

Finance & Performance Committee

Wed 22 November 2023, 14:25 - 16:00

MS Teams

Agenda

14:25 - 14:25 1. Standing Items

0 min

John Union

1.1. Welcome and Introductions


1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes from the Finance and Performance Committee meeting – 18 October 2023

 1.4 Public Finance Minutes 18.10.23.pdf (9 pages)

1.5. Action log following the Finance and Performance Committee meeting held on 18 October 2023

 1.5 Public Finance & Performance Action Log.pdf (2 pages)

1.6. Chair's Actions since previous meeting

14:25 - 14:25 2. Items for Review and Assurance

0 min

2.1. Financial Report – Month 7

Robert Mahoney

 2.1 SUMMARY Finance Position Report for Month 7.pdf (14 pages)

2.2. Welsh Government Strategic Cash Request Submission 2023/24

Catherine Phillips

 2.2 WG Strategic Cash Support Request Report.pdf (3 pages)

2.3. Operational Performance

Paul Bostock

 2.3 Operational Performance report cover paper.pdf (4 pages)

 2.3a C&V Integrated Performance Report November 2023.pdf (30 pages)

2.3.1. Dental Deep Dive

Paul Bostock

 2.3.1 Operational Performance report General Dental Services.pdf (6 pages)

 2.3.1a ANNEX 1 GDS Dental Assurance Review 20 Sept 20203.pdf (1 pages)

 2.3.1b ANNEX 2 Dental Quality Standards.pdf (1 pages)

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2.4. Length of Stay Update

Paul Bostock

📄 2.4 When can I go home.pdf (20 pages)

2.5. BREAK – 10 Minutes

14:25 - 14:25 3. Items for Approval / Ratification

0 min

3.1. Park View Health Centre – Declaration of Surplus and Disposal

Catherine Phillips

📄 3.1 Park View Site - Declare as surplus.pdf (3 pages)

3.2. Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility

Catherine Phillips

📄 3.2 Barry Town Gateway and Broad St Clinic.pdf (16 pages)

14:25 - 14:25 4. Items for Information and Noting

0 min

4.1. Monthly Monitoring Return - Month 7

Robert Mahoney

📄 4.1a WG month 6 MMR Covering Report.pdf (2 pages)

📄 4.1b CV Financial Monitoring Returns 2023-24 - Month 7.pdf (11 pages)

📄 4.1c 2023-24 MMR Template - Cardiff Vale UHB Month 7.pdf (6 pages)

14:25 - 14:25 5. Agenda for Private Finance and Performance Committee Meeting

0 min

John Union

i. *Approval of Private Finance Committee Minutes – 20.09.2023*

ii. *Financial Plan Delivery Progress Update: Savings Focus*

14:25 - 14:25 6. Any Other Business

0 min

John Union

14:25 - 14:25 7. Review and Final Closure

0 min

John Union

7.1. Items to be deferred to Board / Committee:

7.2. To note the date, time and venue of the next Committee meeting:

Wednesday 13 December 2023 at 2pm Via MS Teams

Saunders, Nathan
22/11/2023 12:06:23

Saunders, Nathan
22/11/2023 12:26:23

**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting
Held on 18 October 2023 at 2.30pm
Via MS Teams**

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|-----------------------|----|---|
| Chair: | | |
| John Union | JU | Independent Member – Finance |
| Present: | | |
| Charles Janczewski | CJ | UHB Chair (left at 3.30pm) |
| Ceri Phillips | CP | UHB Vice Chair (left at 3.30pm) |
| In Attendance: | | |
| Paul Bostock | PB | Chief Operating Officer |
| Andrew Gough | AG | Deputy Director of Finance – Strategy |
| Angela Hughes | AH | Assistant Director of Patient Experience |
| Rob Mahoney | RM | Deputy Director of Finance – Operational |
| Catherine Phillips | CP | Executive Director of Finance |
| Matt Phillips | MP | Director of Corporate Governance |
| Francesca Thomas | FT | Head of Corporate Governance |
| Secretariat: | | |
| Nathan Saunders | NS | Senior Corporate Governance Officer |
| Apologies: | | |
| David Edwards | DE | Independent Member – Information Communication & Technology |
| Keith Harding | KH | Independent Member – University |
| Abigail Harris | AH | Executive Director of Strategic Planning |
| Suzanne Rankin | SR | Chief Executive Officer |
| Jason Roberts | JR | Executive Nursing Director |

| Item No | Agenda Item | Action |
|--------------------------|---|--------|
| FPC 23/10/001 | Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting. | |
| FPC 23/10/002 | Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted. | |
| FPC 23/10/003 | Declarations of Interest No Declarations of Interest were noted. | |
| FPC 23/10/004 | Minutes of the Finance and Performance Meeting held on 20 September 2023 The minutes of the meeting held on 20 September 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 20 September 2023, were held as a true and accurate record of the meeting. | |

