment to support lower acuity calls and patient disposition,
- Redirect of Nursing Home/Care Home calls to the Nav hub with avoidance of automatic dispatch,
- Review of arrivals/conveyances to identify underutilised or missing pathways



**Recommendation:**

**The Committee is asked to:**

- **Note and Discuss the content of this report.**



**Agenda Item**

5.4

**Planning, Performance and Finance Committee**

**Multiagency Discharge Event: Princess of Wales Hospital**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Choose an item.
<b>Awdur yr Adroddiad / Report Author</b>	Emma James/ Julia Wilkinson
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gethin Hughes, Chief Operating Officer
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Optimise Project Board	01/05/2024	Ratified
6 Goals Programme Board		For noting

<b>Acronyms / Glossary of Terms</b>	
MaDE	Multiagency Discharge Event
CTM	Cwm Taf Morgannwg UHB



## 1. Situation / Background

The Multiagency Discharge Event (MaDE) was held at Princess of Wales Hospital in April 2024, aimed at improving patient discharge processes to enhance patient flow, reduce delays, and ensure patients receive appropriate care in the best setting. The event assessed if patients were in the correct care setting, the effectiveness of discharge planning, and the efficiency of pathways to discharge. This aligns with the CTM Integrated Discharge Policy and Procedure, and involved cross-department collaboration from Nursing, Occupational Therapy, Pharmacy, Social Care, and others, who reviewed four wards and identified key themes affecting discharge efficiency.

## 2. Specific Matters for Consideration

- Patient Placement and Care Location: 43% of patients were not receiving care in the most suitable setting.
- Missed Discharge Opportunities: Approximately 53% of cases showed evidence of missed discharge opportunities, often due to delayed early discharge planning (47%).
- Dependence on Bed-Based Assessments: Over-reliance on bed-based assessments, noted in 31% of cases, suggests a gap in using more community-based pathways such as the D2RA Pathway 3.
- Mental Capacity Act (MCA) Process Delays: 16% of delayed cases were associated with patients undergoing MCA processes, indicating a need for improved handling of these cases.

## 3. Key Risks / Matters for Escalation

There were high 'Days Lost' for patients without discharge criteria: Nearly half (47%) of the reviewed patients experienced extended stays due to unclear discharge criteria, risking patient wellbeing and increasing pressure on bed capacity.

Lack of Consistent Early Discharge Planning: Identified as a significant factor contributing to delays, the absence of early discharge planning affects timely transitions.

Governance Challenges: Existing discharge policies and digital enablers, such as electronic whiteboards, need better compliance to streamline tracking and escalation.



#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Choose an item.
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Choose an item.
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Timely
	If more than one applies please list below: Efficient Safe Effective Person Centred
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Choose an item.
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

The Committee is asked to **NOTE:**

- Implementation of a rapid improvement program: incorporated with site based leadership team and under the Optimise program, establish outcome-focused improvement actions that align with the 6 Goals of Urgent and Emergency Care.
- Strengthen Integrated Discharge Policy Compliance: Ensure adherence to discharge policies, procedures, and digital support systems like electronic whiteboards.
- Develop Integrated Teams: Form an integrated discharge team and bolster intermediate care services in the community through the regional integration program.
- Conduct Repeat Audits: Schedule a follow-up MaDE audit within three months to evaluate progress on identified challenges and improvements.

## 6. Next Steps

The Establishment of an Improvement Group: This group will report progress to the Integrated Discharge Delivery Board (IDDB) and oversee the recommended actions:

- Address Training Needs: Conduct a training needs analysis to ensure staff can implement discharge policies and procedures effectively.
- Enhance Digital Tools and Processes: Improve usage and compliance with digital enablers like electronic whiteboards and the escalation process.

- Scale up Community Support Capacity: Assess demand and commission additional D2RA beds to facilitate timely discharges into community-based care.
- Continuous Monitoring: Monitor compliance with the integrated discharge policy and evaluate key metrics from repeated MaDE audits to ensure sustained improvements.

In order to provide oversight and to support the MaDE review actionable steps a Lead Nurse post was created under Optimise. This post has supported the development of a training programme to address the key issues and risks identified in the MaDE review report and is delivering against the recommendations and next steps which is formally reported under the 6Golas programme Board.

A Multi- agency Discharge Event (MaDE) was held in the Princess of Wales Hospital (PoWH) to support improved patient flow, recognise and unblock delays, as well as challenge, improve and simplify the discharge process. Considering the following questions:

- Were patients receiving care and support in the best place for them?
- Was discharge effectively planned and coordinated?
- Were patients on the right discharge pathway?
- How long the person had been in a hospital bed?
- What were the next steps to promote discharge?
- Were there any opportunities for earlier discharge?

## The Approach

- Following Discharge Audit process outlined in the Cwm Taf Morgannwg (CTM) Integrated Discharge Policy and Procedure.
- Terms of reference and required data set sent to the hospital triumvirate and wider stakeholders prior to event.
- The review was conducted on 4 wards on the 10th of April 2024, with representation from Nursing, Hospital Flow, Occupational Therapy, Pharmacy, Social Care, Operational Management Performance and Informatics.
- Board round observations noted a prescribed data set for each patient.
- Data capture forms were collated with results and themes analysed by the Multi Disciplinary Team.
- A detailed report was written with an agreed evidence base for findings.

## Overview of Findings

	Number	%
Number of Patients Reviewed	86	100%
Average Length of Stay	35 days	
Range of LoS	1 - 233 days	
Median LoS	17.5 days	
Number of patients 0 - 7 days	21	24%
Number of stranded patients 8 - 20 days	15	17%
Number of super stranded patients >21 days	50	58%
Number with EDD	75	87%
Number with criteria to reside (not clinically optimised)	48	56%
Number optimised for discharge or transfer	37	43%
Number not recorded	1	3%
Number with no discharge plan	19	22%
Number with a discharge pathway recorded within 24 hrs	41	47%
Total number of bed days represented by the cohort	3036	100%
Number of bed days lost	1436	47%

- At least 43% of patients were not receiving care and support in the right place for them.
- Evidence of missed opportunities for discharge (53%).
- Lack of early discharge planning (47%).
- Too many people 'days lost' for patients with no criteria to reside (47%).
- Over-reliance on bed-based assessments compared to national benchmarking through recommendation of D2RA Pathway 3 (31%) which should only be when a patient is not safe to return home with a full package of support.
- Assessment is the main contributor to delays in discharge (50%).
- Increased delays associated with patients subject to Mental Capacity Act processes (16%).

## Quality and Safety

Findings	Recommendations
<ul style="list-style-type: none"> <li>• Good MDT working.</li> <li>• Board rounds required further development</li> <li>• Evidence of in-patient deconditioning, reduced confidence and independence, opportunities for discharge not always realised.</li> <li>• Gaps in appropriate use and application of Mental Capacity Act.</li> <li>• Gaps noted in information on the proportionate assessment needed for discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent ToR, structure and training for Board Rounds.</li> <li>• Roll out an awareness programme for staff on deconditioning and iatrogenic harm.</li> <li>• Risk mitigation actions for pathway of care delays and ability to evidence on EWB.</li> <li>• A thorough review of knowledge gaps around purpose, application and intention of the Mental Capacity Act.</li> <li>• Training for trusted assessment function and roll out of trusted assessor role to support effective proportionate assessment.</li> </ul>

## Patient Experience

Findings	Recommendations
<ul style="list-style-type: none"> <li>• Evidence of 'days lost' to the time spent at home measure where patients were receiving care in the wrong place and experiencing a delay.</li> <li>• High percentage of patients who had a length of stay over 21 days (56%).</li> <li>• Limited identification of actions and appropriate escalation of internal delays (pre clinical optimisation).</li> <li>• More clarity and focus needed of blockages to discharge and next critical action.</li> <li>• Improvements required in patient centred discharge planning.</li> </ul>	<ul style="list-style-type: none"> <li>• Use EWB to clarify and escalate critical actions needed to unblock delays to discharge.</li> <li>• Operational improvement trajectory with clear actions and accountability, to reduce the number of PoCD.</li> <li>• Use of the days lost measure to focus improvement as an alternative metric to length of stay.</li> <li>• Implement a rapid improvement plan to improve EWB data validity and monitor through site delay escalation meetings and PoCD validation.</li> <li>• Support and training for staff to embed the D2RA approach.</li> <li>• Patient focused discharge information and training for staff.</li> </ul>

## Governance and Leadership

Findings	Recommendations
<ul style="list-style-type: none"> <li>• Good centralised data system for flow and discharge.</li> <li>• Robust business continuity plan for flow and discharge through EWB, that is a shared and accessible list that includes patients, next steps, EDD, planned outcome, discharge plans and action owners to facilitate seamless transfers of care across the system.</li> <li>• Lack discharge operating model with no clarity and coordination of discharge as a single approach, and appropriate escalation to unblock delays.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular training and support on effective use of EWB.</li> <li>• Train and support ward clerks to maintain data entry in EWB for accurate and up-to-date information taken directly from board rounds.</li> <li>• Explore the potential of establishing an integrated discharge team comprised of DLNs, OT Social Workers, Trusted Assessors, and any other relevant staff managed through one clear operational discharge lead.</li> <li>• Establish a clear escalation tree with system partners that establishes timelines and accountability, promotes joint problem-solving, and shares risk jointly.</li> <li>• Implement the PoCD escalation process as outlined in the Integrated Discharge Policy and Procedure.</li> </ul>

## System Wide

Findings	Recommendations
<ul style="list-style-type: none"> <li>• Limited understanding of the principles and ethos of D2RA, with a tendency to require intensive onsite assessment as a condition for support for discharge.</li> <li>• Risk aversion was a consistent theme throughout the review. Risks associated with discharge were identified but not counter balanced with risk of a continued in-patient stay of deconditioning and risk of hospital-based harm.</li> <li>• Perceived lack of robust community infrastructure to support discharge.</li> <li>• Limited availability of appropriate D2RA beds.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a robust staff training and support process on the principles of D2RA and the new discharge model.</li> <li>• Develop an action plan to support positive risk-taking across all professional groups.</li> <li>• A robust risk management framework to support operational staff in implementing D2RA principles.</li> <li>• Explore the potential for ring-fenced D2RA beds in PoWH with an appropriate staffing model and skill mix</li> <li>• Rightsizing community services demand and capacity modelling.</li> </ul>

## Next Steps

Recommendations should be considered in the context of current work streams and improvement programmes to avoid duplication.

- Under the 6 Goals of Urgent and Emergency Care, implement a rapid improvement programme under the Optimise programme that embeds effective flow and discharge principles with identified outcomes and deliverables.
- Implement the Integrated Discharge Policy and Procedure.
- Develop evidence-based teams and provision to support delivery, including an integrated discharge team and intermediate care service through the regional integration programme.
- Repeat the MaDE discharge audit in 3 months to monitor progress and improvement.

## Next Steps

Recommendations should be considered in the context of current work streams and improvement programmes to avoid duplication.

### ↪ Site Team

- Set up improvement group that reports to IDDB.
- Training Needs Analysis and support plan.
- Compliance with Discharge Policy and Procedure.
- Compliance with Electronic Whiteboards.
- Delay and PoCD validation.
- Embedding escalation process.

### ~ Optimise

- Digital enablers
- Paperwork and processes
- Discharge policy and procedure
- Discharge operational group.
- Discharge hub
- Training package and accreditation
- Support for board rounds, R2G and SAFER principles.

### ∞ Regional Integration Programme

- Integrated Discharge Team
- Integrated intermediate care in the community
- Demand and capacity for D2RA pathways in the community.
- Commissioning of D2RA beds



<b>(Agenda Item) 5.5</b>	<b>14<sup>th</sup> November 2024</b>	<b>Planning, Performance and Finance</b>	<b>Taff Vale Practice – Branch Closures Update</b>
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FOI Status:	Please select: Open (public)
If closed please indicate reason:	
Prepared By:	Nicola Lush
Presented By:	Gethin Hughes/David Miller
Approving Executive Sponsor:	Gethin Hughes
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Patient engagement exercise undertaken as part of TVP application to permanently close two branch surgeries in Ynysybwl and Cilfynydd

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	Ensure continued delivery of safe and high standard of General Medical Services whilst minimising any negative impact on patients of surgery closures
Related Health and Care Standard	Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes (include date) No (Explain why)
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health



## Overview

- Formal application submitted by Taff Vale Practice to permanently close two of its four branch surgeries (Ynysybwl and Cilfynydd) was approved by Board on Thursday 25<sup>th</sup> July 2024.
- A Broad Programme Plan was enacted to monitor the impact of the closure and ensure mitigations were implemented to manage the impact and identified risks.
- An Oversight Committee was established to monitor the delivery of the agreed actions and reporting into the Planning, Performance and Finance Board and thereafter the Operational Delivery Committee.
- Significant progress has been demonstrated by the practice in response to the concerns raised during the engagement process.

# Action & Progress

Item	Action	Progress	Date	Status
1.	Committee Membership and Frequency of Meetings	Jason Carroll who oversees community pharmacy to be invited to attend. PPG representative to be discussed at first PPG meeting.  Meetings to take place bi-monthly	Oct 2024 (Held 23 <sup>rd</sup> of October)  Dec 2024	Yellow
2	Establishment of a Patient Participation Group	Progress had not been made but a commitment was given to work with Llais to put one in place by the next Meeting	Dec 2024	Red
3.	Introduction of 15-minute Appointments	Complete review of appointment system undertaken.	Complete	Light Green
4.	Review of access to services/appointments offered at each of the 3 remaining sites e.g. <ul style="list-style-type: none"> <li>Flexible appointment times</li> <li>Patient choice (F2F or telephone)</li> <li>Redesign elements of the service to help the Practice provide an increase in capacity overall</li> <li>Implement more telephone consultations</li> <li>Streamline routine review of patients with long term conditions to minimise number of attendances</li> <li>Ensure appointments take into consideration availability of public transport</li> </ul>	Flexible appointment times for patients offered. Face to face or telephone consult offered. On-going review of certain elements of the system.  There has been an increase in more telephone consults.  See above. Chronic Disease Management streamlined. Practice pharmacist working closely with nurses. Introduced more virtual reviews, hence only bringing in patients who need to be seen. Practice has always considered where patients need to travel and will continue to do so. Equally with prescriptions as many as possible are emailed securely to local pharmacies to avoid patients having to travel into Rhydyfelin or Dewi Sant.	Complete Complete On-going  Complete  Complete Complete	Light Green
5.	Increase capacity for home visits	Practice continues to provide home visits where it is appropriate to do so.	Complete	Light Green

# Key Risks & Mitigations

- **Winter Pressures** – Currently the practice is coping well and there is a noticeable increase in available capacity due to improvements made in the appointment system. However, winter pressures are presenting which, although normal at this time of year, do place additional strain on the system. **Mitigation:** practice continue to look for continuous improvement and flexibility in their appointment system
- **Parking** – The vaccination and immunisation centre is compounding availability of parking. **Mitigation:** Relocation of the centre is being explored.
- **Community Transport** – Funding issues are a contributing barrier. **Mitigation:** Ongoing discussions in the voluntary sector.

# Detail of Next Steps and Focus

Item	Action	Progress	Date	Status
1.	Exploration of opportunities to expand services from the community pharmacy	Discussions on-going between Health Board and local pharmacies with regard what other supplementary services can be offered. Limited space within the local pharmacy in Cilfynydd. Conversations on-going with medicine management colleagues in the Health Board to explore if funding is available via improvement grant.	Dec 2024  Dec 2024	
2.	Explore expansion of the frailty service provided via cluster funding	Proposal submitted to the cluster for funding to support a project to provide pro-active care particularly for those patients with multiple co-morbidities. Increase in frailty nurses within the community Offer appointments of up to 45 minutes for patients where more time is needed to try and get to root of their issues.	Pending outcome from cluster re: funding	
3.	Identify new ways of providing supportive and proactive care to the most vulnerable patients such as the frail, elderly, mentally ill and those with long-term conditions	Offer more generalised clinics (e.g., flu, women's health, men's health, ECGs) locally and/or in the community centres	On-going	
4.	Explore development of local community transport options	Liaise with Local Authority and voluntary organisations	Dec 2024	
5.	Improvement of car parking facilities at 3 remaining sites	Internal discussions on-going within the Health Board in relation to moving vaccination and immunisation centre to an alternative location. Capacity would then be released for patients accessing the surgery site in Dewi Sant.	Dec 2024	
6.	Establishment of Patient Participation Group	Agree respective representatives, structure and terms of reference Health Board to share with practice details of another practice outside of the HB area running an excellent PPG	Dec 2024  Oct 2024	
7.	Continue to monitor the impact of the closures and implement new mitigations or supportive solutions to patients wherever possible	Practice to discuss with website designers making more visible the concerns policy. Suggested utilising one of the four contact us boxes on the home page.  Practice may introduce mini patient experience survey dependent upon the outcome of the patient experience questionnaire.	Oct 2024	
8.	Continue to actively recruit and have a long-term workforce plan and succession plan for staff approaching retirement	Focus is on staff retention. Experienced staff lost post covid. CPD ½ day in November which will focus on in-house staff training. Winter pressures are beginning to hit, continue to work on fine tuning the appointment system, reinforcing workflow, channels of communication, core values and building staff morale	Nov 2024	

# Summary

- Initial meetings with potential Patient Participation Group members will be scheduled in the coming weeks. These sessions will aim to address any questions and gather input from patients on how best to enhance patient engagement and service delivery. The practice is committed to ensuring that the voices of all patients are heard and valued, and this Group will play a critical role in shaping the future of our healthcare services.
- Whilst progress made over the last 6 months, continuous monitoring of the appointment system and access improvement will continue. Patient Participation Group should become the main vehicle where patient feedback and improvement gets discussed and agreed.
- Practice is committed to collaborative efforts to lead to meaningful improvements in patient care and service accessibility meeting the needs of all the communities.



**Recommendation:**

**The Group is asked to:**

- *Note the information provided*



**Agenda Item**

5.6

**Planning, Performance and Finance Committee**

**Princess of Wales - Hospital Building Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Choose an item.
<b>Awdur yr Adroddiad / Report Author</b>	Jason Evans, Emergency Preparedness, Resilience and Response Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Ongoing engagement through Strategic (Gold) and Tactical (Silver) Incident Management structures and cells.	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
WAST	Welsh Ambulance Service NHS Trust



## 1. Situation / Background

- 1.1 Following significant periods of inclement weather and heavy rain, reports were received on 26<sup>th</sup> September of significant water ingress across a number of areas on the first floor of the Princess of Wales main hospital building.
- 1.2 To gather full awareness and mobilise incident response, Tactical (Silver) and Strategic (Gold) Incident Management Cells were immediately actuated.
- 1.3 Due to the potential magnitude of the situation, consideration was given to the impact of this issue across CTMUHB and a Business Continuity Incident was immediately declared across the health board with key partners including WAST informed.
- 1.4 Architect and main contractors were mobilised immediately to the site to develop a work plan with the health board estates team. Immediate remedial action was completed to ensure patient safety and a collation of priority areas for assessment by Estates Teams undertaken with a full inventory of damage provided to the strategic cell to enable the consideration of short/med/longer term issues.
- 1.5 To ensure full awareness and scale, a structural engineers report regarding the roof at the Princess of Wales was commissioned. The detailed report was received on 9 October 2024 which revealed serious deterioration to the roof that will require a substantial programme of replacement.
- 1.6 Following receipt of Structural Engineer's report and significant findings, Gold agreed to declare an Internal Critical Incident all partner agencies were informed of the declaration and Welsh Government fully briefed on the situation.
- 1.7 Due to the condition of the roof on the main building at the Princess of Wales Hospital, it became necessary to move patients out of Phase One wards and departments on the first floor. A significant amount of detailed clinical assessment work was completed, involving the most senior clinical staff in the health board in order to develop safe plans to move patients to more suitable spaces.
- 1.8 Due to the fast moving and developing nature of the incident, reference is made to the detail of the incident included within the Accountable Officer letter submitted by the Chief Executive to the Director General on the 25<sup>th</sup> October 2024. A further progress update will be provided at the November Health Board meeting.



## 2. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Information only
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Information only



<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below) Legal implications have been considered during decision making and assurance processes	
<b>Enw da / Reputational</b>	Yes (Include further detail below) Reputational management has been considered during the decision making and assurance processes	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) Financial/resource impact has been considered during the decision making and assurance processes	

### 3. Recommendation

3.1 Note the detail provided within the Accountable Officer letter submitted by the Chief Executive to the Director General dated the 25<sup>th</sup> October 2024.

### 4. Next Steps

4.1 Further update to board to be provided at November meeting.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



**Cyfeiriad Dychwelyd/ Return Address:**

Bwrdd Iechyd Prifysgol	Cwm Taf Morgannwg
Cwm Taf Morgannwg	University Health Board
Pencadlys	Headquarters
Parc Navigation,	Navigation Park
Abercynon	Abercynon
CF45 4SN	CF45 4SN

**Ffôn/Tel:** 01443 744803

**Eich cyf/Your Ref:**

**Ein cyf/Our Ref:**

**Ebost Email:**

**Dyddiad/Date:**

PM/MB/TLT

[Paul.Mears@wales.nhs.uk](mailto:Paul.Mears@wales.nhs.uk)

25 October 2024

Ms Judith Paget  
Director General  
Health, Social Care and Early Years Group/  
Chief Executive NHS Wales  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

Dear Judith

**Princess of Wales – Roof**

I am writing this Accountable Officer letter to formally set out the circumstances regarding the roof at the Princess of Wales Hospital. This provides an overview of what has happened at PoW, how the Health Board has responded and the likely impacts on our performance and finance delivery.

Given the magnitude of these issues, I am writing to inform you that consequent to this unforeseen incident the Health Board will not be in a position to deliver either our planned performance standards or financial break even without further financial support.

