

# Public Finance & Performance Meeting

Wed 17 May 2023, 14:00 - 16:00

## Agenda

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14:00 - 14:05  
5 min

### 1. Standing Items

*Michael Imperato*

#### 1.1. Welcome and Introductions

#### 1.2. Apologies for Absence


#### 1.3. Declarations of Interest

#### 1.4. Minutes

##### 1.4.1. Minutes from the Finance Committee meeting – 22nd March 2023

 1.4 Draft Public Finance Minutes - MarchMD (v2).pdf (10 pages)

##### 1.4.2. Minutes from the Finance & Performance Committee meeting – 19th April 2023

 1.4a Draft Public Finance and Performance Minutes - AprilMD.pdf (9 pages)

##### 1.5. Action log following the Finance meeting held on 19th April 2023

 1.5 Public Finance and Performance Action Log- following April meetingMD.pdf (2 pages)

##### 1.6. Chair's Actions since previous meeting


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14:05 - 14:35  
30 min

### 2. Items for Review and Assurance

#### 2.1. Financial Report – Month 1

*Catherine Phillips Robert Mahoney*

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 1 FINAL.pdf (7 pages)

#### 2.2. Operational Performance Report

*Paul Bostock*

 2.2 Operational Performance Report.pdf (12 pages)

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14:35 - 15:05  
30 min

### 3. Items for Approval / Ratification



No items

#### 3.1. Regional Cataracts Expansion – Cardiff Implications Business Case

Mohamed Safah  
11/05/2023 16:19:08

*Paul Bostock*

The full OBC is in the Supporting documents section of Admincontrol

-  3.1 Regional Cataracts Business Case Cover Report.pdf (7 pages)
-  3.1a Regional Cataracts Business Case Executive Summary.pdf (10 pages)

## **3.2. Development of Replacement Orthopaedic Theatres at UHL Business Case**

*Abigail Harris*

The full OBC is in the Supporting documents section of Admincontrol

-  3.2 UHL Orthopaedic Theatres OBC Cover Report.pdf (3 pages)
-  3.2a UHL Theatres OBC Exec Summary v9.pdf (14 pages)




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## **15:05 - 15:10 4. Items for Information and Noting**

5 min

### **4.1. Month 12 2022/23 Monitoring Returns**

*Catherine Phillips Robert Mahoney*

-  4.1 WG month 12 MMR Covering Report.pdf (2 pages)
-  4.1a CV Financial Monitoring Returns 2022-23 - Month 12.pdf (10 pages)
-  4.1b 2022-23 MMR Template - Cardiff Vale UHB Month 12 revised submission 1.pdf (7 pages)

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## **15:10 - 15:10 5. Agenda for Private Finance and Performance Committee Meeting**

0 min

### **5.1. Approval of Private Finance Committee Minutes – 22.3.2023**

### **5.2. Approval of Private Finance Committee Minutes – 19.4.2023**

### **5.3. Radiology Informatics System Procurement Business Case (Commercially Sensitive)**

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## **15:10 - 15:10 6. AOB**

0 min

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## **15:10 - 15:10 7. Review and Final Closure**

0 min

*Michael Imperato*

### **7.1. Items to be deferred to Board / Committee**

### **7.2. Date, time and venue of the next Committee meeting:**

Wednesday 21st June 2023 at 2pm via MS Teams

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## **15:10 - 15:10 8. Declaration**

0 min

Mohamed Sarah  
11/05/2023 16:46:08

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed Sarah  
11/05/2023 16:46:08

**Unconfirmed Minutes of the Public Finance Committee Meeting  
Held On 22<sup>nd</sup> March 2023 at 2 pm  
Via MS Teams**

<b>Chair:</b>		
Rhian Thomas	RT	Independent Member - Capital and Estates
<b>Present:</b>		
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member – ICT
Keith Harding	KH	Independent Member – University
<b>In Attendance:</b>		
Suzanne Rankin	SR	Chief Executive Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Andrew Gough	AG	Deputy Director of Finance (Strategy)
Paul Bostock	PB	Chief Operating Officer
James Quance	JQ	Interim Director of Corporate Governance
Melanie Wilkey	MW	Deputy Director of Commissioning
Angela Hughes	AH	Assistant Director of Patient Experience
<b>Observers:</b>		
Timothy Davies	TD	Head of Corporate Business
<b>Secretariat:</b>		
Sarah Mohamed	SM	Corporate Governance Officer
<b>Apologies:</b>		
Charles Janczewski	CJ	UHB Chair
Jason Roberts	JR	Executive Nurse Director

Item No	Agenda Item	Action
<b>FC 22/03/001</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the meeting.	
<b>FC 22/03/002</b>	<b>Apologies for Absence</b>  <b>The Finance Committee resolved that:</b>  a) The Apologies were noted.	
<b>FC 22/03/003</b>	<b>Declarations of Interest</b>  <b>The Finance Committee resolved that:</b>  a) No Declarations of Interest were noted.	

<p><b>FC 22/03/004</b></p>	<p><b>Minutes of the meeting Held on 15 February 2023</b></p> <p>The minutes of the meeting held on 15 February 2023 were received.</p> <p><b>The Finance Committee resolved that:</b></p> <p>a) The minutes of the meeting held on 15 February 2023 were held as a true and accurate record of the meeting.</p>	
<p><b>FC 22/03/005</b></p>	<p><b>Action Log following the meeting held on 15 February 2023</b></p> <p>The Action Log was received.</p> <p>The Executive Director of Finance (EDF) stated that the Working Group had been set up by the Executive Director of People and Culture (EDPC) and would feed into both the efficiency and workforce work.</p> <p><b>The Finance Committee resolved that:</b></p> <p>a) The Action Log was up to date.</p>	
<p><b>FC 22/03/006</b></p>	<p><b>Chairs Action since previous meeting</b></p> <p>There had been no Chair's Actions taken since the last meeting.</p>	
<b>Items for Review and Assurance</b>		
<p><b>FC 22/03/007</b></p>	<p><b>Financial Report – Month 11</b></p> <p>The Deputy Director of Finance (Operational) (DDFO) presented the Financial Report – Month 11 and highlighted the following:</p> <p>At month 11 the Health Board was reporting an overspend of £24.658m. That was comprised of £8.983m of operational overspend and the planned deficit of £15.675m (eleven twelfths of the annual planned deficit of £17.1m set out in 2022/23 financial plan).</p> <p>The Health Board had forecast a £26.9m deficit for the end of 2022-23.</p> <p><u>Table 3</u></p> <p>The operational deficit of £11.793m against delegated budgets was offset by a £2.810m underspend against central budgets, which left a total operational and Covid overspend of £8.983m before the addition of the cumulative £15.675m planned deficit. That left a total overspend of £24.658m</p>	

#### Table 4

It was noted that there were a number of continued key cost pressures. A central focus of Executive Performance Reviews with Clinical Boards focused on the remedial actions and additional savings that were needed to mitigate and address those cost pressures.

#### Exceptional Costs

The Health Board's exceptional cost forecast was broadly in line with the confirmed Welsh Government Funding (WG) totalling £20.142m.

#### Table 8 Risk Register at February 2023

Table 8 confirmed that the Health Board would breach its revenue funding this year but it had complied with its one-year Long term Agreement frameworks.

#### Table 9 Savings Schemes

At month 11, the Health Board was forecasting £19.343m of savings to deliver against the revised £19.400m savings target leaving a further £0.057m schemes to identify. The Health Board expected to manage the balance of saving plans required to deliver the revised forecast deficit of £26.9m.

#### Public Sector Compliance Rate

It was noted that the Health Board's public sector payment compliance performance remained below the target of 95%. Performance for the 11 months to the end of February was 94.3%. That remained below the target following a deterioration of 0.1% in month.

Work was ongoing with departments within the Health Board, including training, to address the level of orders not receipted, and the high number of workforce and nursing holds, which would improve the Health Board's position.

The Independent Member for Finance (IMF) queried whether additional money was expected from WG before year end.

The DDFO responded that the Health Board was not expecting anything that would affect the bottom line. Any allocations from WG had already been assumed in year.

Mohamed Sarah  
11/05/2023 16:46:08

	<p>The Chief Operating Officer (COO) stated that the Health Board was offered additional funding for planned care which was used to put on extra sessions.</p> <p><b>The Finance Committee resolved that at Month 11:</b></p> <ul style="list-style-type: none"> <li>a) The reported year to date overspend of £24.658m and the forecast deficit of £26.900m was noted.</li> <li>b) The year to date financial impact of forecast COVID 19 costs which was assessed at £51.933m with assumed Welsh Government funding of £51.933m, was noted.</li> <li>c) The financial impact of year to date Exceptional Inflationary Pressures which was assessed at £18.338m with assumed Welsh Government funding of £18.338m, was noted.</li> <li>d) The forecast deficit of £26.900m, which comprised of the £17.1m planned deficit identified in the Final Financial plan and £9.800m of additional operational pressures recognised by the Health Board, were noted.</li> </ul>	
<b>Items for Approval / Ratification</b>		
<p><b>FC 22/03//008</b></p>	<p><b>Velindre Cancer Centre Business Case</b></p> <p>The Executive Director of Strategic Planning (EDSP) presented the Velindre Cancer Centre Business Case and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been a programme for developing the transfer of Cancer services in existence for 9 years.</li> <li>• That had been driven mostly by Velindre NHS Trust and had included a number of programmes of work. The development of the new cancer centre was an important part of that plan.</li> <li>• The current Cancer centre was built in the mid-1960s and was no longer fit for purpose.</li> <li>• The Nuffield Trust was commissioned 2018 to provide independent advice regarding the Velindre Cancer Centre. There were a number of recommendations accepted by Health Boards in Wales.</li> <li>• Nuffield Trust had recommended that a lot of work had already been completed.</li> <li>• There have been a number of changes since the Board approved the Outline Business Case (OBC).</li> <li>• The OBC was requesting a substantial capital investment. The Welsh Government (WG) was looking to fund that via a Mutual Investment Model. That would be subject to the commercial arrangements that would be discussed in the Private meeting. The total came to just under £350m including VAT.</li> <li>• There were equipment costs and WG would be funding those separately.</li> </ul>	

Mohamed Sarah  
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- One of the larger costs was associated with the increased footprint. The current site was constrained and the floorspace would need to be doubled.
- The OBC had already been taken to the Health Board's Senior Leadership Board (SLB). There were concerns from Clinicians in relation to ensuring that the pathways were right for patients.
- There were also concerns about where the new Cancer Centre sat in terms of priorities in the context of the UHW2 challenge.
- The Committee should consider whether that was the best solution for the problem and whether it provided value for money.

The Deputy Director of Commissioning (DDC) added the following:

- The Health Board had been requested to look at the additional revenue costs with the new build mostly to do with the additional footprint.
- The Velindre Trust was currently paid over £10m for services which it provided for the Health board. There were also additional costs for high cost drugs which were separate.
- The overall revenue costs would be £2.9m. £1.59m had already been invested in the current solution. The difference was £1.3m for a new building.
- There was an increase of £300,000 from the OBC in 2018.
- There were some risks involved. The building would be moving from a gas heated building to an electricity building to meet the WG net zero target. With increased utility costs, that would come at a premium. WG would support some of that on a sliding scale.
- In addition, the digital access to the building would come at an additional cost.

The EDSP added that the Nuffield Trust report noted that patients and staff were highly impacted. Patients also talked very highly of the Velindre Trust. The design was also very good and would meet today's standards.

The Independent Member – ICT (IMI) advised that he was very supportive of the business case and there was a need to improve Cancer care. He expressed concern with regards to the increasing future revenue costs.

The CEO advised that the current position was unaffordable for the Health Board. Other Chief Executives in the South East region were supportive of the case collectively. However, the Health Board would need to seek a line of sight in the funding because it was not affordable in the current arrangement.

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	<p><b>The Finance Committee resolved that:</b></p> <p>a) Due to the complexity of the matter, the content of the report should be referred to the Board for consideration and determination.</p>	
<p><b>FC 22/03//009</b></p>	<p><b>Mortuary Business Case</b></p> <p>The EDSP presented the Mortuary Business Case and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Business Justification Case (BJC) set out the rationale for the redesign/refurbishment of the mortuary at the University Hospital of Wales (UHW) and made the case for a capital investment of £3.385m to be funded from the All Wales Capital Programme.</li> <li>• The mortuary and post mortem facility were the subject of a regulatory inspection by the Human Tissue Authority (HTA) in August 2017.</li> <li>• The outcome was that the facility was found to be non-compliant with the regulatory standards required to maintain a licence under the Human Tissue Act.</li> <li>• The Health Board gave a commitment to the HTA that a solution would be identified to ensure a compliant facility that was fit for purpose, as a priority. A number of factors had delayed the scheme, including discussions with the Coroner's Office regarding a facility for a wider population and the Covid pandemic.</li> <li>• There were infrastructure issues because it was built at a different time. There was also a far greater demand.</li> <li>• The Clinical Boards and Capital, Estates and Facilities had looked at different options and had concluded to refurbish the existing mortuary.</li> <li>• That option addressed the concerns of the HTA requirements and gave additional capacity.</li> </ul> <p>The IMF queried the equipment costs of £30,000, which seemed low.</p> <p>The EDSP responded that the business case was comprehensive and nothing was missing from it. Furthermore, the equipment issues were not substantial.</p> <p>The CC commented that the timeline for the BJC was quick. The CC queried the recommendation in the paper that Tilbury Douglas Construction were awarded a contract at this stage as opposed to the final stage and queried whether it was typical to award a contract before receiving funding from WG.</p>	

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	<p>The EDSP responded that the business case was still going through business justification. That was for smaller schemes and negated the need to complete the full cycle of business cases.</p> <p>The CEO queried whether the mortuary business case was on the Health Board’s prioritisation list.</p> <p>The EDF responded that the mortuary business case was not on the prioritisation list. However, the recommendation stated “<i>subject to WG approval of the BCJ</i>” and therefore the contract would not be awarded until the Health Board knew it would make the list.</p> <p>The CEO advised that the Health Board should have a contingency plan due to the risk that WG may not award the money to the Health Board.</p> <p>The EDF stated that work has been undertaken to prioritise the business cases in light of the capital programme that had been finalised by WG.</p> <p>The EDSP added that matters which had already been approved by WG featured in the budget line. There was also have a list of schemes that sat underneath that which were likely to seek capital funding.</p> <p>The CC requested that plans for business cases that do not currently have funding be added to future Committee discussions.</p> <p><b>The Finance Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The UHW Mortuary Refurbishment – Business Justification Case (BCJ) to Welsh Government for capital funding support was recommended to the Board for approval.</li> <li>b) Subject to Welsh Government approval of the BJC, the award of the construction contract to Tilbury Douglas Construction at the value of £2.606m (inclusive of VAT) under the terms and conditions of the NEC short form contract was recommended to the Board for approval.</li> </ol>	<b>EDF</b>
<p><b>FC 22/03/010</b></p>	<p><b>UHW Lift Refurbishment Scheme - Business Case</b></p> <p>The EDF presented the UHW Lift Refurbishment Scheme - Business Case and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The approval of the business case would enable the refurbishment of 19 lifts out of 26 within Tower Block 1, Tower Block 2 and Ward areas of the University Hospital of Wales to ensure the continued provision of safe services for patients and staff.</li> </ul>	

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- The majority of the lifts located on the site were over fifty years old and had not been updated or upgraded since they were first installed. Those were considered to be a risk and therefore a priority.
- The request for funding from WG was to maintain and repair the lifts.
- It was not envisaged that there would be any revenue consequences as the proposal was to refurbish existing lifts which were covered under the All Wales Maintenance Contract.

The CC stated that there were a lot of fees noted in the recommendation and various entities to do the work. The CC queried whether all the fees were necessary.

The EDF responded that the work involved the physical lift itself and all that sat around it. The EDF added that a lot of work would usually be tendered.

**The Finance Committee recommended that the Board:**

1. Approve the submission of the UHW Lift refurbishment Scheme – Business Justification Case and submit to Welsh Government for capital funding support.
2. Approve the award of the construction contract, subject to Welsh Government approval of the BJC, to Otis Lifts Ltd at a value of £7.64m (inclusive of VAT) under the terms and conditions of the NEC short form contract.
3. Approve the appointment of Gleeds Management Services as the Project Manager, subject to Welsh Government approval of the BJC, at the cost of £174k (inclusive of VAT) under the terms and conditions of the SBS Framework.
4. Approve the appointment of Gleeds Cost Management as the Cost Advisor, subject to Welsh Government approval of the BJC, at the cost of £111k (inclusive of VAT) under the terms and conditions of the SBS Framework.
5. Approve the appointment of specialist vertical transportation works Supervisors, subject to Welsh Government approval of the BJC, at the cost of £104k (inclusive of VAT) under the terms and conditions of Health Board SFI's and NEC short form contract.
6. Note that as the proposal was to refurbish existing lifts which were part of the existing All Wales Lift Maintenance Contract, there were no revenue consequences associated with the business case.
7. Recommend that the Health Board enter into the said contracts, subject to recommendations 2,3,4&5.

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**FC**  
**22/03//011**

**Revenue Business Cases including:**

The Deputy Director of Finance (Strategy) presented the Revenue Business Cases and highlighted the following:

a) Ockenden Business Case

- The business case was the first of the two-phase response to the recommendations from the Ockenden Review in 2022 and a recent Health Inspectorate Wales (HIW) inspection.
- The case was predicated on a gap analysis against the recommendations.
- The benefit of the investment would be an improvement to caesarean rates, a reduction in the length of stay and to improve overall patient experience.
- The case came at a year 1 revenue cost of £1.441m and a recurrent cost of £2.727m.
- The business case was phase 1 of a two-phase approach to address the recommendations.

The Assistant Director of Patient Experience (ADPE) commented that the way in which people were treated when things went wrong was very important. Roles such as Bereavement Counsellor were crucial. It was also important for financial savings from a claims value point of view.

The COO emphasised that it had taken 6 months to get this point because of lots of scrutiny and conversations.

b) Critical Care Expansion and Part Team 24/7 Business Case

- The ICU at UHW should have a bed base of closer to 50 beds. The business case was for a 3-bed expansion.
- There would be a revenue cost of £1.151m in year 1 and a recurrent cost of £2.176m going forward.

The COO commented that the second part of this was to expand the Patient at Risk team to mitigate the insufficient critical care beds. There was a lot of unmet need by having only 30 beds.

c) Regional Health Protection Service Business Case

- The business case was part of the WG response to Covid-19 to provide a model for test, trace and protect and mass vaccinations.
- The allocation from WG for the next financial year had significantly reduced.
- The business case was providing a way forward for how the service model would be provided in the reduced allocation.

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	<p><b>The Finance Committee resolved that:</b></p> <p>a) The cases were endorsed for onward consideration at Board.</p>	
	<b>Items for Information and Noting</b>	
<b>FC 22/03/012</b>	<p><b>Financial Monitoring Return – Month 11</b></p> <p>The Financial Monitoring Return – Month 11 was received.</p> <p>It was noted that it had been updated since the paper was published. The updates would be discussed in the Private session of the Committee meeting.</p> <p><b>The Finance Committee resolved that:</b></p> <p>a) The extract from the UHB’s updated Monthly Financial Monitoring Return would be noted at the next public Committee meeting.</p>	
	<b>Agenda for Private Finance Committee Meeting</b>	
<b>FC 22/03/013</b>	<p>i. Approval of Private Minutes</p> <p>ii. Velindre Cancer Centre Business Case (<i>confidential discussion</i>)</p> <p>iii. IMTP Financial Plan Update (<i>confidential discussion</i>)</p>	
<b>FC 22/03/014</b>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
	<b>Review and Final Closure</b>	
<b>FC 22/03/015</b>	<p><b>Items to be referred to Board / Committee</b></p> <p>No Items to be referred to Board / Committee.</p>	
	<p><b>Date &amp; time of next Meeting</b></p> <p>Wednesday 19<sup>th</sup> April 2023 at 2pm Via MS Teams</p>	

Mohamed Sarah  
11/05/2023 16:46:08

**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting  
Held On 19<sup>th</sup> April 2023 at 2 pm  
Via MS Teams**

<b>Chair:</b>		
Michael Imperato	MI	Independent Member – Legal
<b>Present:</b>		
John Union	JU	Independent Member – Finance
Keith Harding	KH	Independent Member – University
Ceri Phillips	CP	UHB Vice Chair
<b>In Attendance:</b>		
Charles Janczewski	CJ	UHB Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Andrew Gough	AG	Deputy Director of Finance (Strategy)
Paul Bostock	PB	Chief Operating Officer
Jason Roberts	JR	Executive Nurse Director
James Quance	JQ	Interim Director of Corporate Governance
<b>Observers:</b>		
Urvisha Perez	UP	Audit Wales
<b>Secretariat:</b>		
Sarah Mohamed	SM	Corporate Governance Officer
<b>Apologies:</b>		
David Edwards	DE	Independent Member – ICT
Suzanne Rankin	SR	Chief Executive Officer
Meriel Jenney	MJ	Executive Medical Director

Item No	Agenda Item	Action
<b>FC 19/04/001</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the meeting.	
<b>FC 19/04/002</b>	<b>Apologies for Absence</b>  <b>The Finance Committee resolved that:</b>  a) Apologies were noted.	
<b>FC 19/04/003</b>	<b>Declarations of Interest</b>  <b>The Finance Committee resolved that:</b>  a) No Declarations of Interest were noted.	

