

Planning, Performance & Finance Committee

Tue 30 April 2024, 14:00 - 16:30

Virtual Via Teams

Agenda

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

5 min

Dilys Jouvenat, Chair

1.1. Welcome and Introductions

Dilys Jouvenat, Chair

1.2. Apologies for Absence

Information Dilys Jouvenat, Chair

1.3. Declarations of Interest

Information Dilys Jouvenat, Chair

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

10 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 27 February 2024

Decision Dilys Jouvenat, Chair

 2.1.1 Unconfirmed Minutes 27.02.24 PPF Committee 30 April 2024.pdf (8 pages)

2.1.2. Unconfirmed Minutes of the Extra Ordinary Meeting held on 13 March 2024

Decision Dilys Jouvenat, Chair

 2.1.2 Unconfirmed EO Minutes 13.3.24 PPF Committee 30 April 2024.pdf (8 pages)

2.2. Items for Noting

2.2.1. Month 11 Monitoring Returns to Welsh Government

Information Sally May, Executive Director of Finance & Procurement

 2.2.1 M11 Monitoring Returns to WG PPF Committee 30 April 2024.pdf (4 pages)

 2.2.1a Annex A - Month 11 - CTM ULHB - Monitoring Narrative 2023-24 FINAL.pdf (18 pages)

 2.2.1b Annex A - Month 11 - CTM ULHB - Monitoring Tables 2023-24 FINAL.pdf (4 pages)

2.2.2. Committee 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 30 April 2024.pdf (4 pages)

 2.2.2a Annual Cycle of Business 2024-25 PPF Committee 30 April 2024.pdf (3 pages)

2.2.3. Action Log

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 2.2.3 Action Log PPF Committee 30 April 2024.pdf (3 pages)

14:15 - 14:15 3. MAIN AGENDA

0 min

3.1. Matters Arising otherwise not contained within the Action Log

Dilys Jouvenat, Chair


14:15 - 14:25 4. GOVERNANCE

10 min

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary

 4.1a Org Risk Register - Cover Paper - March 2024 - Apr PPFC.pdf (7 pages)

 4.1b App 1- Or RR March 24 - PPFC April 24.pdf (3 pages)

14:25 - 15:30 5. IMPROVING CARE

65 min

5.1. Integrated Performance Dashboard

Discussion Executive Directors

 5.1 Integrated Performance Dashboard PPF Committee 30 April 2024.pdf (29 pages)

5.2. Planned Care Trajectories for 2024-25 - Forward Look - Presentation - to follow


Discussion Gethin Hughes, Chief Operating Officer

15:30 - 16:20 6. SUSTAINING OUR FUTURE

50 min

6.1. Month 11 Finance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.1 Month 11 Finance Report PPF Committee 30 April 2024.pdf (23 pages)

6.2. Month 12 Finance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.2 Month 12 Finance Report PPF Committee 30 April 2024.pdf (21 pages)

6.3. Month 12 Finance Performance Report

Discussion Sally May, Executive Director of Finance & Procurement

 6.3 Month 12 Finance Performance Report PPF Committee 30 April 2024.pdf (26 pages)

6.4. Capital Quarterly Update

Discussion Sally May, Executive Director of Finance & Procurement


 6.4 Capital Update PPF Committee 30 April 2024.pdf (17 pages)

16:20 - 16:30 **7. OTHER MATTERS**

10 min

7.1. Committee Forward Work Plan

Information Dilys Jouvenat, Chair

 7.1 Forward Work Plan PPF Committee 30 April 2024.pdf (5 pages)

7.2. Committee Highlight Report to Board

Dilys Jouvenat, Chair

7.3. Any Other Urgent Business

Dilys Jouvenat, Chair

7.4. How did we do today?

Dilys Jouvenat, Chair

16:30 - 16:30 **8. DATE AND TIME OF NEXT MEETING**

0 min

Dilys Jouvenat, Chair

25th June 2024 at 2:00 pm

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
**UNCONFIRMED MINUTES OF THE MEETING OF THE PLANNING,
 PERFORMANCE & FINANCE COMMITTEE HELD ON 27 FEBRUARY 2024, AS
 A VIRTUAL MEETING HELD VIA TEAMS**

Members Present:

Patsy Roseblade	Chair/Independent Member
Mel Jehu	Vice Chair/Independent Member
Dilys Jouvenat	Independent Member
Nicola Milligan	Independent Member
Kath Palmer	Independent Member/Health Board Vice Chair
Carolyn Donoghue	Independent Member

In Attendance:

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

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

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

1.2 Apologies for Absence

Apologies were received from:

- Julie Denley - Deputy Chief Operating Officer/Director Primary, Community, Mental Health & Learning Disabilities
- Tim Burns - Assistant Director of Planning, Capital and Estates

1.3 Declarations of Interest

There were no interests declared.

2. CONSENT AGENDA

2.1 ITEMS FOR APPROVAL

2.1.1 UNCONFIRMED MINUTES OF THE MEETING HELD ON 11 JANUARY 2023

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

2.1.2 COMMITTEE ANNUAL CYCLE OF BUSINESS 2024-25

C. Donoghue advised that the Committee Annual Cycle of Business should be received for noting at each meeting of the Committee.

Resolution: The Annual Cycle of Business was **APPROVED**.

2.2 ITEMS FOR NOTING

2.2.1 MONTH 9 & 10 MONITORING RETURNS TO WELSH GOVERNMENT

Resolution: Members **NOTED** the contents of the Month 9 and 10 Monitoring Returns submitted to Welsh Government.

2.2.2 WELSH RISK POOL SHARING AGREEMENT

2.2.3 ACTION LOG

G. Watts updated the Committee on the outstanding actions on the Action Log which were as follows:

- Action 5.1.0 Stroke – Arrangements were being made for a Presentation on Brainomix to be received at a future meeting.
- Action 5.3.0 South Wales Local Resilience Forum – due to be completed by February 2024 with an update to be provided to the next meeting.

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

3. MAIN AGENDA

3.1.0 MATTERS ARISING NOT PREVIOUSLY CONTAINED WITHIN THE ACTION LOG

There were none.

4. GOVERNANCE

4.1 **ORGANISATIONAL RISK REGISTER**

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

N. Milligan commented that the lack of questions raised by the Committee on the report was a testament to how far they had progressed with the Risk Register and was really positive to note that all risks had been appropriately update and she extended her thanks to the Team.

G. Hughes advised that it was maturing in terms of being clear about what they focus on, however, there was still some further work to do in relation to gaining an understanding of what was an inherent risk and a mitigating risk and how this was cross-referenced within Datix. He added that there was lots of ongoing work with the Care Groups in relation to embedding their governance arrangements.

The Chair agreed with the comments made and advised that the Risk Register had been received at Audit & Risk Committee last week. She added that they had been advised of the emerging risks which were not contained within this cover report and it would be helpful if they were added for future reports.

G. Watts, in responding, advised that it was a team effort across the organisation. In terms of the point made by the Chair in relation to the emerging risks he would take this away as an action to ensure that the information that was presented to the Committees was more aligned.

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

Action: To add the section on emerging risks to future reports to the Committee.

5. **IMPROVING CARE**

5.1.0 **INTEGRATED PERFORMANCE DASHBOARD**

G. Hughes presented the report on the Integrated Performance Dashboard.

C. Donoghue referred to page 20 where it referred to dietetics and the main areas of risk around digital and waiting for the patient portal and queried whether there was a specific issue for dietetics or part of the wider digital agenda and was there a specific timescale. G. Hughes advised that he would take this away as an action and ask the question outside of the meeting.

N. Milligan referred to the Child and Adolescent Mental Health Service (CAMHS) and was pleased to see that Part 1A was showing improvement. She added that she had been advised that Part 1B was also improving but

it was not showing within the report and hopefully they would see an improvement in the next report.

N. Milligan also referred to Stroke and advised that the data did not match and queried when they were going to see an updated narrative and timescales as there was no trajectory for improvement. The Chair advised that they would discuss this under the agenda item for Stroke.

N. Milligan referred to page 20 of the report that referred to weight management and the vacancy freeze for administrative staff and she queried why they were not releasing these from the vacancy panel for some of these posts. G. Hughes confirmed that they had released some of the posts and were looking at the way Therapies were utilising their administrative cohort. He added that there had been a number of agency staff that had been there for some time and all of those posts had now been released.

K. Palmer referred to the red release calls noting that Rhondda Cynon Taf had the lowest rate and she queried why this was the case. G. Hughes advised that it was the geographical area and was one of their biggest challenges. He added that there was a reduction in paramedic practitioners within the area so they were now down to 2 and unable to respond within the timeframe. He advised that in terms of the patient pathway, there was more that could be done and they had bottomed this out from red to green so it was improving, however, the majority of patients waiting for an assessment were waiting for a social care assessment with the largest wait in Bridgend of 113 patients. He advised that would put some further narrative on that for future reports.

The Chair referred to the discussion on delayed transfers of care and asked if there was anything they could do as a Committee to help to put some pressure that would help move the situation. G. Hughes advised that there does need to be a discussion on this at Board and there had been a frailty story heard by the Quality & Safety Committee. He added that colleagues within social care were constrained about what they could do which leaves a position where the risk is at both ends resulting in a poor patient experience and delays for elective patients. He advised that a presentation was being prepared for the March Board Meeting.

N. Milligan commented that each time this was discussed the focus was always about engaging with the Local Authority, however, she advised that there also needed to be engagement with families in terms of supporting their loved ones at home.

The Chair referred to page 6 of the report where it referred to immunisation of children and that the news coverage had helped the take up of vaccinations. She referred to the graph on that page where it showed that it was at 89% of a 90% target but when looking at it visually it looked a lot worse. G. Hughes advised that the vaccination team were doing some very

focused work to increase the uptake with some targeted work in Merthyr Tydfil where there was the lowest uptake and working with staff to ensure they were up to date with their vaccines such as Measles, Mumps and Rubella (MMR).

Resolution:

The Committee **NOTED** the report.

Action:

To query whether there was a specific digital risk for Dietetics.

5.1.1 **DEVELOPMENT OF THE 24/7 STROKE SERVICE**

G. Hughes provided a presentation on the progress in relation to the development of the 24/7 Stroke Service.

N. Milligan commented that it was good to see the update in the plan with the investment in the CMS Model and hopefully that would help to save money as they would be getting patients home quicker. S. May advised that they would be looking at how they set the baseline and core service delivery and this was included in the Integrated Medium Term Plan (IMTP),

The Chair advised that there had been £500k put aside for stroke investment last year but then £350k had been withdrawn which meant that the majority of the new investment had to continue to provide the existing service. She added that on page 5 of the report it referred to changes that the Welsh Ambulance Service Trust (WAST) had made with guideline changes relating to CT scans. G. Hughes, in response, advised that they had now come up with a solution to that and it had been piloted at the Royal Glamorgan Hospital and was now going to be rolled out across Wales.
rolled out across Wales.

Resolution: The Presentation was **NOTED**.

5.2 **PLANNED CARE RECOVERY PROGRAMME**

G. Hughes provided a presentation on the progress with the Planned Care Recovery Programme.

Resolution: K. Palmer referred to the risk in relation to utilising theatre capacity and particularly with regard to specialised dentistry care and issues with the waiting list and queried whether this was correct. G. Hughes confirmed that there had been challenges and part of the issue was that there had been an ad hoc arrangement but had then been paused during the Covid pandemic. He advised that this was now being addressed and there would be an additional list for dentistry to try to clear the backlog.

The Chair referred to surgical delivery movement changes and queried whether this was covered within the clinical services plan or was it happening alongside it. G. Hughes advised that it was the prologue of the changes that had occurred with Adult Carer Support Plans (ACSP) and for many of those specialties there were small fragile services that were

unsustainable in their current form and he advised that they would need to undertake the ACSP's properly.

The Presentation was **NOTED**.

5.3 EXPANSION PLANS FOR THE NAVIGATION HUB

G. Hughes presented the report that provided an update for the Committee on the future plans for the Navigation Hub and the longer term requirement for recurring funding to achieve this.

C. Donoghue referred to the previous discussion earlier about doing things differently and involving patients and their families and she queried sustainability in terms of the risk with regard to funding and physical space. G. Hughes confirmed that it was funded through the Care Groups and the Six Goals, he added that they were also looking for further funding through the Further Faster Pathway. He advised that there was also an accommodation issues with staff working from Ty Elai in Williamstown and they would have to come to a longer term solution for the Health Board.

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

5.4 MANCHESTER ARENA INQUIRY ASSURANCE REPORT

L. Prosser presented the report that provided an update regarding assurance against the Manchester Arena Inquiry Recommendations.

G. Hughes referred to concerns in relation to the risk regarding an effective emergency department response and advised that they were working to understand the Local Authority escalation options to enable patient flow.

Resolution: The Committee **NOTED** the report

6. SUSTAINING OUR FUTURE

6.1.0 MONTH 10 FINANCE REPORT

S May presented the Month 10 Finance report.

K. Palmer commented that this was an excellent report. She advised that it would be interesting to see the breakdown of the capital budget and individual schemes. S. May advised that the Committee had received a very detailed report on this previously and she would get this sent over as an action.

K. Palmer referred to delegated budgets for the Care Groups and queried how this was progressing. S. May advised that some were now maturing and regular meetings were being held with all of the Care Groups. She added that whilst it looked difficult in terms of the overspending, a lot of work had been done and they were seeing improvements.

The Chair referred to the underspend on dental and queried whether it was with regard to the dental contract. S. May advised that there was an issue with the operation of the new contract and people leaving the market. She advised that it was probably an area that would require a deep dive into. The Chair confirmed that this would be helpful from a Committee perspective.

Resolution: The Committee **NOTED** the Month 10 Finance Report and considered future financial positions.

6.2.0 **Month 10 Finance Performance Report**

S May presented the Month 10 Performance Report that highlighted the financial performance of the individual Care Groups and Directorates as at M10.

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

6.3.0 **ESTATES PERFORMANCE 2022-23 – RESETTING THE BASELINE 2024-25**

S May and J. Williams presented the report.

K. Palmer commented that she was still visiting the sites as part of her induction which was useful. She advised that there was quite of lot of disparity between the estates with older buildings and then much new accommodation and queried what the timescale was for Glanrhyd Hospital in terms of the survey and the issue in relation to the roof and flooding. S. May confirmed that Glanrhyd had already had some initial surveys undertaken which had prompted the need to do more particularly around loading and a different plan in terms of storage and the garden was also listed so there were some constraints with that. She advised that they had commissioned surveys on the roof and also at the Princess of Wales Hospital but had not got a ready alternative for them at the moment.

K. Palmer referred to the selling off of some of the land bearing in mind there was a housing and social care crisis and queried whether this was factored into the 10 year plan. In responding, S. May advised that there was a workstream for estates utilisation which had been promoted by Welsh Government questions with regard to reviewing the estates. She added that they were currently undertaking utilisation surveys in some key areas to understand occupancy rates and needed a more coherent approach to that. She confirmed that a large amount of disposal had occurred within the former Cwm Taf area during the last ten years.

With regard to Bridgend, S. May advised that they might need to do some evaluation work with regard to the acute services estates planning.

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

6.4.0 INTEGRATED MEDIUM TERM PLAN (IMTP)

L. Prosser provided a verbal update on the progress in relation to the planning for the submission of the IMTP.

L. Prosser advised that they were working on a large scale programme of improvement against a backlog of challenges and these would need to be consolidated in order to bring this back to the Extra Ordinary Meeting of the Committee planned for the 13th March 2024.

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

7. OTHER MATTERS

7.1.0 FORWARD WORK PLAN

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

7.2.0 COMMITTEE HIGHLIGHT REPORT TO BOARD

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

7.3.0 ANY OTHER URGENT BUSINESS

There was no further urgent business.

7.4.0 HOW DID WE DO TODAY?

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

8.1.0 DATE OF NEXT MEETING

Members were advised that the next meeting would be held on the 13th March 2024 as an extra ordinary meeting to receive the IMTP. The next scheduled meeting following the extra ordinary meeting will take place on 30th April 2024.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'UNCONFIRMED' MINUTES OF THE MEETING OF THE EXTRA
ORDINARY PLANNING, PERFORMANCE & FINANCE
COMMITTEE HELD ON 13 MARCH 2024 AT 13:00 PM
THE HUB, ROYAL GLAMORGAN HOSPITAL SITE**

PRESENT

- Patsy Roseblade - Independent Member (Chair)
- Jonathan Morgan - Health Board Chair
- Kath Palmer - Independent Member (Health Board Vice Chair)
- Carolyn Donoghue - Independent Member
- Dilys Jouvenat - Independent Member
- Ian Wells - Independent Member
- Helen Lentle - Independent Member
- Geraint Hopkins - Independent Member (via Teams)

IN ATTENDANCE

- Paul Mears - Chief Executive
- Linda Prosser - Executive Director of Strategy & Transformation
- Sally May - Executive Director of Finance & Procurement
- Greg Padmore-Dix - Deputy CEO/Executive Director of Nursing, Midwifery and Patient Care
- Gethin Hughes - Chief Operating Officer
- Julie Denley - Deputy Chief Operating Officer/Director of Primary, Community, Mental Health & LD (via Teams)
- Hywel Daniel - Executive Director for People
- Stuart Morris - Director of Digital
- Lauren Edwards - Executive Director of Therapies & Health Sciences
- Elizabeth Beadle - Assistant Director of Transformation
- Philip Daniels - Director of Public Health
- Gareth Watts - Director of Governance/Board Secretary
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

1.1.0 WELCOME AND INTRODUCTIONS

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

1.2.0 APOLOGIES FOR ABSENCE

Apologies for absence had been received from:

- Mel Jehu, Independent Member
- Nicola Milligan, Independent Member
- Lynda Thomas, Independent Member

1.3.0 DECLARATIONS OF INTERESTS

- Carolyn Donoghue declared that she was Chair of the Welsh Wound Innovation Centre
- G. Padmore-Dix declared that he was a Board Member of the Welsh Wound Innovation Centre

PART 2. MAIN AGENDA

2.1.0 DRAFT CTMUHB THREE YEAR PLAN 2024-2027

L. Prosser presented the Draft Three Year Plan 2024-2027 and provided a presentation to the Committee.

Members received updates on the following areas of the Plan:

Draft Three Year Plan:

L. Prosser advised that the Plan aimed to balance quality, performance and finance with a focus on stabilising frontline services and investing in digital and infrastructure. She added that there were still some risks and gaps to address, particularly with regard to planned care targets and urgent care demand and that the Plan would be finalised and submitted to Board by the end of March 2024.

L. Prosser added that it was important to note that even though this was a three year plan they had received a one year allocation and one year of performance targets. The Health Board had recently had a letter asking them to share the cluster plans and had not put those in as yet but confirmed that they would be added prior to the Plan going to the Board.

Finance Summary:

S. May advised that the Plan was assuming a balanced budget, however, there was an excess risk of a £20m overspend based on current submissions received from Care Groups and Directorates. She added that further work was required to improve upon the savings position. There was also a requirement to see improvements in the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) and this further work would be completed in time for approval by the Board.

S. May advised that there was also an ambition to secure funding from Welsh Government (WG) for the Patient Contact Model and the Internationally Educated Nurse Recruitment Programme.

P. Roseblade referred to the investment of £3.7m and £2m for IT infrastructure and queried how far did that go to achieve their ambitions and what would be the benefits of the investment. S. May advised that they would need to be very clear on whether they could afford that noting that this financial year they had put significant investment into digital but still underspent by £600k. She advised that further work was required to ensure that they were not putting monies into areas that they did not need to. She added that the single investment was £44m into the bottom line of the Health Board's services, focussing on how to get the best outputs for that by using less temporary staff, if they did not do that there would be a continued risk of instability through using premium or temporary staffing models.

P. Roseblade commented that the money that went in last year was reasonably substantial and queried whether this had now become recurrent. S. May confirmed that it had in some of the main areas and was now part of the baseline and that £2.75m was recurrent and they were working on plans for that to be allocated as they move through the year, for example, significant investment into front line services, stabilising services and more sustainable solutions.

Care Group Plans:

L. Prosser advised that each Care Group's Plan on a Page highlighted key actions, priorities and challenges for the next financial year, the key items to highlight were:

- The Performance Framework had recently been issued by Welsh Government and the actual targets for urgent, planned and unplanned care were received last week. She added that with planned care there were some challenges in relation to cancer targets, glaucoma and the zero 52 week waits by June 2025 where there was not currently a plan in place to achieve that target.
- Urgent and Emergency Care – the Six Goals would be added to the Plan with the same day emergency care being established and various work being undertaken on pathways. G. Hughes advised that a 7% deflator had been applied to the Six Goals investment which would reduce spend. P. Mears queried whether any actions had been added for diabetes and might be worth considering adding something into this section. E. Beadle confirmed that they could add this.

P. Mears referred to the 4 hour target and commented that it was 75% in England. He advised that the risk was the 60 minute target which had not been added to the Performance Framework.

- Diagnostics and Therapies – there had been a big jump in terms of access. P. Mears queried whether the target for dietetics would be met. G. Hughes confirmed that we are on track to deliver the targets except for the weight management service. I. Wells advised that the weight management service had been discussed at the Population Health and Partnerships Committee meeting last week. L. Prosser advised that the approach to the Plan this year was in relation to providing the absolute standards for services and safe standards of care within the existing resources.

P. Roseblade, in response queried if they would refer children to another service for weight management. S. May confirmed that they did not have a specialist weight management service such as a tier 1 but they could reference could be mad them to lower level services for information and advice.

G. Padmore-Dix commented that it was pleasing to see the section on research, development and innovation and good to see the Care Groups were taking an interest in research, development and innovation.

People Plan:

H. Daniel confirmed that the People Plan covered the main 10 workforce priorities such as recruitment, retention, workforce planning, training and equality, diversity and inclusion and would sit alongside the Strategy in terms of WG requirements. He added that some of the challenges for next year included the introduction of the Workforce Race Equality Standard (WRES) data, the flat cash regime for training numbers and the alignment with the Board Assurance Framework (BAF) Risks.

H. Daniel referred to the work with KPMG with regards to retention and that there were a couple of schemes and some work in exploring new roles with surgical services and pathways and discussions with Health Education and Improvement Wales (HEIW) with regard to training and training capacity.

G. Hopkins referred to the workforce enablers under the section on vacancies and queried whether that was having an effect on performance and the ability to reach the targets. H. Daniel advised that there were issues across all Care Groups and this would sit under workforce planning with alternative models in that space.

Therapies:

L. Prosser advised that work was being undertaken regionally with regards to Pathology, for example a regional pathway centre. She added that it was a very constrained service with lots of money going into outsourcing.

Pharmacy:

L. Prosser advised that there were lots of opportunities with regard to savings on prescribed drugs by switching to the most cost effective. P. Mears added that there was a lot of work being undertaken nationally in terms of medicines management.

J. Morgan referred to electronic prescribing in primary care and queried whether this would now be option for this resource. G. Hughes confirmed that there was a plan in place for this.

Digital and Data:

S. Morris advised that the digital and data plan covered the main IT and infrastructure priorities such as electronic prescribing, intensive care unit, inpatient, mental health and community care systems and the Citrix replacement. He added that some of the investments were still subject to Business Case approval and affordability and there would also be a need to produce a summary of the plan for wider communication.

Children and Families:

L. Prosser advised that the two neonatal intensive care units receive additional funded from the Welsh Health Specialist Service Committee (WHSSC, to become the Joint Commissioning Committee) and this would continue for the next few years whilst a South Wales wide review of maternity and neonate services is undertaken, led by JCC and health board planning leads.

P. Roseblade queried whether the other commissioners would contribute to that additional funding as well. P. Mears advised that the neonatal service was provided from the core but there was always movement around different areas due to the lack of cots and some of these decisions and the direction of travel were required to be worked out on a national level.

C. Donoghue queried whether there was a wider review being undertaken in relation to the provision of cots. P. Mears confirmed that there was a joint review with Cardiff & Vale UHB and Aneurin Bevan UHB. L. Prosser added that until the wider review had been completed they would not be able to make any reconfiguration changes.

Primary Care:

L. Prosser advised that contained within the plan was the Six Goals and Further Faster Pathways and integrated teams which was an important development and would be continued.

J. Denley referred to the Dental Contract and advised that the measures were still being worked up and therefore would not know at this stage how challenging they would be. P. Mears queried from a primary GMS perspective whether they were highlighting this in the Plan in relation to GPs and primary care access. J. Denley confirmed that there was enough in the Plan to take them to a different model potentially in some areas, for example the one being explored in Cynon.

J. Morgan referred to the Navigation Hub with regard to the key actions for year 1 and queried whether any decisions had been made as yet for year 2 and 3. G. Hughes confirmed that they had taken a paper to the last Planning, Performance & Finance Committee and equally as part of the patient contact model. He added that it would need to move from its current location and also consider how would this work in terms of out of hours services. He confirmed that there would be a line added in about continued development.

Mental Health:

J. Denley advised that there was an emphasis on reviewing the model of community services to get to a single seamless point of access for the public and then looking to years 2 and 3 in relation to capital funding.

G. Hopkins referred to medium term planning and advised that Rhondda Cynon Taff County Borough Council (RCTCBC) were consulting on the Local Development Plan and there were some key strategic sites sitting within that. L. Prosser advised that they were conscious about being more in step with local development plans and the implications this could have on services, which were mostly in relation to primary care and what was required to change in terms of the primary care landscape with the money being spent more on multi-disciplinary working.

In response, J. Denley advised that this would probably come more through the regional planning process for regional capital investment.

Agenda Item 1.4

P. Mears advised that L. Prosser and the team were going to meet with the three planning leads in the Local Authorities and this would be picked up there.

K. Palmer queried whether there was a reconciliation of the key high risks scoring at 20 and how they were responded to within the Plan. She also asked whether they would be producing an easy to read summary once the Plan had been submitted. L. Prosser advised that it was a balance trying to mitigate risks and some of the actions relating to the risks and consolidating them in terms of the capacity such as urgent care. K. Palmer, in response advised that it does not come out in the Plan. P. Mears suggested that the risks could be added in as an appendix to the Plan showing what would be mitigated and those that would not be.

P. Roseblade sought clarity on whether some of the risk mitigations were covered in the £44m. S. May confirmed that it was in phases and that they applied the money out to the Care Groups for them to look at how they would best use that money. Moving into year 2 they would then be looking to address some of the highest risks, allowing the Care Groups to develop their own plans.

G. Hughes commented that the IMTP should be about addressing the BAF rather the organisational risk register and it was important there that they mapped this in what the IMTP was doing to address the BAF risks and bringing them into line to address them.

P. Mears referred to the Plans on a Page which were good and suggested that these were something that they could share with staff and stakeholders and this would be looked at with the Communications Team once the Plan had been submitted.

P. Mears extended his thanks to L. Prosser, E. Beadle and the team for the huge amount of work that they had undertaken.

P. Roseblade advised that if the Plan was going to be in the public domain it did not look as if it was clinically led and more about resources. L. Prosser confirmed that they would review that.

P. Mears, in response to the above suggested that the Associated Corporate Services Provider (ACSP) should also be factored into the Plan.

The Committee were advised that a final version would be considered at the Board Meeting taking place on 28th March 2024.

Resolution: The Committee:

- **NOTED three Year Plan for 2024-2027 and** the work that would be undertaken before the next Board Meeting in March.

3.0.0 OTHER MATTERS

3.1.0 ANY OTHER URGENT BUSINESS

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

The next full meeting of the Committee was noted to be scheduled for 30 April 2024 at 2:00 pm.

UNCONFIRMED



Agenda Item

2.2.1

Planning, Performance and Finance Committee

MONTH 11 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	30/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Mark Thomas, Deputy Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Welsh Government	13/03/2024	Noted

Acronyms / Glossary of Terms	
WG	Welsh Government
LHB	Local Health Board
PPFC	Planning, Performance & Finance Committee
M11 etc	Month 11

1. Situation / Background

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

The purpose of this report is to provide the Planning, Performance and Finance Committee with information from the M11 Financial Monitoring Return submission to Welsh Government.

2. Specific Matters for Consideration

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

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

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

The following information is provided at Annex A:

Annex A
M11 Narrative report
Table A - Movement
Tables C, C1, C2, C3 & C4

3. Key Risks / Matters for Escalation

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



in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M11 Financial Monitoring returns is summarised in Section 1.2 of the M11 Narrative report at Annex A. This information is consistent with the M11 Internal Board papers.

4. Assessment

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

Impact Assessment		
Ansawdd	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below:</p>
<p>Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></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>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below:</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below) The paper is directly relevant to the allocation and utilisation of resources.</p>	

5. Recommendation

- 5.1 The Committee is asked to **NOTE** the contents of the Month 11 Monitoring Returns submitted to Welsh Government for 2023/24.

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

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 29 February 2024.

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

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2023/24

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

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

The £79.6m planned deficit at the start of the year included a Core plan of £70.9m plus £8.7m for exceptional energy costs. On 20 October WG confirmed additional core funding of £62.5m and that energy costs would be funded based on the outturn position. The Health Board therefore needs to deliver additional savings of £8.4m to deliver the break-even Control Total target set by WG for 23/24.

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

	M11 Actual	M11 YTD	M11 Forecast
	£m	£m	£m
Core plan:			
Core plan deficit	4.7	57.8	62.6
Confirmed WG Funding	(5.2)	(57.3)	(62.5)
Total	(0.5)	0.5	0.1
Energy:			
Exceptional Energy inflation	0.6	7.4	8.2
Anticipated Energy Funding	(0.6)	(7.4)	(8.2)
Total	0	0	0
Covid Programme costs:			
Health Protection	0.6	5.8	6.5
PPE	0.0	0.4	0.4
Adferiad	0.1	0.5	0.8
Nosocomial	0.0	0.5	0.5
Anticipated Funding	(0.7)	(7.2)	(8.3)
Total	0	0	(0.1)
Grand total	(0.5)	0.5	0

The key issues to highlight at M11 are as follows:

- **Core plan and Energy**

The M11 position was a £0.5m surplus and the M11 YTD position is a £0.5m deficit. As at M11 we are forecasting a break-even position on the Core plan.

Given that we are now in February, we must assume that our assumed allocations for pay awards will be fully funded and that our forecast dental underspend can also be retained. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m to 2m.

The latest Energy forecast assumes that the Health Board receives £8.2m of funding to cover the £8.2m forecast cost pressure, which includes the laundry.

- **COVID Programme costs**

As at M11 the HB is reporting YTD COVID Programme expenditure of £7.2m with a forecast of £8.2m (M10: £8.2m). In line with the WG guidance, the HB will manage any variation from the confirmed allocation of £8.3m giving a forecast surplus of £0.1m at M11.

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

	February			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M11 £'000	M10 £'000	Movement £'000
RRL	120,681	114,448	6,233	1,359,916	1,351,358	8,558
Donation/Grants	9	0	9	200	200	0
Welsh HBs & NHST	7,151	6,885	266	84,174	83,908	266
WHSSC	1,045	1,043	2	12,257	12,255	2
WG Income	319	(100)	419	(771)	(1,190)	419
Other Income	4,311	3,655	656	45,532	44,876	656
Income Total	133,516	125,931	7,585	1,501,308	1,491,407	9,901
PC Contractor	17,284	12,955	4,329	158,830	154,251	4,579
PC - Drugs	8,428	8,342	86	102,395	102,309	86
Pay	57,973	56,254	1,719	678,605	676,086	2,519
Non Pay	10,608	10,399	209	122,712	122,660	53
SC - Drugs	4,866	4,947	(81)	56,587	56,668	(81)
H/C Other NHS	23,674	22,057	1,617	267,102	263,704	3,398
Non H/C Other NHS	364	322	42	4,300	4,258	42
CHC & FNC	5,479	5,882	(403)	64,713	65,916	(1,203)
Private & Vol	1,377	1,160	217	16,380	16,163	217
Joint & Other	110	269	(159)	2,992	2,637	355
DEL	2,766	2,749	17	33,510	33,240	271
AME	57	56	1	(6,765)	(6,431)	(334)
Res & Cont	0	0	0	0	0	0
P&L on Disposal	1	0	1	(52)	(53)	1
Cost - Total	132,987	125,392	7,595	1,501,309	1,491,407	9,902

Actual expenditure for M11 was £7.6m (6.1%) greater than the £125.4m forecast. The most significant movements between the M10 forecast and M11 actuals were as follows:

- **WG Income - £419k Favourable** – Movement in Non-Cash Limited income.
- **Other Income - £656k Favourable** – General increase in other income, most notable items relate to NWSSP income from sponsorship £120k and drug rebates £130k.
- **Primary Care Contractors - £4,329k Adverse** – The M11 position includes £4.3m of new WG allocations including 23/24 GMS DDRB inflation, GP Refresh programme and Q3 Optometry services.
- **Provider Services Pay - £1,719k Adverse** – The current period variance recognises a higher than anticipated impact of bank holiday enhancements for Christmas & New Year of £0.9m, an increase in the use of Agency Nursing to support the extreme pressures on A&E and Wards during February of £0.5m plus £0.3m for the impact of the industrial action during February.
- **NHS Healthcare - £1,617k Adverse** – The M11 position includes £1.9m for the pro rate impact of new WG allocation (Q3 Vertex £2.1m).

The year-end forecast expenditure at M11 has increased by £9.9m to £1,501m. This is offset by a corresponding increase in the Allocation & income forecast to recognise movements in WG funding and other income. The most significant changes between the M11 and M10 year-end forecasts are as follows:

- **Other Income - £656k Favourable** – Recognition of current month improvement as noted above.
- **Primary Care Contractors - £4,579k Adverse** – The M11 forecast includes £4.3m of new WG allocations including 23/24 GMS DDRB inflation, GP Refresh programme and Q3 Optometry services.
- **Provider Services Pay - £2,519k Adverse** – The forecast recognises the £1.7m movement noted above plus £0.5m for increased agency continuing in March and £0.4m for March industrial action.
- **NHS Healthcare - £3,398k Adverse** – The M11 forecast includes new WG allocations for WHSSC & EASC of £3.6m.
- **CHC/FNC - £1,203k Favourable** – The M11 forecast recognises the in month improvement of £0.4m together with anticipated accountancy gains of £0.8m in M12.

The forecast has been profiled using latest plans and information.

1.4 Pay Expenditure (Table B2)

The M11 Pay expenditure was £60.4m and the monthly trend is summarised below.

	M11	M10	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.7	7.5	7.6	7.6	7.6	7.6	7.6	8.9	9.6	7.3	7.3
Medical	15.7	15.6	15.4	15.1	18.1	14.9	14.8	14.6	14.4	14.2	13.5
Nursing	19.3	18.2	18.0	18.4	18.0	17.6	17.4	20.2	21.1	16.6	17.1
ACS	7.5	7.3	7.3	7.2	7.1	7.2	7.4	8.7	9.4	7.1	7.2
Other	10.1	9.8	9.8	9.7	9.5	9.6	9.4	10.9	11.6	9.2	9.0
Total	60.4	58.4	58.1	58.0	60.4	56.9	56.6	63.3	66.1	54.4	54.1

The Key issues to highlight are as follows:

- The M1 position included the 1.5% consolidated pay settlement equivalent to £0.75m. After allowing for this inflationary increase of £0.75m the adjusted M1 position (£53.4m) is reporting a reduction of circa £1.0m compared to the average of M9, M10 & M11 (£54.5m).
- The M2 position increased slightly compared to M1 which reflected the Easter Bank Holidays. Allowing for the 1.5% pay settlement, the adjusted M2 position of £53.7m (£54.4m less £0.75m pay inflation) was still reporting a favourable position of £0.8m compared to the average of M9, M10 & M11 (54.5m).
- The £11.7m increase in M3 includes the processing of the non-consolidated 22/23 recovery payment of £11.5m.
- The M4 expenditure of £63.3m represents an increase of £8.9m compared to the average of Q1 adjusting for the recovery payment in M3. This increase of £8.9m is mainly due to the 23/24 A4C pay award of 5% being processed including arrears (£8m). The remaining £0.9m increase was due to increased agency of £0.5m and overtime £0.4m.
- The M5 expenditure of £56.6m was consistent with the M4 YTD average cost, excluding the £11.5m recovery payment in M3 of £56.6m. Medical staffing continues to experience growth mainly attributed to increased ADH expenditure.
- The M6 expenditure of £56.9m was consistent with M5.
- The £3.5m increase in M7 was mainly due to the Medical & Dental pay award and arrears. Registered nursing expenditure also increased by £0.5m mainly due to increased overtime/Bank and agency.

- The M8 position increased by £1.1m compared to M6. This included a £0.8m increase in Registered nursing which has steadily increased over the past 4 months plus a £0.2m increase in Medical pay (estimated pay award impact £0.5m less reductions in medical agency £0.3m).
- The M9 expenditure of £58.1m was consistent with M8.
- The M10 expenditure includes circa £0.3m for the impact of the recent Junior Doctors industrial action. Excluding these costs the M10 position is consistent with M9.
- The M11 expenditure increased by £2m compared to M10. This included £1.1m of increased agency costs to support pressures within A&E and Wards and £0.9m of further bank holiday enhancements relating to Christmas & New Year. As in M10, the impact of industrial action was circa £0.3m for February.
- The M12 forecast of £59.5m recognises the continuation of the higher use of agency together and further industrial action in March of circa £0.4m.

The M11 agency expenditure was £4.5m and the monthly trend (excluding accountancy gains) is summarised below.

	M11	M10	M9	M8	M7	M6	M5	M4	M3	M2	M1
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.4	0.9	1.3	1.0	1.3	1.2	1.5	1.8	1.5	1.6	1.1
Nursing	2.3	1.9	1.8	2.0	1.8	1.7	1.6	1.8	1.6	1.7	2.2
Other	0.7	0.7	0.7	0.7	0.6	0.8	0.9	1.2	0.9	1.2	1.0
Total	4.5	3.4	3.8	3.8	3.8	3.8	3.9	4.8	4.0	4.5	4.3

As reported in M10 Medical & Dental agency costs reported an unexpected reduction in M10, due to delays in recording of timesheets because of the industrial action by Junior Doctors. The M11 position includes the catchup from this delay. Nursing agency costs have increased significantly in M11, this is due to significant pressures being experienced within A&E and Wards resulting in a greater use of agency staff.

1.5 Covid analysis (Table B3)

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

	M11 Actual	M11 YTD	M11 Year-end forecast	Financial Plan- 31 May	Movement between M11 and the Financial Plan
Programme costs	£m	£m	£m	£m	£m
Health Protection	0.6	5.8	6.5	9.1	(2.6)
PPE	0.0	0.4	0.4	1.0	(0.6)
Adferiad (Long COVID)	0.1	0.5	0.8	1.0	(0.2)
Nosocomial Investigation	0.0	0.5	0.5	0.6	(0.1)
Anticipated funding	(0.7)	(7.2)	(8.3)	(11.7)	3.4
Total	0	0	(0.1)	0	(0.1)

The key points to note are as follows:

- Health Protection – The confirmed allocation of £6.5m has been received. The M11 forecast is £6.5m (M10: £6.5m).
- PPE – The confirmed allocation of £0.4m has been received. The M11 forecast is also £0.4m (M10: £0.4m).
- Adferiad (Long COVID) – The confirmed allocation of £0.8m has been received. The M11 forecast is £0.68m (M10: £0.68m)
- Nosocomial Investigation - The confirmed allocation of £0.6m has been received. The M11 forecast remains at £0.6mm (M10: £0.6m)

In line with the WG guidance, the HB will manage any variation from the confirmed allocation of £8.3m giving a forecast surplus of £0.1m at M11.

1.6 Forecast recurrent position (Table A)

As at M11 we are reporting a forecast Underlying deficit at the end of 23/24 of £19.4m (M10: £19.4m):

	M11
	£m
B'fwd Financial challenge 1 April 2023	70.9
Assumed WG funding – conditional upon achieving break even in 23/24	(51.1)
Net other movements	(0.4)
Forecast C'fwd Financial challenge 31 March 2024	19.4

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

	£m
Forecast position 23/24B'fwd Financial challenge 1 April 2023	0
NR inflation funding	11.4
Accountancy gains	5.0
NR Llantrisant Health Park income	1.8
NR benefits Rates and VAT	1.2
Other NR items	0
Forecast C'fwd Financial challenge 31 March 2024	19.4

2. Risk Management (Table A2)

Given that we are now in February, we must assume that our assumed allocations for pay awards will be fully funded and that our forecast dental underspend can also be retained. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m to £2m. This forecast will be confirmed once the pay award and the dental positions are confirmed.

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

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

	Total Allocation	Forecast	Comment
	£m	£m	
Confirmed Allocations (Initial Allocation letter 23/24)			
Planned Care Recovery Funding	18.5	23.7	Includes £5.2m of additional investment above the WG allocation.
Value Based Healthcare	2.1	2.1	
Regional Integration Fund	20.3	20.3	
Genomics Strategy	1.4	1.4	
Critical Care Funding	2.4	2.4	
In Year Allocations (Initial Allocation letter 23/24)			
Urgent Emergency Care	3.0	3.0	
Mental Health (SIF)	0.8	0.8	
Planned Care	1.2	1.2	
Value Based Healthcare	0.3	0.3	Allocation reduced in M9.
Recovery	7.3	7.3	Confirmed allocation for Regional Plans
Regional Integration Fund	2.0	2.0	Allocations of £2m consistent with Shelley Davies's letter dated 31 st March.
Total	59.2	64.5	

As at M11, the Health Board is forecasting an underspend on the Dental contract allocation of £0.3m. We are assuming that these underspends can be retained by the Health Board.

The Health Board can confirm that there are no concerns at M11 on any other ring-fenced budgets.

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

See section 1.4.

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

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

	Month 11			Month 10		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M11	25.0	27.3	27.3	22.8	27.3	27.3
Actual and Forecast Savings	(24.9)	(27.6)	(28.3)	(22.5)	(27.9)	(28.3)
Total	0.1	(0.3)	(1.0)	0.2	(0.6)	(1.0)

Actual savings in M11 were £2.3m which was slightly below the M10 forecast of £2.5m but still above the YTD trend of £2.25m/month. The M11 YTD savings are now £24.9m and the full year forecast has been revised to £27.6m.

	Initial Plan £'m	M11 £'m	YTD £'m	23/24 £'m	Rec £'m
Savings	26.1	2.3	22.7	25.2	27.3
Income Generation	1.2	0.2	2.2	2.4	1.0
Total Savings	27.3	2.3	24.9	27.6	28.3
Accountancy Gains	3.0	0.0	5.0	5.8	0

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

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

The financial plan also includes provision for additional costs arising from the WRP risk sharing arrangement of £4.0m which is consistent with the information provided by NWSSP. This provision has been included as an anticipated allocation adjustment in Table E.

Table E shows the anticipated allocations assumed within our M11 position.

The table below summaries the more material items:

Description	M11	M10	Comments
	£k	£k	
2023/24 Pay award	3,188	3,188	Estimated Requirement for A4C and M&D. (excludes Hosted WHSSC/EASC)
1.5% consolidated pay award	890	890	Estimated requirement (excludes Hosted WHSSC/EASC)
Real Living Wage	0	4,800	Allocation confirmed M11
Urgent & Emergency Care	0	1,587	Allocation confirmed M11
WG Energy Funding	4,695	4,595	£8.2m forecast, £3.505m received balance remaining £4.695m.
WG Funded Training Posts	0	1,371	Allocation confirmed M11
Health Protection – Mass Vaccination	0	1,229	Allocation confirmed M11
Health Protection - TTP	0	486	Allocation confirmed M11
Adferiad/Nosocomial	0	(101)	Allocation confirmed M11
PPE	0	89	Allocation confirmed M11
IFRS 16 Adjustment	(2,883)	(2,625)	Indicative IFRS adjustment
Capital Charges	(6,210)	(6,145)	Latest Estimates
VBHC – Projects	339	339	Latest Estimates
6 Goals Transport	30	30	As per Richard Bowen letter dated 12/12/23.
Other Allocations	0	(105)	Allocations confirmed M11
Total Anticipated Allocations	49	9,628	

No AME funding is required for the Fuji contract extension.

6.1 Health Care agreements

All LTAs have now been agreed & signed.

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

7.1 Significant month on month balance sheet movements

The main month on month movements between M10 and M11 are shown below:

- Trade and other payables increased in M11 by a net value of £5.2m. This includes an increase in general creditors of c£13m which is offset by a decrease in the pension's online creditor of c£8.6m. This decrease is due to the pensions online payment issue noted in M10.
- The cash balance has reduced by £5.2m in M11 from £12.6m to £7.4m. This reduction is due to the large catch-up payment due to pensions online. However, the balance remained higher than anticipated due to unexpected late receipts of c.£3m.
- There was an increase in the debtor balance in M11 of £2.2m. This was in relation to general accruals.

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

There is one invoice over 17 weeks with DHCW, who also have a further invoice over 11 weeks. We have been actively chasing payment of these invoices and have not been made aware of a reason why they cannot be paid. A letter has been sent to the relevant Director of Finance to expedite payment. There are a further 3 invoices outstanding over 11 weeks at the end of the period and are being actively followed up with the relevant organisation.

8. Cash Flow Forecast (Table G)

The Cash Flow position at the end of M11 was a surplus of £7.4m. We anticipate this balance will reduce to a small surplus at year end. This forecast assumes working balances' cash for both Revenue and Capital of £11.0m and £1.75m respectively plus £2.833m for IFRS. The main reason for the revenue working balances' requirement is the projected reduction in the creditors/accruals position which is supporting the overall position.

The Revenue working balances' forecast assumes that other NHS organisations pay CTM on a timely basis. We estimate that there is a potential risk of circa £1.5m if there are delays in payment at year end.

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

9. Public Sector Payment Compliance (Table H)

There is no update for this period.

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

The M11 CRL of £75.3m was issued on the 20th of February 2024. Additional capital of £5.1m was received from Welsh Government in M11. As at the end of M11, £62.3m has been charged against the CRL.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as high risks in Table J as per the guidance as they will not achieve their CRL spend. Under or overspends are all being managed through discretionary capital and hence the overall risk would be considered low.

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	High – in year overspend	The latest forecast indicates a full year spend £1.56m more than the CRL of £50.99m. This will be managed through discretionary. An update on the March forecast is awaited.
EFAB	High - slippage	Delay of several schemes, we are forecasting slippage of £0.72m mainly in infrastructure. Schemes continue into 24/25.
Primary Care - Sunnyside	High - slippage	The scheme will not be starting on site until June 2024 due to contractor resources being moved to other schemes. Slippage of £0.72m will be managed internally
Fire Enforcement Works - Princess of Wales	High - slippage	Progress being made in line with previous reports provided to WG however minimal spend during tender process. Slippage of £0.19m to be managed through discretionary capital.
Llantrisant Health Park	High- slippage	Latest forecast confirms there will be significant slippage of up to £0.7m to be managed through discretionary capital.
Maesteg Health & Wellbeing Park	High – slippage	Progress has been made appointing PM and SCP however minimal spend is expected in 23/24. Slippage to be managed through discretionary capital

Disposals

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

Other

Non-cash requirements have been matched to the approved elements of the return submitted in November 2023, apart from the IFRS16 depreciation which has been updated to the latest return submitted March 11th.

The impact of the recently published guidance on accounting for indexation linked payments for PFIs has been assessed for the RGH Residences PFI. The additional PPP liability (measuring the cost of future payments additional to the original model) has been measured at £0.374m at the beginning of 23/24 (date of transition). This will be a cumulative catch-up adjustment though retained earnings. The subsequent remeasurement of this liability for inflation applied in 23/24 has been calculated at £0.074m. This will be an additional finance cost in year but is assumed that the impact will be a 'below the line' adjustment in Revenue in line with other PFI accounting impacts. The impact of RPI increases on the liability of the PCH PFI scheme is £0.015m. This will be a cumulative catch up and as the annual increases are applied on April 1st each year there will be no subsequent remeasurement in year.

11. Other Issues

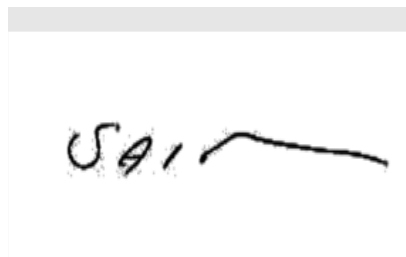
The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers.

The M11 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2, C3 and C4) will be reported to the next meeting of the Planning, Performance and Finance Committee.

12. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 March 2024

Action Points arising from Month 10 Response

Action Point	WG Comment	CTM Response
	TABLE A	
10.1	<p>The continued improved monthly positions and your narrative (e.g. no risks reported) continues to provide assurance the Health Board will deliver financial balance; however, it is of concern that the position is still being supported by two items totalling £1.313m (£1.051m at month 9) which have yet to be finalised. We trust that all remaining required actions will be confirmed as being finalised at month 11. (Action Point 10.1)</p>	<p>The £1.3m includes 0.7m of slippage against the Further Faster and AHP in year allocations. These are minimum levels of slippage and there is no risk to this element. The remaining £0.6m relates to further savings/accountancy gains/slippage and this has been assessed as low risk.</p> <p>M11 update – The slippage has been actioned and recognised in M11 and further accountancy gains have been identified to be released in M12, there is no risk to this gain. At M11 there are no outstanding mitigating actions to be finalised.</p>
10.2	<p>The supporting narrative should quantify and confirm the SoCNE categories where any outstanding unfinalised mitigating actions are being profiled within Table B. Please provide this information for month 10 (items totalling £1.313m) and if applicable month 11. (Action Point 10.2)</p>	<p>The £0.7m relates to slippage against in year allocations and therefore part of the RRL profile. The further savings/accountancy gains/slippage has been profiled into the SoCNE provider non pay category.</p>

		At M11 there are no outstanding mitigating actions to be finalised.
10.3	Please provide details of the favourable operational variances totalling c. £1.0m which are being reported in January on Line 26. (Action Point 10.3)	The net improvement in M10 is a combination of many items, the most significant improvement relates to better than originally planned other income as noted in section 1.3 of the M10 narrative.
10.4	Within your month 11 narrative, please confirm that the energy forecast reflects the latest detail provided by NWSSP and factors in the recently confirmed sell back amount of £0.288m. (Action Point 10.4)	Confirmed – The energy forecast is based upon the latest NWSSP data including sell back benefit.
10.5	The forecast c/f underlying deficit position has improved by £16.300m to £19.400m at month 10. Please provide an explanation for the removal of the FYE of energy costs totalling £8.900m and details of the items which support the FYE of in year pressures (Line 26) reducing by £2.743m. (Action Point 10.5)	As discussed with Financial Planning & Delivery colleagues, a full reconciliation of the underlying position has been provided. The energy cost has been mitigated by confirmed WG recurrent allocation as part of the 24/25 allocation settlement and therefore removed from the underlying deficit position.
	TABLE B3	
10.6	Please provide a supporting explanation for the decrease in annual vaccination spend of c. £0.630m. (Action Point 10.6)	The original vaccination plan had anticipated a higher uptake of GP vaccination and a contingency for enhanced winter programme which has not materialised. The

		risk for the remainder of the year has decreased and hence the forecast has improved.
	TABLE E	
10.7	Please note the Removal of IFRS-16 Leases (Revenue) reduction value in Table E (Line 14) should reflect the amount reported in the Lease Payments Exc. Interest & VAT (Value to be repaid to WG) column of the supplementary IFRS16 Return. Also, please ensure the DEL non cash Depreciation IFRS16 charges are consistently reported between supplementary return and those included in the monitoring return at month 11. (Action Point 10.7)	Complete
	TABLE I	
10.8	We note that you are continuing to report that several capital schemes are still classed as high or medium risk. We trust that you are liaising with capital colleagues on any remaining capital matters to meet the expectation that schemes should all be assessed as low risk at month 11. (Action Point 10.8)	We class any schemes that are not going to spend their allocation as medium or high risk. The Guidance: 19.2.1. High Risk – Schemes which are considered highly unlikely to achieve the WG allocation plan and for which contingency arrangements will need to be put in place to ensure achievement of the CRL. This is being discussed with the Capital team in WG and agreement will be reached on how this is to be reported moving forward. We continue to report this month as per our

		understanding of the guidance.
	AGED CREDITORS	
8.8	As highlighted in the shared month 10 aged creditor listing, the Health Board continues to be an outlier with a high number of outstanding invoices over 17 weeks old. We trust the payment of these outstanding creditor invoices is again being reviewed as a matter of urgency, with agreed positions reflected within your month 11 return. (c/f Action Point 8.8)	Out of the 43 invoices shared on the month 10 aged creditor listing 42 have been paid, and the remaining invoice is in the process of being paid.
	OTHER	
9.9	Following your response to Action Point 9.9, please provide details on the impact of the PCH PFI scheme to the NHSFM mailbox and Jackie Salmon as a matter of urgency. (c/f Action Point 9.9)	Complete
	Year End Deadlines	
	The Monitoring Return Key dates are as follows: <ul style="list-style-type: none"> • 9th April 24 – Day 5 Return moved to Day 6 submission by 2pm • 2nd May 24 – Day 9 (Full) Return due by midday. Any significant movements in position following submission of the return on 9th April 24 should be notified to the NHSfinancialmanagement@gov.wales inbox immediately.	Noted
	Please note that the deadline for final DEL or AME noncash adjustments including IFRS16 is the 15th of April 24.	Noted
	Please submit a final, updated submission of the supplementary IFRS16 return provided within the month 9 reply letter by the 11th of March 24. We would expect these values to be reported in the MMR due on 13th March 24. If they differ, please highlight this, and provide an explanation for the difference.	Complete

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-70,900	0	-70,900	-70,900
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-49,450	-7,400	-42,050	-42,050
3 Planned Expenditure For Covid-19 (Negative Value)	-11,668	-11,668	0	0
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	16,300	0	16,300	17,500
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	11,668	11,668	0	0
6 Planned Provider Income (Positive Value)	2,850	0	2,850	2,850
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	17,678	341	17,337	18,268
9 Planned (Finalised) Net Income Generation	1,217	217	1,000	1,000
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12 Correction of Energy N/R underlying Deficit	-8,700	-8,700	0	0
13 Planning Assumptions still to be finalised at Month 1	11,405	3,373	8,032	8,032
14 Opening IMTP / Annual Operating Plan	-79,600	-12,169	-67,431	-65,300
15 Reversal of Planning Assumptions still to be finalised at Month 1	-11,405	-3,373	-8,032	-8,032
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	1,199	1,199	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-137	-251	114	716
20 Additional In Year Identified Savings - Forecast	7,689	3,151	4,539	8,289
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)	-3,374	-3,374	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)	3,497	3,497	0	0
25 In Year Accountancy Gains (Positive Value)	5,800	5,800	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-288	-288	0	-4,163
27 New WG Funding	71,400	71,400	0	51,100
28 Reduce Planned Local Investment - (Achieved - no risk)	1,200	1,200	0	0
29 Velindre Improvement - (Achieved - no risk)	500	500	0	0
30 New Saving Opportunities / Further Balance Sheet Opportunities - (Low risk)	0	0	0	0
31 N/R Rates & VAT Recovery Prior periods (Achieved - no risk)	1,229	1,229	0	0
32	0	0	0	0
33	0	0	0	0
34 AB Arbitration Outcome - Finalised	-2,010	-2,010	0	-2,010
35	0	0	0	0
36 Assumed retention of Further Faster/AHP slippage - (Achieved - No risk)	700	700	0	700
37 WHSSC N/R Benefit (Achieved - no risk)	1,800	1,800	0	1,800
38 LHP Dilapidations income - (Achieved - no risk)	1,800	1,800	0	1,800
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	70,811	-70,811	-19,400
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	123			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-123			
43				

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-5,908	-64,992	-70,900
2	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,121	-4,119	-45,331	-49,450
3	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-972	-10,696	-11,668
4	1,358	1,358	1,359	1,358	1,358	1,359	1,358	1,358	1,359	1,358	1,358	1,359	14,941	16,300
5	972	972	972	972	972	972	972	972	972	972	972	972	10,696	11,668
6	237	238	237	238	237	238	237	238	237	238	237	238	2,612	2,850
7	1,557	852	892	-1,225	881	-2,167	-1,021	-770	251	251	252	247	-247	0
8	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	14,862	17,678
9	0	37	18	351	101	102	101	101	102	101	101	102	1,115	1,217
10													0	0
11													0	0
12	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-725	-7,975	-8,700
13	700	700	700	700	700	3,700	700	2,265	1,287	-633	1,228	-642	12,047	11,405
14	-6,634	-6,633	-6,634	-6,634	-6,635	-6,633	-6,635	-6,633	-6,633	-6,633	-6,633	-6,633	-72,967	-79,600
15	-700	-700	-700	-700	-700	-3,700	-700	-2,265	-1,287	633	-1,228	642	-12,047	-11,405
16													0	0
17													0	0
18	0	-37	-18	-18	-6	513	221	127	-15	211	135	85	1,114	1,199
19	-1	872	439	-1,313	394	1,202	-1,213	612	426	-1,029	577	-1,095	958	-137
20	0	295	230	294	889	864	1,369	987	851	505	562	833	6,856	7,689
21													0	0
22	-326	-513	-448	-434	-268	-254	-213	-95	-254	-412	-243	85	-3,459	-3,374
23													0	0
24	326	513	448	434	268	254	213	95	254	412	243	38	3,459	3,497
25	0	0	0	0	0	3,800	0	0	1,000	200	0	800	5,000	5,800
26	721	-567	-2,269	1,414	-1,387	-303	1,684	-1,085	543	1,020	283	-343	55	-288
27							41,942	5,658	5,950	5,950	5,950	5,950	65,450	71,400
28					500	100	100	100	100	100	100	100	1,100	1,200
29					208	41	41	42	42	42	42	42	458	500
30													0	0
31								1,229					1,229	1,229
32													0	0
33								-50	50				0	0
34						-1,050	-160	-160	-160	-160	-160	-160	-1,850	-2,010
35													0	0
36											700	0	700	700
37								994	201	201	201	203	1,597	1,800
38								1,800					1,800	1,800
39													0	0
40	-6,614	-6,770	-8,952	-6,957	-6,735	-5,165	36,599	1,457	1,019	1,041	529	548	-548	0
41	0	0	0	0	0	0	0	0	0	0	0	123	0	123
42	-6,614	-6,770	-8,952	-6,957	-6,735	-5,165	36,599	1,457	1,019	1,041	529	425	-548	-123
43														

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

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

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

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

Table C3- Savings Schemes SoCNE/SCNI Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Pay Budget/Plan	248	480	658	2,432	576	619	2,463	648	604	2,438	657	2,491	11,824	14,315
2	Actual/F'cast	248	2,085	1,545	1,600	1,887	1,637	1,657	1,574	1,629	1,553	1,599	1,901	17,014	18,915
3	Variance	(0)	1,605	887	(832)	1,312	1,018	(806)	926	1,025	(886)	942	(590)	5,190	4,599
4	Non Pay Budget/Plan	20	139	80	83	84	87	98	98	98	185	105	105	1,080	1,186
5	Actual/F'cast	19	18	39	73	239	340	198	170	187	224	229	302	1,744	2,046
6	Variance	(1)	(121)	(41)	(4)	155	252	100	72	89	39	124	197	863	860
7	Primary Care Drugs Budget/Plan	0	268	147	153	153	153	153	153	153	153	153	153	1,639	1,792
8	Actual/F'cast	0	0	0	0	0	876	924	370	264	481	166	225	3,081	3,306
9	Variance	0	(268)	(147)	(153)	(153)	723	771	217	111	328	13	72	1,442	1,514
7	Secondary Care Drugs Budget/Plan	0	49	30	30	30	30	30	30	30	30	30	30	319	349
8	Actual/F'cast	0	0	0	0	0	103	122	45	36	(21)	44	44	329	373
9	Variance	0	(49)	(30)	(30)	(30)	73	92	15	6	(51)	14	14	10	24
10	CHC/FNC Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	36	0	36
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	36	0	36
15	Variance	0	0	0	0	0	0	0	0	0	0	0	(0)	0	(0)
16	Healthcare Services Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Provided by Other NHS Actual/F'cast	0	0	0	0	0	0	0	370	46	46	46	46	509	555
18	Bodies Variance	0	0	0	0	0	0	0	370	46	46	46	46	509	555
19	Non Healthcare Services Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Provided by Other NHS Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Bodies Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Voluntary Sector Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Joint Financing & Other Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Total Budget/Plan	268	936	915	2,699	843	890	2,745	930	886	2,807	946	2,816	14,862	17,678
29	Actual/F'cast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,163	2,283	2,084	2,554	22,676	25,230
30	Variance	(1)	1,167	668	(1,019)	1,284	2,066	156	1,599	1,278	(623)	1,138	(662)	7,814	7,552

This Table is currently showing 0 errors

Table C4 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	268	936	915	2,899	843	890	2,745	930	886	2,807	946	2,816	14,862	17,678	341	17,337	931	18,268
	Month 1 - Actual/Forecast	267	1,808	1,354	1,386	1,227	2,092	1,532	1,542	1,312	1,778	1,522	1,721	15,820	17,541	90	17,451	1,533	18,983
	Variance	(1)	872	439	(1,313)	384	1,202	(1,213)	612	426	(1,029)	577	(1,095)	958	(137)	(251)	114	602	716
	In Year - Plan	29	325	276	304	1,008	553	1,089	1,388	978	1,051	1,118	1,360	8,120	9,479	3,488	5,991	2,638	8,629
	In Year - Actual/Forecast	0	295	230	294	899	864	1,369	967	851	505	562	833	6,856	7,689	3,151	4,539	3,751	8,289
	Variance	(29)	(30)	(47)	(11)	(108)	311	280	(401)	(127)	(546)	(556)	(526)	(1,264)	(1,790)	(338)	(1,452)	1,112	(340)
	Total Plan	297	1,261	1,191	3,003	1,850	1,443	3,834	2,318	1,864	3,858	2,064	4,175	22,982	27,157	3,829	23,328	3,569	26,897
	Total Actual/Forecast	267	2,103	1,583	1,679	2,126	2,956	2,901	2,529	2,163	2,283	2,084	2,554	22,676	25,230	3,241	21,989	5,284	27,273
	Total Variance	(30)	842	392	(1,324)	276	1,513	(933)	211	299	(1,574)	20	(1,621)	(306)	(1,927)	(589)	(1,338)	1,714	376
	Net Income Generation	Month 1 - Plan	0	37	18	351	101	102	101	101	102	101	101	102	1,115	1,217	217	1,000	0
Month 1 - Actual/Forecast		0	0	0	333	83	495	300	206	65	290	214	165	1,986	2,151	1,151	1,000	0	1,000
Variance		0	(37)	(18)	(18)	(18)	393	199	105	(37)	189	113	63	871	934	934	0	0	0
In Year - Plan		0	0	0	0	13	120	22	22	22	22	22	22	243	265	265	0	0	0
In Year - Actual/Forecast		0	0	0	0	13	120	22	22	22	22	22	22	243	265	265	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan		0	37	18	351	114	222	123	123	124	123	124	124	1,358	1,482	482	1,000	0	1,000
Total Actual/Forecast		0	0	0	333	96	615	322	228	87	312	236	187	2,229	2,416	1,416	1,000	0	1,000
Total Variance		0	(37)	(18)	(18)	(18)	393	199	105	(37)	189	113	63	871	934	934	0	0	0
Accountancy Gains		In Year - Plan	0	0	0	0	0	2,000	0	0	1,000	0	0	0	3,000	3,000	3,000	0	0
	In Year - Actual/Forecast	0	0	0	0	0	3,800	0	0	1,000	200	0	800	5,000	5,800	5,800	0	0	0
	Variance	0	0	0	0	0	1,800	0	0	0	200	0	800	2,000	2,800	2,800	0	0	0
Total	Month 1 - Plan	268	973	933	3,050	944	992	2,846	1,031	988	2,908	1,047	2,918	15,977	18,895	558	18,337	931	19,268
	Month 1 - Actual/Forecast	267	1,808	1,354	1,719	1,310	2,587	1,832	1,748	1,377	2,068	1,736	1,886	17,806	19,692	1,241	18,451	1,533	19,983
	Variance	(1)	835	421	(1,331)	366	1,595	(1,014)	717	389	(840)	690	(1,032)	1,829	797	683	114	602	716
	In Year - Plan	29	325	276	304	1,020	2,673	1,111	1,410	2,000	1,073	1,140	1,382	11,363	12,744	6,753	5,991	2,638	8,629
	In Year - Actual/Forecast	0	295	230	294	912	4,784	1,391	1,009	1,873	727	584	1,655	12,099	13,754	9,216	4,539	3,751	8,289
	Variance	(29)	(30)	(47)	(11)	(108)	2,111	280	(401)	(127)	(346)	(556)	(526)	(1,264)	(1,790)	(338)	(1,452)	1,112	(340)
	Total Plan	297	1,298	1,209	3,354	1,964	3,665	3,957	2,441	2,988	3,981	2,187	4,299	27,340	31,639	7,311	24,328	3,569	27,897
	Total Actual/Forecast	267	2,103	1,583	2,012	2,222	7,371	3,223	2,757	3,250	2,795	2,320	3,541	29,905	33,446	10,457	22,989	5,284	28,273
	Total Variance	(30)	805	374	(1,342)	258	3,706	(734)	316	262	(1,185)	133	(758)	2,565	1,807	3,145	(1,338)	1,714	376



Agenda Item

2.2.2

Planning, Performance and Finance Committee

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

Dyddiad y Cyfarfod / Date of Meeting	30/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

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

Acronyms / Glossary of Terms	



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.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

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

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

6. Next Steps

6.1 There are no next steps required.

Planning, Performance & Finance Committee

Cycle of Business (1st February 2024 – 31st March 2025)

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

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

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

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

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

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

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

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Preliminary Matters																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Action Log	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Internal Control & Risk Management																	
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									
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		R		R	
Committee Highlight Report	Director of Corporate Governance	All Regular Meetings		R		R		R		R		R		R		R	
Planning, Performance & Finance Committee Annual Cycle of Business	Director of Corporate Governance	Annually		R												R	
Improving Care																	
Integrated Medium Term Plan	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	Quarterly		R						R						R	
Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy and Transformation	Annually								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
Performance Dashboard	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R		R		R	
Deep dive into one aspect of the Performance Dashboard (subject to be confirmed)	Chief Operating Officer	All Regular Meetings		R		R		R		R		R		R		R	
Sustaining Our Future																	
Finance Report	Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R		R		R	
Monthly Monitoring Returns to Welsh Government	Executive Director of Finance & Procurement	All Regular Meetings		R		R		R		R		R		R		R	
Quarterly Update on Capital	Executive Director of Finance & Procurement	Quarterly				R				R				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									
Governance and Assurance																	
Organisational Risk Register	Director of Governance	All Regular Meetings		R				R				R		R		R	
Targeted Intervention and Improving Care	Chief Operating Officer	As required		R				R				R		R		R	
Enhanced Monitoring	Director of Strategy & Transformation	As required		R				R				R		R		R	

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ACTION LOG: PLANNING, PERFORMANCE & FINANCE COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 16.04.24)
4.1.0	February 2024	Organisational Risk Register The Chair requested that future reports should contain any emerging risks so that the Committee are aware.	Director of Corporate Governance/Board Secretary	April 2024	Completed Report now contains the emerging risks.
5.1.0	February 2024	Integrated Performance Dashboard To query dietetics and the main areas of risk around digital and waiting for the patient portal whether there was a specific issue for dietetics or part of the wider digital agenda and was there a specific timescale.	Chief Operating Officer	April 2024	In Progress A solution is still required for Therapies self-referral. There is a longer term plan to use the Digital Services for Patient & the Public but the timescales on this are still to be confirmed. From an Information Governance perspective, a significant amount of work has been undertaken by the teams to mitigate the risk from a data protection perspective. It is acknowledged that risks in using the Microsoft platform (for example the ability for sustainable support at a Health Board level) do remain, however these need to be considered and balanced against the wider clinical risk to the service. The Exec lead for AHPs, the Director for Digital and the Assistant Director for Data and Compliance are planning to meet shortly to present a consolidated position. If this

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					cannot be achieved it will be escalated to the wider Executive.
5.1.0	August 2023 & October 2023	Integrated Performance Dashboard Arrange for James White (Stroke Physician/Regional clinical lead for Stroke) possibly attend a future meeting of the Committee, to describe the statistics and outcomes.	Chief Operating Officer	February/April 2024	In Progress Arrangements are being made for the Committee to receive a Presentation on Brainomix at a future meeting. Added to Forward Work Plan.
5.3.0	August 2023	Civil Contingencies and Business Continuity Annual Report 2022-23 Clarification to be sought around reasonable compliance to be sought from the SWLRF.	Director of Strategy & Transformation	February 2024	In Progress A 6 month review scheduled for February 2024. This to include applying the assurance levels used by Internal Audit and a prompt for each Category 1 to ensure they have preparedness.
PREVIOUSLY COMPLETED ACTIONS					
2.2.2	January 2024	Action Log To amend lead from Chair to Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	February 2024	Completed Agenda and Annual Cycle of Business amended to reflect change to Director of Corporate Governance/Board Secretary
5.1.0	October 2023	Integrated Performance Dashboard To provide members with an update on the development of the 24/7 integrated stroke service. To review the increased delays of requests from the Emergency Department for Stroke	Chief Operating Officer	February 2024 February 2024	Completed Powerpoint Presentation on agenda – February 2024

Agenda Item 2.2.3

		submissions and provide an update to the Committee at the next meeting.			
6.3.0	October 2023	Stretch Target Response (10,20,30) A presentation to be shared at a future meeting on Continuing Health Care & Funded Nursing Care	Deputy Chief Operating Officer	February 2024	Completed Report received at January 2024 Meeting.
4.1.0	October 2023	Organisational Risk Register To review risk 4348 and it's scoring for Members to review at next meeting.	Director Governance/Board Secretary of	February 2024	Completed Deputy Chief Operating Officer in conjunction with the Facilities Directorate are undertaking a review of risk Datix ID 4348. Progress against the mitigating actions has occurred and consideration is being given as to whether the risk score can be reduced. Update being sought in readiness for the November 2023 iteration of the Organisational Risk Register.



Agenda Item

4.1

Planning, Performance & Finance Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	30/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary
Pwrpas yr Adroddiad / Report Purpose	For Review

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

Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	February / March 2024	RISKS REVIEWED
Operational Management Board / Offline via Email	21 st February 2024	ENDORSED NEW RISKS FOR ELG
Executive Leadership Group (ELG)	11 th March 2024	MANAGEMENT SIGN OFF RECEIVED
Audit & Risk Committee	18 th April 2024	RISKS REVIEWED

Acronyms / Glossary of Terms

Nil	

1. SITUATION/BACKGROUND

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

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

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 1st March 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

- 2.4 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.
- 2.5 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
- 2.5 As at the end of March 2024, **601** members of staff trained to date since training commenced in 2021.
- 2.6 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.7 Feedback on the training continues to be positive, please see below:
- 31 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
 - 77% (24/31) provided a score of 5/5 in terms of content of the session
 - 20% (6/31) provided a score of 4/5 in terms of content of the session
 - 3% (1/31) provided a score of 3/5 in terms of content of the session
 - 100% of the 31 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.
 - None of the 31 attendees considered that changes or improvements were needed to the training content.
 - 97% of the 31 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
 - Some of the recent comments received through evaluation have been included below:
"Easy to understand and helpful training".
"Content was informative, trainer was knowledgeable and approachable. Practical help was provided with the Datix risk module".

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

No new risks as assigned to this Committee.

3.2 CHANGES TO RISKS

a) Risks where the risk rating **INCREASED** during the period

Nil as assigned to this Committee.

b) Risks where the risk rating **DECREASED** during the period Central Function - Finance

- **Datix Risk ID 5427 - Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023/24.** Risk score reduced from a 16 to a 12 in March 2024. As at Month 10 the Health Board is reporting a forecast underlying deficit at the end of 23/24 of £19.4m. This forecast assumes that the Health Board secures the £51m recurrent funding that is conditional on achieving the breakeven Control total for 23/24. This forecast underlying deficit is the starting position for the draft financial plan for 24/25. On this basis the likelihood risk score has been reduced from a 4 to a 3.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.

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

Consequence	5					
	4				2713	4491 4071 3826 5640
	3					
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

3.5 Matters to Note / Notified emerging risks

- The Assistant Director of Transformation previously identified a new risk for escalation relating to the "Community Brain Injury Service in Bridgend", an update has been received noting that whilst a full replacement service is not in place control measures have been implemented providing risk

mitigation and therefore is not considered for escalation to the Organisational Risk Register at this time.

- In January 2024, the "Primary Care and Community Care Group identified a new risk for approval relating to the "Palliative Medicine Staffing Merthyr Cynon", this is expected to be captured in the next iteration of the organisational risk register in March 2024, once agreed by the Operational Management Board". As at time of the March 2024 iteration of the Organisational Risk Register being run this risk is still being assessed and has not yet been escalated to the Organisational Risk Register.
- The January 2024 a new risk (Lack of Dietetic service provision to Princess of Wales Critical Care) was being considered for escalation by the Diagnostics, Therapies, Pharmacy and Specialities Care Group. Members will note that this risk has been escalated in March 2024 under Datix Risk ID a 5658.
- In January 2024, the Facilities Directorate identified a new risk for approval relating to "Fire doors in staff residential accommodation across organisation are non-compliant to the Regulatory Reform Fire Order 2005". This was expected to be escalated to the organisational risk register in March 2024, once agreed by the Operational Management Board. Since this update various control measures and mitigating action was taken by facilities and estates teams and the risk assessment reviewed and the score reduced to a moderate level, negating the need for escalation to the Organisational Risk Register.

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

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

4. IMPACT ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:



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

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



(Pobl /Ariannol) /
Resource Impact
(People / Financial

See detail 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 and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence x Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5640	Executive Medical Director	Central Support Function - Medical Directorate	Medical Directorate Manager	Sustaining Our Future	Patient / Staff /Public Safety	Potential Junior Doctors Industrial Action	If ...the NHS Wales Junior Doctors take industrial action related to a dispute over pay erosion between 21st-23rd February 2024 and as expected monthly going forward Then ...there will be significant disruption on clinical services and planned and unscheduled care provision will likely be impacted. Resulting in ...the quality of the care and services provided to patients and service users being affected in terms of access to services and compliance with performance and delivery objectives. This includes an impact on waiting list times for surgery and outpatients increasing, and patients being unable to access some health care services.	This is a national issue and decisions on any pay increases are out of CTM's control. A decision on strike action has been confirmed for 15th-18th January 2024 and 25th-29th March. There will be no derogation agreed ahead of the proposed strike unless the health board has offered BMA agreed rates to the doctors Consultants/SAS doctors in some cases will be asked and negotiated with to cover gaps in service. National group in place which includes group of senior colleagues who are agreeing process around pay rates for "acting down"	Process to be agreed with BMA for derogation decisions on day of strike with clear info on the information UHB's will have to provide. BMA have stated they will turn these around in 30-60 minutes CTM working group taking place regularly HB can switch pre-existing locum hours around with agreement, however, locums have already cancelled their shifts Planning and preparation with contingency plans for all affected service will be taken. With these measures in place the consequence score will reduce to 3, with a target score of 15. Update March 2024 - Medical Directorate undertaken a review of this risk and no changes made to mitigation or risk score on this review.	Planning, Performance & Finance Committee Quality & Safety Committee People & Culture Committee	20	C4xL5	C3xL5	++	04.12.2023	20.02.2024	31.03.2024
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 list 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 refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology - it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Update March 2024: Pressure has remained very high across the system over the winter months and the risk scoring remains unaltered. There is daily scrutiny across the organisation and actions being undertaken including the following: • Management focus remains strong within the area of Flow - ensuring that as much as possible, beds are used efficiently; • Within Planned Care, outsourcing has largely stopped, with the UHB now insourcing instead, focusing on increasing theatre capacity and activity and running the system at maximum capacity; • Outpatient activity is now running at pre-Covid rates, ensuring that patients are seen as soon as possible. They are prioritised on the basis of urgency and priority as is appropriate; • Activity within Inpatients and Daycases is increasing month on month; • The Navigation Hub is well embedded now in the screening of nursing homes and hours are increased when the demand is present and resources available. The whole issue of providing timely care to patients remains front and centre of all the work undertaken by the Health Board with resources focused on ensuring that the situation continues to improve, no matter the difficult context. No change to risk score.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 C4 x L3	++	13.7.2023	4.3.2024	04.04.2024
4071	Chief Operating Officer Planned Care - Care Group	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 Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigorous monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update January 2024 - Further work undertaken in streamlining the Haematuria pathway. Work undertaken with Bowel screening Wales. Next review 5.2.2024. Update March 2024 - no changes to risk update on this occasion and review of risk score has not led to any changes.	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	++	01.04.2014	27.2.2024	31.03.2024
3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety	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 resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in Y5 to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. - Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. - Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21 - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update March 2024 - The Unscheduled Care Group Senior Management Team reviewed current ambulatory pathways and the site based clinical teams are in the process of developing an Standard Operating Procedure (SOP) relating to R2sit. The Care Group also continue to explore the potential to expand ambulatory footprint at the Princess of Wales site. Following the successful bid for WG funding for RGH nurse call bell and emergency call system within Ambulatory Emergency Care Unit (AECU), PCH Ambulatory plans are in place to complete this work by April 24. This will improve patient experience within these departments. 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 the recent onsite of winter pressures, risk rating to remain at 20.	Quality & Safety Committee Planning & Performance Committee	20	C4xL5	12 (C4xL3)	++	24.09.2019	27.2.2024	31.03.2024
2713	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Specialities Care Group	Radiology Service Manager	Improving Care	Patient / Staff /Public Safety	Backlog of Reporting Radiology Examinations	If there is consistent backlog of Radiology reports Then there will a delay in patient diagnosis and treatment, which could lead to poorer patient outcomes Resulting in deterioration of health and potential death. All radiological examinations should be reported in a timely manner. There is a risk of delay in diagnosis of patient condition and any additional interventions/treatment that may be required following diagnosis due to an excessive backlog and increasing demand in imaging services. There is also a risk of damage to the reputation of the Organisation due to the failure to meet performance targets. The reporting backlog has been compounded by: Reduced effective Radiologist workforce due to retirements, sickness, secondment, maternity leave and limited available Radiologist workforce. RadIS merger which caused problems for outsourcing as prior imaging has not been available as it previously has been. National Cyber attack, computer & RadIS patches which caused two weeks downtime for reporting. Colon CT - All barium enema examinations are now scanned in CT which has increased the specialist reporting significantly with no increase in Radiologist support. Long term inability to recruit Radiologists as there are insufficient numbers trained in the UK. There is also risk of work related stress due to pressure placed on existing Radiologist workforce to meet the demands of the service.	Radiologists performing extra reporting sessions in addition to their normal working hours. Radiographers trained to report accident & emergency images. Up to date job plans for all Radiologists. Datix incident and concerns procedures in place. Data tracked weekly.	Update January 2024 Risk reviewed in November 2023. Risk reduced from 20 to 16 due to additional funding secured, £300,000 non-recurrent until end of March 2024, to be used for outsourcing reports. 250 CT per week, 200 MRI, monitoring to adjust greatest need. 6.5 consultant vacancies still stand, with active recruitment ongoing. Risk score remains under review as likelihood may increase when funding ends due to sustainability. Risk to be reviewed mid January 2024. Update March 2024 - risk reviewed and there was no change to mitigation, which remains ongoing, and risk score. Next review 15th March 2024.	Quality & Safety Committee Planning Performance & Finance Committee	16	C4xL4	4 C4xL1	++	08.02.2017	22.02.2024	18.3.2024

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
5427 (Replacing 5154)	Executive Director of Finance & Procurement	Sustaining Our Future	financial Stability Risk	Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023/24.	<p>IF: The Health Board is not able to plan and deliver changes which enable current run rates of expenditure to align with the available funding for 2023/24.</p> <p>Then: The Health Board will not be able to deliver a break-even financial position for 2024/25.</p> <p>Resulting in: Potential deficit in 2024/25 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. Failure to meet statutory financial duty WG not supporting the Health Board's plan Potential cash shortfalls in the latter months of 24/25</p>	<p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. Routine monitoring arrangements in place.</p> <p>Regular reporting to the Executive Leadership Group, the Planning, Performance & Finance Committee and the Board.</p>	<p>Update March 2024 - As at M10 the Health Board is reporting a forecast underlying deficit at the end of 23/24 of £19.4m. This forecast assumes that the Health Board secures the £51m recurrent funding that is conditional on achieving the break even Control total for 23/24. This forecast underlying deficit is the starting position for the draft financial plan for 24/25. On this basis the likelihood risk score has been reduced from a 4 to a 3.</p>	Planning, Performance & Finance Committee	12 (Risk score reduced from a 16 in March 2024)	8 (C4xL2)	

	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.										

Agenda Item
5.1

Planning, Performance and Finance Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	30/04/2024
Statws Cyhoeddi / Publication Status	Open / Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Linda Prosser	16/04/2024	Endorsed for Approval

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



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



1. Situation/Background

- 1.1 During June 2023, Welsh Government released the NHS Performance Framework for 2023/24. The 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/sites/default/files/publications/2023-06/nhs-wales-performance-framework-2023-2024.pdf>

[The framework for 2024/25 has not yet been published by the Welsh Government.](#)

2. Specific Matters for Consideration

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

A one page summary of the UHB's recent performance against the highest profile indicators within the WG framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 5 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>72.0% of adults aged 65 and over received the influenza vaccine during the last week of February 2024 ↑</p> <p><i>Compared to the previous period the rate was 71.3%</i></p>	<p>As at end of Feb 2024, 41.4% of frontline healthcare workers received the influenza vaccine ↓</p> <p><i>Compared to the 2022/23 season, the uptake was 50%</i></p>	<p>The Month 11 financial position is £0.6m Deficit ↓</p> <p><i>Compared to last month it has fallen by £0.5m</i></p>	<p>64.5% of patients were seen within 4 hours from arrival at an Emergency Department →</p> <p><i>Compared to last month compliance was 65.2%</i></p>	<p>100% of GP Practices have achieved in-hours access standards during 2022/23 ↑</p> <p><i>Compared to the previous year the rate was 98%</i></p>
<p>2.84% of adults who smoke made a quit attempt during Quarter 1 to 2 of 2023/24 ↑</p> <p><i>Compared to the previous year 2.05% attempted during the same period</i></p>	<p>89.2% of children aged 5 were up to date with their vaccinations →</p> <p><i>Compared to the previous quarter the rate was 89.1%</i></p>		<p>Provisionally 2,531 patients have waited longer than 2 years for referral to treatment ↓</p> <p><i>Compared to the previous period 2,804 patients had waited this length of time</i></p>	<p>49.6% of patients started their cancer treatment within 62 days →</p> <p><i>Compared to the previous month the rate was 51.7%</i></p>

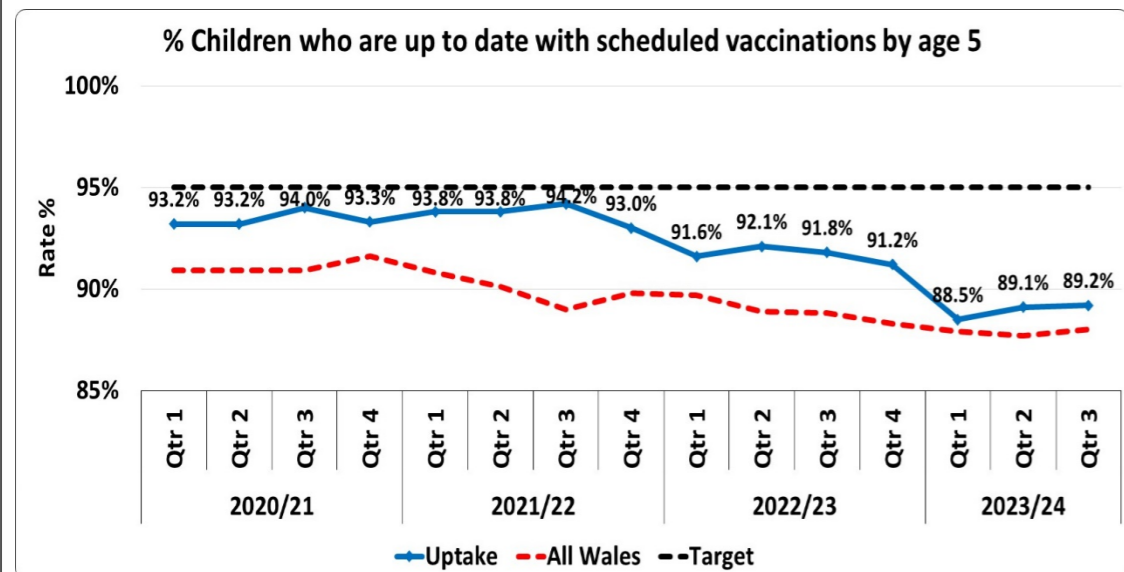
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management																											
Performance Measure	Target	Key: ● Trend --- Target/Trajectory	Key: Target Achieved Target Failed 	Latest Position																							
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>Q1-Q4 2020/21</td> <td>Q1-Q4 2021/22</td> <td>Q1-Q4 2022/23</td> <td>Q1-Q2 2023/24</td> </tr> </table>	Q1-Q4 2020/21	Q1-Q4 2021/22	Q1-Q4 2022/23	Q1-Q2 2023/24	2.84% on the basis of this extrapolation compliance should hit 5.7% at year end	Q1-Q2 2023/24																		
	Q1-Q4 2020/21	Q1-Q4 2021/22	Q1-Q4 2022/23	Q1-Q2 2023/24																							
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>Q4 2021/22</td> <td>Q1 2022/23</td> <td>Q2 2022/23</td> <td>Q3 2022/23</td> <td>Q4 2022/23</td> <td>Q1 2023/24</td> <td>Q2 2023/24</td> <td>Q3 2023/24</td> </tr> </table>	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	77.8%	Q3 2023/24														
	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24																			
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>Q1 2020/21</td> <td>Q2 2020/21</td> <td>Q3 2020/21</td> <td>Q4 2020/21</td> <td>Q1 2021/22</td> <td>Q2 2021/22</td> <td>Q3 2021/22</td> <td>Q4 2021/22</td> <td>Q1 2022/23</td> <td>Q2 2022/23</td> <td>Q3 2022/23</td> <td>Q4 2022/23</td> <td>Q1 2023/24</td> <td>Q2 2023/24</td> <td>Q3 2023/24</td> </tr> </table>	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	89.2%	Q3 2023/24							
	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24												
	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>Q1 2023/24</td> <td>Q2 2023/24</td> <td>Q3 2023/24</td> <td>Q4 2023/24</td> </tr> </table>	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	86.2%	Q3 2023/24																		
	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24																							
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>2019/20</td> <td>2020/21</td> <td>2022/23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> </tr> </table>	2019/20	2020/21	2022/23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Please note data reflects just the last week of February 72.0%	Jan-24														
2019/20	2020/21		2022/23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24																			
Percentage uptake of the COVID-19 vaccination for those eligible - Spring booster 2023: aged 75 yrs and over; residents in care home for older adults and immunosuppressed aged 5 yrs & over.	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Please note data reflects just the last week of February 53.1%														
Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24																	
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; width: 100%; text-align: center;"> <tr> <td>Apr-22</td> <td>May-22</td> <td>Jun-22</td> <td>Jul-22</td> <td>Aug-22</td> <td>Sep-22</td> <td>Oct-22</td> <td>Nov-22</td> <td>Dec-22</td> <td>Jan-23</td> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> <td>Jan-24</td> </tr> </table>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	4.8%	Jan-24	
Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24						
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	<table border="1" style="margin-top: 5px; width: 100%; text-align: center;"> <tr> <td>Apr-22</td> <td>May-22</td> <td>Jun-22</td> <td>Jul-22</td> <td>Aug-22</td> <td>Sep-22</td> <td>Oct-22</td> <td>Nov-22</td> <td>Dec-22</td> <td>Jan-23</td> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> </tr> </table>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	97.0%	Dec-23		
Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23							
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; width: 100%; text-align: center;"> <tr> <td>Apr-22</td> <td>May-22</td> <td>Jun-22</td> <td>Jul-22</td> <td>Aug-22</td> <td>Sep-22</td> <td>Oct-22</td> <td>Nov-22</td> <td>Dec-22</td> <td>Jan-23</td> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> </tr> </table>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	96.6%	Feb-24
Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24					

CTMUHB Improving Population Health & Wellbeing

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

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



Quarter 3 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	82.7%
RCT LA	90.6%
Bridgend LA	89.6%
CTMUHB	89.2%

Quarter 3 2023/24 Welsh HB's Uptake	
ABUHB	87.9%
BCUHB	90.0%
C&VUHB	85.7%
CTMUHB	89.2%
HDUHB	87.2%
PTHB	92.1%
SBUHB	85.8%
All Wales	88.0%

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

Challenges:

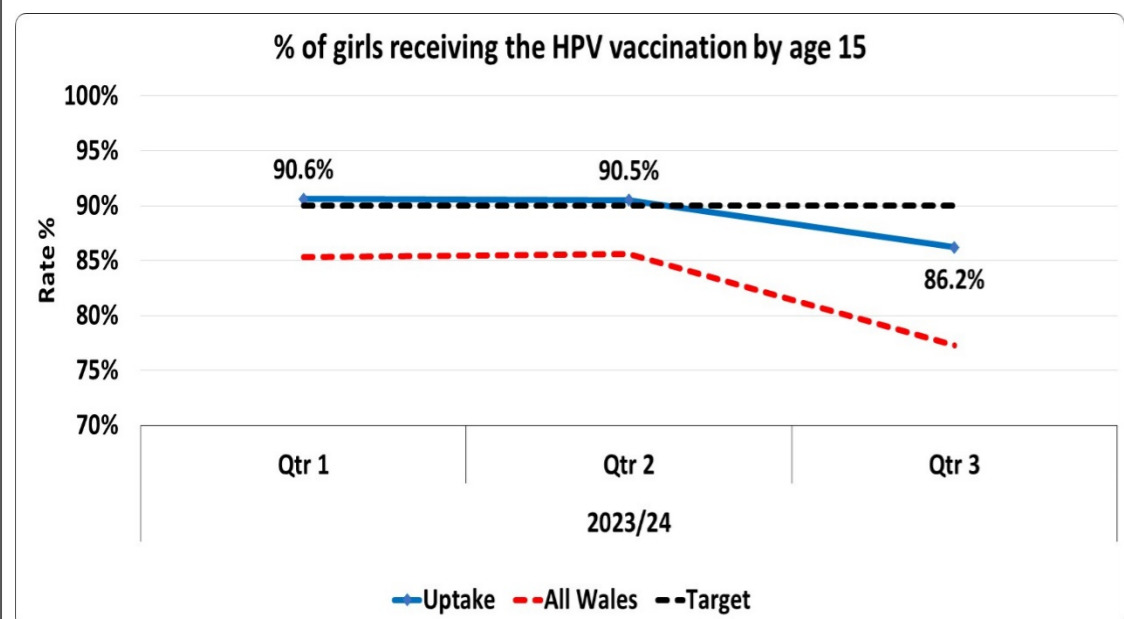
- Changes to the under age 5 routine schedule at the end of 2024; staff may need an out of season training update.
- Increasing diversity within our demographics, thus needing accurate vaccination history for clients and the ability to provide information in required languages.
- Timely and accurate recording on data systems (Child Health and CYPrIS).
- Fluenz is not a scheduled vaccine and relies on GP practices to invite children in.
- Transition from Health Visitor to School Nursing – recall into schedule of vaccination changes.

Actions:

- Additional out of season training to reflect changes in scheduling.
- Source literature in all languages and disseminate this source to relevant staff.
- Link practices with Primary Care Nurse Educators to ensure new staff receive timely training.
- Primary Care Nurse Educators to distribute training information to practices on regular basis to ensure practices are aware of training available. Information on training and updates to be provided via Practice Nurse Forum.
- CTM Childhood Vaccination Group established and meets monthly.
- MMR vaccination catch up offered as part of appointed Fluenz catch up clinics.
- Targeted MMR vaccination catch up in Primary Schools – commenced January 2024.

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

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



Quarter 3 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	77.1%
RCT LA	88.0%
Bridgend LA	87.2%
CTMUHB	86.2%

Quarter 3 2023/24 Welsh HB's Uptake	
ABUHB	71.6%
BCUHB	79.1%
C&VUHB	62.8%
CTMUHB	86.2%
HDUHB	79.7%
PTHB	80.3%
SBUHB	89.7%
All Wales	77.3%

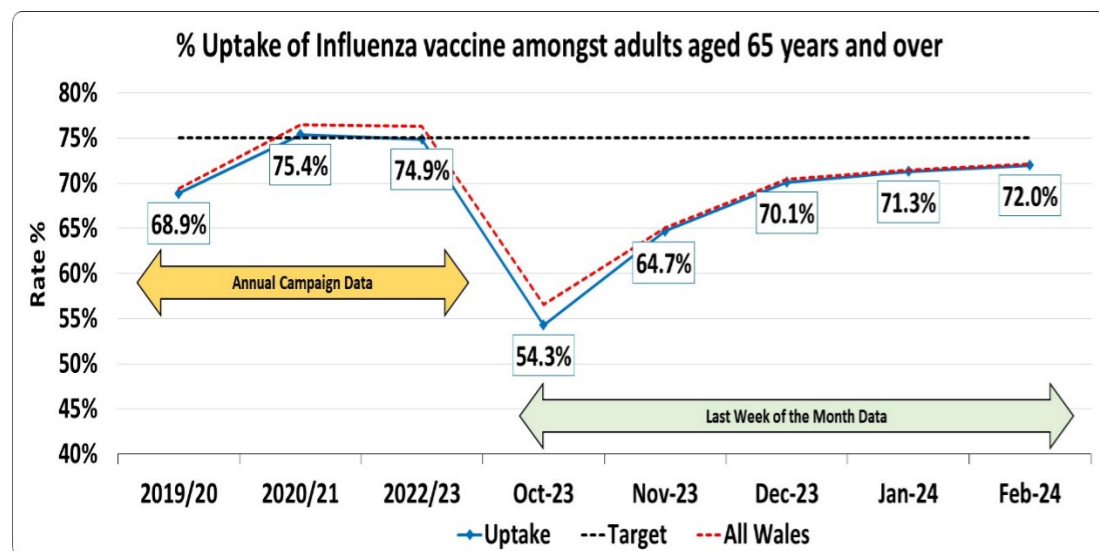
What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

- Lack of positive consent forms not being returned to schools. There is also a lack of capacity within the school nursing service to contact parents directly due to competing service demands within the School Nursing service.
- Lack progress to launch the use of an e-consent system in this academic year, mainly due to Patient portal functionality not being available.
- Lack of engagement from CTM comms to actively raise the profile of HPV and the school based Immunisation Programme as a whole.
- Reliance from PHW on the promotion of school based immunisations via posters, leaflets, videos to send into schools. More innovation needed to utilise social media, radio or television to provide the right information to a wider audience.
- Increasing diversity within our demographics, thus needing accurate vaccination history and the ability to provide information in required languages

Actions:

- Literature sourced from Public Health England, in all languages and disseminate this source to relevant staff involved in vaccination and immunisation
- Pilot and rollout of e-consent aimed for summer term of 2024.
- Engage with comms. in LAs and HB to raise the profile of the school immunisation programme to parents/carers and eligible pupils, signposting to PHW information.
- Partnership working with primary care colleagues to secure support in raising the profile of HPV from GP surgeries.
- Collaboration with Directors of Education and education colleagues to optimise immunisation uptake.
- CTM Childhood Vaccination group established and meets monthly.
- Engage with CYP colleagues to raise the profile of immunisations by acute paediatric wards, paediatrician, Community Children's team and paediatric CNS's.
- School nursing service to adopt a universal, enhanced and intensive approach to target areas known to have low uptake rates with the aim of increasing immunisation rates and reduce inequalities.
- Collaboration by School Nurse Immunisation Coordinator to work with HB colleagues to ensure the smooth and efficient planning and delivery of HPV programme.



Uptake Welsh HB's February 2024	
ABUHB	75.3%
BCUHB	73.2%
C&VUHB	72.8%
CTMUHB	72.0%
PTHB	69.1%
SBUHB	69.3%
HDUHB	69.3%
All Wales	72.1%

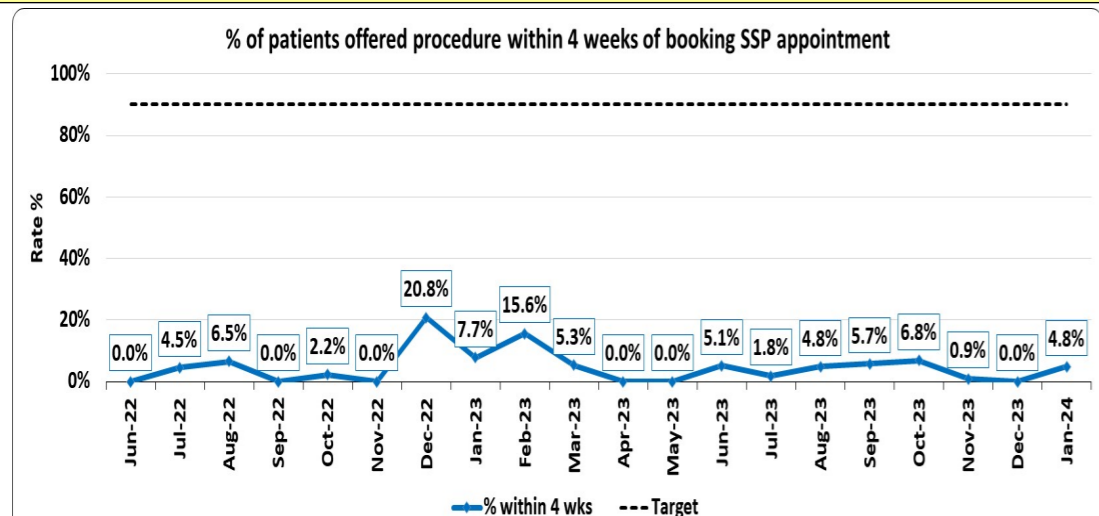
Challenges:

- Ensuring wider implementation of NIF (e.g. vaccine equity and digital platforms) is considered within the planning and delivery of vaccination programmes and the wider health protection system.
- The number of Welsh Health Circulars (WHCs) received requiring immediate action and upcoming new vaccination programmes to be rolled out.
- Changes in Joint Committee on Vaccination and Immunisation (JCVI) guidance and WHC recommendations may impact on the practical aspects related to vaccination clinics and the storage of vaccines.
- Ensuring annual immunisation training updates fit with the immunisation timeline, as guided by WHCs.
- Ensuring that vaccinating services collaborate to raise overall vaccination rates, rather than compete for the same patient groups.
- Establishment of sustainable flu vaccination delivery model for staff and residents in care homes for the elderly
- Ensuring that community pharmacies have sufficient vaccinators and capacity to provide flu vaccination, alongside demand to provide alternative clinical pharmaceutical services.
- Ensuring that community pharmacies have access to sufficient vaccines, at the appropriate time, within their financial constraints.
- Supporting pharmacies to optimise their flu vaccination programme and deliver more vaccinations each year.

Actions:

- Engage in pilot exploring a model of staff and resident 'in house' vaccination by care home staff (All Wales model with CTM involvement)
- Plan the flu season in collaboration with key leads to ensure the flu programme can commence earlier.
- End of season flu report template disseminated to all GP practices to reflect on previous activity and support future planning
- CTM representation at All Wales Vaccine Equity Network and use of vaccine equity planning toolkit locally.
- Explore the possibility of developing the role of flu champions in GP practices.
- Winter respiratory debrief undertaken February 2024 and insight gathered will be used as part of planning for the 2024/25 campaign.
- Multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging on benefits of flu vaccination.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
 - maintain current position regarding pharmacy opening hours on the weekend.
 - support pharmacy inclusion in national discussions about centralised procurement of vaccines.
 - utilise primary care clusters to support a collaborative approach to vaccination.
 - ensure that public messaging regarding flu vaccination services is timely, accurate and representative of the wider offering.

Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment Target 90% - January 2024 - 4.8%

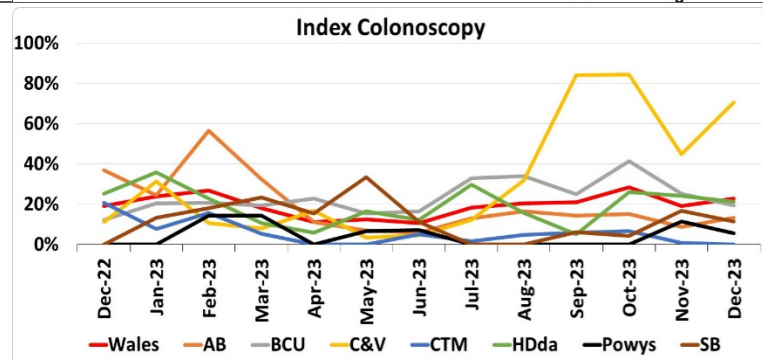


How are we doing & what actions are we taking?

As of the 8th April, the health board's Bowel Screening Wales (BSW) waits were on average within Public Health Wales' 4 week compliance, with 1st Assessment Stage waits less than 2 weeks and screening colonoscopy waits between 2 and 3 weeks. Internal additional ad hoc lists continue, including weekend, plus remaining 1 weekend of insourcing to complete. The service did see a slight loss in activity due to the 2nd junior doctor industrial action; this was to ensure emergency services remained safe. Sustainability plans are now costed and awaiting workforce sign-off to staff unfunded sessions (x 2) at POW; this will continue to support the Optimisation Programme. (Waiting list is currently being held around 20 participants without a booked date, was 262. The longest wait is averaging 22 days, this is due to participant choice and fitness for scope, was 182 day wait March 2023).

The operational challenges that have an impact on activity are:

- Participant/Patient choice remains an issue regarding booked dates.
- Participant choice/refusal of TCI dates across CTM
- Providing cover for period of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic lists and improvement to utilisation through productivity and efficiencies - continues to be monitored.
- Uptake and current conversion to surgery continues to be monitored and escalated.



Status as at December 2023		
Health Board	Compliance	Rank
C&V	70.5%	1st
HDda	21.2%	2nd
BCU	19.4%	3rd
AB	13.3%	4th
SB	11.5%	5th
Powys	5.6%	6th
CTM	0.0%	7th

Actions being taken:

- Insourcing - 1 more weekend to run in April.
- 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 (2 additional core lists at POW). Will require recruitment process and training before go live date confirmed and we await workforce approval.
- Future plans to meet next steps for Optimisation Programme 2024/25 to include new endoscopy unit at PCH with 3rd room. Workforce model and business case completed and approved; awaiting finance allocation & funding.
- 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: —●— Trend — Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		Target Achieved	100.0% 2022/23
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 2023 and 100% by 31 March 2024		Target Failed	79.3% as at Dec 2023
Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by 31 March 2024		Target Failed	672 Mar-24
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	An increase on the number in the equivalent month in the previous year		Target Failed	1,860 Jan-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)			Target Achieved	100.0%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		Target Failed	63.6% Feb-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)			Target Achieved	85.4%
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)			Target Achieved	93.6%
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		Target Failed	42.4%
Median emergency response time to amber calls	12 Month Improvement Trend		Target Failed	01:55:00 Mar-24
Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend		Target Failed	13

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement				
Performance Measure	Target	Key: —●— Trend — Target/Trajectory	Key: Target Achieved Target Failed	Latest Position
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend		Target Achieved	63
% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in 2022-23, towards the national target of 95%		Target Failed	64.5% Mar-24
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by 31 March 2024		Target Failed	1,849
% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 31 March 2026		Target Failed	49.6% Feb-24
Number of patients waiting more than 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by 31 March 2024		Target Failed	7,309
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		Target Achieved	94.0%
Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Improvement trajectory towards a national target of zero by 31 March 2024		Target Failed	1,570
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero		Target Failed	14,104 Mar-24
Number of patients waiting over 36 weeks for a new outpatient appointment			Target Failed	25,348
Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%			Target Failed	41,118
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards the national target of zero		Target Failed	2,531
Number of patients waiting more than 52 weeks for treatment			Target Failed	24,263
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment			Target Failed	26.6% Feb-24
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		Target Failed	62.1%

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1a, b and 2 of the Mental Health Measure. This has delivered improvement in all 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. The NHS Executive has helpfully provided some demand and capacity training to help our focus in this area.
- Part 1b:** We are working with the 3rd Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions and are being delivered in each of the three local authority areas.
- Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). This includes some joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive which is helping to improve compliance in all areas and in a sustainable way. The service has completed a self-assessment which is the precursor of an All Wales Review of CTP's within CAMHS by HIW.