**Cadeirydd/Chair:** Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.  
You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

## **Background to the incident**

Ongoing issues with rain water entering a number of different locations in the PoW main building during September and October prompted a full structural survey of the roof of the building (Phase 1 of the original hospital build). The Health Board received a detailed report from a specialist surveyor on 9 October 2024 which revealed serious deterioration to the roof that will require a substantial programme of replacement.

Since the Bridgend boundary change in 2019, the Health Board has spent around £20m updating the buildings and equipment at the Princess of Wales Hospital, prioritising those issues that had been identified as requiring immediate attention to safeguard patients and staff. This has included repair work to the roof to address isolated leaks. However, when the hospital suffered a more sustained and widespread series of leaks last month we immediately undertook work, involving specialist contactors, to carry out more invasive, comprehensive structural surveys of the roof, requiring the erection of a complicated network of scaffolding to enable roofing experts to safely access the roof. The serious internal problems with the roof were not visible prior to this survey being carried out.

Much of the roof of the hospital was constructed 40 years ago, and techniques and materials have improved considerably in that time. The report highlighted that the roof design did not provide ventilation and this has led to the wooden roof battens, which support the concrete roof tiles, rotting and in some places disintegrating completely. To provide an idea of the scale of the work required, the PoW roof is approximately 10,000 square metres, approximately equivalent to the roofing area of 166 terraced houses.

## **Governance of the Internal Critical Incident**

The Health Board established an EPRR structure (entitled PoW Water Ingress) after the first serious series of water ingresses on the 26 September with Gold, Silver and Bronze cells. In line with our policies, all of these meetings have been recorded and minuted. When we declared the internal critical incident, the focus was on responding to leaks (up to 15 locations at any one time in patient areas), moving patients from affected areas and securing immediate fixes where possible.

On the same day, we commissioned a scaffolding contractor and a structural engineer's survey. This survey was received on 9 October and at the midday meeting of Gold, given the identified significant safety risk of roof tiles collapsing through internal ceilings, the decision was taken to decant patients from the top floor of the Phase 1 building.

The Structural Survey highlights the risk as follows:

*The structure that supports the concrete roof tiles has become weakened due to the wholesale decaying of the roof battens; this is likely to have occurred over a forty-year period due to the non-existence of ventilation within the roof construction. **There is a real possibility that the concrete tiles could collapse and fall through the roof void. This risk is magnified going into winter, as there is a possibility of an imposed wind and snow loads on to the roof.***

*There is no barrier between the concrete roof tiles and the clinical spaces below other than a 40-year-old membrane, if a tile becomes dislodged and falls through the roof void, there is nothing to stop the tile landing in a clinical/non-clinical area other than the membrane and the suspended ceiling. **If one tile were to fall, it would be conceivable that this would be followed by a sequential collapse of tiles.** These tiles are structured by their self-weight, relying on support from roofing battens and a plastic clip system that is no longer functioning.*

***We would recommend that an action plan is urgently developed to remedy this scenario going into the winter, it is a fact that large portions of the roof coverings are unrestrained and not fixed as originally designed.***

***In addition to this, the risk to the perimeter of the building also needs to be considered. There is a risk of the tiles becoming dislodged and falling into the public thoroughfares.***

***Localised uplift or gusting during the winter period, or a prolonged deluge of rain or a substantial snow load could dislodge these tiles and instigate a collapse.***

A briefing on the background to the issue and previous surveys is enclosed at Appendix 1 for information.

We have undertaken regular briefings with our Board and have kept them informed of the situation and the actions being taken. We also continue to keep our Local Authority colleagues and our MSs and MPs updated. Furthermore, we are also arranging to meet with HIW to update them on the situation and have briefed Audit Wales and our neighbouring Health Board colleagues.

## **Impact**

As you will appreciate, the decant of around 200 patients from the top floor of PoW has had a significant impact on our services at the site. The clinical services accommodated on the first floor of the affected building are:

- 8 bedded Intensive Care Unit
- 6 Main Theatres
- 2 room Endoscopy Suite

- Maternity and Neonatal facilities (already relocated to PCH due to the separate electrical improvement programme)
- Wards 5 – 12, amounting to 204 beds and including the trauma unit, stroke unit, the surgical unit

In order to relocate aspects of the above services, we have also had to temporarily close the following services:

- The Bridgend Eye Unit, to accommodate the relocation of ITU within PoW
- The Bridgend Day Surgery Unit Theatre 1, to support relocation of the CEPOD Theatre
- Royal Glamorgan Ward 15 Elective Orthopaedics, to accommodate Trauma demand from PoW
- Royal Glamorgan Ward 18 Paediatrics, to accommodate female surgery from PoW

This has necessitated accommodating around 200 patients in alternative settings. A comprehensive programme of work has been taking place, at pace, involving the most senior clinical staff in the Health Board, to develop safe plans to move patients. At the time of writing, nearly all of these patients have been moved to alternative settings. Each patient is individually clinically assessed before they are moved to ensure they are transferred to the place that is most appropriate for their needs. Patients who are well enough to be discharged have been transferred home, or to another setting in the community that is more suitable for meeting their needs. This has included into care homes or community hospital beds.

By 29 October, there will be one 28 bedded ward remaining in the affected area of the hospital, with the final ward move due to be completed by the 1 November.

Following the significant moves of patients within PoW and to other CTM sites, we are in a position where we will have 100 less beds available than prior to the decant taking place. Clearly, this places a huge pressure on our emergency and elective care services across the organisation.

Those patients who have healthcare needs that require ongoing specialist care, treatment or monitoring that can only be provided in an acute hospital, but who are well enough to move to another hospital, have been transferred to another CTMUHB hospital: either the Royal Glamorgan Hospital in RCT, or the Prince Charles Hospital in Merthyr Tydfil, depending on which hospital can best meet their needs. Patients with the most serious needs will remain in the Princess of Wales Hospital and be moved to another area in the hospital to continue with their treatment, care and recovery.

We have redirected the trauma take from PoW to RGH. Any patients being referred by GPs for medical admission are being assessed, with those needing ambulatory care remaining at PoW whilst those requiring a medical bed are being referred to the RGH. To ensure we can safely move patients from PoW to other hospitals in a timely manner, we have commissioned a specialist vehicle from WAST to effect any patient transfers.

It has been also been necessary to close the six main operating theatres at PoW. Patients who were booked to undergo a planned major operation at PoW, will instead have their operation at one of our other hospitals. We continue to provide day surgery at PoW.

The emergency department is not affected by this incident and remains open as usual.

The table below from our Silver Command shows the scale of the ward and service moves within PoW and across CTM:

### CTMUHB Silver Command

Full ward template (POW & RGH)

SITE	WARD	SPECIALITY	BEDS		SITE	WARD	SPECIALITY	BEDS	DEMAND	WINTER	NOTES
POW	WARD 4	CARDIOLOGY & DE	31	➔	POW	WARD 4	CARDIOLOGY & DE	31			NO CHANGE
POW	WARD 5	STROKE	23	➔	POW	WARD 5	DECOMMISSIONED				NEED PLAN
POW	WARD 6	GASTRO	24	➔	POW	WARD 6	DECOMMISSIONED				ACTIVITY TO POW W16
POW	WARD 7	TRAUMA	28	➔	POW	WARD 7	DECOMMISSIONED				ACTIVITY TO RGH W16
POW	WARD 8	TRAUMA REHAB (STAR)	28	➔	POW	WARD 8	DECOMMISSIONED				ACTIVITY TO POW W19
POW	WARD 9	GENERAL SURGERY	28	➔	POW	WARD 9	DECOMMISSIONED				NEED PLAN
POW	WARD 10	RESPIRATORY	28	➔	POW	WARD 10	DECOMMISSIONED				ACTIVITY TO RGH W3
POW	WARD 11	FEMALE SURGERY	20	➔	POW	WARD 11	DECOMMISSIONED				ACTIVITY TO RGH W18
POW	WARD 12	MATERNITY	26	➔	POW	WARD 12	MATERNITY	26			ACTIVITY TO POW W9
POW	WARD 15	COTE	18	➔	POW	WARD 15	COTE	18			NO CHANGE
POW	WARD 16	SHORT STAY	16	➔	POW	WARD 16	GASTRO	16			
POW	WARD 18	RESPIRATORY	22	➔	POW	WARD 18	RESPIRATORY	22			NO CHANGE
POW	WARD 19	COTE	22	➔	POW	WARD 19	TRAUMA REHAB (STAR)	24			ACTIONED
POW	WARD 20	COTE	22	➔	POW	WARD 20	COTE	22			NO CHANGE
POW	WARD 21	COMMUNITY	17	➔	POW	WARD 21	SHORT STAY	14			AGREED
RGH	WARD 1	COFD	22	➔	RGH	WARD 1	MEDICAL WARD	22			
RGH	WARD 2	EMPTY		➔	RGH	WARD 2	MEDICAL WARD	22			WARD READY
RGH	WARD 3	TRAUMA	28	➔	RGH	WARD 3	RESPIRATORY	28			ACTIVITY FROM RGH WARD 19
RGH	WARD 4	ACUTE MEDUNIT	28	➔	RGH	WARD 4	ACUTE MED UNIT	28			NO CHANGE
RGH	WARD 5	GASTRO	26	➔	RGH	WARD 5	GASTRO	26			NO CHANGE
RGH	WARD 6	ACUTE MEDUNIT	25	➔	RGH	WARD 6	ACUTE MED UNIT	25			NO CHANGE
RGH	WARD 7	SPECIALIST SURGERY/PACU	15	➔	RGH	WARD 7	SPECIALIST SURGERY/PACU	15			NO CHANGE
RGH	WARD 8	GENERAL SURGERY	28	➔	RGH	WARD 8	GENERAL SURGERY	28			NO CHANGE
RGH	WARD 9	SDEC & SAU	9	➔	RGH	WARD 9	SDEC & SAU	9			NO CHANGE
RGH	WARD 10	SURGICAL SSU	23	➔	RGH	WARD 10	SURGICAL SSU	23			NO CHANGE
RGH	WARD 11	ELECTIVE DSU	22	➔	RGH	WARD 11	TRAUMA REHAB	22			PENDING ELECTIVE DSU TO VANGUARD
RGH	WARD 12	COTE	28	➔	RGH	WARD 12	COTE	28			NO CHANGE
RGH	WARD 14	CARDIO/COTE	28	➔	RGH	WARD 14	CARDIO/COTE	28			NO CHANGE
RGH	WARD 15	ORTHOPAEDICS	16	➔	RGH	WARD 15	TRAUMA	24			ACTIVITY FROM RGH WARD 3
RGH	WARD 16	EMPTY		➔	RGH	WARD 16	TRAUMA	27			ACTIVITY FROM POW WARD 7
RGH	WARD 17	PAEDS	19	➔	RGH	WARD 17	PAEDS	24			INC. PAEDS TRAUMA
RGH	WARD 18	PAEDS	19	➔	RGH	WARD 18	FEMALE SURGERY	16			ACTIVITY FROM POW WARD 11
RGH	WARD 19	RESPIRATORY	28	➔	RGH	WARD 19	MEDICAL WARD	28			INTERIM TRAUMA REHAB LINK W11
RGH	WARD 20	COTE	28	➔	RGH	WARD 20	MEDICAL WARD	28			
YGT	FERNHILL	EMPTY/UNCOMMISSIONED		➔	YGT	FERNHILL	COFD	17			
YGT	DINAS	EMPTY/UNCOMMISSIONED		➔	YGT	DINAS	COFD	17			
	Abergarw	UNCOMMISSIONED				ABERGARW		6			
AGT	WARD 3	EMPTY/UNCOMMISSIONED		➔	AGT	WARD 3	COMMUNITY	10			
			745	➔				643			
				➔							

### Immediate roof repair actions

Our team has been working hard to develop a remedial plan, linking closely with the Welsh Government Capital Team and with NWSSP Specialist Estates. The remediation plan will require a complete replacement of the Phase 1 roof coverings (tiles, battens and felt). The programme will also aim to address fire compartmentation issues and windows will be replaced on the first floor to improve the u-value (a measure of heat transfer from a building) in accordance with building control requirements. The new roof covering will also include the provision of a 'mansafe' system which will allow users to work safely on roofs to support future maintenance activities; this is not present on the current roof.

We are scheduled to submit a capital business case to Welsh Government on 1 November, following a planned Board approval on 31 October. The Welsh Government capital team are aiming to secure an approval to proceed by 8 November which would allow us to begin the replacement programme on 11

November. It is hoped that the work will be fully completed during summer 2025. The roof replacement will be completed in stages. This means that as sections of the roof are replaced, we can move services and patients back into those areas while we carry on with the roof replacement work elsewhere. We would expect the first services to be back in situ sometime in January 2025.

Having sought professional advice, we are proposing to use a Regulation 32 negotiated procedure without prior publication as strictly necessary for reasons of extreme urgency.

## **Communications**

We recognise that patients, their families, and the wider CTM population will be concerned about the impact of this programme of operational change and roof replacement on health care services, and therefore the importance of proactive, accurate, and measured communications.

We have acted swiftly to manage communications internally and externally with a focus on minimising public anxiety and informing staff of any impact upon their service area.

Recognising the fast-pace of this operational response, we have published a single frequently asked questions document (FAQ) which is maintained as a single source of the truth for all audiences.

This document is frequently updated and actively promoted to all audiences via a range of methods, including our website, our intranet, our internal social media channels, external social media channels, direct all staff emails, and with media. This information is also shared separately with our political stakeholders: MSs, MPs, and local authority councillors, and further enhanced by live virtual briefings and attendance at council meetings.

We have proactively worked with media outlets to demonstrate transparency and openness and will continue to provide access and updates to broadcast, print and online media in order to maintain accurate and factual reporting. We are also actively rebutting and addressing inaccurate reporting when this is identified.

Face-to-face and virtual staff briefings are being provided routinely, enabling us to brief colleagues on the planned and current operational and estates activities, and providing opportunities for all staff – whether directly or indirectly affected – to raise issues and concerns with senior leaders.

A programme of planned internal and external communications will continue throughout the duration of the works.

## **Impact on patient flow and performance**

In light of the patient and service moves necessitated by the decant at PoW we have been considering how to mitigate the significant impact on our emergency and elective care performance. Full details are set out in Appendix 2 (slides 10-

14) but in summary the most significant performance risks are summarised below.

From the activity modelling we have undertaken we have assessed that with the current level of theatre and bed closures/moves we have had to enact, if no mitigation is taken we anticipate we will have 10,000 104 week waiters by 31 March 2025.

We also anticipate a serious deterioration in urgent care and ambulance handover performance due to the 100 net bed reduction detailed earlier in this letter.

As you will appreciate, this is not a level of performance we can accept for our patients and it will put at risk our ability to meet the agreed performance trajectories. To mitigate these risks we have been discussing sourcing temporary solutions that would provide theatre and bed capacity. Currently we are discussing:

- A modular ward at PoW (20 beds)
- Estates works to increase capacity at Ysbyty George Thomas by a further 24 beds (on top of 40 beds already stood up)
- A modular elective unit at RGH including 4 theatres and 2 endoscopy suites
- A lease of an independent sector cataract theatre
- Utilising vacant theatre capacity at Neath Port Talbot Hospital and within Aneurin Bevan UHB

We are currently reviewing the potential costs of these options but at present the estimate is £15m this year and £16m next year. There is also an additional £1m cost required for the capital works at Ysbyty George Thomas Hospital, Treorchy.

### **Impact on our financial position**

As detailed above, there will be significant performance impacts for our population and the wider unscheduled care system unless we are able to secure additional planned and unscheduled care capacity. There are material costs arising from this potential service mitigations and I would like to agree the process through which we engage with your team to review these options and seek a decision to proceed or not.

In addition, you will be aware that we have developed internal recovery plans to address our financial performance where it has been off track in the early months of 2024-25. Some of these plans will now be disrupted due to the urgent service changes that we have had to implement. We are currently reviewing those plans to assess this potential impact in our Month 7 Monitoring Return submission.

There are some allocations which are presently assumed within our Month 6 forecast which are conditional on performance; for example, 6 Goals funding and I would welcome a discussion on these.

## **Other considerations**

There are potential contracting and commissioning financial impacts to be worked through in the coming weeks including:

- LTA Performance and Information Reporting impacts of pathway changes upon the SBU and C&V LTAs and SLAs. The current LTAs are site based and rely upon separate PAS (SBU PAS for Bridgend sites contract and CT PAS for former CT sites contract).
- Cessation of plans to move out of NPT and consolidate services at PoW site in October 24 for General Surgery & Gynaecology and December 24 for T&O.
- Delays in reinstating NICU & Obstetrics services at PoW as the temporary closure is extended resulting in additional costs of providing services at SBU & C&V.
- Additional CHC pressures as discharges from all our sites is escalated to maximise capacity on site.
- Potential impact upon Annual Leave accrual of staff unable to take leave to support the temporary arrangements.
- Pathology flows and impact on the Bridgend SLA

## **Conclusion**

This has been an unprecedented situation for the Health Board and has required teams from across the organisation to mobilise quickly in response. Teams have worked long hours to ensure the safety of patients and staff and we have been working hard to ensure all patients and our communities are kept updated on these changes.

However, as I have set out above, there are a number of significant impacts which we are now managing in the Health Board and which pose a risk to our position this year. Given the magnitude of the situation and the impacts, without additional funding it will not be possible to deliver either our planned performance standards or financial break even.

We are working with the WG capital team as set out above in relation to the capital elements. We are also seeking confirmation of the process to discuss the revenue and performance elements forthwith in order to avoid the impacts and consequences described.

I would be happy to have a discussion with you about this should you require any further information.

Yours sincerely

**Paul Mears**  
**Prif Weithredwr/Chief Executive**

Cc: Jonathan Morgan, Chair, CTM

**(Agenda Item) 6.1**      **14 November 2024**      **Planning , Performance & Finance Committee**      **M6 Finance Report**

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

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

# 2024-25 Finance Report

## Month 6

# Summary

## Situation

This Finance report outlines our financial performance for Month 6 ( i.e. the period to 30<sup>th</sup> September 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 6 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.

## Background

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

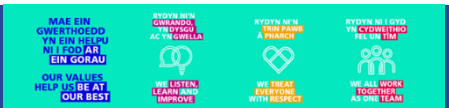
Assessment	Recommendation
<p><b>Overall Revenue position - 2024/25:</b></p> <ul style="list-style-type: none"> <li>The M6 position was a £0.6m surplus in month.</li> <li>The M6 YTD position is now a £3.3m deficit. The main driver for the £3.3m YTD deficit is a £8.1m shortfall in savings delivery which is offset by other favourable variances of £(4.8)m.</li> <li>The forecast break-even position has been maintained at M6. This forecast excludes any revenue costs associated with the roof integrity issue at POW. This includes both the direct repair costs and any other costs arising from consequential service changes such as decanting the wards etc. Work is underway to estimate the financial consequences arising from this significant programme of work.</li> <li>It is important to highlight that, even excluding the two POW roof risks, the financial risks that the Health Board is trying to manage remains high (See page 18) and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.</li> </ul> <p><b>Recurrent Revenue position:</b></p> <ul style="list-style-type: none"> <li>The b'fwd recurrent deficit at the end of 2023/24 was £19.4m.</li> <li>As at M6 we are reporting a forecast underlying surplus at the end of 2024/25 of £(2.1)m. This remains consistent with the IMTP submission at the end of March. However, we are currently off plan at M6 and the £10.2m net risk shown in Page 18 represents a significant risk to both the In year forecast and the forecast recurrent position.</li> </ul>	<p>The Board, the PFFC and the ELG are asked to <b>DISCUSS</b> and <b>NOTE</b> the financial performance of the Health Board for the period to 30<sup>th</sup> September 2024.</p>



# Contents



Slide	Subject Area
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6	Summary Income & Expenditure account
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13	Non pay Expenditure Trends
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15-16	Income Assumptions
17	Savings
18	Risk Management
19	Capital Expenditure
20	Statement of Financial Position
21	Cash Flow forecast
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**Overall Revenue Position**

- The M6 position was a £0.6m surplus and the M6 YTD position is now a £3.3m deficit. The main driver for the £3.3m YTD deficit is a £8.1m shortfall in savings offset by favourable variances of £(4.8)m.
- The forecast break-even position has been maintained at M6. This forecast excludes any revenue costs associated with the roof integrity issue at POW. This includes both the direct repair costs and other consequential service change costs that may arise.
- It is important to highlight that, even excluding the two POW roof risks, the financial risks that the Health Board is trying to manage remains high and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.
- The net risks to the forecast break even position at M6 are £10.2m (M5: £14.0m) and these are summarised on Page 18.

**Savings Position**

- Actual savings in M6 was £0.8m which was £1.4m below the M6 target of £2.2m. The M6 YTD savings is now £5.1m which is £8.3m below the M6 YTD target of £13.2m.
- The M6 forecast In year savings is £12.8m, which is £13.5m below the £26.3m target. This is a £0.5m improvement from M5. These savings plans have been risk assessed as £12.5m Green and £0.3m Amber.
- The M6 forecast Recurrent savings is £13.1m, which is £13.2m below the £26.3m target. This represents a £0.1m deterioration from M5.

**Cash**

- The closing cash balance at 30th September 2024 was £6.7m and the forecast cash balance at the end of the financial year is zero.

**Capital**

- The latest Capital Resource Limit for 2024/25, issued on the 27th August 2024, is £60.9m
- Expenditure to M6 was £23.2m.
- The outturn capital position is forecast to be balanced against the CRL target.
- An assessment is being carried out to assess the impact of the POW roof upon the existing plans and the new requirement to replace the roof.