<p><b>FC 19/04/004</b></p>	<p><b>Minutes of the Strategy and Delivery Committee meeting Held on 14 March 2023</b></p> <p>The minutes of the meeting held on 14 March 2023 were received.</p> <p><b>The Finance Committee resolved that:</b></p> <p>a) The minutes of the Strategy and Delivery Committee meeting held on 14 March 2023 were held as a true and accurate record of the meeting.</p>	
<p><b>FC 19/04/005</b></p>	<p><b>Action Log following the Strategy and Delivery Committee meeting held on 14 March 2023</b></p> <p>The Action Log was received.</p> <p><b>The Finance Committee resolved that:</b></p> <p>a) The Action Log for the Strategy and Delivery Committee was up to date.</p>	
<p><b>FC 19/04/006</b></p>	<p><b>Chairs Action since previous meeting</b></p> <p>There had been no Chair's Actions taken since the last meeting.</p>	
<b>Items for Review and Assurance</b>		
<p><b>FC 19/04/007</b></p>	<p><b>Financial Report – Month 12</b></p> <p>The Executive Director of Finance (EDF) presented the Financial Report – Month 12.</p> <p>It was noted that the draft Month 12 position had been submitted to Welsh Government (WG). The numbers were all draft and subject to verification and would go through the annual accounts work programme and timeline.</p> <p>The EDF added that the expected forecast deficit had been met.</p> <p>The UHB Chair congratulated the team on meeting a remarkable achievement of 95% in the public sector payment compliance.</p> <p>The UHB Chair requested clarification on the recommendation which stated “the reported revenue position was broadly in line with the forecast deficit of £26.900m”.</p> <p>The Deputy Director of Finance (Operational) (DDFO) responded that the Finance team was waiting for allocation letters from Welsh Government (WG). Depending on their valuation, the Health Board would be just under the £26.9m forecast deficit.</p>	

	<p>The UHB Vice Chair stated that he was interested in the factors which had contributed to the overspend.</p> <p>The DDFO responded that the next paper would answer that question.</p> <p><b>The Finance Committee resolved that at Month 12:</b></p> <ul style="list-style-type: none"> <li>a) The reported year end deficit was broadly in line with £26.900m.</li> <li>b) The financial impact of forecast COVID 19 costs which had been covered by Welsh Government funding of £56.797m had been noted.</li> <li>c) The financial impact of year to date Exceptional Inflationary Pressures which was assessed at £20.123m with assumed Welsh Government funding of £20.123m, was noted.</li> <li>d) The reported revenue position was broadly in line with the forecast deficit of £26.900m, which comprised of the £17.1m planned deficit identified in the Final Financial plan and £9.800m of additional operational pressures recognised by the UHB Board, was noted.</li> </ul>	
<p><b>FC 19/04/008</b></p>	<p><b>Unforeseen Cost Pressures Lessons Learnt Exercise</b></p> <p>The DDFO presented the Unforeseen Cost Pressures Lessons Learnt Exercise and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The DDFO explained that the Finance team had looked at cost pressures and whether those could be built into the 2022/23 financial plan.</li> </ul> <ul style="list-style-type: none"> <li>i) Patient Catering <ul style="list-style-type: none"> <li>– A key driver was the crisis in the Ukraine which had driven a chain reaction through energy costs, production and distribution costs as well as the impact of restricted availability of food products from Ukraine itself. Inflationary pressure was expected to reduce in 2023-24 in line with Bank of England forecasts.</li> <li>– The pressure on the Health Board’s Emergency Unit (EU) was also exacerbated in 2023-24 through front door demand and the failure to discharge elderly patients to residential care settings in the post Covid environment.</li> <li>– The requirement to provide food to those patients who were waiting for extended periods of up to 72 hours in EU settings was a new requirement for the Health Board. That would reduce as actions continued to be delivered to better</li> </ul> </li> </ul>	

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accommodate front door demand, Health Board operational capacity and back door flow.

ii) Security at Rockwood and Whitchurch

- There were plans to dispose of the vacated Rookwood and Whitchurch sites which required extensive planning and consideration of multiple site preparation and marketing options.
- That had contributed to an extended timescale to provide adequate security for both sites to prevent harm to individuals who may illegally access the sites and to mitigate risks to the Emergency services that may be required to attend incidents at the vacant sites.
- The required timescale for a security presence should have been anticipated and had been built into 2023-24 plans. That would be a non-recurring cost contingent on the timescale for disposal.

iii) Footfall impact on Aroma sales / Concourse leases

- At the height of the pandemic, footfall into the Health Board's retail/catering sites had reduced to nil which caused a number of leases to be handed back by the commercial lessees.
- The loss of income was initially supported by Welsh Government Covid funding prior to the commencement of the 2022-23 financial year. But after the formation of the financial plan, WG confirmed that the loss of income would no longer be eligible for ongoing Covid Response financial support.
- The Health Board had seen a progressive improvement in footfall and some re-letting. However, the footfall remained less than the pre Covid period, and had been partly impacted by the difficult economic environment during the financial year. That had been accounted for in budget setting for 2023-24 alongside efforts to improve income.

iv) Prescribing costs

- A new emerging theme in 2022-23 was the shortage of some types of drugs which required Pharmacists to directly source them, outside of the net drugs price agreements, at higher prices on international markets. That trend had increased throughout 2022-23 to levels not experienced before in the prescribing arena. That would need to be monitored in 2023-24.

v) Medical and staff nursing staff

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<p>Mohamed Sarah 11/05/2023 16:46:08</p>	<ul style="list-style-type: none"> <li>- A more efficient workforce model needed to be put in place.</li> <li>- The plan in 2022/23 was to reduce reliance on agencies and to reach a more sustainable level.</li> </ul> <p>vi) WHSCC LTA performance</p> <ul style="list-style-type: none"> <li>- The principle under performance against WHSCC LTAs concerned Cardiac surgery which had been moved to UHL during the pandemic. That supported ongoing urgent surgery but reduced overall capacity.</li> <li>- The ability to re-establish capacity was dependent on a return to UHW and a reconfiguration of the Covid operational footprint.</li> <li>- That was delayed in 2022-23 and had contributed to unplanned under performance. There were now advanced plans to return Cardiac surgery to UHW during 2023-24.</li> </ul> <p>vii) Children's CHC Placements</p> <ul style="list-style-type: none"> <li>- Two complex cases saw an extended length of stay within Children and Women's Clinical Board in 2022-23.</li> <li>- The complexity caused difficulty with arranging out of hospital care packages and had caused the Health Board to incur significant additional premium staffing costs.</li> <li>- Following enhanced liaison between the Health Board and Cardiff Local Authority, packages of care were arranged and ongoing meetings explored better ways of managing similar cases in the future.</li> </ul> <p>The UHB Chair suggested that this paper was brought to the Committee quarterly. He also queried how central reserves were created to address potential cost pressures in the 2022/23 plan.</p> <p>The DDFO responded that was with reference to the non-pay inflation. The Finance team had recognised that there would be a level of inflation and had allocated that into reserves.</p> <p>The UHB Chair queried whether the cost implications of the national strategies that formed part of the Health Board's overall strategy were being considered.</p> <p>The EDF responded that the Finance team had requested money under the Executive Director of Strategic Planning (EDSP) leadership. The Head of Procurement was also tackling the decarbonisation and supply chain aspect on behalf of NHS Wales. It was not targeted with an investment except for capital currently. The overriding assumption was that doing things closer to the environment where the product was needed should not cost more money.</p>	<p>EDF</p>
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	<p>The Independent Member – Finance (IMF) queried what the approach was for 2023/24 in terms of building in unforeseen costs.</p> <p>The Deputy Director of Finance (Strategy) (DDFS) responded that the Finance team had tried to be realistic in relation to the unforeseen costs in 2023/24. The team would need to address the cost pressures seen in 2022/23. The Health Board was a large organisation and there would be items that would come up. The Finance team had submitted a very realistic plan which addressed that.</p> <p>The EDF added that the Finance team had not accounted for a specific contingency but national estimates on inflation had been helpful. A consistent approach meant less organisational differences in how estimates would “play out”. The Finance team had reviewed other organisations’ plans and had noted that only one other Health Board had put in a contingency of £1m.</p> <p>The Chief Operating Officer (COO) was grateful to the Finance team with regards to how budgets had been set.</p> <p><b>The Finance Committee resolved that at Month 13:</b></p> <p>a) The reasons which had contributed to unforeseen costs pressures in 2022-23 were noted and the learning would be carried into 2023-24.</p>	
<p><b>FC 19/04/009</b></p>	<p><b>Finance Committee Self Effectiveness Survey</b></p> <p>The Interim Director of Governance (IDCG) presented the Finance Committee Self Effectiveness Survey.</p> <p>It was noted that there were lots of positive comments and results.</p> <p>He added that question 8 was a mixture of strong and adequate and was similar to other Committees’ responses.</p> <p>The CC stated that the previous Director of Corporate Governance had 1-1s with Independent Members which was a valuable process.</p> <p><b>The Finance Committee resolved that</b></p> <p>a) The results of the Annual Board Effectiveness Survey 2022-2023 relating to the Finance Committee were noted.</p>	
<p><b>FC 19/04/010</b></p>	<p><b>Key Operational Performance Indicators</b></p>	

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The COO presented the Key Operational Performance Indicators and highlighted the following:

- The report was a “work in progress” and would be improved as the COO’s team continued to refresh the information.
- The Health Board had continued to do well in Urgent and Emergency Care in the context of where it had started.
- The Health Board had made improvements this Winter.
- There were no ambulance holds over 4 hours in February 2023. The ambition was to reach ambulance holds of 2 hours and 60 minutes.
- The number of patients waiting over 12 hours in the Emergency Unit had reduced.
- Femur was not where it should be. There had been lots of organisational focus on that. Seventy five per cent (75%) of patients should be admitted to ward on arrival at hospital and the Health Board had not reached that target yet. A summit was held in March and another summit would take place next week.
- The COO’s teams had been focused on improving the Stroke services and there had been improvements in that service.

The Independent Member – University (IMU) stated that he was concerned that femur KPIs were input measures and there were no output measures recorded. In speaking to one of the Consultants on the Stroke Unit, it was apparent that the mortality rate had reduced by 17%. That was a very important outcome.

The COO responded that the mortality rates for Stroke were recorded in the Quality reports.

The IMU queried whether it would be better to have objective data outcomes.

The COO responded that he would provide an update on the other measures and not just the “front end” of the pathway at the next meeting.

The COO added that a significant improvement had been made in Cancer services. In September, 870 patients were waiting over 62 days to be told or to commence their treatment. That had reduced to 200 at the end of March. By the end of June, the aim was to be closer to 75 patients.

The COO added that in terms of Planned Care, the ambition this year was to reduce the number of people waiting over 52 weeks for their first outpatient appointment to zero by the end of June. That would be possible for some specialities but not all specialities. By the end of March 2024, there should be no patients waiting over 104

COO

	<p>weeks or two years for their treatment to commence. The COO added that he did not think that the Health Board would achieve those targets by March 2024 because there was no additional funding and not enough capacity.</p> <p>The UHB Vice-Chair queried whether waiting times for children could be looked into.</p> <p>The COO responded that his team was looking into that. There was unusual commissioning in Paediatrics and WHSSC did not facilitate it all. The challenge was that children should not be waiting over 2 years.</p> <p><b>The Finance Committee resolved that</b></p> <p>a) The year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes were noted.</p>	
<b>FC 19/04/011</b>	<p><b>Integrated Performance Report</b></p> <p>The UHB Chair suggested that this paper was not required by the Finance and Performance Committee. Instead the Committee should look at any areas causing concern by exception and not the routine items considered by the Committee.</p> <p>The CC stated that the Committee would receive and consider “deep dives” to explore certain areas of concern.</p> <p><b>The Finance Committee resolved that</b></p> <p>a) The contents of the report were noted.</p>	
	<b>Items for Approval / Ratification</b>	
<b>FC 19/04/012</b>	<p><b>Finance and Performance Committee Terms of Reference and Workplan 2023-24</b></p> <p>The IDCG presented the Finance and Performance Committee Terms of Reference and Workplan 2023-24.</p> <p>The IDCG advised that the finance section continued to be largely unchanged. It was a regular cycle of reporting as expected. The performance section provided assurance on operational elements to the Board. There would also be various deep dives. There was also reference to Ministerial priorities and objectives set by the Board.</p> <p>The CC advised that it was important that “nothing fell in between the cracks”.</p>	

	<p>The IDCG advised that delivery plans would be discussed in the Board Development sessions.</p> <p>The UHB Chair advised that it was a good first attempt at the Terms of Reference. It would need further clarity in terms of delivery.</p> <p>The UHB Vice Chair stated that the Terms of Reference should be fluid and flexible in terms of which indicators were used.</p> <p>The EDF advised that the work plan needed to be developed alongside the Terms of Reference.</p> <p><b>The Finance Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Terms of Reference and work plan 2023/24 for the Finance and Performance Committee were reviewed.</li> <li>b) The Terms of Reference and work plan 2023/24 for the F&amp;P Committee were ratified.</li> <li>c) The changes were recommended to the Board for approval on 25th May 2023.</li> </ul>	
	<b>Items for Information and Noting</b>	
	<b>Agenda for Private Finance Committee Meeting</b>	
<b>FC 19/04/013</b>	<ul style="list-style-type: none"> <li>i. Approval of Private Strategy and Delivery Committee Minutes – 14.3.2023</li> </ul>	
<b>FC 19/04/014</b>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
	<b>Review and Final Closure</b>	
<b>FC 19/04/015</b>	<p><b>Items to be referred to Board / Committee</b></p> <p>No Items to be referred to Board / Committee.</p>	
	<p><b>Date &amp; time of next Meeting</b></p> <p>Wednesday 17<sup>th</sup> May 2023 at 2pm via MS Teams</p>	

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## Public Action Log

Following Finance and Performance Committee Meeting  
19 April 2023  
(For the Meeting 17 May 2023)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FC 14/12/007 and FC 18/01/007	Financial Report – Month 8	Unforeseen cost pressures – to undertake a lesson learnt exercise and report back to the Committee.	Catherine Phillips/Rob Mahoney	19 April 2023	<b>Completed</b>  Update provided at Committee meeting in April 2023.
Actions in progress					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FC 22/03/009	Business cases with no funding	To discuss business cases with no funding.	Catherine Phillips Rob Mahoney	21 June 2023	Update to be provided in June meeting.
FC 19/04/010	Update on other measures within Stroke	To provide an update on other measures within Stroke	Paul Bostock	17 May 2023	Update to be provided in May meeting.
FC 19/04/008	Unforeseen Cost Pressures	To update the Committee quarterly on unforeseen Cost Pressures.	Catherine Phillips Rob Mahoney	23 August 2023	Update to be provided in August meeting.

Actions referred to Board/Committees					

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Report Title:	Finance Report for the Period Ended 30 <sup>th</sup> April 2023		Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	17 <sup>th</sup> May 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	<b>Executive Director of Finance</b>				
Report Author (Title):	<b>Deputy Director of Finance (Operational)</b>				

## Main Report

### Background and current situation:

#### Summary

At month 1 the UHB is reporting an overspend of £8.896m. This is comprised of £1.446m unidentified savings, £0.083m of operational overspend and the planned deficit of £7.367m (one twelfth of the annual planned deficit of £88.4m set out in 2023/24 financial plan).

The UHB forecasts a £88.4m deficit for the end of 2023-24.

**Table 1: Month 1 Financial Position 2023/24**

	Forecast Month 1 Position £m	Forecast Year-End Position £m
Planned deficit	7.367	88.400
Savings Programme	1.446	0.000
Operational position (Surplus) / Deficit	0.083	0.000
<b>Financial Position £m (Surplus) / Deficit £m</b>	<b>8.896</b>	<b>88.400</b>

#### Financial Plan Approved by Board and submitted to Welsh Government

- Brought forward underlying deficit of £40.3m
- Local Covid Consequential costs of £34.2m
- Additional energy costs of £11.5m
- 23/24 Demand and cost growth and unavoidable investments of £48.8m
- Allocations and inflationary uplifts of £14.4m
- A £32m (4%) Savings programme

**This results in a 2023-24 planning deficit of £88.4m.**

#### Core Financial Plan – Month 1 Position

The UHB is reporting a month 1 overspend of £8.896m. £7.367m of this being one twelfth of the annual planned deficit. £1.446m is a twelfth of the unidentified savings gap. £0.083m is an operational overspend in delegated and central positions.

**Table 2: Finance - Key Performance Indicator Dashboard at April 2023**

Measure	STATUS REPORT				
	April 2023	RAG Rating	Latest Trend	Target	Time Period
Deliver 2023/24 Draft Financial Plan	£8.896m deficit at month 1. £7.367m planned deficit, £1.446m savings gap and £0.083m operational deficit	R	↓	Deliver 2023/24 £88.4m Planned Deficit	M1 2023-24
Remain within capital resource limits.	The UHB expects to remain within it's Capital Resource Limit	G	↻	Remain within approved planned expenditure	M1 2023-24
Delivery of recurrent £32m savings target	£14.647m identified at month 1.	R	↓	£32m	M1 2023-24
Creditor payments compliance 30 day Non NHS	97.45% at the end of April	G	↑	95% of invoices paid within 30 days	M1 2023-24
Remain within Cash Limit	The UHB's working capital requirement will be discussed with Welsh Government following finalisation of the draft plan @ Q1	A	↻	To remain within Cash Limit	M1 2023-24
Maintain Positive Cash Balance	Cash balance = £2.472m	G	↻	To Maintain Positive Cash Balance	End of April 2023

**Financial Performance of Clinical Boards**

Budgets were set in the anticipation that they were sufficient to deliver the UHB's plan. Financial performance for month 1 by Clinical Board is shown in Table 3.

**Table 3: Financial Performance for the period ended 30th April 2023**

Clinical Board	Operational Position (Surplus) / Deficit Variance £m	CRP Variance £m	Total (Surplus) / Deficit Variance £m
Clinical Diagnostics & Therapeutics	(1)	45	44
Children & Women	76	24	100
Capital Estates and Facilities	30	2	32
Executives	(35)	23	(12)
Genomics	(8)	0	(8)
Medicine	34	0	34
Mental Health	27	41	68
PCIC	(31)	19	(12)
Specialist	(55)	0	(55)
Surge Hospitals	0	0	0
Surgery	30	32	62
<b>Sub-Total Delegated Position</b>	<b>66</b>	<b>186</b>	<b>252</b>
Central Budgets	17	0	17
3% CRP Gap		1,260	1,260
<b>Total (Surplus)/Deficit</b>	<b>83</b>	<b>1,446</b>	<b>1,529</b>
Planned Deficit			7,367
<b>Total Operational (Surplus)/Deficit</b>	<b>83</b>	<b>1,446</b>	<b>8,896</b>

The UHB plans to recover the adverse operational variance of £0.083m at month 1 as the year progresses.

The forecast also assumes that the UHB will successfully identify and deliver further savings schemes to cover the planning assumptions detailed in the financial plan.

The UHB continues to face a significant challenge as it improves elective throughput from an operational footprint that is still dealing with Covid patients. This is coupled with difficulties in discharging patients to appropriate support packages in the community whilst experiencing increased emergency demand. This in turn has restricted the UHB's ability to deliver a full elective output when contractual obligations to recover to pre pandemic activity levels has re-introduced financial performance arrangements for under delivery of patient activity. In particular, WHSSC commissioned specialties operate to sensitive contract parameters that include high marginal rates for under and over performance.

The operational and savings programme deficit at month 1 represents a risk. The central focus of the Sustainability Board and Executive Performance Reviews with Clinical Boards will be on ensuring operational pressures are addressed and managed and further progress is made in identifying and delivering recurrent savings schemes that in turn will de-risk the financial plan.

## COVID 19 Expenditure

The expenditure for Month 1 is summarised in Table 4 below.

**Table 4: Summary of Month 1 COVID 19 Net Expenditure**

	Month 1 £m	Forecast £m	Inc Financial Plan / WG Funded £m	Variance to Plan/Funding £m
Health Protection	0.385	8.800	8.800	0.000
COVID 19 Local Response	2.678	29.341	32.341	(3.000)
PPE	0.029	2.900	2.900	0.000
Sub Total Local response including Cleaning Standards	3.092	41.041	44.041	(3.000)
Dental Income; Long Covid and Nosocomial	0.223	3.520	3.520	0.000
<b>Total COVID Expenditure £m</b>	<b>3.315</b>	<b>44.561</b>	<b>47.561</b>	<b>(3.000)</b>

Health Protection, Local Response, Dental Income and PPE are no longer funded by Welsh Government and as such are included in the UHB's Financial Plan.

The forecast cost at Month 1 is a reduction of £3m, included within the UHB's savings plans.

Welsh Government is funding Long Covid and Nosocomial with expenditure forecast to meet funding anticipated.

## Summary Financial Table

The following table analyses the £8.896m overspend at Month 1, between Income, Pay and Non Pay.