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

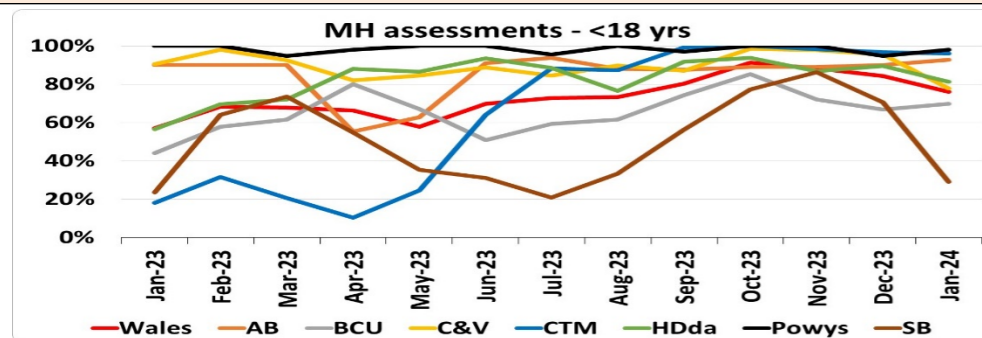
Outputs of improvements:

- 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 February we had 79 patients on the waiting list (101 previous month), with no patient waiting beyond 30 days, although the average waiting time has increased to 1.4 weeks from 1.1 weeks at the end of the previous month.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions decreased to 88 in February compared to 98 in January, though average waiting times have fallen to 3.2 weeks compared to 4.9 in the previous month. From January the Mental Health Matters interventions team have increased patient numbers going through their groups in each of the three local authority areas and this will have a positive impact on performance going forward.
- Work is also underway to develop the online digital platform Silvercloud to further help with interventions. A memorandum of understanding has been approved with the supplier and a provisional go live date in April has been agreed. There remain three Band 5 registrant vacancies in the Intervention Team with the service progressing ongoing recruitment through streamlining with some very positive feedback from student placements.
- Part 2:** The focus on quality in relation to CTP's will be supported by the results of the caseload audit that was completed over the Christmas period. The finding of this audit will be shared with the NHS executives in due course, who have helped with its delivery.

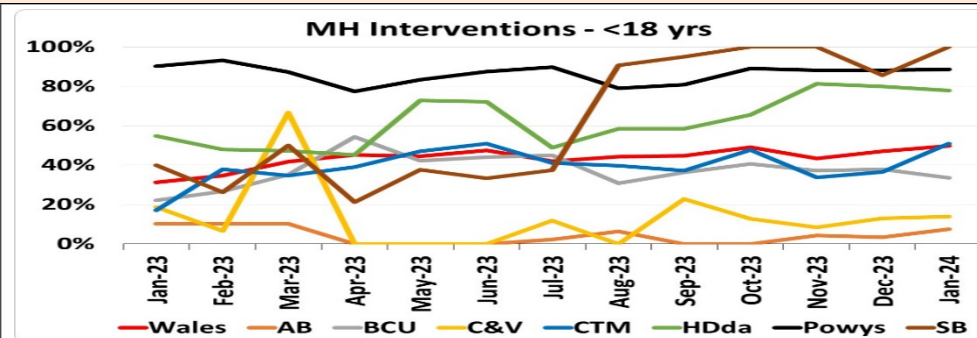
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. 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 but there remain some registrant vacancies in the Part 1b Interventions Team. Colleagues are in discussion with universities to identify possible students nearing qualification.
- Clinical colleagues have reported rising acuity within their patient population, this may have an impact on delivery going forward.

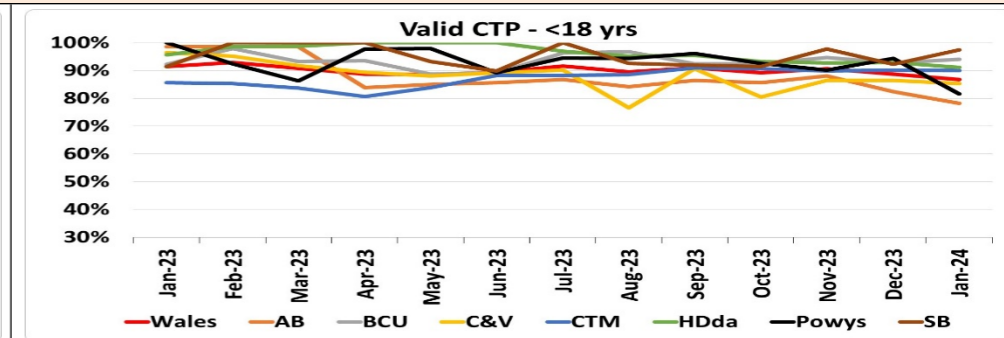
How do we compare with our peers?



Status as at January 2024		
Health Board	Compliance	Rank
Powys	98.0%	1st
CTM	96.0%	2nd
AB	92.9%	3rd
HDda	81.3%	4th
C&V	77.9%	5th
BCU	69.9%	6th
SB	29.2%	7th



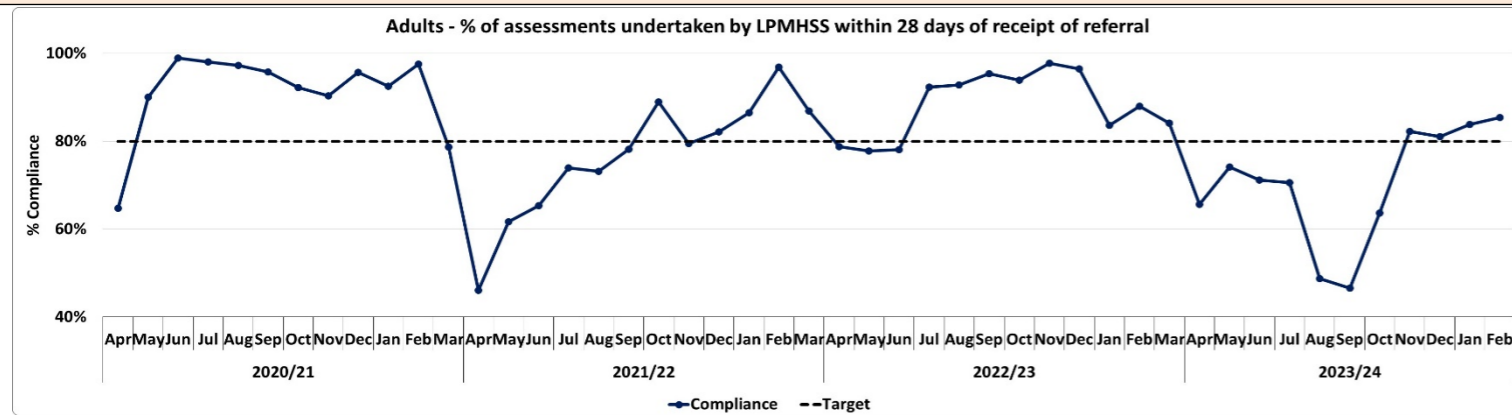
Status as at January 2024		
Health Board	Compliance	Rank
SB	100.0%	1st
Powys	88.6%	2nd
HDda	78.0%	3rd
CTM	51.0%	4th
BCU	33.5%	5th
C&V	14.0%	6th
AB	7.5%	7th



Status as at January 2024		
Health Board	Compliance	Rank
SB	97.4%	1st
BCU	94.0%	2nd
HDda	91.1%	3rd
CTM	90.0%	4th
C&V	85.3%	5th
Powys	81.6%	6th
AB	78.3%	7th

CTM Mental Health Services (excluding CAMHS) – February 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (85.4%) - Target 80%



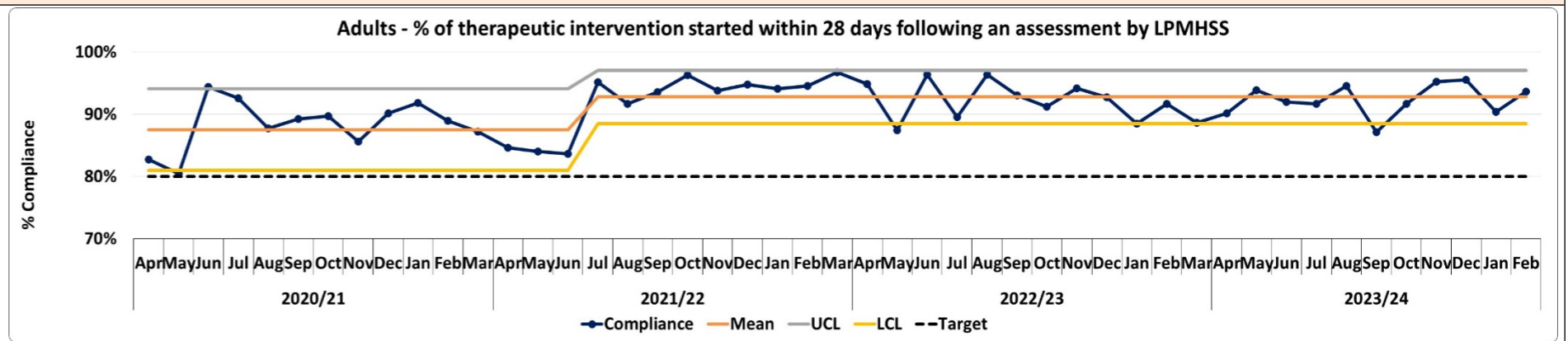
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during February reached 85.4% and remains above the WG target.

Referrals during the month totalled 710 and were similar to those received during the equivalent period of 2023. The 12 month average has recorded 716 referrals each month and we continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

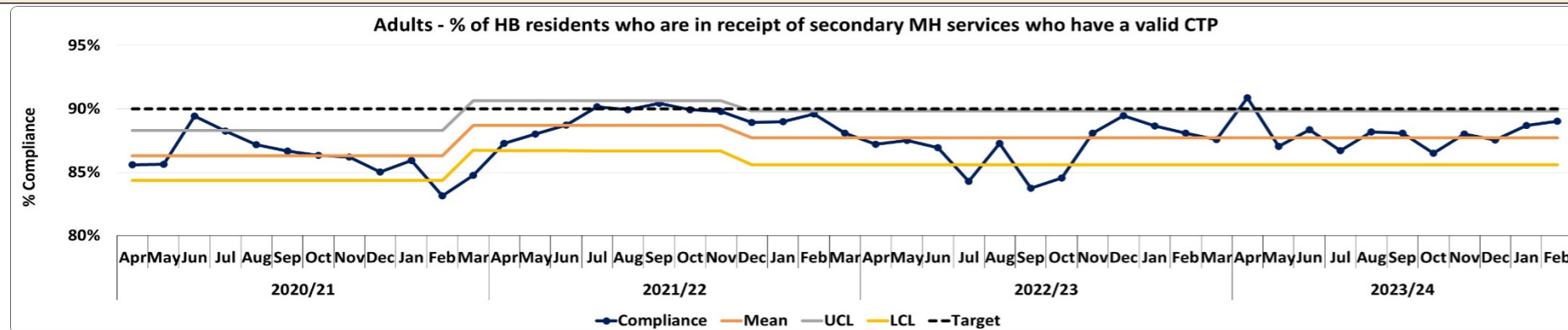
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (93.6%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during February reached 93.6% and continues to stand above the WG target of 80%.

During the month, 265 of the 283 interventions commenced within the 28 day timeframe.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (89.0%) - 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 observed 89.0% compliance during February 2024 and remains just below the 90% WG standard.

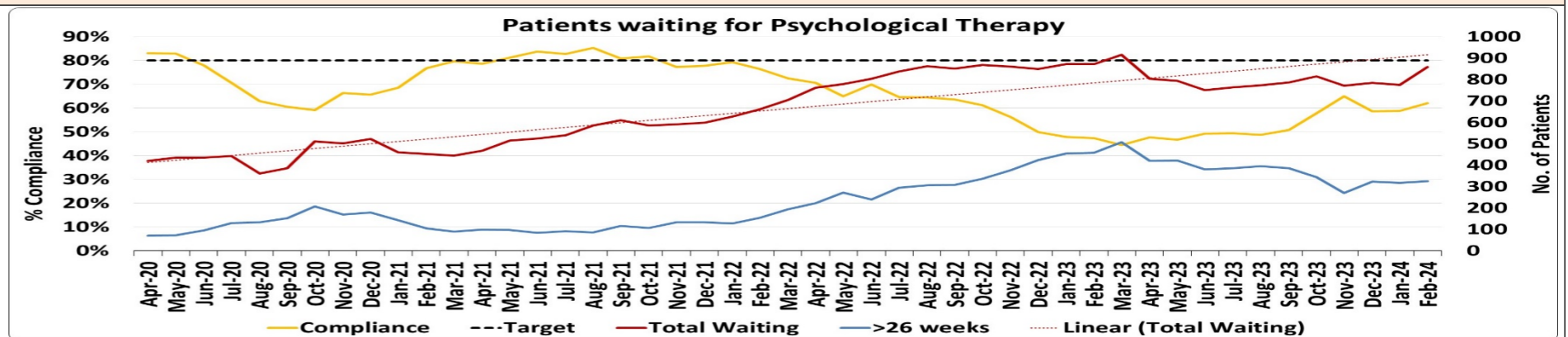
Part 3: There were no requests for any adult assessments under Part 3 of the Mental Health Measure during February.

% of patients waiting less than 26 weeks to start a Psychological Therapy (62.1%) - Target 80%

During February, Psychological Therapies compliance improved to 62.1% from 58.9% in the previous month, but compliance continues to remain below the 80% target threshold set by WG. October 2021 was the last time the target was achieved.

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

At the end of February the waiting list stood at 860 patients which represents a 6% reduction from the peak of 916 during March 2023.



Adult Mental Health Services continued on the next page...

How are we doing?

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

Merthyr Cynon area has fallen below the 80% target compared to the previous month to 73%. Rhondda Taff Ely area dipped slightly to 86%, however, Bridgend area have seen a further improvement from 58% to 85%.

Part 1b: Performance continues to be above target at 93.6%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 89%:

- Adult Services improved marginally to 87.0%
- Older Adult Services improved to 95.2% from 93.6%
- Learning Disability Services declined slightly to 93.5%

Psychological Therapies: The overall position for Psychological Therapies waiting list for February stands at 860; an increase of 84 compared to January. Those patients waiting over 26 weeks is 38%, equating to 326 service users. The current performance of 62% of people waiting less than 26 weeks is above the trajectory of 59% set at February.

Overall, the longest waiting patient has increased from 157 weeks in January to 161 weeks in February and is based in Rhondda LPMHSS. There was a total of 179 new referrals into the system in February which is a slight increase on the previous month.

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

Actions to improve performance are:

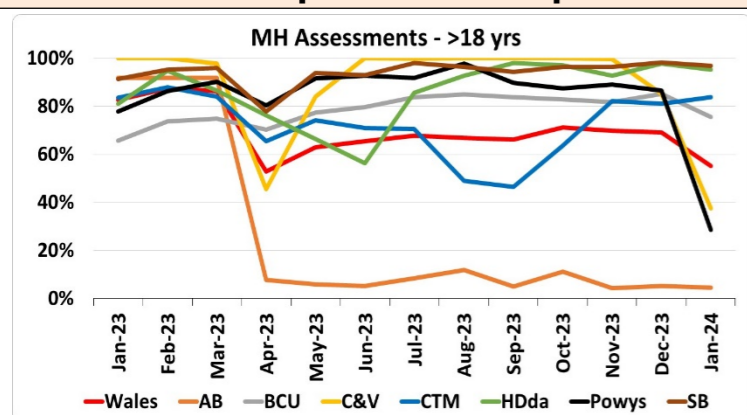
Part 1a:

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

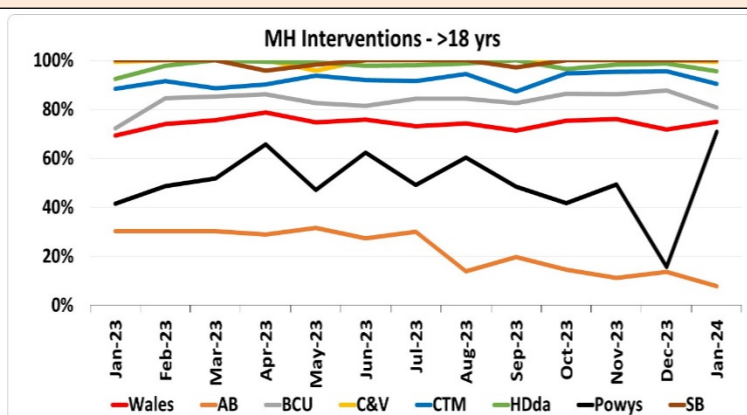
Part 2: Targeted work on non-compliant CTPs is continual with work ongoing to improve reporting and insight to enable managers to target specific areas / personnel of non-compliance. Work continues with Community Mental Health Team leads and Local Authority partners to ensure any non-compliant CTPs are prioritised, based on reducing risk. The primary risk to sustained improvements remains the reduction in staffing capacity caused by sickness and high caseloads in certain areas within CTM. Managers are monitoring compliance weekly to mitigate reductions, whilst work on Demand & Capacity and resources for large caseloads is reviewed.

Psychological Therapies: Ongoing validation work continues around ensuring that all waiting lists are accurate. There is also ongoing work to clearly identify and record on the waiting lists the types of therapy service users are waiting for, allowing efficient allocation of service users to staff resource. 10 service users started intervention in February following agreement to utilise some of the Problem Shared uplift capacity for LPMHSS.

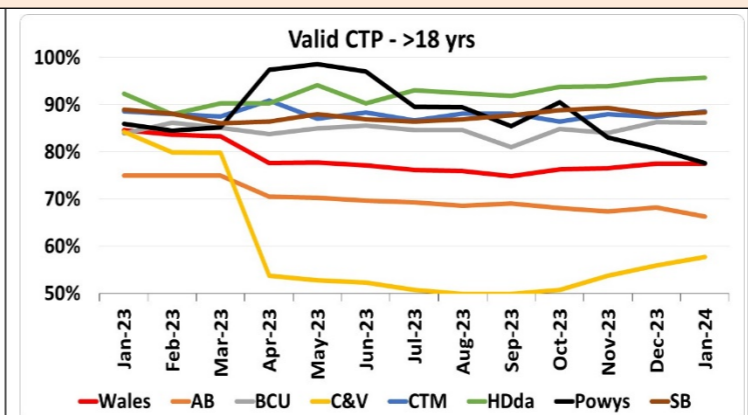
How do we compare with our peers?



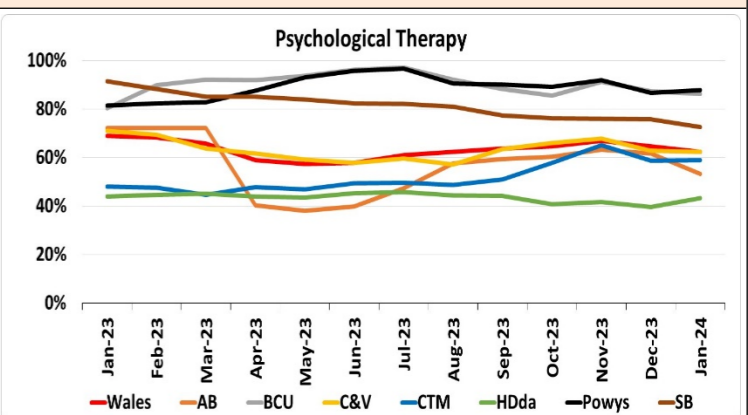
Status as at January 2024		
Health Board	Compliance	Rank
SB	96.8%	1st
HDda	95.3%	2nd
CTM	83.8%	3rd
BCU	75.5%	4th
C&V	37.6%	5th
Powys	28.6%	6th
AB	4.5%	7th



Status as at January 2024		
Health Board	Compliance	Rank
SB	100.0%	1st
C&V	99.4%	2nd
HDda	95.6%	3rd
CTM	90.4%	4th
BCU	80.7%	5th
Powys	71.0%	6th
AB	7.9%	7th



Status as at January 2024		
Health Board	Compliance	Rank
HDda	95.7%	1st
CTM	88.7%	2nd
SB	88.4%	3rd
BCU	86.2%	4th
Powys	77.7%	5th
AB	66.3%	6th
C&V	57.8%	7th

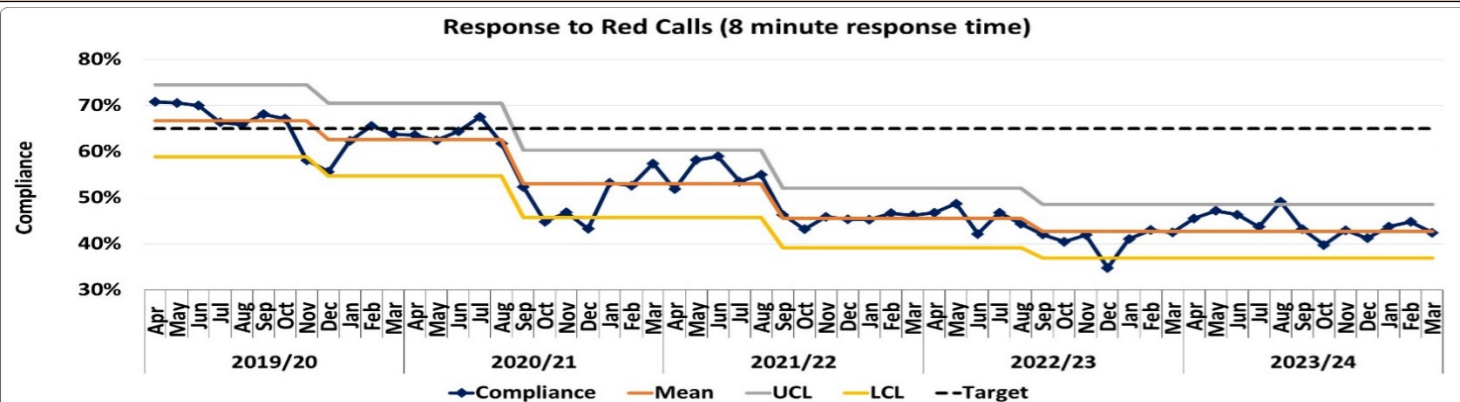


Status as at January 2024		
Health Board	Compliance	Rank
Powys	87.8%	1st
BCU	86.1%	2nd
SB	72.6%	3rd
C&V	62.4%	4th
CTM	58.9%	5th
AB	53.1%	6th
HDda	43.1%	7th

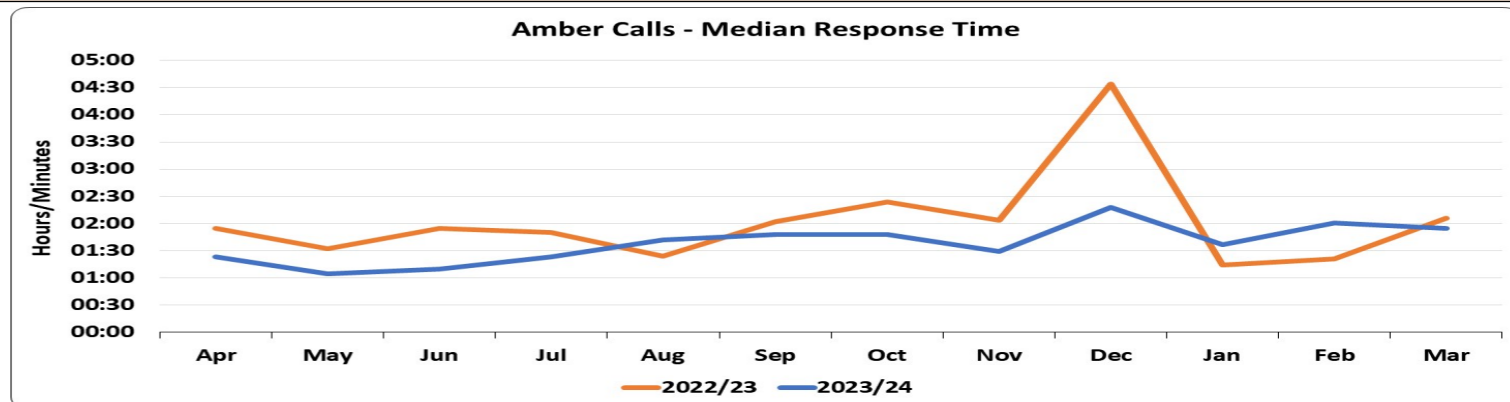


Emergency Ambulance Services – March 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
March 2024 – 42.4%



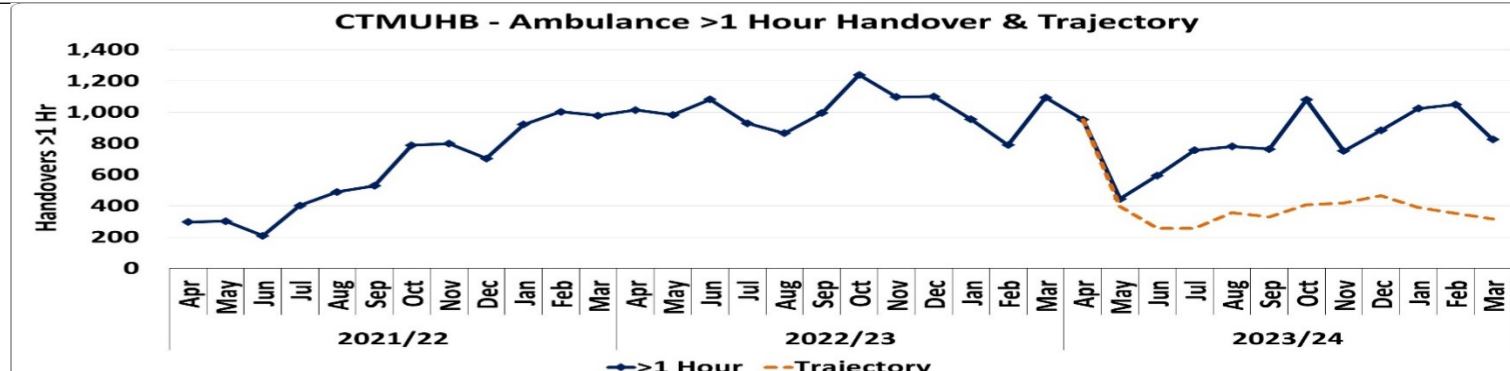
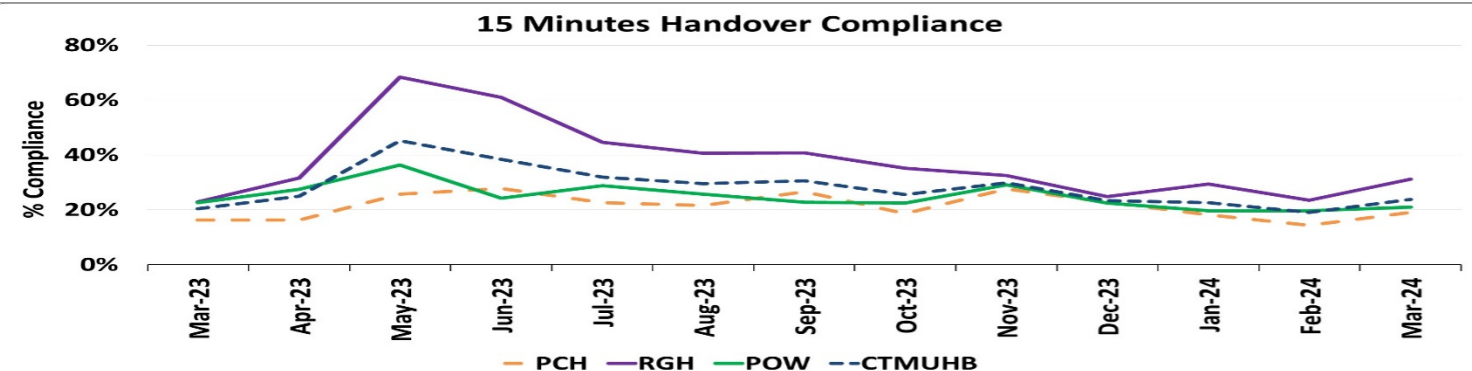
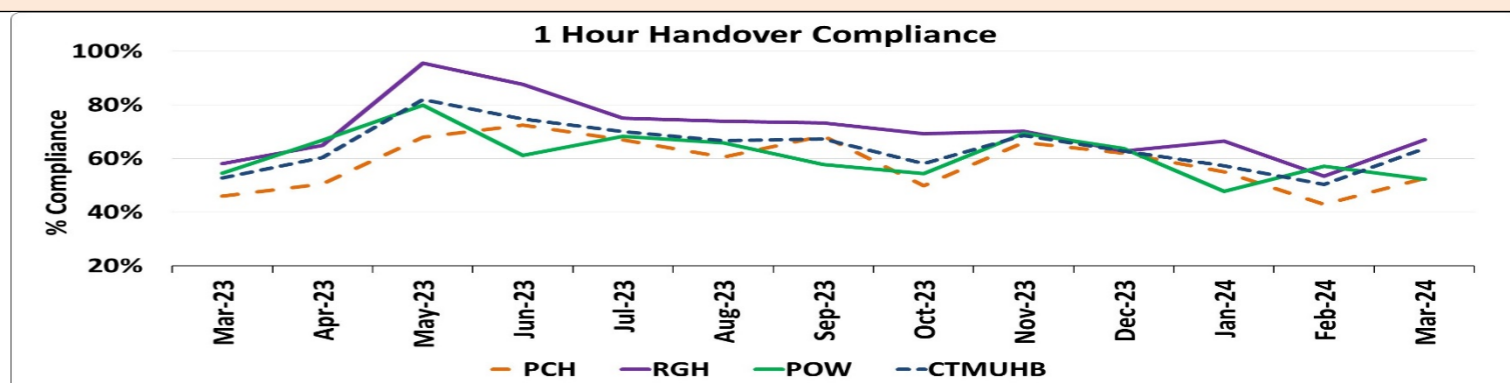
Median emergency response time to Amber Calls – Target is 12 month improvement trend
March 2024 - 1 hour 55 minutes



Number of ambulance handovers within 15 minutes – Target Improvement
Total handovers 2,277 of which 543 handovers were within 15 minutes (23.8%)

Period	PCH			RGH			POW			Total Handovers	CTMUHB	
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins		% <15 mins	% <60 mins
Mar-23	849	16.3%	45.9%	873	22.9%	58.1%	593	22.6%	54.6%	2315	20.4%	52.7%
Apr-23	857	16.3%	50.5%	830	31.7%	64.8%	711	27.4%	66.8%	2398	24.9%	60.3%
May-23	831	25.8%	68.0%	962	68.3%	95.5%	678	36.3%	79.9%	2471	45.2%	82.0%
Jun-23	875	27.8%	72.5%	822	60.9%	87.7%	649	24.2%	61.2%	2346	38.4%	74.7%
Jul-23	940	22.7%	66.9%	864	44.6%	75.0%	721	28.8%	68.2%	2525	31.9%	70.1%
Aug-23	869	21.6%	60.5%	832	40.6%	73.9%	644	25.8%	65.8%	2345	29.5%	66.7%
Sep-23	876	26.6%	68.5%	837	40.7%	73.4%	628	22.8%	57.8%	2341	30.6%	67.4%
Oct-23	971	18.6%	49.9%	928	35.1%	69.2%	673	22.4%	54.4%	2572	25.6%	58.0%
Nov-23	832	27.6%	66.1%	883	32.5%	70.2%	676	29.1%	69.4%	2391	29.9%	68.5%
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%	63.8%

Number of ambulance handovers over 1 hour – Target Zero – Please note that this measure is Quadruple Aim 4 but has been included in this area for ease of reference
825 handovers were over 1 hour (63.8% of handovers were within 1 hour)



Red Release Requests – February 2024 – 97.5%

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Feb-23	8	8	100.0%	10	9	90.0%	3	3	100.0%	21	20	95.2%
Mar-23	14	14	100.0%	12	10	83.3%	11	11	100.0%	37	35	94.6%
Apr-23	15	15	100.0%	7	3	42.9%	3	3	100.0%	25	21	84.0%
May-23	8	8	100.0%	5	5	100.0%	1	1	100.0%	14	14	100.0%
Jun-23	12	12	100.0%	5	4	80.0%	6	6	100.0%	23	22	95.7%
Jul-23	16	16	100.0%	7	7	100.0%	11	10	90.9%	34	33	97.1%
Aug-23	10	10	100.0%	5	5	100.0%	10	10	100.0%	25	25	100.0%
Sep-23	16	16	100.0%	5	3	60.0%	11	11	100.0%	32	30	93.8%
Oct-23	13	13	100.0%	21	19	90.5%	19	19	100.0%	53	51	96.2%
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%	11	11	100.0%	44	43	97.7%
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%

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

How do we compare with our peers?

Red Calls

Health Board	Compliance	Rank
C&V	54.3%	1st
AB	51.5%	2nd
SB	50.3%	3rd
BCU	49.3%	4th
HDda	45.3%	5th
Powys	45.0%	6th
CTM	42.4%	7th

Amber Calls

Health Board	Compliance	Rank
Powys	00:53	1st
C&V	01:17	2nd
AB	01:20	3rd
BCU	01:24	4th
CTM	01:58	5th
HDda	02:14	6th
SB	02:40	7th

Handovers > 1 hr

Health Board	Compliance	Rank
C&V	310	1st
SB	621	2nd
AB	729	3rd
CTM	1,049	4th
HDda	1,124	5th
BCU	2,069	6th

Emergency Ambulance Services continued overleaf:

How are we doing?

Response to Red Calls per WAST Operational Area				
Mar-24	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	120	59	49.2%	57.8%
RCT	367	139	37.9%	38.6%
Bridgend	241	111	46.1%	44.9%
CTM	728	309	42.4%	44.0%

Response to Red Calls: Response times to life-threatening calls for the CTM area remained low at 42.4% with the 12 month average recording a rate of 44%. Since September 2023 the National compliance has remained below 50%, with the minimum expected standard being 65% of Red Calls to be responded to within 8 minutes. 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 March, as has been the case for some considerable time.

The volume of Red Calls during March for CTM totalled 728, in line with the 12 month average.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 115 minutes during March; 5% higher (6 mins) than the previous month and 11 minutes (9%) shorter than in the equivalent period of last year. The chart (page 13, top right) demonstrates fluctuations in the median response times, although generally during 2023/24, we had observed shorter response times than in 2022/23.

Ambulance Handover Compliance: Ambulance conveyances to ED during March 2024 were marginally lower (1.9%/38) than the equivalent period of 2023.

Performance against the 15 minute handover was just under 24%, with the number of patients and ambulance crews detained longer than an hour totaling 825; on par with the 12 month average, but remaining outside the desired trajectory.

During 2023/24, the number of patients waiting more than 1 hour for their transfer of care averaged 825 patients per month, which compares to 1,012 during 2022/23; representing a reduction of 18.5% in the number of patient breaches.

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 40 during February. The ED services were able to support affirmatively 39 (97.5%) of those requests with the expected standard being approval of all requests.

What actions are we taking & when is improvement anticipated?

- Zero tolerance >4 hours wait – improvement plan in place across CTM with regular performance meetings held.
- Out of hours Senior Manager and Executive on call rota under review
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement
- The Unscheduled Care Dashboard went live at the end of March’ providing real-time information
- The successful collaborative Test of Change that was undertaken at the end of December 2023, between WAST and RGH Emergency Department, is to be rolled out across POW and PCH ED’s. This will ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment.
- MADE (Multi Agency Discharge Event) took place 10th April – outcomes will be highlighted in the next iteration of this report.

What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.



Emergency Unit Waits – March 2024 (Provisional Position) - Total Attendances - Major 13,589 / Minor 1,396

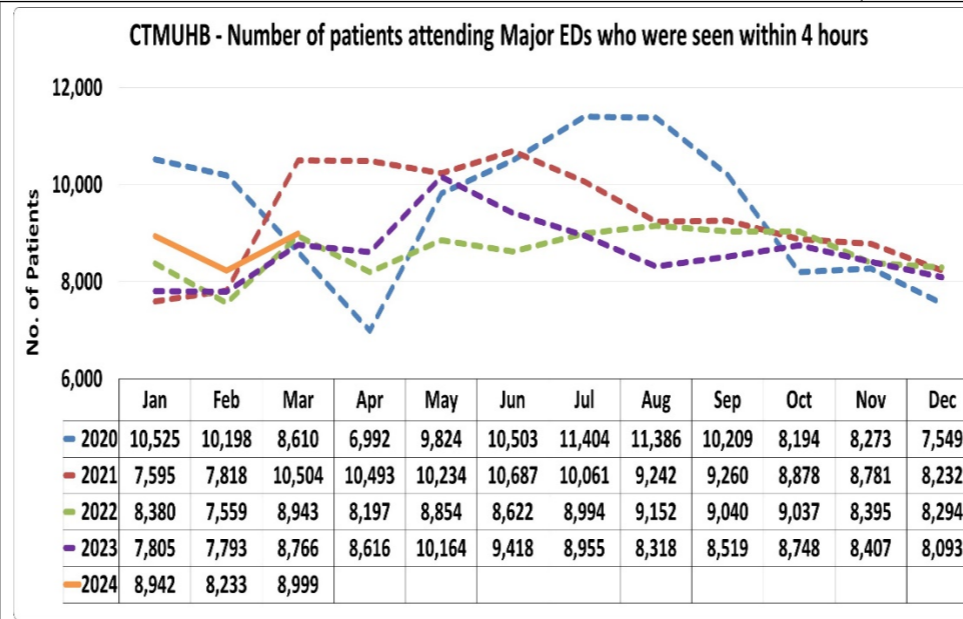
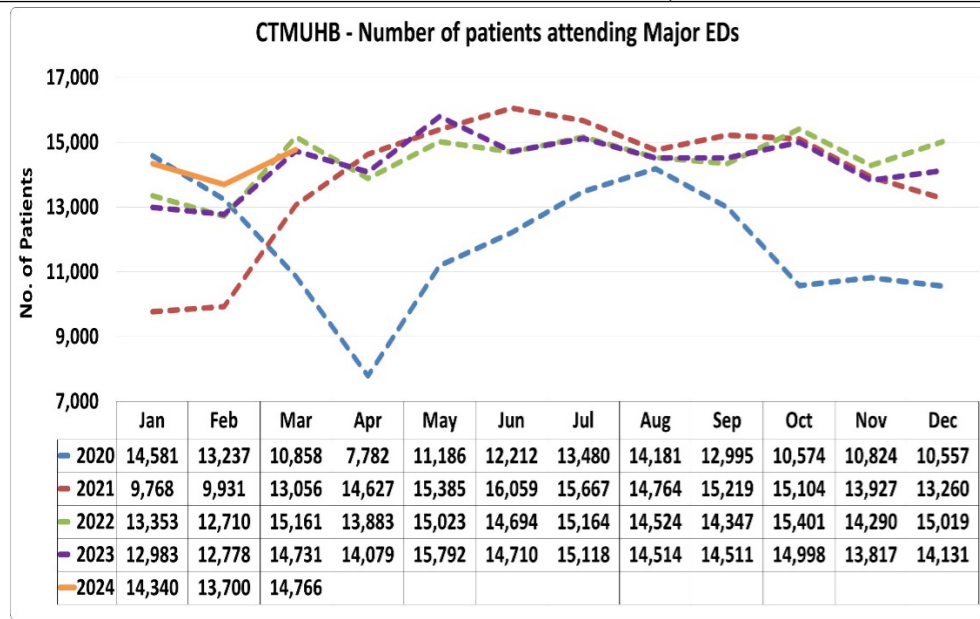
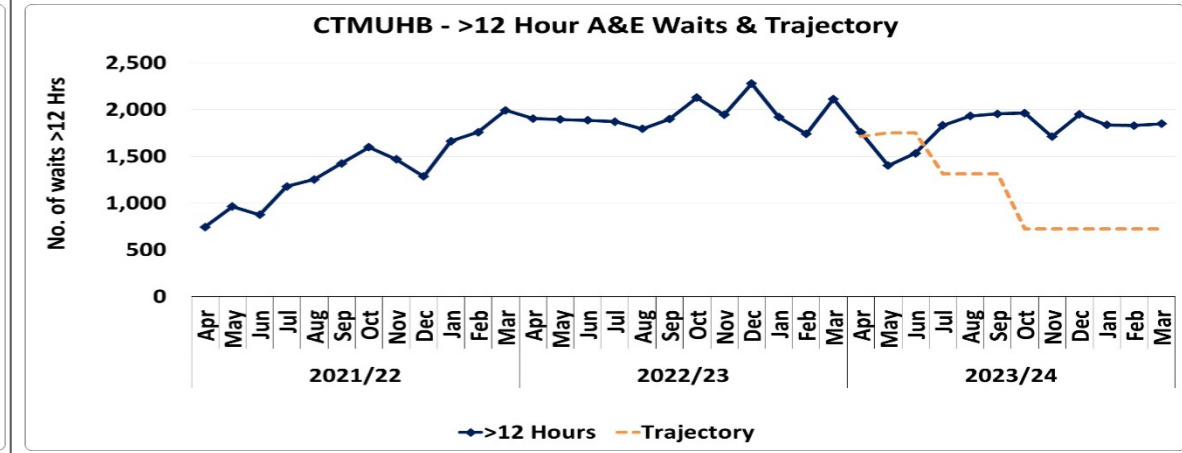
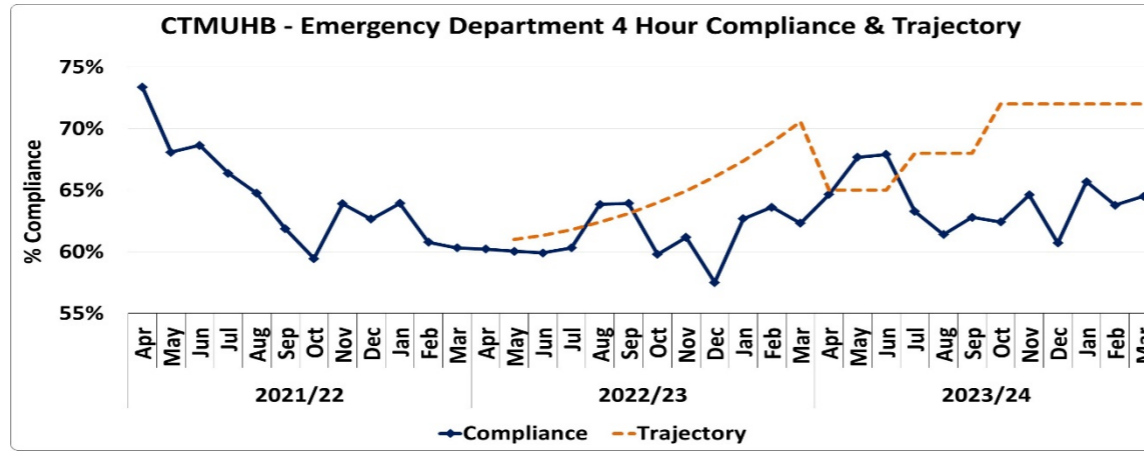
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target Improvement compared to the same month in 2022/23, towards the national target of 95%

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

64.5% were seen within 4 hours (Patients Waiting >4 hours 5,768)

11.4% of patients were waiting over 12 hours (1,849)

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Mar-23	15,844	62.3%	2,115
Apr-23	15,503	64.7%	1,760
May-23	17,531	67.7%	1,402
Jun-23	16,674	67.9%	1,535
Jul-23	16,798	63.3%	1,833
Aug-23	16,066	61.4%	1,932
Sep-23	16,124	62.8%	1,956
Oct-23	16,638	62.4%	1,965
Nov-23	15,298	64.6%	1,712
Dec-23	15,368	60.7%	1,949
Jan-24	15,735	65.7%	1,837
Feb-24	15,101	63.8%	1,830
Mar-24	16,251	64.5%	1,849



How do we compare with our peers?

Status as at January 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	76.6%	2nd
AB	73.2%	3rd
CTM	65.7%	4th
BCU	65.6%	5th
HDda	65.2%	6th
C&V	63.9%	7th

Status as at January 2024		
Health Board	Compliance	Rank
Powys	0	1st
C&V	875	2nd
SB	984	3rd
AB	1,567	4th
HDda	1,583	5th
CTM	1,837	6th
BCU	3,093	7th

How are we doing?

The chart above shows that throughout March the total number of ED attendances at our three acute hospital sites was similar to those observed during March 2023, but overall, the numbers of Minor Injuries and ED attendances were around 2.5% (407) higher than the equivalent period of last year.

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during March is provisionally 64.5% and remaining well below the WG compliance target of 95%.

The twelve hours performance saw 1,849 patients waiting in excess of 12 hours, down 12.6% (266 patients breaches) on the same period last year.

The average number of twelve hour patient breaches during the past 12 months is 1,797 and is almost 8% lower than 2022/23 where averages were 1,949.

What actions are we taking & when is improvement anticipated?

As per page 15

What are the main areas of risk?

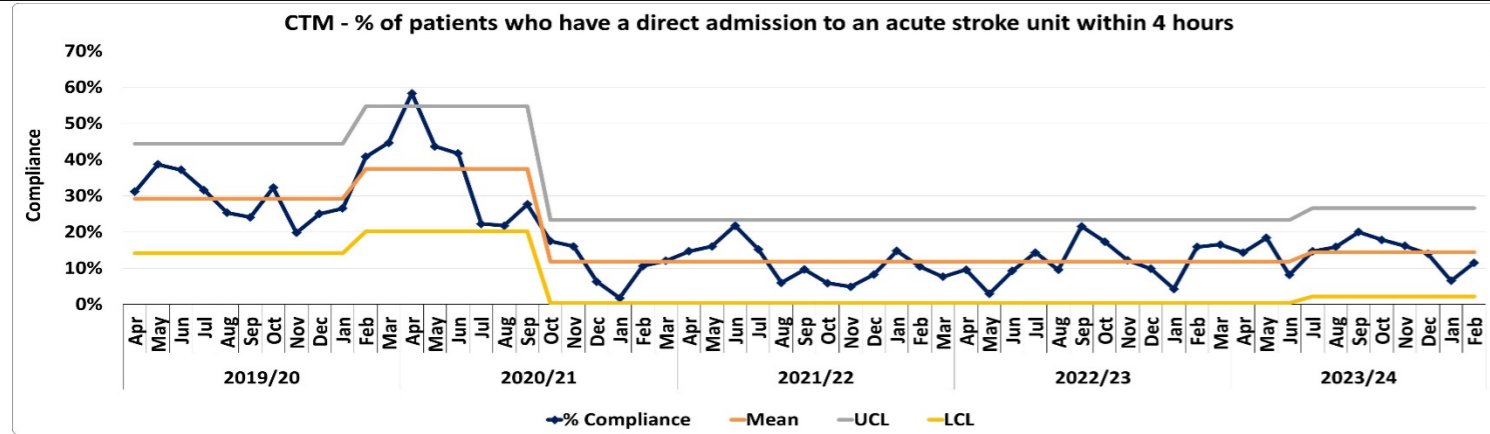
As per page 15



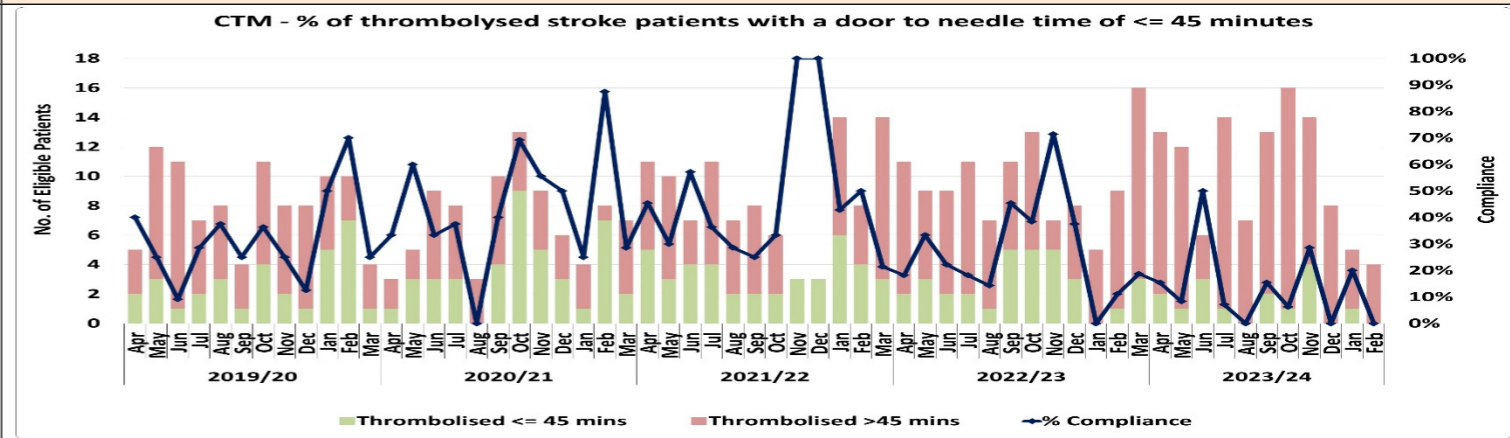
CTMUHB – Focus on Stroke Quality Improvement Measures (QIMs) – February 2024

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

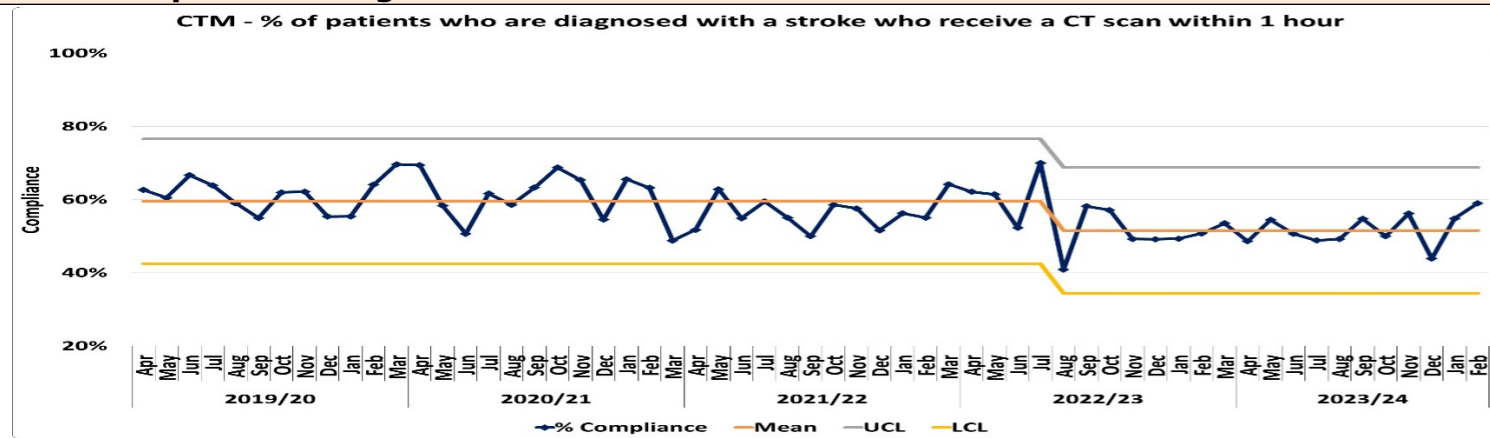
% compliance with direct admission to an acute stroke unit within 4 hours – 11.5%



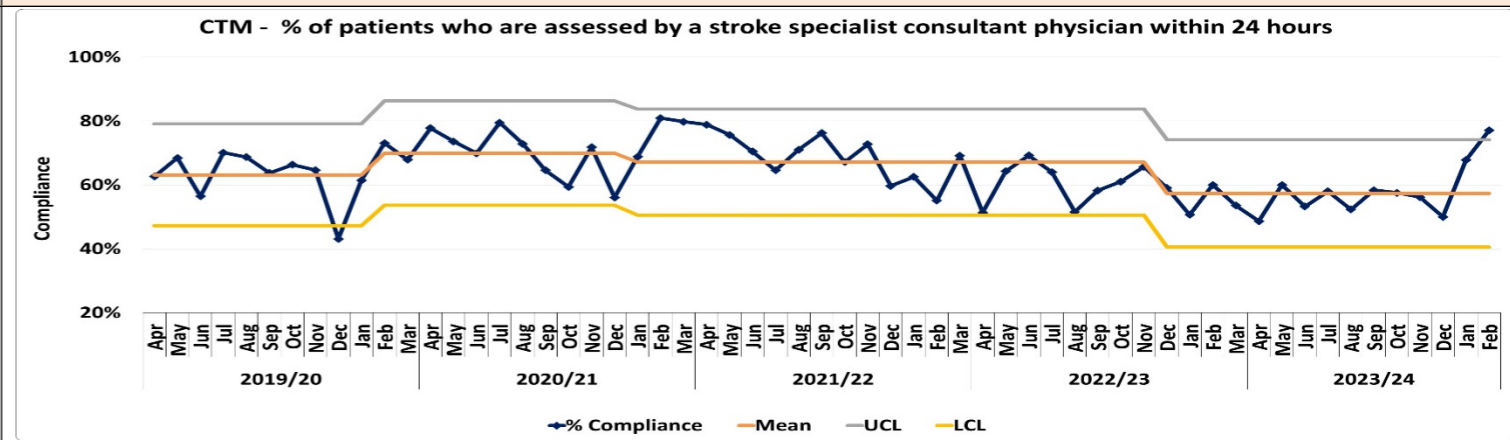
% of eligible patients thrombolysed door to needle time within 45 minutes – 0%



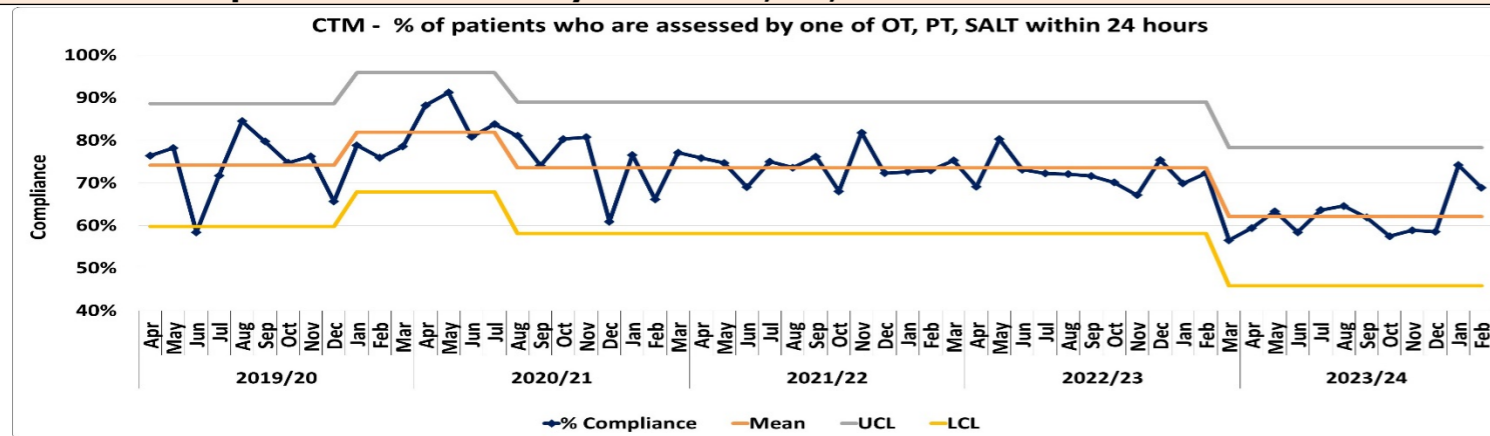
% of patients diagnosed with stroke received a CT scan within 1 hour – 59.0%



% of patients assessed by a stroke consultant within 24 hours – 77.0%



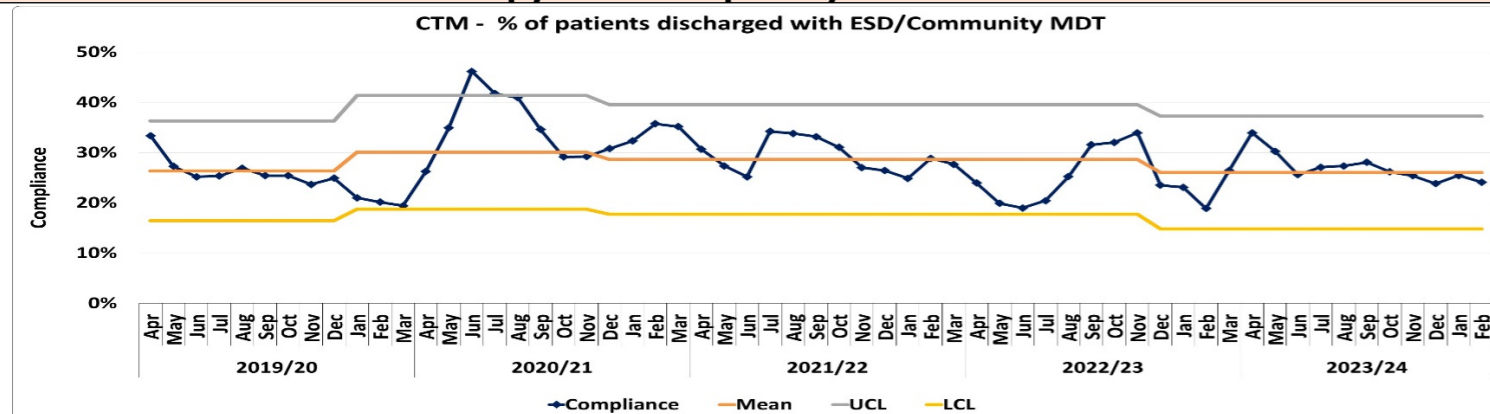
% of patients assessed by one of OT, PT, SALT within 24 hours – 68.9%



Current month stats

Stroke QIMs as per current month submitted data - February 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	38	23	61
	No. of patients within 4 hours	7	0	7
	% Compliance	18.4%	0.0%	11.5%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	1	3	4
	No of patients within 45 mins	0	0	0
	% Compliance	0.0%	0.0%	0.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	38	23	61
	No. of patients within 1 hour	23	13	36
	% Compliance	60.5%	56.5%	59.0%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	38	23	61
	No. of patients within 24 hours	30	17	47
	% Compliance	78.9%	73.9%	77.0%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	38	23	61
	No. of patients within 24 hours	23	19	42
	% Compliance	60.5%	82.6%	68.9%
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	69	67	137
	No. of patients with ESD/MDT	28	4	33
	% Compliance	40.6%	6.0%	100.0%

Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 24.1%



How are we doing?