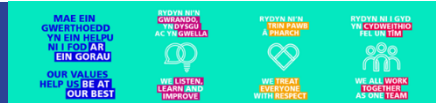
# Summary Income & Expenditure Account



	M6 Actual	M6 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(124.3)	(696.4)	(1484.9)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.1)
03. Welsh NHS Local Health Boards & Trusts Income	(6.4)	(38.4)	(76.6)
04. WHSSC Income	(1.0)	(6.4)	(12.6)
05. Welsh Government Income (Non RRL)	0.1	(0.3)	(0.5)
06. Other Income	(4.3)	(24.1)	(48.2)
<b>Total Allocations &amp; Income</b>	<b>(136.0)</b>	<b>(765.6)</b>	<b>(1622.9)</b>
08. Primary Care Contractor	13.5	79.1	158.5
09. Primary Care - Drugs & Appliances	9.2	51.9	105.5
10. Provided Services - Pay	62.7	344.8	688.9
11. Provider Services - Non Pay	9.7	57.0	112.6
12. Secondary Care - Drugs	5.2	29.4	59.9
13. Healthcare Services Provided by Other NHS Bodies	24.8	141.	281.4
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	4.8	33.9	69.1
16. Other Private & Voluntary Sector	0.9	6.2	12.3
17. Joint Financing and Other	(17.5)	(20.7)	(20.4)
18. Losses Special Payments and Irrecoverable Debts	19.1	28.6	34.6
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.9	17.5	35.0
23. AME Donated Depreciation\Impairments	0.1	0.3	85.7
25. Profit\Loss Disposal of Assets	(0.1)	(0.2)	(0.2)
<b>Total Expenditure</b>	<b>135.4</b>	<b>768.9</b>	<b>1622.9</b>
<b>Grand total</b>	<b>0.6</b>	<b>(3.3)</b>	<b>(0.0)</b>

## 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 £3.3m.
- The Year end forecast remains a breakeven position.
- The key risks to this forecast position are shown on Page 18.





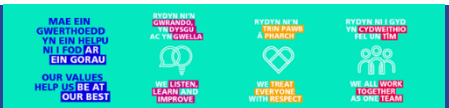
# Year to Date Performance and Forecast



	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	1.4	4.1	0
Month 5	(0.2)	3.9	0
Month 6	(0.6)	3.3	0

### Key Points:

- The main driver for the £0.6m underspend in M6 is a £1.5m shortfall in savings delivery offset by other favourable variances of £(2.4)m.
- The M6 YTD overspend of £3.3m includes a £8.1m shortfall in savings offset by other favourable variances of £(4.8)m.
- The forecast break-even position has been maintained at M6. However, the level of risks that the Health Board is trying to manage remains high.
- Whilst the Health Board is continuing to develop further recovery plans, is important to highlight that there is a significant risk that both the In year and the Recurrent forecasts could deteriorate.
- Further details of the key drivers for the YTD position and year end forecast are provided overleaf.



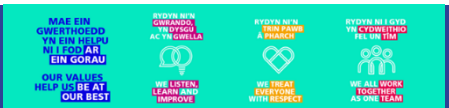
# Year to Date Performance and Forecast



	M6 YTD £m	M6 Year-end forecast £m
<b>Savings:</b>		
Shortfall v £24.3m Delegated target	9.6	18
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(1.5)	(4.5)
<b>Sub total</b>	<b>8.1</b>	<b>13.5</b>
<b>Operating overspends:</b>		
AB arbitration outcome	0.9	1.9
AB activity variances	0.4	0.7
Additional Regional Cataract investment	0.4	0.9
POW temporary maternity closure	0.2	0.5
Unscheduled Care Medical pay overspends	1.7	3.5
Primary Care Prescribing growth above plan	1.8	4.0
Corporate directorates – pay underspends	(1.4)	(2.8)
Net Other Operating Variances	1.1	0.5
<b>Sub total</b>	<b>5.1</b>	<b>9.2</b>
<b>Financial plan improvements:</b>		
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(2.5)	(5.0)
Agency costs	(1.2)	(2.4)
Energy costs	(0.6)	(1.1)
Non pay inflation	(0.5)	(1.0)
Pay contingency v 23/24 anticipated recurrent allocation	(0.5)	(1.0)
Non pay reserve for planned care activity increases	(0.4)	(0.7)
Other Cost pressure reserves	(0.6)	(1.8)
Other	(0.5)	(1.0)
<b>Sub total</b>	<b>(6.8)</b>	<b>(14)</b>
<b>Accountancy gains</b>	<b>(3.1)</b>	<b>(6.3)</b>
<b>Total</b>	<b>3.3</b>	<b>2.3</b>
Further improvement needed to achieve planned break-even position		(2.3)
<b>M6 Year-end forecast (excluding the revenue consequences associated with repairing the roof at POW)</b>		<b>0</b>

**Key Points:**

- The forecast overspend of £2.3m includes a forecast overspend on Delegated budgets of £25.9m , offset by a forecast underspend on non Delegated budgets of £23.6m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 6 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.
- **Minimum further savings of £2.3m 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, including the impact of replacing the roof at POW. These risks are estimated at £10.2m excluding the POW roof impact and are summarised on Page 18.**





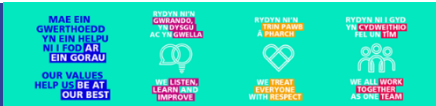
# Forecast Underlying Position



Underlying Deficit	Plan	M1	M2	M3	M4	M5	M6
	£'m	F/Cast £'m	F/Cast £'m	F/Cast £'m	F/Cast £'m	F/Cast £'m	F/Cast £'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4	19.4	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2	55.2	55.2	55.2	55.2
Savings Target	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)
<b>Grand Total</b>	<b>(2.1)</b>	<b>(2.1)</b>	<b>(2.1)</b>	<b>(2.1)</b>	<b>(2.1)</b>	<b>(2.1)</b>	<b>(2.1)</b>

### Key Points:

- The b'fwd recurrent deficit at the end of 23/24 was £19.4m.
- **As at M6 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 M6 and the £10.2m net risk shown in Page 18 represents a significant risk to both the in year forecast and the forecast recurrent position.**



# Pay Expenditure Trends

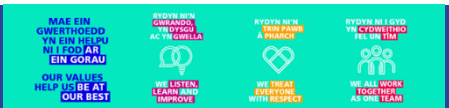


Staff Group	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Qtr2 Ave £'m
Administrative & Clerical	7.6	7.6	7.6	7.6	7.5	7.5	7.5
Medical And Dental	15.4	15.3	15.4	15.9	15.4	21.9	17.8
Nursing And Midwifery Registered	18.3	18.4	18.2	18.2	18.1	18.2	18.2
Add Prof Scientific And Technical	1.7	1.7	1.7	1.7	1.7	1.7	1.7
Additional Clinical Services	7.5	7.5	7.4	7.4	7.6	7.4	7.5
Allied Health Professionals	3.6	3.6	3.6	3.6	3.6	3.7	3.7
Healthcare Scientists	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Estates And Ancillary	3.4	3.3	3.4	3.4	3.3	3.4	3.4
Students	0.0	0.0	0.0	.0	.0	.0	.0
<b>Grand Total</b>	<b>58.6</b>	<b>58.6</b>	<b>58.4</b>	<b>59.0</b>	<b>58.3</b>	<b>64.8</b>	<b>60.7</b>

Spend category	May-24 £'m	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Qtr2 Ave £'m
Core	50.2	50.7	50.3	50.3	50.0	57.2	52.5
Agency	3.6	3.2	3.4	3.7	3.4	3.1	3.4
Overtime	1.4	1.4	1.4	1.5	1.5	1.5	1.5
ADH	2.1	1.9	2.0	2.2	2.1	1.6	20.5
Bank	1.3	1.1	1.2	1.2	1.3	1.3	1.2
WLI	0.1	0.2	0.2	0.2	0.1	0.2	0.2
<b>Grand Total</b>	<b>58.6</b>	<b>58.6</b>	<b>58.4</b>	<b>59.0</b>	<b>58.3</b>	<b>64.8</b>	<b>60.7</b>

## Key Points:

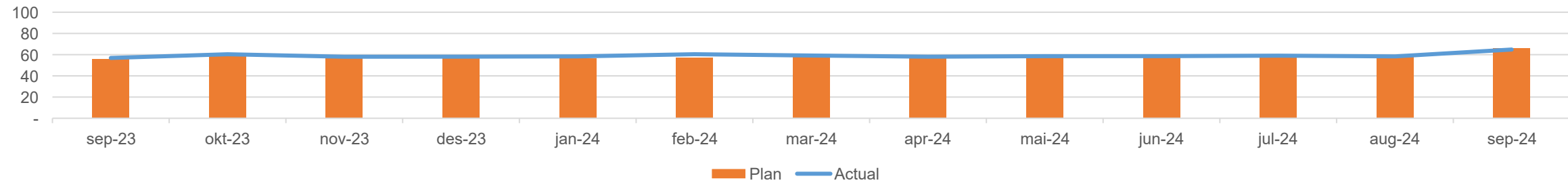
- Total expenditure in M6 was £64.8m, which is £6.4m higher than the Q1 average of £58.4m. The Medical & Dental pay award was processed in M6 including arrears. The arrears processed in M6 was circa £6.8m and the monthly estimate of the in year pay award is circa £0.7m per month.
- After allowing for the pay award costs in M6 (£7.5m), the total expenditure reduces to £57.3m which is a £1.0m reduction from M5. This improvement was mainly in medical pay and relates to reductions in Agency and ADH costs.
- After excluding the impact of the pay award in M6, the average monthly spend in Q2 was of £58.2m is consistent with Q1.
- Core pay costs in M6 was £6.9 higher than the Q1 Average. This includes the Medical pay arrears of £6.8m and £0.7m for the in month impact of the pay award.
- Compared with the Q1 Averages, the following Variable pay movements were reported in M5:
  - Reduction in agency costs of £0.3m
  - Reduction in ADH's of £0.5m



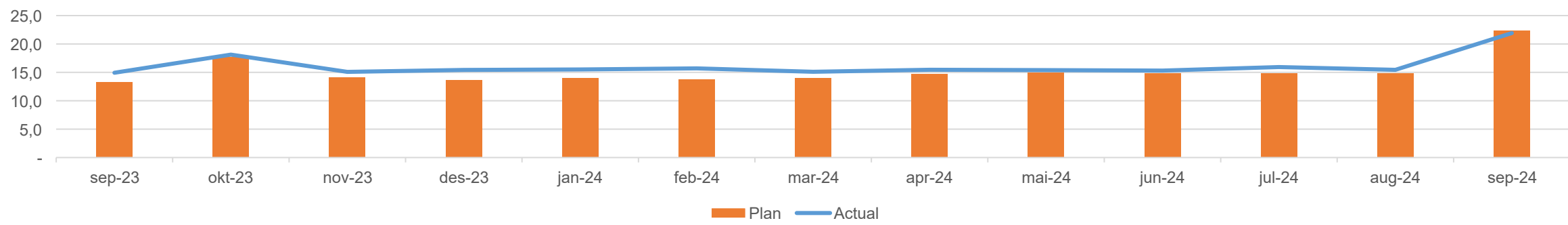
# Pay Expenditure Trends



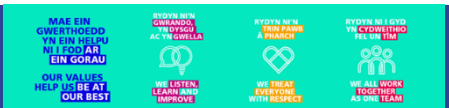
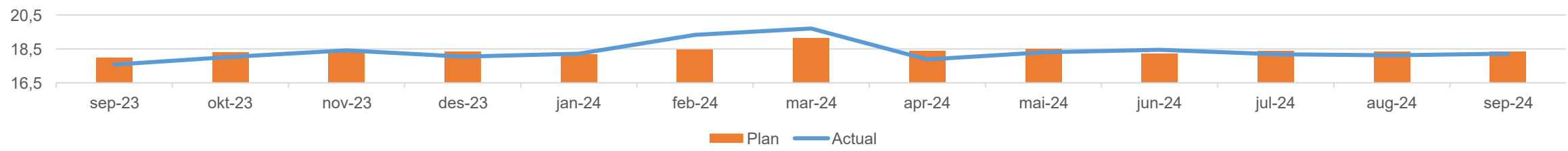
Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)



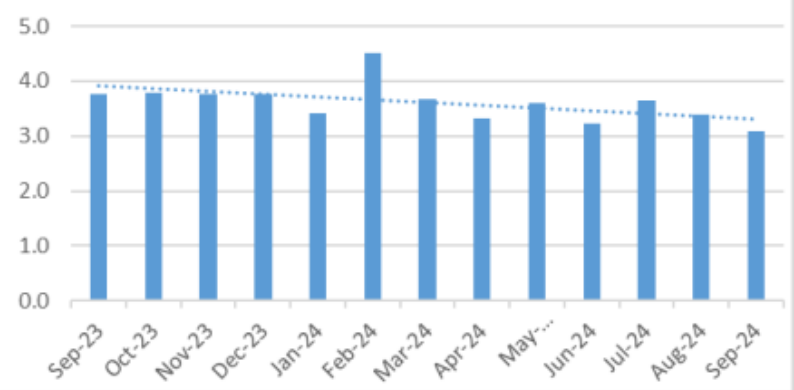
Nursing & Midwifery Pay Expenditure Trend (£'m)



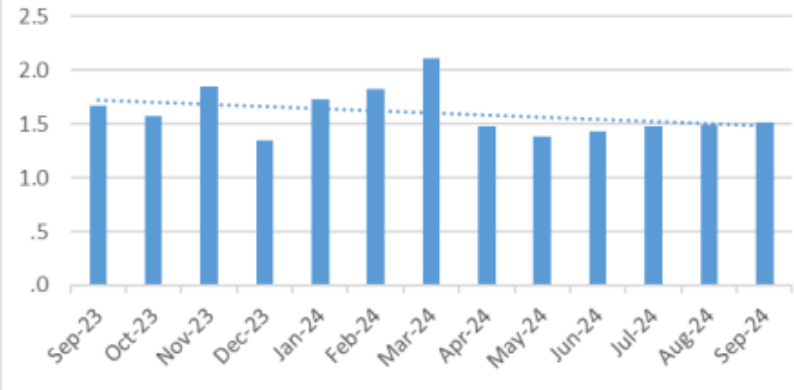
# Variable Pay Expenditure Trends



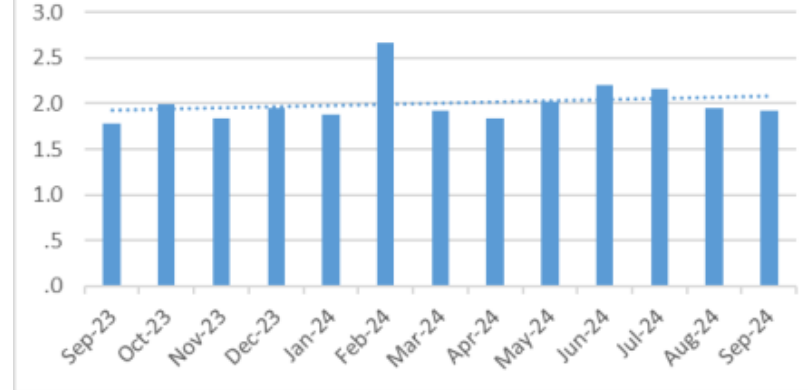
**Total Agency Expenditure (£'m)**



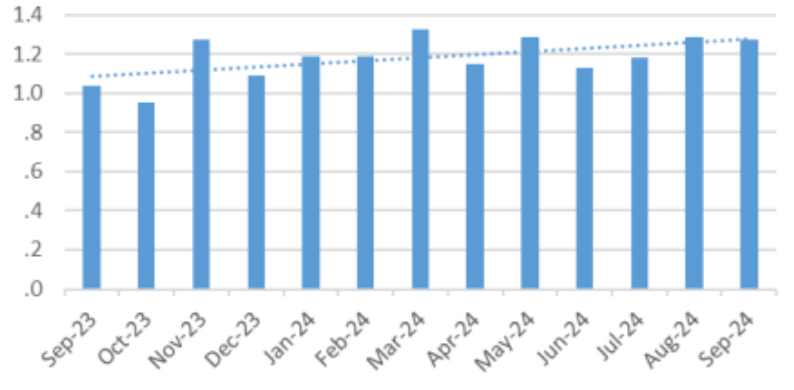
**Total Overtime (£'m)**



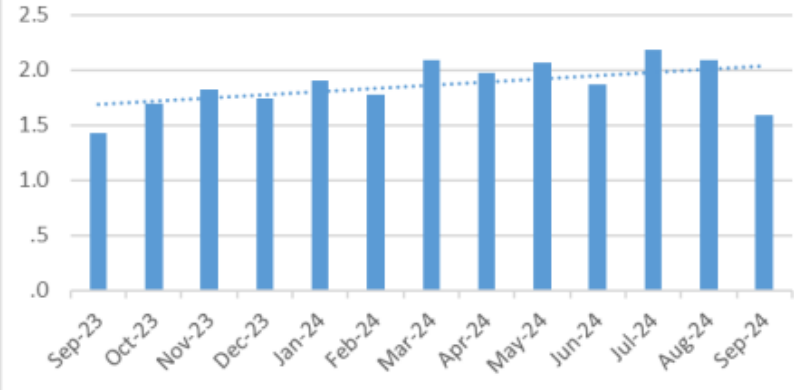
**Core Enhancements Expenditure (£'m)**



**Total Bank Expenditure (£'m)**

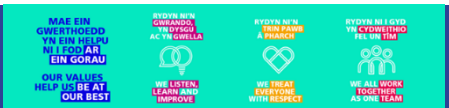


**Total ADH (£'m)**



**Key Points :**

- Agency spend – £0.3m decrease in M6 and overall a downward trend.
- Overtime payments- static in M6 and trend broadly flat.
- Core enhancements – Broadly flat in M6 but an increasing trend.
- Bank – Static in M6 and an increasing trend.
- ADH spend – decrease of £0.5m in M6 but an increasing trend.





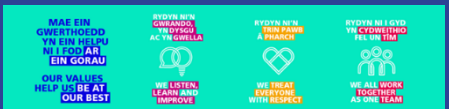
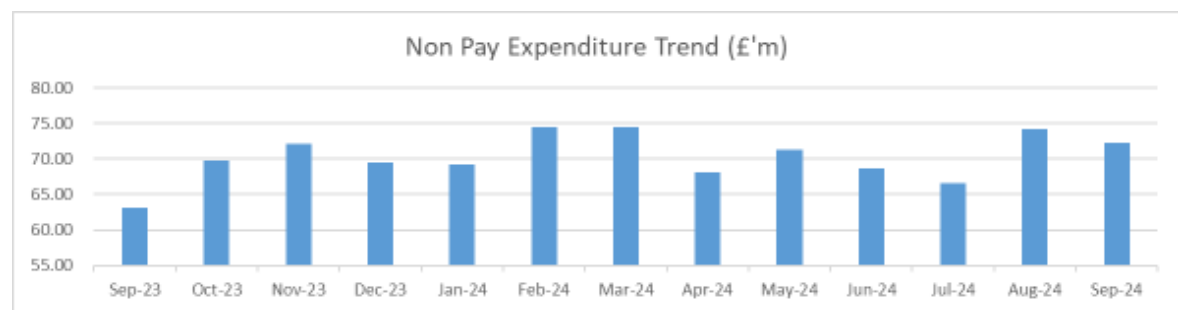
# Non Pay Expenditure Trends



Non Pay Group	Jun-24	Qtr1			Qtr2	
	£'m	Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Ave £'m
Primary Care Contractors	11.9	12.1	12.4	12.6	12.7	12.6
Primary Care Drugs	8.3	8.3	8.1	9.5	9.2	8.9
Provider Non Pay	10.2	10.3	8.6	7.7	11.7	9.3
Secondary Care Drugs	4.2	4.8	5.6	4.2	5.2	5.0
Healthcare Commissioning	22.6	22.6	21.8	26.4	24.8	24.3
CHC & FNC	6.4	6.4	4.8	6.7	5.3	5.6
Other	5.1	4.7	5.2	7.0	3.4	5.2
<b>Total Expenditure</b>	<b>68.7</b>	<b>69.3</b>	<b>66.6</b>	<b>74.2</b>	<b>72.2</b>	<b>71.0</b>

## Key Points:

- The total spend in M6 of £72.2m was £2.9m higher than the Q1 average. The main movements were:
  - Increase in Primary Care Contractors £0.6m – Revised payments to reflect GMS list size together with continued development of Ophthalmic services.
  - Increase in Primary Care Drugs £0.9m – Latest activity indicates higher than planned demand growth.
  - Increase in Provider Non-Pay £1.4m – Reclassification of RIF expenditure (see Other below)
  - Secondary Care Drugs - £0.4m increase as a result of continued growth in NICE drugs.
  - Increase in Healthcare Commissioning of £2.2m – New allocations for JCC £1.1m and 23/24 pay awards of £0.6m together with further investment in regional cataracts of £0.45m.
  - CHC & FNC Decrease of £1.1m – Recognition of accountancy gain in M6.
  - Other decrease of £1.3m – Reclassification of RIF expenditure from Provider Non Pay.