Saunders, Nathan
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| <p>FPC 23/10/005</p> | <p>Action Log following the Finance and Performance Committee meeting on 20 September 2023</p> <p>The Executive Director of Finance advised the Committee on Action FPC 23/09/13 and noted that the benefits realisation piece of work would go through the Investment Group (IG) but not until later in the winter period.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p> | |
| <p>FPC 23/10/006</p> | <p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting.</p> | |
| Items for Review and Assurance | | |
| <p>FPC 23/10/007</p> | <p>Financial Report – Month 6</p> <p>The Deputy Director of Finance for Operational (DDFO) presented the Financial Report – month 6 and highlighted the following:</p> <ul style="list-style-type: none"> • At month 6, the Health Board was reporting an overspend of £51.3m which comprised of £5.747m in unidentified savings, £1.352m of operational overspend and the planned deficit of £44.2m. • The annual planned deficit of £88.4m remained the same as set out in 2023/24 financial plan. • The total operational and savings programme deficits and the profile of the additional savings actions on the total variance. It was noted that if schemes delivered in line with the profile, the reported deficit would peak at month 6 before turning the curve on a trajectory to hit the £88.4m planned deficit. • COVID 19 Expenditure – it was noted that the forecast cost at Month 6 was a reduction of £3.0m against the £34.2m included within the Financial Plan and was included within the Health Boards savings plans. • Risks – it was noted that the risks had not changed and the key risk which fed the Corporate Risk Register was the failure of the Health Board to deliver a breakeven position by 2023-24-year end with a current planned deficit of £88.4m. • Savings Programme – it was noted that at month 6, the Health Board had identified £36.046m of green, amber and red savings against the £32m savings target, however £6.707m were classified as red schemes. <p>It was noted that the month 6 Savings Programme deficit was expected to be recovered, supported by a number of additional actions as the year progressed, enabling the Health Board to deliver its planned deficit position of £88.4m.</p> <ul style="list-style-type: none"> • Profile of Savings Delivery – The Committee was presented with 2 graphs which showed the cumulative forecast impact of the additional actions and the monthly impact and it was noted that a number of the additional actions were still in red and that progress was being closely monitored through the Sustainability Board. | |

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The CC asked how often red schemes were converted into savings.

The Deputy Director of Finance – Strategy (DDFS) responded that by looking at data from the previous years, a 50% translation was observed from red, to amber and then green but noted it would be harder to compare 2023/24 data because a different approach was being taken around the sustainability Board and groups set up during the financial year but noted they would expect a greater translation given the focus put on the schemes by the groups.

- Forecast Additional Savings – The Committee were presented with the current cumulative profile of identified and red schemes up to the savings target of £32m and it was noted that the impact of successfully delivering the agreed £16m additional actions would meet the £32m target in month 10 and allow additional savings of £4.046m to address the operational deficit to deliver a breakeven position.
- Savings Schemes – The Committee were presented with the overall progress in the identification of savings schemes.

The DDFO concluded the section of the Financial Report noting that whilst the Financial Team had hoped to be in a slightly better place on the profile towards the savings against the deficit of £88.4m, the Health Board were not far off and enhanced discussions were taking place between the Chief Operating Officer (COO) and Clinical Boards.

The CC asked if the reduction in use on agency staff had continued to reduce.

The DDFO responded that it had continued and had started to be reflected in the delegated Clinical Board position.

The Assistant Director of Patient Experience (ADPE) noted that caution would be required around the reduction in nursing costs because the impact on quality and safety could not be compromised.

The Executive Director of Finance (EDF) noted that full assurance could not be provided to the Board or the Finance & Performance Committee that the Health Board would deliver on the £88.4 deficit and noted that there was a lot of work to get there and that work would continue on that.

- Cashflow Forecast – The DDFO advised the Committee that they had received an extended report on the cashflow forecast for month 6 and noted that the cash balance at the end of September 2023 was £4.998m with a forecast deficit of £100.888m at year end pending confirmation of cash support.

It was noted that due to the significant requirement for strategic cash support in 2023/24, combined with the timing of pay award cash flows and the level of outstanding allocation, the Health Board would review the schedule of payments to suppliers from November 2023 onwards if additional cash support was not confirmed which would impact the Public sector Payment Policy (PSPP) performance and from December 2023 onwards the Health Boards cashflow would be severely impaired.