- During February 2024, 11.5% (7 out of 61) of stroke patients were admitted directly to an acute stroke unit within the requisite timeframe of 4 hours. None of the four eligible patients that were thrombolysed received this within 45 minutes. There has been significant bed pressure constraints in both PCH and POW which has impacted the ability to ring-fence stroke beds. There have also been times where medical patients have been admitted into stroke beds due to site pressures on flow, thus impacting on the accessibility for subsequent stroke patients. Consultant feedback is that they would be able to thrombolysed more patients if they attended more promptly, however the FAST campaign continues to tell patients to call 999 which results in patients falling outside of the timeframe due to delays in ambulance arrivals.
- 59% of patients (36 out of 61 diagnosed patients) had a CT scan within an hour. POW Clinical Nurse Specialists (CNS) can now request CT scans, which will have a positive impact on patient care and performance. We are planning for the CNS team at PCH to undergo the same training to develop the pathways further.
- 77% (47 out of 61) of stroke patients treated in February were seen by a specialist stroke physician within 24 hours of arrival at the hospital. This is a much improved position but is due to the majority of patients presenting within core hours, giving patients the ability to be seen by a stroke specialist in a timely manner.
- 68.9% (42 out of 61) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival. Although this is a dip in performance compared to January, this is an overall improvement compared to previous months. The therapies service runs Monday-Friday during core hours, therefore any patients presenting outside of this may not meet this KPI which will impact performance.
- The rolling 3 month discharge standard saw 33 out of 137 (24.1%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. This data is based on rolling 3 months, rather than February specific data. The team have deep-dived into the February data which shows 30% of POW patients were discharged with EDS. The patient numbers and suitability for ESD will fluctuate on a monthly basis due to severity of stroke, as well as the ability for patients families to manage at home 24/7, which will impact on outcome of performance.

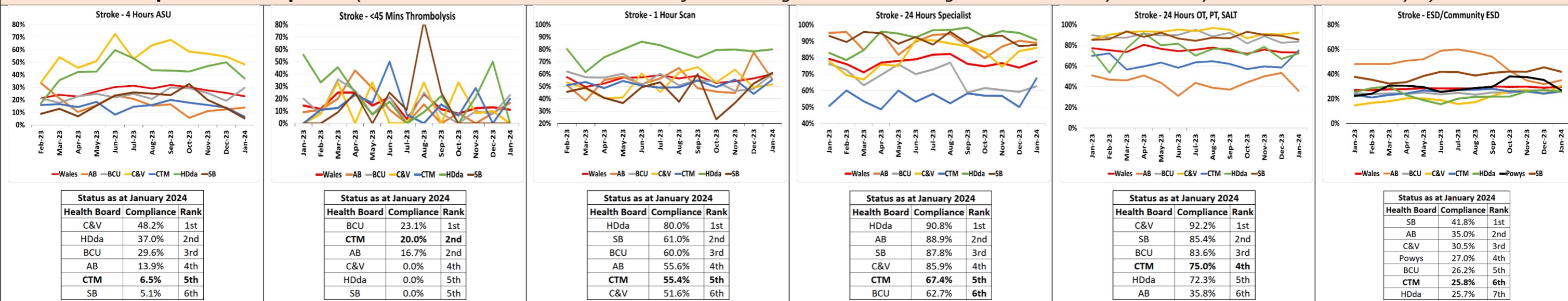
What actions are we taking & when is improvement expected?

- We are continuing to monitor the impact of Brainomix AI software (reporting for CTs and CT angiograms) to ascertain its potential for minimising delays for referrals for thrombectomy in the future. So far, the overall impact has been small due to its low positive value for identifying large vessel occlusion (LVO), however, physicians have seen less referral delays to Bristol for Thrombectomy out of hours which is positive for our patients.
- Developing a model for CNS cover 24/7 to maximise the opportunities for thrombectomy referral/transfers. This would require investment for the CNS workforce to expand to 7 day working
- CNS team at POW have now completed their E-IRMER training (Ionising Radiation Medical Exposure Regulations) allowing the team to request radiology diagnostics. This will contribute towards increasing the number of scans requested within the hour. The training will also be rolled out to the CNS team at PCH; plans are underway, but no date confirmed at present.
- Rolling advert for Stroke Consultant vacancy and discussions with Cardiff and Vale HB regarding a regional solution are underway. There has previously been no interest for the consultant vacancy. Mitigations have been put in place with a locum due to start, however, they have since withdrawn at short notice. Further review of the advert is required as well as exploring alternative models, such as using Therapy consultants / Specialty Doctors.
- The Early Supported Discharge service has been extended to Bridgend, achieving Health Board wide access for patients. Progress to be monitored and reported through the Stroke structure.
- A meeting has taken place with Cardiff colleagues around regional joint rota. Follow up meeting to be confirmed to agree actions and plans to move process forward after appropriate discussions with all clinical teams.
- A contributing factor to performance not being achieved is due to services being run 5 days instead of 7 days which is something the directorate will be looking at within our planning to support improving patient care.

What are the main areas of risk?

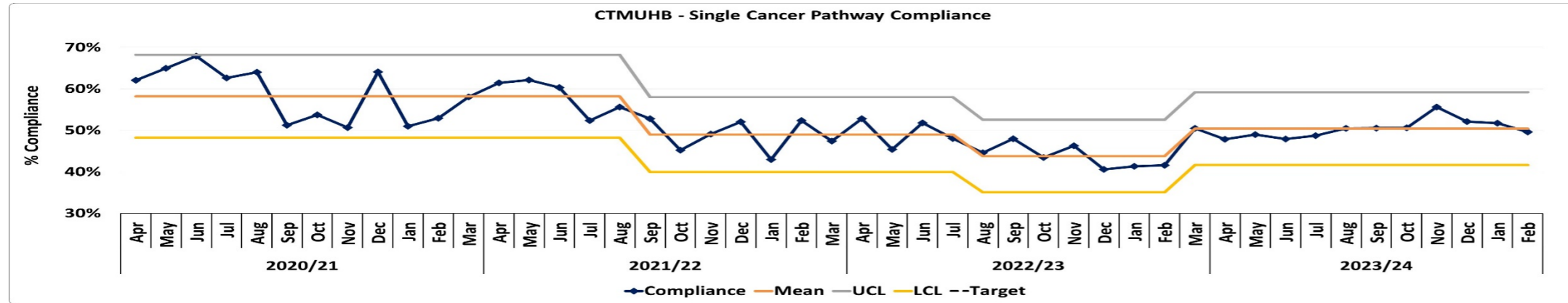
1. CNS workforce across POW and PCH - would require investment to recruit further CNS workforce to extend to 7 day service, which would support improved patient care and experience, particularly outside core hours.
2. Inpatient therapies resource do not meet national standards. Workforce model requires review and action plan
3. Recruitment of Stroke Consultant – rolling advert out for more than 6 months. Alternative options to be looked at to see how we can recruit differently. Stroke Clinical Director interviews will be held on 11th April with the successful candidate supporting this review. Discussions ongoing regarding how alternative workforce could support the service in light of difficulties recruiting into consultant post.
4. Data quality - additional resource required to support data input / performance reporting across both PCH and POW, which will support with performance monitoring and improvement.
5. 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.
6. Limited stroke rehab capacity
7. Therapy rooms within ward areas are not fit for purpose in PCH and POW. Investment to expand the therapy room at PCH was unfortunately declined due to cost pressures. Space allocation review to be completed on both sites to review appropriate space adjacent to the stroke ward areas. Many patients are currently receiving therapy input at their bedside, which is inappropriate.

How do we compare with our peers? (Please note that the data below is subject to change due to data being refreshed monthly – February 2024 not available as yet)



Single Cancer Pathway (SCP) February 2024 – 49.6%

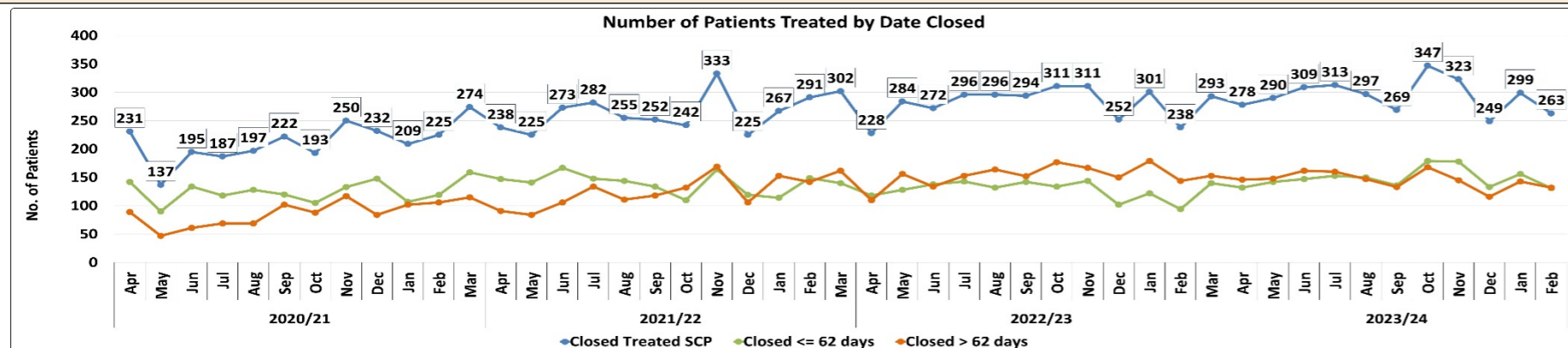
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is Improvement Trajectory towards a national target of 80% by 31st March 2026



Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	8	4	12	66.7%
Upper GI	7	6	13	53.8%
Lower GI	5	28	33	15.2%
Lung	25	9	34	73.5%
Sarcoma	0	2	2	0.0%
Skin (exc BCC)	46	7	53	86.8%
Breast	14	27	41	34.1%
Gynaecological	3	15	18	16.7%
Urological	13	29	42	31.0%
Haematological	7	4	11	63.6%
Other	3	2	5	60.0%
Total	131	133	264	49.6%

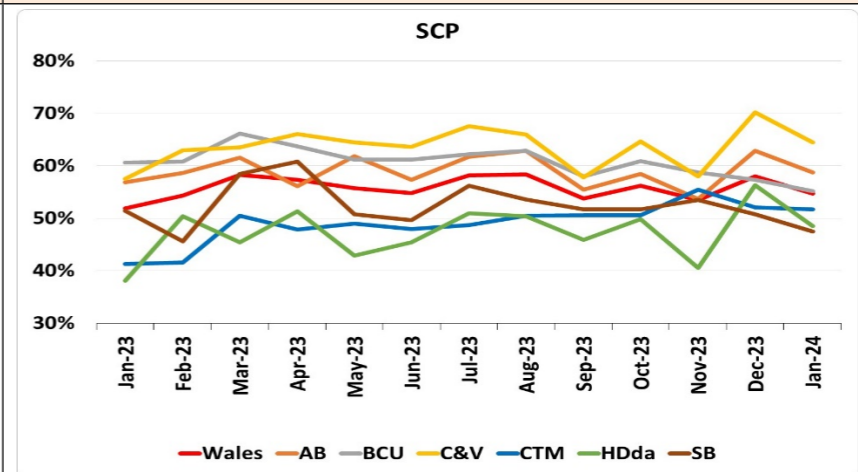
Compliance during February is 49.6% and is just below the current mean of 50.4%. Just one of the tumour sites reached the desired target threshold this period, as seen in the table above. Predicted compliance for March currently stands at 55.8%. Delays at first outpatient (35%) and diagnostic stage (46%) continue to be the greatest concern and the significant factors in not achieving the target. Diagnostic delays remain in radiology, endoscopy and pathology; although generally improving. Tertiary delays for diagnostics & treatments also continue.

Patients Treated by Closed Date



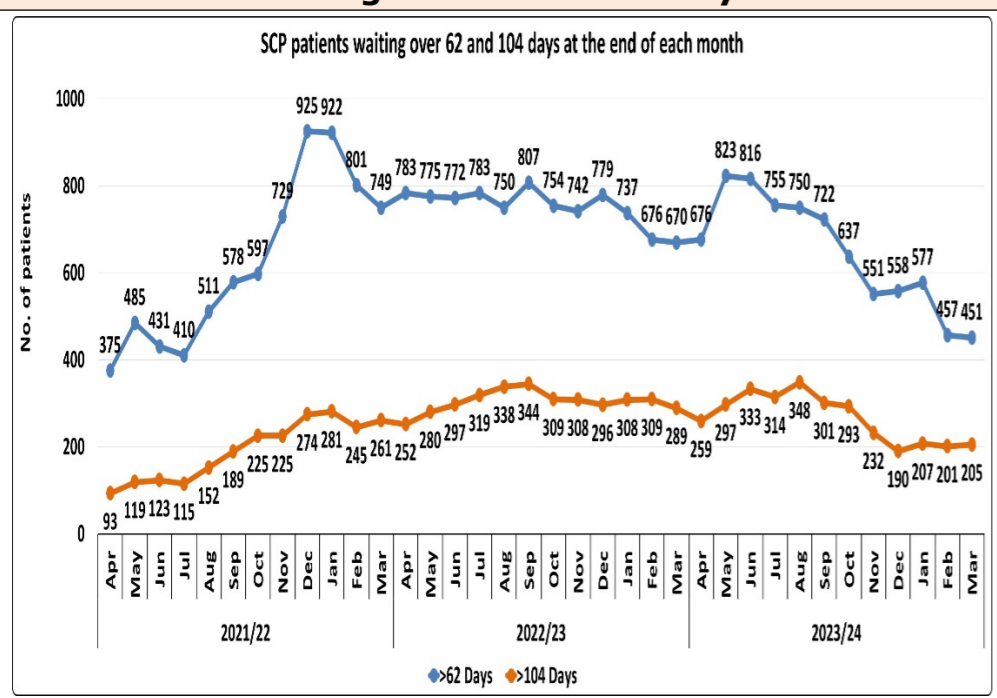
Overall cancer treatment volumes have marginally increased during the past 12 months to an average of 294 per month, compared to 282 the previous 12 month period; representing an average monthly increase of 4.3%.

How do we compare with our peers?



Health Board	Compliance	Rank
C&V	64.4%	1st
AB	58.8%	2nd
BCU	55.2%	3rd
CTM	51.7%	4th
HDda	48.5%	5th
SB	47.5%	6th

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



What actions are we taking & when is improvement anticipated?

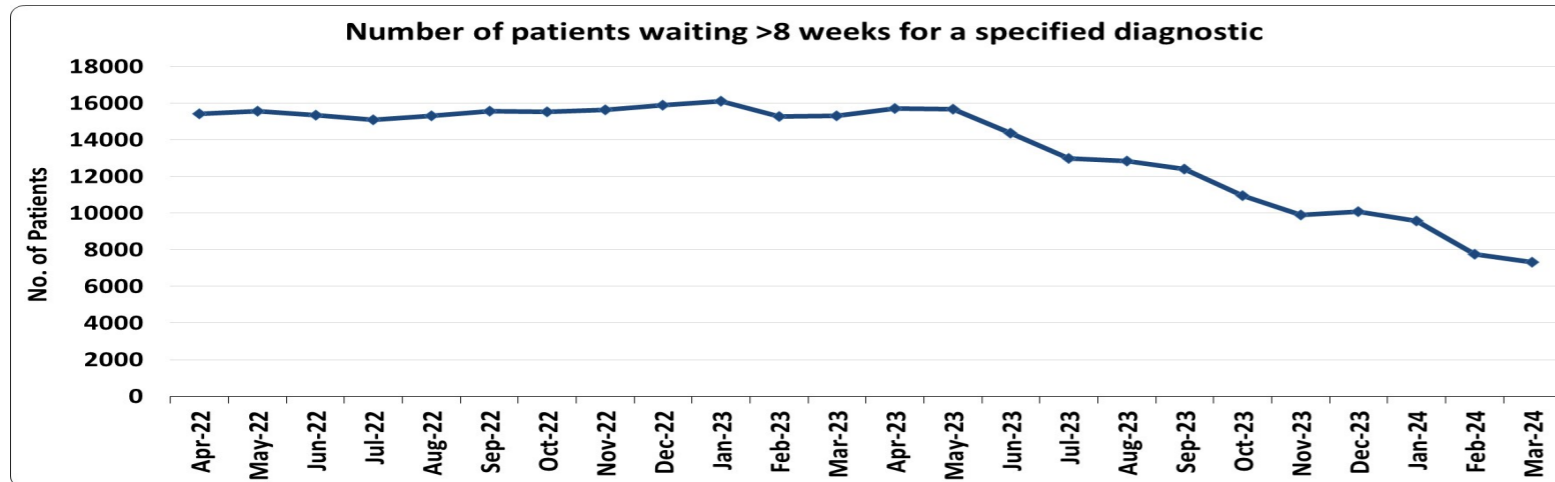
- Centralisation of Breast service – start of April.
- Increasing Straight to Test (STT) where possible.
- Merging of Lower GI departments, along with centralisation of operating on one site for major cases. Next meeting scheduled for April 19th.
- Centralisation of Gynaecology services – initial meeting has taken place.
- Rollout of digital vetting.
- Waiting List Initiatives (WLI's).
- Continuing outsourcing of pathology.
- Additional Local Anaesthetic Transperineal Prostate Biopsy machine (LATPB) via diagnostic board procured – will provide increased flexibility and sustainability of service.
- Modified the urology sustainability meeting to focus on 4 specific areas:
 - 1st OPA
 - Haematuria Pathway
 - LATPB
 - Inpatient Treatments

What are the main areas of risk?

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

Diagnosics – March 2024 (Provisional Position)

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



Diagnosics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,309

Number of Patients waiting >8 Weeks for a Diagnostic Test - March 2024		
Cardiology Cardiology Services	Echo Cardiogram	1,617
	Cardiac CT	7
	Cardiac MRI	3
	Diagnostic Angiography	118
	Stress Test	15
	DSE	36
	TOE	5
Heart Rhythm Recording		43
	B.P. Monitoring	5
Bronchoscopy		
Colonoscopy		
Gastroscopy		
Cystoscopy		
Flexi Sig		
Radiology		
Non-Cardiac CT		1,360
Non-Cardiac MRI		901
NOUS		970
Non-Cardiac Nuclear Medicine		38
Imaging		119
Fluoroscopy		119
Physiological Measurement		105
Uroynamics		105
Neurophysiology		344
EMG		418
NCS		418
Total		7,309

How are we doing?

Diagnosics: Provisionally, at the end of March 2024, 7,309 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is 6% (450) reduction on the February reported position.

The largest contributory factor to the improving diagnostic position has been observed in non obstetric ultrasound (NOUS), where the number of patients waiting in excess of 8 weeks reduced by 964 patients in month to stand at 970 at the end of March.

However, the number of patients waiting in excess of 8 weeks for a Non-Cardiac CT increased by 25% (275) from the previous reported position and currently stands at 1,360 patients.

We also observe an increase in the number of patients waiting greater than 8 weeks for Echo Cardiogram. Currently the position stands at 1,617 which has increased by 180 patients since the last period.

What actions are we taking & when is improvement anticipated?

Radiology:
The NOUS improvement plan has continued to deliver significant additional capacity over core and continues to drive down the number of over 8 week breaches demonstrated in the performance month on month. Once validated the number of patients breaching over 8 weeks should be reduced even further. Plans are now in place to sustain a reduction post April.

Additional plans in place to tackle MRI delays following Exec approval have delivered a tangible reduction in the backlog of reporting capacity. Further plans to bring the Mobile MRI online in late April will help drive down the over 8 week waits further.

Trajectories for CT and MR have been developed and are showing scanning capacity shortfalls with the additional demand trends. A case is being drawn up on more sustainable solutions to increase the CT scanning capacity in 2024.

Endoscopy:
Productivity and efficiencies continue to be monitored weekly through endoscopy 6/4/2-1 process/discussions and Task & Finish Group within the Endoscopy Service. Utilisation continues to be maintained over 90%. The service has also made significant improvements to our routine waiting list. Total CTM waiting list backlog was over 5,000 (May 2023) and as of March 2024 this has reduced to around 820 (patients waiting over 8 weeks = 325).

What are the main areas of risk?

Radiology:

- Demand & Capacity imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduction in age limit for testing/screening for younger patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase which is currently being supported to outsource through the planned care recovery proposals.

- Sustained increase in CT Out of Hours emergency demand, but also increase in elective referrals. Additional outsourcing agreed to help with timely reporting, which has helped reduce the reporting backlog and waiting times. Going forward a plan is being drafted in Radiology to try and reduce any unnecessary demand and look at the opportunities to utilise currently unfunded CT sessions.

- Radiology service continues to hold 6.0 WTE Consultant vacancies. Interviews are taking place in early May. Retire and return of substantive consultant will also reduce some sessions until we recruit. Prudent use of reliable locums will help bridge the gap temporarily.

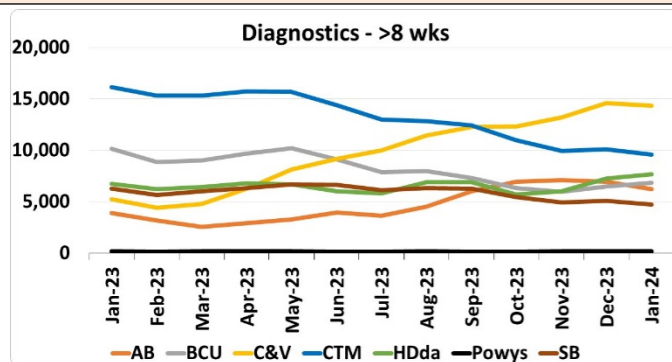
Endoscopy:

- Across site working continues to improve but WPAS interface still remains a risk to develop a pooled waiting list.

- GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.

- With huge improvements across symptomatic and screening waiting times and lists the service continues to monitor conversions and impacts on stage 4. Ensuring the governance and reporting of impact to quality and patient safety within our long waiting patients.

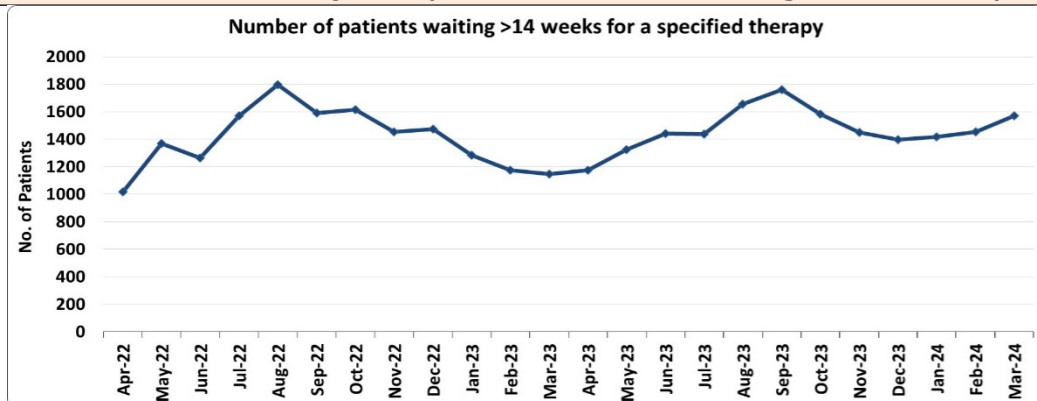
How do we compare with our peers?



Status as at January 2024		
Health Board	Compliance	Rank
Powys	168	1st
SB	4,705	2nd
AB	6,192	3rd
BCU	6,836	4th
HDda	7,638	5th
CTM	9,563	6th
C&V	14,329	7th

Therapies – March 2024 (Provisional Position)

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



Number of Patients waiting >14 Weeks for a Therapy - March 2024

Arts Therapy	2
Audiology	216
Dietetics	1,320
Occupational Therapy	2
Physiotherapy	0
Podiatry	1
Speech & Language	29
Total	1,570

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

CTMUHB - % of children waiting less than 14 Weeks for AHP

Art Therapy	87.5%
Dietetics	81.8%
Occupational Therapy	100.0%
Physiotherapy	100.0%
Podiatry	100.0%
Speech & Language	98.0%
Total	94.0%

Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,145
2023/24	1,173	1,323	1,442	1,438	1,654	1,758	1,583	1,449	1,398	1,418	1,455	1,570

AHP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	92.4%	92.2%	91.9%	96.1%	94.9%	92.0%	91.0%	92.3%	90.9%	87.6%	86.8%	86.5%
2023/24	87.8%	82.9%	82.8%	86.0%	82.6%	80.5%	78.4%	82.1%	81.2%	88.8%	92.7%	94.0%

How are we doing?

Therapies: There are provisionally 1,570 patients waiting in excess of 14 weeks for an initial therapy assessment in March, an increase of 8% (115 patients) on the reported position for February.

Dietetics: the Dietetic service continues to account for the vast majority of the total patients waiting beyond the 14 week target for therapies (84%). The majority of the dietetic patients waiting are adults who are waiting for Level 3 weight management service. The level 2 and 3 weight management service is delivered in accordance with the All Wales Weight Management Pathway (2021).

Speech & Language Therapy: those waiting over 14 weeks are a mixture of children and adults who are in the transgender service.

What actions are we taking & when is improvement anticipated?

Dietetics – Level 3 Weight Management Service - Based on the current model, capacity for this service exceeds demand. This is likely to continue without an increase in establishment. Waiting lists are expected to grow and patients are likely to face longer waiting times to access this valuable service falling short of the service we wish to provide.

Actions underway:

- There is a strong focus on whole system working and prevention.
- A newly launched 'Waiting Well for Weight Management' website empowers people to self manage whilst they wait, providing information and signposting.
- Model of service is constantly reviewed with the lens of VBHC to maximise opportunities for efficiencies.
- Business case development for expansion of adult weight management service and creation of Children and Young Persons weight management service.

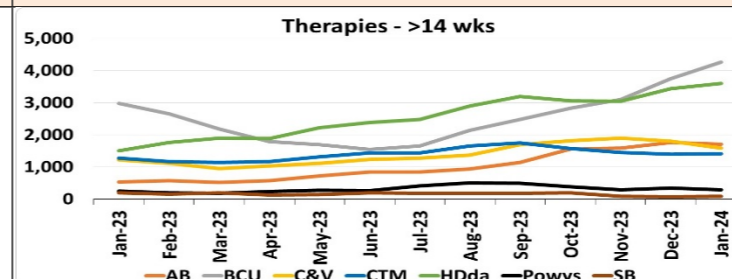
Speech & Language Therapy: Community children's service is on track to be under 14 week's mid-April. Complex needs service has 1.4 WTE vacancies which are out to advert. A number of mitigations have been explored and put in place, but unless a locum can be found the waiting list will breach.

The Transgender waiting time is gradually improving as a result of the HEIW pathfinder funding for extra staff hours.

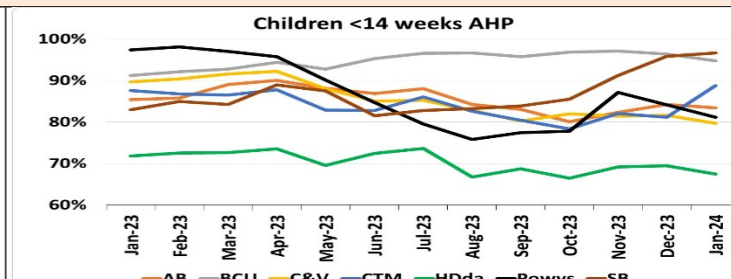
What are the main areas of risk?

- Inadequate workforce for adult weight management and no workforce for children and young person's weight management.
- High rates of childhood and adult obesity likely to drive increasing demand.
- Time consuming administrative and clinical information processes due to paper based notes and lack of integrated systems.
- Opportunities for digital efficiencies such as self-referral and self-booking not able to be maximised until patient portal and authorisation in place.
- Vacancy freeze on administration staff.
- National shortage of registered staff.

How do we compare with our peers?



Status as at January 2024		
Health Board	Compliance	Rank
SB	88	1st
Powys	290	2nd
CTM	1,418	3rd
C&V	1,591	4th
AB	1,709	5th
HDda	3,604	6th
BCU	4,268	7th



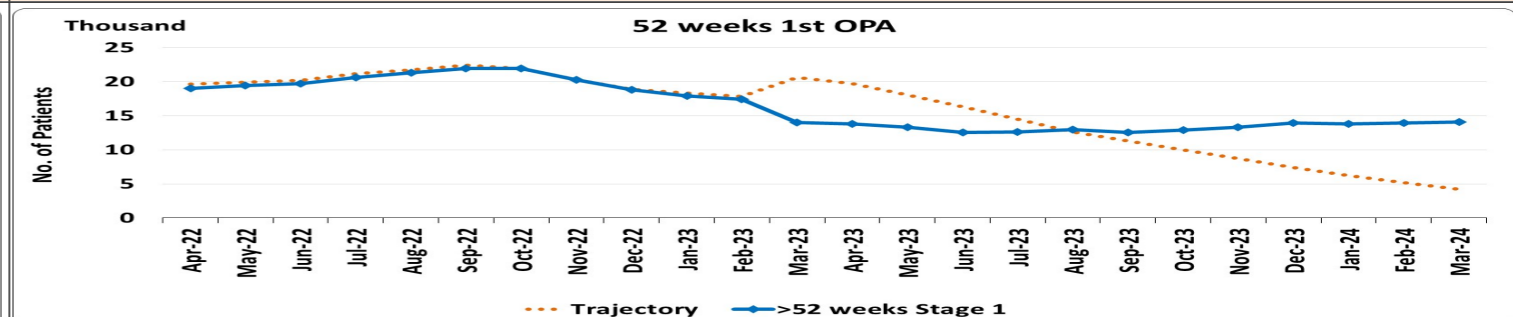
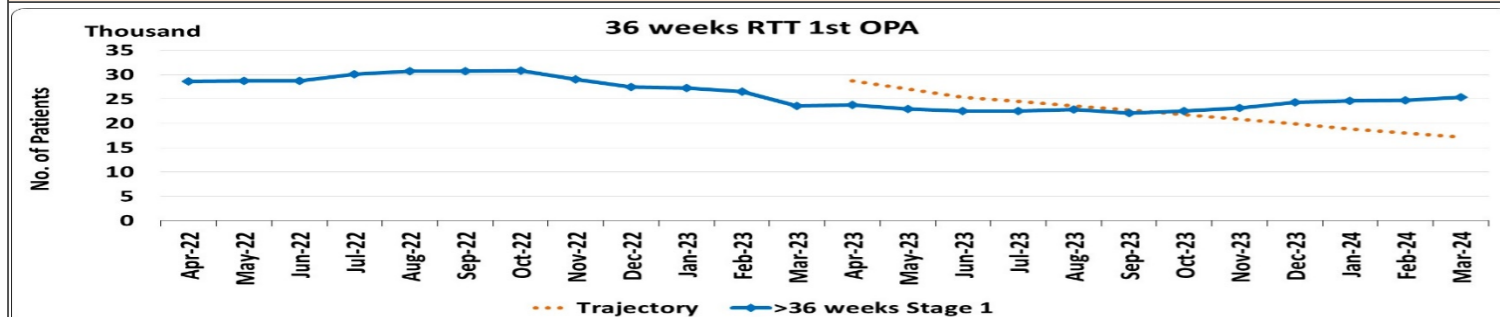
Status as at January 2024		
Health Board	Compliance	Rank
SB	96.7%	1st
BCU	94.8%	2nd
CTM	88.8%	3rd
AB	83.4%	4th
Powys	81.1%	5th
C&V	79.7%	6th
HDda	67.5%	7th



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

Number of patients waiting **over 36 weeks** for a **new outpatient appointment (25,348)** - Target is Improvement Trajectory towards a national target of Zero

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (14,104)** - Target is Improvement Trajectory towards a national target of Zero

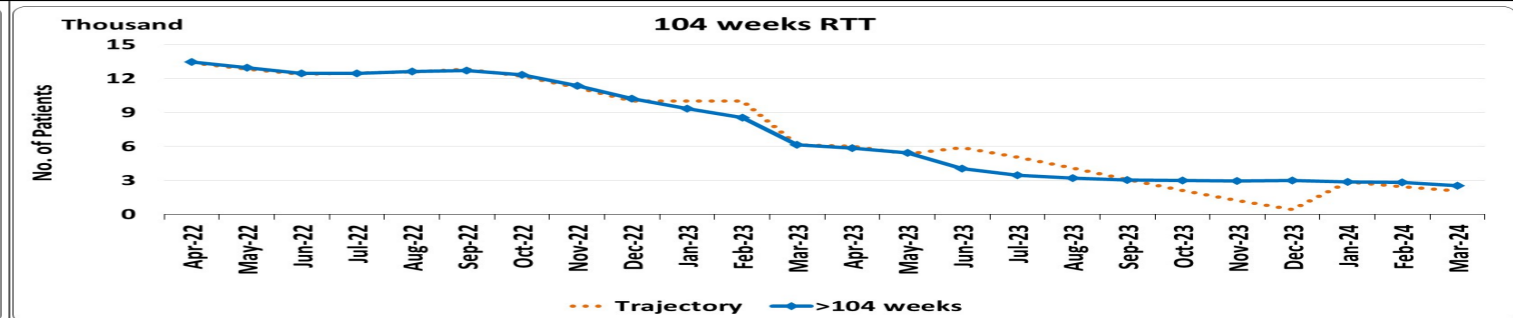
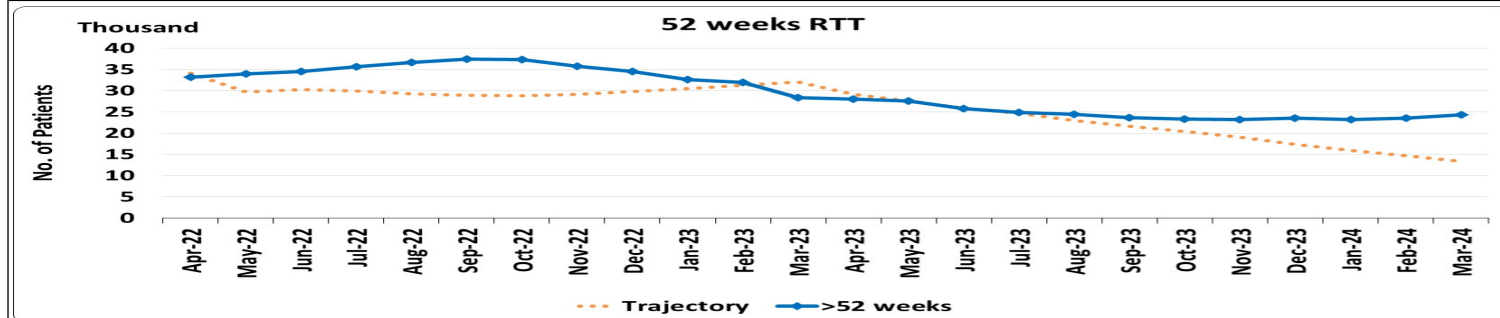


The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of March is 25,348. This is an increase of 2.5% (618) from the February reported position and is off trajectory by 48% as shown above.

The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of March is 14,104; an increase of 1% (159) on the February reported position and is a worsening position against trajectory by 9,917 patients, as shown above.

Number of patients waiting **>52 weeks RTT (24,263)** - Target is Improvement Trajectory towards a national target of Zero

Number of patients waiting **>104 weeks (2,531)** - Target is Improvement Trajectory towards a national target of Zero

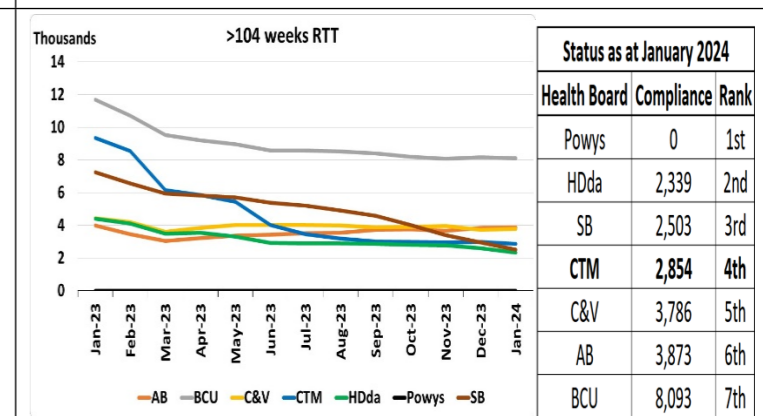
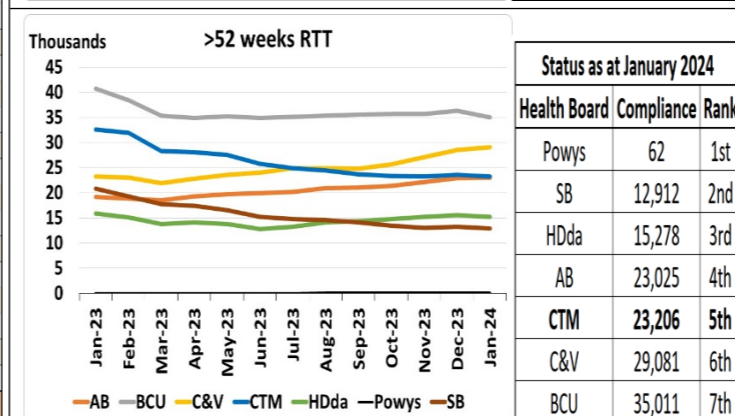
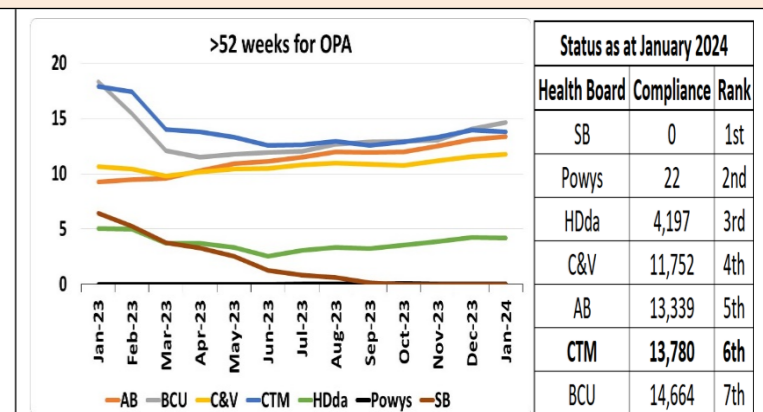
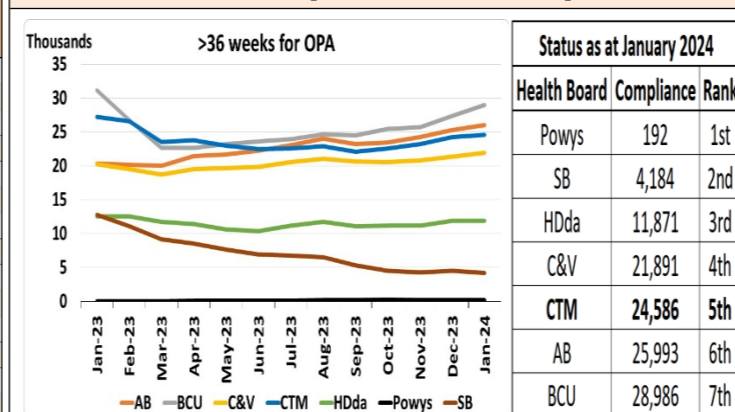


The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of March is 24,263, which as it currently stands is an increase of 3.1% on the February reported position and is 82% higher than the forecasted level, as shown above.

The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of March is 2,531. As it currently stands this is an improvement of 273 patients (9.7%) from the reported February position and stands 22% (463 patients) above the forecasted level, as shown above.

Total number of open pathways per specialty - March 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	111	194	211	3	1165
Breast Surgery	220	122	284	16	1445
Cardiology	336	956	1040	1	6270
Colorectal	730	471	830	17	3309
Dermatology	775	1240	1685	37	7579
Diagnostics	0	54	56	0	4091
Ear, Nose & Throat Service	279	1941	3409	532	12361
Endocrinology	0	39	8	0	309
Gastroenterology	1219	678	762	5	4021
General Medicine	391	422	549	0	3017
General Surgery	474	798	1026	44	6242
Geriatric Medicine	1	4	0	1	112
Gynaecology	881	1521	1045	199	8795
Haematology (Clinical)	36	58	10	0	357
Nephrology	31	21	1	0	181
Ophthalmology	515	2723	3900	731	15338
Oral Surgery	668	534	455	0	3360
Orthodontics	110	35	11	0	297
Orthopaedics	1476	2251	3462	629	12890
Paediatrics	113	349	135	0	3321
Pain Management	1	0	0	0	37
Rapid Diagnostic Centre	0	5	0	0	136
Respiratory Medicine	145	337	373	0	3143
Restorative Dentistry	39	22	72	17	189
Rheumatology	365	205	101	4	1623
Sport and Exercise Medicine	0	0	0	0	18
Therapies	0	441	162	0	3033
Urology	681	1193	1849	239	7552
Vascular Surgery	68	238	296	56	1195
Total	9665	16852	21732	2531	111386

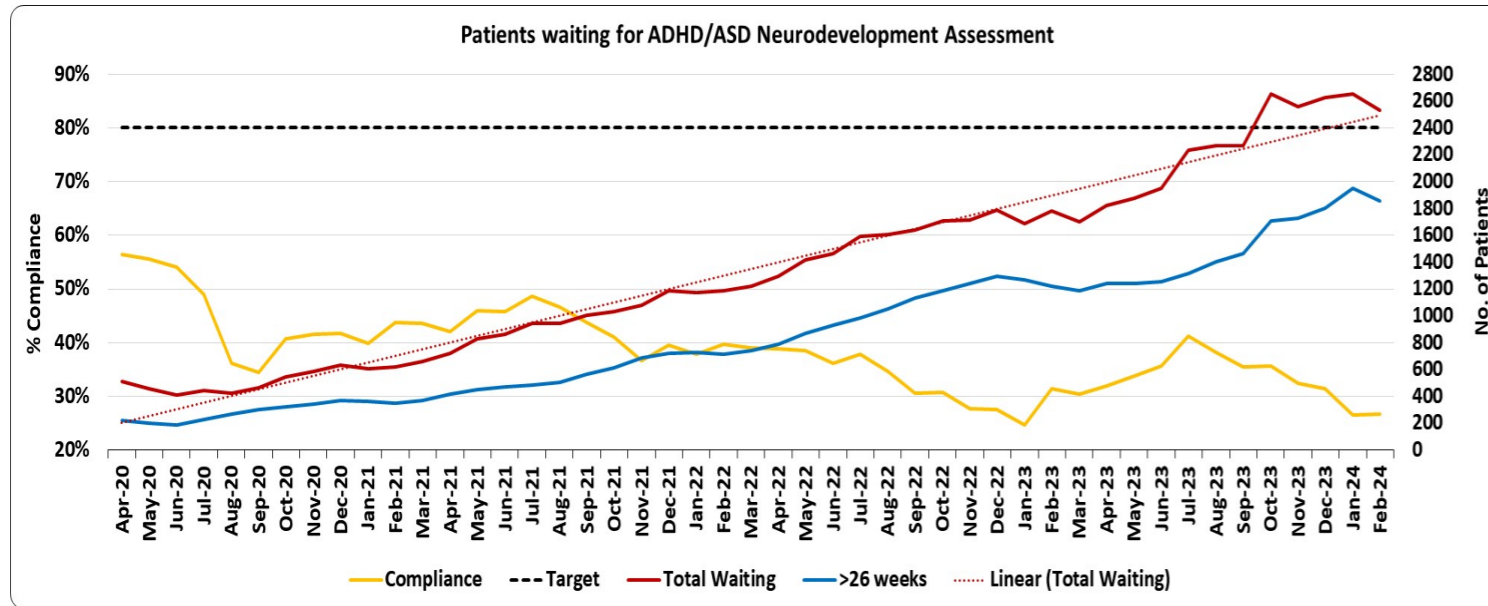
How do we compare with our peers?



RTT continued on the next page...