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**Table 5: Summary Financial Position for the period ended 30<sup>th</sup> April 2023**

Income/Pay/Non Pay	Memorandum	Current	Operational
	Annual Budget £m	Period Actual £m	Variance (Fav)/Adv £m
<b>In Month</b>			
Income	(1,604.993)	(138.743)	(0.475)
Pay	761.857	69.543	(0.494)
Non Pay	843.136	70.729	2.498
Sub Total £m	0.000	1.529	1.529
2023/24 Planned Deficit	88.400	7.367	7.367
Variance to Plan £m	88.400	8.896	8.896

**Risks**

Table 6 summarises the Finance Department’s Risk Register. The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2023-24 year end with a current planned deficit of £88.4m.

**Table 6: Risk Register at April 2023**

	Risks	Rating	Comment
<b>Key Corporate Risk</b>	Approved Three year Financial plan (IMTP)	20	Due to a planned deficit of £88.4m for 2023/24 there is a risk of failure to achieve an Approved Three year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.
	Revenue Funding Limit.	20	The UHB has submitted a £88.4m deficit plan and therefore will breach breakeven duty in 2023-24. There is a high risk that this will not be recovered in years two and three of the rolling performance measure.
	Capital Funding - Three Year Rolling Breakeven Duty	16	The current 2023-24 UHB Capital Plan is structured to remain within the Capital Resource limit

<b>Financial Performance</b>	Failure to adequately manage budget pressures.	16	Bi-weekly Finance and Operations meetings to ensure a multi-disciplinary approach to managing delegated budgets.  Bi-monthly deep dives set-up with respective Finance Business Partners.
	Failure to deliver 2023-24 Savings Programme	16	At month 1 the gap against the total savings target was £17.505m (55%).
	Management and reduction of COVID-19 Response costs  WG indicated no funding will be provided for Local Covid Response costs, of which £34.2m is included in the financial plan.	16	Welsh Government have confirmed that there will not be any Covid Response or Covid consequential cost funding in 2023-24 and consequently this has contributed to the 2023-24 planned deficit.

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	2023-24 One Year LTA framework in NHS Wales	12	Modelling of current and planned activity levels to assess the financial impact of the new arrangements.
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## Savings Programme

At month 1, the UHB is forecasting £14.495m of savings to deliver against the £32m savings target leaving a further £17.505m (55%) schemes to identify. The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £88.4m.

Overall progress in the identification of savings schemes is outlined in table 7 below:

**Table 7: Savings Schemes**

### 2023-24 Savings Summary

**2023-24 in-year plans**

Clinical/Service Board	23-24 Target	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber	% Target identified Green / Amber
	£'000	£'000	£'000	£'000	£'000	£'000	%
Capital Estates and Facilities	631	601	0	601	3	30	95%
Children and Women	869	356	222	578	318	292	66%
Clinical Diagnostics and Therapeutics	799	263	0	263	0	536	33%
Corporate Executives	334	62	0	62	0	272	19%
Medicine	919	919	0	919	0	0	100%
Mental Health	719	0	225	225	0	494	31%
Primary, Community and Intermediate Care	1,615	777	461	1,238	140	377	77%
Specialist Services	988	808	179	986	0	2	100%
Surgical Services	1,126	579	160	739	91	387	66%
<b>Subtotal - Grip and Control</b>	<b>8,000</b>	<b>4,365</b>	<b>1,246</b>	<b>5,610</b>	<b>552</b>	<b>2,390</b>	<b>70%</b>
Length of Stay	3,000	896	145	1,041	450	1,959	35%
Theatres Productivity	500	0	0	0	0	500	0%
Income Generation	500	100	0	100	280	400	20%
Medicines Management	2,000	0	243	243	0	1,757	12%
Continuing Healthcare	1,500	0	0	0	0	1,500	0%
Facilities and Estates	500	72	0	72	0	428	14%
Procurement	5,000	1,465	125	1,591	360	3,409	32%
Workforce Efficiencies	8,000	13	2,746	2,759	170	5,241	34%
COVID Consequentials	3,000	0	3,000	3,000	975	0	100%
Review of Investments		0	0	0	0	0	0%
Commissioning		0	79	79	1,170	-79	0%
<b>Subtotal Cost Improvement Themes</b>	<b>24,000</b>	<b>2,546</b>	<b>6,339</b>	<b>8,885</b>	<b>3,405</b>	<b>15,115</b>	<b>37%</b>
<b>Total Savings Position</b>	<b>32,000</b>	<b>6,911</b>	<b>7,584</b>	<b>14,495</b>	<b>3,957</b>	<b>17,505</b>	<b>45%</b>

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## Cash Flow Forecast

The closing cash balance at the end of April, was £2.472m.

The cashflow forecast is expected to be provided at month 3 following the external audit of the 2022/23 draft financial accounts and determination of brought forward balances.

## Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of April was 97.45%.

Work is ongoing with departments within the UHB, including training, to address the level of orders not receipted, and the high number of workforce and nursing holds, which should improve the UHB's position.

## Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Financial Plan includes a annual forecast deficit of £88.4m.

Delivery of the core financial plan includes a 4% (£32.0m) recurrent savings requirement. At Month 1 savings identified of £14.495m representing 45% of the target.

The UHB also needs to manage its operational position and mitigate any emerging pressures as its Covid response costs are collapsed. The operational overspend is £0.083m in month 1. The reported operational overspend in addition to the deficit of £88.4m is a cause for concern and has prompted enhanced monitoring through the monthly Executive Performance Reviews of Clinical Boards.

## Recommendation:

At Month 1 the Committee are requested to:

- **NOTE** the reported year to date overspend of £8.896m and the forecast deficit of £88.400m.
- **NOTE** the year to date financial impact of forecast COVID 19 costs which is assessed at £46.420m.
- **NOTE** the month 1 operational overspend against plan of £0.083m
- **NOTE** the progress against the savings target with £14.495m (45%) of schemes identified at Month 1 against the £32.000 target.

## Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
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**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention		Long term	x	Integration		Collaboration		Involvement	
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**Impact Assessment:**

*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes

No

Safety: Yes/No

No

Financial: Yes

As detailed in the report.

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

Yes, if forecast financial position is not delivered.

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

**Approval/Scrutiny Route:**

Finance Committee

Date: 17<sup>th</sup> May 2023


Mohamed Sarah  
11/05/2023 16:46:08

Report Title:	Operational Performance Report		Agenda Item no.	2.2
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	17/05/2023
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Performance and Planning Manager – Operations			

**Main Report**  
Background and current situation:

**Background and current situation:**

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care and Our programme for transforming and modernising planned care and reducing waiting lists in Wales

Whilst the Health Board is making good progress against its Operational plan, system-wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

**Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:**

**Operational Performance update**

**Urgent and Emergency Care:**

- Reportable Emergency Unit attendances increased significantly in March (12,616) from the number reported in January (11,218) and February (10,979). An increase of around 12% from the previous month
- 4-hour performance in EU was 71.4% in March, improved again from 70.9% in February
- 12-hour EU waits increased slightly in March to 747, but remain lower than the levels reported through 2022/23
- Two Ambulance handovers took place in over 4 hours during March 2023
- The percentage of red calls responded to within 8 minutes reduced from 56.7% in February to 51.4% in March

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to 0 in February and 2 in March 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover.

*Prepared by Sarah  
17/05/2023 16:46:08*

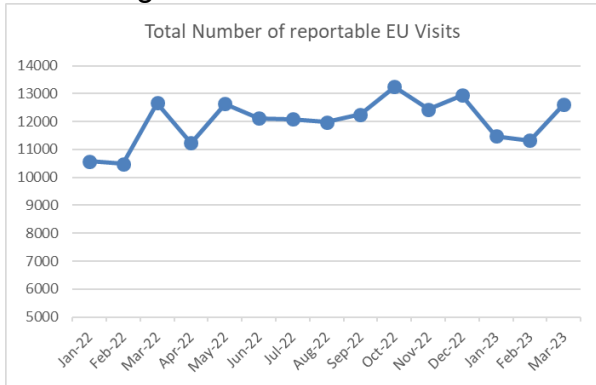
# Weekly Dashboard - Healthboard Comparison Analysis - Last Month - Mar-23



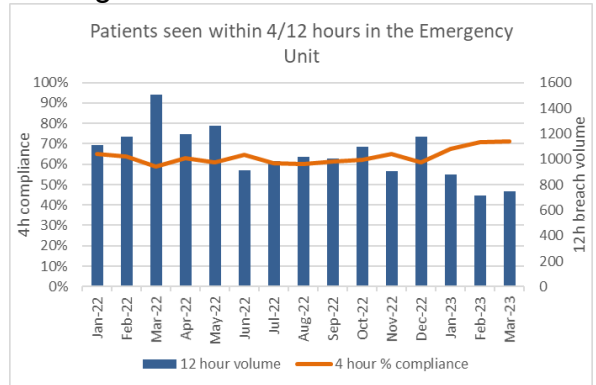
**Disclaimer**  
The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

Source: National Collaborative Commissioning Unit (NCCU) weekly dashboard – For operational purposes only, not for public release.

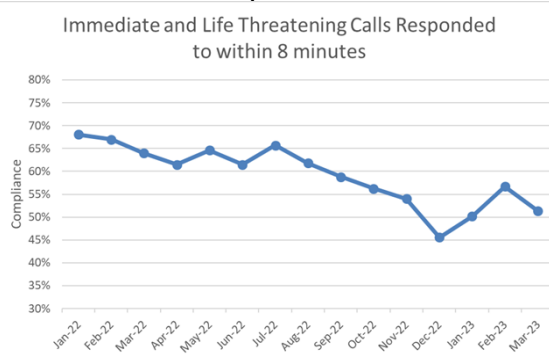
**Figure 1: A&E Attendances**



**Figure 2: A&E waits – 4/12 hours**



**Figure 3: Red calls responded to within 8 minutes**



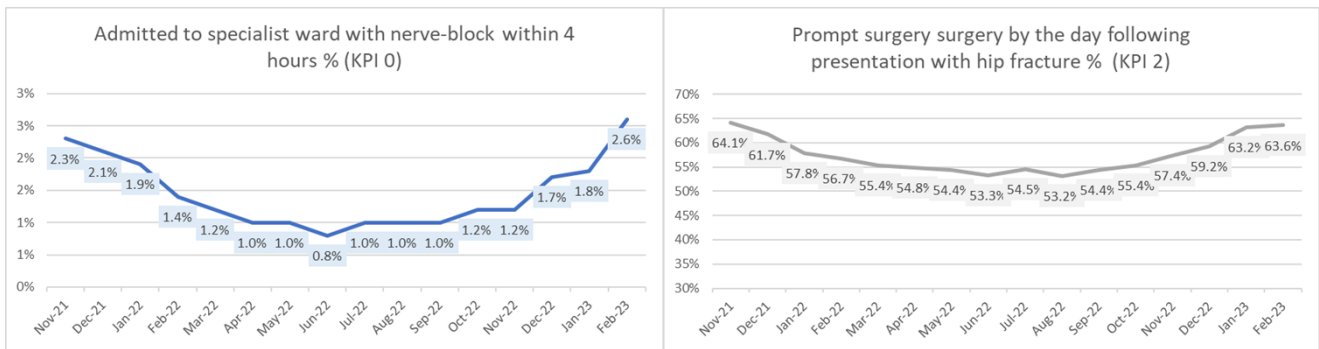
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**Fractured Neck of Femur:**

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In February 2023, 2.6% of patients were admitted to a

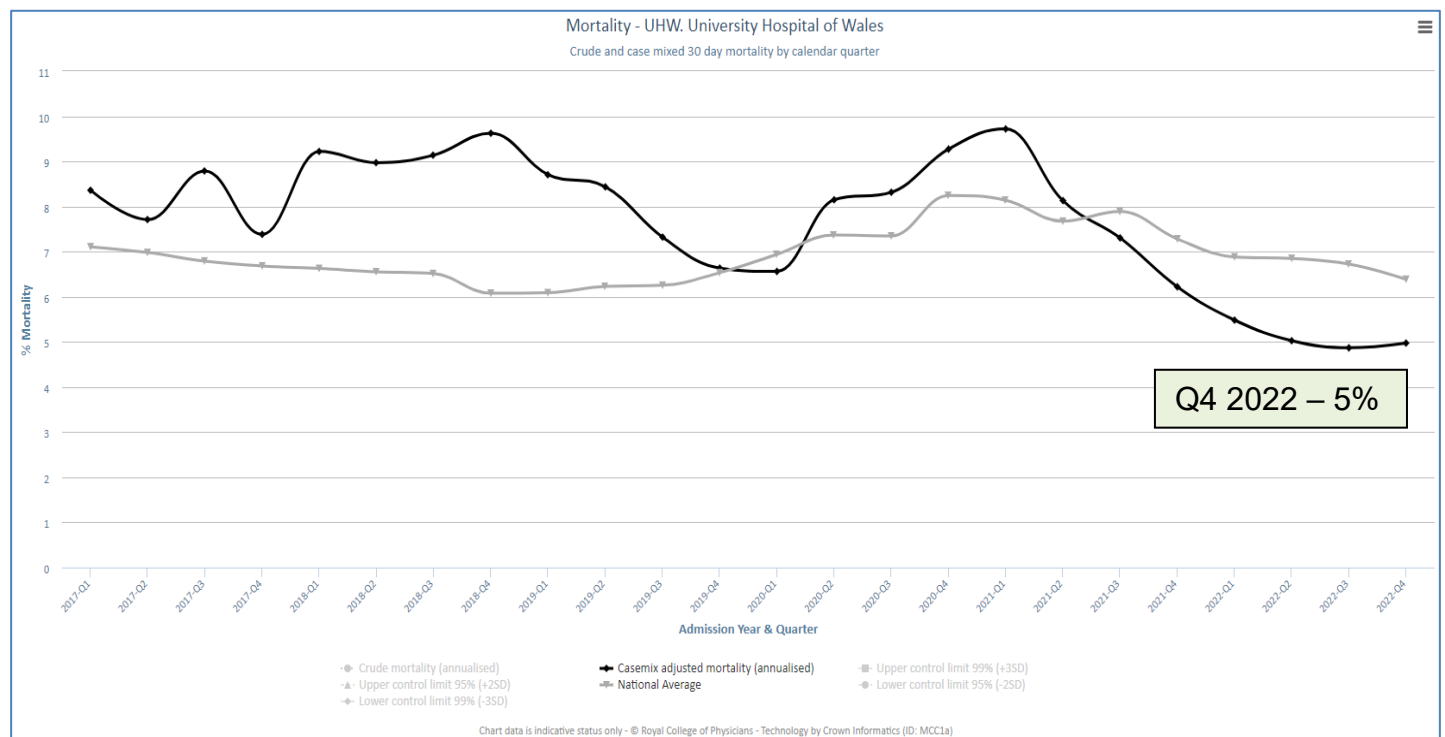
specialist ward with a nerve block within 4 hours, with a significant reduction in the median time patients are waiting to move to the ward.

In February, 63.6% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



Summits with key stakeholders were held in March and April with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers.

In addition to pathway improvements, we are committed to improving outcomes for patients. Data below from the National Hip Fracture Database shows that annualised Casemix Adjusted Mortality rates have falls from early 2021 and is now below the national average.



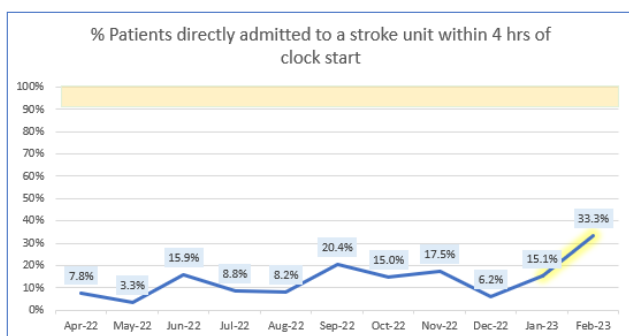
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## Stroke:

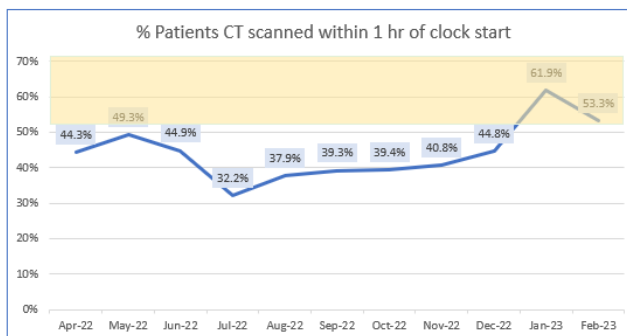
Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February saw an improvement in the thrombolysis rate and door to ward performance. In February:

- 8.3% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 14.3%. The percentage of patients given thrombolysis improved to 20%, above the All Wales Average of 15.9%
- The percentage of CT scans that were started within 1 hour in February was 53.3%, the All Wales average was 59.7%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours saw improvement to 33.3% in February, the All Wales average was 22.8%

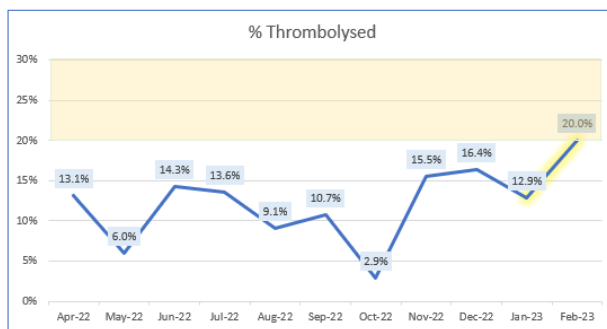
The UHB has held three internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:



SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr

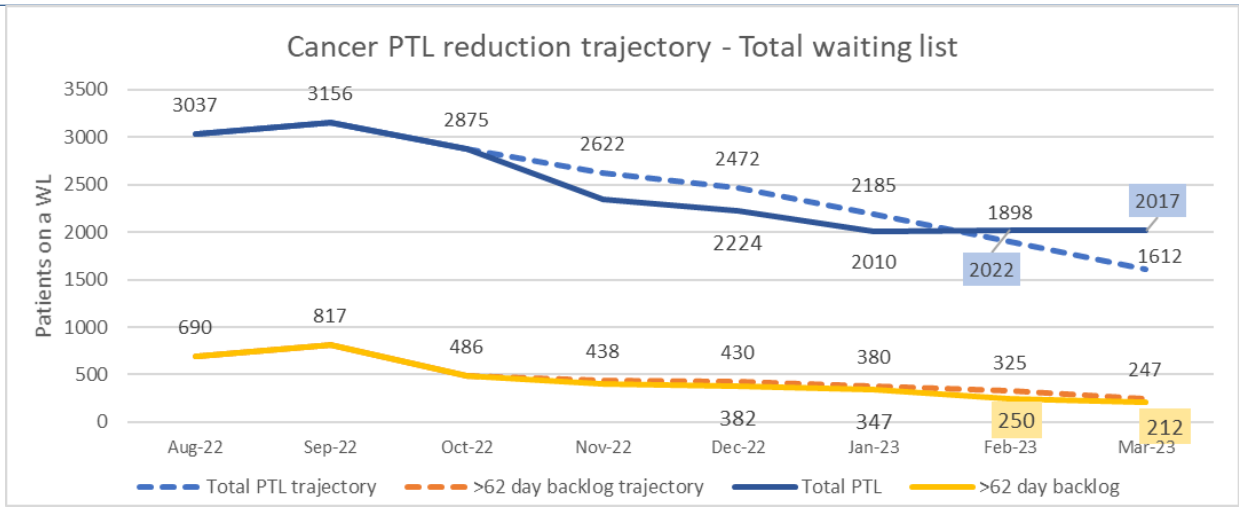


SSNAP A grade: consistent 20% thrombolysis rate, 90% of eligible patients thrombolysed. 45 minute QIM (DU) 1 hour standard (SSNAP)

## Cancer:

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. February saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.

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At the time of writing there are a total of 1914 suspected cancer patients on a single cancer pathway. 258 have waited over 62 days, of which 65 have waited over 104 days.

Of these, there are 1848 Cardiff and Vale patients (excluding tertiary patients) of which 201 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.

In addition to internal Cancer summits and the ongoing demand and capacity exercise, there is senior weekly oversight and a current focus on eliminating the number of patients waiting over 62 and 104 days to start their definitive treatment.