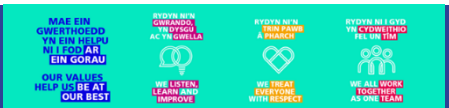
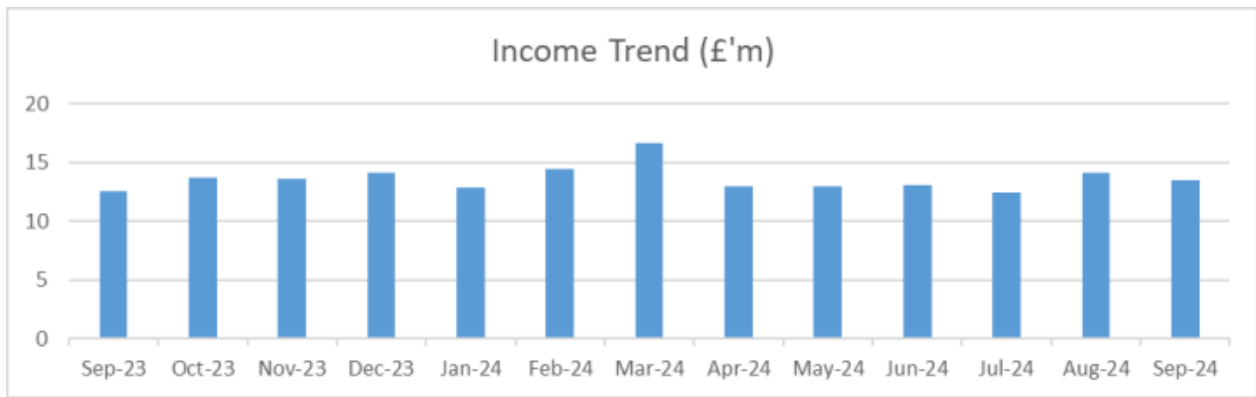


# Income Trends



Income Group	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Qtr2 Ave £'m
Welsh NHS Income	6.3	6.5	5.7	6.9	6.4	6.3
WHSSC Income	1.1	1.0	1.0	1.2	1.0	1.1
Primary Care Contractor Income	1.0	1.0	1.2	1.1	1.1	1.1
CHC Income	0.4	0.4	0.6	0.6	0.7	0.6
Other Income	4.3	4.0	3.9	4.3	4.3	4.2
<b>Total Income</b>	<b>13.1</b>	<b>13.0</b>	<b>12.4</b>	<b>14.1</b>	<b>13.5</b>	<b>13.3</b>

- Key Points:**
- The total Income in M6 of £13.5m is £0.5m higher than the Q1 average of £13.0m. This is primarily due to:
    - CHC Income £0.3m – increase in joint packages of care with Local Authorities.
    - Other Income £0.3m – Increase in HEIW training grade income for new posts.



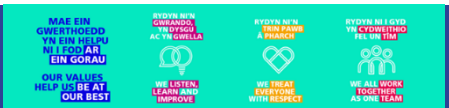
# Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,234.7	29.7	25.0	87.0	1,376.3
<b>Anticipated Allocations:</b>					
Emergency/Urgent Care	1.4				1.4
RLW Social Care	3.4				3.4
2024/25 RLW Pay award	2.6				2.6
IFRS 16 Adjustment	(3.0)				(3.0)
WRP Recovery	(4.5)				(4.5)
Trainees	2.1				2.1
Depreciation	90.4				90.4
AHW Prevention & Early Years	0.9				0.9
23/24 & 24/25 Medical staff pay award	11.8				11.8
Optometry Contract	0.8				0.8
CTM Hospital @ Home	0.8				0.8
Value Based Healthcare Projects	0.7				0.7
Other	1.1				1.1
<b>Total Allocations</b>	<b>1,343.2</b>	<b>29.7</b>	<b>25.0</b>	<b>87.0</b>	<b>1,484.9</b>

### Key Points:

- As at M6 the confirmed Revenue Resource allocation was £1,373.6m.
- The forecast position assumes a further £116.1m of additional allocations offset by a reduction of £7.5m for IFRS 16 adjustments and Welsh Risk Pool (WRP) recovery to give a Total allocation of £1,484.9m.



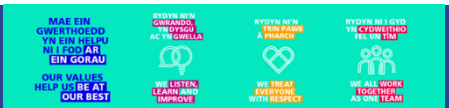
# Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.2	0.8	21.0
Betsi Cadwaladr University	0.0	0.3	0.3
Cardiff & Vale University	17.2	1.2	18.3
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	0.0	11.8	11.8
NWSSP	0.0	0.0	0.0
DHCW	0.5	1.0	1.5
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.1	0.0	12.1
HEIW	0.0	16.9	16.9
NHS Wales Executive	0.0	0.0	0.0
<b>Total</b>	<b>88.9</b>	<b>32.5</b>	<b>121.3</b>

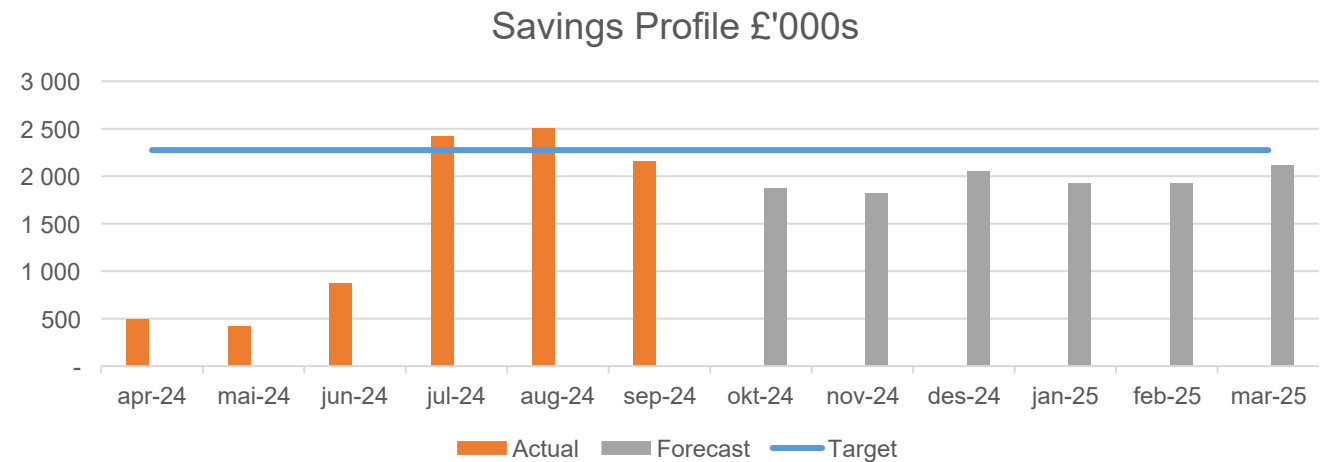
### Key Points :

- With the exception of ABUHB, all LTAs and SLAs were agreed by the 30 June deadline.
- Most of the LTA documentation has been signed by both parties but work continues to progress the final documentation and signing of our LTAs with :
  - 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 LTA activity baseline which has not been agreed with ABUHB. This risk has been included in the Risk Table ( page 18).



	Month 6			Month 5		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
<b>Savings target</b>	13.2	26.3	26.3	11.0	26.3	26.3
<b>Actual and Forecast Savings</b>	(5.1)	(12.8)	(13.1)	(4.3)	(12.3)	(13.2)
<b>Total</b>	8.1	13.5	13.2	6.7	14.0	13.1

- Key Points:**
- Actual YTD savings in M6 was £5.1m which was £8.1m below the target of £13.2m.
  - The M6 forecast In year savings is £12.8m, which is £13.5m below the £26.3m target. This is a £0.5m improvement from M5.
  - The £12.8m forecast savings plans have been risk assessed as £12.5m Green and £0.3m Amber. The estimated savings delivery risk at M6 is 0.2m. This risk is included in our M6 Risk assessment on Page 18.
  - The M6 forecast Recurrent savings is £13.1m, which is £13.2m below the £26.3m target. This represents a £0.1m deterioration from M5.





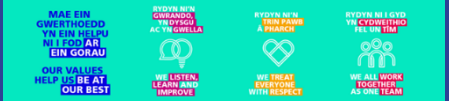
# Risk Management Risks and Opportunities



	M6 £m	M5 £m	Comment
<b>Funding risks:</b>			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	Further clarification needed on funding assumptions for 24/25.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	0.0	We have increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
<b>Other risks:</b>			
Further improvement needed to achieve planned break-even position	2.3	3.8	Improvement included in year-end forecast at Table A. See Section 1.2.
Delivery risk on latest savings forecast	0.2	0.7	70% of the Amber schemes totalling £0.3m.
Delivery risk on forecast improvement in Delegated position compared to straight line	3.6	4.3	
Other cost pressure risks	2.0	2.2	50% of the High and Medium risks identified by Care Groups, over and above their M6 forecasts.
Primary Care Prescribing Growth greater than plan	0	0	Following the M4 prescribing data, the forecast position has been adjusted in M6 to include an estimated overspend on Primary Care prescribing of £4.0m.
ABUHB LTA baseline- Activity Risk	1.1	1.1	Risk relating to the ABUHB LTA Activity dispute at 62.5% marginal rate. See Section 9.
SEW Cataract Business Case	0	0.9	Following the recent letter from WG, this £0.9m has now been included in the M6 forecast.
Joint Commissioning Committee expenditure being greater than M6 forecast.	0	1.0	Our M6 forecast now includes a £1.8m forecast overspend on JCC. This includes £0.9m Velindre NICE performance for JCC.
Potential pay banding disputes including retrospective application	tbc	tbc	
POW – Roof integrity issues	tbc	tbc	A substantial programme of work is required to replace the Phase 1 roof. This will include significant Capital and Revenue expenditure.
POW – Decant and service changes arising from the roof integrity issues.	tbc	tbc	There is also likely to be unavoidable revenue costs associated with these changes but, at this point, we do not have sufficient detail to reliably estimate these. Work is underway to estimate the financial consequences arising from this significant programme of work.
<b>Total Risks</b>	<b>10.2</b>	<b>14.0</b>	
<b>Opportunities:</b>			
Further Balance sheet opportunities in 24/25	tbc	tbc	£6.3m now included in year-end forecast at Table A (M5: £6.3m).
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 Commissioning benefits	tbc	0.0	Mitigating actions by JCC and other potential commissioning improvements.
<b>Total Opportunities</b>	<b>0.0</b>	<b>0.0</b>	
<b>Total</b>	<b>10.2</b>	<b>14.0</b>	

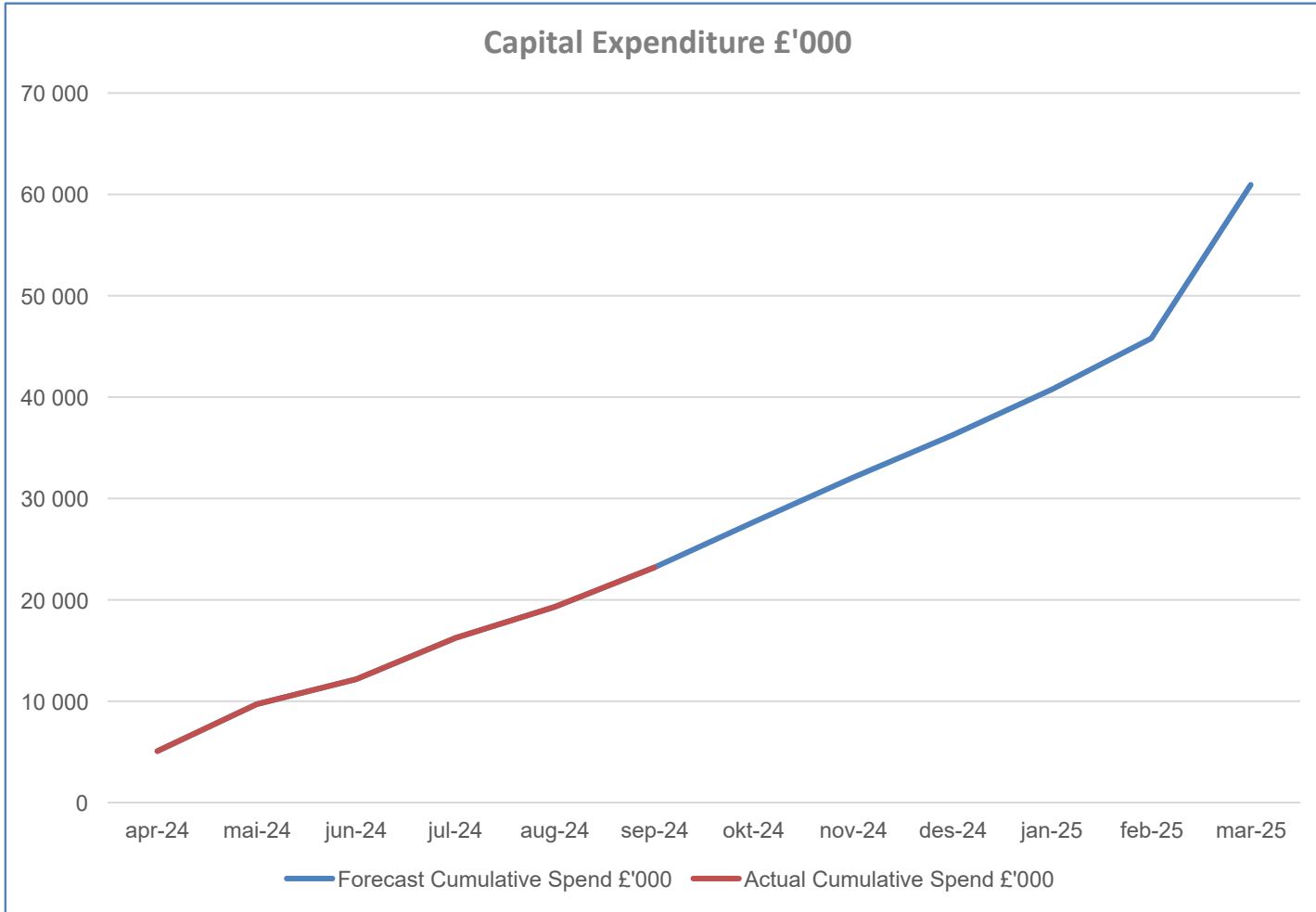
## Key Points :

- As at M6 we are reporting an estimated net risk of £10.2m, a reduction of £3.8m from M5.
- Work is progressing to identify the potential impact of the POW roof replacement programme.
- It is important to highlight that, even after excluding the two POW roof risks noted above, the financial risks that the Health Board is trying to manage remains high and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.



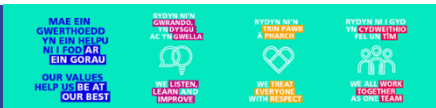


# Capital Expenditure



**Key Points:**

- The latest Capital Resource Limit for 2024/25, issued on the 27<sup>th</sup> August 2024, is £60.8m.
- This is supplemented by a forecast £0.1m of donated funds in this financial year giving an overall programme of £60.9m.
- Expenditure to M6 was £23.2m.
- The outturn capital position is forecast to be balanced against the CRL target.
- An assessment is being carried out to assess the impact upon the existing plans at the POW site and to confirm the new requirements to replace the roof.





# Statement of Financial Position

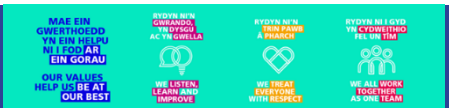


Balance Sheet	Opening Balance (01/04/2024) £'000	Closing Balance as at M05 £'000	Closing Balance as at M06 £'000
<b>Non Current Assets</b>			
Property, Plant & Equipment	730,452	734,900	735,810
Intangible Assets	2,092	2,092	2,092
Trade and Other Receivables	67,191	67,191	67,191
<b>Total Non-Current Assets</b>	<b>799,735</b>	<b>804,183</b>	<b>805,093</b>
<b>Current Assets</b>			
Inventories	7,367	7,336	7,479
Trade and Other Receivables	77,735	94,797	117,159
Cash and Cash Equivalents	1,485	1,804	6,692
Non Current Assets Classified as Held for Sale	0	0	0
<b>Total Current Assets</b>	<b>86,587</b>	<b>103,937</b>	<b>131,330</b>
<b>Current Liabilities</b>			
Trade and Other Payables	161,743	161,743	161,743
Provisions	36,955	36,955	36,955
<b>Total Current Liabilities</b>	<b>198,698</b>	<b>198,698</b>	<b>198,698</b>
<b>Non-Current Liabilities</b>			
Trade and Other Payables	18,437	13,483	28,714
Provisions	65,735	70,583	89,285
<b>Total Non-Current Liabilities</b>	<b>84,172</b>	<b>84,066</b>	<b>117,999</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>603,452</b>	<b>625,356</b>	<b>619,726</b>
<b>Financed By:</b>			
General Fund	493,867	515,771	510,141
Revaluation Reserve	109,585	109,585	109,585
<b>TOTAL</b>	<b>603,452</b>	<b>625,356</b>	<b>619,726</b>

## Key Points :

There were a small number of movements on the balance sheet between M5 and M6:

- Trade and Other payables have increased by £15m. This is due to the Pharmacy accrual increasing by £11m due to the timing of the payments at month end. The remaining increase is a general increase in trade creditors.
- Provisions have increased by £19m, this is mainly due to an increase in the value of clinical negligence claims of £17m.
- Trade and Other Receivables have increased by £22m. This is mainly due to the increase in the debtor from the Welsh Risk Pool for clinical negligence claims of £17m as detailed above. The remainder of the increase is due to an increase in the Nursing Home Pooled Budget debtor of £4m.





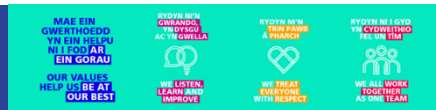
# Cash Flow Forecast

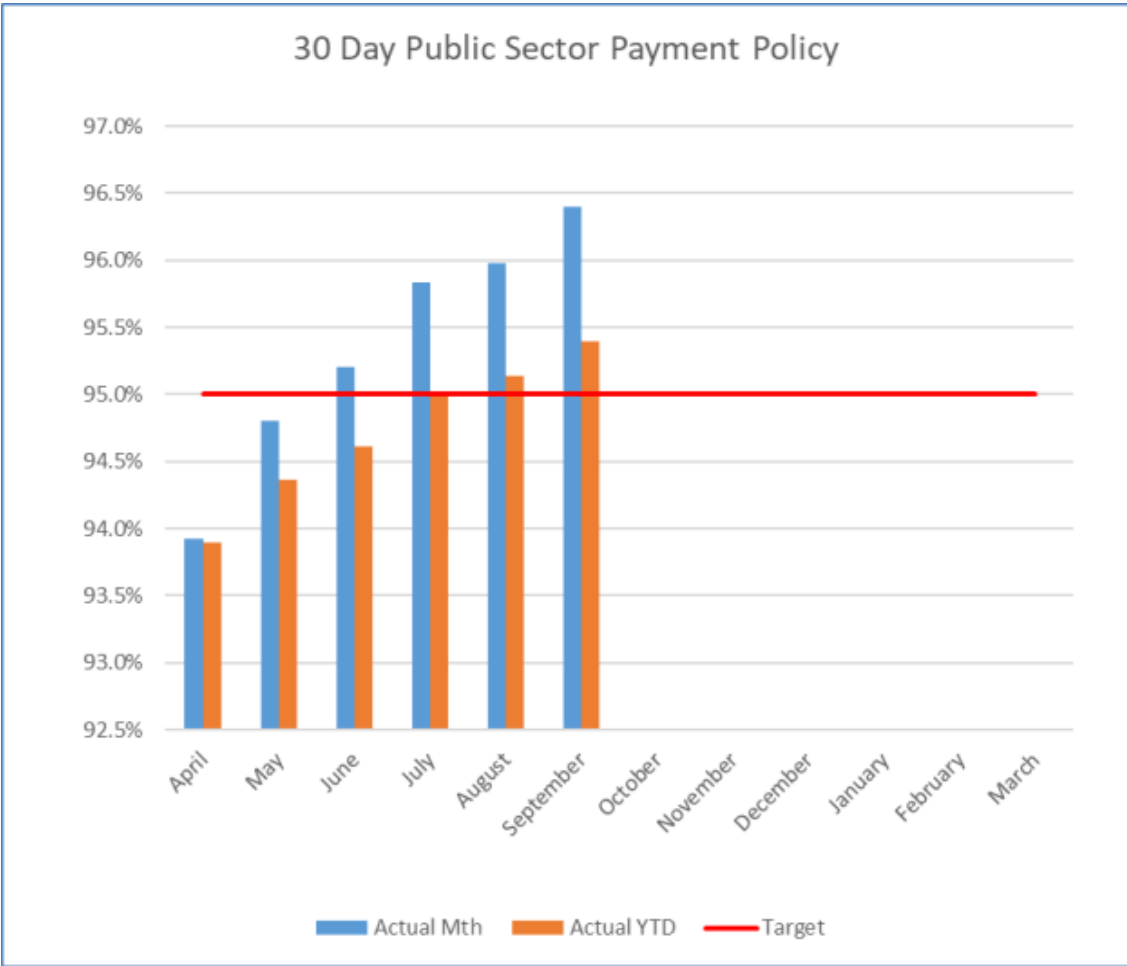


Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
<b>Receipts</b>													
WG Revenue Funding	104,060	121,501	110,845	123,671	122,274	115,153	110,700	122,500	112,500	111,500	110,500	108,672	1,373,876
WG Capital Funding	6,000	3,000	3,600	5,300	3,900	3,500	4,800	3,500	5,900	6,000	5,900	12,397	63,797
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	10,783	10,967	11,000	11,000	11,000	11,000	11,000	11,000	130,432
Other	6,489	5,527	3,110	1,968	4,648	5,427	5,200	5,200	5,200	5,200	5,200	5,200	58,369
<b>Total Receipts</b>	<b>130,070</b>	<b>139,004</b>	<b>127,650</b>	<b>141,029</b>	<b>141,605</b>	<b>135,047</b>	<b>131,700</b>	<b>142,200</b>	<b>134,600</b>	<b>133,700</b>	<b>132,600</b>	<b>137,269</b>	<b>1,626,474</b>
<b>Payments</b>													
Primary Care Services	18,876	30,646	10,140	18,812	29,598	9,155	19,263	28,156	19,325	17,889	17,889	9,081	228,830
Salaries and Wages	(262)	(169)	0	300	0	0	0	0	0	0	0	131	0
Non Pay Expenditure	44,837	57,323	58,000	56,289	54,911	61,312	59,000	57,000	57,000	57,000	57,000	57,000	676,672
Capital Payments	5,476	6,126	3,568	2,845	4,105	3,004	4,000	4,426	5,930	5,945	5,915	12,369	63,709
Other	59,061	48,104	52,532	59,439	58,482	56,688	53,000	53,000	53,000	53,000	53,000	59,442	658,748
<b>Total Payments</b>	<b>127,988</b>	<b>142,030</b>	<b>124,240</b>	<b>137,685</b>	<b>147,096</b>	<b>130,159</b>	<b>135,263</b>	<b>142,582</b>	<b>135,255</b>	<b>133,834</b>	<b>133,804</b>	<b>138,023</b>	<b>1,627,959</b>
Net Cash In/Out	2,082	(3,026)	3,410	3,344	(5,491)	4,888	(3,563)	(382)	(655)	(134)	(1,204)	(754)	
Balance B/F	1,485	3,567	541	3,951	7,295	1,804	6,692	3,129	2,747	2,092	1,958	754	
Balance C/F	3,567	541	3,951	7,295	1,804	6,692	3,129	2,747	2,092	1,958	754	0	

## Key Points within the Cash Flow Forecast :

- The cash balance at the end of M6 was £6.7m. This is higher than planned, which was due to an initial estimate for the back dated pay award, which when paid did not increase the value of the monthly pay as expected. It is projected that this balance is brought down in line with the usual targeted balance in future months.