What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p>General Surgery:</p> <ul style="list-style-type: none"> Increased clinic capacity for both upper and lower GI as part of the ongoing job planning - improvement expected in May. Outsourcing agreement awaited to reduce waiting times. Appointment of new locum consultant on a 6 month contract from April. Ongoing validation of stages 2 & 3 Backfill clinics with specialty doctors where consultant is on-call/leave to ensure capacity at stage 1 & 3 is maintained where possible. Locum Consultant (Agency) undertaking a backfill Rota (Stage 1-4 patients) to ensure no capacity is lost due to on-call/annual leave/sickness - covering Colorectal, General Surgery & UGI, so no specialty is disadvantaged. Contract extended. Appointment of a 6 month UGI locum consultant - commenced April. Locum Consultant General Surgery & UGI covering 5 backfill lists in PCH to reduce Stage 4 numbers. Validation ongoing at stages 2, 3 & 4 and close working with diagnostic teams to support areas requiring expedites. <p>Breast:</p> <ul style="list-style-type: none"> Centralisation of breast services at Snowdrop Breast Centre from 1st April 2024 – anticipated that this should provide more RTT capacity for new & follow-up OPA's. Newly commissioned "south" theatre will go live for breast services from mid April with 10 breast operating sessions scheduled per week. Consideration of weekend activity as Super Saturdays in April 2024, should funding be available to reduce stage 1 backlog. Validation ongoing at stages 2, 3 & 4 and close working with diagnostic teams to support areas requiring expedites. <p>Vascular:</p> <ul style="list-style-type: none"> Switching x 1 clinic activity in vascular to all day theatre sessions to assist in clearing >156 stage 4 backlog. X 2 Super Sunday lists in PCH during April to further reduce the waiting list due to loss of x 1 all day theatre session in March due to junior doctor strikes. Continual monitoring of clinic capacity and converting new/follow-ups to match the demand. Validation ongoing at stages 2, 3 & 4 and close working with diagnostic teams to support areas requiring expedites. <p>Orthopaedics:</p> <ul style="list-style-type: none"> Outsourcing agreement awaited to reduce waiting times Validation ongoing for stage 4 to ensure that correct RTT pathway management is being applied and to ensure that those waiting surgery are clinically fit to proceed. Backfilling capacity where possible at RGH to enable treatment of long waiting stage 4 patients. Validation ongoing at stages 2 & 3 and close working with diagnostic teams to support areas requiring expedites. Appointment of additional SAS doctor to increase clinic capacity. <p>ENT:</p> <ul style="list-style-type: none"> Super Saturdays being undertaken throughout April to reduce stage 1 waiting lists and to accommodate lost urgent suspected cancer (USC) capacity. Backfilling capacity where possible to maintain capacity. Utilising middle tier where available to undertake additional clinics to increase stage 1 and 3 capacity Reviewing theatre utilisation and case mix at PCH to maximise day case capacity. <p>ACT:</p> <ul style="list-style-type: none"> Backfilling as many theatre sessions as possible due to forthcoming theatre refurbishment 	<p>General Surgery:</p> <ul style="list-style-type: none"> USC demand is still high resulting in a reduction of routine colorectal capacity. Incisional hernia repairs are problematic, however additional clinics have been put on to clear long waiting patients. Stage 1 capacity in colorectal could be impacted by USC demand. Availability of clinics, theatres and clinician time to meet the demands. Increased levels of annual leave. No elective surgical beds. <p>Vascular:</p> <ul style="list-style-type: none"> Lack of main theatre operating restricts service to maximum of 3 cases per session in a ward based treatment room. If dedicated theatre capacity was secured at RGH, theatre lists could be increased helping to reduce current stage 4 backlog. Availability of clinics, theatres and clinician time to meet the demands. <p>Orthopaedics:</p> <ul style="list-style-type: none"> Limitations on patient mix and procedures at PCH likely to impact patient waiting times for daycase procedures. Availability of clinics, theatres and clinician time to meet the demands. Long term sickness. Reduced activity due to semi-retirement. <p>ENT:</p> <ul style="list-style-type: none"> ENT remains greatest risk at stage 1. Transformation Group established to look at new ways of working and close links with Clinical Implementation Network (CIN) nationally. Limitations on patient mix and procedures at PCH likely to impact patient waiting times for daycase procedures. Availability of clinics, theatres and clinician time to meet the demands. Increased level of sickness at junior level. <p>ACT:</p> <ul style="list-style-type: none"> With the forthcoming Day Surgery Unit (DSU) closure and temporary re-housing for six months, the number of DSU trolleys will decrease due to restricted area of unit size, impacting on the number of surgical cases booked. <p>Medical Records and Outpatients:</p> <ul style="list-style-type: none"> are not able to support additional clinics. not enough rooms in OPD to expand clinics to consultant and registrar. <p>Although currently suspended, any future consultant or junior doctor industrial action will impact activity.</p> <p>Locum Consultants and Registrar posts are not sustainable from a clinical and financial perspective.</p> <p><i>Please note the following stages of a RTT pathway:</i></p> <p><i>Stage 1: waiting for a new outpatient appointment (OPA)</i> <i>Stage 2: waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result</i> <i>Stage 3: waiting for a follow-up outpatient appointment/waiting for a decision following an outpatient appointment/a diagnostic or AHP intervention result/where the patient is waiting and the stage is uncertain or unknown</i> <i>Stage 4: Treatment stage</i></p>

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (Target 80%) February 2024 - 26.6%



What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis, with third sector agencies allocated funding to provide support until March 2024. Bids have been submitted for 2024-25 – awaiting outcome.
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring; releasing medical colleagues to support the waiting list further. Slippage from 2023/24 spend is being utilised by Speech and Language Therapists to take additional patients off the waiting list.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that when the post holders commence, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Interviews have taken place and 3.5 wte CNS/AHP staff are due to start by July 2024.
- A report has been prepared highlighting that 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.
- Developing a website page in conjunction with our partners in the local authorities and 3rd sector for our service users 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 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 as appropriate.

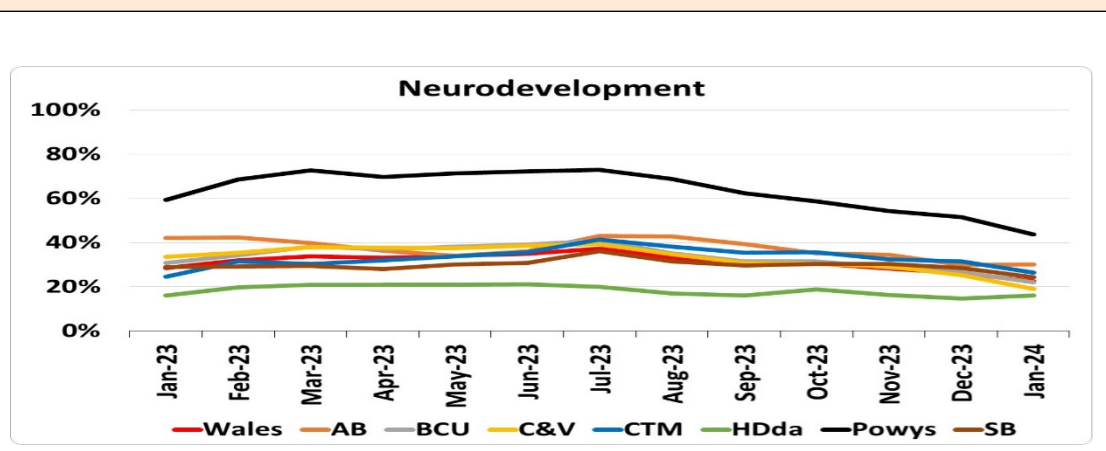
How are we doing?

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 2,530 patients; with the greatest growth occurring during the past 12 months.

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopmental remains low at 26.6%; an almost static position from the previous month (26.5%).

From July 2023 the chart shows that compliance has been fluctuating between 26.5% and 41.3% with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

How do we compare with our peers?



Status as at January 2024		
Health Board	Compliance	Rank
Powys	43.7%	1st
AB	30.2%	2nd
CTM	26.5%	3rd
SB	24.4%	4th
BCU	22.2%	5th
C&V	19.2%	6th
HDda	16.1%	7th

What are the main areas of risk?

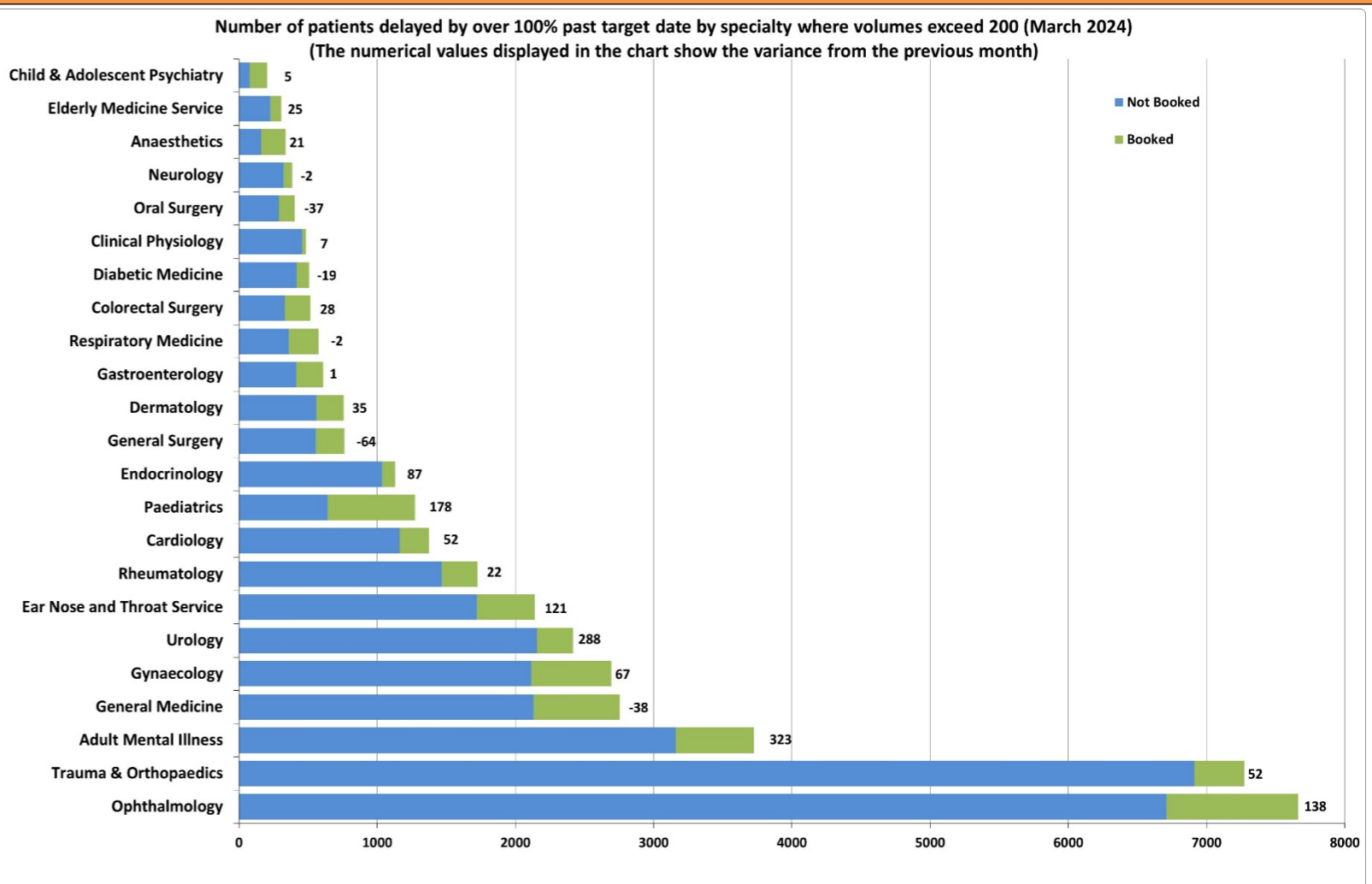
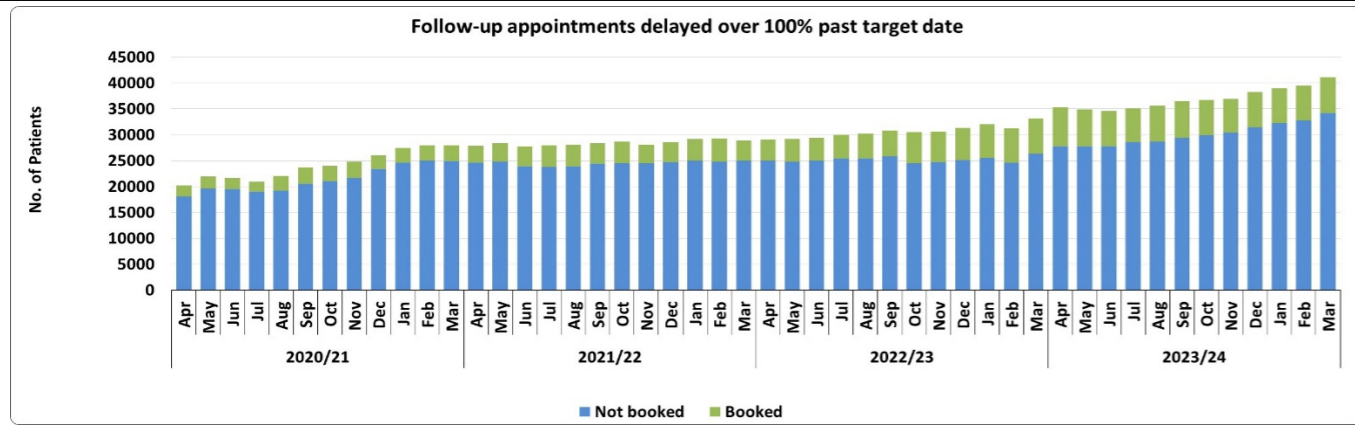
- Demand continues to outstrip core funded capacity. A demand and capacity review was undertaken (January 2024) and templates are being fixed on WPAS to ensure forecast remains accurate. The service has identified what is required to bridge the gap of the deficit in capacity to meet the demand. Without investment of 2 x B7 AHP for 2 years, the backlog of patients will remain an issue.
- Vacancies within the ND team (namely ADHD nurses) is creating additional waits for children/young people on the waiting list for ADHD. However, the team successfully recruited 3.5 wte AHP/CNS posts in March 2024 with anticipated start dates of July 2024.
- Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners. The funding requested for 2024/25 included funding for various multidisciplinary posts (which was put on hold) which would have an impact on waiting times. Plans submitted seem positive and an outcome regarding funding allocation is awaited.

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

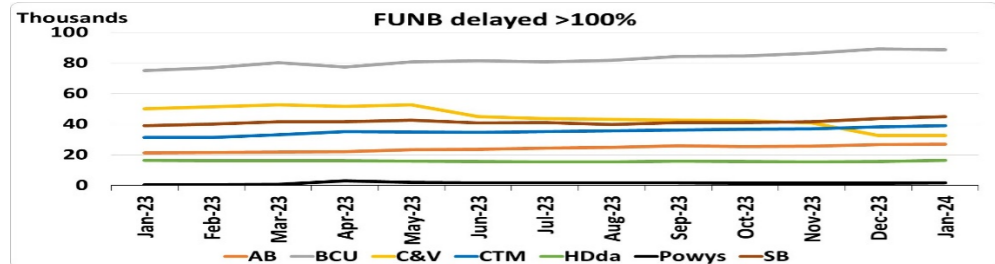
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	89,550	54,476	144,026

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

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
34,220	6,898	41,118	28.5%



How do we compare with our peers?



Status as at January 2024		
Health Board	Compliance	Rank
Powys	1,627	1st
HDda	16,304	2nd
AB	27,050	3rd
C&V	32,644	4th
CTM	38,952	5th
SB	44,976	6th
BCU	88,777	7th

How are we doing?

The number of patients waiting for a follow-up appointment in CTM, at the end of March 2024 provisionally stands at 144,026 which is an increase of 12% on the patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date.

Of the patients waiting, 41,118 (28.5%) have waited more than 100% longer than their clinician advised, representing an increase of around 24% on the same period last year.

As it currently stands, combined outpatient activity levels during March continue to be below pre-Covid levels (around 21% less), with figures below for new and follow-up patients compared to prior the pandemic:

- Total New Patients seen: 13,844 which is a reduction of 21% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 17,493.

As it currently stands activity levels for new outpatient appointments during March were down by 28% on the equivalent period of 2023.

- Total Follow-up Patients seen: 31,120 which is a reduction of 21% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 39,506.

As it currently stands activity levels for follow-up outpatient appointments during March were down by 22% on the equivalent period of 2023.

What actions are we taking & when is improvement anticipated?

- General Surgery:**
- Increase in outpatient clinics and the introduction of registrars into clinics to increase capacity.
 - Recent job plans have led to increased clinic numbers
 - Significant validation required to reduce further with ongoing improvement.
 - Ad hoc telephone clinics set up for Specialty Doctors.
- Breast:**
- Large proportion of POW Breast FUNB patients are surveillance patients who are reviewed annually by way of surveillance mammogram. A new system is to be introduced when the service centralises in April where the patients are placed on local reason of 'Remote Monitoring' instantly reducing FUNB numbers.
- Vascular:**
- Ongoing clinical validation to help reduce the FUNB waiting list, SOS/PIFU processes are being shared again.
 - Ad Hoc telephone consultations (office based decisions) set up.
- Orthopaedics:**
- Ongoing clinical validation to help reduce the FUNB ongoing
- ENT:**
- Ongoing clinical validation to help reduce the FUNB waiting list, SOS/PIFU processes are being shared again.

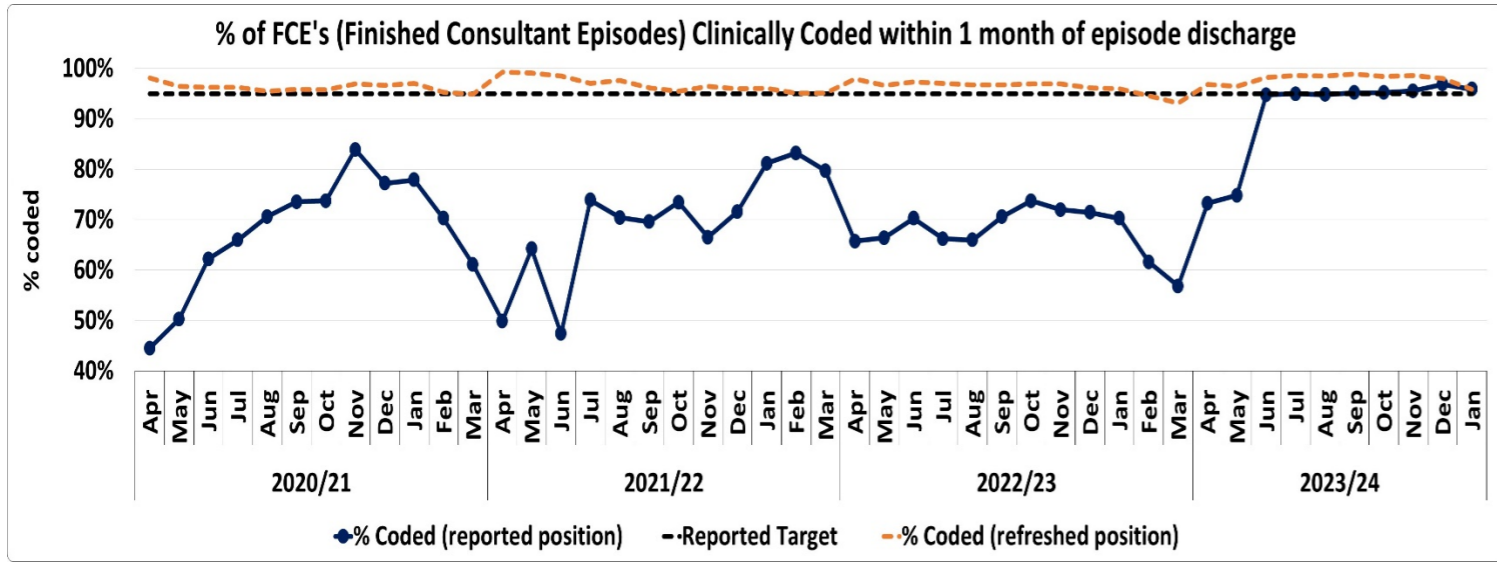
What are the main areas of risk?

- General Surgery:**
- Clinic capacity is limited due to colorectal USC demand. Currently focus remains on new patients.
- Breast:**
- Lack of clinic capacity is problematic to manage FUNB and new demand. Focus remains on new and USC patients.
- Orthopaedics:**
- Managing FUNB and new demand is difficult due to lack of clinic capacity.
 - Focus remains on new patients
- ENT:**
- Lack of clinic capacity is causing problems in managing new demand and FUNB with the focus remaining on new and USC patients

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

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes						
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed 	Latest Position	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months		95.9%	Jan-24	
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		95.3%		
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		13.6%	Jan-24	
	Number of Pathways of Care delayed discharges	12 month reduction trend		336	Mar-24	
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		89.8%	Feb-24	
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			89.0%		
Safe Safer Services	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%		67.3%	Jan-24	
	Number of ambulance patient handovers over 1 hour	Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024		825	Mar-24	

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate an improvement trend over 12 months – January 2024 – 95.9%



How are we doing?

The reported position for January 2024 is 95.9% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and remaining above the set target of 95%. As of 1st April 2024, the backlog which developed between April 2023 and January 2024 has been largely addressed and coding rates for that period are 97.5% coded.

Compliance for the correction of errors for January once again surpassed the WG target of 90%, with 95.3% (123 of 129) of identified errors corrected within the specified timescale of 35 days.

We continue to demonstrate the value of data science in improving the quality and number of episodes that can be auto coded, with a 40.3% productivity gain having been achieved in the past 12 months.

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

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

Coded Position as at 1st April 2024				
2023/24	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-23	9,799	9,641	158	98.4%
May-23	11,349	11,145	204	98.2%
Jun-23	11,507	11,374	133	98.8%
Jul-23	11,443	11,320	123	98.9%
Aug-23	11,319	11,197	122	98.9%
Sep-23	11,934	11,829	105	99.1%
Oct-23	12,714	12,566	148	98.8%
Nov-23	12,912	12,782	130	99.0%
Dec-23	11,483	11,302	181	98.4%
Jan-24	12,337	11,949	388	96.9%
Feb-24	11,569	10,021	1,548	86.6%
Mar-24	11,005	2,768	8,237	25.2%
Total	139,371	127,894	11,477	91.8%
Current Uncoded Backlog (Apr to Feb 2024)		3240	2.52%	

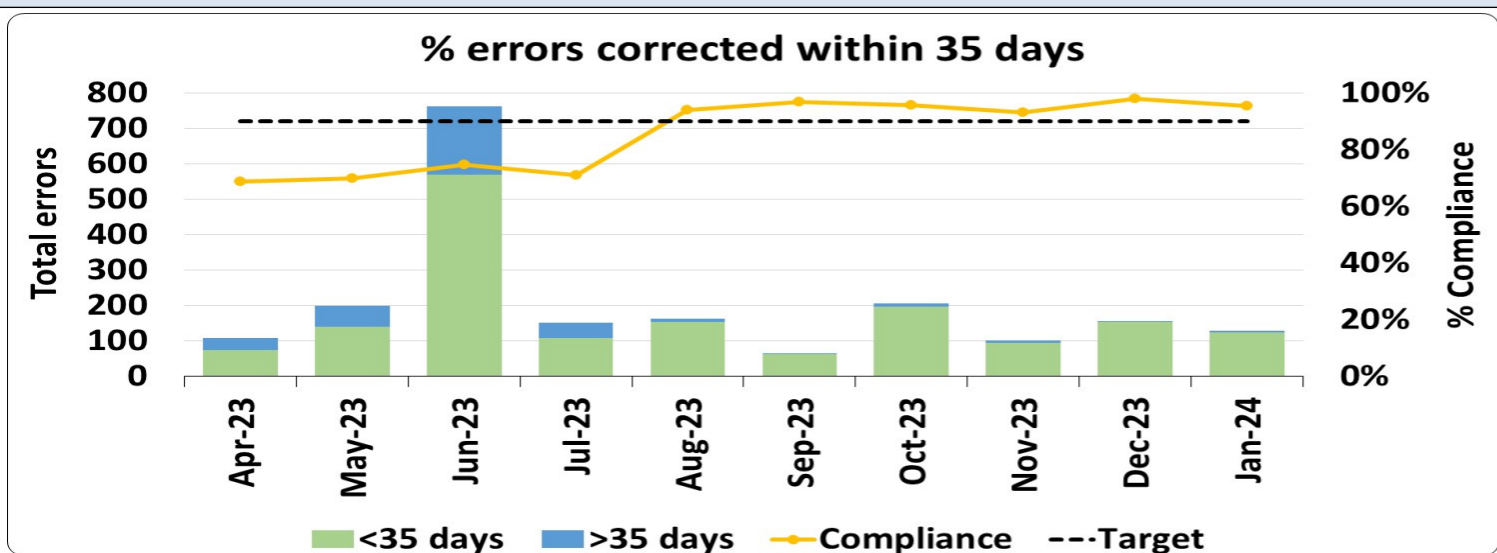
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

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

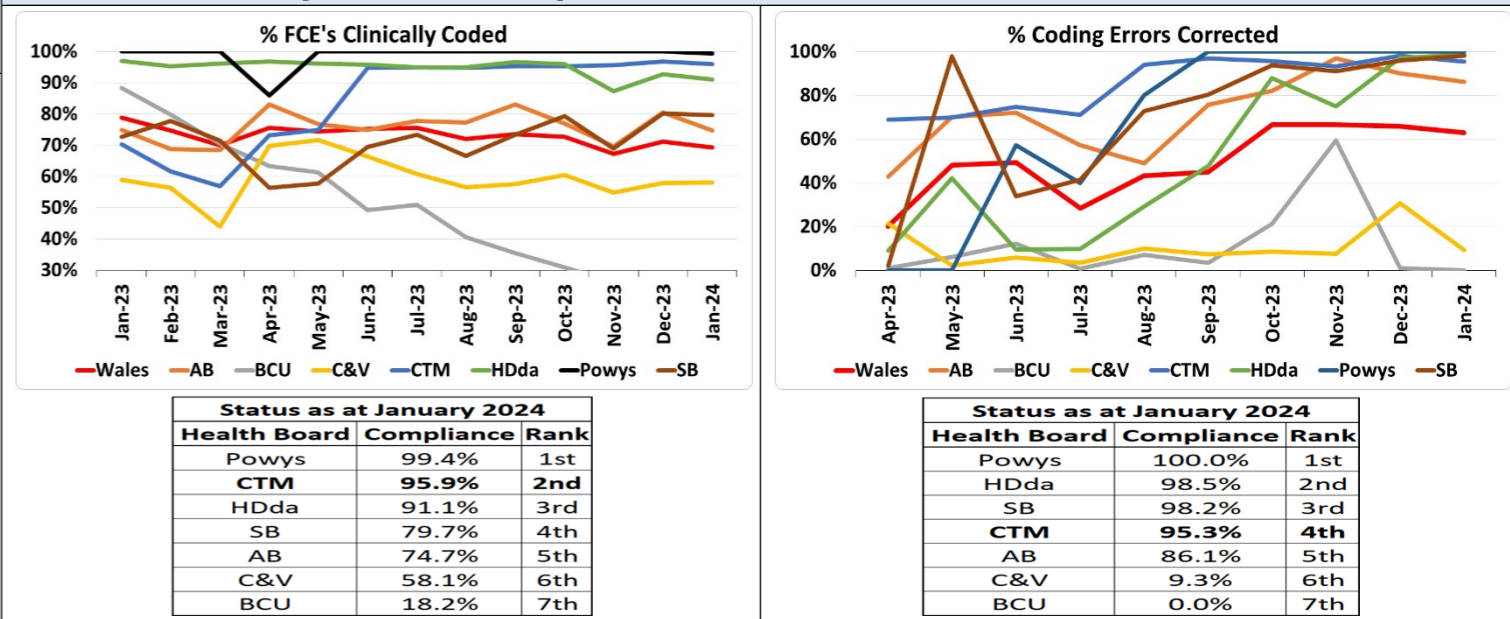
Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records.

% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - December 2023 – 98.1%



How do we compare with our peers?

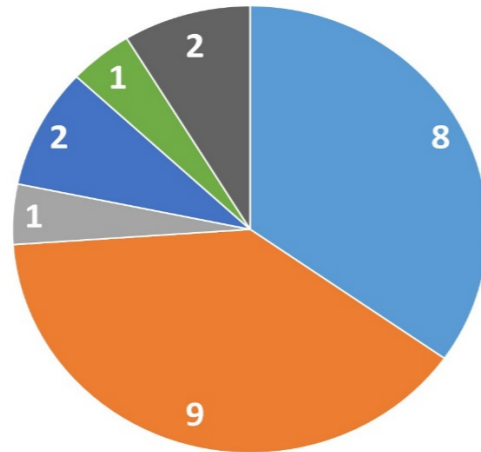


Efficient Services – Pathways of Care Delayed Discharges - March 2024

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 23 / Non Mental Health Delays = 313

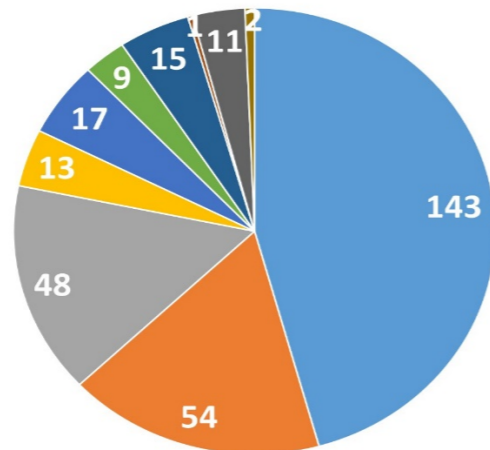
Mental Health - Reasons for Patient Pathway of Care Delays March 2024

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



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

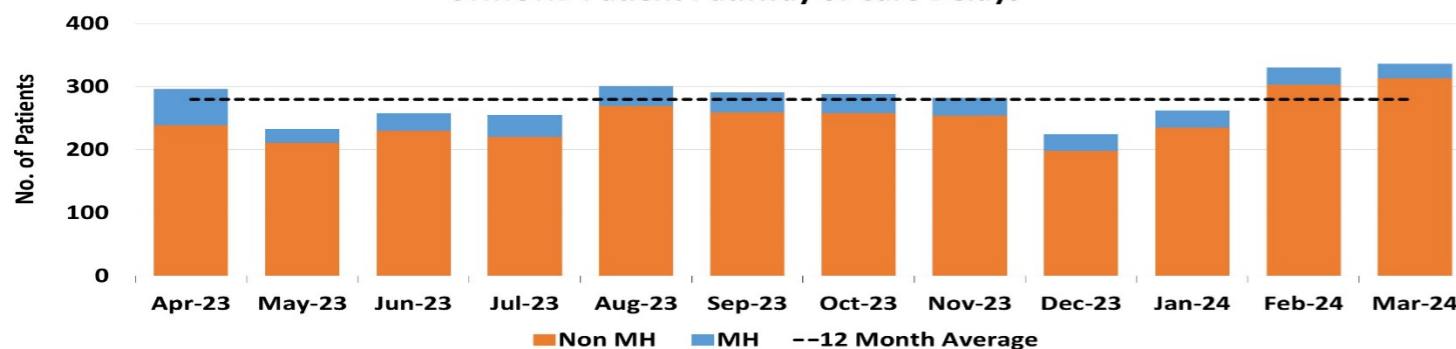
- Assessment Issues
- Care Home placement arrangements
- Home care related issues
- Transfer related issues
- Disagreements/Legislation
- Step down to recover and assess
- Housing Related Issues
- NHS Bed related issues
- Funding Issues
- Home adaptation/equipment issues



Delays by Local Authority - March 2024

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taff	Vale of Glamorgan	Total
PCH	1		3	15		11		30
POW		98			10	3	5	116
RGH						75		75
YCC				24		36		60
YCR						53		53
Ty Llidiard		1		1				2
Grand Total	1	99	3	40	10	178	5	336

CTMUHB Patient Pathway of Care Delays



How are we doing?

- Dedicated task and finish group to support TA (Trusted Assessor) role and develop TA function training and support.
- Home First Programme Manager in post, managing 6 x Age Connects Morgannwg (ACM) Trusted Assessor service, all in post March 2024. Following induction and training will be on course for service to be fully operational by end of April.
- Delay escalation framework in draft in line with revised Discharge Policy
- Daily Operational Discharge meeting in place through discharge hub, where assessment delays are escalated and jointly addressed.
- Discharge Policy agreed by Integrated Leadership Board. Final sign off at Regional Partnership Board scheduled for April.
- Significant improvement in Electronic Whiteboard compliance and accuracy.

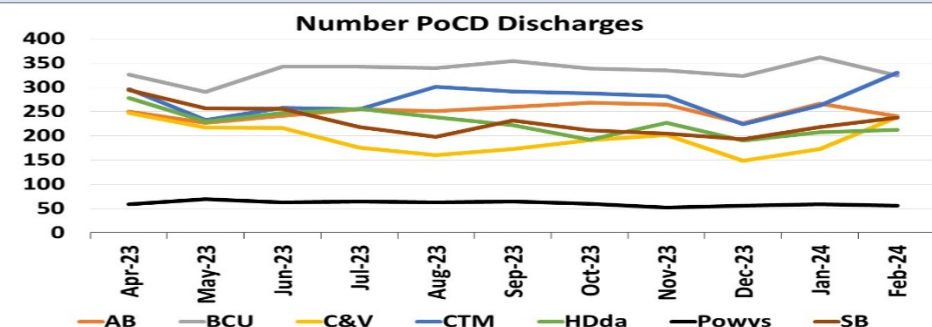
What actions are we taking & when is improvement anticipated?

- Biggest priority is focused on reduction of assessment delays as this represents the highest number of delays in both CTM and nationally.
- Target to reduce assessment delays by 10% over the next 5 months
- CTM represents 19% of the overall population of Wales and PoCD for the region sits at 24% of the national total. The target is to reduce below 19% with a 1% reduction each month for the next 6 months as a minimum.
- Roll out of Discharge tool kit and Optimise train the trainer package planned in May.
- MADE (Multi Agency Discharge Event) planned in POW with site specific improvement plan developed with hospital triumverate.

What are the main areas of risk?

- Increasing length of stay in community beds with longest waits for those undergoing Mental Capacity Act process.
- Significant delays for EMI residential placements.
- Increased third party payments for residential homes restricting choice for patients and families.
- High levels of cohorted and 1 to 1 patients in acute settings are limiting options for discharge destinations.

How do we compare with our peers?



Status as at February 2024		
Health Board	Compliance	Rank
Powys	56	1st
HDda	212	2nd
SB	237	3rd
C&V	238	4th
AB	240	5th
BCU	324	6th
CTM	330	7th



Finance Update – Month 12

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

3. Key Risks/Matters for Escalation

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

4. Assessment

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



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

5. Recommendation

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

(Agenda Item) 6.1 **30 April 2024** **Planning , Performance & Finance Committee** **M11 Finance Report**

Report Details:

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

Impact Assessment:

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

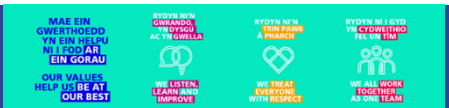
2023-24 Finance Report

Month 11

Summary



Situation	Background
<p>This Finance report outlines our financial performance for Month 11 (i.e. the period to 29th February 2024.</p> <p>This Finance report is discussed at the Full Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.</p> <p>A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 11 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.</p>	<p>Our draft financial plan for 23/24 was submitted to Welsh Government (WG) on 31 March 2024. The draft plan identified a forecast deficit of £79.6m and WG confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to WG at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m was not changed. The draft plan includes a £27.3m savings target which requires a significant step up in savings delivery compared to recent years.</p> <p>The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.</p> <p>During M7, WG confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, WG have given the Health Board a break even Control Total target for 23/24. This equates to further £8.4m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break even Control Total target in 23/24.</p>

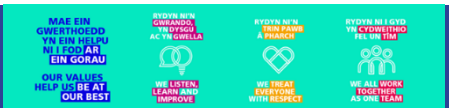




Summary



Assessment	Recommendation
<p>Overall Revenue position- 2023/24:</p> <ul style="list-style-type: none"> The M11 position was a £0.5m surplus and the M11 YTD position is now reporting a £0.5m deficit against the Revenue Resource Limit. As at M11 we are continuing to forecast a break even position for 23/24, which is consistent with the Control Total target set by WG. This forecast assumes that we will receive £8.2m of funding for energy. Since we are now in March, we are assuming that our anticipated allocations for Pay awards will be fully funded by WG and also that we can retain the forecast £0.3m underspend on the Dental contract. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m - £2m. <p>Recurrent Revenue position:</p> <ul style="list-style-type: none"> As at M11 the HB is forecasting an underlying deficit at the end of 23/24 of £19.4m (M10: £19.4m). Further information is provided on Page 8. The forecast underlying deficit is the starting point for the 2024/25 financial plan. This forecast will continue to be reviewed as we finalise our IMTP and financial plan for 2024/25. 	<p>The Board, the PFC and the ELG are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 29th February 2024.</p>

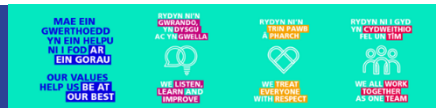




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14	Income Trends
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17	Savings
18	Risk Management
19	Statement of Financial Position
20	Cash Flow forecast
21	Public Sector Payment Policy Compliance
22	Capital Expenditure



Overall Revenue Position

- The M11 position was a £0.5m Surplus and the M11 YTD position is a £0.5m deficit.
- The Health Board is continuing to forecast a break even position, which is consistent with the Control Total target set by WG.
- Since we are now in March, we are assuming that our anticipated allocation for Pay awards will be fully funded by WG and also that we can retain the forecast underspend on the Dental contract. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m - £2m.
- The forecast underlying deficit at the end of 23/24 is £19.4m (M10: 19.4m). Further information is provided on Page 8. The forecast underlying deficit is the starting point for the 2024/25 financial plan.

Savings

- The actual savings to M11 was £24.9m which is £0.1m below the M11 YTD savings target of £25.0m.
- The M11 forecast In year savings is £27.6m. This represents a step up of £0.5m in the final month of the year compared to trend and a forecast over achievement of £0.3m compared to the £27.3m target.
- The M11 forecast Recurrent savings of £28.1m is £0.8m over the £27.3m target.

Cash

- The closing cash balance at 29th February 2024 was £7.4m. The balance remained higher than anticipated due to unexpected late receipts of £3m.
- The forecast Cash Flow position to year end shows a small surplus balance. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1.750k respectively and also that all other outstanding cash allocations will be received before year end.

Capital

- The latest Capital Resource Limit for 23/24 is £75.3m. This was issued on the 20th February 2024.
- Expenditure to M11 was £62.3m and the forecast outturn Capital position is breakeven to the CRL target.



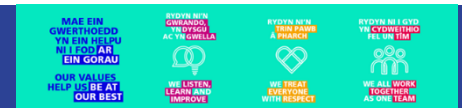
Summary Income & Expenditure Account



	M11 Actual	M11 YTD	Year End Forecast
	£k	£k	£k
01. Revenue Resource Limit	(120,681)	(1,250,837)	(1,359,916)
02. Capital Donation / Government Grant Income	(9)	(53)	(200)
03. Welsh NHS Local Health Boards & Trusts Income	(7,151)	(77,289)	(84,174)
04. WHSSC Income	(1,045)	(11,214)	(12,2570)
05. Welsh Government Income (Non RRL)	(319)	671	771
06. Other Income	(4,311)	(41,877)	(45,532)
Total Allocations & Income	(133,516)	(1,380,599)	(1,501,308)
08. Primary Care Contractor	17,284	145,272	158,830
09. Primary Care - Drugs & Appliances	8,428	93,736	102,395
10. Provided Services - Pay	57,973	621,414	678,605
11. Provider Services - Non Pay	10,608	113,986	122,712
12. Secondary Care - Drugs	4,866	51,640	56,587
13. Healthcare Services Provided by Other NHS Bodies	23,674	243,188	267,102
14. Non Healthcare Services Provided by Other NHS Bodies	364	3,978	4,300
15. Continuing Care and Funded Nursing Care	5,479	59,661	64,713
16. Other Private & Voluntary Sector	1,377	15,020	16,380
17. Joint Financing and Other	110	2,209	2,992
22. DEL Depreciation\Accelerated Depreciation\Impairments	2,766	30,426	33,510
23. AME Donated Depreciation\Impairments	57	669	(6,765)
24. Uncommitted Reserves & Contingencies	0	0	0
25. Profit\Loss Disposal of Assets	1	(52)	(52)
Total Expenditure	132,987	1,381,147	1,501,308
Grand total	(529)	548	0

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- After allowing for the AME Donated Depreciation profile, the M11 YTD expenditure of £1,381m is broadly in line with 11/12ths of the year end forecast of £1,501m.
- The Year end forecast remains a breakeven position.



Year to Date
Performance and Forecast

	M11 Actual	M11 YTD	M11 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	4.7	57.8	62.6	70.9
Confirmed WG Funding	(5.2)	(57.3)	(62.5)	0
Total	(0.5)	0.5	0.1	70.9
Energy:				
Exceptional Energy inflation	0.6	7.4	8.2	8.7
Anticipated Energy Funding	(0.6)	(7.4)	(8.2)	0
Total	0.0	0.0	0.0	8.7
Covid programme costs:				
Health Protection	0.6	5.8	6.5	9.1
PPE	0.0	0.4	0.4	1.0
Adferiad	0.1	0.5	0.8	1.0
Nosocomial	0.0	0.5	0.5	0.6
Confirmed funding	(0.7)	(7.2)	(8.3)	(11.7)
Total	0.0	0.0	(0.1)	0
Grand total	(0.5)	0.5	0.0	79.6

Key Points:

- **Core plan and Energy**

The M11 position was a £0.5m surplus and the M11 YTD position is a £0.5m deficit.

Since we are now in March, we are assuming that our outstanding allocations for Pay will be fully funded by WG and that our forecast dental underspend can also be retained. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m to £2m.

The latest Energy forecast assumes that the Health Board receives £8.2m of funding to cover the £8.2m forecast cost pressure.

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

- **Covid programme costs**

As at M11 the HB is reporting YTD COVID Programme expenditure of £7.2m with a forecast of £8.2m (M10: £8.2m). In line with the WG guidance, the HB will manage any variation from the confirmed allocation of £8.3m giving a forecast surplus of £0.1m at M11.

Forecast Underlying Deficit

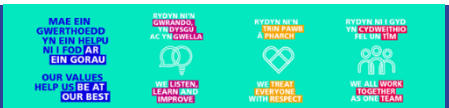


Recurrent Financial Challenge	M11	M10
	£m	£m
Brought Forward Financial Challenge 1 April 2023	70.9	70.9
Exceptional Energy Costs	0	0
Assumed WG recurrent funding – conditional upon achieving break even in 2023/24	(51.1)	(51.1)
Net Other Movements	(0.4)	(0.4)
Forecast Carry Forward Financial Challenge 31 March 2024	19.4	19.4

Key Points:

- As at M11 we are reporting a forecast Underlying deficit at the end of 23/24 of £19.4m (M10: £19.4m).
- The movement from the current year (2023/24) forecast break even position to the forecast underlying deficit of £19.4m is summarised in the “Bridge” table.
- The recurrent forecast will continue to be reassessed as we finalise our IMTP and financial plan for 2024/25.

Bridge from 2023/24 Forecast position to Forecast underlying Deficit	M11
	£m
Forecast position 2023/24	0
Non Recurrent 2023/24 WG inflation funding	11.4
Accountancy gains	5.0
Non Recurrent Income – Llantrisant Health Park income	1.8
Non Recurrent benefits – VAT & Rates rebates	1.2
Other Non Recurrent items	0
Forecast Carry Forward Financial Challenge 31 March 2024	19.4





Pay Expenditure Trends

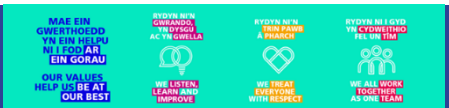


Staff Group	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Administrative & Clerical	7.6	7.6	7.6	7.6	7.5	7.7
Medical And Dental	14.9	18.1	15.1	15.4	15.5	15.7
Nursing And Midwifery Registered	17.6	18.0	18.4	18.0	18.2	19.3
Add Prof Scientific And Technical	1.7	1.6	1.6	1.6	1.7	1.7
Additional Clinical Services	7.2	7.1	7.3	7.3	7.3	7.5
Allied Health Professionals	3.5	3.5	3.6	3.6	3.6	3.8
Healthcare Scientists	1.1	1.1	1.1	1.1	1.1	1.2
Estates And Ancillary	3.3	3.3	3.3	3.3	3.4	3.3
Students	.0	.0	.1	.1	.1	.1
Grand Total	56.9	60.4	58.0	58.1	58.4	60.4

Key Points:

- The M11 (February) expenditure increased by £2m compared to M10. This included £1.1m of increased agency costs to support pressures within A&E and Wards and £0.9m of further bank holiday enhancements relating to Christmas & New Year. As in M10, the impact of industrial action was circa £0.3m for February.
- Core spend for M11 increased by £1.4m compared with M10 mainly as a result of the bank holiday enhancements being processed.
- Agency spend increased by £1.1m.

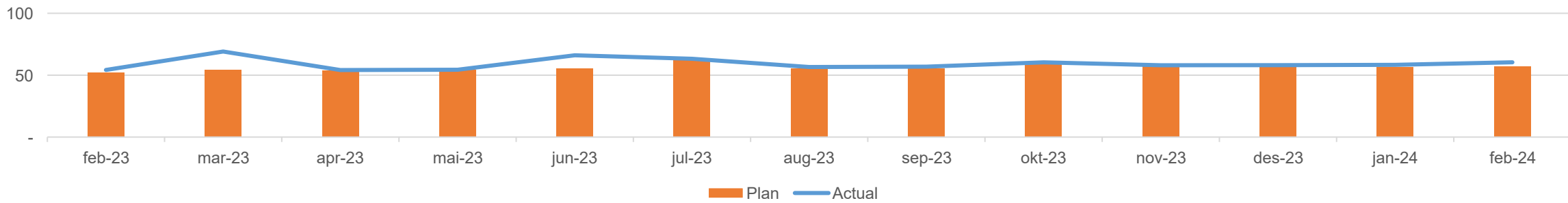
Spend category	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Core	48.7	51.6	49.1	50.0	49.6	51.0
Agency	3.8	5.2	3.8	3.8	3.4	4.5
Overtime	1.7	1.6	1.9	1.3	1.7	1.8
ADH	1.4	1.7	1.8	1.7	1.9	1.8
Bank	1.0	.1	1.3	1.1	1.2	1.2
WLI	.2	.2	.2	.1	.1	.1
Grand Total	56.8	60.4	58.0	58.1	57.9	60.4



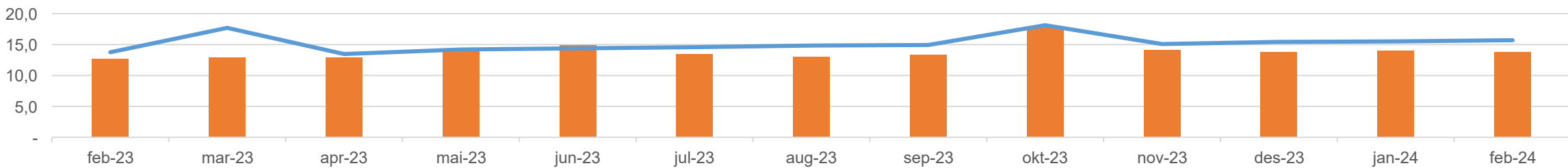
Pay Expenditure Trends



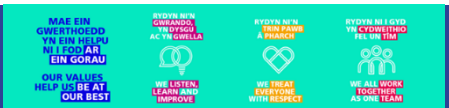
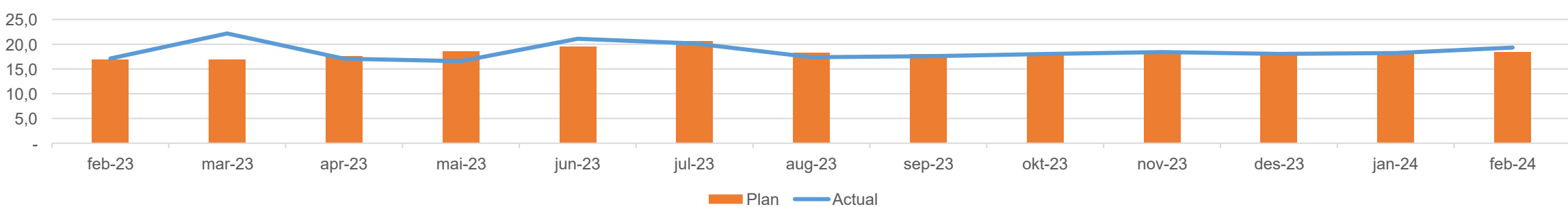
Total Pay Expenditure Trend (£'m)



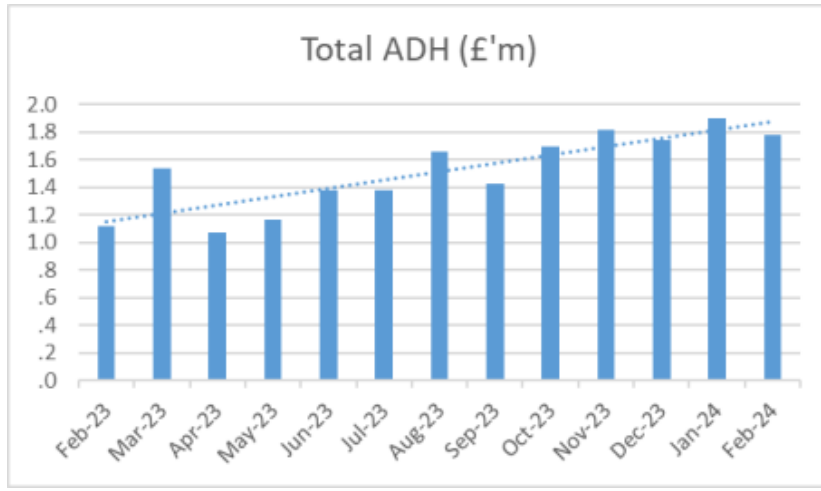
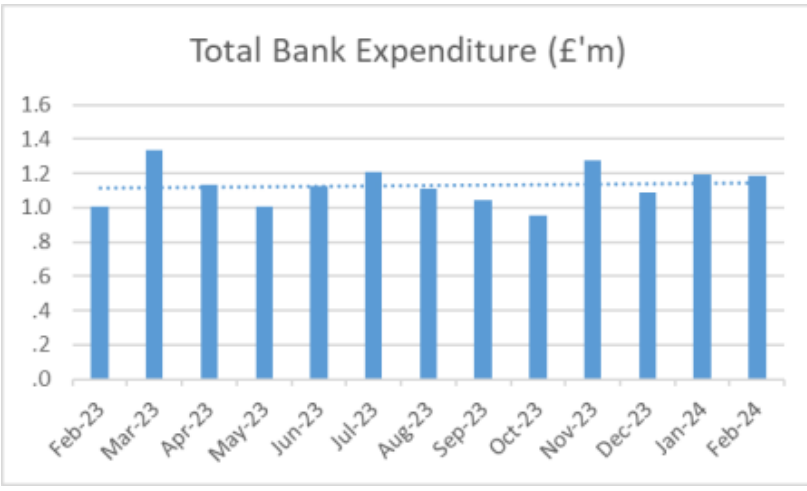
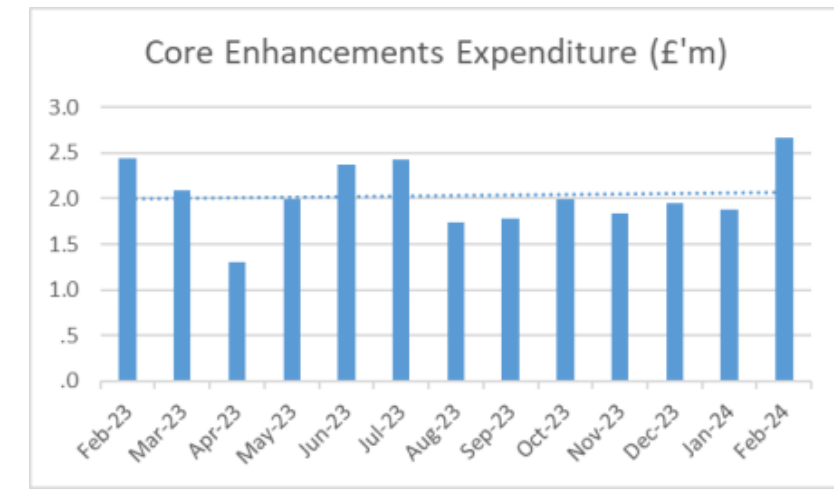
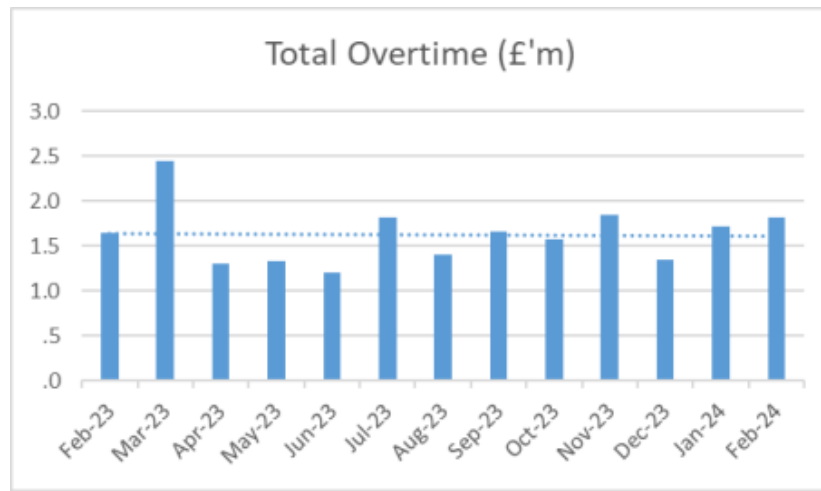
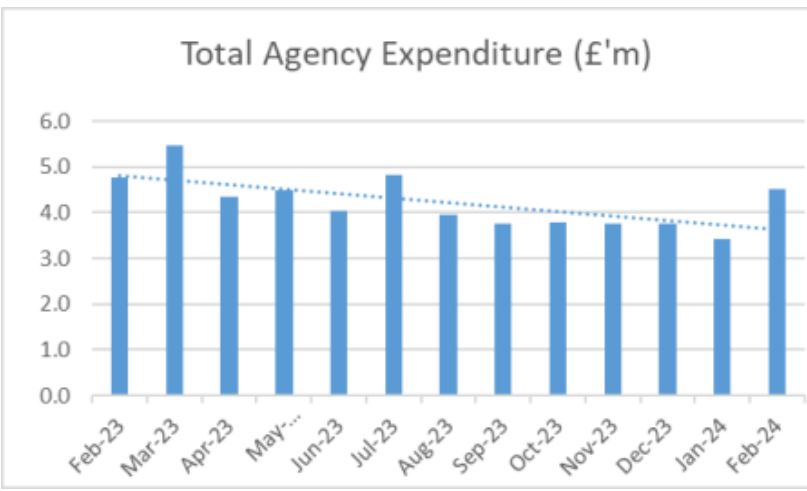
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)

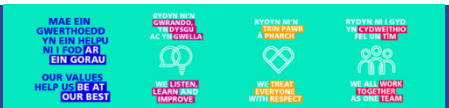


Variable Pay Expenditure Trends



Key Points :

- Total agency expenditure has increased by £1.1m when compared to M10.
- Overtime payments and core enhancements have both increased by £0.1m & £0.7m respectively over M10.