Figure 4: Cancer referrals

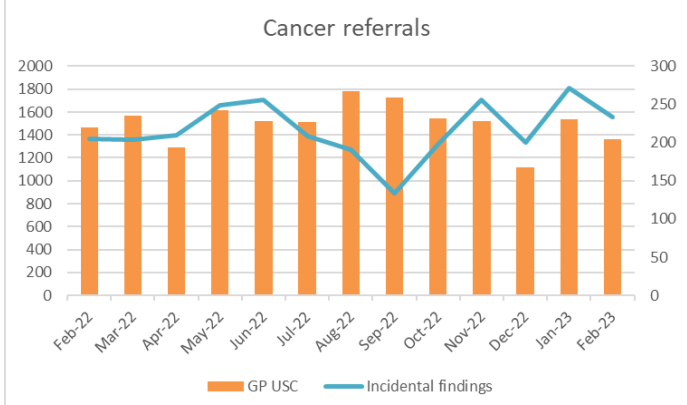


Figure 5: Single Cancer Pathway Performance

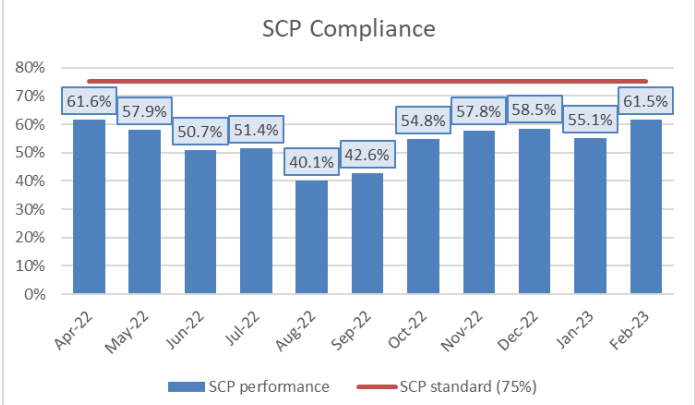


Figure 6: SCP Performance by tumour site

Tumour Site	October				November				December				January				February			
	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	2	3	5	40%	2	2	4	100%	5	6	11	45%	3	2	5	60%	2	0	2	100%
Upper GI	8	6	14	57%	10	5	15	67%	6	4	10	60%	5	6	11	45%	4	5	9	44%
Lower GI	9	15	24	38%	9	8	17	53%	16	15	31	52%	6	15	21	29%	9	9	18	50%
Lung	20	12	32	63%	24	5	29	83%	16	5	21	76%	12	12	24	50%	14	9	23	61%
Sarcoma	1		1	100%		1	1	0%					0	2	2	0%				
Skin	1	3	4	25%	14		14	100%	17		17	100%	24	1	25	96%	33	3	36	92%
Breast	13	13	26	50%	12	22	34	35%	17	16	33	52%	22	10	32	69%	19	11	30	63%
Gynaecological	7		7	100%	2	11	13	15%	4	10	14	29%	4	11	15	27%	3	8	11	27%
Urological	19	14	33	58%	12	12	24	50%	17	15	32	53%	21	20	41	51%	23	21	44	52%
Haematological	3	3	6	50%	1	1	2	50%	4	1	5	80%	3	5	8	38%	3	2	5	60%
Acute Leukaemia	2		2	100%									1	0	1	100%				
Other	2	2	5	60%	3		3	100%	1	1	2	50%	2	0	2	100%	0	1	1	0%
<b>Total</b>	<b>86</b>	<b>71</b>	<b>157</b>	<b>54.78%</b>	<b>89</b>	<b>65</b>	<b>154</b>	<b>57.79%</b>	<b>103</b>	<b>73</b>	<b>176</b>	<b>58.52%</b>	<b>103</b>	<b>84</b>	<b>187</b>	<b>55.08%</b>	<b>110</b>	<b>69</b>	<b>179</b>	<b>61.45%</b>

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	>63 days	Total
Brain/CNS		3						0	3
Breast	122	84	120	20	16	10	3	29	375
Children's Cancer	1		2					0	3
Gynaecological	36	56	61	25	21	14	13	48	226
Haematological	7	3	3		1	1		2	15
Head & Neck	90	24	22	5	12	3	1	16	157
Lower GI	136	98	96	20	18	10	10	38	388
Lung	12	14	26	6	9	9	4	22	80
Other	5	7			1			1	13
Sarcoma		2	1	1	1			1	5
Skin	36	63	64	11	2	2		4	178
Unknown								0	0
Upper GI	56	78	83	12	14	8	11	33	262
Urological	34	33	63	15	20	21	23	64	209
<b>Total</b>	<b>535</b>	<b>465</b>	<b>541</b>	<b>115</b>	<b>115</b>	<b>78</b>	<b>65</b>	<b>258</b>	<b>1914</b>

NB. Taken from Total Cancer PTL as at 23/04/2023

### Planned Care:

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 122,708 as at March 2023. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – March – 823
- Patients over 104 weeks – March – 3,740
- Patients over 52 weeks – March – 22,644

Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 37,897 at the end of March 2023. 50% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of March 2023 increased to 196,597. 98.3% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 52,200. This is of concern and will be an area of additional focus and support to improve the position over the next few months. This work will be driven through the Outpatients Delivery Group with action plans being developed by Clinical Boards focusing on:

- Use of COMII system to record and book follow-ups
- Review of automated processes used to maintain waiting lists
- Administrative and clinical validation
- Risk stratification of waiting lists

This is in addition to ongoing pathway work looking at alternatives to traditional follow-up appointments such as the use of see-on-symptoms pathways.

### Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951	10,707	10,102
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587	4,333	3,740

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties. We have some further work to do to give full assurance on this for all specialties, there are patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Oct	Nov	Dec	Jan	Feb	March
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	3,491	2,704	2,152	1,611	1,216	823

Figure 8: Total RTT waiting list, % waiting under 26 and over 36/52 weeks

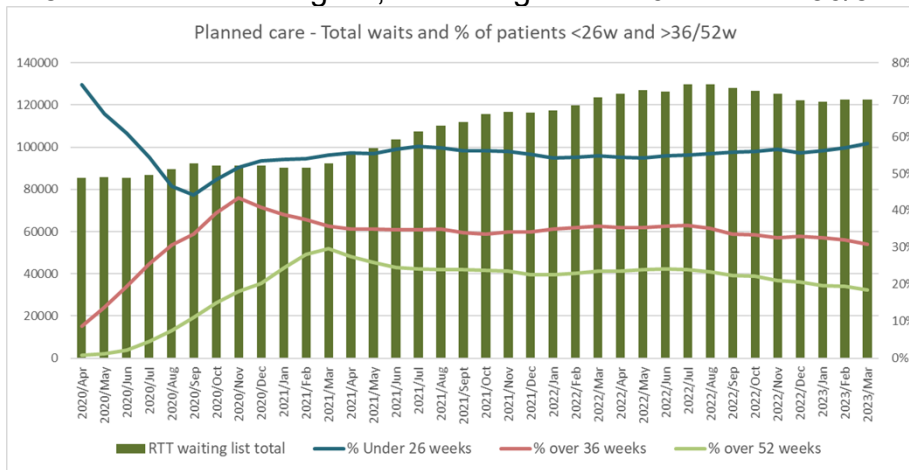
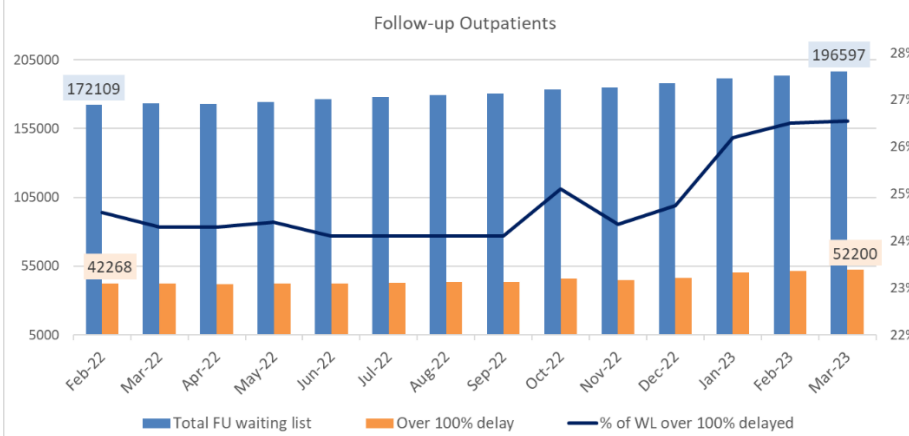


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed



**Diagnosics:**

The volume of greater than eight-week **Diagnostic** waits has increased to 4,782 at the end of March 2023 from 4,421 in February, largely driven by increased waits in Radiology. Greater than eight-week waits for a diagnostic endoscopy increased and remain high as detailed below:

Radiology modality	Jan-23	Feb-23	Mar-23	Trend
MRI	1084	915	874	
Non-Obstetric Ultrasound	1311	946	1279	
CT	8	18	15	

Diagnostic endoscopy	Jan-23	Feb-23	Mar-23	Trend
Cystoscopy	241	228	224	
Colonoscopy	239	240	272	
Flexible Sigmoidoscopy	348	337	311	
Gastroscopy	767	679	741	
Bronchoscopy	11	13	15	

The number patients waiting over 14 weeks for **Therapy** has reduced to 952 in March from 1,113 in February, driven largely by a reduction in waits for Dietetics.

Figure 10: Diagnostics 8 week waits

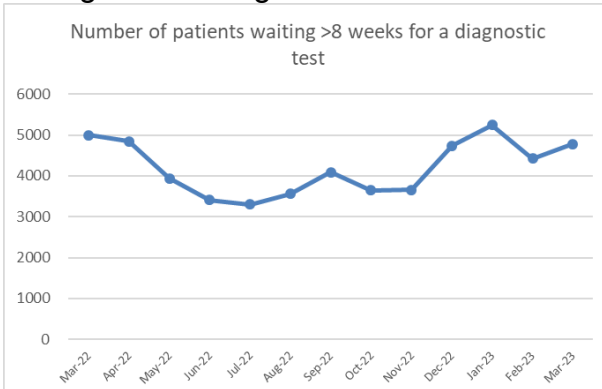
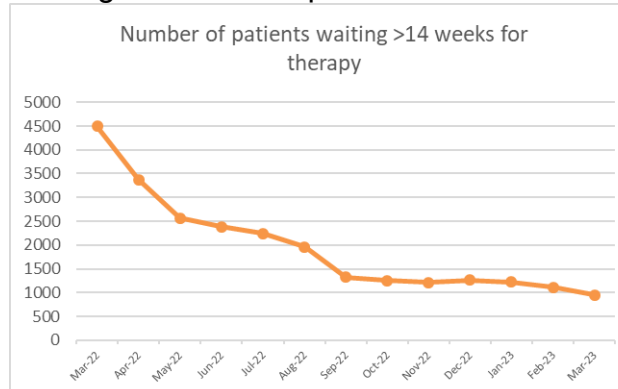


Figure 11: Therapies 14 week waits



**Primary care:**

The Health Board was 100% compliant in February 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 5 of 5 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care centre in January the Health Board was 80% compliant, with 4 of 5 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 9 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December, with the uptake of the new Dental Contract this measure has been discontinued and will be replaced for 23/24 reporting. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour

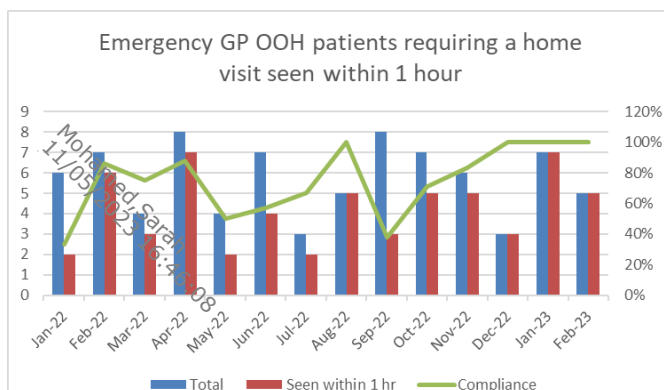
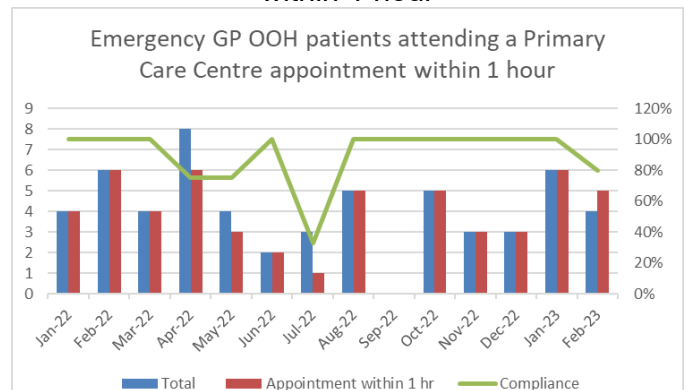


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



### Integrated & System Working:

The number of medically fit for discharge patients remains high and continues to present significant operational and financial pressures. For the four years prior to the pandemic the numbers of MFFD patients were between 120 – 150 patients.

Since January of 2023 the number has remained at c330 – 350, The latest position and reasons for delay are shown below.

### January 2023

Constraint	Cardiff	Vale	Other
Social Worker Assessment	74	33	0
Social Worker Allocation	41	8	0
Package of Care	40	23	0
Residential home	21	4	0
Rehabilitation	11	5	3
Get me Home +	11	0	0
Nursing Home	8	7	1
CRT/VCRS	6	2	0
Housing	6	0	0
Legal	6	0	0
Therapy Support	4	2	1
Repatriation	1	1	6
<b>Total by Local Authority</b>	<b>229</b>	<b>85</b>	<b>11</b>
<b>Grand Total</b>	<b>325</b>		
<b>Bed days Lost</b>	<b>8110</b>	<b>2625</b>	<b>572</b>

In order to mitigate this increase and to be able continue with planned care and reduce the pressure in EU, the UHB has opened an additional c**150** beds since the pandemic

Although working relationships with local authority partners is good, at the current time there are no obvious solutions to significantly reduce these numbers of delays.

'Further Faster' and the @home programme will certainly help in the medium to long term but the UHB will need to continue to manage this significant safety, quality, operational and financial risk for the foreseeable future.

### Community Care:

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In March 2023 the community nursing team supported over 3,600 patients to remain at home and the District Nursing team undertook 17,039 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams' activity across primary, secondary and social care can be seen below:

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## DURING MARCH 2023...



Acute Response Team supported  
**4 PATIENTS**  
with early discharge from hospital



Cardiff CRT & VCRS supported  
**46 PATIENTS**  
to avoid hospital admission



Cardiff CRT & VCRS supported  
**105 PATIENTS**  
with early discharge from hospital



Cardiff CRT & VCRS are currently supporting a total of  
**1,187 PATIENTS**  
to remain at home



Nurse assessors supported and reviewed  
**1,627 PATIENTS**  
receiving NHS funded care in the community and nursing homes



Community Nursing is currently supporting a total of  
**3,646 PATIENTS**  
to remain at home



Cardiff CRT & VCRS supported  
**273 PATIENTS**  
requiring therapy support in the community



District Nursing undertook  
**17,039 VISITS**

Thank you to the wards & teams who continue to make the most of community services



Bordd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

### Mental Health Measures:

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1523 referrals in March 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 96.8%, decreased from 99.6% in February 2023. For CAMHS services, compliance decreased from 97.9% in February to 92.7% in March 2023
- Part 1b: 99.5% of therapeutic treatments started within 28 days following assessment at the end of March 2023, an increase from the reported compliance in February 2023 (91.1%)
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of February 2023
- Part 3: 69% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in February 2023

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Figure 14: Mental Health Referrals

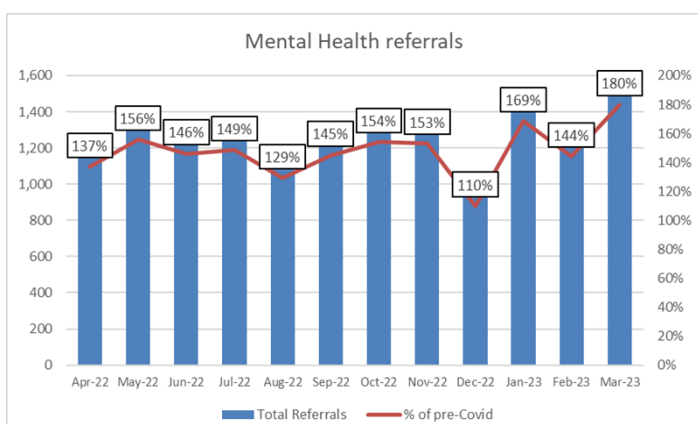


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

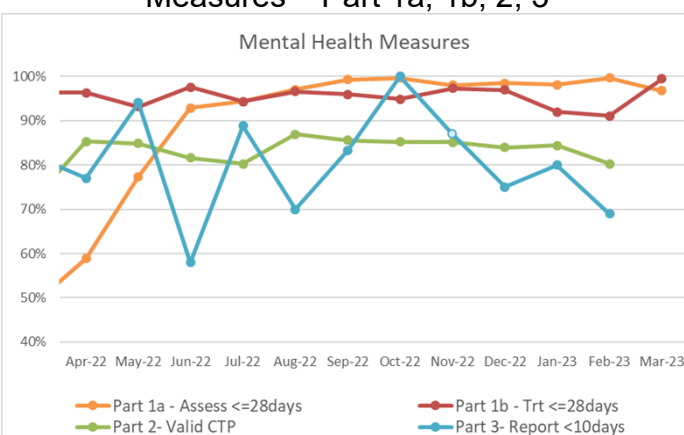
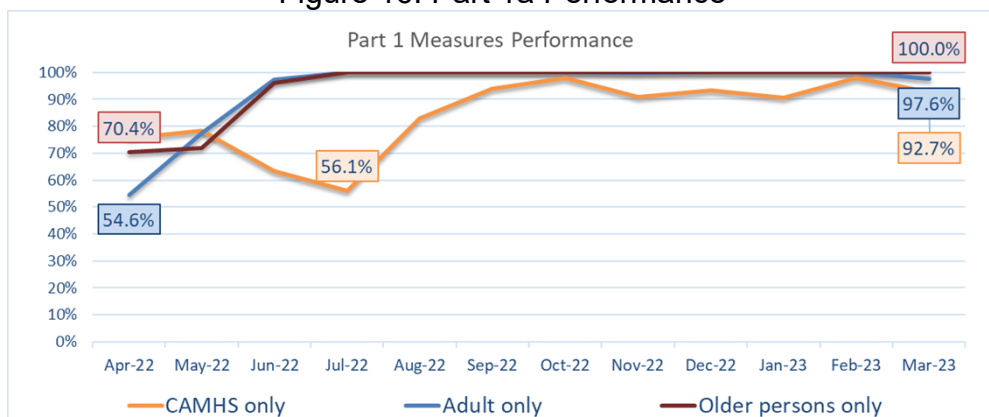


Figure 16: Part 1a Performance



**Recommendation:**

The Finance and Performance Committee is asked to:

- a) **NOTE** the year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

*Please tick as relevant*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention	Long term	✓	Integration	✓	Collaboration		Involvement	
<b>Impact Assessment:</b>								
<i>Please state yes or no for each category. If yes please provide further details.</i>								
Risk: No								
Safety: No								
Financial: No								
Workforce: No								
Legal: No								
Reputational: No								
Socio Economic: No								
Equality and Health: No								
Decarbonisation: No								
<b>Approval/Scrutiny Route:</b>								
Committee/Group/Exec			Date:					

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Report Title:	<b>Regional Cataracts Expansion Business Case – Cardiff Implications</b>			Agenda Item no.	3.1
Meeting:	Finance & Performance Committee	Public	X	Meeting Date:	17.05.23
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	x	Information	
Lead Executive:	Paul Bostock- Chief Operating Officer				
Report Author (Title):	Matt Temby- Interim Managing Director for Planned Care				

## Main Report

### Background and current situation:

#### Purpose

This report provides an assessment of the Cardiff specific implications of the Regional Cataracts Expansion Case.

This report is not intended as a summary of the case (there is a concise executive summary within the Business Case itself) or as a substitute to reading the case in full but rather complements the case with additional information specific to Cardiff and Vale Health Board and the impact on our local population, to support decision making.

#### Development of the Case and Endorsement

The case has been developed through the Regional Ophthalmology Programme Board.

A working group with representation of Assistant Directors of Finance from each Health Board developed and signed off the financial case.

The case was endorsed by the Regional Delivery Board (Directors of Planning) on the 6<sup>th</sup> April and by the Regional Oversight Board (Chief Executives) on the 13<sup>th</sup> of April.

Regional cases require approval through each of the sovereign bodies, and as such, the case was scrutinised and supported by Cardiff and Vale Investment Group on the 18<sup>th</sup> April on the proviso that:

1. *There is confirmation from Cwm Taf Morgannwg (CTM) and Aneurin Bevan (AB) that they will cover the cost of their share of the capacity that has been allocated in the business case so that CAV isn't holding the financial risk*

Conclusion: A Memorandum of Understanding will be developed, which will outline provider/commissioner agreements and will provide confirmation from CTM and AB that they will cover the cost of their share of the capacity that has been allocated in the business case so that CAV isn't holding the financial. This will likely mean financial coverage of the infrastructure costs as opposed to payment on a case by case basis. This will be signed off by the Regional Oversight Board (CEOs) in May.

2. Assurance is provided by the Clinical Board on confidence in delivering the productivity levels within the case

Conclusion: The Clinical Board have provided supporting evidence and assurance that productivity levels are achievable.

Senior Leadership Board (SLB) supported Investment Groups recommendations and conditions of approval as above at their meeting on the 4<sup>th</sup> May.