- Key Points:**
- The percentage for the number of non-NHS invoices paid within the 30 day target in August was 96.4%
  - The cumulative percentage to M6 is now 95.4%.
  - We are forecasting to achieve the 95% target by the end of the year.

**(Agenda Item) 6.2**      **14 November 2024**      **Planning , Performance & Finance Committee**      **M6 Finance Performance Report**

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

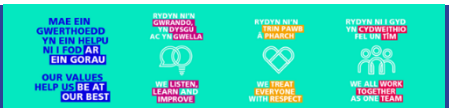
Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required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

# 2024-25 Finance Performance Report Month 6

# Summary



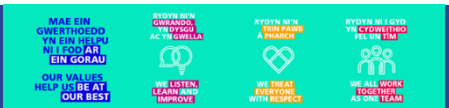
Situation	Background
<p>The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M6 (i.e. the <b>Delegated</b> budget position).</p> <p>This Finance performance report is discussed at the Planning, Performance &amp; Finance 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.</p> <p>A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M6. The overall financial position report is discussed at the Board, PPFC and ELG .</p>	<p>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.</p> <p>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.</p> <p><b>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.</b></p>



# Summary



Assessment	Recommendation
<p>The Delegated position reported a £1.7m deficit in M6, which increases the M6 YTD deficit to £14.8m. This includes:</p> <ul style="list-style-type: none"> <li>• A £9.5m shortfall against the £24.2m Delegated savings target for 24/25.</li> <li>• £5.3m of other adverse operating variances.</li> </ul> <p>The latest Delegated forecasts (following M5 reports) are showing a forecast overspend for 24/25 of £26.9m. This is after the £44m recurrent investment to cover the forecast recurrent overspends at the end of 23/24.</p> <p>A breakdown of the Delegated position by Care Group/directorate is provided on Page 6.</p> <p><b>There is now a very serious risk that the Health Board will not achieve the planned break even position for 24/25 and we could also have a significant recurrent deficit going into 25/26. All Care Groups and directorates which are forecasting an In year or Recurrent deficit in their M6 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.</b></p>	<p>The ELG and the PFFC are asked to <b>DISCUSS</b> and <b>NOTE</b> the financial performance of individual Care Groups and directorates for the period to 30<sup>th</sup> September 2024.</p>

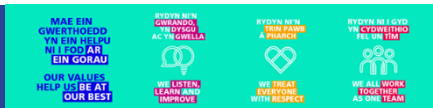




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8-9	Summary Performance – Corporate directorates
10-19	Annex A - Savings Analysis
20-26	Annex B- Operating Variance Analysis



## Delegated position

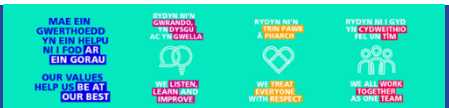
- The Delegated position reported a £1.7m deficit in M6, which increases the YTD deficit to £14.8m.
- This deficit includes a £9.5m shortfall against the M6 YTD savings target of £12.1m
- The latest Delegated forecasts are showing a forecast overspend for 24/25 of £26.9m. All Care Groups and directorates which are forecasting an In year or Recurrent deficit in their M6 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

- M6 savings is £0.3m and the M6 YTD savings is only £2.5m. This represents a shortfall of £1.7m compared to the M6 savings target of £2.0m and a shortfall of £9.5m compared to the M6 YTD savings target of £12.1m
- The forecast In year delegated savings is £6.0m, which is a shortfall of £18.2m compared to the annual savings target of £24.1m.
- The forecast savings of £6.0m includes £5.8m of Green schemes and £0.2m Amber schemes.

## Operating Variance Analysis

- The M6 overspend was £nil and the M6 YTD overspend remains at £5.3m. This includes Pay overspends of £0.4m, Non pay £3.7m and Income shortfalls £1.1m.
- The most significant YTD variances are within
  - Pay - Medical & Dental £3.1m and Estates & ancillary £0.8m
  - Non pay- Clinical supplies £2.2m
  - Income – Other income £1.3m



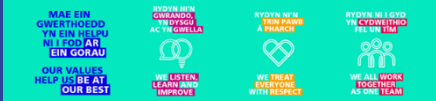


# Summary Performance M6



	Annual Budget	M6 Variance	M6 YTD Variance	M6 Year end forecasts
	£'000	£'000	£'000	£'000
<b>Delegated Budgets</b>				
Planned Care	196,010	(524)	1,708	1,908
Unscheduled Care	154,025	386	4,706	7,660
Primary & Community Care	206,176	(388)	(1,856)	(2,351)
Mental Health & Learning Disabilities	119,528	106	1,771	3,305
Children & Families	80,271	102	1,740	2,693
Diagnostics, Therapies & Specialties (Med Mgt)	261,267	2,166	6,040	11,021
Corporate directorates	61,487	(215)	(775)	(400)
Facilities	42,986	213	1,455	1,383
Contracting & Commissioning	166,056	(143)	(33)	1,686
<b>Total Delegated Budgets</b>	<b>1,351,998</b>	<b>1,703</b>	<b>14,757</b>	<b>26,904</b>

- Key Points :**
- The Delegated position reported a £1.7m deficit in M6, which increases the YTD deficit to £14.8m. A breakdown of the £14.8m overspend is provided on page 7.
  - The main overspending areas are as follows:
    - DTPS - £6.0m
    - Unscheduled Care - £4.7m
    - Mental Health & LD – £1.8m
    - Planned Care - £1.7m
    - Children & Families - £1.7m
    - Facilities - £1.5m
  - A straight line extrapolation of the M6 YTD position would give a Year end overspend of £29.5m. The latest Delegated forecasts are showing a forecast overspend of £26.9m, which is an expected £2.6m improvement from straight line.
  - All Care Groups and directorates which are forecasting an In year or Recurrent deficit in their M6 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.



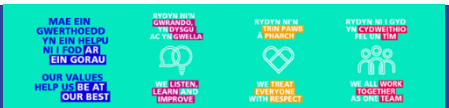


# Summary Performance M6



DELEGATED BUDGETS	M6 Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Planned Care	1,638	70	1,708
Unscheduled Care	1,739	2,967	4,706
Primary Care & Community	941	(2,797)	(1,856)
Mental Health & LD	1,075	696	1,771
Children & Families	921	819	1,740
Diagnostics, Therapies & Specialties	2,942	3,099	6,040
Corporate Directorates	734	(1,508)	(775)
Facilities	511	945	1,455
Contracting & Commissioning	(1,000)	967	(33)
<b>TOTAL DELEGATED BUDGETS</b>	<b>9,499</b>	<b>5,258</b>	<b>14,757</b>

- Key Points :**
- The M6 YTD overspend of £14.8m includes:
    - A shortfall against the M6 YTD savings target of £9.5m.
    - Other Operating Variances of £5.3m.
  - 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.





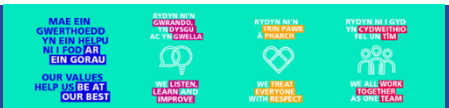
# Summary Performance M6- Corporate directorates



Corporate Directorates	Annual Budget	M6 Variance	M6 YTD Variance	M6 Year end forecasts
	£'000	£'000	£'000	£'000
Patient Care & Safety	15,152	57	37	206
Corporate Governance	636	7	(3)	6
Chief Executive	3,592	(13)	(28)	23
Finance	4,661	6	(44)	(105)
Public Health	4,281	(29)	(317)	(36)
Digital	23,619	(53)	(21)	(1)
Medical Director	694	(27)	(20)	(38)
National Imaging Academy	1,617	(0)	0	1
Planning & Partnership	22,218	(44)	(130)	(139)
Research & Development	904	(11)	(6)	0
Estates	29,553	(12)	123	98
Therapies & Healthcare Sciences	9,405	(69)	(211)	0
People Services	94	(0)	(7)	(244)
COO Management	9,251	(28)	(148)	(173)
<b>Grand total</b>	<b>125,677</b>	<b>(216)</b>	<b>(775)</b>	<b>(400)</b>

### Key Points :

- The Corporate directorates reported a £216k surplus in M6, which increases the YTD surplus to £775k.
- The only Corporate directorates reporting an overspend at M6 YTD are:
  - PC&S - £37k
  - Estates – £123k
- A breakdown of the £775k M6 YTD underspend is provided on page 9.
- Two Corporate directorates are currently forecasting significant year end overspends, and therefore need to prepare costed recovery plans:
  - PC&S - £206k
  - Estates - £98k





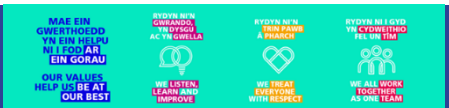
# Summary Performance M6 – Corporate directorates



Corporate directorates	Year to Date Variance		
	Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Patient Care & Safety	120	(83)	37
Corporate Governance	8	(11)	(3)
Chief Executive	31	(60)	(28)
Finance	52	(97)	(44)
Public Health	(1)	(316)	(317)
Digital	252	(273)	(21)
Medical Director	0	(21)	(21)
National Imaging Academy	0	0	0
Planning & Partnership	8	(138)	0
Research & Development	0	(6)	(6)
Estates	111	12	123
Therapies & Healthcare Sciences	2	(9)	(7)
People Services	106	(317)	(211)
COO Management	43	(191)	(148)
<b>TOTAL</b>	<b>734</b>	<b>(1,508)</b>	<b>(775)</b>

### Key Points :

- The M6 YTD favourable variance of £775k includes a savings shortfall of £734k offset by favourable operating variances of £(1,508)k.
- **Urgent work is needed to convert the favourable operating variances of £1.5m to recurrent savings in order to clear the savings targets agreed at the start of the year in the Accountable Officer letters. Corporate directorates.**



# Annex A

# Savings Performance

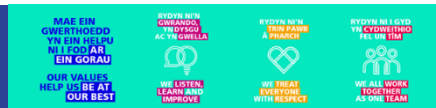
## Month 6



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16	Forecast Savings
17	Forecast Savings- RAG ratings
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19	Forecast Savings – Care Group and Directorate trend lines





# Executive Summary- Month 6



## In month Savings

- The M6 savings is £0.3m. This represents a shortfall of £1.7m compared to the monthly savings target of £2.0m.

## YTD Savings

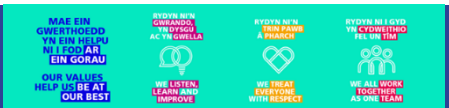
- The M6 YTD savings is only £2.5m. This represents a shortfall of £9.6m compared to the M6 YTD savings target of £12.1m

## Forecast In year Savings

- The M6 forecast for Delegated In year savings achievement ( excluding Red schemes) is £6.0m. This represents a forecast shortfall of £18.2m compared to the annual savings target of £24.2m.
- The forecast savings of £6.0m includes £5.8m of Green schemes and £0.2m Amber.
- The M6 savings profiles from Care Groups and directorates are showing low levels of savings in M7-M12, averaging £0.6m, which is significantly lower than the £2.0m target.

## Recurrent Savings

- The M6 forecast for Delegated Recurrent savings achievement ( excluding Red schemes ) is £6.2m. This represents a forecast shortfall of £17.9m compared to the recurrent savings target of £24.1m.
- The forecast savings of £6.2m includes £5.8m of Green schemes and £0.4m Amber.



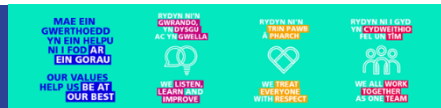


# Savings principles



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 M6 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.





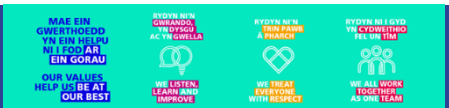
# In Month Savings – Month 6



DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 6 Savings £'000	Month 6 Variance from Target £'000
Planned Care	4,252	354	276	78
Unscheduled Care	3,562	297	6	291
Primary Care & Community	2,091	174	30	144
Mental Health & LD	2,753	229	46	183
Children & Families	1,920	160	10	150
Diagnostics, Therapies, Pathology & Specialties	6,279	523	(124)	647
Corporate Executives	2,158	180	51	129
Facilities	1,022	85	0	85
Contracting & Commissioning	123	10	0	10
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>2,013</b>	<b>295</b>	<b>1,719</b>

**Key Points :**

- The M6 savings figure is £0.3m . This represents a £1.7m shortfall against the monthly savings target of £2.0m.





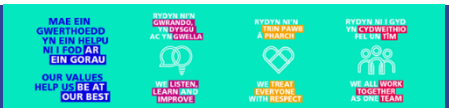
# YTD Savings– Month 6



	Annual Savings Targets	Month 6 YTD Savings Targets	Month 6 YTD Savings	Month 6 YTD Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	4,252	2,126	506	1,620
Unscheduled Care	3,562	1,781	31	1,750
Primary Care & Community	2,091	1,046	104	941
Mental Health & LD	2,753	1,376	301	1,076
Children & Families	1,920	960	39	921
Diagnostics, Therapies, Pathology & Specialties	6,279	3,140	238	2,902
Corporate Executives	2,158	1,079	298	780
Facilities	1,022	511	0	511
Contracting & Commissioning	123	62	1,000	(938)
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>12,079</b>	<b>2,516</b>	<b>9,563</b>

**Key Points :**

- The M6 YTD savings position is reporting total Delegated savings of only £2.5m, which is circa 21% of the M6 YTD target of £12.1m.
- This represents an adverse variance of £9.6m against the M6 YTD savings target of £12.1m.



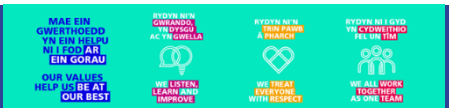
# Forecast Savings- Month 6



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	1,043	24.54%	3,209	1,088	3,164
Unscheduled Care	3,562	62	1.75%	3,500	0	3,562
Primary Care & Community	2,091	1,019	48.74%	1,072	1,061	1,030
Mental Health & LD	2,753	790	28.69%	1,963	1,232	1,520
Children & Families	1,920	78	4.06%	1,842	0	1,920
Diagnostics, Therapies, Pathology & Specialties	6,279	613	9.76%	5,666	588	5,691
Corporate Executives	2,158	642	29.78%	1,515	761	1,397
Facilities	1,022	727	71.12%	295	1,366	(344)
Contracting & Commissioning	123	1,025	832.39%	(902)	120	3
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>6,000</b>	<b>24.83%</b>	<b>18,159</b>	<b>6,216</b>	<b>17,943</b>

### Key Points :

- The forecast savings achievement (excluding Red schemes) is £6.0m. This represents a forecast shortfall of £18.2m compared to the £24.2m annual savings target.
- The forecast savings of £6.0m is only 25% of the Annual target.
- The forecast recurrent savings achievement is £6.2m which represents a recurrent adverse variance of £17.9m.





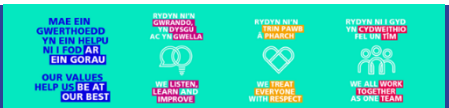
# Forecast Savings RAG ratings - Month 6



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	1,043	0	0	3,209	1,088	0	0	3,164
Unscheduled Care	3,562	62	0	0	3,500	0	0	0	3,562
Primary Care & Community	2,091	1,019	0	0	1,072	1,061	0	0	1,030
Mental Health & LD	2,753	790	0	0	1,963	1,232	0	0	1,520
Children & Families	1,920	78	0	0	1,842	0	0	0	1,920
Diagnostics, Therapies, Pathology & Specialties	6,279	469	144	0	5,666	413	176	0	5,691
Corporate Executives	2,158	642	0	0	1,515	702	0	59	1,456
Facilities	1,022	650	77	0	295	1,182	184	0	(344)
Contracting & Commissioning	123	1,025	0	0	(902)	120	0	0	3
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>5,779</b>	<b>220</b>	<b>0</b>	<b>18,159</b>	<b>5,798</b>	<b>360</b>	<b>59</b>	<b>18,001</b>

**Key Points :**

- As at M6, the forecast delegated savings of £6.0m includes £5.8m of Green schemes and £0.2m 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.



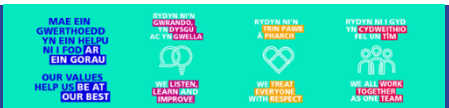


# Forecast Savings Health Board trend line - Month 6



**Key Points :**

- As at M6, the forecast savings of £6.0m includes £5.8m of Green schemes, £0.2m of Amber schemes and £0.0m Red
- The trend is showing a reduction in forecast savings from £19.1m in M1 to £6.0m in M6.



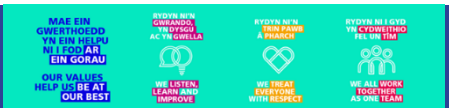
# Forecast Savings Care Group and Directorate trend lines - Month 3



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Movement from M1
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>DELEGATED BUDGETS</b>							
Children & Families	841	785	524	527	94	78	(763)
Mental Health & LD	2,414	2,311	2,008	1,546	963	790	(1,624)
Planned Care	3,466	3,621	3,109	669	1,043	1,043	(2,422)
Diagnostics, Therapies, Pathology & Specialties	4,016	4,019	3,267	2,383	905	613	(3,403)
Unscheduled Care	5,227	4,338	3,305	90	82	62	(5,165)
Primary Care & Community	970	970	453	452	370	1,019	49
Facilities	1,151	1,225	536	1,074	1,066	727	(425)
Corporate Executives	1,018	1,018	381	467	668	642	(376)
Contracting & Commissioning	25	25	25	25	1,025	1,025	1,000
<b>TOTAL DELEGATED BUDGETS</b>	<b>19,128</b>	<b>18,312</b>	<b>13,607</b>	<b>7,234</b>	<b>6,216</b>	<b>6,000</b>	<b>(13,128)</b>

**Key Points :**

- The M6 forecast is reporting savings plans of £6.0m (excluding Red schemes).
- The total reduction from M1 is £13.1m , 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

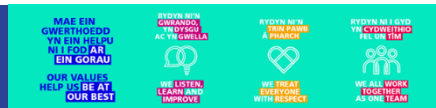
## Month 6



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24	M6 YTD Pay variances
25	M6 YTD Non pay variances
26	M6 YTD income variances



# Executive Summary- Month 6



## Operating Variance

- The M6 operating variance is £nil and the M6 YTD overspend is still £5.2m.

## Pay Variance

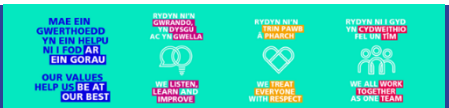
- The M6 underspend was £1.1m and the M6 YTD overspend is now £0.4m.
- The most significant YTD variances are within:
  - Medical & Dental Staff £3.1m
  - Estates & ancillary £0.8m
  - Additional Clinical Services £0.5m
  - Registered Nursing £(1.0)m
  - Administrative & Clerical £(3.0)m

## Non Pay Variance

- The M6 overspend was £1.1m and the M6 YTD overspend is £3.7m .
- The most significant YTD variances are within:
  - Clinical Supplies & Services £2.2m
  - Miscellaneous Service £0.8m
  - Premises and fixed plant £0.5m & Primary & Secondary Care £0.6m

## Income Variance

- The M6 overspend was £nil and the M6 YTD overspend is still £1.1m.
- The most significant variances are within:
  - Other Income £1.3m
  - Welsh NHS Income £(0.1)m





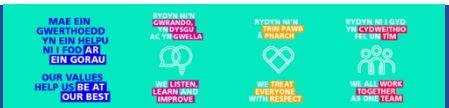
# M6 Operating Variances



	Month 6				Year to Date			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(540)	(118)	35	(622)	(230)	304	(4)	70
Unscheduled Care	98	(22)	24	99	2,860	98	9	2,967
Primary & Community Care	(369)	(304)	141	(532)	(1,965)	(1,639)	807	(2,797)
Mental Health & Learning Disabilities	(25)	(46)	(6)	(77)	297	352	46	696
Children & Families	23	(66)	(5)	(48)	371	353	95	819
Diagnostics, Therapies & Specialities	(14)	1,601	(75)	1,511	(207)	3,214	91	3,099
Corporate Directorates	(305)	26	(21)	(301)	(1,367)	(170)	29	(1,508)
Facilities	73	113	(59)	128	650	(16)	311	945
Contracting & Commissioning	0	(82)	(60)	(143)	0	1,236	(268)	967
<b>Grand total</b>	<b>(1,059)</b>	<b>1,102</b>	<b>(26)</b>	<b>16</b>	<b>410</b>	<b>3,733</b>	<b>1,115</b>	<b>5,258</b>

**Key Issues**

- The M6 YTD overspend of £5.3m 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 M6 YTD Pay, Non pay and Income overspends is provided on the following pages.