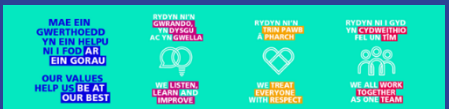
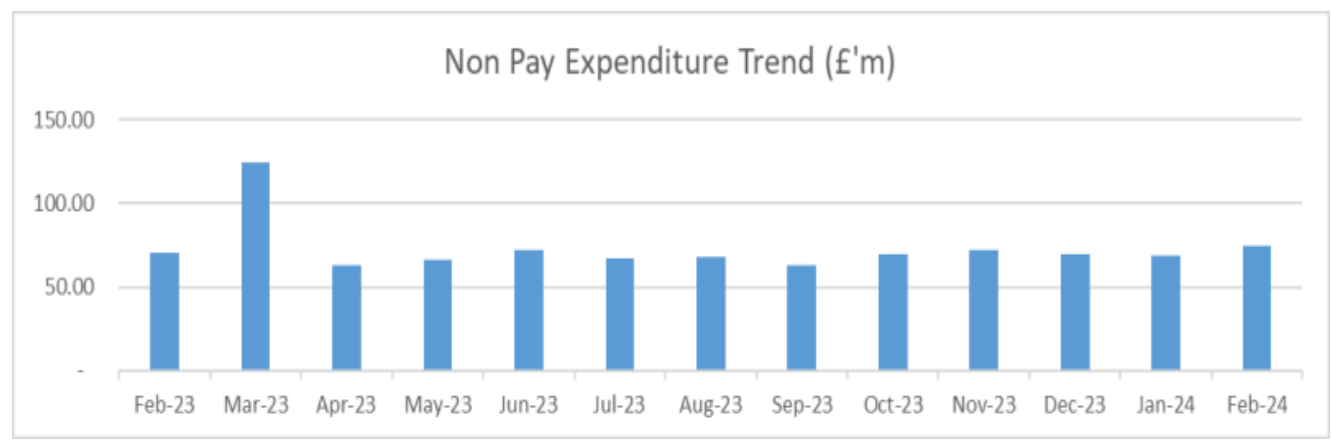
Non Pay Expenditure Trends



Non Pay Group	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Primary Care Contractors	11.9	12.3	11.6	13.0	12.7	16.5
Primary Care Drugs	7.8	7.8	8.5	8.2	8.5	8.4
Provider Non Pay	10.3	9.6	10.5	10.9	12.7	10.6
Secondary Care Drugs	4.8	5.0	5.4	4.4	4.8	4.9
Healthcare Commissioning	21.4	23.0	25.2	22.0	19.9	23.7
CHC & FNC	2.0	6.2	6.0	6.5	6.2	5.7
Other	5.0	5.9	4.9	4.6	4.3	4.7
Total Expenditure	63.2	69.8	72.1	69.5	69.2	74.5

Key Points:

- M11 non pay expenditure increased by £5.3m compared to M10. The main changes were in the following areas:
 - Primary Care Contractors has increased by £3.8m. This is due to the 2023/24 DDRB inflation uplift for GMS being processed in M11.
 - Provider Non Pay decreased by £2.1m, returning to normal levels following a £1.3m reclassification adjustment from Healthcare Commissioning in M10.
 - Healthcare Commissioning increased by £3.8m. This is partly due to returning to normal levels following the £1.3m reclassification adjustment in M10, together with new WG allocations for WHSSC & EASC of £3.6m.
 - Included in Other is capital charges which reflects the latest capital charge estimates.





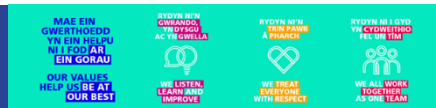
COVID Expenditure Trends



COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000	Oct-23 £'000	Nov-23 £'000	Dec-23 £'000	Jan-24 £'000	Feb-24 £'000
Programme costs											
Health Protection – TTP	113	133	97	123	70	88	110	78	167	68	161
Health Protection - Vaccination	372	285	306	308	475	495	511	662	434	336	395
PPE	83	(33)	37	18	58	41	41	41	21	33	35
Adeferiad	39	47	39	50	37	41	53	53	57	87	96
Noscomial	39	27	45	46	55	53	45	44	40	36	43
Total Covid costs	646	459	525	545	695	718	760	878	719	560	730
Anticipated funding	(646)	(459)	(525)	(545)	(695)	(718)	(760)	(878)	(719)	(560)	(730)
Total	0	0	0	0	0	0	0	0	0	0	0

Key Points:

- M11 expenditure increased by £170k compared to M10. This was due to an increase in spend across the Vaccination & TTP programmes.
- WG have confirmed the allocation for COVID of £8.3m
- In line with the WG guidance, the HB will manage any variation from the confirmed allocation of £8.3m giving a forecast surplus of £0.1m at M11.





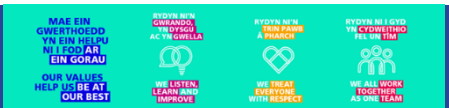
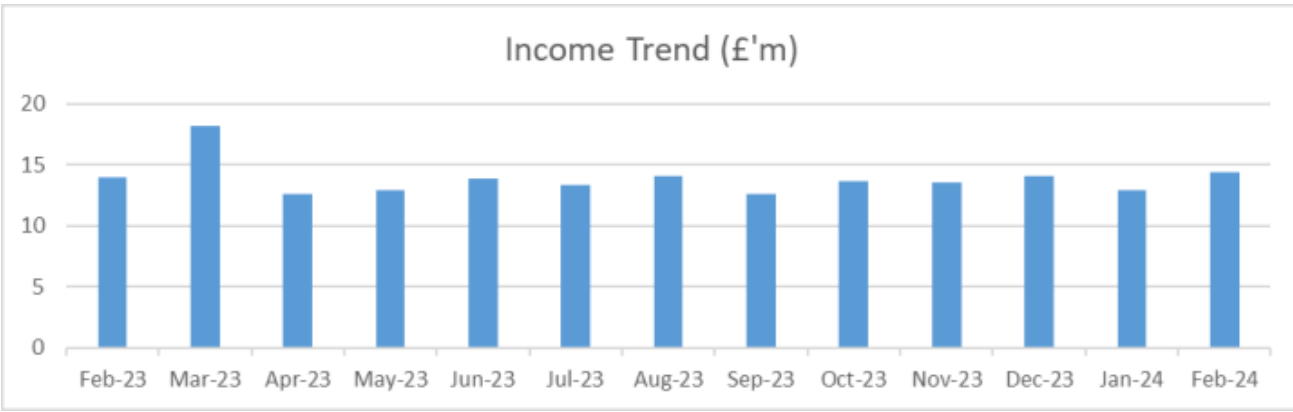
Income Trends



Income Group	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Welsh NHS Income	6.0	7.0	7.3	7.4	5.7	7.2
WHSSC Income	1.0	1.0	1.0	1.1	1.1	1.0
Primary Care Contractor Income	1.1	1.4	1.3	1.4	1.6	1.4
CHC Income	0.5	0.5	0.5	0.5	0.5	0.4
Other Income	4.0	3.8	3.5	3.7	4.0	4.3
Total Income	12.6	13.7	13.6	14.1	12.9	14.4

Key Points:

- The Total Income in M11 was £1.5m more than M10. The main movements were:
 - Increase in Welsh NHS Income of £1.5m, taking it back to prior months levels. The reduction in M10 included a £1.2m reduction due to the Swansea Bay T&O repatriation,
 - Increase in Other income of £0.3m.



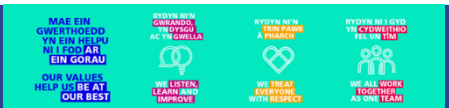
Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,216.5	29.7	25.0	88.7	1,359.9
Anticipated Allocations:					
1.5% Consolidate NHS Pay Award 22/23	0.9				0.9
Energy Funding	4.7				4.7
VBHC New IN Year Funding	0.3				0.3
23/24 Pay award	3.2				3.2
IFRS Revenue Adjustment	(2.9)				(2.9)
Capital Charges	(6.2)				(6.2)
Total Allocations	1,216.5	29.7	25.0	88.7	1,359.9

Key Points:

- As at M11 the confirmed Revenue Resource allocation was £1,359.9m.
- The forecast position assumes a further £9.1m of additional allocations offset by a reduction of £9.1m for IFRS and capital charges to give a Total allocation of £1,359.9m.
- Our M11 year end forecast position assumes that our anticipated allocations for Pay awards (£4.1m) will be fully funded by WG. However, until formally confirmed, there remains a risk that the final allocations will be lower than anticipated.



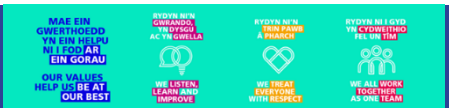
Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	0.9	30.7
Aneurin Bevan University	20.0	1.3	21.3
Betsi Cadwaladr University	0	0.2	0.2
Cardiff & Vale University	17.2	1.5	18.7
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.3	0.8
Powys	5.1	0.5	5.6
Public Health Wales	3.3	0.8	4.1
Velindre	0	10.2	10.2
NWSSP	0	0.0	0.0
DHCW	0.7	0.9	1.6
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.5	0.0	11.5
EASC	0.0	0.0	0
HEIW	0.0	15.3	15.3
NHS Wales Executive	0.0	0.0	0.0
Total	88.3	31.9	120.2

Key Points :

- During M6, WG confirmed the outcome of the arbitration with ABUHB which resulted in a £2.0m income reduction compared to our original financial plan. This has been reflected in our YTD position and forecast.
- All LTAs have now been agreed and signed.



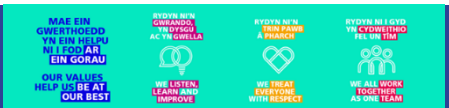
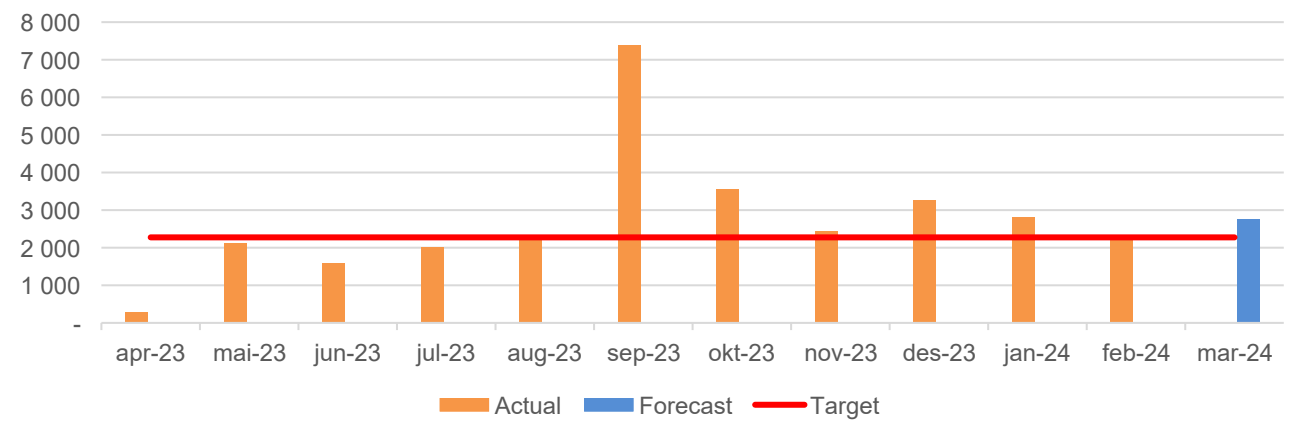
Savings



	Month 11			Month 10		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M11	25.0	27.3	27.3	22.8	27.3	27.3
Actual and Forecast Savings	(24.9)	(27.6)	(28.3)	(22.5)	(27.9)	(28.3)
Total	0.1	(0.3)	(1.0)	0.2	(0.6)	(1.0)

- Key Points:**
- Actual savings in M11 was £2.3m which was slightly below the M10 forecast of £2.5m but still above the M10 YTD trend of £2.25m/month.
 - The M11 YTD savings is £24.9m which is £0.1m below the M11 YTD savings target of £25.0m.
 - The M11 forecast In year savings is £27.6m. This represents a step up of £0.5m in the last month of the year and a forecast over achievement of £0.3m compared to the £27.3m target.
 - The M11 forecast Recurrent savings is £28.3m, which is £1.0m above the £27.3m target.

Savings Profile





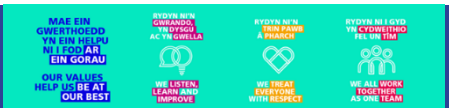
Risk Management Risks and Opportunities



	M11 £m	M10 £m	Comment
WG Funding risks:			
Risk of anticipated allocations for Pay awards and RLW not being fully funded.	0.0	0.0	
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	0.0	0.0	
Ringfenced Dental underspend being recovered by WG.	0.0	0.0	The Primary Care team need to agree the retention of the forecast underspend with the WG Dental team.
Total Risks	0.0	0.0	
Opportunities:			
Retrospective vat recoveries Microsoft	0.0	0.0	Negotiations with HMRC are continuing but this is not expected to be resolved in 23/24.
Further balance sheet review within 22/23	(2.0)	(2.0)	
Total Opportunities	(2.0)	(2.0)	
Total	(2.0)	(2.0)	

Key Points :

- As at M11 we are reporting total opportunities of between £1m - £2.0m.
- Since we are now in March, we are assuming that it is very likely that our anticipated allocations for Pay awards will be fully funded and that we can retain the forecast dental underspend.





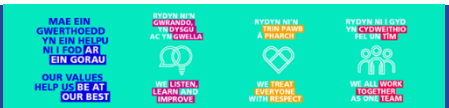
Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M10 £'000	Closing Balance as at M11 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	685,028	689,847
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	709,298	735,469	740,288
Current Assets			
Inventories	7,017	6,956	6,900
Trade and Other Receivables	74,622	105,289	103,041
Cash and Cash Equivalents	1,348	12,600	7,371
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	83,232	125,090	117,557
Current Liabilities			
Trade and Other Payables	169,055	172,565	177,815
Provisions	27,320	53,883	52,365
Total Current Liabilities	196,375	226,448	230,180
Non-Current Liabilities			
Trade and Other Payables	20,069	20,069	20,069
Provisions	52,164	52,164	52,164
Total Non-Current Liabilities	72,233	72,233	72,233
TOTAL ASSETS EMPLOYED	523,922	561,878	555,432
Financed By:			
General Fund	428,850	466,806	460,360
Revaluation Reserve	95,072	95,072	95,072
TOTAL	523,922	561,878	555,432

Key Points :

- Trade and other payables increased in M11 by a net value of £5.2m. This includes an increase in general creditors of £13m which is offset by a decrease in the pension's online creditor of £8.6m. This decrease is due to the pensions online payment issue noted in M10.
- The cash balance has reduced by £5.2m in M11 from £12.6m to £7.4m. This reduction is due to the large catch-up payment due to pensions online. However, the balance remained higher than anticipated due to unexpected late receipts of £3m.
- There was an increase in the debtor balance in M11 of £2.2m. This was in relation to general accruals.



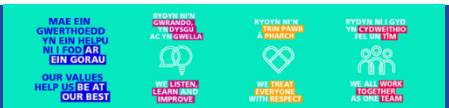
Cash Flow Forecast



Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	113,271	100,294	122,791	110,817	99,506	134,790	97,817	110,863	131,686	95,951	106,934	125,447	1,350,167
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,900	5,400	7,700	18,093	79,593
Sale of Assets	0	249	1	0	0	0	0	0	0	0	0	0	250
Welsh NHS Org'ns	12,193	12,612	9,598	11,011	11,091	8,687	15,458	10,081	10,111	10,078	11,545	12,000	134,465
Other	5,917	7,290	2,069	2,737	3,983	4,660	3,001	5,179	6,445	7,666	5,490	2,700	57,137
Total Receipts	131,381	130,445	139,959	131,065	119,680	154,637	120,776	131,523	153,142	119,095	131,669	158,240	1,621,612
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,674	29,928	8,223	19,075	31,308	9,093	21,928	19,365	232,923
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	(64)	(66)	120	8	158	0	118,529
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	55,288	58,540	56,266	47,013	65,889	56,501	654,089
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,241	57,285	46,801	73,680	56,476	53,355	63,106	56,777	48,923	89,555	605,199
Total Payments	128,040	129,725	142,416	130,209	117,483	158,059	119,923	130,904	150,800	112,891	136,898	165,421	1,622,769
Net Cash In/Out	3,341	720	(2,457)	856	2,197	(3,422)	853	619	2,342	6,204	(5,229)	(7,181)	
Balance B/F	1,348	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	6,397	12,601	7,372	
Balance C/F	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	6,397	12,601	7,372	191	

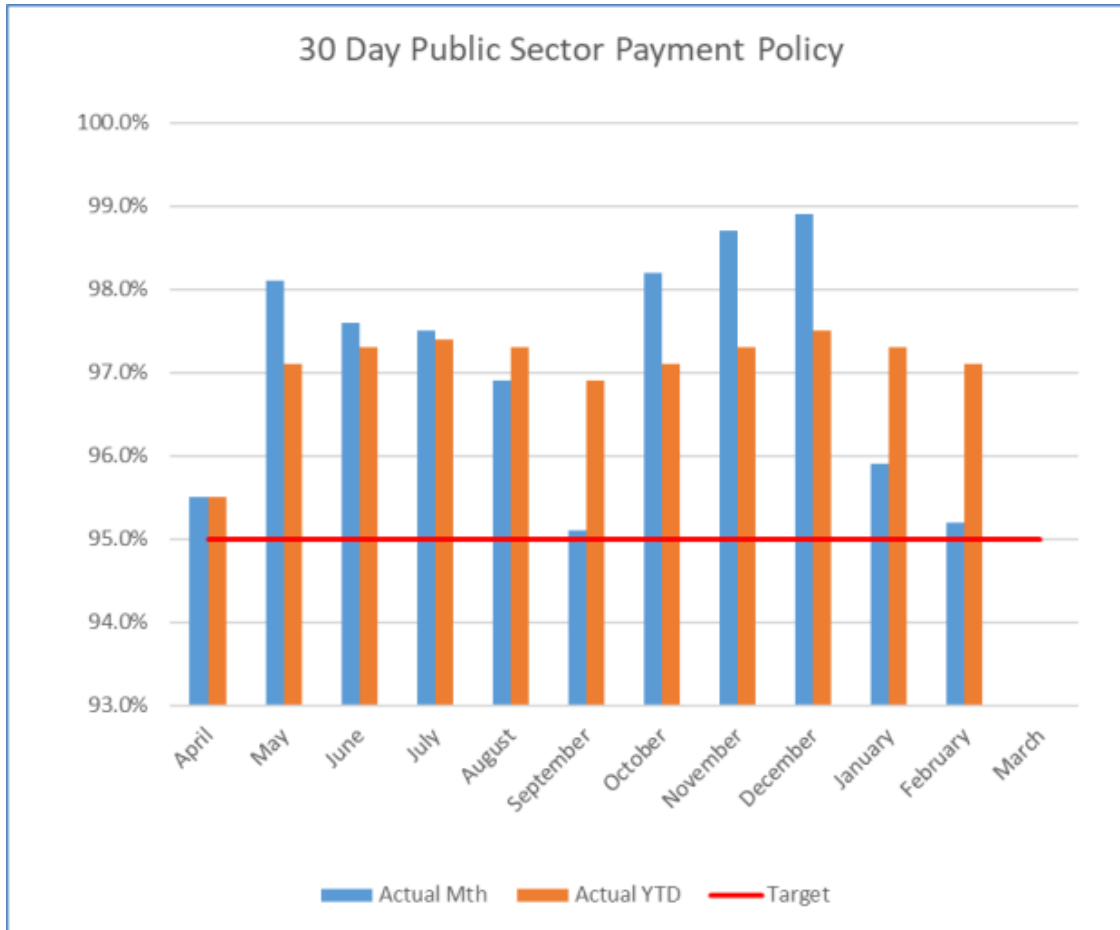
Key Points within the Cash Flow Forecast :

- The closing cash balance at 29th February 2024 was £7.4m. The balance has reduced by £5.2m during the month due to the large catch-up payment due to pensions online.
- The forecast Cash Flow position to year end shows a small surplus balance. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1.750k respectively. The requirement is the projected reduction in the creditors/accruals position which is supporting the overall position.



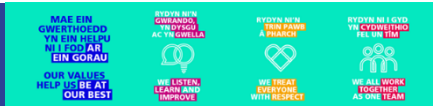


Public Sector Payment Policy



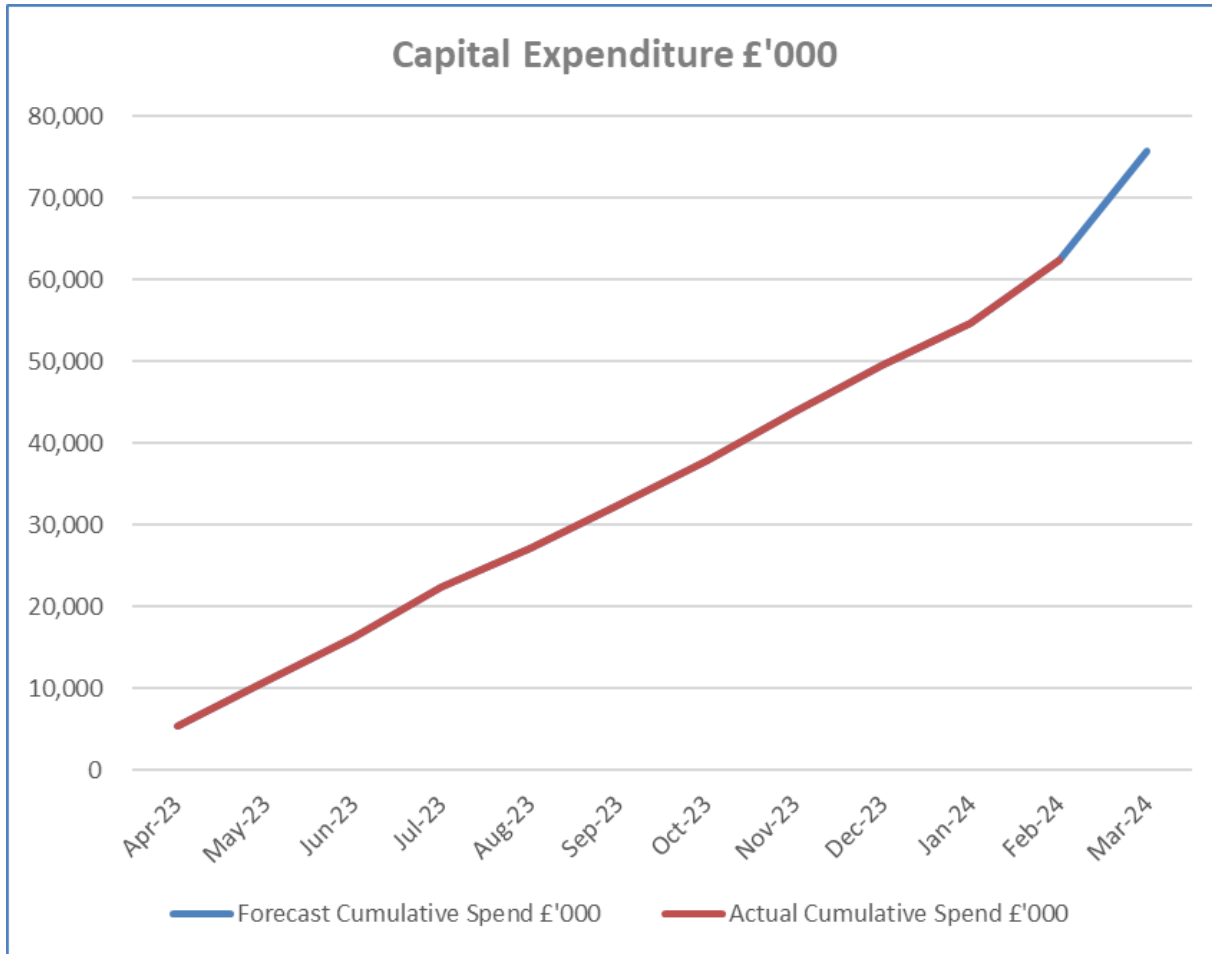
Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in February was 95.2%
- The cumulative percentage to M11 is 97.1%.
- The PSCP target has been achieved up to M11 of 23/24.



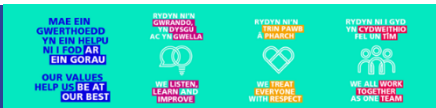


Capital Expenditure



Key Points:

- The Capital Resource Limit for 2023-24 of £75.3m was issued on the 20th February 2024.
- This is supplemented by a forecast of £0.2m for donated funds and £0.2m of assets disposed of in this financial year, giving an overall programme of £75.7m.
- Expenditure to M11 amounted to £62.3m.
- The outturn capital position is forecast to be balanced against the CRL target.





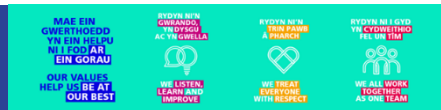
(Agenda Item) 6.2	30 April 2024	Planning , Performance & Finance Committee	M12 Finance Report
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Report Details:

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

Impact Assessment:

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



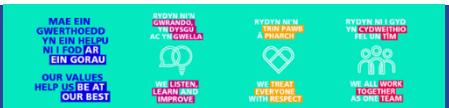
2023-24 Finance Report

Month 12

Summary



Situation	Background
<p>This Finance report outlines our financial performance for Month 12 (i.e. the period to 31st March 2024.</p> <p>This Finance report is discussed at the Full Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.</p> <p>A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 12 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.</p> <p>It is important to note that the M12 Position is a draft position and this may change prior to the submission of the draft Annual accounts to WG on 3 May and also the conclusion of the audit process.</p>	<p>Our draft financial plan for 23/24 was submitted to Welsh Government (WG) on 31 March 2024. The draft plan identified a forecast deficit of £79.6m and WG confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to WG at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m was not changed. The draft plan included a £27.3m savings target which requires a significant step up in savings delivery compared to recent years.</p> <p>The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.</p> <p>During M7, WG confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, WG have given the Health Board a break even Control Total target for 23/24. This equates to further £8.4m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break even Control Total target in 23/24.</p>



Summary

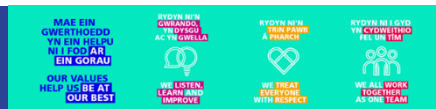
Assessment	Recommendation
<p>Overall Revenue position- 2023/24:</p> <ul style="list-style-type: none"> The M12 position was a £0.7m surplus and the M12 Draft year end position is now reporting a £0.1m surplus against the Revenue Resource Limit. The Health Board has therefore achieved the break even Control Total Target set by WG for 2023/24. Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: <ul style="list-style-type: none"> 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. The Health Board has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2021-22 to 2023-24. The Health Board has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2021-22 to 2023-24. The Health Board has not met its financial duty to have an approved plan for 2023/24. <p>Recurrent Revenue position:</p> <ul style="list-style-type: none"> As at M12 the HB is forecasting an underlying deficit at the end of 23/24 of £19.4m (M11: £19.4m). Further information is provided on Page 8. The forecast underlying deficit is the starting point for the 2024/25 financial plan. 	<p>The Board, the PFFC and the ELG are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 31st March 2024.</p>



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Overall Revenue Position

- The M12 position was a £0.7m Surplus and the M12 YTD position is a £0.1m surplus.
- The Health Board has therefore achieved the break even Control Total set by WG for 2023/24.
- However, the Health Board has not met its statutory duty to achieve a break even revenue position over the 3 year rolling period 2021/22 to 2023/24.
- The forecast underlying deficit at the end of 23/24 is £19.4m (M11: 19.4m). Further information is provided on Page 8. The forecast underlying deficit is the starting point for the 2024/25 financial plan.

Savings

- The actual savings to M12 was £27.4m which is £0.1m above the annual savings target of £27.3m.
- The M12 Recurrent savings of £25.7m is £1.6m below the £27.3m annual target.

Cash

- The closing cash balance at 31st March 2024 was £1.4m.

Capital

- The latest Capital Resource Limit for 23/24 is £75.71m. This was issued on the 27th March 2024.
- The reported outturn position is £33k below the CRL .
- The Health Board has met its statutory duty to achieve a break even capital expenditure position over a 3 year rolling period to 2023/24.



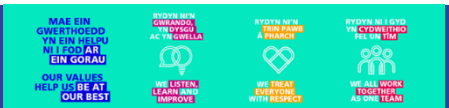
Summary Income & Expenditure Account



	M12 Actual	M12 YTD	Year End Draft Position
	£k	£k	£k
01. Revenue Resource Limit	113,978	1,364,815	1,364,815
02. Capital Donation / Government Grant Income	146	199	199
03. Welsh NHS Local Health Boards & Trusts Income	7,695	84,984	84,984
04. WHSSC Income	1,113	12,327	12,327
05. Welsh Government Income (Non RRL)	2,082	1,411	1,411
06. Other Income	4,440	46,317	46,317
Total Allocations & Income	129,454	1,510,053	1,510,053
08. Primary Care Contractors	15,297	160,569	160,569
09. Primary Care - Drugs & Appliances	8,454	102,190	102,190
10. Provided Services - Pay	56,947	678,361	678,361
11. Provider Services - Non Pay	9,913	123,899	123,899
12. Secondary Care - Drugs	4,598	56,238	56,238
13. Healthcare Services Provided by Other NHS Bodies	29,777	272,965	272,965
14. Non Healthcare Services Provided by Other NHS Bodies	367	4,345	4,345
15. Continuing Care and Funded Nursing Care	5,213	64,874	64,874
16. Other Private & Voluntary Sector	1,406	16,426	16,426
17. Joint Financing and Other	1,118	3,327	3,327
22. DEL Depreciation\Accelerated Depreciation\Impairments	2,766	33,192	33,192
23. AME Donated Depreciation\Impairments	-7,054	-6,385	-6,385
24. Uncommitted Reserves & Contingencies	0	0	0
25. Profit\Loss Disposal of Assets	1	-51	-51
Total Expenditure	128,803	1,509,950	1,509,950
Grand total	651	103	103

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 Draft Year end position is reporting a surplus of £103k.





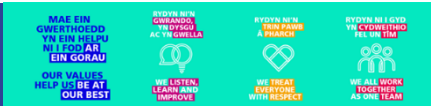
Year to Date Performance and Forecast



	M12 Actual	M12 YTD	Financial Plan
	£m	£m	
Core plan:			
Core plan deficit	4.6	62.5	70.9
Confirmed WG Funding	(5.2)	(62.5)	0
Total	(0.6)	0	70.9
Energy:			
Exceptional Energy inflation	0.8	8.2	8.7
Anticipated Energy Funding	(0.8)	(8.2)	0
Total	0.0	0.0	8.7
Covid programme costs:			
Health Protection	0.6	6.5	9.1
PPE	0.0	0.4	1.0
Adferiad	0.1	0.8	1.0
Nosocomial	0.0	0.5	0.6
Confirmed funding	(0.7)	(8.3)	(11.7)
Total	(0.1)	(0.1)	0
Grand total	(0.7)	(0.1)	79.6

Key Points:

- The M12 position was a £0.7m surplus, £0.6m Core plan and £0,1m Covid programme costs.
- The reported out-turn position is a £0.1m surplus on the COVID programme costs.



Forecast Underlying Deficit

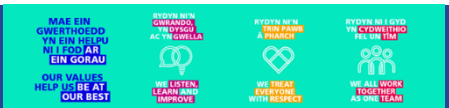


Recurrent Financial Challenge	M12	M11
	£m	£m
Brought Forward Financial Challenge 1 April 2023	70.9	70.9
Exceptional Energy Costs	0	0
Assumed WG recurrent funding – conditional upon achieving break even in 2023/24	(51.1)	(51.1)
Net Other Movements	(0.4)	(0.4)
Forecast Carry Forward Financial Challenge 31 March 2024	19.4	19.4

Key Points:

- As at M12 we are reporting a forecast Underlying deficit at the end of 23/24 of £19.4m (M11: £19.4m). This is the starting point for our 24/25 Financial Plan.
- The movement from the current year (2023/24) forecast break even position to the forecast underlying deficit of £19.4m is summarised in the “Bridge” table.

Bridge from 2023/24 Forecast position to Forecast underlying Deficit	M12
	£m
Forecast position 2023/24	0
Non Recurrent 2023/24 WG inflation funding	11.4
Accountancy gains	5.0
Non Recurrent Income – Llantrisant Health Park income	1.8
Non Recurrent benefits – VAT & Rates rebates	1.2
Other Non Recurrent items	0
Forecast Carry Forward Financial Challenge 31 March 2024	19.4



Pay Expenditure Trends

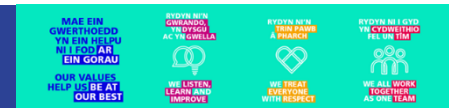


Staff Group	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m
Administrative & Clerical	7.6	7.6	7.6	7.5	7.7	7.1
Medical And Dental	18.1	15.1	15.4	15.5	15.7	15.1
Nursing And Midwifery Registered	18.0	18.4	18.0	18.2	19.3	19.7
Add Prof Scientific And Technical	1.6	1.6	1.6	1.7	1.7	1.4
Additional Clinical Services	7.1	7.3	7.3	7.3	7.5	7.7
Allied Health Professionals	3.5	3.6	3.6	3.6	3.8	3.6
Healthcare Scientists	1.1	1.1	1.1	1.1	1.2	1.1
Estates And Ancillary	3.3	3.3	3.3	3.4	3.3	3.3
Students	0.0	0.1	0.1	0.1	0.1	0.1
Grand Total	60.4	58.0	58.1	58.4	59.4	59.2

Key Points:

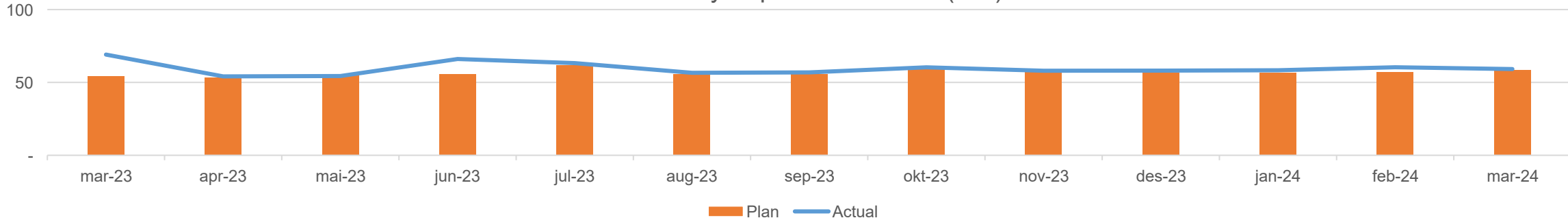
- The M12 (March) expenditure decreased by £0.2m compared to M11.
- This included a £0.8m reduction in Agency spend and a £0.2m reduction in Core spend. These reductions were offset by a £0.3m increase in Overtime and a £0.3m increase in ADHs.

Spend category	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m
Core	51.6	49.1	50.0	49.6	51.0	49.8
Agency	5.2	3.8	3.8	3.4	4.5	3.7
Overtime	1.6	1.9	1.3	1.7	1.8	2.1
ADH	1.7	1.8	1.7	1.9	1.8	2.1
Bank	0.1	1.3	1.1	1.2	1.2	1.3
WLI	0.2	0.2	0.1	0.1	0.1	0.2
Grand Total	60.4	58.0	58.1	57.9	59.4	59.2

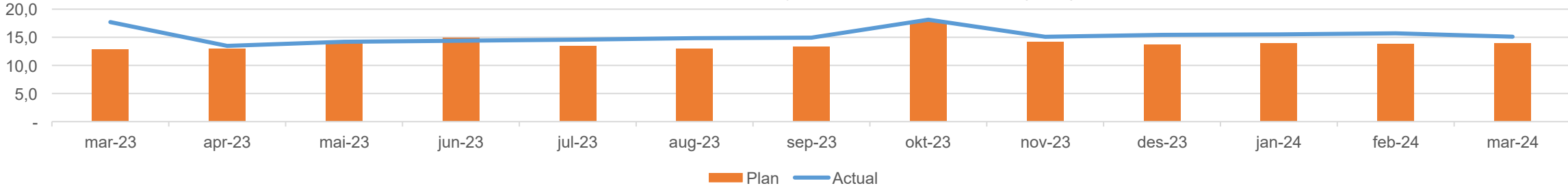


Pay Expenditure Trends

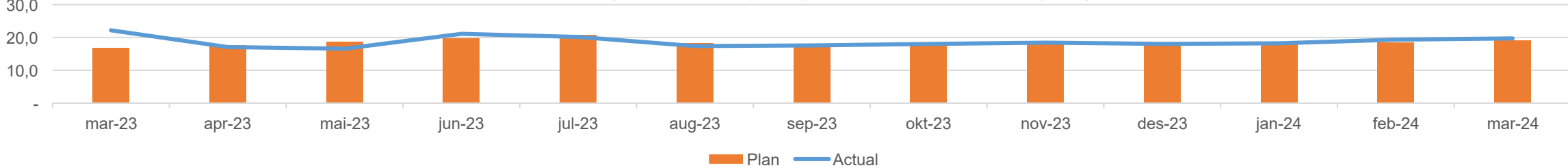
Total Pay Expenditure Trend (£'m)



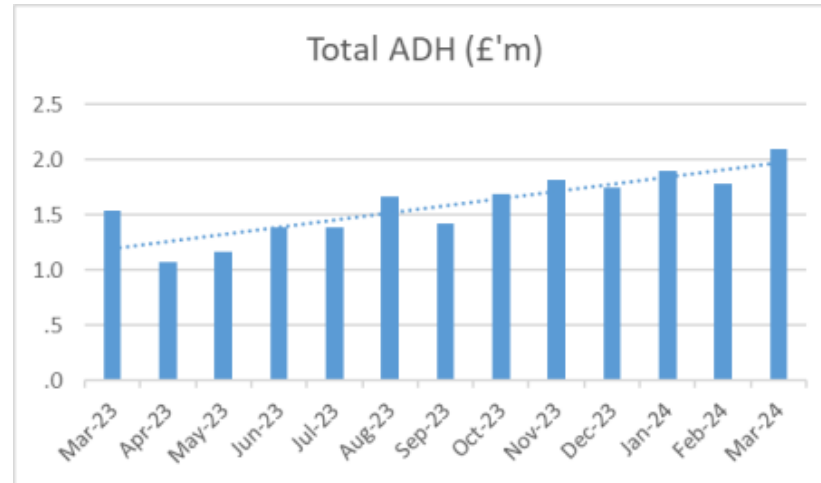
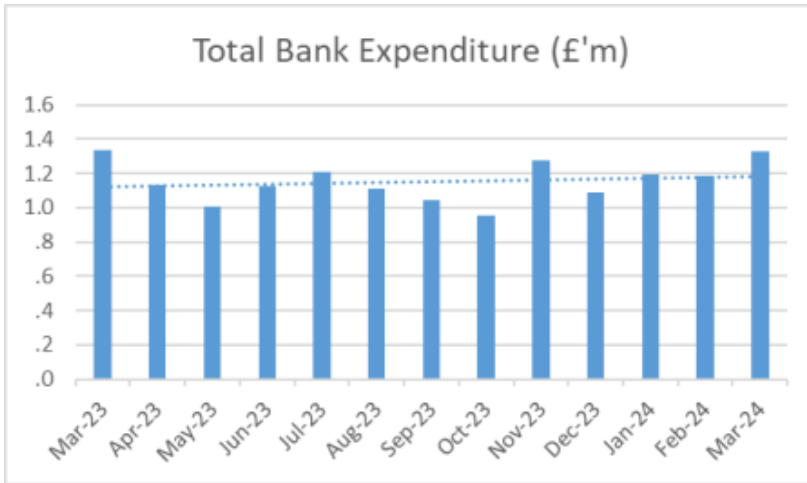
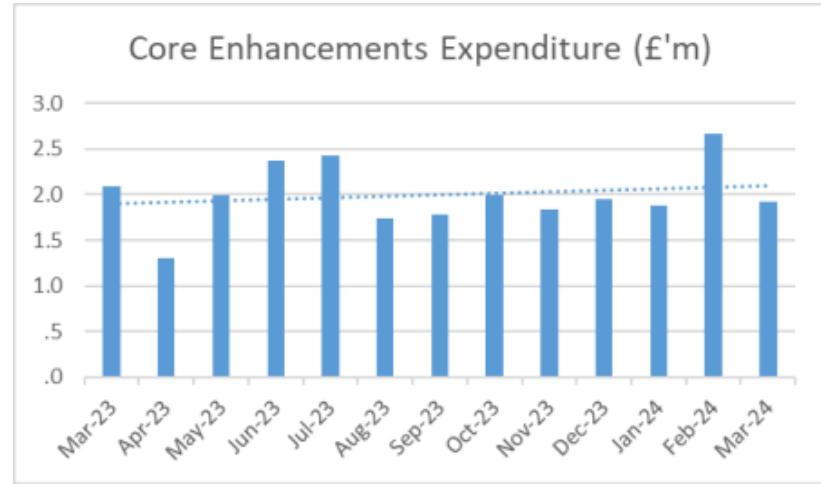
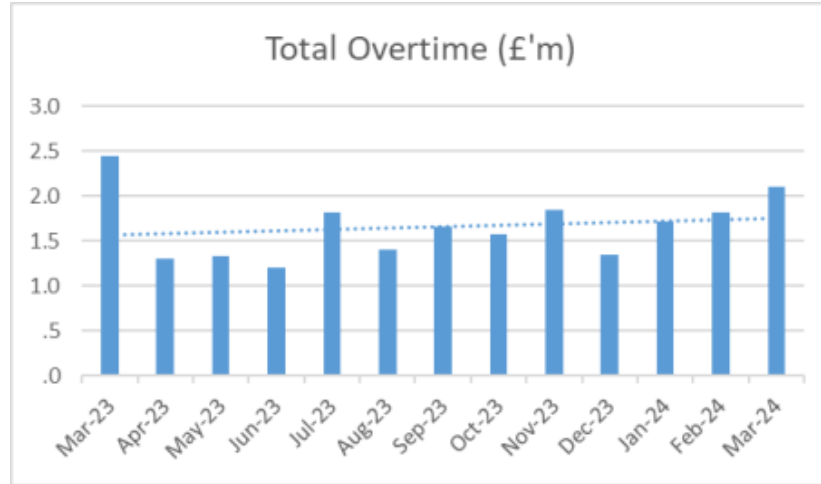
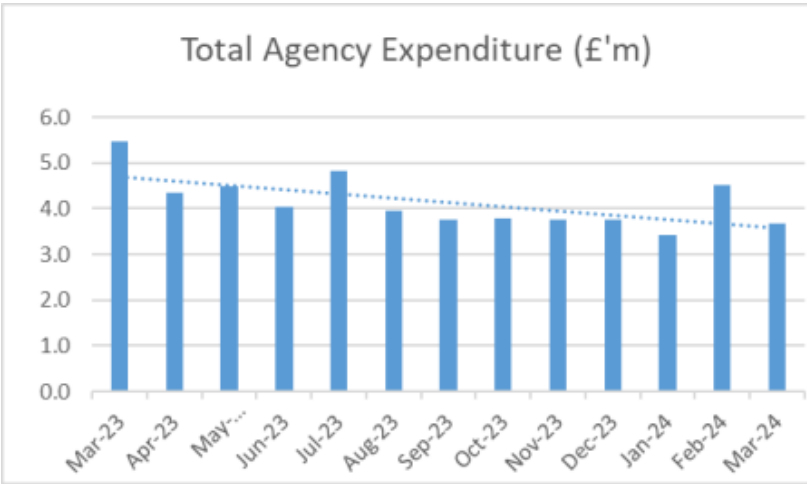
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)

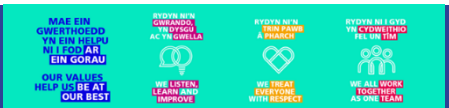


Variable Pay Expenditure Trends



Key Points :

- Total agency expenditure has decreased by £0.8m compared to M11 and Core enhancements by £0.7m.
- Overtime payments and ADHs have both increased by £0.3m over M11.



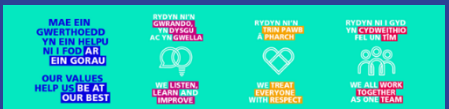
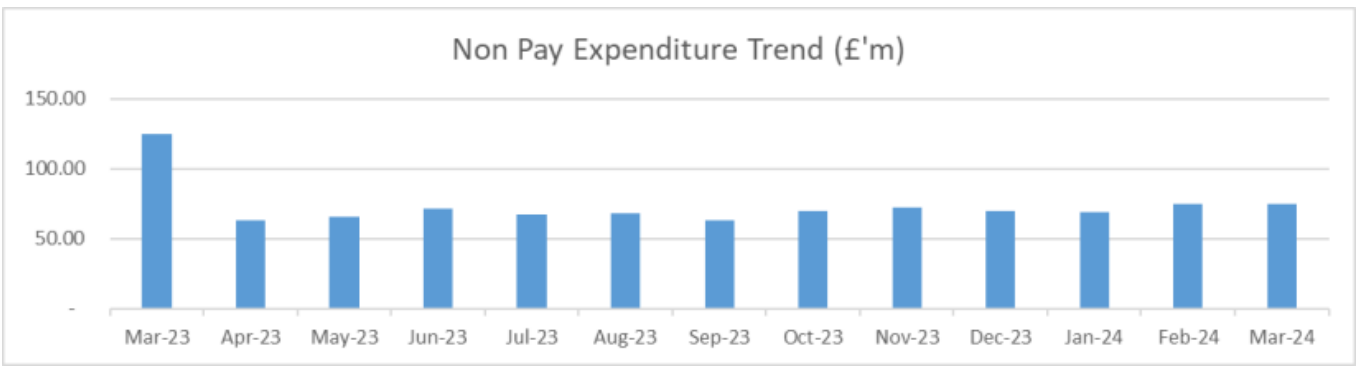


Non Pay Expenditure Trends



Non Pay Group	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m
Primary Care Contractors	12.3	11.6	13.0	12.7	16.5	14.5
Primary Care Drugs	7.8	8.5	8.2	8.5	8.4	8.5
Provider Non Pay	9.6	10.5	10.9	12.7	10.6	13.0
Secondary Care Drugs	5.0	5.4	4.4	4.8	4.9	4.6
Healthcare Commissioning	23.0	25.2	22.0	19.9	23.7	29.8
CHC & FNC	6.2	6.0	6.5	6.2	5.7	5.5
Other	5.9	4.9	4.6	4.3	4.7	(1.4)
Total Expenditure	69.8	72.1	69.5	69.2	74.5	74.5

- Key Points:**
- M12 non pay expenditure is consistent with M11. The main changes were in the following areas:
 - Primary Care Contractors has decreased by £2.0m. This is due to the 2023/24 DDRB inflation uplift for GMS being processed in M11.
 - Provider Non Pay increased by £2.4m.
 - Healthcare Commissioning increased by £6.1m. This is mainly attributed to new allocations received from WHSSC.
 - Included in Other is capital charges which reflects the latest capital charge estimates.





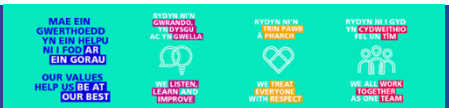
COVID Expenditure Trends



COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sept-23 £'000	Oct-23 £'000	Nov-23 £'000	Dec-23 £'000	Jan-24 £'000	Feb-24 £'000	Mar-24 £'000	Total £'000
Programme costs													
Health Protection – TTP	113	133	97	123	70	88	110	78	167	68	161	269	1,480
Health Protection - Vaccination	372	285	306	308	475	495	511	662	434	336	395	420	5,000
PPE	83	(33)	37	18	58	41	41	41	21	33	35	28	403
Adeferiad	39	47	39	50	37	41	53	53	57	87	96	147	746
Noscomial	39	27	45	46	55	53	45	44	40	36	43	47	518
Total Covid costs	646	459	525	545	695	718	760	878	719	560	730	912	8,148
WG funding	(646)	(459)	(525)	(545)	(695)	(718)	(760)	(878)	(719)	(560)	(730)	(1,058)	(8,294)
Total	0	0	0	0	0	0	0	0	0	0	0	(146)	(146)

Key Points:

- The reported outturn position of £8,148k was £146k lower than the WG funding allocation of £8.294m.



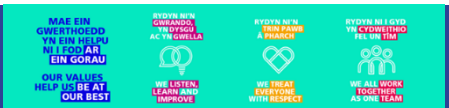
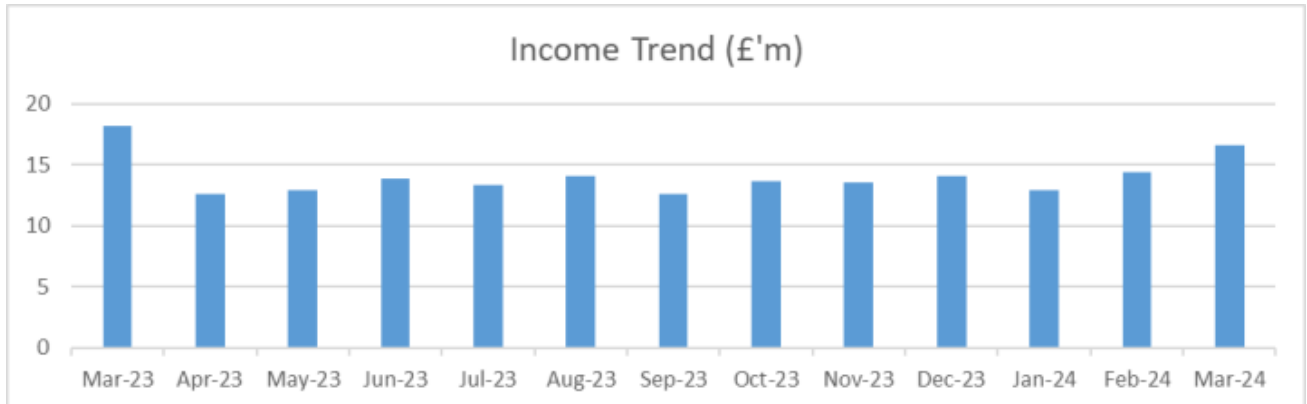
Income Trends



Income Group	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m	Mar-24 £'m
Welsh NHS Income	7.0	7.3	7.4	5.7	7.2	7.7
WHSSC Income	1.0	1.0	1.1	1.1	1.0	1.1
Primary Care Contractor Income	1.4	1.3	1.4	1.6	1.4	1.2
CHC Income	0.5	0.5	0.5	0.5	0.4	0.5
Other Income	3.8	3.5	3.7	4.0	4.3	6.0
Total Income	13.7	13.6	14.1	12.9	14.4	16.6

Key Points:

- The Total Income in M12 was £2.2m higher than M11. The main movements were:
 - Increase in Welsh NHS Income of £0.5m, taking it slightly higher than prior months levels. The reduction in M10 includes a £1.2m reduction due to the Swansea Bay T&O repatriation,
 - Increase in Other income of £1.7m. This includes £1.4m of Capital Grant income received for the Regional Integration Fund (RIF).