### Key principles

When reading the Regional Cataracts Expansion Case, it is critical to understand that:

- The case is stage 1 of a 2-stage process; it is an **interim case** for maximising our existing assets and increasing capacity with a focus on recovery activity and reducing waiting lists to run for 14 months whilst a more sustainable staffing and clinical model is developed alongside
- As such, CEOs have agreed that the preferred option for the interim case is one that is deliverable and quick to implement to achieve an impact on waiting lists and will not necessarily represent a value for money solution when benchmarked
- CEOs have agreed the principle that the capacity will be focussed on **treating the longest waiters first, regardless of their home health board**, and so a shared waiting list will be adopted for the region
- There is agreement across the region that the case and therefore activity delivered is dependent upon accessing the retained planned care recovery monies
- The total timeframe for the implementation for the activity planned in the business case is 14 months and this is largely due to the longer lead in times for other sites across the region. In Cardiff the activity will run for **12 months** from 1st July 2023 to 30th June 2024 as the Vanguard unit is already operational.

### Regional Demand and Capacity

The region is presented with a sizable challenge for backlog, demand and capacity. Demand continues to outstrip capacity and is forecast to grow year on year.

Eliminating the waiting list backlog in 23/24 would require a capacity of 28,960 in one year, almost five times the projected combined core capacity. With no further intervention the projected waiting list of 19,000 in March 2023 would therefore be over 23,000 by March 2024.

The table below shows the numbers of patients waiting and how this is split proportionally across the region. Data relates to August 2022 and includes the total number of patients waiting in each health board.

Patient Waits	Total			Over 52 weeks	
AB	7041	39%		2175	36%
CAV	4066	22%		891	15%
CTM	7103	39%		2939	49%
	18210			6005	

As a proportion of the patients waiting, 39% are from AB. 39% from CTM and 22% from CAV. When this is viewed as patients waiting at the end of the lists the proportions change and it is from this pool of patients that the additional capacity would be targeted.

Of this group of longer waiters 49% are from CTM, 36% from AB and 15% from CAV and this indicates how the additional capacity will be used.

### Preferred Option

The preferred option in this business case is option 3b.

This is an insourcing and outsourcing option involving a two-hub model utilising Nevil Hall hospital in the North and the Vanguard Unit (UHW) in the South.

After 14 months the regional waiting list is reduced from 19,000 across the region to 14,168.

### Commissioning Proposal

The costs of this proposal will be apportioned in line with actual activity undertaken within these schemes.

All three Health Boards provide a service that is predominantly for local residents and as such consideration of LTA baselines are not considered an issue in this instance.

The costs for planning purposes are estimated based on waiting list size, as follows

Health Board	Wait %	2023/24 £'m	2024/25 £'m	Total £'m
Aneurin Bevan	36	3.765	1.731	<b>5.496</b>
Cardiff and Vale	15	1.569	0.721	<b>2.290</b>
Cwm Taf Morgannwg	49	5.125	2.356	<b>7.481</b>
<b>Total</b>	<b>100</b>	<b>10.459</b>	<b>4.808</b>	<b>15.267</b>

### Implementation

Detailed implementation planning is underway through the Regional Programme Board, with a number of workstreams established to ensure that plans are progressed at pace and operating models are finalised.

One of these groups will be a contracting group led by the Director of Finance in ABUHB; it is likely that NWSP will develop a National Contract.

### **Regional Cataracts- Performance Management**

There are several areas of the implementation of the Regional Cataracts Expansion that will require careful monitoring and management as the project progresses. They will be monitored weekly by sites and teams and reviewed monthly by the Programme Board. In the case of performance below expected levels, corrective action will be taken by sites and teams and escalated to Programme Board. The measures will be based on the following domains:

- Vanguard Site Efficiency and Effectiveness
- Nevil Hall Site Efficiency and Effectiveness
- Allocations
- Core activity
- Financial and Contract management

### **Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:**

The implications for Cardiff and Vale UHB are summarised below:

#### **Clinical and Service Model**

The Vanguard Unit in UHW is a mobile twin theatre alongside modular units for consulting, patient waiting and recovery. It was originally contracted for use for cataract surgery by CAV on a 5 day per week basis Monday to Friday until 8th January 2023. As a short-term solution and to maximise the options available for this business case, the unit has been extended until 30th June 2023 and the capacity during this extension period will be divided between the three health boards in the region.

If extended, then the new contract for the Vanguard Unit will be for 7 days per week to maximise the use of the unit for the regional extension of the cataracts service.

The Vanguard Unit requires capital funding. 100% of the Vanguard capital will be funded through the regional business case but 62.5% of the capacity of for regional patients (12.5 sessions out of a possible 20 per week)

This split is based on the pre-covid sessions for cataracts for Cardiff and Value which are 7.5 sessions per week.

The benefits of retaining the Vanguard Unit include the stability of staff and retaining this well trained and experienced staffing group, the ability to treat more complex patients than the insourcing and outsourcing will enable, increasing the training opportunities available across the region and providing a solid foundation for the second sustainable phase of the cataracts expansion to be based.

Through this option The South Hub (Vanguard) would provide outpatient and inpatient provision for patients in the south of the region 7 days per week.

On weekdays the twin theatre unit will be staffed by Cardiff staff. These 20 sessions will be split, 7.5 for CAV and 12.5 for regional patients. On the weekends the provision in the vanguard unit will be staffed via an insourcing company.

### Impact on Cardiff Waiting List position

The predicted planned waiting list position at the end of June 2024 will be 0 outpatients waiting over 78 weeks and 0 treatments waiting over 78 weeks. This is based on core capacity of 7.5 outpatients' sessions per week, 7.5 treatment sessions per week along with 15% of regional capacity, insourcing and outsourcing contracts being in place as per implementation plan.

Cardiff is predicted to achieve 78 weeks earlier than June. To maintain the 78 week position Cardiff would require capacity for 182 outpatients per month and 199 treatment per month (this includes 2<sup>nd</sup> eyes), maintaining this activity through Cardiff core capacity.

There is high confidence of delivering the core capacity within Cardiff, however at the time of writing this report no contracts have been awarded for insourcing and outsourcing and it is highly likely that the implementation dates for this additional capacity, outside of the weekday vanguard sessions, will be delayed.

The regional plan is based on stabilising waiting lists across the region working to one combined waiting list. It is therefore important to note that as the waiting list progresses, the percentages are likely to change over time, reflecting demand.

### Financial

This proposal has a total revenue cost of £12.867m, split over two financial years. In addition, the costs of hiring the two mobile theatres will need to be capitalised in accordance with IFRS16. The capital cost is £2.4m.

The estimated financial commitment to Cardiff and Vale UHB is £2.290m, to include capital.

The revenue assessment includes an uplift of 5% in line with agreed pay award for 2023/24. There is no RPI commitment within the current mobile theatre contract.

The costs are summarised in the table below:-

	<b>2023/24</b> <b>£'m</b>	<b>2024/25</b> <b>£'m</b>	<b>Total</b> <b>£'m</b>
Revenue	8.859	4.008	12.867
Capital	1.600	0.800	2.400
<b>Total</b>	<b>10.249</b>	<b>4.808</b>	<b>15.267</b>

Cardiff and Vale will have lead responsibility for the mobile theatre lease and capital planning and financial arrangements on behalf of the South-East region.

### Key Benefits for CAV

- 100% of the Vanguard capital will be funded through the regional business case but 62.5% for the capacity of for regional patients (12.5 sessions out of a possible 20 per week)

- It is likely that the outpatient waiting times will be lower than the predicted 78 weeks and whilst not achieving 52 weeks the volumes will be significantly lower

### Key Risks for CAV

- Implementation of insourcing and outsourcing timescales are tight within the implementation plan
- Clarity required over roles and responsibilities of host organisation are required
- Single waiting list may impact on CAV patients waiting longer for treatment
- Sustainable solution for the region must be defined at pace in order to ensure implementation at the end of the 12 months (when Vanguard contract comes to an end)

### Recommendation:

The Finance Committee is requested to:-

#### A) **RECOMMEND** that the **BOARD**

1. **APPROVE** the Regional Cataracts Expansion Case subject to sign off of formal Memorandum of Understanding between the 3 Health Boards which mitigates Cardiff and Vale financial risk (to be agreed through the Regional Oversight Board);
2. **NOTE** the benefits and risks associated with the Regional Cataracts Expansion Business Case; and
3. **NOTE** the implications specific to Cardiff and Vale University Health Board.

### Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

Prevention		Long term		Integration	x	Collaboration	x	Involvement	
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### Impact Assessment:

*Please state yes or no for each category. If yes please provide further details.*

Risk: **Yes/No**

Outlined in the body of the report

Safety: **Yes/No**

Financial: <b>Yes/No</b>	
Risk and mitigation outlined in the body of the report	
Workforce: <b>Yes/No</b>	
There are additional workforce requirements as outlined within the case	
Legal: <b>Yes/No</b>	
Reputational: <b>Yes/No</b>	
Socio Economic: <b>Yes/No</b>	
Case is predicated on treating the longest waiting first regardless of home health board.	
Equality and Health: <b>Yes/No</b>	
Case is predicated on treating the longest waiting first regardless of home health board.	
Decarbonisation: <b>Yes/No</b>	
<b>Approval/Scrutiny Route:</b>	
Regional Delivery Board	6 <sup>th</sup> April
Regional Oversight Board	13 <sup>th</sup> April
CAV Investment Group	18 <sup>th</sup> April
CAV Senior Leadership Board	4 <sup>th</sup> May
Board	25 <sup>th</sup> May

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**Offthalmoleg Ardal  
De-ddwyrain Cymru  
South East Wales  
Regional Ophthalmology**

**Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg**

**University Health Boards**

**Business Case**

<b>Title</b>	Regional Cataracts Expansion Business Case		
		<b>Date Last Updated</b>	05/04/2023
<b>Accountable Executive</b>	Chris Dawson Morris, Director of Planning (AB)	<b>Lead /Project Manager</b>  <b>Clinical Lead</b>	Hannah Brayford, Programme Manager  Dr Rhianon Reynolds, Dr Siene Ng, Dr Anjana Haridas
<b>Clinical Service</b>	Planned Care, Ophthalmology		

## 1. Executive Summary

This Business Case seeks to provide a 14 month solution for additional regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region.

This additional capacity will provide a service for health board patients from Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards.

### Aims

The aims of the regional solution outlined in this business case are

- to enact a collaborative regional approach to recovery
- to provide additional regional capacity for cataract outpatient and inpatient stages
- to demonstrate optimal utilisation of our assets and resources across the region
- to address current waiting list backlogs
- to reduce clinical risk on an equitable basis across the region

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The Regional Ophthalmology Programme Board have also agreed a set of regional working principles on which the approach to expanding cataract capacity will be based.

- Treating the longest waiters first, regardless of their 'home' health board
- Using the outsourcing, insourcing, evenings and weekends capacity for less complex patients
- Adopting best practice guidance in all sites
- Adopting shared waiting list (PTL) management arrangements

Each health board is at a different starting point for their waiting list and this is reflected in the trajectories and projections. It is anticipated that as a result of this business case the following trajectories will be met:

- Aneurin Bevan: no patients waiting over 104 weeks for an outpatient appointment by the end of the funding period
- Cwm Taf Morgannwg: no patients waiting over 104 weeks for an outpatient appointment by the end of the funding period
- Cardiff and Vale: no patients waiting over 78 weeks for an outpatient appointment by the end of the funding period

### **Staged Delivery**

The Regional Ophthalmology Programme Board have agreed the following staged approach to delivering sustainable cataracts solutions in the region, whilst balancing the need to activate capacity quickly and reduce the rate that the backlog is growing. This business case represents the first stage.

- Stage 1 – A Business Case for maximising our existing assets and increasing capacity with a focus on recovery activity and reducing waiting lists to run for 14 months.
- Stage 2 – Developing sustainable staffing and clinical models for the region. For cataracts and VR in University Hospital Wales (UHW), Cardiff, and cataracts and VR referral pathways across the region. To include new staffing models, new clinical models and costings, this model will be operational on the conclusion of stage 1.

### **Demand and Capacity**

The region is presented with a sizable challenge for backlog, demand and capacity. Demand continues to outstrip capacity and is forecast to grow year on year.

- The total number of patients waiting for assessment and treatment for cataracts is forecast to reach over 19,000 by the end of March 2023.
- Demand across the region has returned to pre-pandemic levels and is forecast to be 9,960 per year for 23/24

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- The projected combined core capacity across the region for 23/24 with no further intervention is 5,940 treatments and assessments per year, broken down as follows
  - Aneurin Bevan UHB – 2,400
  - Cardiff and Vale UHB – 1,440
  - Cwm Taf Morgannwg UHB – 2,100

Eliminating the waiting list backlog in 23/24 would require a capacity of 28,960 in one year, almost five times the projected combined core capacity. With no further intervention the projected waiting list of 19,000 in March 2023 would therefore be over 23,000 by March 2024.

## **Delivery Assumptions**

### **Shared PTL**

To support a regional approach, the three health boards have agreed to pool their patient treatment lists (PTL) and adopt shared waiting list management arrangements for the allocation of the additional regional capacity. This will be supported by a regional booking team who will also manage the shared patient waiting list ensuring that the patients who have been waiting the longest are treated first, regardless of their 'home' health board.

### **North and South Hubs**

The geography of the region lends itself to distributing the capacity is across a North and South Hub model. This model that will keep service delivery closer to home and reduce patient travel as far as possible.

### **Insourcing and Outsourcing**

The capacity across the region can be rapidly increased by utilising the local opportunities for insourcing and outsourcing. These arrangements make the best use of our assets across the region for short-term flexible arrangements that protect our core capacity.

### **Patient Second Offer and Travel**

Patients will be offered the opportunity to travel to receive their assessment and treatment as part of the additional capacity arrangements where they may be able to be treated sooner. At a maximum travel would be 40 miles and 55 minutes by private car under normal traffic conditions and most of the patient travel will be shorter. Patients unable or unwilling to travel will keep their place on the waiting list and receive treatment from their home health board. A recent survey of 140 patients across the region shows that 71% of patients would be willing to travel.

### **Allocation by Health Board**

The table below shows the numbers of patients waiting and how this is split proportionally across the region. Data relates to August 2022 and includes the total number of patients waiting in each health board.

Patient Waits	Total			Over 52 weeks	
AB	7041	39%		2175	36%
CAV	4066	22%		891	15%
CTM	7103	39%		2939	49%
	18210			6005	

As a proportion of the patients waiting, 39% are from AB. 39% from CTM and 22% from CAV. When this is viewed as patients waiting at the end of the lists the proportions change and it is from this pool of patients that the additional capacity would be targeted.

Of this group of longer waiters 49% are from CTM, 36% from AB and 15% from CAV and this indicates how the additional capacity will be used.

## Options

To achieve the stated aims of the business case, the options need to:

- Be mobilised quickly
- Be deliverable with the resources available
- Protect the viability of the core capacity
- Keep patient travel to a minimum

The options are:

- **Option 1: Do nothing**
  - Core capacity 5,940 only
- **Option 2: Maximising the use of NHH and POWH**
  - North Hub: in NHH (1,610, weekdays NHS staff recruitment)
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: in POWH (3,558, for 1 NHS session and Evenings and Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 8,668 (plus 5,940 core is 14,608 total)
  - One theatre in NHH and twin theatres in POWH
- **Option 3a: Vanguard and NHH**
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: 12.5 sessions of Vanguard Unit (2,770 weekdays NHS staff)
  - South Hub: in UHW (1,500 Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 7700 (plus 6,120 core is 13,820 total)
  - One theatre in NHH and twin theatres in Vanguard
- **Option 3b: Vanguard and Maximising NHH**
  - North Hub: in NHH (1,610, weekdays NHS staff recruitment)
  - North Hub: in NHH (1,500 Weekend Insourcing)

- South Hub: 12.5 sessions of Vanguard Unit (2,770 weekdays NHS staff)
- South Hub: in UHW (1,500 Weekend Insourcing)
- Outsourcing (2,000)
- Total additional 9,310 (plus 7,140 core is 16,450 total)
- One theatre in NHH and twin theatres in Vanguard
  
- **Option 4: Weekend Insourcing and Outsourcing only**
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: in POWH (1,500 Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 5000 (plus 5,940 core is 10,940 total)
  - One theatre in NHH and twin theatres in POWH
  
- **Option 5: Outsourcing activity to external provider (s)**
  - Outsourcing (5,000)
  - Total additional 5000 (plus 5,940 core is 10,940 total)

**Options Summary**

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH **	Option 4 Weekends	Option 5 Outsourcing
North Hub: NHH Weekdays NHS Staff		1610		1610		
North Hub: NHH Weekends Insourcing		1500	1500	1500	1500	
South Hub: Vanguard Weekdays NHS Staff			2700	2700		
South Hub: Vanguard Weekends Insourcing			1500	1500		
South Hub: POWH Evenings insourcing (+1 NHS session)		2058				
South Hub: POWH Weekends Insourcing		1500			1500	
Outsourcing		2000	2000	2000	2000	5000
Total Additional	0	8668	7700	9310	5000	5000
Plus Core	5940	5940	6120	7140	5940	5940
<b>Total</b>	<b>5940</b>	<b>14608</b>	<b>13,820</b>	<b>16450</b>	<b>10940</b>	<b>10940</b>

\*Yellow – Provision on AB site, Blue – provision on CAV site, Green – provision on CTM site

\*\*Option 3b is for 14 months

**High level Financials**

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	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH*	Option 4 Weekends	Option 5 Outsourcing
Core Capacity	5,940	5,940	6,120	7,140*	5,940	5,940
Additional Regional Capacity	0	8668	7,700	9,310	5,000	5,000
Total Capacity	5,940	14,608	13,820	16,450	10,940	10,940
Total Revenue Costs	£0	£12.4m	£10.5m	£12.9m**	£7.5m	£7m
Total Capital Costs	£0	£0	£2.4m	£2.4m	£0	£0
Total Costs (Capital + Revenue)	£0	£12.4m	£12.9m	£15.3m	£7.5m	£7m
Cost per patient	n/a	£1,436	£1,672	£1,640	£1,504	£1,410

\*Option 3b is for 14 months

\*\*Costing for this option include 5% increase on all pay costs

### Waiting List Changes

The table below shows the impact of each of the options on the total size of the waiting list. The start position for each option is 19,000 patients waiting.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH*	Option 4 Weekends	Option 5 Outsourcing
Waiting list project end	23,046	14,352	15,186	14,168	18,483	18,483
Waiting list change from 19,000 baseline	+4,046	-4,648	-3,814	-4,832	-517	-517

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### Options Appraisal

The six options have been through an options appraisal process. An exercise was undertaken with each health board individually to score and assess each option against the business case aims and the principles of regional working in section 2.1 below and appendix two.

Weighting for the scoring was allocated as follows:

- Quality and Safety: 35%
- Effective use of resources: 10%
- Strategic Fit: 10%
- Sustainability: 15%
- Access: 10%
- Deliverability: 20%

Results of the appraisal process are shown below. All three health boards have selected the same option as the highest scoring option against the criteria. Results are shown below. Scores are out of 5, with the regional total out of 15.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH	Option 4 Weekends	Option 5 Outsourcing
Cardiff and Vale	1.65	3.10	4.00	4.25	1.85	1.65
Cwm Taf Morgannwg	1.60	4.30	3.70	4.35	2.30	2.00
Aneurin Bevan	1.80	3.35	3.30	3.55	2.15	2.15
Regional Total	5.05	10.75	11.00	12.15	6.30	5.80

### Preferred Option

The preferred option in this business case is Option 3b Vanguard and Max NHH

- South Hub Weekdays: Retaining the weekday 20 sessions in vanguard and using 7.5 sessions for CAV core capacity (1620 patients per year, funded by CAV) and 12.5 sessions for regional capacity (2700 patients per year, regionally funded, provided by NHS staff)
- South Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in Vanguard (UHW)
- North Hub Weekdays: 1610 outpatient assessment and inpatient procedures carried out in weekdays in NHH using NHS staffing
- North Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in NHH
- An additional 2,000 outsourced outpatient and inpatient procedures

- One theatre in NHH and twin theatres in Vanguard
- Total core 7,140 for 14 months (6,120 annual)
- **Plus 9,310 additional**
- **Total capacity 16,450 per year**
- Waiting list reduction 4,832 (from 19,000 to 14,168)
- Total costs: £15.3m
- Cost per patient: £1,640

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**Preferred Option Financials**

Option 3b: Use of NHH weekends and weekdays and Vanguard

Revenue Costs

2023/24

2024/25

TOTAL ACTIVITY TOTAL COST

Host Health Board	Delivery	Pre Go Live costs	Patients	Patients	Total Estimated Costs
Provider			Activity	Cost	
Cardiff and Vale	Insource Weekend		1,090	£1,731,622	£1,731,622
Cardiff and Vale	Weekday		2,025	£1,643,721	£1,643,721
Aneurin Bevan	Insource Weekend	£125,784	1,000	£1,328,411	£1,454,195
Aneurin Bevan	Weekday Capacity	£163,522	940	£1,082,215	£1,245,737
External	Outsource		1,334	1,861,757	£1,861,757
Regional Operational Team		£50,642		£871,566	£922,208
<b>TOTAL</b>		<b>£339,948</b>	<b>6,389</b>	<b>£8,519,293</b>	<b>£8,859,241</b>

Cost per Patient
Cost per case excl capital and pre go live
£1,589
£812
£1,328
£1,151
£1,396

Host Health Board	Delivery	Patients	Patients
		Activity	Cost
Cardiff and Vale	Insource Weekend	410	£651,344
Cardiff and Vale	Weekday	675	£547,907
Aneurin Bevan	Insource Weekend	500	£664,206
Aneurin Bevan	Weekday Capacity	670	£771,366
External	Outsource	666	£929,483
Regional Operational Team			£443,449
<b>TOTAL</b>		<b>2,921</b>	<b>£4,007,754</b>

Patients	Patients
Activity	Cost
1,500	£2,382,967
2,700	£2,191,628
1,500	£2,118,401
1,610	£2,017,103
2,000	£2,791,240
	£1,365,656
<b>9,310</b>	<b>£12,866,995</b>

Capital Costs Assumed to convert to revenue

Temporary Theatre @UHW	£1,600,000
<b>TOTAL COSTS</b>	<b>£10,459,241</b>

£800,000
£4,807,754

£2,400,000
£15,266,995

Anticipated Utilisation and commissioner share

AB	36%	£3,765,327
CAV	15%	£1,568,886
CTM	49%	£5,125,028

£1,730,792
£721,163
£2,355,800

£5,496,118
£2,290,049
£7,480,828

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## Financial Assumptions

### Key Assumptions

- Activity and cost is assumed to be utilised as per the 'long waiters' commissioner split in the business case. An indicative commissioner share of cost and activity is in the attached
- Some costs are now fully expected in 2023/24 where these are required as 'pre go live'. These relate to revenue equipment costs in AB.
- Vanguard and procurement costs are estimated based on current agreements and are therefore subject to possible variation
- The 'regional operational team' meets workforce expectations for the structure and requirements
- There is risk of recurrent recruitment costs if staff are permanently employed for a time limited project however there is an expectation of future service development
- Delivery plans and costings are estimated on the case mix complexity as outlined in the business case

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Report Title:	Development of Replacement Orthopaedic Theatres at UHL	Agenda Item no.	3.2
Meeting:	Finance & Performance Committee (Public session)	Meeting Date:	17 May 2023
Status (please tick one only):	Assurance	Approval	<input checked="" type="checkbox"/> Information
Lead Executive:	Abi Harris, Executive Director of Strategic Planning		
Report Author (Title):	Marie Davies, Deputy Director of Strategic Planning		

## Main Report

### Background and current situation:

The attached Outline Business Case (OBC) executive summary sets out the rationale for a proposed capital investment of £37.551m to enable the replacement of the existing theatres 5 and 6 within Cardiff and Vale Orthopaedic Centre (CAVOC) at the University Hospital of Llandough (UHL). The existing theatres 5 and 6 are no longer fit for purpose and cannot be utilised to deliver the clinical services required by the Health Board.