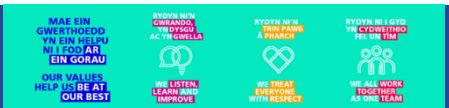
# M6 YTD Pay Variances



	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	(48)	(5)	(498)	744	(42)	(13)	284	(695)	44	(230)
Unscheduled Care	97	636	(281)	5	0	(1)	1,681	706	16	2,860
Primary & Community Care	(113)	(166)	(629)	(201)	38	9	(227)	(677)	(0)	(1,965)
Mental Health & Learning Disabilities	(235)	246	(126)	(84)	3	0	687	(177)	(17)	297
Children & Families	(2)	(20)	(44)	(12)	5	0	398	46	0	371
Diagnostics, Therapies & Specialities	(453)	(298)	(293)	183	(16)	13	421	(30)	265	(207)
Corporates	31	171	(1,079)	(14)	70	(202)	(142)	(205)	2	(1,367)
Facilities	0	(21)	(67)	(1)	711	0	0	0	27	650
<b>Grand total</b>	<b>(723)</b>	<b>544</b>	<b>(3,016)</b>	<b>619</b>	<b>770</b>	<b>(194)</b>	<b>3,104</b>	<b>(1,031)</b>	<b>337</b>	<b>410</b>

**Key Issues**

- At a bottom line level, the most concerning overspends are Medical & Dental ( £3,104k), Estates & Ancillary ( £770k) and AHP ( £619k).
- 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.



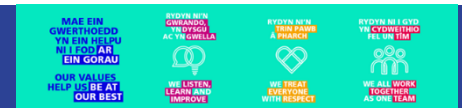
# M6 YTD Non Pay Variances



	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	185	32	(3)	90	304
Unscheduled Care	87	0	0	10	98
Primary & Community Care	425	160	(1,849)	(376)	(1,639)
Mental Health & Learning Disabilities	(53)	(2)	349	59	352
Children & Families	377	(40)	33	(17)	353
Diagnostics, Therapies & Specialities	1,220	72	1,782	140	3,214
Corporates	(63)	(51)	(209)	154	(170)
Facilities	9	474	0	(498)	(16)
Contracting & Commissioning	0	0	(65)	1,301	1,236
<b>Grand total</b>	<b>2,188</b>	<b>644</b>	<b>37</b>	<b>862</b>	<b>3,733</b>

### Key Issues

- At a bottom line level, the most concerning overspends are Clinical Services & Supplies ( £2,188k) and Premises & Fixed Plant (£644k).
- 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.





# M6 YTD

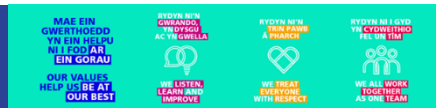
## Income Variances



	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(10)	0	0	7	(4)
Unscheduled Care	39	0	0	(30)	9
Primary & Community Care	(219)	0	(88)	1,113	807
Mental Health & Learning Disabilities	(42)	0	0	88	46
Children & Families	36	0	1	58	95
Diagnostics, Therapies & Specialities	40	(9)	(7)	67	91
Corporates	5	(38)	(4)	65	29
Facilities	70	0	0	241	311
Contracting & Commissioning	7	0	0	(275)	(268)
<b>Grand total</b>	<b>(75)</b>	<b>(47)</b>	<b>(98)</b>	<b>1,334</b>	<b>1,115</b>

### Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category ( £1.33m).
- 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.





**Agenda Item**

6.3

**Planning, Performance and Finance Committee**

**Integrated Medium Term Plan 2025-2028 –  
Development Process**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Choose an item.
<b>Awdur yr Adroddiad / Report Author</b>	Elizabeth Beadle, Assistant Director of Transformation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
---	------------

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

<b>Acronyms / Glossary of Terms</b>	
CTM	Cwm Taf Morgannwg UH



## 1. Situation / Background

- 1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 Health board plans must ensure delivery of the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour.
- 1.3 The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.4 During the planning cycle for 2024-2025, undertaken during the last financial year, the health board worked to develop a balanced financial plan and the health board's plan was approved by Welsh Government during summer 2024.
- 1.5 The financial context for the 2025-2028 IMTP planning cycle remains extremely challenging and a number of additional in-year complexities have emerged which will be likely to impact on the financial planning for the forthcoming cycle.
- 1.6 The annual planning framework in support of the IMTP process for the 2025-2028 planning cycle is yet to be received.
- 1.7 Health organisations will be required to complete a minimum data set (MDS) comprising service, financial and workforce information. This quantitative information is used to provide assurance on the robustness of plans. The MDS template for this planning cycle has not yet been received.

## 2. Specific Matters for Consideration

- 2.1 The 2025-2028 IMTP will be set in the context of CTM 2030 and informed by work on the acute clinical services plan. The plan is likely to be iterative given the timelines for completion of the Acute Clinical Services Plan (ACSP). The IMTP is a combined top-down and bottom up approach and is designed based on strategic intentions and the requirements of policy and legislation and built from service plans for each care group and corporate portfolios and with relation to partnership planning mechanisms.
- 2.2 The IMTP is founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. It is essential that health board teams take as their starting

point the ambition to transform services to meet the required expectations within budget.

- 2.3 The health board’s intention remains to seek to deliver a balanced financial plan during the period of the IMTP, however, as noted, the financial position remains challenging and the full impact of in-year pressures, including challenges to full delivery of the health board’s savings plans, is yet to be fully determined.
- 2.4 Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following:
- 2.4.1 Ministerial priorities and measures
  - 2.4.2 NHS Performance Framework
  - 2.4.3 Outcomes Framework
  - 2.4.4 The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)
- 2.5 An executive steering group oversees the development of the plan and support allocated to each care group. This steering group has endorsed the development of a set of commissioning intentions for internally delivered services which provide the strategic direction for the plans which the care groups and corporate teams will develop. These commissioning intentions set out the emerging priorities above and beyond the priority areas already agreed during the previous planning cycle, which will remain extant. The commissioning intentions are included as appendix 1.
- 2.6 Commissioning intentions for services provided by other NHS bodies will also be developed. In previous years the health board has received commissioning intentions from the Emergency Ambulance Services Committee and an Integrated Commissioning Plan from the Welsh Health Specialised Services Committee ahead of the completion of the IMTP. However, following the formation of the Joint Commissioning Committee (JCC), it has been confirmed that the JCC will be required to develop an IMTP. It will be necessary to ensure alignment between these the health board and the JCC plans.
- 2.7 The 2024-2027 plan provides a structure for the development of the new plan. Plans on a page developed for the 2024-2027 plan will be reviewed and refreshed taking into account emerging requirements, and with a focus on delivery of the strategic commissioning intentions.
- 2.8 Key milestones for delivery of the plan are set out below.

<b>Month</b>	<b>Key activities/ deliverables</b>
October 2024	<ul style="list-style-type: none"> <li>• Welsh Government Planning Framework expected shortly. The internal framework will be revised, as required.</li> </ul>

Month	Key activities/ deliverables
	<ul style="list-style-type: none"> <li>Internal service plans to be commenced</li> </ul>
November 2024	<ul style="list-style-type: none"> <li>Internal service plans to be completed</li> <li>Work undertaken to complete a first draft of the minimum dataset</li> </ul>
December 2024	<ul style="list-style-type: none"> <li>Financial allocation for 2025-2026 expected to be issued</li> </ul>
January 2025	<ul style="list-style-type: none"> <li>First draft plans</li> </ul>
March 2025	<ul style="list-style-type: none"> <li>Completed plan to be considered by the board for submission to Welsh Government by 31<sup>st</sup> March 2025.</li> </ul>

2.9 A further key enabler for completion of the Health Board’s three-year plan is confirmation from Welsh Government of the financial allocation for 2025-2026. This will be fundamental to the assurance of deliverable plans within the Health Board’s financial allocation. Welsh Government officials have not yet confirmed a date for notification of the Health Board’s 2025- 2026 financial allocation.

2.10 The plan is required to be submitted to Welsh Government by 31<sup>st</sup> March 2025 and should the Health Board be unable to submit a balanced plan, an accountable officer letter is required to be sent to Welsh Government prior to submission of the plan.

### 3. Key Risks / Matters for Escalation

3.1 This report is presented to provide the board with the process for developing the Health Board’s IMTP for the period from 2025-2028.

3.2 Given the tight timescales for delivery of the plan to Welsh Government, planning must commence in advance of receipt of the key planning documents and templates for the submission and in advance of confirmation of financial allocation for the forthcoming financial year.

3.3 This will require service plans and the draft IMTP document to go through several iterations to ensure that they are aligned with the requirements and expectations of Welsh Government.



3.4 To minimise the risk of requiring major changes, regular meetings are held between the Health Board's Planning Team and Welsh Government's officers.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: The IMTP is drafted with consideration of all strategic goals.
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Starting Well
	If more than one applies please list below: As the three year plan comprises the whole of the health board's scope of delivery all strategic areas apply.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: All domains of quality apply.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Recycle
	If more than one applies please list below: The health board's sustainability impacts are considered in this plan.

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Requisite assessments will be completed.
<b>Cydraddoldeb a'r Gymraeg</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>  <b>Equality and Welsh Language</b>  <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Outcome for Equality (delete as appropriate):            POSITIVE/NEUTRAL            NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate):            POSITIVE/NEUTRAL            NEGATIVE</p>	<p>If no, please include rationale below:            Requisite assessments will be completed.</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i>  <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.            The IMTP will require completion of a financial plan and the plan sets out the health board's priority development areas.</p>	

**5. Recommendation**

5.1 The Committee is requested to **NOTE** the contents of this report with particular consideration of the risks to delivery of a balanced financial plan alongside delivery of the Health Board's objectives.

**6. Next Steps**

6.1 Further updates on the development of the plan and the delivery of priorities will be provided to the Board.

DRAFT 2

CTMUHB Commissioning Intentions 2025/26

The following intentions are based on CTMUHB priorities, they sit alongside Wales Performance Framework. This document sets out overarching intentions within CTMUHBs activity and all relate to the overall strategic vision of “CTM 2030”. Core to this is addressing health inequalities and the social determinants of ill health; promoting primary prevention and self-care and driving integration. It is our vision to our vision reduce reliance on hospital services and shift a proportion of our activity and balance of spend into community and primary care services. Key enablers running supporting our commissioning intentions are digital solutions and development of resilient workforce models and efficient use of estate.


*Potential statement re access to seed funding*

Strategic Aim	Commissioning statement	Metric	Target date
Creating Health	<p>Population Health</p> <ul style="list-style-type: none"> <li>• PHM. Improve primary care systematic management of vulnerable individuals identified through risk stratification</li> <li>• Design a Community Health and Wellbeing Worker service across the region, making best use of existing roles – initiate 3 proof of concept sites</li> <li>• Development of the CTM Offer/Deal work in conjunction with our partners (including our population) – initiate 3 POC sites</li> <li>• Continued development of a whole system healthy weight approach (tier 3)</li> <li>• Delivery of a children and young people’s weight management approach supported by a further development of adult weight management service building towards an integrated family based approach</li> <li>• Focus on improved breast feeding rates</li> <li>• Working with our partners to develop a whole system approach to supporting healthy parent infant relationships</li> <li>• Development of diabetes services for Type 1 and Type 2 – taking national and international best practice to inform this work</li> </ul>	<p>Personalised care plans in place Service initiated</p> <p>Business case completed and service development. Increase in breast feeding</p> <p>Diabetes service in place. Improved outcomes for patients</p>	



	<ul style="list-style-type: none"> <li>Continued focus on reducing smoking prevalence, including Help Me Quit (evaluation of lung health check programme and participation in planning for next phase – national roll out)</li> <li>Continued focus liver disease including reducing alcohol consumption, developing a specific therapy led service and eliminating Hepatitis B and C</li> </ul> <p>Prevention</p> <ul style="list-style-type: none"> <li>A focus on shared decision making to empower patients to make informed decisions</li> <li>Continue work towards a consistent system wide approach to ‘self- care’ for minor conditions and long term conditions</li> <li>We will deliver our screening programmes including the development work for expansion of the age range for bowel screening.</li> </ul>	<p>Access to Minor Ailments Scheme. LTC care plans? BSW target delivery/ PHW measures</p>	
<p>Improving Care</p>	<p>Community Services</p> <ul style="list-style-type: none"> <li>Optimisation of Discharge to Recovery and Assess (D2RA) services to speed up discharges from hospitals and enable more patients to leave hospital in a timely and supported way</li> <li>Continued development of integrated community teams, including a focus on the population health pathway</li> <li>Development of intermediate care services with the local authorities – 200 more places</li> <li>Redesign functions of community hospitals to ensure focus on rehabilitation and reablement</li> <li>Align Primary Care, Community and Dementia Responses to Residential and Care Homes settings</li> </ul> <p>Planned Care</p>	<p>Reduction in delayed pathways.</p> <p>New hospital model</p>	



	<ul style="list-style-type: none"> <li>• Continue shift of services into community settings, building on transformation of Glaucoma services and rolling into other specialities. Aligned to transformation of outpatient delivery including new to follow up ratios (differentiated by speciality)</li> <li>• Deliver of PIT and GIRFT programme outputs</li> <li>• INNU application and expansion, including no listings of BMI&gt;40, ceasing septo-rhinoplasty procedures</li> </ul> <p>Diagnostics, Therapies, Pharmacy and Specialities</p> <ul style="list-style-type: none"> <li>• To improve patient outcomes through better use of medicines, ensuring that evidence-based care is embedded into routine practice through medicines optimisation</li> <li>• Llantrisant Health Park development of delivery plans for CDH</li> <li>• To secure an effective neuro-physiology service</li> <li>• To secure an effective expansion plan with regional collaboration to expand cellular pathology services and repatriate Bridgend work</li> </ul> <p>Primary Care</p> <ul style="list-style-type: none"> <li>• Maximise opportunities to deliver services at scale for quality and efficiency purposes (includes look at Carousel clinics and CVD, Resp and Diabetes indicators)</li> <li>• Diabetes: Improve recorded delivery of 8 core processes</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>Completion of 8 care HV Measures March processes CTM Q4 Fir 24.pptx</p> <ul style="list-style-type: none"> <li>• Increased use of Health Pathways</li> <li>• Development of the Navigation Hub to work with WAST to delay/prevent conveyances</li> <li>• Two 'ologies' shifting from secondary care to primary care, to include the further development of ophthalmology including the Welsh General Ophthalmic Services Contract and the identified priority areas of Diabetes and Respiratory services</li> </ul>	<p>5% Secondary to Primary shift</p> <p>PIT metrics achieved. Reduction in INNU</p> <p>Procurement/build Neurophysiology access improvement.</p> <p>&gt;Wales average All core processes to be reported and monitored</p> <p>20% reduction in referrals on 23/24 baseline 20% reduction in ambulance conveyances a/a 5% shift</p>	
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	<ul style="list-style-type: none"><li>• Establish a sustainable spirometry testing service</li></ul> <p>Mental Health and Learning Disabilities</p> <ul style="list-style-type: none"><li>• In conjunction with our partners work across the region to deliver the Regional Neurodevelopmental Service Improvement plan</li><li>• New models of care – day services, older adult beds, rehab and recovery, crisis, Care Home rapid dementia response</li><li>• No wrong front door – 111#2, alternatives to admission</li></ul> <p>Unscheduled Care Delivery of the 6 goals programme</p> <ul style="list-style-type: none"><li>• Design of a system wide frailty model</li><li>• Design of a South Central Wales Stroke service and a focus on improved SSNAP score for CTM patients through a resilient stroke pathway</li><li>• Redesign trauma pathways (including fracture liaison service)</li><li>• Implement Acute Medicine/SDEC strategy</li></ul> <p>Children and Families</p> <ul style="list-style-type: none"><li>• Maternity and neonates (aligned to JCC regional review)</li><li>• Safeguarding</li><li>• Gynaecology hub (activity increase linked to Bridgend repatriation from SLA)</li><li>• Deliver on outputs of Heath Visitor review</li><li>• Review Acute Paeds model (PAUs on 3 sites)</li></ul>		
Inspiring our People	<ul style="list-style-type: none"><li>• Implementation of the People Plan</li><li>• Design and delivery of in year workforce plans for the all Wales Strategic Workforce Plans (MH, Genomics, Pharmacy etc.)</li></ul>		



	<p>➤ Development of workforce model to support ACSP, LHP and Regional Working Programme: new ways of working, workforce redesign, new roles &amp; skills development</p> <ul style="list-style-type: none"><li>• Right size the workforce - Continue to develop establishment reporting (control) work to agree service, finance and workforce baseline establishments and gaps</li><li>• Agency reduction plans and improved bank utilisation</li><li>• Wellbeing at work: healthier workforce.</li><li>• Psychological Safety and Sexual Safety support/approaches to keep staff safe /well</li><li>• Promotion of staff survey and improved employment experience index</li><li>• Continued promotion of PADR /medical appraisal</li><li>• Delivery of the Nursing and CTM Retention Plans</li><li>• Focussed attraction work, EVP and employer branding</li><li>• Apprenticeships and widening access</li><li>• A focus on aligning quality measures and incentives across the system to support a positive patient experience and in hearing the patient's voice</li><li>• Continue to develop a system approach to a safer culture and learning from incidents</li><li>• Target number of participants through leadership development programmes</li><li>• Agreed ED&amp;I work plan and delivery of in year requirements</li><li>• Maximising and nurturing Welsh language skills and work to achieve Welsh Language Standards</li><li>• Digital opportunities to release capacity and improve digital capability aligned to HEIW Digital Capability Framework</li><li>• Preparation for the new electronic workforce solution for new supplier options in Summer 2026 and implementation in 2027-2030</li><li>• Stat and Mand training</li></ul>	<ul style="list-style-type: none"><li>• % vacancy rates</li><li>• Agency spend as a percentage of the total pay bill</li><li>• % sickness absence rate</li><li>• % headcount who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months in training</li><li>• Turnover rate for nurse and midwifery registered staff</li><li>• Staff Survey results</li><li>• Increase in Flexible working rates</li><li>• progress using the Workforce Race Equality Standard (WRES) indicators to inform anti-racism strategic plans and work practices.</li></ul>	
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		<ul style="list-style-type: none"><li>• progress against the organisation's SEP's equality objectives</li><li>• progress to improve dementia care (providing evidence of training and development in line with the Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis</li></ul>	
Sustaining our Future	<ul style="list-style-type: none"><li>• To ensure that the services we commission reduce unnecessary referrals, diagnostics, admissions, or prescribing activity in order to improve quality, productivity and outcomes</li><li>• To continue to work with academia and industry to innovate around recycling of health board waste and materials</li><li>• To minimise the use of Nitrous Oxide across the health board and decommission the manifolds.</li><li>• To work with our partners to make most efficient use of pooled resources (funding, workforce, equipment, estate etc)</li></ul>	<p>Monitor referral trends and ROTT.</p> <p>Impact of waste schemes and development of further schemes. Monitor usage. Target level?</p>	



**Agenda Item**

6.4

**Planning, Performance and Finance Committee**

**Capital Programme Update 2024/25**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Carolyn Blockley, Head of Capital
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sally May, Executive Director of Finance
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Matters discussed at ECMG	30/09/2024	Approved

<b>Acronyms / Glossary of Terms</b>	
CTM	Cwm Taf Morgannwg UHB
ECMG	Executive Capital Management Group
IRCF	Integration and Rebalancing Care Fund
FEN	Fire Enforcement Notice
CRL	Capital Resource Limit
AWCP	All Wales Capital Programme
NBV	Net Book Value
YCR	Ysbyty Cwm Cynon

PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
NIAW	National Imaging Academy Wales
WG	Welsh Government
EFAB	Estates Facilities Advisory Board

## 1. Situation /Background

The purpose of this report is to provide an update on the current Capital resource limit for 2024/25 and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 5 and a brief update on all current major capital projects

## 2. Specific Matters for Consideration

### 2.1 2024/25 Capital Funding Position

The latest capital funding position for 2024/25 is shown in **Table 1** below comprising £6.915m discretionary and £53.901m All Wales Capital funding giving a total Capital Resource Limit (CRL) of £60.816m.

The majority of the All Wales schemes below were reported in previous updates to the Board as existing schemes continuing into 24/25. There are however some notable additions where funding has been secured in year for diagnostic equipment replacement in YCR and Maesteg Hospital as well as significant funding of £5.570m to target backlog maintenance across the estates.

IFRS16 funding has been approved of £0.707m and this is added to the CRL.

Funding is added to **Table 1** to show donations of £0.043m which takes the total funding available in year to £61.566m.



<b>Table 1 Confirmed CRL funding 2024/25</b>	<b>Current CRL £'000</b>
Discretionary allocation 2024/2025	6,915
Prince Charles Hospital Refurbishment - Phase 2	24,138
Prince Charles Hospital Refurbishment - Phase 3 Fees	1,187
Llantrisant Health Park – PBC Fees	2,041
Efab - Infrastructure	4,678
Efab - Fire	904
Efab - Decarbonisation	1,426
Fire Enforcement Works - Princess of Wales - fees	185
Emergency Department and Minor Injury Unit Improvements	113
Diagnostic Equipment - February 2024	212
National Imaging Academy Wales Discretionary	200
Diagnostic Equipment 2024-25	1,025
Backlog Maintenance - 2024-25	5,570
DPIF	
DPIF - ePMA Implementation	1,973
IRCF	
Sunnyside	9,293
Maesteg Health and Wellbeing Park	956
<b>All Wales Capital Funding</b>	<b>53,901</b>
<b>IFRS 16 Funding</b>	<b>707</b>
<b>Total WG Funding</b>	<b>61,523</b>
Disposal of Assets with NBV	
Government granted/Donated income	43
<b>Total Capital Funding as at 27.08.2024</b>	<b>61,566</b>

The Capital team are working on confirming accurate full year forecasts particularly for the PCH refurbishment project and Bridgend Health and Wellbeing Centre (Sunnyside). Allocation adjustments for these schemes will be requested by the end of October 2024 to bring allocations in line with the latest forecasts.