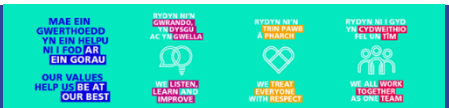
Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,221.1	29.7	25.0	88.7	1,364.5
Anticipated Allocations:					
Capital charges	0.3				0.3
CHC	0.1				0.1
Total Allocations	1,221.5	29.7	25.0	88.7	1,364.9

Key Points:

- As at M12 the confirmed Revenue Resource allocation was £1,364.5m.
- The forecast position assumes a further £0.4m of additional allocations to give a Total allocation of £1,364.9m.





Savings

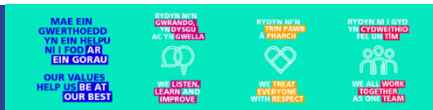
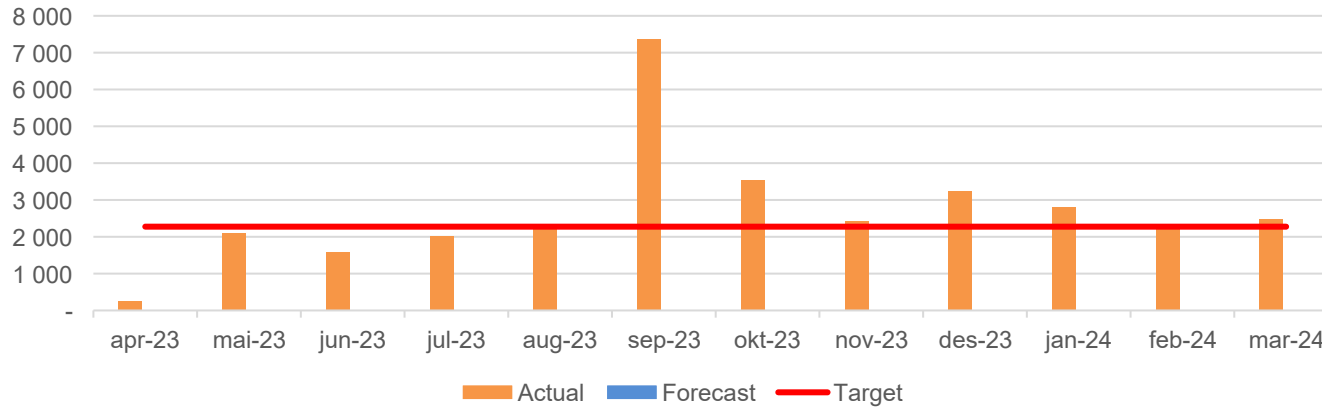


	Month 12			Month 11		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M12	27.3	27.3	27.3	25.0	27.3	27.3
Actual and Forecast Savings	(27.4)	(27.4)	(25.7)	(24.9)	(27.6)	(28.3)
Total	(0.1)	(0.1)	1.6	0.1	(0.3)	(1.0)

Key Points:

- Actual savings in M12 was £2.5m compared to £2.3m in M11 and a M11 YTD trend of £2.26m/month.
- The M12 year end savings of £27.4m is £0.1m above the annual savings target of £27.3m.
- The M12 forecast Recurrent savings of £25.7m is £1.6m below the £27.3m annual target.

Savings Profile





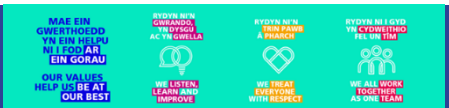
Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M11 £'000	Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	689,847	707,904
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	709,298	740,288	758,345
Current Assets			
Inventories	7,017	6,900	7,367
Trade and Other Receivables	74,622	103,041	97,432
Cash and Cash Equivalents	1,348	7,371	1,485
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	83,232	117,557	106,529
Current Liabilities			
Trade and Other Payables	169,055	177,815	159,206
Provisions	27,320	52,365	50,477
Total Current Liabilities	196,375	230,180	209,683
Non-Current Liabilities			
Trade and Other Payables	20,069	20,069	20,069
Provisions	52,164	52,164	52,164
Total Non-Current Liabilities	72,233	72,233	72,233
TOTAL ASSETS EMPLOYED	523,922	555,432	582,958
Financed By:			
General Fund	428,850	460,360	487,886
Revaluation Reserve	95,072	95,072	95,072
TOTAL	523,922	555,432	582,958

Key Points :

- The balance sheet at M12 is a draft position and there is likely to be a number of changes to Non current assets and other classification changes prior to the submission of the draft Annual accounts to WG on 3 May.





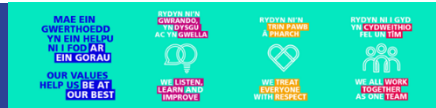
Cash Flow Forecast

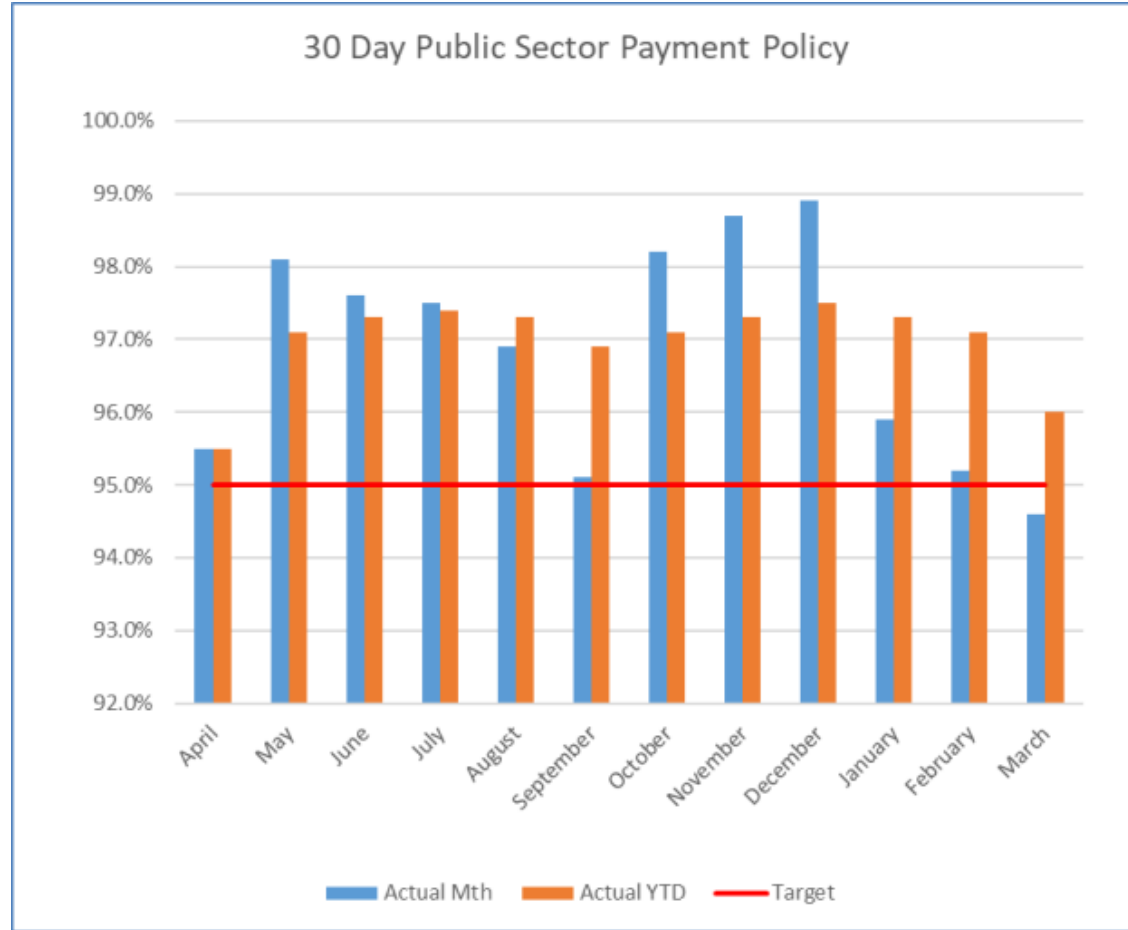


Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	113,271	100,294	122,791	110,817	99,506	134,790	97,817	110,863	131,686	95,951	106,934	129,010	1,353,730
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,900	5,400	7,700	15,960	77,460
Sale of Assets	0	249	1	0	0	0	0	0	0	0	0	0	250
Welsh NHS Org'ns	12,193	12,612	9,598	11,011	11,091	8,687	15,458	10,081	10,111	10,078	11,545	10,940	133,407
Other	5,917	7,290	2,069	2,737	3,983	4,660	3,001	5,179	6,445	7,666	5,487	6,874	61,308
Total Receipts	131,381	130,446	139,959	131,065	119,680	154,637	120,776	131,523	153,142	119,095	131,667	162,784	1,626,155
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,675	29,928	8,223	19,076	31,308	9,093	21,869	20,223	233,723
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	(64)	(66)	120	8	217	106	118,694
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	55,288	58,540	56,266	47,013	65,887	70,253	667,839
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,241	57,286	46,801	73,680	56,476	53,356	63,105	56,777	48,923	78,134	593,780
Total Payments	128,040	129,725	142,416	130,210	117,483	158,059	119,923	130,906	150,799	112,892	136,896	168,716	1,626,064
Net Cash In/Out	3,341	721	(2,457)	856	2,196	(3,422)	853	618	2,343	6,204	(5,229)	(5,931)	
Balance B/F	1,348	4,689	5,410	2,953	3,808	6,004	2,582	3,435	4,053	6,395	12,599	7,370	
Balance C/F	4,689	5,410	2,953	3,808	6,004	2,582	3,435	4,053	6,395	12,599	7,370	1,439	

Key Points within the Cash Flow Forecast :

- The closing cash balance at 31st March 2024 was £1.4m. The balance has reduced by £6.0m during the month as expected for year end.

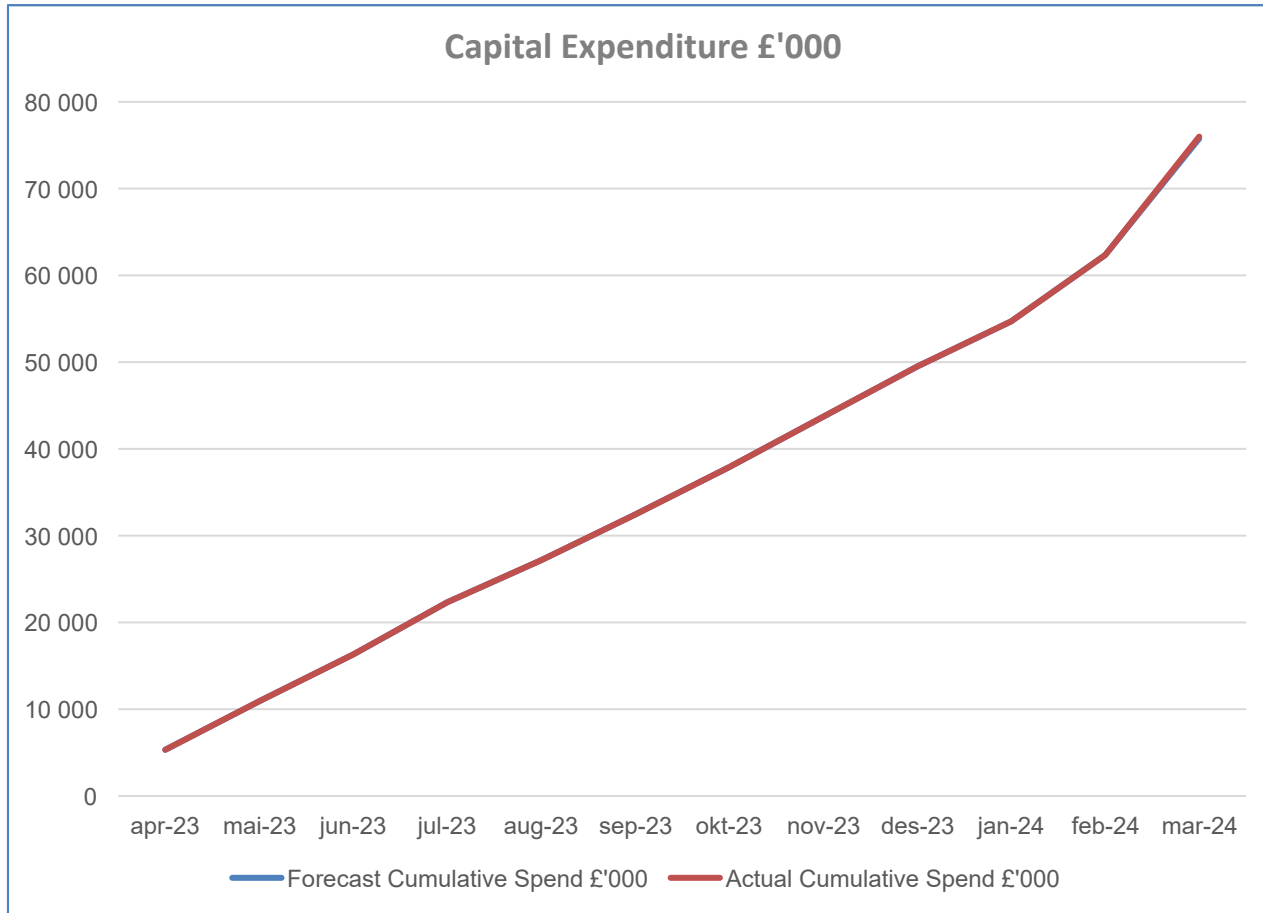




- Key Points:**
- The percentage for the number of non-NHS invoices paid within the 30 day target in March was 94.6%
 - The cumulative percentage to M12 is 96.9%.
 - The PSPP target has therefore been achieved for 23/24.

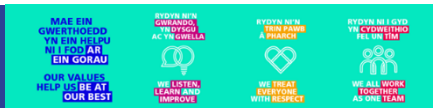


Capital Expenditure



Key Points:

- The Capital Resource Limit for 2023-24 of £75.710m was issued on the 27th March 2024.
- This is supplemented by a forecast of £0.064m for donated funds and £0.252m of assets disposed of in this financial year, giving an overall programme of £76.026m.
- Expenditure to M12 amounted to £75.993m.
- The outturn capital position was £0.033m below the CRL target.
- The Health Board has therefore met its statutory duty to achieve a break even capital expenditure position over a 3 year rolling period to 2023/24.



(Agenda Item) 6.3 **30 April 2024** **Planning , Performance & Finance Committee** **M12 Finance Performance Report**

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

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

2023-24 Finance Performance Report Month 12

Summary

Situation

The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M12 (i.e. the **Delegated** budget position).

This Finance performance report is discussed at the Planning, Performance & Finance Committee (PPFC) and also the Executive Leadership Group (ELG) meetings. Where required, PPFC may request further information or a 'deep dive' on the financial performance of individual ILGs and directorates.

A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M12. The overall financial position report is discussed at the Full Board, PPFC and ELG .

Background

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

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

In summary:

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

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

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

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

Summary

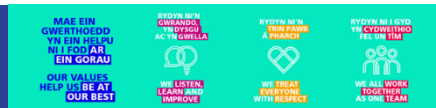
Assessment	Recommendation
<p>The M12 Delegated overspend was £2.9m which was £0.9m more than the monthly Delegated Control Total of £2m. The M12 overspend was a £0.7m improvement when compared to the M1-11 average run rate of £3.6m</p> <p>The 2023/24 year end Delegated overspend now stands at £42.8m. This is an adverse variance of £19.1m compared to the Control Total of £23.7m.</p> <p>The main overspending areas compared to their individual Control Totals are as follows:</p> <ul style="list-style-type: none"> • Unscheduled Care - £8.6m • DT&S (Meds Mgt) - £5.6m • Planned Care - £4.5m • DT&S (CSS) - £2.5m • Children & Families - £2.3m • Mental Health & LD – £1.3m <p>The main drivers for the Control Total variance of £19.1m are :</p> <ul style="list-style-type: none"> • A £7.8m shortfall against the £28.3m Delegated savings target for 23/24 • A favourable variance for the Delegated B/Fwd savings target of £0.2m. • £11.5m of other adverse operating variances (See Page 7). 	<p>The ELG and the PFFC are asked to DISCUSS and NOTE the financial performance of individual Care Groups and directorates for the period to 31st March 2024.</p>



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Slide	Subject Area
5	Executive Summary
6-8	Summary Performance
9-10	Summary Performance – Corporate directorates
11-19	Annex A - Savings Performance report
20-25	Annex B – Care Group trend analysis



Current Month Analysis

- The M12 **Delegated** overspend was £2.9m which was £0.9m more than the monthly **Delegated** Control Total of £2m. The M12 overspend was a £0.7m improvement when compared to the M1-11 average run rate of £3.6m. The £0.9m variance from Control Total includes:
 - An underachievement against the M12 **Delegated** 23/24 savings target of £0.4m.
 - An underachievement against the M12 **Delegated** 23/24 B/Fwd savings of £0.1m
 - Other adverse Operating variances of £0.3m.

Year to Date Analysis

- The M12 YTD **Delegated** overspend now stands at **£42.8m**, which is an adverse variance of **£19.1m** compared to the M12 YTD Control Total of £23.7m. The £19.1m variance from Control Total includes:
 - A shortfall against the M12 YTD **Delegated** 23/24 savings target of £7.8m.
 - A favourable variance against 23/24 B/Fwd savings target of £0.2m.
 - Other adverse Operating variances of £11.5m (see page 7).



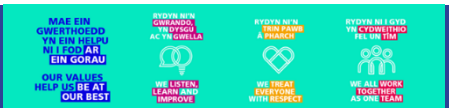
M12 YTD Performance – Variance against Control totals



	Annual Budget	Annual Control Total	M12 Variance against Control Total	M12 YTD Variance against Control Total
	£m	£m	£m	£m
Delegated Budgets				
Planned Care	170.1	3.1	0.8	4.5
Unscheduled Care	176.3	13.1	1.2	8.6
Primary & Community Care	209.8	0.0	(0.8)	(1.2)
Mental Health & Learning Disabilities	115.9	0.0	0.3	1.3
Children & Families	78.8	0.0	0.1	2.3
Diagnostics, Therapies & Specialties (Med Mgt)	139.0	5.5	1.0	5.6
Diagnostics, Therapies & Specialties (Therapies)	28.8	0.0	(0.1)	(0.5)
Diagnostics, Therapies & Specialties (CSS)	59.5	0.0	0.2	2.5
Facilities	45.5	1.9	0.2	0.8
Corporate directorates	116.6	0.1	(1.2)	(4.3)
Contracting & Commissioning	157.0	0.0	(0.8)	(0.5)
Total Delegated Budgets	1297.3	23.7	0.9	19.1

Key Points :

- The M12 Delegated position is showing a £0.9m adverse variance against the Control Total. This was an improvement when compared to prior months, where the M1-11 average run rate variance was £1.7m.
- The M12 YTD **Delegated** position is now a £19.1m overspend against the annual Control Total of £23.7m. The main overspending areas are as follows:
 - Unscheduled Care - £8.6m
 - DT&S (Meds Mgt) - £5.6m
 - Planned Care - £4.5m
 - DT&S (CSS) - £2.5m
 - Children & Families - £2.3m
 - Mental Health & LD – £1.3m
- The main reasons for the £19.1m YTD **Delegated** overspend against the Control Total is provided on the next page.



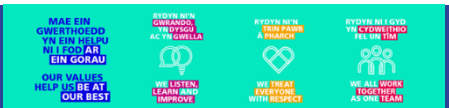


M12 YTD Performance – Variance against Control totals



DELEGATED BUDGETS	Year to Date Variance (M12-24)			
	23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Children & Families	1,206	364	719	2,290
Mental Health & LD	704	(289)	906	1,322
Planned Care	2,036	(385)	2,846	4,497
Diagnostics, Therapies & Specialties (CSS)	1,246	(33)	1,287	2,500
Diagnostics, Therapies & Specialties (Med Mgt)	344	1,579	3,719	5,642
Diagnostics, Therapies & Specialties (Therapies)	(10)	0	(457)	(467)
Unscheduled Care	1,315	(1,248)	8,542	8,609
Primary Care & Community	1,139	(158)	(2,167)	(1,186)
Facilities	249	175	361	785
Corporate directorates	(160)	(208)	(3,966)	(4,334)
Contracting & Commissioning	(235)	0	(296)	(531)
TOTAL DELEGATED BUDGETS	7,835	(203)	11,494	19,126

- Key Points :**
- The £19.1m YTD Variance from Control Total includes:
 - A shortfall against the Delegated 23/24 savings target of £7.8m.
 - An favourable variance against the Delegated B/Fwd savings target of £0.2m.
 - Other Operating Variances of £11.5m.
 - Further information on the savings shortfalls (23/24 Savings and B'fwd savings) is provided at Annex A.
 - Other Operating variances – The main M12 YTD adverse operating variances are in the following areas:
 - Unscheduled Care - £8.5m - predominantly driven by increased medical staffing spend.
 - DT&S (CSS)- £1.3m – mainly due to Roche Contract Activity, High Cost Drugs and AHP agency.
 - Planned Care - £2.8m – attributed to surge capacity, High Cost Drugs and activity driven non pay.
 - DT&S (Med Mgt) - £3.7m – mainly Primary Care prescribing and Community Pharmacy contract.
 - Children & Families- £0.7m.
 - A breakdown of the Corporate directorate positions is provided on Page 9.



M12 Performance – Variance against Control totals

	Control Total	M6 Forecast overspend	Target Improvement	Revised Target	Latest overspend	Variance from Revised Target
	£m	£'m	£m	£m	£'m	
Delegated Budgets						
Planned Care	3.1	8.0	(1.7)	6.3	7.6	1.3
Unscheduled Care	13.1	17.4	(1.5)	15.9	21.7	5.8
Primary & Community Care	0.0	0.0	(1.0)	(1.0)	(1.2)	(0.2)
Mental Health & Learning Disabilities	0.0	2.5	(1.4)	1.1	1.3	0.2
Children & Families	0.0	1.8	(0.6)	1.2	2.3	1.1
Diagnostics, Therapies & Specialties	5.5	15.5	(3.9)	11.6	13.2	1.6
Sub total	21.7	45.2	(10.0)	35.2	44.9	9.8
Facilities	1.9	1.6			2.7	2.7
Corporate directorates	0.1	(2.9)			(4.2)	(4.2)
Contracting & Commissioning	0.0	1.2			(0.5)	(0.5)
Total Delegated Budgets	23.7	45.1	(10.0)	35.2	42.9	7.8

Key Points :

- The WG letter dated 20th Oct required the Health Board to deliver a £8.0m improvement target from the original planned deficit of £79.6m.
- The M6 forecasts from the Care Groups was showing a forecast year end overspend of £45.2m which was £23.5m greater than their Control Total of £21.7m.
- The Care Groups were set a £10.0m improvement target compared to their M6 forecast.
- The final year end position from the Care Groups is reporting a £0.2m improvement against this £10.0m target, leaving a final year end adverse variance of £9.8m.
- Only Primary & Community Care have achieved their targeted improvement.



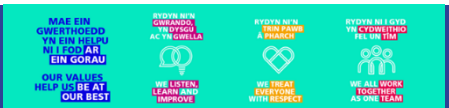
M12 Summary Performance Against Control Totals – Corporate directorates



Corporate Directorates	Annual Budget	Annual Control Total	M12 Variance against Control Total	M12 YTD Variance against Control Total
	£k	£k	£k	£k
Patient Care & Safety	14,977	0	(369)	(128)
Corporate Development	700	0	(4)	(130)
Chief Executive	3,648	0	(19)	(109)
Finance	4,528	0	(85)	(316)
Public Health	3,488	0	(25)	(324)
Digital	23,167	0	(24)	(706)
Medical Director	714	0	18	(28)
National Imaging Academy	1,613	0	(20)	(20)
Value Based Healthcare	2,066	0	(0)	(0)
Planning & Partnership	19,260	0	(176)	(443)
Research & Development	1,066	0	(12)	28
Estates	27,123	0	(487)	(1,125)
Therapies & Healthcare Sciences	205	0	3	(4)
Workforce & Organisational Development	9,793	0	3	(671)
COO Management	4,299	107	(31)	(358)
Grand total	116,649	107	(1,229)	(4,334)

Key Points for Year to Date Performance:

- The M12 YTD position is reporting a favourable variance against the Control Total of £4,334k.
- All of the Corporate directorates have over achieved against the annual Control Totals.





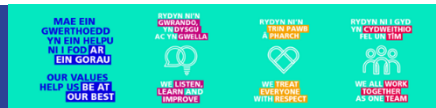
M12 Summary Performance Against Control Totals – Corporate directorates



Corporate directorates	Year to Date Variance (M12-24)			
	23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Patient Care & Safety	106	(202)	(31)	(128)
Corporate Development	(67)	5	(68)	(130)
Chief Executive	(92)	(15)	(2)	(109)
Finance	(0)	0	(316)	(316)
Public Health	8	22	(355)	(324)
Digital	(35)	33	(704)	(706)
Medical Director	(38)	0	10	(28)
National Imaging Academy	0	0	(20)	(20)
Value Based Healthcare	0	0	(0)	(0)
Planning & Partnership	(9)	0	(434)	(443)
Research & Development	0	0	28	28
Estates	(52)	0	(1,072)	(1,125)
Therapies & Healthcare Sciences	0	0	(4)	(4)
Workforce & OD	0	9	(681)	(671)
COO Management	19	(60)	(317)	(358)
TOTAL	(160)	(208)	(3,966)	(4,334)

Key Points for Savings:

- The M12 YTD favourable variance of £4.3m includes favourable Other Operating Variances of £3,966k.



Annex A

Savings Performance Report

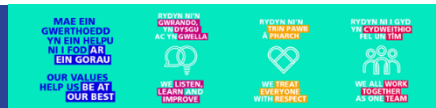
Month 12



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Background



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

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

In summary:

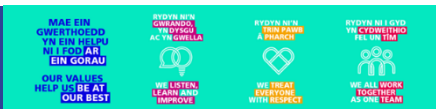
	Delegated £m	Non Delegated £m	Total £m
Assessed Underlying Position	63.8	-29.6	34.2
Savings required to cover the NR Benefits from 22/23 assumed to be delivered in 23/24 plan	-11.7	4.8	-6.9
New 23/24 Savings Target	-28.3	1.0	-27.3
Control Total	23.8	-23.8	0.0

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

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

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

The detailed savings plans completed by Care Groups and Directorates at Month 12 are available if required.





Executive Summary- Month 12

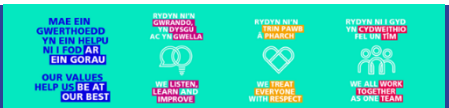


23/24 Savings

- The forecast delegated 23/24 WG Savings achievement is £20.5m (£20.7m M11) compared to the £28.3m savings target ,giving an adverse variance of £7.8m (£7.6m M11) for delegated budgets.
- The forecast recurrent delegated savings achievement is £19.2m (£21.1m M11) compared to the recurrent target of £28.3m, giving a recurrent adverse variance of £9.1m (£6.6m M11) for delegated budgets.
- **The forecast delegated savings shortfalls of £7.8m and £9.1m are offset by a £7.9m & £7.5m favourable variances on Non delegated savings to give a total forecast savings surplus of £0.1m In year and £1.6m shortfall Recurrently**

Brought Forward Savings Forecast

- The forecast delegated brought forward savings achievement is £11.9m (£12.1m M11) compared to the £11.7m savings target, giving a surplus position of £0.2m (£0.4m M11) for delegated budgets.
- **The forecast recurrent delegated savings achievement is £5.5m (£5.5m M11) compared to the recurrent target of £11.7m, giving a recurrent adverse variance of £6.2m (£6.2m M11).**





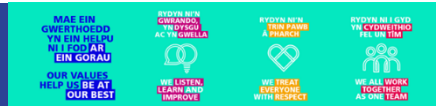
Year to Date Performance – Month 12



DELEGATED BUDGETS	Year to Date Variance (M12-24)			
	23/24 Savings £'000	B/Fwd Savings £'000	Other Operating Variances £'000	Variance from Control Total £'000
Women & Children	1,206	364	719	2,290
Mental Health & LD	704	(289)	906	1,322
Planned Care	2,036	(385)	2,846	4,497
Diagnostics, Therapies & Specialties (CSS)	1,246	(33)	1,287	2,500
Diagnostics, Therapies & Specialties (Med Mgt)	344	1,579	3,719	5,642
Diagnostics, Therapies & Specialties (Therapies)	(10)	0	(457)	(467)
Unscheduled Care	1,315	(1,248)	8,542	8,609
Primary Care & Community	1,139	(158)	(2,167)	(1,186)
Facilities	249	175	361	785
Corporate Executives	(160)	(208)	(3,966)	(4,334)
Contracting & Commissioning	(235)	0	(296)	(531)
TOTAL DELEGATED BUDGETS	7,835	(203)	11,494	19,126
NON DELEGATED BUDGETS	(7,943)	(4,843)	(14,143)	(26,929)
TOTAL	(108)	(5,046)	2,649	(7,803)

Key Points :

- The M12 YTD position is reporting an adverse variance against the Delegated Control Total of £19,126k. This is offset by a £26,929k favourable variance for Non Delegated budgets to give a total M12 favourable variance of £7,803k (M11 :£6,512k).
- The M12 YTD Delegated overspend of £19,126k (£18,228k M11) includes:
 - A shortfall against the M12 YTD Delegated 23/24 savings target of £7.84m (M11: £7.42m).
 - A favourable variance for the M12 YTD Delegated B/Fwd savings target of £0.2m (M11 : £0.3m).
 - Other adverse Operating Variances of £11.5m (M11 :£11.2m).
- The M12 Delegated savings shortfall of £7.8m is offset by a £7.9m favourable variance on Non delegated savings to give a M12 total savings surplus of £0.1m (£0.7m M11).





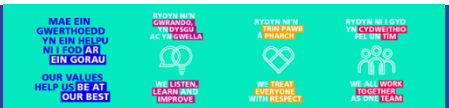
23/24 WG Savings Forecast- Month 12



DELEGATED BUDGETS	23/24 Welsh Government Savings Target				
	WG Savings Target	F/Cast Achievement	F/Cast Variance	Rec F/Cast Achievement	Rec F/Cast Variance
	£'000	£'000	£'000	£'000	£'000
Women & Children	1,904	698	1,206	1,111	793
Mental Health & LD	2,808	2,104	704	1,730	1,078
Planned Care	4,543	2,507	2,036	2,509	2,034
Diagnostics, Therapies & Specialties (CSS)	1,248	2	1,246	5	1,243
Diagnostics, Therapies & Specialties (Med Mgt)	5,256	4,912	344	4,187	1,069
Diagnostics, Therapies & Specialties (Therapies)	624	634	(10)	139	485
Unscheduled Care	5,111	3,796	1,315	4,478	633
Primary Care & Community	2,132	993	1,139	585	1,547
Facilities	1,526	1,277	249	1,674	(148)
Corporate Executives	2,135	2,295	(160)	1,758	377
Contracting & Commissioning	1,000	1,235	(235)	1,000	0
TOTAL DELEGATED BUDGETS	28,287	20,451	7,836	19,175	9,112
NON DELEGATED BUDGETS	(1,000)	6,943	(7,943)	6,543	(7,543)
TOTAL	27,287	27,394	(107)	25,718	1,569

Key Points :

- The forecast delegated Savings achievement is £20.5m compared to the £28.3m savings target, giving an adverse variance of £7.8m for delegated budgets.
- The forecast recurrent delegated savings achievement is £19.2m compared to the recurrent target of £28.3m, giving a recurrent adverse variance of £9.1m.
- The areas with the greatest proportion of forecast savings compared to target are:
 - Diagnostics, Therapies & Specialties (Therapies) **102%**
 - Corporates **107%**
 - Contracting & Commissioning **124%**
- The areas with the lowest proportion of forecast savings compared to target are:
 - Clinical Support Services **0%**
 - Primary Care & Community **47%**
 - Women & Children **37%**
- The forecast delegated savings shortfalls of £7.8m and £9.1m are offset by a £7.9m & £7.5m favourable variances on Non delegated savings to give a total forecast savings surplus of £0.1m In year and £1.6m shortfall Recurrently.



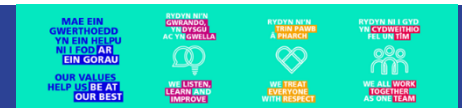
23/24 WG Savings Forecast- Month 12



DELEGATED BUDGETS	WG Savings Target £'000	Welsh Government Savings					
		F/Cast @ M12 £'000	F/Cast @ M11 £'000	Change £'000	Recurrent F/Cast @ M12 £'000	Recurrent F/Cast @ M11 £'000	Recurrent Change £'000
Women & Children	1,904	698	760	(62)	1,111	1,715	(604)
Mental Health & LD	2,808	2,104	2,194	(90)	1,730	1,912	(182)
Planned Care	4,543	2,507	2,531	(24)	2,509	2,531	(22)
Diagnostics, Therapies & Specialties (CSS)	1,248	2	2	0	5	5	0
Diagnostics, Therapies & Specialties (Med Mgt)	5,256	4,912	4,838	74	4,187	4,187	0
Diagnostics, Therapies & Specialties (Therapies)	624	634	634	0	139	139	0
Unscheduled Care	5,111	3,796	3,796	0	4,478	4,478	0
Primary Care & Community Facilities	2,132	993	1,024	(31)	585	861	(276)
Corporate Executives	1,526	1,277	1,395	(118)	1,674	3,135	(1,460)
Contracting & Commissioning	2,135	2,295	2,294	0	1,758	1,768	(11)
Contracting & Commissioning	1,000	1,235	1,235	0	1,000	1,000	0
TOTAL DELEGATED BUDGETS	28,287	20,451	20,703	(252)	19,175	21,730	(2,555)
NON DELEGATED BUDGETS	(1,000)	6,943	6,943	(0)	6,543	6,543	0
TOTAL	27,287	27,394	27,646	(252)	25,718	28,273	(2,555)

Key Points :

- As at M12, the current year forecast is £252k less than the M11 forecast. This is primarily driven by Facilities (£118k) & Mental Health (£90k)
- The recurrent forecast for M12 has decreased from the M11 forecast by £2.5m. This is primarily driven by reductions in Facilities (£1.5m) and Children & Families (£0.6m)





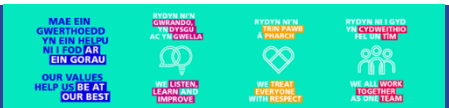
B/Fwd Savings Forecast- Month 12



DELEGATED BUDGETS	Brought Forward Savings Target				
	B/f Savings Target £'000	F/Cast Achievement £'000	F/Cast Variance £'000	Rec F/Cast Achievement £'000	Rec F/Cast Variance £'000
Women & Children	1,590	1,226	364	612	978
Mental Health & LD	2,693	2,982	(289)	1,650	1,043
Planned Care	3,088	3,473	(385)	1,553	1,535
Diagnostics, Therapies & Specialties (CSS)	129	163	(33)	230	(100)
Diagnostics, Therapies & Specialties (Med Mgt)	1,579	0	1,579	0	1,579
Diagnostics, Therapies & Specialties (Therapies)	431	431	0	0	431
Unscheduled Care	137	1,385	(1,248)	92	45
Primary Care & Community	938	1,096	(158)	322	616
Facilities	524	349	175	515	9
Corporate Executives	585	793	(208)	495	90
Contracting & Commissioning	0	0	0	0	0
TOTAL DELEGATED BUDGETS	11,695	11,898	(203)	5,469	6,225
NON DELEGATED BUDGETS	(4,843)	0	(4,843)	0	(4,843)
TOTAL	6,852	11,898	(5,046)	5,469	1,382

Key Points :

- The M12 forecast delegated brought forward savings achievement is £11.9m compared to the £11.7m savings target, giving an favourable variance of £0.2m for delegated budgets.
- The forecast recurrent delegated savings achievement is £5.5m compared to the recurrent target of £11.7m, giving a recurrent adverse variance of £6.2m .
- Most of the areas are forecasting full achievement of the target In year, the 3 exceptions being:
 - Medicines Management **0%** forecast achievement
 - Facilities **67%** forecast achievement
 - Women & Children **77%** forecast achievement





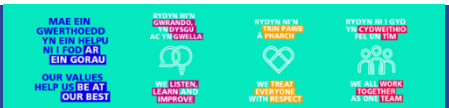
B/Fwd Savings Forecast- Month 12



DELEGATED BUDGETS	WG Savings Target £'000	Local Savings (Inc Broughtforward Assumptions)					
		F/Cast @ M12 £'000	F/Cast @ M11 £'000	Change £'000	Recurrent F/Cast @ M12 £'000	Recurrent F/Cast @ M11 £'000	Recurrent Change £'000
Women & Children	1,590	1,226	1,281	(56)	612	657	(45)
Mental Health & LD	2,693	2,982	2,982	(0)	1,650	1,649	2
Planned Care	3,088	3,473	3,517	(44)	1,553	1,537	16
Diagnostics, Therapies & Specialties (CSS)	129	163	176	(13)	230	230	0
Diagnostics, Therapies & Specialties (Med Mgt)	1,579	0	0	0	0	0	0
Diagnostics, Therapies & Specialties (Therapies)	431	431	431	0	0	0	0
Unscheduled Care	137	1,385	1,385	0	92	92	0
Primary Care & Community	938	1,096	1,149	(53)	322	322	1
Facilities	524	349	349	0	515	515	0
Corporate Executives	585	793	793	0	495	495	0
Contracting & Commissioning	0	0	0	0	0	0	0
TOTAL DELEGATED BUDGETS	11,695	11,898	12,064	(166)	5,469	5,496	(27)
NON DELEGATED BUDGETS	(4,843)	0	0	0	0	0	0
TOTAL	6,852	11,898	12,064	(166)	5,469	5,496	(27)

Key Points :

- As at M12, the current year forecast is £0.2m less than the M11 forecast.
- The recurrent forecast for M12 forecast is consistent with the M11 forecast.

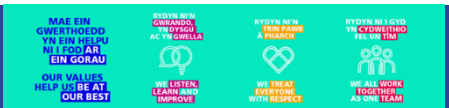
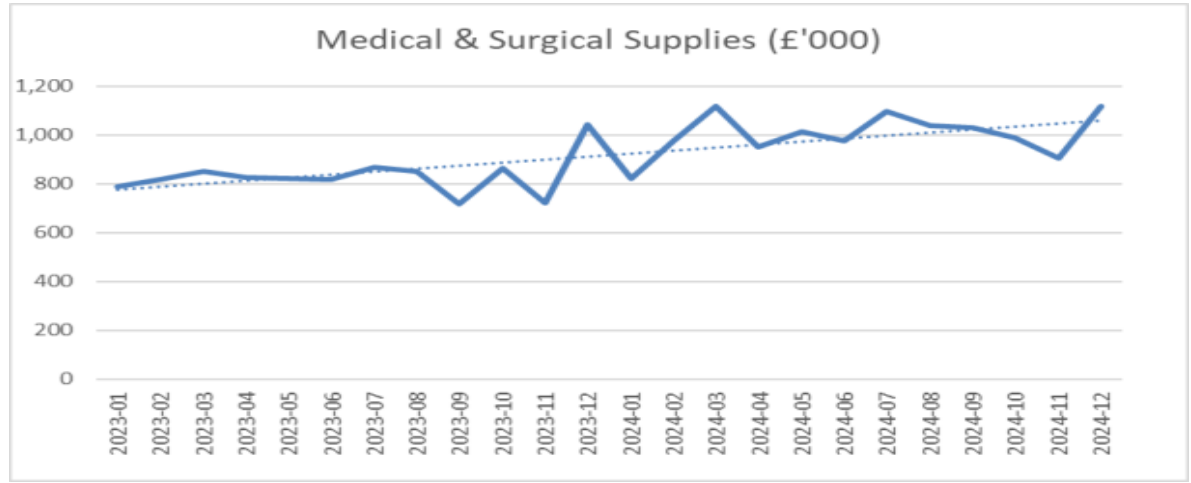
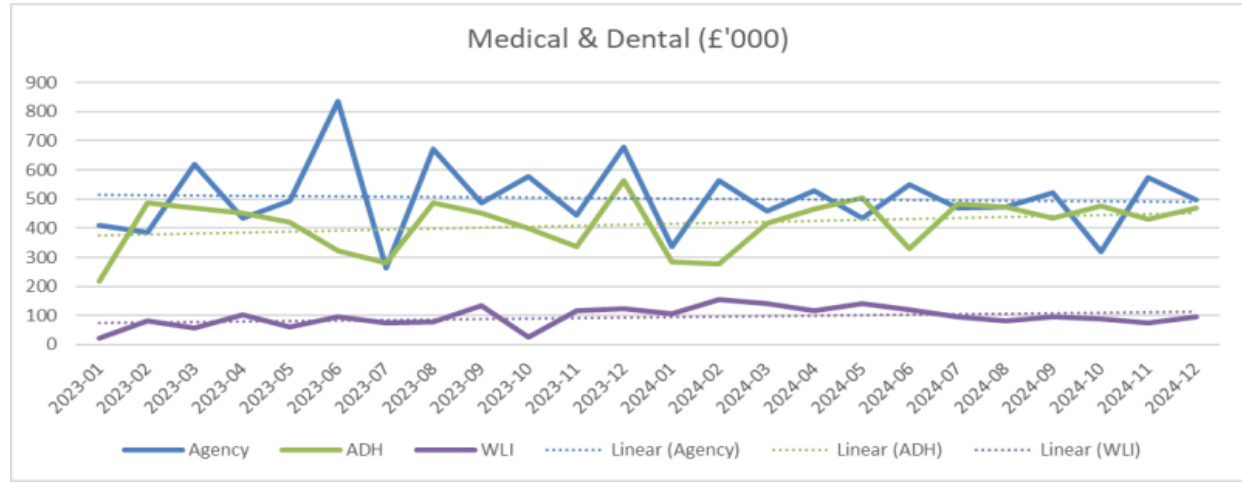
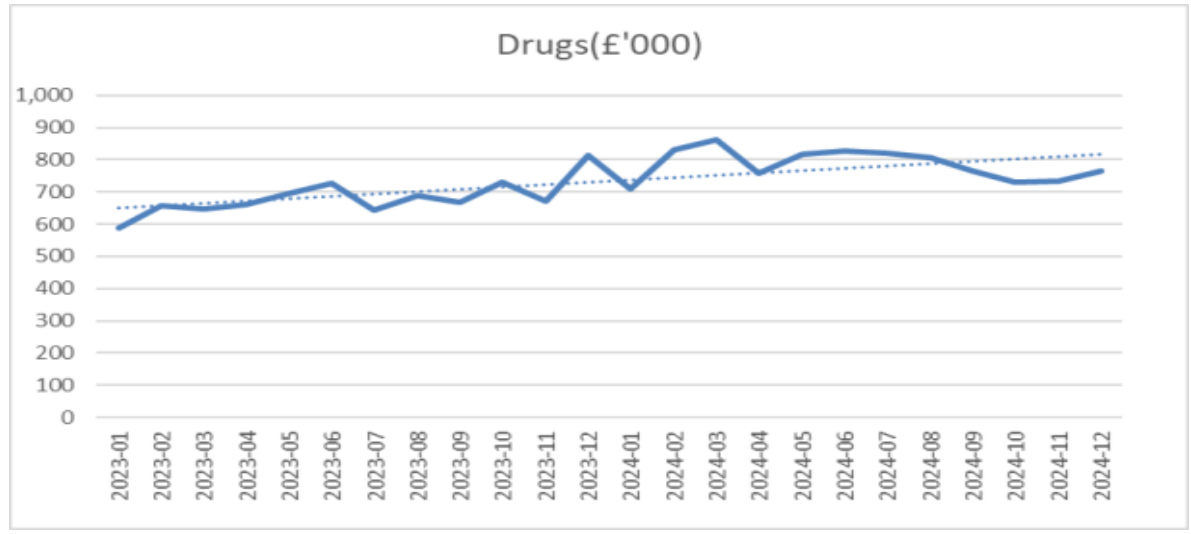
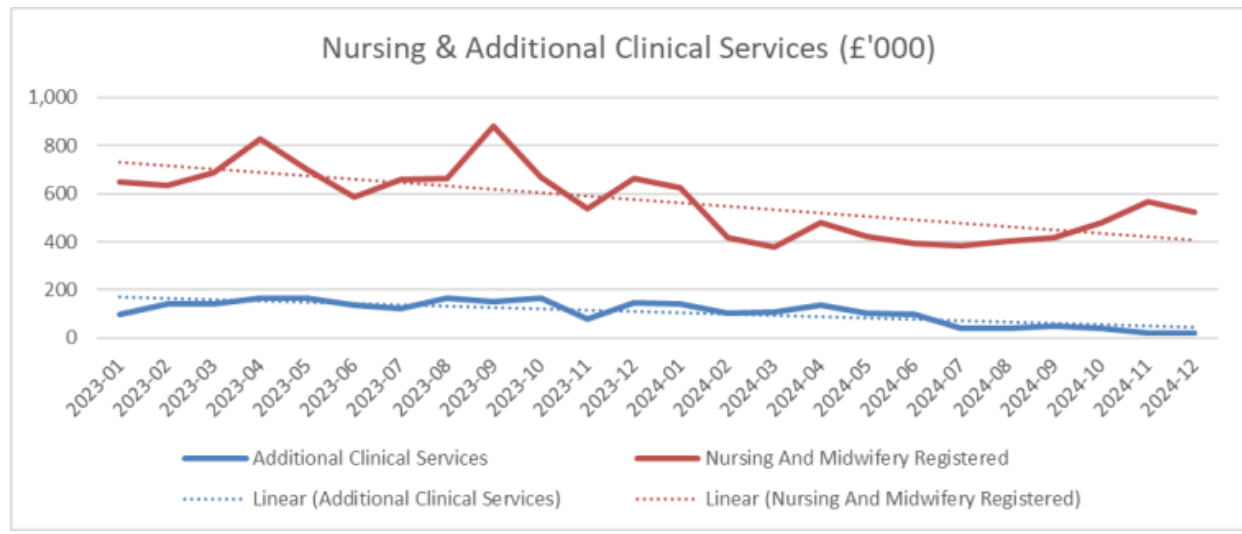


Annex B

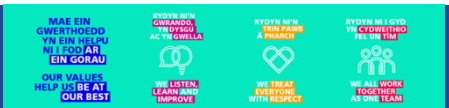
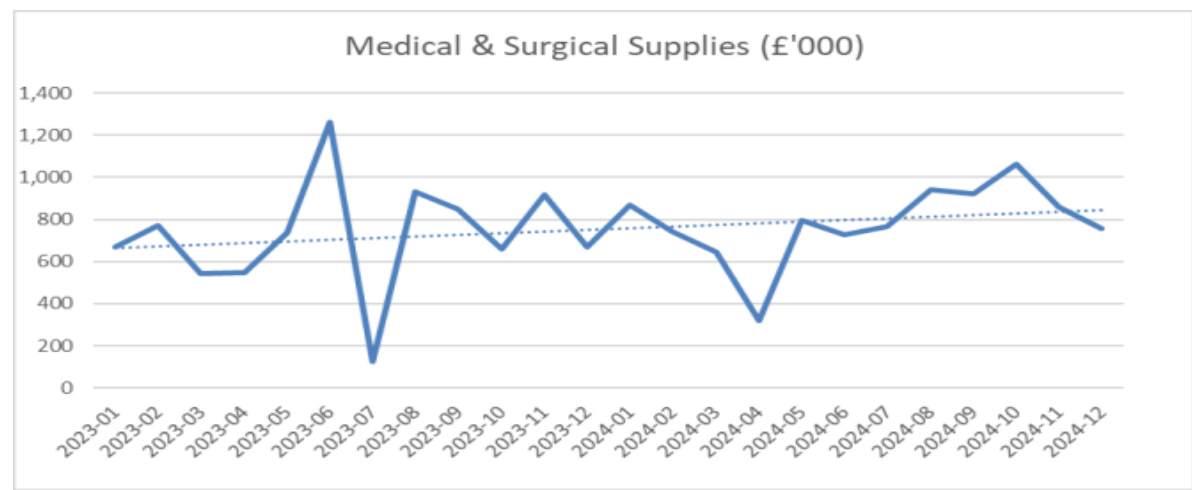
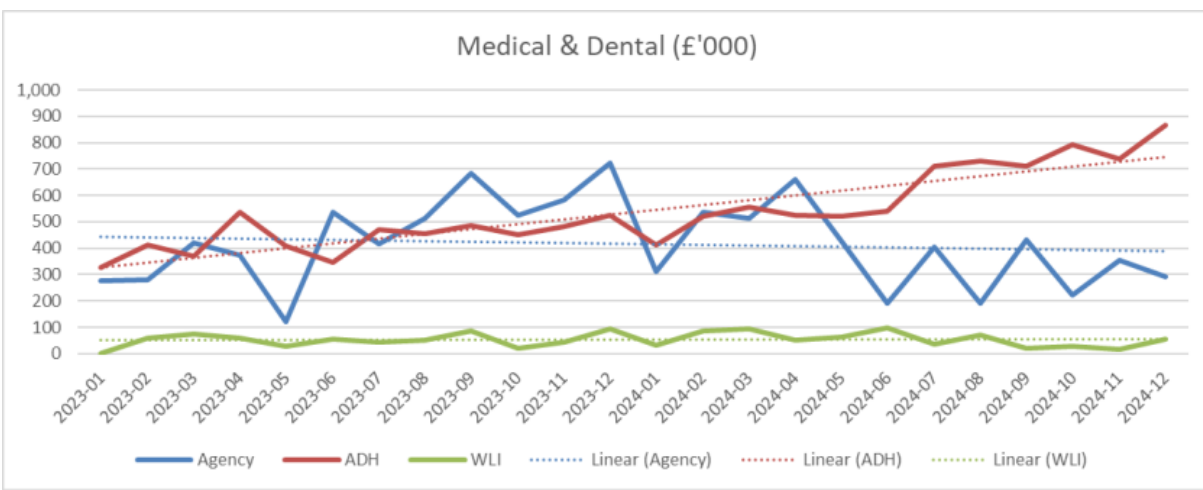
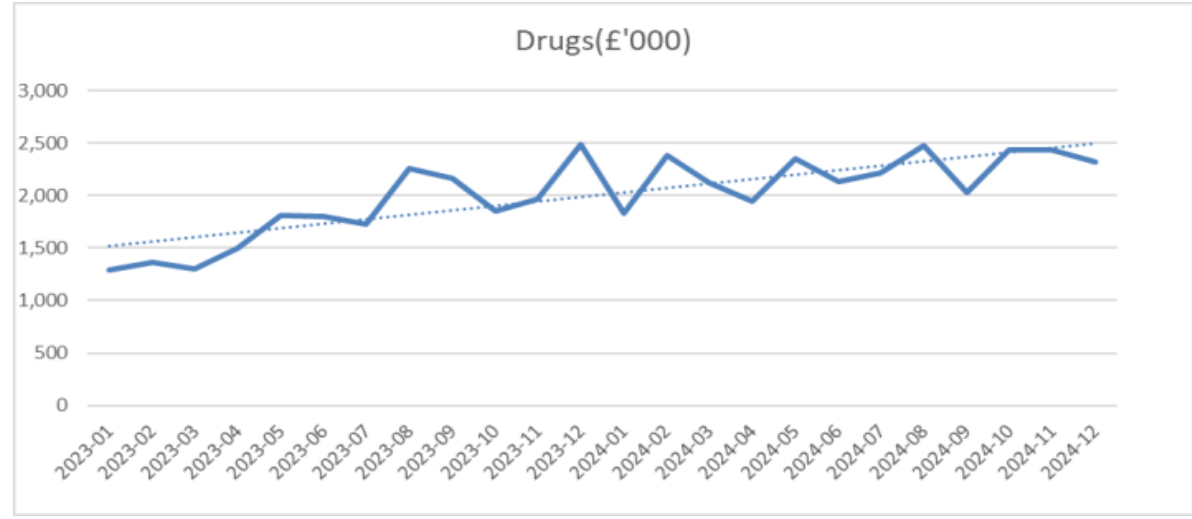
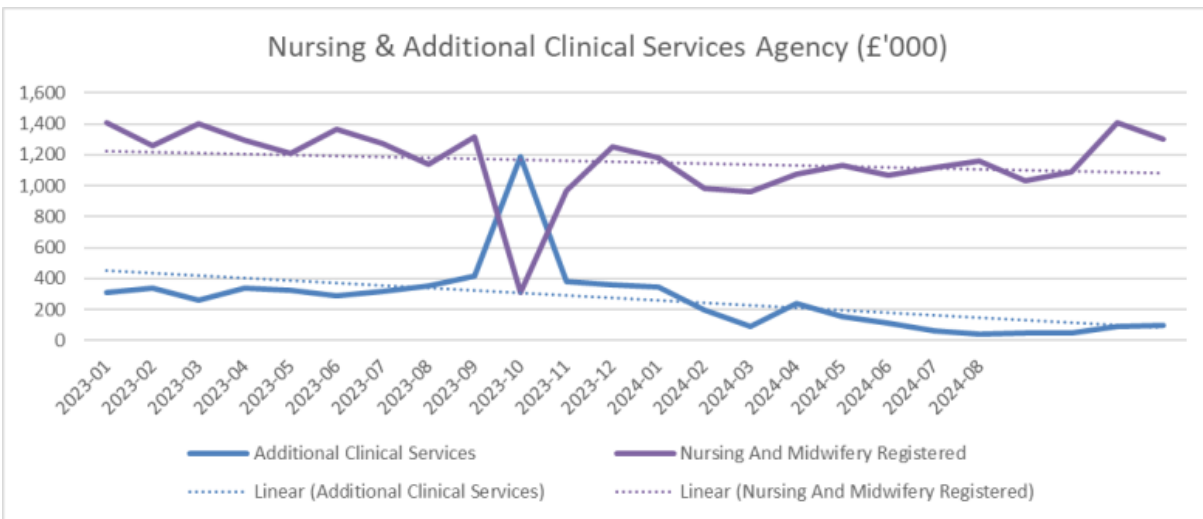
Trend Analysis