The SOC was previously approved by Welsh Government, with funding support to progress the OBC.

The scheme addresses:

- the replacement of 2 theatres (theatres 5 & 6 that were old reconditioned military field theatres) that have been subsequently decommissioned due to their failure to meet critical functional and environmental standards
- the essential improvement to two existing theatres already used by Orthopaedics within the main theatre complex to enable compliant laminar flow infrastructure to be installed in order to comply with the British Orthopaedic Association (BOA) report infection prevention and control improvement requirements.
- the main theatre complex will undergo internal reorganisation allowing for improved patient flow, infection control measures, and theatre efficiency. This addresses those points raised in both the GIRFT and BOA reviews.

This proposed replacement of un-useable theatre infrastructure and the upgrading of existing main theatre and recovery areas fits well with the UHB's long-term strategy for developing Llandough as our routine, low risk, elective facility for planned care and also aligns with and complements the national and regional orthopaedic network plans.

The modest revenue consequences of the scheme are directly associated with the change in the size of the footprint.

### Governance

The business case has been approved by the Health Board's Capital Management Group in January and by the Investment Group in February 2023.

The full OBC is available on request.

### Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- This scheme represents an excellent opportunity to provide integrated theatre infrastructure which is functionally compliant, fit for purpose to deliver local and - if required - regional orthopaedics surgical services. It will enable the full range of appropriate orthopaedic surgery to be provided on a safe and sustainable basis and will bring the UHB's elective orthopaedics

infrastructure capacity back to previous levels providing the opportunity to restore the balance in local demand and capacity.

**Recommendation:**

The Finance & Performance Committee is asked to:-

1. **NOTE** the contents of the attached OBC;
2. **RECOMMEND to BOARD to APPROVE** the submission of the OBC to Welsh Government with a recommendation for approval to progress to the next stage - Full Business Case.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

*Please tick as relevant*

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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**Impact Assessment:**

*Please state yes or no for each category. If yes please provide further details.*

**Risk: Yes/No**

Risk Potential Assessment has been undertaken, which considered the project risk in relation to strategic alignment, finance/funding, stakeholder engagement, governance, project dependencies, and concluded that the overall risk is **medium**

A project risk register has also been completed.

**Safety: Yes/No**

The capital design incorporates statutory health and safety requirements

**Financial: Yes/No**

Capital funding for this project is anticipated to come from the All Wales Capital Programme. The FBC sets out the rationale and capital costs for the theatres. Cardiff and Vale UHB has a robust project management structure in place to manage the project.

The revenue business case to support the MTC activity has been approved by WHSSC. A revenue business case for vascular activity is in development by the network and has been approved by the appropriate SE Wales health boards.

**Workforce: Yes/No**

The revenue business case was included in the vascular network business case and the MTC business case and will be subject to BCAG Approval prior to Board submission

Legal: Yes/No	
Reputational: Yes/No	
Socio Economic: Yes/No	
Socio-economic assessment undertaken as part of the EHIA	
Equality and Health: Yes/No	
A completed EHIA is appended to the main FBC document.	
Decarbonisation: Yes/No	
The capital design incorporates required decarbonisation measures	
<b>Approval/Scrutiny Route:</b>	
Committee/Group/Exec	Date:
Project Team	15 <sup>th</sup> September 2022
Capital Management Group	January 2023
Investment Group	February 2023
Senior Leadership Board	February 2023
Finance Committee	March 2023
CAV Board	May 2023
Submission to Welsh Government for scrutiny and approval	May 2023

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Cardiff and Vale  
University Health Board

# University Hospital Llandough - Theatre Development

## Outline Business Case Executive Summary (Document 1)

February 2023 – Final v9

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Cardiff and Vale  
University Health Board

## Document Information

Status	Final
Date	8 <sup>th</sup> February 2023
Authors	Adcuris/CVUHB
Circulation	CVUHB Project Team

Version	Date Issued	Summary of Change	Document Owner
Draft v1	10 <sup>th</sup> July 2020	First Draft OBC based upon SOC	Geoff Walsh
Draft v2	19 <sup>th</sup> January 2022	Review of strategic and economic cases	Geoff Walsh
Draft v3	24 <sup>th</sup> January 2022	Strategic case reviewed by clinical team and finance	Geoff Walsh
Draft v4	7 <sup>th</sup> December 2022	Finance section completed for CMG review	Geoff Walsh
Draft v5	16 <sup>th</sup> December 2022	Strategic Case updated and revenue added	Geoff Walsh
Draft v6	19 <sup>th</sup> December 2022	Revenue wording changed	Geoff Walsh
Draft v7	13 <sup>th</sup> January 2023	Updated following CMG comments	Geoff Walsh
Final draft v8	24 <sup>th</sup> January 2023	Capital charges added	Geoff Walsh
Final v9	8 <sup>th</sup> February 2023	Capital charges updated	Geoff Walsh

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# Executive Summary

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## 1.0 EXECUTIVE SUMMARY

### 1.1 Overview and Introduction

This Outline Business Case (OBC) seeks the approval for a capital investment of £37.551m to enable the replacement of the existing theatres 5 and 6 within Cardiff and Vale Orthopaedic Centre (CAVOC) at the University Hospital of Llandough (UHL). The existing theatres 5 and 6 are no longer fit for purpose and cannot be utilised to deliver the clinical services required by the Health Board. It has therefore been deemed that the only solution is a replacement to ensure the continuation of these services by the Health Board.

#### 1.1.1 Progress since the Strategic Outline Case

Since the submission of the SOC the scope of the project has changed and a decant ward is no longer included.

Also since the submission of the SOC the COVID pandemic has taken place. During the development of the preferred solution consideration has been given to the impact of this pandemic on healthcare services and where possible the design has been developed to facilitate the delivery of surgical services at UHL during a future pandemic scenario as well as offer potential capacity aligned with the emerging regional orthopaedic solution.

British Orthopaedic Association (BOA) also carried out an Elective Care Review (May 2021) of the orthopaedic services at UHL and made a range of important recommendations impacting the design solution in this business case.

### 1.2 Strategic Case

#### 1.2.1 The Strategic Context

The strategic drivers for this investment and plans include:

- National Strategies
  - National Clinical Strategy for Orthopaedic Surgery (NCSOS) (2022)
  - Getting it Right First Time (GIRFT) Orthopaedic Review (2022)
  - British Orthopaedic Association (BOA) Elective Care Review (May 2021)
  - Anaesthesia and Perioperative Medicine - GIRFT Programme National Specialty Report (September 2021)
  - NHS Wales Planning Framework (2022 – 2025)
  - Future Wales – The National Plan (2021)
  - NHS Wales Decarbonisation Strategic Delivery Plan (2021)
  - A More Equal Wales - The Socio-economic Duty (2021)
  - A Healthier Wales: Our Plan for Health and Social Care (2018)
  - Prudent Healthcare (2016)
  - Health and Care Standards (April 2015)
  - Digital First (2015)
  - Well-being of Future Generations (Wales) Act (2015)

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- Regional Strategies
  - The South East Regional Orthopaedic Programme
- Local Strategies
  - Shaping Our Future Wellbeing Strategy 2015 - 2025
  - Shaping Our Future Wellbeing - Future Hospitals Programme Business Case (2021)
  - Shaping Our Future Clinical Services Plan 2019 - 2029
  - 2023 – 2026 Integrated Medium Term Plan
  - Cardiff and Vale People and Culture Plan 2023 - 2026
  - Cardiff and Vale UHB Delivering Digital (2020)
  - Cardiff and Vale UHB Estates Strategy

### 1.2.2 The Case for Change

The Cardiff and Vale Orthopaedic Centre (CAVOC) has 4 laminar flow theatres and additional access to 1 non-laminar and 1 laminar flow theatre of the 4 existing theatres in “main theatres”. The CAV Orthopaedics service are therefore currently utilising 6 theatres on the UHL site - of which 5 have laminar flow and 1 does not.

The CAVOC theatre complex has recently been reviewed by the British Orthopaedic Association (BOA) (2021) and the GIRFT Wales wide initiative (2022). Concerns were raised regarding the increased infection risks associated with major joint arthroplasty performed in these theatres. The reports identified significant cross-infection risks with the patient pathways within the CAVOC and UHL main theatres footprint. As such, the number of laminar flow theatres suitable for major joint arthroplasty is further diminished, compounding those problems encountered from the loss of theatres 5 and 6.

The proposed development will replace CAVOC 5 & 6, restoring the UHL overall orthopaedic theatre capacity to that in 2019 when they were decommissioned i.e. 8 theatres. The replacement theatres will be large, laminar flow theatres, capable of accommodating revision arthroplasty surgeries in line with those recommendations made by the BOA (2021).

Furthermore, the two existing theatres already used by Orthopaedics within the main theatre complex will be have compliant laminar flow infrastructure installed to comply with the BOA report infection prevention and control improvement requirements.

Finally, the main theatre complex will undergo internal reorganisation allowing for improved patient flow, infection control measures, and theatre efficiency. This addresses those points raised in both the GIRFT and BOA reviews.

This scheme is essential to address the local and regional backlog of elective orthopaedic cases as described in the NCSOS report (2022). It is essential to note that this development should be viewed as supplementary to the emerging plan for a regional orthopaedic elective centre in line with the regional orthopaedic programme.

Further theatre reorganisation in the current CAVOC and Day Case theatres will permit improved access to day case theatre capacity and flexible theatre solutions for other surgical specialities. This will maximise theatre utility across the elective surgical specialities in UHL.

### 1.2.2.1 Potential Scope

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes
- An intermediate – essential and desirable requirements/outcomes
- A maximum – essential, desirable and optional requirements/outcomes

Minimum	Intermediate	Maximum
A theatre unit that meets minimum statutory requirements with regard to environmental standards	A theatre unit that meets statutory requirements with regard to environmental standards	A theatre unit that meets statutory requirements with regard to environmental standards, best practice models and addresses service model, known capacity issues and clinical flows
Sized to meet current demand	Sized to meet current demand and future demand	Sized to meet current, projected future and potential future demand (following outcome of regional reviews)

Executive Summary Table 1: Potential Scope

This project will take forward the intermediate scope which is to provide fit for purpose theatres which will deliver the current and future demand. The maximum scope has been excluded at this stage as the outcomes of the various workstreams will not be delivered within an acceptable timescale as there is some urgency around addressing the issues within the current theatres at UHL.

## 1.3 Economic Case

### 1.3.1 The Long List

Within the potential scope, the following options were considered using the options framework:

Option	Finding
<b>1.0 Scope</b>	
1.1 Do Nothing	Discounted (carried forward for comparative purposes)
1.2 Do Minimum	Discounted
1.3 Refurbish	Possible
1.4 Re-provide	Preferred

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2.0 Service Solutions	
2.1: New build at front of CAVOC	Possible
2.2: Two new builds either side of CAVOC	Discounted
2.3: New build at rear of CAVOC	Possible
2.4: Provide new build adjacent to the existing main theatres at UHL	Preferred
2.5: Departmental new build	Discounted
3.0 Service Delivery	
3.1 In House	Preferred
3.2 Partial Outsource	Discounted
3.3 Strategic Partnership	Discounted
4.0 Implementation	
4.1 Big Bang	Discounted
4.2 Phased	Preferred
5.0 Funding	
Only public funding has been considered as it has been agreed with Welsh Government that this project will be supported.	

Executive Summary Table 2: Summary of Long Listing

The main benefits are:

- To provide safe and appropriate environments of care for patients and improving the patient experience and for staff to work within
- Compliance with statutory standards and NHS guidance/best practice
- Improved environments to enable productivity gains
- Removal of various short life expectancy and inefficient plant and realised revenue benefits of new efficient M&E plant
- Improved waiting times

### 1.3.2 The Short List

In summary the short-listed options are:

- Option 0 – do nothing
- Option 1 – do minimum - replace the theatre plant and ducts and refurbish the existing theatres without altering the layout
- Option 2 – supply and install two modular laminar flow theatres adjacent to CAVOC with direct access utilising existing recovery and trolley bay area
- Option 3 – a modular building to provide staff changing facilities and provide two additional theatres within the existing footprint along with a reconfiguration of the department to improve flows and provide the appropriate recovery spaces
- Option 4 – a new build option to provide two laminar flow theatres, recovery and support accommodation adjacent to the existing main theatres

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### 1.3.3 Qualitative Benefits Appraisal Key Findings

A workshop event was held at University Hospital of Wales on the 3<sup>rd</sup> July 2017 to evaluate the qualitative benefits associated with each of the shortlisted options. The workshop was attended by project team members, service leads and clinical representatives.

Key considerations that influenced the scores achieved by the various options were as follows:

- Option 0 – do nothing, this option ranks 5<sup>th</sup> (last) of particular concern is the fact that it doesn't provide a safe environment and will continue to limit the available theatre capacity as theatres 5 and 6 are not fit for purpose;
- Option 1 – this option ranks 4<sup>th</sup>, whilst it resolves the immediate environmental concerns it does not provide a good medium/long term solution. Also, clinical staff have lost confidence in theatres 5 and 6 which were designed to last 7 years and have been in service some 20 years;
- Options 2 ranked 3<sup>rd</sup>. The main concern being the difficulty of breaking through to the existing department;
- Option 3 – this option ranks 2<sup>nd</sup> as it provides the appropriate departmental adjacencies and flows, it also provides the opportunity to reconfigure the waiting area and discharge lounge to improve flows and patient privacy;
- Option 4 – this option ranks 1<sup>st</sup> and is the preferred option as it provides two replacement laminar flow theatres in a location to create a six theatre main theatre suite at UHL to provide maximum flexibility and efficiency of service.

Option 4 is, therefore, the preferred option from a non-financial point of view.

### 1.3.4 Economic Appraisal Key Findings

The economic costs for the scheme are as follows:

Capital Costs at PUBSEC 250	Option 0	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000	£000
Works Costs	1196	2,646	16,713	16,134	20,433
Fees	199	441	2,916	2,814	3,682
Non-Works	215	302	1,315	1,066	2,036
Equipment Costs	698	800	2,200	2,460	2,200
Planning Contingency	231	419	2,314	2,247	3,620
Optimism Bias	0	0	3,847	4,259	6269
<b>Subtotal excluding VAT</b>	<b>2,539</b>	<b>4608</b>	<b>29,306</b>	<b>33,930</b>	<b>38,240</b>
VAT @ 20% less reclaimable	444	781	5,082	4,949	6,676
<b>OBC Total Capital Cost</b>	<b>2,983</b>	<b>5389</b>	<b>34,388</b>	<b>33,930</b>	<b>44,916</b>

Executive Summary Table 3: Economic Costs

On the basis of the economic appraisal undertaken:

- Option 0 (business as usual) is included for illustrative purposes only since it is not capable of delivering the required outputs

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- Since at this stage the appraisal only incorporates capital and lifecycle costs with little impact on revenue costs, the economic impact is largely a reflection of those cost inputs and Option 1 is the clearly preferred development option
- Options 2, 3 and 4 which reflect the capital investment are ranked in order therefore of capital investment largely based on the initial capital outlay

### 1.3.5 Preferred option – Conclusion

The preferred way forward is confirmed as Option 4, due to its capability of meeting the spending objectives and critical success factors of the project.

The works included within the preferred option are:

- Demolition of existing medical records & theatres 5 & 6 buildings to make way for a new 3 storey building housing at first floor level; two orthopaedic operating theatres with supporting accommodation, staff support & patient reception
- The building will connect to the existing day & orthopaedic theatres block, with first floor level refurbished as part of Phase 2 works, with two main theatres suites upgraded to provide compliant laminar flow functionality, the existing recovery ward capacity extended along with decant of the staff accommodation to make way for centralised storage space
- Enclosed plant space will be accommodated at second floor level
- The building will be constructed with open space at ground floor level for future fit out

## 1.4 Commercial Case

### 1.4.1 Procurement Strategy

The preferred procurement route is to use the NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework. The Supply Chain Partner (SCP) Wilmott Dixon has been appointed under the framework to develop both the design and construction of the proposed facility.

The procurement strategy is in line with the procedures and practices as laid down in the NHS Building for Wales framework.

### 1.4.2 Required Services

The required services are for the demolition of the existing German theatres block adjacent to main theatres at UHL, the delivery of two WHBN/WHTM compliant laminar flow theatres within the space along with additional recovery and support spaces.

### 1.4.3 Potential for Risk Transfer and Potential Payment Mechanisms

The general principle is to ensure that risks should be passed to “the party best able to manage them”, subject to value for money (VFM). The ongoing future management of risks during the life of the scheme, will generally follow the process described in the Management Case: Arrangements for Risk Management.

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The Health Board intends to make payments in respect of the proposed products and services as follows:

- Charging will be completed under the 'Building for Wales' Framework terms and conditions
- The contract will be managed by Cardiff and Vale University Health Board under the NEC3 Option C Target Cost Contract

## 1.5 Financial Case

A summary of the capital costs and depreciation for the preferred option is as follows:

Capital Costs	£000
Building/Engineering	34,912
Equipment Costs	2,640
<b>OBC Total Capital Cost</b>	<b>37,552</b>

Executive Summary Table 4

	£'000
Impairment	24,159
Depreciation - Building/Engineering	225
Depreciation – Equipment	528
Accelerated Depreciation	1,951
<b>Total Capital Charges/Depreciation</b>	<b>26,863</b>

Executive Summary Table 5: Summary of Capital Charges and Depreciation

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimated useful economic life provided by the District Valuer.

The following is a summary of the total impact of impairment and depreciation by year until the planned opening of the facilities:

	2028/29 £'000	2029/30 £'000
DEL Impairment	0	0
AME Impairment	24,159	0
<b>Total Impairment</b>	<b>24,159</b>	<b>0</b>
Depreciation – Build	169	225
Depreciation - Equipment	396	528
<b>Total Depreciation</b>	<b>565</b>	<b>753</b>

Executive Summary Table 6: Summary of Total Impact of Impairment / Depreciation Year on Year

This OBC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years provided in the table above.

### 1.5.1 Overall Affordability and Balance Sheet Treatment

It is assumed the impairment and recurrent charges for depreciation will be funded by Welsh Government.

There is no net additional direct service-related revenue costs as the proposals set out in this OBC relate to the re-provision of existing surgical capacity, with no additional service revenue required.

However, there is an additional annual cost of £284,000 for equipment servicing/maintenance - this is an estimate based upon 10% of the planned new equipment spend, which is typical of such cost.

There is a net additional revenue costs of £108,000 relating to Facilities Management.

Facilities Cost	Additional Annual £000s	Total Annual £000s
Business Rates	6	14
Energy	73	163
Estates Maintenance	8	18
Domestic Services	18	41
Security	1	1
Waste	2	2
<b>Total</b>	<b>108</b>	<b>239</b>

Executive Summary Table 7: Revenue Costs

The total additional revenue impact of commissioning these theatres will therefore be £392,000.