The spend to 31<sup>st</sup> August 2024 across all schemes is £19.316M which is equal to 31% of the total committed spend. This is in line with expectation for this point in the financial year.

## 2.2 Discretionary Programme Commitments 2024/25

The table above details discretionary capital funding of £6.915m in 2024/25. In addition to this the Executive Capital Management Group (ECMG) agree each year to over commit the programme to assist with managing inevitable year end slippage in capital schemes. A c13.5% over commitment of £940k was made at the start of the financial year based on previous experience. As specific slippage amounts are confirmed this is managed appropriately to ensure a balanced outturn position at the end of the financial year.

**Table 2** below shows all approvals and commitments to the end of September against the areas of ICT, Equipment, Backlog Maintenance, Statutory Compliance and Service Redesign.



The position shows that the over commitment has increased slightly from the original £0.940m to £1.016m. There are ring-fenced allocations within this that are yet to be committed which could be released if required, in addition there are also slippage risks within the backlog maintenance allocation given the significant additional funding received in year that are likely to require managing into next financial year. When this detail is known further commitments may be required to ensure the forecast of a balanced outturn position is maintained.

<b>Cwm Taf Morgannwg Discretionary Capital Plan 24/25</b>		
<b>Table 2 - Discretionary Funding and Allocations</b>		<b>Current Position</b>
<b>Funding Sources</b>		
Discretionary Capital Funding		10,180
EFAB Top Slice		-1,899
All Wales Capital Scheme Commitments B/F		-1,366
Property Disposals		0
13.5% Over commitment		940
<b>Total Funding (Including over-commitment)</b>		<b>7,855</b>
<b>Department Allocations</b>		
	Funding	1,638
IT	Expenditure Allocations	1,642
	Contingency Allocation	-
	Overcommitment against allocation	- 4
Statutory Compliance	Funding	1,120
	Expenditure Allocations	920
	Contingency Allocation	200
	Overcommitment against allocation	-
Backlog Maintenance	Funding	1,290
	Expenditure Allocations	1,173
	Contingency Allocation	116
	Overcommitment against allocation	-
Equipment	Funding	1,698
	Expenditure Allocations	1,778
	Contingency Allocation	-
	Overcommitment against allocation	- 57
Service Redesign	Funding	1,316
	Expenditure Allocations	964
	Contingency Allocation	352
	Overcommitment against allocation	-
	Ringfenced allocation - Blast Chillers/Access Controls	787
	Contingency b/f disc schemes	-
<b>Sub Total Committed Expenditure</b>		<b>6,476</b>
<b>Subtotal amounts remaining to commit</b>		<b>1,455</b>
<b>Total anticipated Spend</b>		<b>7,931</b>
<b>Position against Funding ( including planned overcommitment )</b>		<b>- 76</b>
<b>Position against actual funding under/(Over)</b>		<b>- 1,016</b>

## Statutory Compliance and Backlog Maintenance

Within statutory compliance and backlog maintenance there is an amount of £316k remaining to be allocated. Of this, £200k is currently being held for the potential switchboard centralisation project. A project group has recently been established with weekly meetings, the initial key focus for the project is to establish the detailed costing to deliver the technical solution. This scheme is complex in terms of IT and estates impact, but both are engaging with the facilities led project. The current assessment is that the revenue savings linked to this scheme are unlikely to be realised this financial year although the target is still to deliver the capital solution in year.

The remaining £116k is being held as contingency for existing schemes or urgent requests.

It should be noted that with the significant additional funding secured along with EFAB and discretionary there is c£15m being spent across the estate over 70 schemes on backlog maintenance and statutory compliance in year.

Whilst this is a welcome investment it does bring challenges in terms of resources required to project manage and link with estates staff as well as contractors and will likely limit the ability to scope and deliver additional service transformation schemes to those already identified. As mentioned above the likelihood is that not all of the schemes will deliver in full this financial year however the funding from WG has been allocated on this basis. It will therefore be necessary to manage some of this through discretionary capital in year to enable some of the schemes to complete early next financial year

### **Equipment Allocation**

The Operational Capital Group (OCG) meet on a monthly basis to present and discuss urgent requests as well as collate remaining priorities for this financial year.

As the equipment allocation is fully committed only service critical requests are currently being put forward for approval. At the last meeting on the 19<sup>th</sup> September 2024 no urgent requests were made however a significant number of priorities were submitted for consideration. These requests have been collated and form the basis of a bid to WG for additional funding, this will also start to form the list of priorities for any internal slippage generated.

As requested by WG a submission was made on the 30<sup>th</sup> September 2024 with information received from the care groups, clinical engineering, estates, IT, radiology and NIAW. The bid for funding gave options across a number of areas totalling £9.333m. WG have confirmed that the first round of funding will be awarded to backlog maintenance schemes to allow time for delivery, this is expected by the end of October. Further allocations are then likely to be made in November as further funding becomes available.

CTM Year End Funding Bids	£'000
Backlog Maintenance	1,250
Equipment	2,930
Digital	4,368
Imaging	600
NIAW	185
<b>Total</b>	<b>9,333</b>

The top priorities identified in the return were POWH roof and POWH windows as part of backlog maintenance. In terms of the roof, the amount deliverable in 2024/25 was not known at the time of submission and hence a marker of £500k was included initially. In follow up conversations as the scheme has evolved a potentially much larger number has been discussed with WG. As soon as a programme of works has been agreed and costs are known an updated profile will be provided to WG. WG have confirmed that they are supportive of us delivering as much of the roof replacement scheme in 2024/25 as possible given the current disruption to services

### **Service Redesign/Works Schemes**

At the start of the financial year, a number of priority schemes were identified by the service and allocated a project manager in order to gain a firmer cost estimate, as well as potential programme as some of the larger schemes may need to span financial years. A balance of £352k currently remains and is expected to be released over the next 2 months to the priority schemes. In addition to this a ring-fenced allocations remains in place for the blast freezer replacement in the Central Production Unit (£500k) and access control works in POWH (£287k). The details of these schemes including confirmation of deliverability in year are due to be confirmed ASAP to allow release of the funds.

### **2.3 Major Capital Schemes**

The spend to date on All Wales Capital Programme (AWCP) schemes up to end of August is £17.656m which represents 33% of the approved funding for AWCP. The current status and detail of the major capital projects is provided in **Appendix A**.

### **2.4 NHS Wales Prioritisation**

As reported previously, Welsh Government continue to report that the future years capital programme remains under extreme pressure. As a result WG launched an all Wales capital prioritisation exercise. The NHS Infrastructure Investment Board (IIB) in Welsh Government agreed a framework which will provide a common basis for investment decision making. Organisations were asked to complete an investment form for all potential business cases requiring funding from the All Wales Capital Programme, irrelevant of where they are in the business case process. This excludes requests for funding from the Digital Priorities Investment Fund (DPIF) and the Integration and Rebalancing Capital Fund (IRCF).

The below was submitted to WG as part of this process:



		2024-25	2025-26	2026-27	Further Years	Total
Priority	Scheme	£m	£m	£m	£m	£m
1	Llantrisant Health Park Infrastructure Programme	12.27	67.42	74.05		153.74
2	POW Theatres - Fire Safety Requirements	0.50	15.00	0.50		16.00
3	PCH - Phase 3		23.20	23.20	11.60	58.00
4	POW Programme of infrastructure work	1.00	15.00	45.00	189.00	250.00
5	Endoscopy Scope Decontamination POW	3.00	2.00			5.00
6	RGH Mechanical Infrastructure	0.50	3.00	2.50	3.00	9.00
7	Diagnostic Imaging Replacements	2.00	3.00	2.00		7.00
8	Additional ward facilities on 3 major DGH sites	2.00	4.00	3.00	3.00	12.00
9	Phased Outpatient Reconfiguration	1.00	2.00	3.00		6.00
10	Consolidation of Mental Health Services	1.00	3.00	5.00	41.00	50.00
11	ITU - reconfiguration		0.50	1.00	13.50	15.00
12	HSDU Single Site Decontamination			0.50	13.50	14.00
13	Third Eye Theatre at POW				5.00	5.00
14	Regional Pathology		0.50	1.00	48.50	50.00
15	Interventional Cardiology Unit				5.00	5.00
16	Emergency Dept South			0.50	11.50	12.00
17	Reconfiguration of Obs & Gynae South				20.00	20.00
18	Mortuary capacity PCH				5.00	5.00
19	Diagnostic Imaging Replacements				19.00	19.00
20	Centralised haematology day unit				3.00	3.00
21	Expand Central Production Unit			0.50	11.00	11.50
22	Single CTM Contact Centre				2.00	2.00
		23.27	138.62	161.75	404.60	728.24

Based on the priorities submitted to WG the Health Board is looking to develop a number of business cases over the next few years for submission to WG. Work has commenced in detail on the top 7 priorities.

WG gave an update at the Capital Review Meeting in September regarding the NHS All Wales Capital Prioritisation exercise and confirmed that the information submitted had been used to inform internal WG work required as part of the budget setting process post 2024/25. Following a few internal meetings with Directors an update is being drafted for the new Cabinet Secretary on core elements of the plan.

WG explained that there is a plan to introduce a targeted investment fund (similar to EFAB) which would be ring-fenced for Backlog Maintenance, Mental Health, Fire risks, Decarbonisation and Decontamination. A ring-fenced Equipment and Diagnostics allocation is also being suggested along with a slight increase to discretionary allocations. More work is then required on the scheme specific priorities that would sit outside these allocations and this is required to be reported back to the Executive Directors Team in WG followed by the Leadership Board in December.

### 3. 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:



<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Safe
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<b>Cyfreithiol / Legal</b>	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:
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) The paper discusses the use of capital resources	

#### 4. Recommendation

4.1 The Committee are asked to:

**NOTE** the funding position for 2024/25, commitments made against this allocation and the bid submitted to WG for additional year-end funding

**NOTE** the spend to date, risks re delivery and plans in place to deliver a breakeven position

**NOTE** the priority schemes submitted to Welsh Government as part of the all Wales NHS prioritisation framework and work progressing on a number of these schemes

#### 5. Next Steps

This report will be submitted to the next Health Board meeting for noting

## Appendix A – Major Capital Schemes Update

### PCH Ground & First Floor Scheme

Phase	Approved Allocation £000	Previous Years Spend £000	24/25 AWCP Allocation £000	Forecast 24/25 spend £000	Forecast Future yr Spend £000	Expected completion date
Phase 2	217,388	141,539	24,138	29,779	46,070	01/09/26
Phase 3	2,887	1,700	1,187	1,187		tbc

Phase 2 of the Ground and First Floor Refurbishment Programme is a £220m scheme addressing the lifting of the Fire Enforcement Notice on Prince Charles Hospital. Construction began in November 2020 and is anticipated to complete in September 2026.

The works are being delivered in 6 Sections of activity. Of the initial 6 Sections, construction work is presently ongoing in Section 4. Four sections have been completed; 1, 2, 3 & 6. Section 5 is yet to commence.

Section 3 was a significant phase of works which recently completed and covered the refurbishment of the Out-patient, Therapies and Radiology Department on the Ground Floor and Maxillofacial, Endoscopy, Oncology and Theatres areas on the 1<sup>st</sup> Floor.

CRL funding for 24/25 for phases 2 and 3 was issued as £25.325M, £1.187M of this being for phase 3. The current forecast spend on both phases in 2024/25 is £30.96M which is £5.64M above the agreed CRL for this year. This will be closely monitored and a change to the funding amount will be requested as part of CRL setting in October 2024 to bring forward the allocation from 2025/26

The remaining contingency balance on the total scheme is currently £2.013m. In addition to this there is a forecast gain share figure of £3.3m. Final accounts have been agreed on sections 1, 2 and 6 and the gain share for these is effectively confirmed at £2.6m. However, the remaining figure is likely to change as sections 3 has not yet been agreed. WG will request that gain share is returned if not required for delivery of the scheme so it cannot be assumed that the gain share will be available to the Health Board. Further discussions will be had with Welsh Government at an appropriate point in the scheme however it should be noted that based on the latest inflation forecast it is likely that an ask will need to be made to retain the gain share to cover inflationary pressures on the scheme. Inflation is a risk that sits with WG not the Health Board.

The scheme has currently committed 92% of the available contingency. This is

being kept under close review with NWSSP-SES and Welsh Government and will be linked to discussions around retention of the gain share and VAT reclaim

**Bridgend Health and Wellbeing Centre (Sunnyside)**

Approved Allocation £000	Previous Years Spend £000	24/25 AWCP Allocation £000	Current forecast £000	Year Spend	Completion Date
19,222	1,379	9,293	5,400		Autumn 2025 (potential delay to Jan 2026)

Funding of £10.7M was initially approved by WG in October 2020 for this scheme being delivered in partnership with Linc Cymru. In early July 2021 the contractor (WRW) went into administration. A new contract has now been signed with Wynne Construction Ltd and an uplift of funding up to £19.222m secured to progress with the scheme

The new contractor took possession of the site on 25th March 2024 and Health Centre works commenced on the 3rd June 2024. Further to on-going testing Wynne Construction confirmed that the foundations were not to design drawings standard and piecemeal repairs would not be possible. As a result, all existing HB area foundations have been stripped out. As this process was allowed for in the programme there are no cost or timescale implications. S111 Highways work to the site entrances and all off-site works has commenced.

The most recent cash flow forecast indicates that the spend in the current financial year will be significantly below the CRL allocation. The latest forecast is that spend will be £5.4m which is £3.9m below the CRL of £9.3m. Due to the project being in very early stages the Health Board are reviewing cash flow forecasts with the cost advisor and will look to confirm the position ASAP. The risk of slippage has been flagged to WG in the monthly reporting.

As per a condition of the revised funding additional decarbonisation measures have now been incorporated. This includes additional photovoltaics and a full air source heating solution into the design of the building as well as recommended fabric performance improvements to the roof and ground floor. Gas fired boilers will therefore be removed from the scheme entirely and the scheme moves to an all-electric solution. The scheme will also need a temporary generator connection point at approximately.

Work is also ongoing on other key funding conditions including integration with Bridged County Borough Council (BCBC) and the voluntary sector. BCBC have confirmed that they would like part of their integrated network team to be included

in the building, this can be accommodated with minimal design changes. Discussions regarding a pharmacy provider are also commencing through the Pharmacy Advisor although this can be a long, complicated process and is not expected to be resolved in time for the opening of the centre.

Original completion date was October 2025 however at the August progress meeting the contractor reported a revised date of 9th January 2026. More information has been requested to support this significant change and it is being challenged by the Health Board and advisors.

**POWH – Fire Enforcement Notice and Theatres**

Approved £000	Allocation	Previous Years Spend £000	24/25 allocation £000	AWCP £000	Forecast 24/25 spend £000
823		567	185 Plus £70k discretionary		255

The fire enforcement notice was applied to the main theatre at POWH in December 2018, however the former Abertawe Bro Morgannwg University (ABMU) Health Board was unable to discharge the full requirements prior to the boundary change. Since that time CTM has proactively worked to discharge the “below ceiling” elements of the notice covering storage and training however the above ceiling elements around the theatre infrastructure have proven more complex.

The Fire Enforcement notice has been extended three times since the boundary change. For the most recent extension the HB met with SWFRS on the 27<sup>th</sup> November 2023 and they were pleased to see a programme with milestones and asked for assurance that no further changes to the plan were anticipated.

They were assured that the preferred way forward for the Health Board has been agreed and appears acceptable to WG. The Assistant Director of Health, Safety & Fire emailed South Wales Fire and Rescue Service (SWFRS) on 13<sup>th</sup> December 2023 formally seeking an extension for 2 years from 1<sup>st</sup> January 2024. SWFRS agreed to extend the deadline by the maximum they can of one further year, accepting that we will need to apply for a further one year extension in December 2024.

Based on the timeline presented to WG and SWFRS of decanting theatres by May 2024 the scheme is now behind this timeline. A draft programme has been presented by appointed advisors which indicates a decant of theatres by October 2025. There are a number of options to shorten this programme, however, the details of the decant provision required will need to be agreed

Key action for next period is to confirm decant requirements and start procurement process. In relation to the works required in the POWH Theatres, the design team are progressing well. Agreement has been reached with the design team, Estates and our Fire Officers on the fire strategy/design solution to meet

the FEN. A meeting with NWSSP-SES Senior Fire Safety Advisor was held 22nd July 2024 ahead of an update with SWFRS on 24th July 2024.

### **Centralised Decontamination Unit at POWH**

Approved £000	Allocation	Previous Years Spend £000	23/24 allocation £000	AWCP £000	Forecast 23/24 spend £000
268		268	0		1

The driver for this scheme was to lift the limited JAG accreditation that was given to the POWH endoscopy unit in 2018 as well as address the infrastructure, capacity and sustainability issues within the current “land locked” HSDU department on the first floor of the main building.

The Strategic Outline Case was approved by WG in March 2020 who provided fees to develop the design and a business justification case for WG submission. An experienced design team was appointed to progress this scheme. User meetings have produced signed-off layouts and the production and completion of room data sheets.

Planning approval for the scheme was granted in February 2023 and tendering was completed in March 2023 with a preferred supplier identified and informed.

However, the Health Board paused the process to assess strategic options given the need to consider decontamination services for the Llantrisant Health Park. The Chief Operating Officer is also discussing the possibility of a sub-regional facility with other local Health Boards.

The last JAG accreditation visit occurred on 8<sup>th</sup> December 2023 and following this the decontamination lead has put several contingency options together to address the situation. The Health Board has subsequently proposed a mobile decontamination facility be brought to the POW site with a decontamination task & finish group being formed by the COO. The Task & Finish group had a site visit on 13<sup>th</sup> February 2024 to assess potential locations for a mobile unit and an options paper is being drafted by the Group Lead. Whilst the short-term plan for a mobile facility is progressing the longer term plan still needs to be agreed by the service to enable the capital team to continue in developing a business case for submission

### **Maesteg Health and Wellbeing Centre**

The Health Board has successfully secured £987k of fees funding from the Integration and Rebalancing Capital Fund (IRCF) to develop a business case for the re-development of the Maesteg Hospital into a Health Park.

The IRCF preferred approach for this scheme is a joint SOC/OBC followed by a Full Business Case (FBC) and the aim is to complete the SOC/Outline Business Case (OBC) by March 2025.

A Project manager, cost advisor and Supply Chain Partner (SCP) were all appointed in February 2024.

From the draft programme issued by the SCP, decisions to firm up the scope of the options for appraisal were taken in early April e.g. one ward not two, second GP Practice, community (retail) pharmacy.

An options appraisal workshop to score the long list and identify the options to take forward from to the short list was held on 6th August 2024. The top scoring options proposed to be taken forward for further design work with indicative costs are:-

Option No.	Option Title	Estimated Out-turn Cost
3	Maesteg Health, Care and Wellbeing Hub 3,998m <sup>2</sup>	£53.616m
3a	Maesteg Health, Care and Wellbeing Hub with Urgent Care 4,547m <sup>2</sup>	£58.530m
4	Maesteg Health, Care and Wellbeing Hub with Rehab/Re-ablement beds 5,798m <sup>2</sup>	£75.271m
5	Maesteg Health, Care and Wellbeing Hub with Rehab/Re-ablement beds and Urgent Care 6,367m <sup>2</sup>	£81.348m

For comparison the cost of refurbishing the existing 3,100m<sup>2</sup> as a baseline with no service/joint working benefits has been estimated as £44.517m.

Given the scale of the costs above the Health Board sought a steer on affordability before embarking on RIBA Stage 2 detailed design in order to manage the expenditure of design fees within the approved sum. The Health Board informed IRCF of the options and costs on 20th September, prior to the WG CRM meeting on 24th September 2024. IRCF stated that the anticipated cost envelope was c£20m - £25m and explained that providing beds does not meet with their criteria for IRCF funding. It was agreed that that there could be other funding streams that contributed to the scheme as a "mixed-funding" approach. BCBC has agreed to include the HWC scheme as part of their Maesteg Placemaking Plan in line with the Town Centre First programme which may provide access to some funding.

The SCP has been asked to consider options of what may be possible with around £25m to £30m funding and the options for splitting the work into phase to spread the costs over a longer period of time.

### **Estates Infrastructure (EFAB) Schemes**

The Welsh Government has approved £11.086M of infrastructure schemes over 2 years as part of its EFAB programme to upgrade and replace significant elements of the Health Board's Estates infrastructure across various sites. The Health Board must contribute 30% of this funding, which is top sliced from the opening discretionary position.

By their very nature, each scheme is technically complex and significant external mechanical and electrical engineering expertise is required to ensure appropriately designed schemes are prepared for competitive tender and experienced contractors are appointed to ensure delivery. In some cases however procurement of contractors will be via single quotation/tender waiver to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and BMS systems).

Individual project progress reports for each EFAB scheme are monitored on a monthly basis by an EFAB Working Group chaired by the Assistant Director of Estates & Capital. A number of the schemes are reported as high or medium risk, and these are expanded on below.

As has been reported previously, it has been agreed with WG that the 4 schemes below will be delivered together to avoid multiple temporary closure of the POW Special Care Baby Unit (SCBU).

**POW IPS/UPS**  
**POW MCPs**  
**POW AHU for AMU**  
**POW AHU for Maternity**

All four schemes have now started on site and are progressing as planned to deliver within the agreed period of Sept – Nov whilst services are temporarily diverted. With support from Capital Planning, Workforce and OD, staff side reps etc. a weekly Project Team has been overseeing all aspects of the process covering contingencies, staff transfers and a comprehensive communications plan for staff, mother-to-be, the public, Members of the Senedd etc. Patient Care and Safety have sent an Early Warning Notice of temporary transfer of service to facilitate the works to WG. Enabling works have been carried out at PCH to assist with additional capacity there.