The DDFO advised the Committee that Welsh Government (WG) had been engaged in a review of public sector finances since summer 2023, in light of the challenging financial environment.

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| | <p>He added that WG had expected to confirm further funding to the Health Board later in the week which should hopefully address the immediate cash flow concerns identified.</p> <p>The DDFO summarised that the Health Board maintained its £88.4m forecast deficit, had identified £36m of savings which was over the original £32m target and some of those savings had to be converted from red and amber schemes into green to give confidence of savings on the tracker.</p> <p>He added that the Health Board increasingly required confirmation of strategic cash support and outstanding allocations to maintain its cash position and performance.</p> <p>The Finance and Performance Committee resolved that at Month 6:</p> <ul style="list-style-type: none"> a) The reported year to date overspend of £51.300m and the forecast deficit of £88.400m was noted b) The financial impact of forecast COVID 19 costs which was assessed at £44.264m was noted. c) The month 6 operational overspend against plan of £1.352m was noted. d) The progress against the savings target, with £36.046m (113%) of schemes identified at Month 6 against the £32m target was noted. e) The request to Finance Committee for recommendation to Board for approval of the Health Boards application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit was noted. | |
| <p>FPC 23/10/008</p> | <p>Welsh Government Strategic Cash Support Request</p> <p>The Welsh Government Strategic Cash Support Request information was received.</p> <p>The DDFO advised the Committee that a Technical update note issued by WG on the 8th November 2022 confirmed that the cash implications of the Health Boards operational deficit were a separate issue to the annual movement of working balances cash exercise.</p> <p>He added that Health Boards were required to submit an Accountable Officer letter (once requirements were established) in support of a request for Strategic Cash Support.</p> <p>It was noted that WG were expected to confirm that application requests should be submitted by close of play Monday 20th November 2023 and the Committee was advised that the Health Board intended to submit a formal request for strategic cash support in line with its forecast deficit through an Accountable Officer Letter in line with the Welsh Government timetable against the reported forecast deficit of £88.4m.</p> <p>The DDFO concluded that the request would need to be received by the Board.</p> <p>The Finance Committee noted that:</p> <ul style="list-style-type: none"> a) The Health Boards working cash balance requirement of £12.487m identified in the September 2023 Welsh Government Monitoring return was noted. b) The ongoing work to assess any requirement working cash associated with the Health Boards Capital expenditure programme was noted. | |

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| | <p>c) It was recommended that the Board approve the Health Boards application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit of £88.4m</p> | |
| <p>FPC 23/10/009</p> | <p>Operational Performance</p> <p>The Operational Performance update was received.</p> <p>The COO advised the Committee that he would take the report as read but would highlight points where appropriate which included:</p> <p>Urgent & Emergency Care.</p> <p>It was noted that pressures in all areas had started to ease following ward moves and reconfiguration of the University Hospital Wales site over the summer period and the relevant teams continued to analyse breaches to better understand and improve patient flow processes.</p> <p>The Committee was advised that the focussed work on ambulance handovers through the year had led to significant reductions in the number of patients waiting more than 1 hour on an ambulance outside our Emergency Department, in addition to an overall reduction in the average handover time, surpassing Health Board commitments.</p> <p>It was noted that August 2023 saw an improvement in Health Board compliance against the Sentinel Stroke National Audit Programme (SSNAP) measures for the Stroke Pathway with the percentage of patients directly admitted to the stroke unit within 4-hours increasing to 65% and remained significantly above the all Wales average.</p> <p>The COO added that the Health Boards SSNAP grade had improved to B for the period April-June 2023, which was a significant 8-point improvement from the previous quarter and a reflection of the hard work undertaken by the teams but noted that there were still a number of challenges in increasing the number of patients thrombolysed which remained an area of continued focus, whilst working with colleagues from the NHS Executive.</p> <p>The Committee was advised that a large Health Board wide piece of work would be undertaken around Length of Stay (LoS) because the Health Board's LoS data was not where it needed to be and the COO noted that the delay in the work starting was due to the need to ensure that the communication and language around it was correct.</p> <p>The COO added that there would be a particular focus on 7-day and 21- day LoS and noted that an improvement had been observed in October 2023 and noted that a summary would be provided at the November meeting.</p> <p>Planned Care</p> <p>It was noted that more focus was required on the 52 week waits as there were still too many patients waiting for a year or more for an outpatient appointment.</p> <p>The COO noted it was not a Health Board wide issue and that the operational team were working with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.</p> | |

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The Committee was advised that as of October 2023 there were 348 patients who had waited over 3 years for an outpatient appointment and of those, 18 had waited over 4 years.