The cost of meeting the additional direct revenue costs can be met in a number of ways:

- The Health Board can include this cost within its planned care plan for increasing its surgical capacity in line with the ministerial requirement to reduce our local backlog
- The Health Board can include this cost within wider regional plans to increase the planned surgical capacity to meet the regional demand for additional capacity to reduce the regional backlog

Work is continuing to ensure that fully costed and affordable revenue plans will underpin the operationalisation of this capacity.

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

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## 1.6 Management Case

### 1.6.1 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

For the Health Board to successfully deliver this project, it is vital that the following overall approach is taken for the organisation and management of the project:

- The Health Board will adopt the general principles of PRINCE 2 methodology in managing the activities and outputs of the project and will meet the requirements of the WHC (2015): 012; Infrastructure Investment Guidance; and subsequent guidance which may be issued during the projects' lifespan
- The project will use NHS Wales standard documentation and products where these are available, and will seek to benefit from experience and best practice from other NHS Wales projects
- Specialist professional and technical advisers will be employed for those activities where the necessary skills and experience are not otherwise available to the project team. The transfer of skills and knowledge from specialist advisers to the project team will be achieved wherever possible and appropriate

The project structure has been well-defined and includes the following identified key roles:

- Investment Decision Maker
- Senior Responsible Owner
- Project Director
- Project Board
- Project Team
- Other Roles:
  - Capital Planning
  - Finance
  - Strategic Clinical Engagement
  - Workforce
  - IM&T

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
FBC submission to WG	May 2024
Commence construction	June 2024
Construction completion	April 2028
Facility operational	May 2028

Executive Summary Table 8: Key Project Milestones

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## 1.6.2 Benefits Realisation and Risk Management

A benefits realisation plan has been developed that outlines the key objectives, benefits and measures, which will be used to evaluate the project, it also shows who has the accountability for its realisation. The plan will ensure that the project is designed and managed in the right way to deliver quality and value benefits to patients, staff and the local community. The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The key risks of the preferred option have been assessed and strategies for managing them outlined. An initial risk register has been developed for the preferred option which includes all risks identified to date.

### 1.6.2.1 Gateway Review Arrangements

Gateway Reviews undertaken across the health service have identified a range of common deficiencies within projects. The impact of the project has been scored against the risk potential assessment (RPA) and a RPA stage 1 form has been completed.

## 1.6.3 Post Project Evaluation Arrangements

The Health Board is committed to ensuring that positive lessons are learned through full and effective evaluation of key stages of the project. This learning will be of benefit to the Health Board in undertaking future projects, and potentially to other stakeholders and the wider NHS. The Health Board has therefore identified a robust plan for undertaking PPE in line with current guidance, which is fully embedded in the project management arrangements of the project.

## 1.7 Recommendation

This scheme represents an excellent opportunity to provide integrated theatre infrastructure which is functionally compliant, fit for purpose to deliver local and - if required - regional orthopaedics surgical services. It will enable the full range of appropriate orthopaedic surgery to be provided on a safe and sustainable basis and will bring the UHB's elective orthopaedics infrastructure capacity back to previous levels providing the opportunity to restore the balance in local demand and capacity. Without this scheme, the waiting list backlog will continue to grow.

It is therefore recommended that subject to Welsh Government approval, the Cardiff and Vale University Health Board approve this Outline Business Case to enable full contracts with the Supply Chain Partner to be entered and further development of this project to progress to Full Business Case stage.

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Report Title:	<b>2022-23 Month 12 Monthly Financial Monitoring Return</b>			Agenda Item no.	4.1
Meeting:	<b>Finance and Performance Committee</b>	Public	X	Meeting Date:	<b>17<sup>th</sup> May 2023</b>
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	X
Lead Executive:	<b>Executive Director of Finance</b>				
Report Author (Title):	<b>Deputy Director of Finance</b>				
<b>Main Report</b>					
Background and current situation:					
<b>SITUATION</b>					
<p>WHC (2022) 013 - Welsh Government 2022/23 Monthly Financial Monitoring Return (MMR) Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C,C1,C2 &amp; C3) in order to provide the Committee with transparency on the submission made to the Welsh Government.</p> <p>A draft of the MMR is attached in lieu of submission of the return in line with the Welsh Government timetable.</p>					
<b>Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:</b>					
The extract from the UHBs Monthly Financial Monitoring Return is provided for information and assurance.					
<b>Recommendation:</b>					
The Committee is requested to:					
<b>a) NOTE</b> the extract from the UHB's draft Monthly Financial Monitoring Return.					
<b>Link to Strategic Objectives of Shaping our Future Wellbeing:</b>					
<i>Please tick as relevant</i>					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people		7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us		X	
5. Have an unplanned (emergency) care system that provides the right care in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
<b>Five Ways of Working (Sustainable Development Principles) considered</b>					
<i>Please tick as relevant</i>					
Prevention		Long term	X	Integration	
				Collaboration	
				Involvement	

**Impact Assessment:**

*Please state yes or no for each category. If yes please provide further details.*

Risk: No

Safety: No

Financial: Yes

As detailed above.

Workforce: No

Legal: No

Reputational: Yes

Yes, if forecast financial position is not delivered.

Socio Economic: No

Equality and Health: No

Decarbonisation: No

**Approval/Scrutiny Route:**

Finance and  
Performance  
Committee

Date: 17<sup>th</sup> May 2023

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## THE WELSH GOVERNMENT FINANCIAL COMMENTARY

### FINANCIAL POSITION FOR THE TWELVE MONTH PERIOD ENDED 31<sup>st</sup> MARCH 2023

#### INTRODUCTION

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2022 and a revised plan on 30 June 2022. The plan is structured in three parts, in line with Welsh Government discussions, as follows:

- Core Financial Plan including recovery
- Exceptional inflationary cost increases
- Ongoing COVID response costs (Local and Welsh Government Covid Programmes)

The initial 2022-23 planning deficit was £20.8m. The Board agreed and submitted a revised plan in June incorporating additional savings totaling £3.7m, resulting in a revised planning deficit of £17.1m.

In line with guidance from Welsh Government, the UHB's plan also anticipated Welsh Government funding for the three National Inflationary Pressure exceptional costs as outlined below:

- 1) Energy costs where the planning assumption was based on a mid-range estimate from Shared services at £20.9m.
- 2) Employers NI cost of £6.9m.
- 3) The impact of paying Real Living Wage (RLW) for staff working within social care and Third Sector currently estimated at £2.9m.

The exceptional cost funding for the Employers NI Levy, Energy and the RLW have now been confirmed in line with costs.

In addition to the core plan the UHB assumed funding for:

- Ongoing Covid local response costs as defined by updated 2022/23 Welsh Government definitions. This funding was issued for the year based on the month 10 forecast.
- Central Covid programme funding as informed by the Welsh Government Allocation Letter to include TTP, MVC, PPE and Flu

costs incurred within health boards. This funding was issued for the year based on the month 10 forecast.

The UHB submitted a final financial plan for 2022/23 at the end of quarter 1 with a planned deficit of £17.1m.

A number of cost pressures emerged or increased in the year that were not foreseen in the original financial plan. These placed the UHB's ability to remain within the revised plan's forecast £17.1m deficit under severe pressure causing the UHB to reassess the most likely year end out-turn.

**These concerns were shared with Welsh Government colleagues in the mid-year review meeting with the Financial Delivery Unit on the 10th November 2022 and were discussed through the UHB's governance structure, including the Finance Committee and Board, during November. The UHB revised its forecast to a deficit of £26.9m.**

At month 12, the UHB is overspent by £26.789m against its core financial plan. £17.100m of this is planned as part of the underlying financial deficit, £9.689m is an unplanned operational overspend.

In addition, the UHB reports that it has incurred additional costs in the year to date, for which it has received funding of:

- Exceptional Cost Pressures £20.364m
- Local Covid response including Cleaning Standards £35.492m
- Central Welsh Government Covid Programmes £17.658m
- Welsh Government Specific Covid Funding streams £3.562m

## BACKGROUND

The revised Core Financial Plan submitted to Welsh Government at the end of June is provided in Table 1.

**Table 1: 2022/23 Core Draft Plan**

	<b>2022/23 Plan £m</b>
Underlying deficit from 2020/21 Plan	(4.0)
Adjustment for non-recurrent items in 2020/21 and 2021/22	(25.7)
<b>b/f underlying deficit</b>	<b>(29.7)</b>
Allocation uplift (including LTA inflation)	29.8
Capped cost pressures assessment recurrent	(31.8)
Capped cost pressures assessment non-recurrent	(1.1)
Investment reserve	(4.0)
<b>2022/23 Planned Surplus/(Deficit) before efficiency programme</b>	<b>(36.8)</b>

<b>Efficiency Programme of 2%</b>	
Recurrent cost improvement plans (1.5% in 22/23)	12.0
Non Recurrent cost improvement plans (0.5% in 22/23)	4.0
<b>Planned Surplus/(Deficit)</b>	<b>(20.8)</b>
Financial Recovery Plans	3.7
<b>Planned Surplus/(Deficit)</b>	<b>(17.1)</b>

This represents the core financial plan of the Health Board which:

- delivers the best possible end of year position of a £17.1m deficit in 2022/23
- reduces the UHB's underlying deficit from £29.7m to £20.0m in 2022/23 and over the subsequent two years removes the underlying deficit;
- manages exceptional cost pressures and reduces and exits the significant costs introduced as a result of the pandemic, limiting any impact on the underlying deficit.

The UHB also expected additional costs and funding in respect of:

- Exceptional costs from National Inflationary pressures.
- Local Covid response costs
- Welsh Government national COVID programmes.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Core Financial Plan, which includes a planning deficit

of £17.1m for 2022-23. This report details the financial position of the UHB for the period ended 31<sup>st</sup> March 2023.

The UHB has separately identified non COVID 19 and COVID 19 expenditure against its submitted plan in order to assess the financial impact of COVID 19.

A full commentary has been provided to cover the tables requested for the month 12 financial position.

The response to the queries raised in the month 11 financial monitoring returns is set out in an attachment to this commentary.

### **MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN and UNDERLYING POSITION (TABLE A & A1)**

Table A sets out the financial plan and latest position at month 12 for which the following should be noted:

- The UHB's initial £16m 2022/23 savings target is reported on lines 8,9 & 13;
- The forecast position reflects the assessed COVID 19 response and national programme costs in Table B3 and assumes that additional Welsh Government Funding will be provided to match the costs;
- The bought forward underlying deficit is £29.7m as outlined in the draft financial plan.

The identification and delivery of the initial £12m (1.5%) recurrent savings target and the further £3.7m of recurrent transformational schemes is key to delivery of the planned in year and underlying position.

The recurrent impact of cost pressures which have emerged in year are being assessed in the development of the 2023/24 Financial Plan. The current draft of the plan incorporates an underlying deficit of £40.3m moving into 2023/24 as follows:

	Draft Plan £m
<b>Forecast Financial Surplus / (Deficit) 2022/23</b>	<b>(26.9)</b>
<b>Adjustments</b>	
Shortfall against 22/23 recurrent savings programme	(2.9)
Non recurrent delivery of savings target as per 22/23 plan	(4.0)
Non recurrent cost pressure as per 22/23 plan - additional bank holiday	1.1
FYE Cost pressures:	0.0
LTA framework	(1.6)
FYE CHC / FNC 22/23 uplift	(0.7)
Net workforce run rate increase - Specialist	(1.1)
Net workforce run rate increase - Midwifery	(0.7)
FYE CHC growth 22/23	(3.4)
<b>Underlying Surplus / (Deficit) c/f carried forwards from 2022/23 £m</b>	<b>(40.3)</b>

The represents the UHB's initial planning assessment and is subject to discussion during the 2023/24 IMTP submission.

## OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

The UHB's provisional year end position is a £26.789m deficit which is subject to External Audit scrutiny and review. At this point in time the UHB does not expect any risks to materially affect the reported year end position

## ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year end surplus of £26.789m and reflects the analysis contained in the annual operating plan in Table A. A summary of the year to date position and the forecast year end deficit of £26.789m is shown in Table 2 below.

**Table 2: Summary Financial Position for the period ended 31<sup>st</sup> March 2023**

	Cumulative to Month 12 £m
Planned deficit	17.100
Operational position (Surplus) / Deficit	9.689
<b>Financial Position £m (Surplus) / Deficit £m</b>	<b>26.789</b>

The month 12 deficit of £26.789m comprised of the following:

- £17.1m planned deficit
- £9.689m adverse variance against plan.

The operational variance deteriorated by £0.726m in month from £8.963m at Month 11 to £9.689m. Pressures continue to be reported in nursing, medical staffing, mental health continuing healthcare placements.

A central focus of Executive Performance Reviews with the UHBs Clinical Boards has been on the remedial actions and additional savings that are needed to mitigate and address these cost pressures.

The UHB continues to face a significant challenge as it delivers services from an operational footprint that is still predominantly designed to address Covid demands and infection control. The contractual obligations to deliver improved throughput has re-introduced pre-pandemic performance arrangements for under delivery of patient activity. In particular, WHSSC commissioned specialties operate to sensitive contract parameters that include high marginal rates for under and over performance.

Welsh Government funding provided cover for additional Covid costs and exceptional inflationary costs arising up to month 12.

### **PAY & AGENCY (TABLE B2)**

The UHB recorded Agency costs of £4.670m in month primarily due to nursing pressures and this represents an increase of £2.362m from the £2.308m recorded in month 11. £2.658m of the costs recorded in March related to registered nursing and midwifery.

### **COVID 19 ANALYSIS (TABLE B3)**

At month 12, Table B3 reported net expenditure due to COVID-19 to be £56.712m. This includes expenditure related to the Covid funding for the Dental Income Target (£1.859m), Long Covid (£0.749m), Anti-viral (£0.250m), Vaccine Allergy (£0.184m) and Nosocomial Covid 19 (£0.520m) allocations.

Year to date and forecast Covid Expenditure is summarised in Table 3 below.

**Table 3: Summary of Forecast COVID 19 Net Expenditure**

	Month 12 £m	Forecast Year-End Position @ Month 11 £m	Change in Forecast Year- End Position in month £m
COVID 19 Testing	1.159	1.159	0.000
COVID 19 Tracing	4.427	4.427	0.000
COVID 19 Vaccination	7.851	7.851	0.000
Extended Flu Vaccination	1.243	1.243	0.000
PPE	2.978	2.978	0.000
<b>Sub Total National Programmes</b>	<b>17.658</b>	<b>17.658</b>	<b>0.000</b>
Cleaning Standards	2.800	2.800	0.000
COVID 19 Local Response	32.692	32.692	0.000
<b>Sub Total Local response including Cleaning Standards</b>	<b>35.492</b>	<b>35.492</b>	<b>0.000</b>
Dental Income; Long Covid; Anti-Viral; Allergy Advice and Nosocomial	3.562	3.562	0.000
<b>Total COVID Expenditure £m</b>	<b>56.712</b>	<b>56.712</b>	<b>0.000</b>

The UHB forecast is broadly in line with the confirmed Welsh Government COVID Funding totaling £56.783m.

**Table 4: Exceptional Inflationary Pressures**

	Month 12 £m
<b>Incremental costs in 2022/23</b>	<b>£m</b>
Energy/Fuel	14.119
National Insurance Levy	3.345
Living Wage - Social Care	2.900
<b>Total Exceptional Costs Expenditure £m</b>	<b>20.364</b>
<b>Sub Total Exceptional Cost funding confirmed/assumed £m</b>	<b>20.364</b>

The reported incremental cost of energy is £14.119m based on the month 12 schedule issued by NWSSP. A planning estimate of £20.9m for exceptional energy costs was included in the initial draft plan.

Funding for the NI Levy and Living wage is in line with the UHB's forecast costs.

The UHB exceptional costs are in line with the confirmed Welsh Government Funding totaling £20.364m.

**Savings Programme 2022-32 (TABLE C, C1 & C2)**

At month 12, the UHB had identified £19.343m of savings to deliver against the revised £19.400m savings target leaving a further £0.057m schemes unidentified.

Overall performance in the identification of savings schemes is outlined in table 5 below:

**Table 5: Savings Schemes**

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	19.400	19.343	(0.057)

## INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The current status of Welsh LTA agreements is as follows:

- Aneurin Bevan – The LTA is agreed and signed.
- Swansea Bay – The LTA is agreed and signed.
- Hywel Dda – The LTA is agreed and signed.
- Powys – The LTA is agreed and signed.
- Cwm Taf Morgannwg – The LTA is agreed and signed.
- WHSSC – The LTA is agreed and signed.
- Velindre – The LTA is agreed and signed.

## INCOME ASSUMPTIONS 2022/23 (TABLE E)

Table E outlines the UHB's 2022/23 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this cost, which was assessed at £0.222m in the previous financial year.

## BALANCE SHEET - STATEMENT OF FINANCIAL POSITION (TABLE F)

The opening balances at the beginning of April 2022 reflect the closing balances in the 2021/22 Annual Accounts approved by the UHB's Board.

The increase in the carrying value of property, plant & equipment since the start of the year is partially due to the impact of District Valuers Quinquennial

Revaluation of the NHS Estate with the balance due to the year to date capital programme spend.

### **CASH FLOW (TABLE G)**

The closing cash balance at the end of March was £2.845m.

The UHB remain within its authorised cash limit and maintained a positive cash balance in year.

### **PUBLIC SECTOR COMPLIANCE (TABLE H)**

The UHB's public sector payment compliance performance has met the annual target of 95%. Performance for the 12 months to the end of March was 95.2% following an in month improvement of 0.9%.

The improvement in performance, was in part, a result of a number of adjustments identified by the NWSSP Procurement Team, from across the year, which in turn have led to an improvement in reported performance

### **CAPITAL SCHEMES (TABLES I & J)**

C&V successfully delivered its £50.410m Capital programme in 2021/22 with a surplus of £0.088m against the allocation.

This was an exceptional achievement by the UHBs Procurement and Capital Team with the programme heavily weighted to the end of the year and delivered in March.

The CRL reflects the Welsh Government letter issued on the 14<sup>th</sup> April 2023.

### **AGED WELSH NHS DEBTORS (TABLE M)**

At the 31<sup>st</sup> March 2023 there were no invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks.

### **GMS & DENTAL (TABLE N & O)**

The cumulative position for GMS & Dental is reported at Tables N & O.

### **OTHER ISSUES**

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns were taken to the 19<sup>th</sup> April 2023 meeting of the Finance Committee for information.

## CONCLUSION

The UHB submitted a draft financial plan at the end of March 2022 and a revised plan at the end of quarter 1 in line with the Welsh Government timetable.

The UHB had a one year draft financial plan for 2022-23 which aimed to deliver financial stability, deliver a deficit of £17.1m and ensure that the underlying position is reduced. This included an initial savings target of £16.0m and a further target of £3.4m.

At the beginning of 2022/23 the UHB had a brought forward underlying recurrent deficit of £29.7m, as a consequence of the recurrent cost pressures which have emerged in year, the underlying deficit has increased to £40.3m.