**The works mentioned above have not yet been impacted by any of the recent water ingress issues in POWH.**

**Install IPS in ITU RGH** - This will now be delayed to early next financial year given the disruption already being managed with existing schemes. Whilst the scheme has been identified as a high-risk priority there are a number of different factors in RGH which reduce the risk compared to the risk in place in POWH. Estates have confirmed that the unit in RGH does have a UPS system but no IPS,

the work was therefore identified to install an IPS system and while there replace the UPS to serve the unit for years to come. The RGH site has far more resilience overall than PoW and has N+1 generators meaning that the whole site could be supported even if one of the generators fail, again this is not the case in POWH.

The allocation for this scheme will be returned to WG for re-provision in 2025/26.

**All Sites Roll Out of Voltage Optimisation** - This scheme has been suspended due to issues surrounding the previous year's installation and a lack of transparency regarding the savings attainable. WG have now approved a bid to utilise this funding on other decarbonisation opportunities as per the below.

**Decarbonisation Underspend** - In addition to the above there is c£500k of underspend on the BMS upgrade at POWH, bids were submitted to WG to utilise this funding for further PV panels and BMS upgrades. The use of this underspend was approved by WG on the 4<sup>th</sup> July 2024.

**Fire Underspend** -VAT has been reclaimed on two fire schemes that completed last year, this left a £78k underspend. In the return submitted to WG a request was made to retain this underspend and utilise for the Phase 2 Fire Compartmentation scheme currently being procured. This was approved by WG in month and allocation adjusted to reflect this.

**Maesteg Generator** - Funding of £600k was allocated to replace the generator with an N+1 configuration. Given the recent discussions with WG on the wider redevelopment programme the scheme has been paused. The generator is only needed if there are inpatient beds on the site and, as there are no inpatient beds currently on site, it is not considered to be any service issue/risk in pausing this scheme. The funding issues will be discussed with WG.

## **Llantrisant Health Park**

### Design and Infrastructure Progress

Whilst discussions with WG over the funding requirements and next steps are ongoing internal work on investigating options to further shorten the programme. Contractor discussions have identified that there are some MMC (modern methods of construction) options that could support a programme reduction and this could make it more favourable over a full modular solution. This is being subjected to an urgent review.

A tender package for early demolition works is being developed and proposed to be issued in October. Once a contractor is identified then an application for funding can be made to WG for the works to be carried out.

Ongoing works are progressing positively with the LHP clinical team and lead clinicians in each of the speciality area. Footprints have been developed for orthopaedic theatres and day surgery as well as the associated inpatient unit. This work is subject to ongoing refinement and testing with clinical colleagues to ascertain the optimal design and layout.

A planning pre application submission was submitted on 11th September 2024. In addition, a SAB (drainage) pre app was also made on 13<sup>th</sup> September 2024. Both are being considered by the relevant authorities before a series of meetings and discussions take place in late October 2024.

The mobile MRI remains on site until 28<sup>th</sup> September. Patient and staff feedback has been positive in terms of the location and accessibility of the site. Since coming onto site 1907 patients have received their scan and this has enabled a reduction of ca 50% in patients waiting for an MRI with a marked reduction in patients waiting 8 weeks or more. Once the mobile MRI has been removed from the site a CT scanner will be installed for 8 weeks during October and November 2024.

### Financial Position

At the close of RIBA 2 the programme is forecast to spend £2.517M which is £464K over the current WG approved allocation. This represents the design fees in proceeding to this stage as well as the costs associated with the delivery of the Mobile MRI on the LHP site. **Currently this overspend position remains a risk to the CTM capital programme until further WG funding is approved.**

Should funding not be approved by the close of the RIBA 2 stage then the Health Board could decide not to instruct the external consultants to proceed directly onto RIBA 3 however this would clearly have programme impacts.

Ongoing attempts are being made to secure an uplift to WG funding. The WG requested Strategic Overview Document was submitted on 11<sup>th</sup> September along with a cover letter setting out the level of financial risk alongside the latest programme.

### **National Imaging Academy**

In April 2024 WG approved a recurring ring-fenced allocation of £200k for the National Imaging Academy Wales. The funding is to enable the facility and associated digital infrastructure to be maintained and to provide continuity of access and secure environment for learning and development.

The Academy have previously relied on late year end funding allocations however this will enable them to plan required works and replacements. Priorities for this year were presented and approved at the July 1<sup>st</sup> 2024 ECMG which covered a mix of digital replacements and building improvements.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



**Agenda Item**

7.1

**Planning, Performance and Finance Committee**

**Legacy Position of the Planning, Performance & Finance Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance / Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTM	Cwm Taf Morgannwg UHB
PPF	Planning, Performance & Finance Committee



## 1. Situation / Background

- 1.1 At the meeting of the Public Board on the 26<sup>th</sup> September 2024 a new Board Committee Structure was approved for implementation with effect from the 1<sup>st</sup> January 2025, this therefore is the last meeting of the Planning, Performance & Finance Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.
- 1.2 The purpose of this report is to provide assurance to the Committee that in disbanding this meeting all legacy actions and activity have been accounted for and redirected into the new Board and Committee Structure as appropriate.

## 2. Specific Matters for Consideration

- 2.1 Committee members will be aware that as part of the programme of work for the new structure this Committees **Cycle of Business** was utilised to inform the business of the new Committees.
- 2.2 Please see Appendix 1, which includes an **Annual Committee Report** for the period 1<sup>st</sup> April 2024 to the 6<sup>th</sup> November 2024. This captures the activity delegated to the Planning, Performance & Finance Committee up to it being disbanded. Once endorsed for approval it will be received at the Public Board Meeting on the 28<sup>th</sup> November 2024.
- 2.3 The **Action Log** at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 2.4 The **Forward Plan** activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 2.5 The Committee will note that the **Annual Self-Assessment of Effectiveness Survey** was recently completed and the outcome report is attached as Appendix 4.

## 3. Key Risks / Matters for Escalation

- 3.1 The actions outlined in section 2 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.



#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required in accordance with quality assessment guidance.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<p><i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>Not required in accordance with EIA/WL assessment guidance.</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

## 5. Recommendation

5.1 The Committee is asked to:

- **CONSIDER** and **APPROVE** that the actions proposed in Section 2 of this report provide the required assurance that any legacy activity from the Committee has been managed effectively.
- **ENDORSE APPROVAL** of the Committee Annual Report for onward approval by the Board.

## 6. Next Steps

- 6.1 The activity in Section 2 will be built into the new Cycles of Business, Action Logs and Forwards Plans for the new Committees as appropriate.
- 6.2 The Committee Annual Report will be submitted to the next Board meeting which meets on the 28<sup>th</sup> November 2024.



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University Health Board

# **PLANNING, PERFORMANCE & FINANCE COMMITTEE**

## **Draft Close Down Final Legacy Report**

**1<sup>st</sup> April – 6<sup>th</sup> November 2024**

## **FOREWORD**

I am pleased to present this final Close-down Legacy Report of the CTMUHB Planning, Performance & Finance Committee which outlines the activity between 1<sup>st</sup> April - 6<sup>th</sup> November 2024.

The key function of the Planning, Performance & Finance Committee (PPF) 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.

During this period my fellow Independent Members - Nicola Milligan, Dilys Jouvenat, Rachel Rowlands and Carolyn Donoghue have once again offered considerable knowledge and wide-ranging experience to the Committee. In August 2024 Nicola Milligan's term of office ended as an Independent Member and I would like to extend my thanks to Nicola for her outstanding contribution to the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

At the meeting of the Public Board on the 26<sup>th</sup> September 2024 a new Board Committee Structure was approved for implementation with effect from the 1<sup>st</sup> January 2025, this therefore is the last meeting of the Planning, Performance & Finance Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

I commend this final Close-down Legacy Report to you.

**Patsy Roseblade**  
**Chair of the Planning, Performance & Finance Committee**  
**Independent Member**

# Planning, Performance & Finance Committee

## Final Annual Report April – November 2024

### 1. Introduction

- 1.1 This final close down report summarises the key areas of business activity undertaken by the Committee for the period April – November 2024.
- 1.2 The Committee's Annual 'Cycle of Business' for 2024-25 was approved by the Committee at their February 2024 meeting and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report for 2023-24 was received by the Committee at their June 2024 meeting and reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to Planning, Performance and Finance issues.

### 2. Role and Responsibilities

- 2.1 The key function of the Planning, Performance & Finance Committee (PPF) 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.
- 2.2 The Committee also provided advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

### 3. Operating Arrangements

- 3.1 The revised Terms of Reference for the Planning, Performance & Finance Committee were last approved by the Board in March 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#). From January 2025 these will cease to exist and will be archived along with the previous business of the Committee.
- 3.2 As part of the wider review that was undertaken in relation to the Effective Management of Board Business, the terms of reference for the new Operational Delivery Committee and the Strategic Development Committee were approved at the September 2024 Board Meeting and are attached [here](#).

### 4. Membership, Frequency and Attendance

- 4.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of four members of the Board.

4.2 During this period the Committee met on three occasions, April June and August 2024.

Independent Member attendance at these three meetings was follows:

Name	Planning, Performance & Committee
Patsy Roseblade (Committee Chair)	0 out of 3
Nicola Milligan	2 out of 2
Rachel Rowlands	3 out of 3
Carolyn Donoghue	3 out of 3
Dilys Jouvenat	3 out of 3

4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.4 Mirroring other Board Committees, the Planning, Performance & Finance Committee operates a Consent Agenda system for routine business consideration.

4.5 All of the meeting papers for this Committee during this period are available publically via the CTMUHB [website](#). If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. There were no In Committee meetings scheduled during this period.

## 5. Committee Activity April – November 2024

5.1 The Committee prioritise its work plan and the following topics were considered at its three meetings during this period:

- Organisational Risk Register
- Integrated Performance Dashboard
- Planned Care Recovery
- Urgent Care Update
- Update on the Development of the 24/7 Stroke service
- Monthly Finance Report
- Monthly Finance Performance Report
- Monthly Monitoring Returns to Welsh Government
- Capital Quarterly Update
- Regional Diagnostics Programme Business Cases Update
- Budget Framework 2024-25
- Business Case for the plan to address delayed discharge issues
- Taff Vale Practice Proposed Branch Closure

- Estates Operational Performance and Energy Performance
- Value Based Health Care Steering Group Highlight Report
- Case to support the development of an enhanced Community Care Level 4 Service CTM Hospital @ Home

5.2 The Committee's final meeting will be held on the 6<sup>th</sup> November 2024 and the items scheduled for consideration at that meeting are captured below for completeness at the point of disbanding the Committee:

- Months 5 & 6 Monitoring Returns to Welsh Government
- Organisational Risk Register
- Integrated Performance Dashboard (including Planned Care Recovery)
- Six Goals for Urgent & Emergency Care
- Red Ambulance Performance
- Community Diagnostic Hub and Endoscopy Business Case
- Report on the Multi Agency Event held at Princess of Wales Hospital on the 10 April 2024
- Taff Vale Practice Proposed Branch Closures
- Princess of Wales Hospital Building Update
- Month 6 Finance Report
- Month 6 Finance Performance Report
- Capital Update
- Integrated Medium Term Plan – Update on Setting out this Year's Framework and Commissioning Intentions

5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our [website](#).

5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were no referrals made:

## **6. Achievements and Plans**

6.1 At the meeting of the Public Board on the 26<sup>th</sup> September 2024 a new Board Committee Structure was approved for implementation with effect from the 1<sup>st</sup> January 2025, this therefore is the last meeting of the Planning, Performance & Finance Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

## **7. Legacy Statement**

- 7.1 The Action Log at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 7.2 The Forward Plan activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 7.3 A 'Committee Effectiveness Questionnaire' was issued following the August 2024 meeting, was recently completed and the outcome report is included as Appendix 4.

## **8. Conclusion and way forward**

- 8.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the last five years, and for the constructive and positive way in which they have contributed to the activity.
- 8.2 The actions outlined in section 7 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.

**ACTION LOG: PLANNING, PERFORMANCE & FINANCE COMMITTEE**

Minute Ref	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 16.10.24)	Future Committee where Action will be raised from January 2025
4.1	August 2024	<b>Organisational Risk Register</b> To bring an update on the STAMP Programme to a future meeting of the Committee	Chief Operating Officer	January 2025	<b>In Progress</b> The item will be reviewed to determine the appropriate Committee for consideration as the new Committee structure is set to proceed in January 2025.	Operational Delivery Committee – 28 January 2025
5.1	August 2024	<b>Integrated Performance Dashboard</b> To bring a detailed presentation on the outpatients work to a future meeting of the Committee	Chief Operating Officer	January 2025	<b>In Progress</b> The item will be reviewed to determine the appropriate Committee for consideration as the new Committee structure is set to proceed in January 2025.	Operational Delivery Committee
5.1	August 2024	<b>Integrated Performance Dashboard</b> To receive an update on red performance at the October 2024 meeting	Director of Strategy/Transformation/Director of Commissioning, Ambulance & 111	November 2024	<b>In Progress</b> On agenda for November 2024 meeting.	Operational Delivery Committee

## Agenda Item 7.1b

6.3	August 2024	<p><b>Estates Operational Performance and Energy Performance</b>          To forward the question on recruitment challenges to the Assistant Director of Capital and Estates outside of the meeting and feed back to the Committee following the response.</p>	Assistant Director of Capital & Estates/Governance Team	November 2024	<p><b>Complete – propose to close</b>          Electrical and Mechanical staff shortages.</p> <p>All Health Boards across Wales are struggling to attract qualified electrical and mechanical engineering staff, we are seeing a fair bit of movement of staff between Health Boards who are seeking higher paid roles, in addition there's a national shortages of skilled labour available. The demand for this labour has increased salaries and other benefits in the private sector that the current A4C pay bands cannot match, this is impacting significantly on recruitment and retention.</p>	
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## Agenda Item 7.1b

6.4	August 2024	<b>Value Based Healthcare Steering Group Highlight Report</b> To add the key areas of work to the forward plan for a future Board Development Session	Governance Team	2025	<b>In Progress</b> Discussions ongoing for future topics to be considered for Board Development Sessions	Operational Delivery Committee
5.1.0	February 2024	<b>Integrated Performance Dashboard</b> 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	October 2024	<b>In Progress</b> 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	Operational Delivery Committee

## Agenda Item 7.1b

					present a consolidated position. If this cannot be achieved it will be escalated to the wider Executive.	
5.1.0	June 2024	<b>Integrated Performance Dashboard</b> 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	2025	<b>In Progress</b> The item will be reviewed to determine the appropriate Committee for consideration as the new Committee structure is set to proceed in January 2025.	Operational Delivery Committee

### PREVIOUSLY CLOSED ACTIONS:

4.1.0	June 2024	<b>Organisational Risk Register</b> 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	<b>Completed</b> 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.
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## Agenda Item 7.1b

					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.
4.1.0	June 2024	<b>Organisational Risk Register</b> 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	<b>Completed</b> 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.
5.1.0	June 2024	<b>Integrated Performance Dashboard</b> To revise the wording with regard to neurophysiology on page 20.	Executive Director of Strategy & Transformation	August 2024	<b>Completed</b> Wording has been revised and is contained within the new iteration of the report.



<b>PLANNING, PERFORMANCE &amp; FINANCE COMMITTEE– FORWARD WORK PLAN 2024/25</b>					
<b>Origin of Request</b>	<b>Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)</b>	<b>Item Title</b>	<b>Lead Officer</b>	<b>Intended Meeting Date</b>	<b>Future Committee where item will be raised</b>
Annual Cycle of Business 2024-25	Annual Item – (deferred from August 2024)	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	14 November 2024	To be added to the Operational Delivery Committee Annual Cycle of Business
Annual Cycle of Business 2024-25	Quarterly Report (Deferred from August 2024)	Capital Quarterly Update	Executive Director of Finance & Procurement	14 November 2024	To be added to the Operational Delivery Committee Annual Cycle of Business
Requested via email	Additional Report (but will be added to the Annual Cycle of Business for the Operational Delivery Committee moving forward)	Six Goals for Urgent & Emergency Care	Chief Operating Officer	14 November 2024	To be added to the Operational Delivery Committee Annual Cycle of Business
Requested via email	Additional Item	Red Performance	Executive Director of Strategy & Transformation/JCC Director of Commissioning, Ambulance & 111	14 November 2024	Operational Delivery Committee
Requested via email	Additional Item	Community Diagnostic Hub and Endoscopy	Executive Director of Strategy & Transformation	14 November 2024	Operational Delivery Committee
Requested at Agenda Planning Meeting	Additional Item	Report on the Multi-Disciplinary Event at Princess of Wales Hospital April 2024	Chief Operating Officer	14 November 2024	Operational Delivery Committee

Action arising from August 2024 meeting	Additional Item (follow up)	Taff Vale Practice Proposed Branch Closures – Update Report	Chief Operating Officer	14 November 2024	Operational Delivery Committee
Requested at Agenda Planning Meeting	Additional Item	Princess of Wales Hospital Building Update	Chief Operating Officer	14 November 2024	Operational Delivery Committee
Requested at Agenda Planning Meeting	Additional Item	Integrated Medium Term Plan - Update on Setting out this Year's Framework and Commissioning Intentions	Executive Director of Strategy & Transformation	14 November 2024	To be added to the Operational Delivery Committee Annual Cycle of Business
Requested via email	Additional Item	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	The item has been deferred from November 2024 and will be reviewed to determine the appropriate Committee for consideration as the new Committee structure is set to proceed in January 2024	Strategic Development Committee 16 January 2025
Annual Cycle of Business 2024-25	Annual Report	Major Incident Plan and Business Continuity Plans	Executive Director of Strategy & Transformation	The item has been deferred from November 2024 and will be reviewed to determine the appropriate Committee for consideration as the new Committee structure is set to proceed in January 2024	Operational Delivery Committee 28 January 2025

Action arising from October 23 Meeting	October 2023 meeting	Brainomix – Statistics and Outcomes	Chief Operating Officer/Stroke Physician/Regional clinical lead for Stroke	The item has been deferred from December 2024 and will be reviewed to determine the appropriate Committee for consideration as the new Committee structure is set to proceed in January 2024	Operational Delivery Committee 28 January 2025
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**Completed Activity from the Forward Work Programme**

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 – <b>Completed</b>
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 – <b>Completed</b>
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 – <b>Completed</b>
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 – <b>Completed</b>
Requested via email following agenda	Additional Item	Budget Framework for 2024-25	Executive Director of Finance & Procurement	25 June 2024 – <b>Completed</b>

planning meeting				
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	25 June 2024 - <b>Completed</b>
Request received via email	Additional Item	Regional Diagnostic Business Cases Progress Update	Executive Director of Strategy & Transformation	25 June 2024 - <b>Completed</b>
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) - <b>Completed</b>
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 - <b>Completed</b>
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	30 April 2024 - <b>Completed</b>



**Agenda Item**

2.1.2a

**Planning, Performance and Finance Committee**

**Committee Annual Self Effectiveness Survey Outcome  
2023-24 & Improvement Plan**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	14/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Patsy Roseblade, Independent Member/Committee Chair
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Committee members / attendees	11/07/2024	Responses returned as outlined in section 1 of the report

<b>Acronyms / Glossary of Terms</b>	
Nil	



## 1. PURPOSE

- 1.1 The Chair of the Planning, Performance & Finance Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2023-24.
- 1.3 Members should note that 6 responses were received out of a total of 11 which equated to 54%.

## 2. SUMMARY REPORT

### 1. Committee Effectiveness:

There was a clear consensus that Members/Attendees were aware that:

- There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.
- Respondents were aware that a Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit.
- A Committee Annual Cycle of Business had been established to be dealt with across the year.

### 2. Committee Business

- Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner.
- The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome.
- Members felt that the Committee Highlight Report to Board provided a clear and concise update on the activity of the Committee and escalated areas of concern.
- The Committee were of the opinion that each agenda item was 'closed off' appropriately so it was clear what the conclusion was.
- The Committee felt that boundaries between this Committee and other Committees were clearly defined with appropriate cross referral.
- Members of the Committee felt that they were adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions.

### 3. Behaviour, Culture and Values

There was a clear consensus that Members/Attendees felt that:

- The meeting behaviours of Members/Attendees were considered to be courteous and professional.

**Positive  
Assurance**



	<ul style="list-style-type: none"> <li>It was felt that the atmosphere at the meetings were conducive to open and productive debate.</li> </ul> <p><b>4. Welsh Language</b></p> <ul style="list-style-type: none"> <li>50% of respondents felt overall that Meetings through the medium of Welsh was supported if it was the preferred language of any of the Members/Attendees.</li> </ul> <p><b>5. Additional Training Requirements</b></p> <ul style="list-style-type: none"> <li>The Committee felt that they did not require additional training to fulfil their role as a member of the Committee.</li> </ul>
<b>Areas of Note</b>	<p><b>1. Committee Effectiveness</b></p> <ul style="list-style-type: none"> <li>The Terms of Reference were reviewed and approved at its February 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in March 2023. <i>(NB: The terms of reference have not been reviewed in 2024 due to the pending Committee review and restructure).</i></li> <li>The Committee <b>received</b> and approved its Annual Report for 2023-24 at its May 2024 meeting and was submitted to the Board in May 2024.</li> <li>The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their March 2024 meeting.</li> </ul> <p><b>2. Committee Business</b></p> <ul style="list-style-type: none"> <li>The Planning, Performance &amp; Finance Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion.</li> <li>As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'.</li> <li>Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's commitment to openness and transparency.</li> </ul>
<b>Areas Requiring Further Consideration</b>	<p><b>Committee Effectiveness - Areas for action/improvement</b></p> <p>There were no areas identified for action/improvement.</p>
<b>Action Plan</b>	<p>In response to the areas of improvement identified the following actions are proposed:</p>

	<ul style="list-style-type: none"> <li>The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.</li> </ul>
<b>Appendices</b>	Independent Member Scrutiny Toolkit.

### 3. RECOMMENDATION

3.1 The Committee is asked to **NOTE** the report.