Month 11

Planned Care

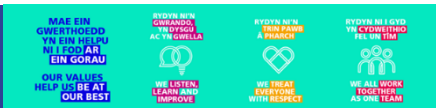
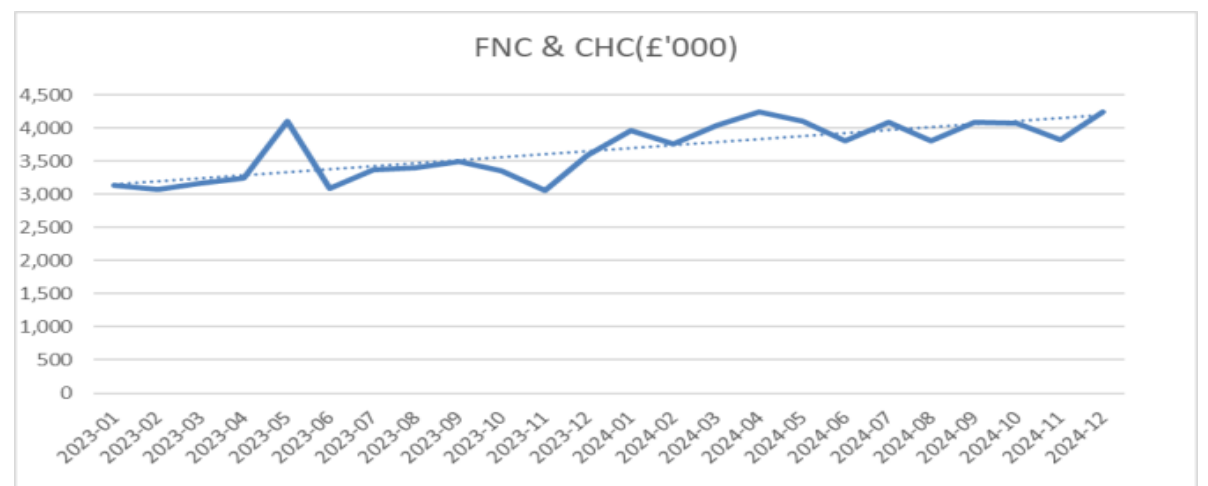
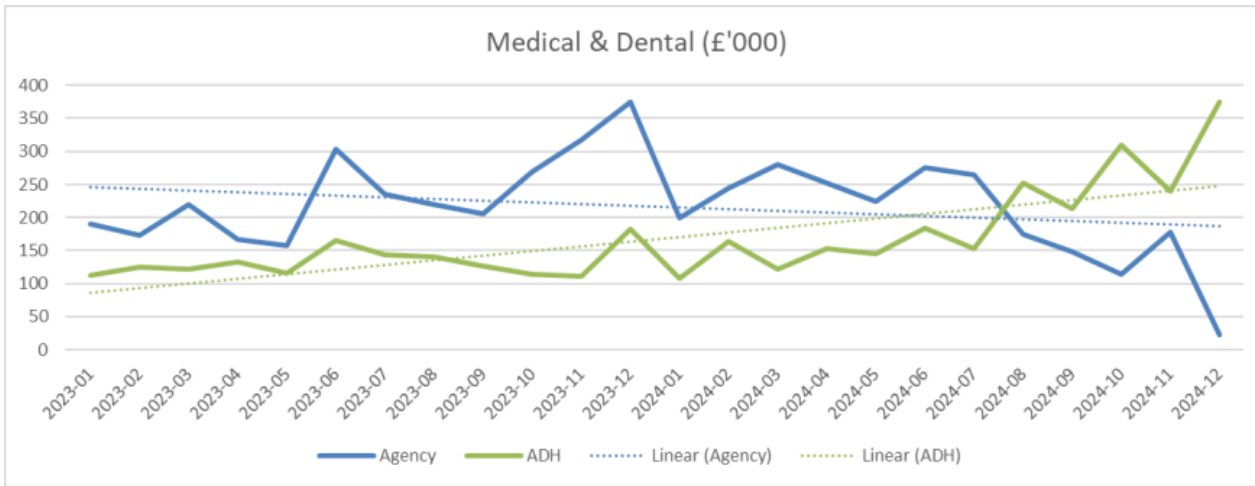
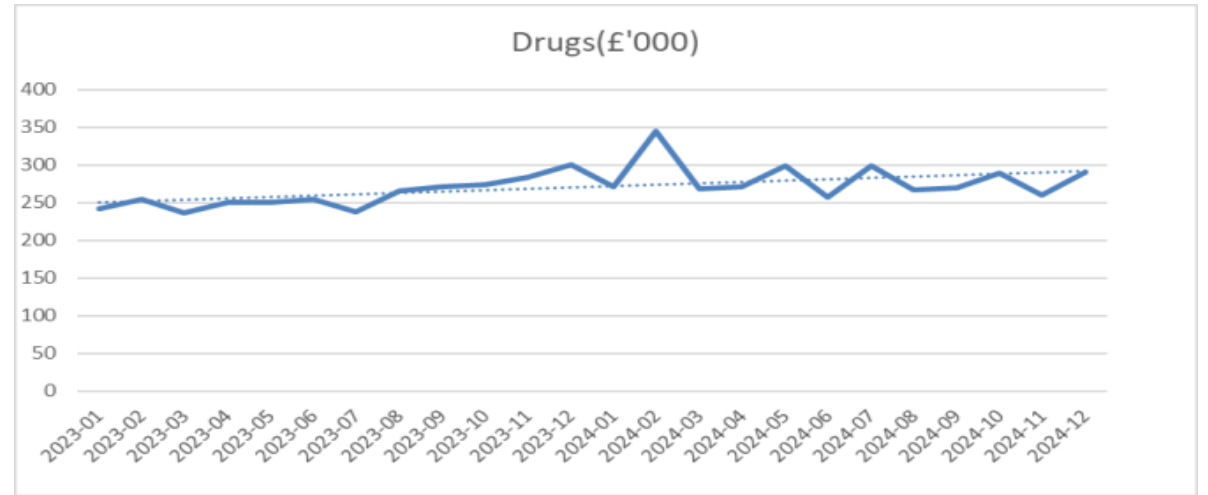
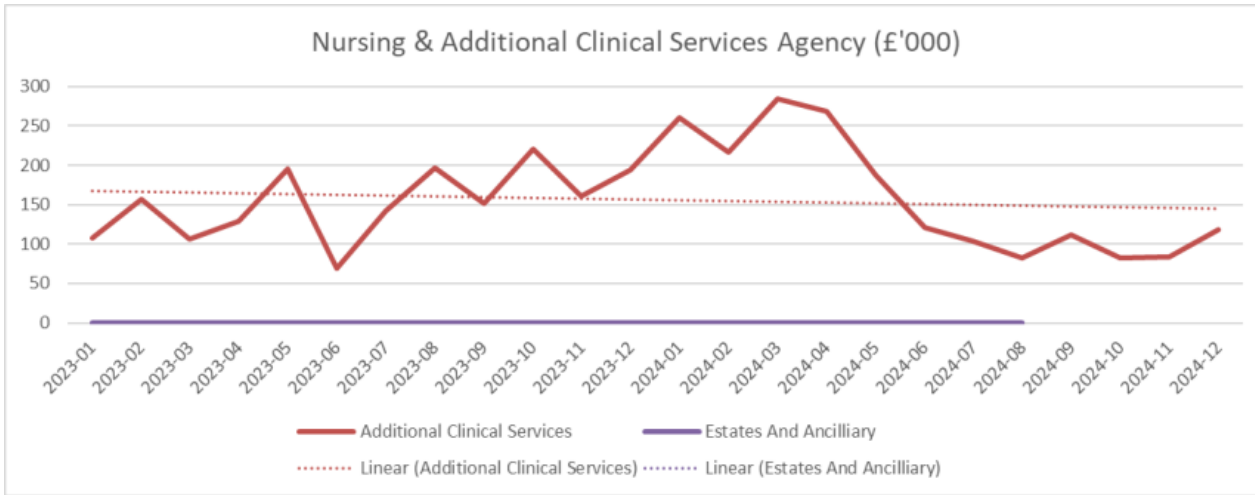


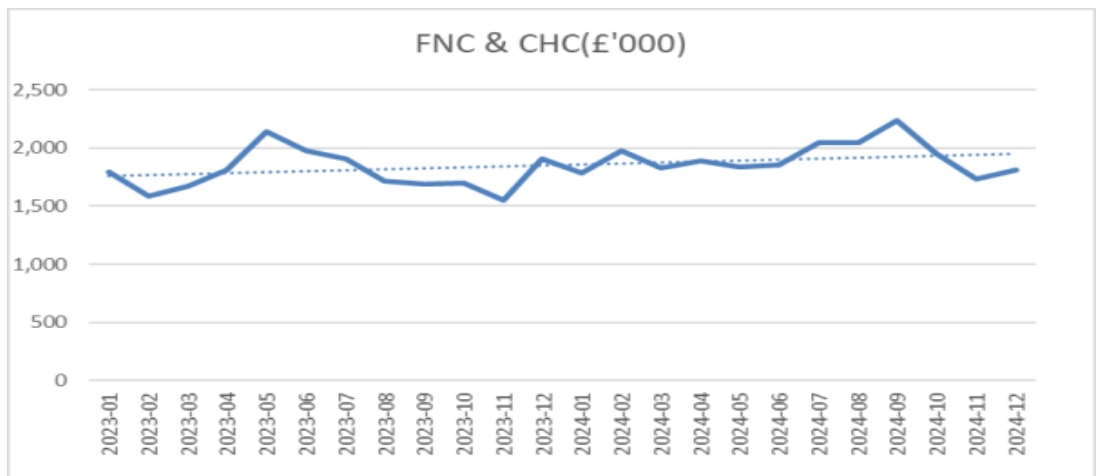
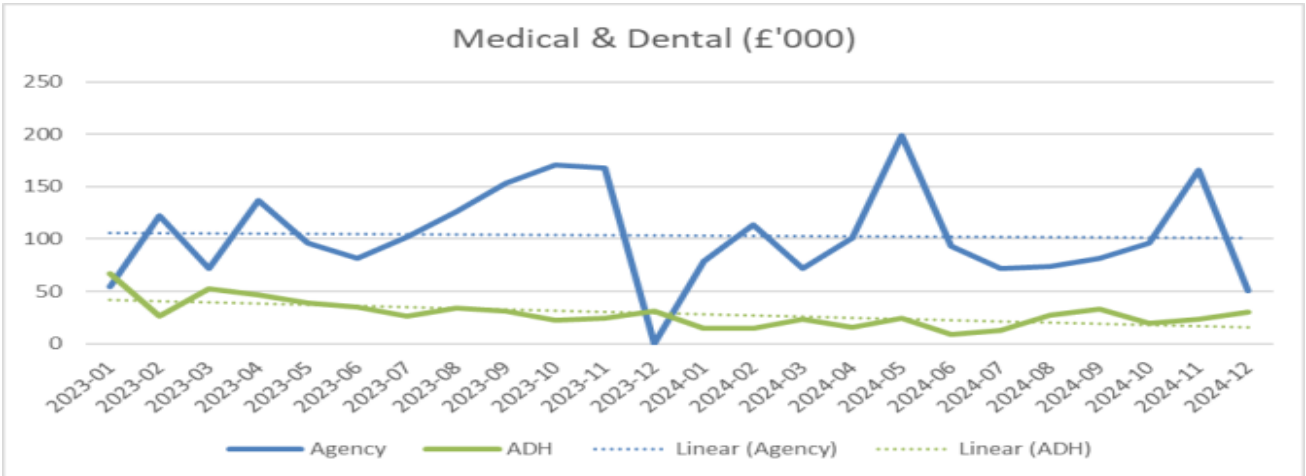
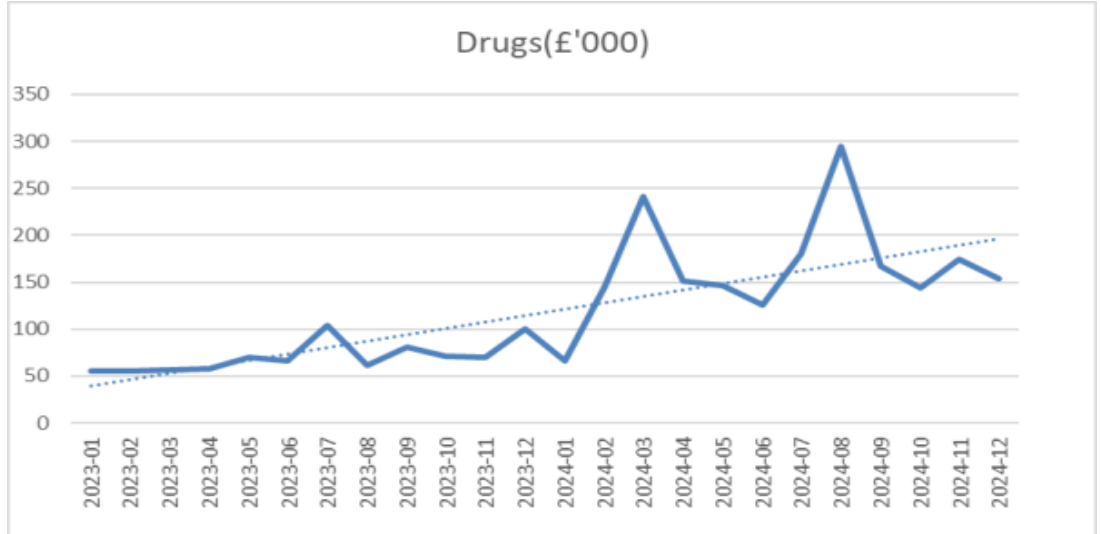
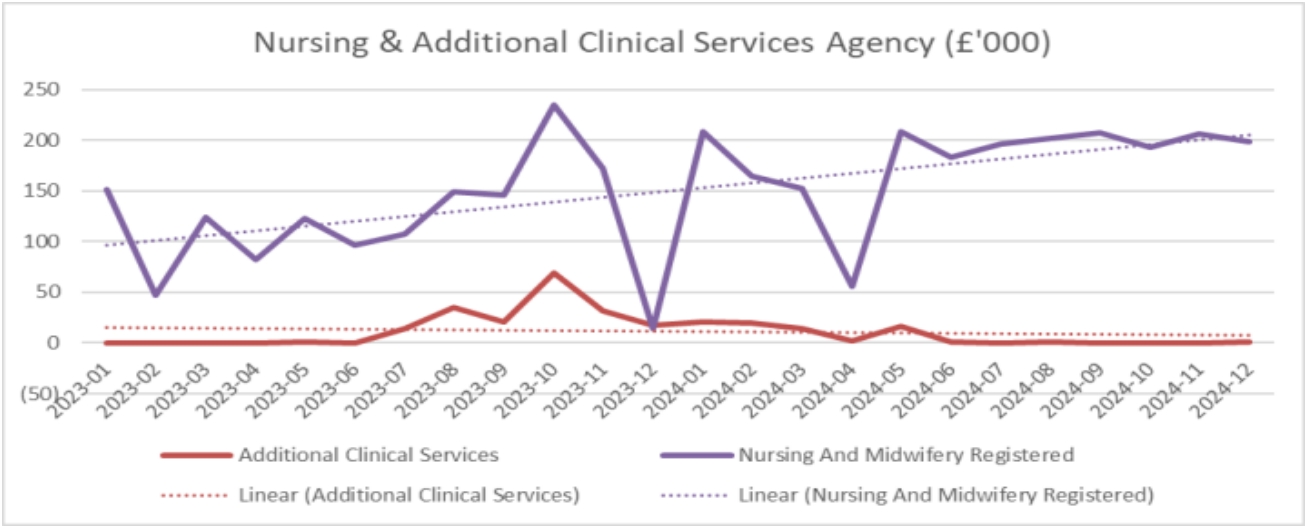
Unscheduled Care

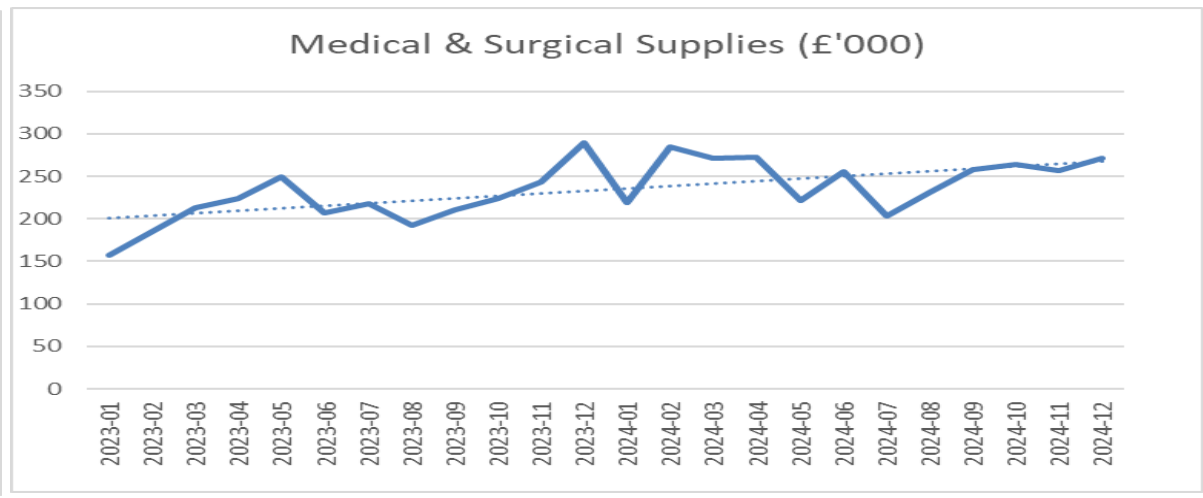
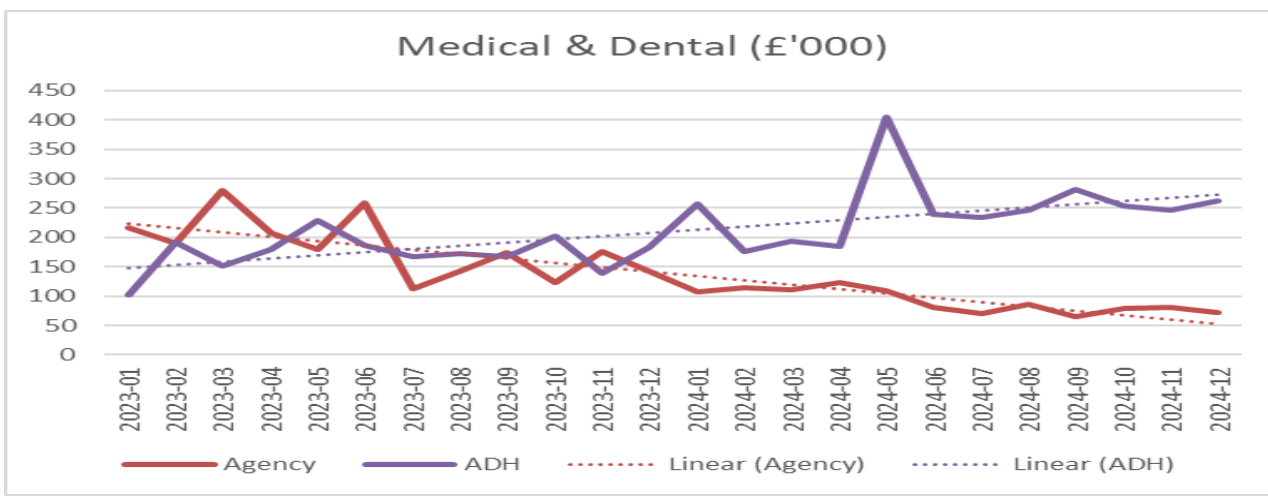
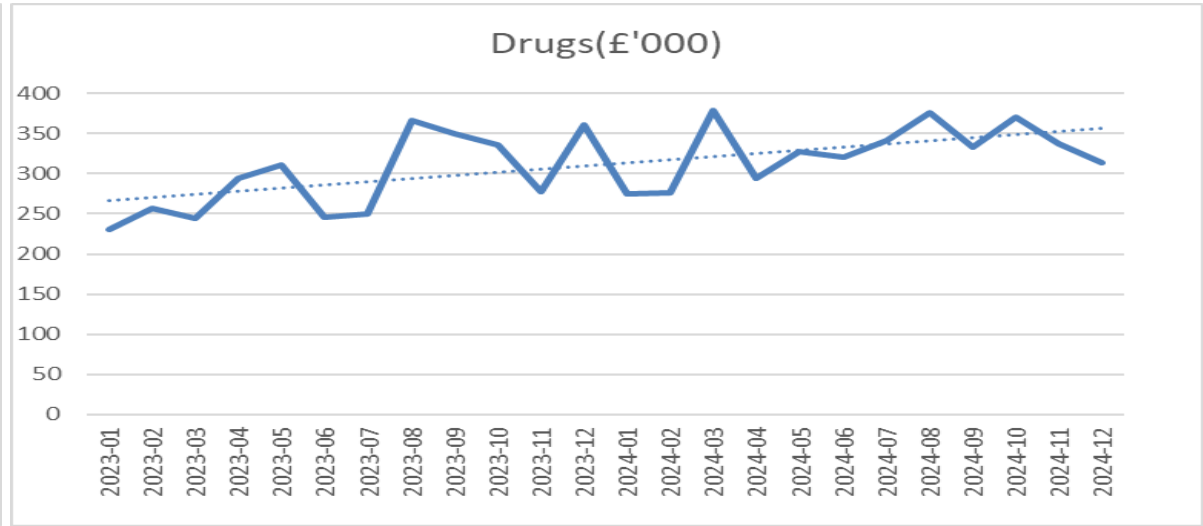
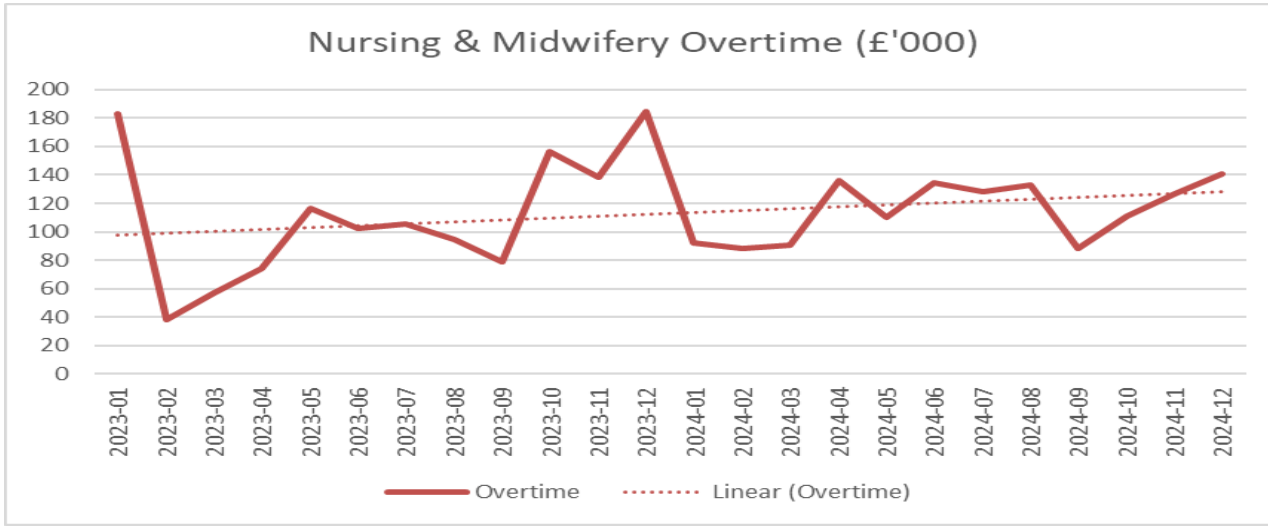




Mental Health & Learning Disability









Agenda Item

6.4

Planning, Performance and Finance Committee

Capital Programme Update 2023/24 and Plan for 2024/25

Dyddiad y Cyfarfod / Date of Meeting	30/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Matters discussed at ECMG	21/03/2024	Noted

Acronyms / Glossary of Terms	
ECMG	Executive Capital Management Group
IRCF	Integration and Rebalancing Care Fund
FEN	Fire Enforcement Notice
CRL	Capital Resource Limit
AWCP	All Wales Capital Programme



1. Situation /Background

The purpose of this report is to provide an update on the current capital resource limit and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 11 and brief update on all current major capital projects as well as plans for the 2024/25 discretionary programme

2. Specific Matters for Consideration

2.1 23/24 Capital Funding Position

The latest capital funding position for 23/24 is shown in **Table 1** below comprising £6.533m discretionary, £68.427m All Wales Capital funding and £0.353m IFRS 16 funding giving a total CRL of £75.313m. This is a £7m increase on the previously reported position, £5.652m of this funding was awarded in February 2024 as additional year end money was secured from Welsh Government. The additional funding in the main covered high-risk equipment replacement and IT investment.

Funding is added to **Table 1** to show the NBV of assets disposed of in year which is £0.002m of equipment and £0.245m for Llwyn Yr Eos. Together with donations of £0.087m this takes the total funding available in year to £75.647m

Table 1 Confirmed CRL funding 2023/24	Current CRL £'000
Discretionary allocation 2023/2024	6,533
Prince Charles Hospital Refurbishment - Phase 2	49,294
Prince Charles Hospital Refurbishment - Phase 3 Fees	1,700
Purchase of former BA site, Llantrisant	32
Llantrisant Health Park – PBC Fees	1,691
Efab - Infrastructure	2,598
Efab - Fire	1,249
Efab - Decarbonisation	909
Primary Care - Sunnyside	761
Fire Enforcement Works - Princess of Wales - fees	191
National Imaging Academy Wales	188
Fluoroscopy POW	420
Maesteg Health and Wellbeing Park	100
DPIF - RISP	180
Taith Seculsion Suite, Glanrhyd	378
Fibro Scanner, Community Drug and Alcohol Services	109
Theatre Equipment, Royal Glamorgan Hospital	384
Cyber Security	1,147
Emergency Department and Minor Injury Unit Improvements	580
Diagnostic Equipment	954
Digital Year End Funding - January 2024	200
Year End Funding - January 2024	497
Year End Funding - February 2024	489
DPIF - WNCR Paediatrics	53
DPIF - Digital Medicines Transformation Pre-implementation	1,000
Diagnostic Equipment - February 2024	1,059
Additional Year End Funding - February 2024	389
Digital Radiography Detectors	95
Digital Year End Funding - February 2024	1,780
All Wales Capital Funding	68,427
IFRS 16 Funding	353
Total WG Funding	75,313
Disposal of Assets with NBV	247
Government granted/Donated income	87
Total Capital Funding as at 20.02.2024	75,647



2.2 Discretionary Programme Commitments 2023/24

The table above details discretionary capital funding of £6.533m in 2023/24. 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 13.5% overcommitment was made at the start of the financial year based on previous experience however 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 February against the areas of ICT, Equipment, Backlog Maintenance, Statutory Compliance and Service Redesign.

The position shows that the overcommitment has increased from the original £0.845m to £1.681m. This is a planned position due to known slippage across several schemes and allows for further small amounts of slippage which are likely to materialise over the final few days of the year as schemes come to a close. The forecast is for a balanced outturn against the CRL position

Cwm Taf Morgannwg Discretionary Capital Plan 23/24 M11		
Table 2 - Discretionary Funding and Allocations		Current Position £'000
Funding Sources		
Discretionary Capital Funding		9,006
EFAB Top Slice		-1,428
All Wales Capital Scheme Commitments B/F		-1,046
Property Disposals		247
13.5% Over commitment		845
Total Funding (Including over-commitment)		7,624
Department Allocations		
IT	Funding	1,838
	Expenditure Allocations	2,038
	Overcommitment against allocation	200
Statutory Compliance	Funding	1,010
	Expenditure Allocations	1,153
	Overcommitment against allocation	143
Backlog Maintenance	Funding	1,114
	Expenditure Allocations	1,213
	Overcommitment against allocation	99
Equipment	Funding	1,765
	Expenditure Allocations	2,306
	Overcommitment against allocation	542
Service Redesign	Funding	1,838
	Expenditure Allocations	1,750
	Overcommitment against allocation	- 88
Sub Total Committed Expenditure		8,460
Subtotal Contingency		-
Total anticipated Spend		8,460
Position against Funding (including planned overcommitment)		836
Position against actual funding		1,681



The spend to date on the discretionary programme up to end of February is £5.769m which represents 68% of the required spend in year

2.3 Major Capital schemes

The spend to date on All Wales Capital Programme schemes up to end of February is £56.516m which represents 83% of the approved funding for AWCP

The current status and detail of the major capital projects is provided in **Appendix A**.

2.4 24/25 Capital Programme

WG have confirmed the opening discretionary allocations for 24/25 and this includes a full re-instatement of the funding cut applied in 22/23. This makes the opening discretionary allocation £10.230m. The forecast position for 2024/25 is presented in **Table 3** below based on expected slippage on AWCP and discretionary programmes from 2023/24 that will need to be re-provided in year.

Table 3 - Discretionary Funding and Allocations				
Funding Sources		24/25		
Discretionary Capital Funding		10,230		
EFAB Top Slice		- 1,899		
All Wales Capital Scheme Commitments B/F (estimate)		- 1,800		
Property Disposals				
10.5% Over commitment				
13.5% Over commitment		882		
17.5% Over commitment				
Total Funding (Including over-commitment)		7,413		
			Disc Proportion 24/25	Disc Proportion 23/24
Department Allocations				
	ICT	1,638	22%	25%
	Equipment Replacement	1,173	16%	24%
	Statutory	1,167	16%	12%
	Backlog Maintenance	1,301	17%	14%
	Transformation	1,400	19%	25%
	Blast Chillers/Access Controls	787	11%	
Total Expenditure		7,467		

As in previous years ECMG approved a 13.5% overcommitment position for the start of the financial year and hence it is anticipated the £7.413m will be available to allocated across the departments.

Department allocations were discussed at the January, February and March 2024 ECMG and adjusted as necessary throughout those discussions. The limited amount of discretionary capital available compared to the risks across the estate

was highlighted. It was noted that a significant amount of additional year end funding had been received, particularly in relation to equipment replacement and IT and so it was suggested the percentage allocations should be reduced in these areas compared to previous years in order to increase the investment in statutory and backlog. Given the significant backlog maintenance position and the recent internal audit findings re Estates condition this approach was agreed by ECMG . It should be noted that there is also EFAB funding of c£6.3m in 24/25 covering fire, infrastructure and decarbonisation investment.

Whilst there is no contingency in the programme funding has been ringfenced to cover the known unfunded risks of blast chillers in CPU and POWH access controls. Each department allocation will however keep a contingency balance for at least part of the year to allow for urgent unknowns.

Progress is being made on specific allocations within the backlog, statutory and IT headings to allow spend to commence early in 2024/25. Priorities for equipment replacement and transformation schemes will be assessed by the Operational Capital Group in May 2024

2.5 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 have launched an all Wales capital prioritisation exercise. The NHS Infrastructure Investment Board (IIB) in Welsh Government have 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 investment criteria set out below are the areas that will be scored by IIB, each area has also been given a percentage weighting as indicated.

- **Fit with Priorities and Policy 25%**
- **Clinical Impact 20%**
- **Value for money (VfM) 16%**
- **Statutory Compliance and Risk (SCR) 13%**
- **Equity & Community 13%**
- **Wider Benefits and Climate Change 13%**

Welsh Government made it clear that each of the forms had to be ranked in priority order and no joint priorities would be accepted. The priority list of schemes submitted to WG are detailed below along with an estimated cost profile.



		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

Feedback and queries in relation to the submission are expected over the next few months

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:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <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:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Legal implication of the capital programme are assessed for each project and advice sought accordingly but 2 programmes are subject to FENs	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <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 additional year end funding received and forecast for 23/24 breakeven position

NOTE the discretionary plan for 2024/25 and how funds are to be split across departments

NOTE the priority schemes submitted to Welsh Government as part of the all Wales NHS prioritisation framework

5. Next Steps

5.1 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	23/ 24 AWCP Allocation £000	Forecast 23/24 spend £000	Forecast Future yr Spend £000	Expected completion date
Phase 2	217,388	90,270	49,294	51,592	76,518	05/08/26
Phase 3	2,887		1,700	1,700	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 August 2026.

The works are being delivered in 6 Sections of activity. Of the initial 6 Sections, construction work is presently ongoing in Section 3. Three sections have been completed; 1, 2 & 6. Two Sections are yet to commence; 4 & 5.

Section 3 is the ongoing refurbishment of the Out-patient, Therapies and Radiology Department on Ground Floor and Maxillofacial, Endoscopy, Oncology and Theatres areas on the 1st Floor.

The table below details key handover dates within this section.

Section 3 (Prog Rev.38)	
Location	Contractor's Planned Completion Date
Therapies	08/4/24
OPD	08/4/24
Max Facs	19/4/24* ¹
Endoscopy	23/4/24
Theatres	23/4/24
Transfusion	28/6/24
Pathology	16/9/24
Radiology Ph1	15/8/24
Trauma lift	29/5/24
Pathology Lift (part 1)	18/4/24

*¹ Max Facs occupation from 23/4/24

CRL funding for 23/24 for phases 2 and 3 was issued as £50.994M, £1.7M of this being for phase 3. The current forecast spend on both phases in 23/24 is £53.3M which is £2.3M above the agreed CRL for this year. Additional CRL of £0.75M was

brokered from WG and AB in March 2024 to cover these overspends which will need to be returned in 24/25. The remaining overspend will be managed through slippage on other capital schemes.

The remaining contingency balance on the total scheme is currently £2.41m. This balance is £0.107m less than last month due to additional commitments in month. In addition to this there is a forecast gainshare figure of £4.496m. The gainshare forecast includes an estimate for section 1, 2, 3 and 6. It should be noted that the figure is highly likely to change as no final accounts have been agreed. WG will request that this is returned if not required for delivery of the scheme so it **cannot** be assumed that the gainshare will be available to the Health Board. Further discussions will be had with Welsh Government at an appropriate point in the scheme.

The scheme has currently committed 89% 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.

Fluoroscopy POW

Scheme savings from the replacement of the 5 DR rooms last year meant the Health Board was able to carry forward this underspend to deliver the install of the equipment in Fluoroscopy room 3 at POWH (as the actual equipment had already been purchased in 2022/23 and is in storage whilst the works are undertaken).

The contractor commenced works in Room 2 and the ultrasound room in September 2023. Both are now operational and works to Room 3 are well underway with an anticipated completion date of early April 2024.

Bridgend Health and Wellbeing Centre (Sunnyside)

Approved Allocation £000	Previous Years Spend £000	23/24 AWCP Allocation £000	Current Year forecast Spend £000	Completion Date
19,222	1,310	761	139	Autumn 2025

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 contractor will take possession of the site on 25th March 2024 with Health Centre works commencing on 3rd June. This will allow the contractor adequate time to finalise RIBA Stage 4 design works and mobilise site resources. In the

meantime, the HB and contractor have met to discuss and consider additional decarbonisation measures, which could potentially be added to the design (consideration of these measures was a condition of WG funding approval), and any additional measures agreed can be incorporated into the design before start on site. It is anticipated that the Health Centre element of the development will complete on 20th October 2025 (with the housing element completing slightly later).

POWH – Fire Enforcement Notice and Theatres

Approved Allocation £000	Previous Years Spend £000	23/24 allocation £000	AWCP £000	Forecast 23/24 spend £000
753	562	191		25

The fire enforcement notice was applied to the main theatre at POWH in December 2018, however the former 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 27th 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 HB has been agreed and appears acceptable to WG. The Assistant Director of Health, Safety & Fire emailed SWFRS on 13th December formally seeking an extension for 2 years from 1st 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.

A Project Board meeting on 22nd September 2023 confirmed that the preferred decant option to enable the scheme to progress is:-

- 1 modular decant theatre at POWH for Trauma
- Existing day surgery theatres being used for CEPOD Sessions
- 1 decant theatre at RGH in old obstetrics
- 3 mobile/modular decant theatres at RGH to be sited between OPD and Mental Health

WG have noted the preferred decant option and queried whether the HB needs 3 mobile/modular theatres at RGH or whether 2 would be sufficient, given that the former maternity theatre is being brought back into use. The Director of Planned Care has confirmed the demand and capacity requirements support the need for the four decant theatres

The tender process to appoint a new design team is in process and it expected to conclude by Monday 18th March to allow confirmation of the successful bidder.

WG have been clear that this scheme should focus on the requirements to lifts the FEN. It is understood that the HB may wish to fund plant replacement and electrical safety works to theatres from discretionary capital to be undertaken simultaneously whilst theatres are vacated for the FEN works. To be prudent the electrical works and some of the replacement plant has been included in the scope of the brief for the new design team, although it does not commit to any spend from the 2025/26 discretionary capital at this point.

Given the concern that revenue lease costs for the decant option for 12 months may be circa £4m the Project Board asked that up to date purchase costs be obtained. The approximate £10m cost was discussed with WG on 16th October and an updated paper was tabled. No commitment was given either way regarding funding however it was agreed that both capital and revenue options would be costed and submitted in the business case for WG to consider what funding options are available. It was reiterated that the capacity requirement for decant theatres would form part of the scrutiny. The project manager investigated the procurement route for mobile/modular solutions and confirmed that the national SBS framework allows for a mini competition or direct appointment. The next step will be Capital Planning and Procurement drafting expressions of interest before issuing an Invitation to Tender (ITT).

Centralised Decontamination Unit at POWH

Approved Allocation £000	Previous Years Spend £000	23/24 allocation £000	AWCP £000	Forecast spend 23/24 £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 SOC 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 COO is also discussing the possibility of a sub-regional facility with other local Health Boards.

The last JAG accreditation visit occurred on 8th 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 13th February 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 £476k 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 an FBC. This is a new approach and means that engagement of a Supply Chain Partner will take place earlier than usual

Project manager, cost advisor and Supply Chain Partner (SCP) were all appointed in February 2024. Contracts were issued on 15th February and are out for signature with the commercial parties to be returned to CTMUHB.

An initial meeting with the project manager and cost advisor indicate that the cost of multiple surveys when added to the fees is likely to exceed the £476k currently allocated. Meetings on 28th February and 13th March 2024 including the SCP looked to firm up the forecast costs so that the HB can discuss with the IRCF, but a few queries still remain, which are expected to be clarified early week commencing 18th March 2024.

From the draft programme issued by the SCP, decisions to firm up the scope of the options for appraisal need to be taken in early April e.g. one or two wards, second GP Practice, pharmacy, etc as the site is constrained.

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, the breakdown of approved schemes is detailed below.

Site	Detail	WG Approved £000	2023/24			2024/25		
			WG Fund £000	HB Fund £000	Total £000	WG Fund £000	HB Fund £000	Total £000
POWH	Instal Electrical IPS/UPS (Phase 1)	619	433	186	619	0	0	0
RGH	Instal IPS in ITU	455	32	14	46	286	122	409
		1,074	465	200	665	286	122	409
POWH / RGH	Replace Hotwell Steam Condense Units	593	228	98	326	187	80	267
		593	228	98	326	187	80	267
	Replacement of Failing Electrical Distribution Boards- Phase 1	389	180	77	257	93	40	132
POWH	Phase 1 - HRC Fuse board replacements.	286	100	43	143	100	43	143
POW	Phase 1 - Replacement of Motor Control Panels	389	0	0	0	273	117	389
Maesteg	Replace generator with N+1 configuration, including the main generator tank and oil Supply	623	0	0	0	436	187	623
		1,688	280	120	400	902	386	1,288
ALL Sites	Replacement of highest risk lifts as part of rolling programme	497	129	55	184	219	94	313
		497	129	55	184	219	94	313
Acute Sites	Phase 1 Medical Gas replacement of unsupported and obsolete Medeas medical gas alarm panels	96	34	14	48	33	15	48
		96	34	14	48	33	15	48
POWH	Replacement AHU for AMU	458	321	138	458	0	0	0
POWH	Replacement AHU for Maternity	467	0	0	0	327	140	467
		926	321	138	458	327	140	467
RGH	Replace obsolete Honeywell BMS controllers	642	210	90	300	239	103	342
		642	210	90	300	239	103	342
POWH	Works in the emergency department	918	643	276	918	0	0	0
		918	643	276	918	0	0	0
Maesteg	Remediation works at Bron Y Garn Surgery	200	140	60	200	0	0	0
		200	140	60	200	0	0	0
		6,634	2,450	1,050	3,500	2,194	940	3,134
GRH	Installation of PV Panels Glan Rhyd Hospital	864	287	123	411	318	136	454
NIAW/W	Installation of PV Panels NIAW & Williamstown	464	86	37	123	239	102	341
		1,329	373	161	534	557	238	795
HB Wide	Roll out of Voltage Optimisation	65	45	19	64	0	0	0
		65	45	19	64	0	0	0
POWH	Upgrade Drax System to BMS	841	218	93	311	371	159	530
		841	218	93	311	371	159	530
		2,234	636	273	909	928	397	1,325
PCH	Replacement of Detector Heads	232	163	70	232	0	0	0
RGH	Fire Alarm Upgrade	334	234	100	334	0	0	0
GRH	Upgrade Glanrhyd Fire Alarm system	50	0	0	0	35	15	50
		616	397	170	567	35	15	50
HB Wide	Fire Compartmentation Works	1,602	477	205	682	644	276	920
		1,602	477	205	682	644	276	920
		2,218	874	375	1,249	679	291	970
		11,086	3,960	1,698	5,657	3,801	1,628	5,429

Capital and Estates colleagues continue to work together to progress each scheme and in many cases have also appointed consultant experts to assist in scheme design and delivery. 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 SQT to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and BMS systems).

Schemes are monitored on a monthly basis by an EFAB Working Group chaired by the Assistant Director of Estates & Capital. Some additional narrative regarding individual schemes is detailed below:-

It has been agreed with WG that the 4 schemes below will be delivered together to avoid the closure of the POW SCBU unit multiple times.

- POW IPS/UPS
- POW MCPs
- POW AHU for AMU
- POW AHU for Maternity

All four schemes are currently in the design stage and progressing as planned. However, discussions with the service group has noted concerns around the difficulty of securing suitable decant options within the timeframe to allow works to start this summer. The service group, with support from capital planning, produced a high level options paper for Executive Directors to understand the difficulties. The service group are now working with service planning to refine the options and a further paper is being prepared to agree the preferred way forward.

POW Replacement Distribution Boards and POW Replacement HRC Fuse Board schemes have been impacted by the lack of internal operational estates resources necessary to support delivery and have thus been delayed with a resulting reduction in expenditure incurred this year. These issues have now been addressed however and an accelerated programme will be instigated next year.

All Sites Replacement Lift Programme - Due to manufacturing delays this programme is currently behind schedule with a resulting reduction in expenditure incurred this year. Efforts to address this issue are being investigated and it is anticipated that the programme will be back on track next year.

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.

Llantrisant Health Park

Ongoing progress is reported through the Programme Board however, key developments are also reported through ECMG around capital spend and progress.



Financial Position

Financial :	
Overall Budget Position	
£3,091,497	CRL Original Funded Position for 23/24
£32,000	Brought Forward funding from 22/23
£1,723,497	Revised CRL Funded Position for 23/24 (31.10.23)
£1,400,000	Funding slipped to 24/25
In Year Position	
£1,723,497	Funded for 23/24
£632,153	Expenditure to 31.01.24
£378,336	Forecast Expenditure to 31.03.24
-£713,009	Current forecast underspend against funding

As can be seen from the table above the programme is now reporting a c £713K underspend against approved funding. This has been agreed and is factored into the financial outturn reporting for 2023/24. The main reasons for the underspend are the delayed delivery date for the mobile MR taking the delivery and expenditure on enabling works and the welfare cabin into April 2024 as well as some delays in design fees caused by the pause whilst the infrastructure review takes place.

Work is ongoing to confirm the level of resource support that will be required on the scheme for 24/25 financial year it is likely that the previously managed £1.4M slippage plus this £0.713M being re-provided will cover the first 5-6 months of cost but further funding will be required and the likely costs are currently being modelled.

The first phase of RIBA 2 works have focussed on detailed surveying of the physical site and buildings. These surveys have identified a number of challenges surrounding floor vibration, building structure strength, plant volume and housing as well as cladding and roof concerns. The result is that the assumptions around refurbishment need urgent review and consideration. An initial meeting with NWSSP-SES has been had which was largely supporting and the Programme team are commencing a detailed options appraisal on the infrastructure options on the site to deliver the maximum amount of clinical space and activity in the shortest timeframe. The preferred way forward is due to be presented at WG IIB update on 28th March 2024.

As mentioned above, there has been a delay to the delivery of the mobile MR and supporting welfare unit largely due to issues associated with planning. The Cardiff MRI is now scheduled to arrive on the 19th April with the modular welfare unit scheduled to arrive earlier that week. The tender package for the enabling works has been let and the site set up has commenced however planning is still outstanding and is being urgently chased. Whilst there are not expected to be

any major issues the wording around some ecology conditions is still being determined. The approval is expected imminently.

The outcomes of the PAR will be presented to IIB on the 28th March 2024 and an action plan drawn up once the infrastructure plan is confirmed. This is due to the fact that many of the recommendations will be impacted by the determination of the preferred way forward

PLANNING, PERFORMANCE & FINANCE COMMITTEE- FORWARD WORK PLAN 2023/24				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Request received via email	Additional Item	Regional Diagnostic Business Cases Progress Update	Executive Director of Strategy & Transformation	30 April 2024 (deferred from February 24 meeting)
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
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	30 April 2024
Annual Cycle of Business 2024-25	Annual Item	Committee Annual Report 2023-24	Director of Governance/Board Secretary	25 June 2024
Request received via email	Additional Item	Regional Diagnostic Business Cases (Final to Endorse for Board Approval)	Executive Director of Strategy & Transformation	25 June 2024
Annual Cycle of Business 2024-25	Annual Item	Review of the Standing Orders – Committee Terms of Reference	Director of Governance/Board Secretary	25 June 2024
Annual Cycle of Business 2024-25	New Annual Item	CTM Value Based Health Care Steering Group Highlight Report	Executive Director of Finance & Procurement	25 June 2024
Annual Cycle of Business 2024-25	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Governance/Board Secretary	27 August 2024
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	27 August 2024

Requested via email	Additional Item	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	29 October 2024
Annual Cycle of Business 2024-25	Quarterly Report	Capital Quarterly Update	Executive Director of Finance & Procurement	19 December 2024

Completed Activity from the Forward Work Programme

Annual Cycle of Business	Six Monthly Report	Estates Summary Report	Executive Director of Finance & Procurement	Completed - 27 February 2024
Agreed at August 23 meeting to receive a further update in six months	Six monthly update/additional item	Manchester Arena Enquiry Assurance Update	Executive Director of Strategy & Transformation	Completed - 27 February 2024
Action agreed at the August 2023 Meeting	Additional Item	Expansion Plans for the Navigation Hub	Chief Operating Officer	Completed - 27 February 2024
Annual Cycle of Business 2023-24	Annual item	Annual Cycle of Business 2024-25	Director of Governance/Board Secretary	Completed - 27 February 2024
Action agreed at the October 23 Meeting	Additional item	Development of the 24/7 Stroke Service	Chief Operating Officer	Completed - 27 February 2024
Request made at agenda planning meeting for April 2023	Annual Item	Capital Update 2023-24	Director of Finance & Procurement	Completed - 31 October 2023
Requested at Agenda Planning Meeting	Additional item	Stretch Target Response – 10, 20, 30 – verbal update	Director of Finance & Procurement	Completed - 31 October 2023

September 2023				
Action arising out of June 2023 meeting	Additional Item	Ophthalmology Improvement Plan Progress	Chief Operating Officer	22 August 2023 – Completed
Action required from Annual Report received at June 2023 meeting	Annual Item	Outcome of Committee Self Effectiveness Review and Improvement Plan	Assistant Director of Governance & Risk	22 August 2023 – Completed
Request made via email	Additional Item	Civil Contingencies & Business Continuity Report 2022-23	Director of Strategy & Transformation	22 August 2023 – Completed
Request made via email	Additional Item	Manchester Arena Recommendations – CTMUHB Assurance	Director of Strategy & Transformation	22 August 2023 – Completed
Request received via email.	Additional Item	Implementation of Robotic Surgery within CTMUHB – Business Case	Chief Operating Officer	27 June 2023- Completed
Request received via email.	Additional Item	Mental Health - Service Improvement Funding Award 2023-24	Assistant Director of Primary, Community & Mental Health	27 June 2023 - Completed
Request received via email.	Additional Item	Month12 Movements from Forecast	Director of Finance & Procurement	27 June 2023- Completed
Request received via email.	Deferred Item	Phase 2 All Wales RAAC Investigation – CTMUHB	Director of Finance & Procurement	27 June 2023 - Completed
Action agreed at the February 2023 meeting.	Deferred Item from May 2023 meeting.	Six Goals for Planned Care Recovery	Director of Strategy & Transformation	27 June 2023 – Completed
Request made at Agenda Planning meeting for February 23	Deferred Item	Enhanced Monitoring – Assurance Processes and Governance	Director of Strategy & Transformation/Chief of Staff	4 May 2023 – Completed

Request made by DoST via email	Deferred Item	RISP Programme FBC Approval Process	Director of Strategy & Transformation	4 May 2023 (In Committee) – Completed
Action agreed at October 2022 meeting.	Additional item	Mental Health Performance – Deep Dive	Chief Operating Officer	4 May 2023 – Completed
Requested at meeting held with AD for Strategy & Transformation 10.02.23	Additional Item	New Velindre Cancer Centre Full Business Case	Director of Strategy & Transformation	Completed – 22 March 2023
Requested at meeting held with AD for Strategy & Transformation 10.02.23	Additional item	South East Wales Cataract Business Case	Director of Strategy & Transformation	Completed - 28 February 2023
Action following the October 2022 meeting to receive an update.	Deferred Item	Planned Care and Cancer Performance	Chief Operating Officer	Completed - 28 February 2023
Action following the October 2022 meeting for an update.	Deferred Item	Sepsis Compliance Programme	Medical Director	Completed - 28 February 2023
Request made at Agenda Planning meeting for February 23	Additional Item	Targeted Intervention and Improving Care	Chief Operating Officer	Completed - 28 February 2023
Request via email from	Additional Item	Spinal Services Operational Delivery Network	Director of Strategy & Transformation	Completed - 28 February 2023

DoG October 2022				
Request made by DoF via email	Additional item	NWSSP - Energy Procurement Proposal	Director of Finance	Completed - 28 February 2023