The UHB has delivered a £26.788m deficit, which is consistent with the UHBs control total agreed with Welsh Government



.....  
**SUZANNE RANKIN**  
**CHIEF EXECUTIVE**

2<sup>nd</sup> May 2023



.....  
**CATHERINE PHILLIPS**  
**EXECUTIVE DIRECTOR OF**  
**FINANCE**

2<sup>nd</sup> May 2023

Cardiff & Vale ULHB

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Mar 23

This Table is currently showing 0 errors

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

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-29,700	0	-29,700	-29,700
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-92,708	-1,125	-91,583	-91,583
3 Planned Expenditure For Covid-19 (Negative Value)	-67,582	-67,582		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	77,781	0	77,781	77,781
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	67,582	67,582		
6 Planned Provider Income (Positive Value)	7,827	0	7,827	7,827
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	13,064	7,942	5,123	6,218
9 Planned (Finalised) Net Income Generation	90	0	90	92
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	2,849	0	2,849	5,610
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>-20,797</b>	<b>6,817</b>	<b>-27,614</b>	<b>-23,755</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	-2,849	0	-2,849	-5,610
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	793	793		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	106	65	42	49
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-583	-126	-457	0
20 Additional In Year Identified Savings - Forecast	5,760	3,005	2,755	6,121
21 Variance to Planned RRL & Other Income	0	0		
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	-10,785	-10,785		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	10,871	10,871		
25 In Year Accountancy Gains (Positive Value)	593	593	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-452	-452		
27 Additional savings to be identified	0	0		
28 Transformational Savings (£3.4M) & Reduction on Investments	300	0	300	300
29 Roundings	3	3		
30 Prescribing	-3,050	-3,050		
31 CHC	-3,840	-3,840		
32 Loss of Income	-1,335	-1,335		
33 Other cost pressures including Fire Safety	-3,824	-3,824		
34 Actions to manage Operational Position	2,300	2,300		
35 New Recurring effect of unmitigated cost pressures	0	0		-17,404
36 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>-26,789</b>	<b>1,033</b>	<b>-27,823</b>	<b>-40,300</b>
37 <b>Covid-19 - Forecast Outturn (- Deficit / + Surplus)</b>	<b>85</b>			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-2,475	-29,700	-29,700
2	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-7,726	-92,708	-92,708
3	-5,988	-5,801	-5,822	-5,416	-5,290	-5,480	-5,541	-5,814	-5,731	-5,759	-5,556	-5,385	-67,582	-67,582
4	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	77,781	77,781
5	5,988	5,801	5,822	5,416	5,290	5,480	5,541	5,814	5,731	5,759	5,556	5,385	67,582	67,582
6	652	652	652	652	652	652	652	652	652	652	652	652	7,827	7,827
7	296	27	-20	-15	-48	-83	5	-25	-38	-27	-27	-45	0	0
8	1,030	1,041	1,087	1,082	1,114	1,149	1,061	1,091	1,105	1,094	1,094	1,114	13,064	13,064
9	7	7	7	8	8	8	8	8	8	8	8	8	90	90
10													0	0
11													0	0
12													0	0
13		259	259	259	259	259	259	259	259	259	259	259	2,849	2,849
14	<b>-1,733</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,734</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,733</b>	<b>-1,731</b>	<b>-20,797</b>	<b>-20,797</b>
15	0	-259	-259	-259	-259	-259	-259	-259	-259	-259	-259	-259	-2,849	-2,849
16						113	113	113	113	113	113	113	793	793
17													0	0
18	0	3	4	4	4	22	11	11	11	11	11	12	106	106
19	-2	-2	-14	-29	-48	-32	-70	-87	-88	-93	-76	-42	-583	-583
20	32	120	220	189	224	196	409	896	793	908	873	901	5,760	5,760
21													0	0
22	0	-592	-988	-709	-966	-101	-488	-1,633	-1,227	-2,024	-1,537	-520	-10,785	-10,785
23													0	0
24	-1	592	988	709	966	101	488	1,633	1,227	2,024	1,537	606	10,871	10,871
25	139	50	328	65	0	0	11	0	0	0	0	0	593	593
26	-155	-458	-427	-360	160	-1,462	-1,104	-1,658	6,168	332	52	-1,540	-452	-452
27	-171	171											0	0
28												300	300	300
29	2	0	0	0	0	0	0	0	0	0	0	0	3	3
30									-2,288	-254	-254	-254	-3,050	-3,050
31									-2,880	-320	-320	-320	-3,840	-3,840
32									-1,001	-111	-111	-111	-1,335	-1,335
33									-2,888	-319	-319	-319	-3,824	-3,824
34									1,687	-201	-218	1,032	2,300	2,300
35													0	0
36	<b>-1,888</b>	<b>-2,108</b>	<b>-1,881</b>	<b>-2,122</b>	<b>-1,653</b>	<b>-3,155</b>	<b>-2,623</b>	<b>-2,717</b>	<b>-2,344</b>	<b>-1,926</b>	<b>-2,241</b>	<b>-2,131</b>	<b>-26,789</b>	<b>-26,789</b>
37	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>86</b>	<b>85</b>	<b>85</b>

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

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		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				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	CHC and Funded Nursing Care	Budget/Plan	50	50	65	65	65	65	65	65	65	65	65	750	750		750	0				
2		Actual/F'cast	50	50	65	72	90	100	100	100	125	141	141	142	1,175	1,175	100.00%	1,175	0	450	725	1,224
3		Variance	0	0	0	7	25	35	35	35	60	76	76	77	425	425	56.62%	425	0			
4	Commissioned Services	Budget/Plan	4	4	4	4	4	4	4	4	4	4	4	50	50		50	0				
5		Actual/F'cast	4	4	4	4	4	4	4	4	4	4	4	5	51	51	100.00%	51	0	0	51	200
6		Variance	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2.00%	1	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	74	74	88	101	126	169	168	198	212	198	198	214	1,822	1,822		1,822	0			
8		Actual/F'cast	74	74	107	91	97	160	120	134	151	136	153	207	1,505	1,505	100.00%	1,505	0	106	1,399	3,027
9		Variance	0	0	19	(10)	(30)	(10)	(48)	(64)	(60)	(62)	(45)	(7)	(317)	(317)	(17.42%)	(317)	0			
10	Non Pay	Budget/Plan	647	647	656	675	672	673	584	584	584	582	582	582	7,467	7,467		7,467	0			
11		Actual/F'cast	672	738	806	765	763	771	897	1,395	1,272	1,355	1,320	1,335	12,088	12,088	100.00%	12,088	0	8,364	3,725	5,830
12		Variance	26	91	150	91	90	98	313	811	688	773	738	753	4,621	4,621	61.88%	4,621	0			
13	Pay	Budget/Plan	255	265	274	237	246	238	240	240	240	244	244	249	2,975	2,975		2,975	0			
14		Actual/F'cast	260	293	312	311	337	278	279	268	258	272	272	283	3,422	3,422	100.00%	3,422	0	1,901	1,521	2,057
15		Variance	5	28	37	73	90	41	39	28	18	28	28	34	447	447	15.04%	447	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	1,030	1,041	1,087	1,082	1,114	1,149	1,061	1,091	1,105	1,094	1,094	1,114	13,064	13,064		13,064	0			
20		Actual/F'cast	1,061	1,159	1,294	1,243	1,290	1,313	1,400	1,900	1,810	1,908	1,890	1,973	18,241	18,241	100.00%	18,241	0	10,820	7,421	12,339
21		Variance	30	119	206	161	176	164	338	809	705	814	796	858	5,177	5,177	39.62%	5,177	0			
22	Variance in month	2.94%	11.41%	18.97%	14.83%	15.77%	14.25%	31.86%	74.09%	63.82%	74.44%	72.81%	77.03%	39.62%								
23	In month achievement against FY forecast	5.81%	6.36%	7.09%	6.81%	7.07%	7.20%	7.67%	10.42%	9.92%	10.46%	10.36%	10.82%									

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Table C1- Savings Schemes Pay Analysis

Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000	
1	Changes in Staffing Establishment	Budget/Plan	135	136	135	94	98	98	100	100	100	104	104	109	1,314	1,314		1,314	0				
2		Actual/F'cast	140	142	153	148	149	120	121	120	120	124	124	133	1,592	1,592	100.00%	1,592	0	680	912		1,079
3		Variance	5	7	18	54	51	22	20	19	19	19	19	23	278	278	21.19%	278	0				
4	Variable Pay	Budget/Plan	53	56	56	56	56	56	56	56	56	56	56	57	674	674		674	0				
5		Actual/F'cast	53	56	56	56	71	59	59	59	59	59	59	60	710	710	100.00%	710	0	512	198		202
6		Variance	0	0	0	0	15	3	3	3	3	3	3	3	36	36	5.28%	36	0				
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Agency / Locum paid at a premium	Budget/Plan	4	4	4	10	10	10	10	10	10	10	10	10	100	100		100	0				
11		Actual/F'cast	4	4	4	10	10	10	10	10	10	10	10	10	100	100	100.00%	100	0	0	100		100
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
13	Changes in Bank Staff	Budget/Plan	3	3	3	3	3	3	3	3	3	3	3	3	35	35		35	0				
14		Actual/F'cast	3	3	3	3	3	3	3	3	3	3	3	3	35	35	100.00%	35	0	0	35		35
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
16	Other (Please Specify)	Budget/Plan	60	66	76	74	80	71	71	71	71	71	71	71	852	852		852	0				
17		Actual/F'cast	60	87	95	94	104	86	86	76	76	76	76	78	985	985	100.00%	985	0	709	276		641
18		Variance	0	21	19	19	24	15	15	5	(5)	5	5	7	133	133	15.66%	133	0				
19	Total	Budget/Plan	255	265	274	237	246	238	240	240	240	244	244	249	2,975	2,975		2,975	0				
20		Actual/F'cast	260	293	312	311	337	278	279	268	258	272	272	283	3,422	3,422	100.00%	3,422	0	1,901	1,521		2,057
21		Variance	5	28	37	73	90	41	39	28	18	28	28	34	447	447	15.04%	447	0				

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 YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	4	4	4	10	10	10	10	10	10	10	10	10	100	100		100	0				
2		Actual/F'cast	4	4	4	10	10	10	10	10	10	10	10	10	100	100	100.00%	100	0	0	100		100
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
13	Total	Budget/Plan	4	4	4	10	10	10	10	10	10	10	10	10	100	100		100	0				
14		Actual/F'cast	4	4	4	10	10	10	10	10	10	10	10	10	100	100	100.00%	100	0	0	100		100
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				

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Table C3 - Tracker

	E'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	1,030	1,041	1,087	1,082	1,114	1,149	1,061	1,091	1,105	1,094	1,094	1,114	13,064	13,064	7,942	5,123	1,095	6,218
	Month 1 - Actual/Forecast	1,029	1,039	1,074	1,053	1,066	1,117	991	1,005	1,017	1,000	1,018	1,072	12,481	12,481	7,816	4,666	1,552	6,218
	Variance	(2)	(2)	(14)	(29)	(48)	(32)	(70)	(87)	(89)	(93)	(76)	(42)	(583)	(583)	(126)	(457)	457	0
	In Year - Plan	32	120	220	189	224	196	409	896	798	908	873	901	5,765	5,765	3,005	2,760	3,357	6,118
	In Year - Actual/Forecast	32	120	220	189	224	196	409	896	793	908	873	901	5,760	5,760	3,005	2,755	3,366	6,121
	Variance	0	0	0	0	0	0	0	0	(5)	0	0	0	(5)	(5)	0	(5)	8	3
	Total Plan	1,062	1,161	1,307	1,272	1,338	1,345	1,470	1,987	1,903	2,002	1,966	2,015	18,830	18,830	10,946	7,883	4,452	12,336
	Total Actual/Forecast	1,061	1,159	1,294	1,243	1,290	1,313	1,400	1,900	1,810	1,908	1,890	1,973	18,241	18,241	10,820	7,421	4,918	12,339
	Total Variance	(2)	(2)	(14)	(29)	(48)	(32)	(70)	(87)	(93)	(93)	(76)	(42)	(588)	(588)	(126)	(462)	466	3
Net Income Generation	Month 1 - Plan	7	7	7	8	8	8	8	8	8	8	8	8	90	90	0	90	3	92
	Month 1 - Actual/Forecast	7	7	7	8	8	8	8	8	8	8	8	8	90	90	0	90	3	92
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	3	4	4	4	22	11	11	11	11	11	12	106	106	65	42	7	49
	In Year - Actual/Forecast	0	3	4	4	4	22	11	11	11	11	11	12	106	106	65	42	7	49
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	7	10	11	12	12	30	19	19	19	19	19	20	196	196	65	131	9	141
	Total Actual/Forecast	7	10	11	12	12	30	19	19	19	19	19	20	196	196	65	131	9	141
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	139	50	328	65	0	0	11	0	0	0	0	0	593	593	593	0	0	0
	In Year - Actual/Forecast	139	50	328	65	0	0	11	0	0	0	0	0	593	593	593	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	1,037	1,047	1,094	1,090	1,122	1,157	1,069	1,099	1,113	1,102	1,102	1,122	13,154	13,154	7,942	5,212	1,097	6,310
	Month 1 - Actual/Forecast	1,036	1,046	1,080	1,061	1,074	1,125	999	1,012	1,025	1,008	1,025	1,080	12,571	12,571	7,816	4,755	1,555	6,310
	Variance	(2)	(2)	(14)	(29)	(48)	(32)	(70)	(87)	(88)	(93)	(76)	(42)	(583)	(583)	(126)	(457)	457	0
	In Year - Plan	171	173	552	259	228	219	431	907	810	919	884	913	6,464	6,464	3,662	2,802	3,364	6,167
	In Year - Actual/Forecast	171	173	552	259	228	219	431	907	805	919	884	913	6,459	6,459	3,662	2,797	3,372	6,170
	Variance	0	0	0	0	0	0	0	0	(5)	0	0	0	(5)	(5)	0	(5)	8	3
	Total Plan	1,208	1,221	1,646	1,349	1,350	1,375	1,500	2,006	1,922	2,021	1,985	2,035	19,618	19,618	11,603	8,015	4,461	12,476
	Total Actual/Forecast	1,206	1,219	1,633	1,320	1,302	1,343	1,430	1,919	1,829	1,927	1,909	1,993	19,030	19,030	11,477	7,552	4,927	12,479
	Total Variance	(2)	(2)	(14)	(29)	(48)	(32)	(70)	(87)	(93)	(93)	(76)	(42)	(588)	(588)	(126)	(462)	466	3

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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 22 £'000	Closing Balance End of Mar 23 £'000	Forecast Closing Balance End of Mar 23 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	789,607	848,583	795,916
2 Intangible assets	2,611	2,261	2,356
3 Trade and other receivables	33,427	71,320	33,427
4 Other financial assets			
5 <b>Non-Current Assets sub total</b>	<b>825,645</b>	<b>922,164</b>	<b>831,699</b>
<b>Current Assets</b>			
6 Inventories	20,391	18,161	20,391
7 Trade and other receivables	228,915	238,105	228,915
8 Other financial assets			
9 Cash and cash equivalents	4,607	2,845	2,846
10 Non-current assets classified as held for sale			
11 <b>Current Assets sub total</b>	<b>253,913</b>	<b>259,111</b>	<b>252,152</b>
12 <b>TOTAL ASSETS</b>	<b>1,079,558</b>	<b>1,181,275</b>	<b>1,083,851</b>
<b>Current Liabilities</b>			
13 Trade and other payables	245,910	228,839	243,004
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions	165,709	195,853	167,156
17 <b>Current Liabilities sub total</b>	<b>411,619</b>	<b>424,692</b>	<b>410,160</b>
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>667,939</b>	<b>756,583</b>	<b>673,691</b>
<b>Non-Current Liabilities</b>			
19 Trade and other payables	7,683	24,639	4,909
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions	39,304	67,195	52,877
23 <b>Non-Current Liabilities sub total</b>	<b>46,987</b>	<b>91,834</b>	<b>57,786</b>
24 <b>TOTAL ASSETS EMPLOYED</b>	<b>620,952</b>	<b>664,749</b>	<b>615,905</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
25 General Fund	503,471	529,969	480,719
26 Revaluation Reserve	117,481	134,780	135,186
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 <b>Total Taxpayers' Equity</b>	<b>620,952</b>	<b>664,749</b>	<b>615,905</b>
	<b>Opening Balance Beginning of Apr 22</b>	<b>Closing Balance End of Mar 23</b>	<b>Closing Balance End of Mar 23</b>
<b>EXPLANATION OF ALL PROVISIONS</b>			
31 Clinical Negligence	181,672	242,952	196,692
32 Personal & Permanent Injury	4,070	3,643	4,070
33 Defence Fees	2,123	534	2,123
34 Pensions relating to former staff	3,067	2,937	3,067
35 Continuing Healthcare Claims	93	50	93
36 Holiday pay on voluntary Overtime provision & provision re time off in lieu	1,348	437	1,348
37 CRC, Cardiff University Energy & Lease Dilapidations and Virgin media	3,852	3,198	3,852
38 Employment Tribunals & HSE Provisions and H&SE Fire provision	2,211	2,650	2,211
39 VAT & PAYE Provisions	6,577	6,647	6,577
40 <b>Total Provisions</b>	<b>205,013</b>	<b>263,048</b>	<b>220,033</b>
<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>		<b>£'000</b>	
41 Welsh NHS Receivables Aged 0 - 10 weeks		8,723	
42 Welsh NHS Receivables Aged 11 - 16 weeks		323	
43 Welsh NHS Receivables Aged 17 weeks and over		0	
<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
44 Capital	26,367	12,781	23,461
45 Revenue	227,226	240,697	224,452
<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
46 Capital	2,906	413	413
47 Revenue	1,701	2,432	2,433

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Table I - 2022-23 Capital Resource / Expenditure Limit Management

£'000 55,410  
 Approved CRL / CEL issued at : 19/4/23

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme:</b>						
	<b>Schemes:</b>						
1	Maelfa - Primary Care Pipeline - FBC	2,289	2,289	0	2,289	2,289	0
2	National Programme - Imaging P2	5,880	6,015	135	6,015	6,015	0
3	Covid Recovery Funding	1,274	1,211	(63)	1,211	1,211	0
4	Genomics	12,085	11,329	(756)	11,329	11,329	0
5	CAVOC Theatres	522	487	(35)	487	487	0
6	UHL Electrical Infrastructure	3,352	3,109	(243)	3,109	3,109	0
7	Eye Care - e-referral system (funded through DPIF)	9	13	4	13	13	0
8	Endoscopy Unit UHL	3,147	3,338	191	3,338	3,338	0
9	Refit - Phase 2	2,344	2,747	403	2,747	2,747	0
10	Rookwood reposition at Llandough	0	0	0	0	0	0
11	Major Trauma & Hybrid Theatres Fees	503	503	0	503	503	0
12	YnysSaff Sexual Assault Referral Centre at Cardiff Royal Infirmary – Interim Facility	67	74	7	74	74	0
13	SDEC	500	500	0	500	500	0
14	Simulation and Innovation Space	121	74	(47)	74	74	0
15	DPIF- Digital Medicines Transformation Portfolio	8	8	0	8	8	0
16	Emergency Department Waiting Area Improvements	581	581	0	581	581	0
17	Main Boiler & Flue Replacement at University Hospital Llandough	750	750	0	750	750	0
18	End of Year Funding – November 2022.	1,667	1,667	0	1,667	1,667	0
19	Laboratory Steriliser (Autoclave)	81	81	0	81	81	0
20	Microbiology Lab at UHW	16	14	(2)	14	14	0
21	13 Glidescopes transfer from NWSSP	147	147	0	147	147	0
22	Ambulance Shoreline Connections	20	23	3	23	23	0
23	Year End Funding – March 2023	143	143	0	143	143	0
24	Additional Year End Funding – March 2023	258	408	150	408	408	0
25	27 laptops as part of Local Public Health Teams transferring from PHW to C&V	6	6	0	6	6	0
26	Refit – Phase 2 additional funding	280	280	0	280	280	0
27	Ehab – Decarbonisation	330	330	0	330	330	0
28	Prior year transfer - AGS Star Analyser to PHW	(107)	(107)	0	(107)	(107)	0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	<b>Sub Total</b>	<b>36,273</b>	<b>36,020</b>	<b>(253)</b>	<b>36,020</b>	<b>36,020</b>	<b>0</b>
	<b>Discretionary:</b>						
43	I.T.	1,000	1,002	2	1,000	1,002	2
44	Equipment	1,775	1,775	0	1,775	1,775	0
45	Statutory Compliance	1,509	1,509	0	1,509	1,509	0
46	Estates	6,666	7,375	709	6,666	7,375	709
47	Other			0			0
48	<b>Sub Total</b>	<b>10,950</b>	<b>11,661</b>	<b>711</b>	<b>10,950</b>	<b>11,661</b>	<b>711</b>

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	<b>Other (Including IFRS 16 Leases) Schemes:</b>					
49				0		0
50	IFRS16 Leases Quarter 1 and Quarter 2:			0		0
51	Provision of Robotics Clinical Services	3,555	3,555	0	3,555	3,555
52				0		0
53	Haemodialysis Machines	460	460	0	460	460
54	11th Floor, Tower Building - Park Place	316	316	0	316	316
55	Photocopiers	5	5	0	5	5
56	Unit 1 Medicentre	32	32	0	32	32
57	Pool cars	43	43	0	43	43
58	Balancing Adjustment (not specific to schemes)	(11)	(11)	0	(11)	(11)
59	West Point Stores	163	163	0	163	163
60	Unit 1, Ty Glas, Llanishen - Civil Contingency Store	118	118	0	118	118
61	WEQAS - Unit 6, Llanishen	126	126	0	126	126
62	Lease Vehicles	342	342	0	342	342
63	Whitchurch Road Surgery	3,038	3,038	0	3,038	3,038
64				0		0
65	Loss on disposal of donated assets	9	9	0	9	9
66				0		0
67				0		0
68				0		0
69	<b>Sub Total</b>	<b>8,196</b>	<b>8,196</b>	<b>0</b>	<b>8,196</b>	<b>8,196</b>
70	<b>Total Expenditure</b>	<b>55,419</b>	<b>55,877</b>	<b>458</b>	<b>55,166</b>	<b>55,877</b>
	<b>Less:</b>					
	<b>Capital grants:</b>					
71				0		0
72				0		0
73				0		0
74				0		0
75				0		0
76	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Donations:</b>					
77	donated assets	0	414	414	0	414
78	<b>Sub Total</b>	<b>0</b>	<b>414</b>	<b>414</b>	<b>0</b>	<b>414</b>
	<b>Asset Disposals:</b>					
79	Equipment disposals		132	132		132
80	Donated Asset Disposals (loss)		9	9		9
81				0		0
82				0		0
83				0		0
84				0		0
85				0		0
86				0		0
87				0		0
88				0		0
89				0		0
90	<b>Sub Total</b>	<b>0</b>	<b>141</b>	<b>141</b>	<b>0</b>	<b>141</b>
91	<b>Technical Adjustments</b>			<b>0</b>		<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>55,419</b>	<b>55,322</b>	<b>(97)</b>	<b>55,166</b>	<b>55,322</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(88)</b>		<b>(88)</b>	

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