The COO noted that the Delivery Unit (DU) had requested that those 18 patients be given a date and an update would be provided to the DU the following Friday.

It was noted that an Outpatient Improvement plan would be launched and that the use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways would be an important tool in the management of follow-up services and the Health Board would continue to develop their use across services.

Diagnostics

It was noted that the waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy however it was hoped that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs.

The COO advised the Committee that in relation to Endoscopy, the service had an improvement plan in place, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait.

The UHB Chair asked if the COO was confident that waiting lists were validated.

The COO responded that he was not confident that they were accurately validated but added that there was a plan in place to ensure validity of waiting lists by March 2024.

Dental

The Committee was advised that the Health Board were undertaking a deep dive into the provision of General Dental Services within Cardiff and the Vale and it was noted that Dental services were going through a period of reform as Welsh Government assessed the impact of contract reforms on the provision of services and access to primary care dentistry.

The COO advised the Committee that the deep dive would be received at the next meeting in November.

Mental Health Services Update

The COO advised the Committee that a Mental Health Community Summit had been held on September 6th 2023 with over 40 participants from Primary Care, Children & Women's and Mental Health Clinical Boards in attendance.

It was noted that the summit included:

- Broad discussion on the pathways of care across the system which resulted in a conversation around requirement of excellent alignment in the need to simplify pathways for patients and utilise primary care more appropriately.
- A review of the current model and pathways undertaken by patients
- A preferred model for Adult services which would streamline the service and would make it clearer which patients see who and when.

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| | <ul style="list-style-type: none"> • A review of the current pathway for Children, Young People and Family (CYPF) • Next steps for CYPF and a number of pathways. <p>The COO concluded that a repeat summit would be held approximately 6 to 8 weeks after the first one with the following actions completed:</p> <ul style="list-style-type: none"> • Pathway redesign across primary care and mental health services which would aim to achieve a single point of access • Review the best pathway for ADHD service • Review the policy of the services the Health does and does not provide <p>He added that the above actions would be underpinned by:</p> <ul style="list-style-type: none"> • Standardised demand and capacity assessment • Redistribution of the workforce to new pathways • Improved communications for patients and referrers <p>The COO concluded that a detailed outlook on Mental Health services would be provided to the Committee in 2024.</p> <p>The Finance Committee noted that:</p> <p>a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes was noted.</p> | |
| <p>FPC 23/10/010</p> | <p>Cancer Deep Dive</p> <p>The Cancer Deep Dive was received.</p> <p>The COO advised the Committee he would take the report as read and noted that the report forewarned the Committee that performance would dip and get worst before it got better and that he would explain to the Committee the reasoning for that.</p> <p>He added that the plan developed with Clinical Boards was to see continuous improvement in the percentage of patients treated within the standard and an aim to exceed 75% by the end of September 2023 in line with the 62-day single cancer pathway.</p> <p>The Committee was provided with the aims for the service which included:</p> <ul style="list-style-type: none"> • 90% of patients to have had their first contact within 14 days. • 85% of patients to have had their diagnosis by day 28 <p>The COO advised the Committee that at the end of August 2023, the confirmed cancer performance was 66.4%, and the September 2023 performance, which would be confirmed at the end of October 2023, was likely to see a deterioration as mentioned.</p> <p>The Committee were provided with the 2 main reasons for the deterioration which included:</p> <ul style="list-style-type: none"> • The endoscopy waiting list where 30% of patients on the single cancer pathway were waiting for endoscopy. | |

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| | <ul style="list-style-type: none"> An increase in referrals. It was noted that colorectal and skin referrals had increased exponentially. <p>The COO concluded that whilst it was disappointing that cancer services were not where they should be, the issues had been identified and the teams knew what would be needed to address the demand.</p> <p>The CC thanked the COO and noted it was reassuring to see the actions outlined within the report and the relatively short timescales identified.</p> <p>The Finance Committee noted:</p> <ol style="list-style-type: none"> The reasons for the performance not reaching the standard including endoscopy, demand increases and challenges within the urology pathway were noted. The approach to setting upper limits for the longest waiting patients for each tumour site was noted. The likely outcome of performance not reaching the standard before March 2024 was noted. | |
| Items for Approval/Ratification | | |
| <p>FPC 23/10/011</p> | <p>Electronic Prescribing and Medicines Administration</p> <p>The Electronic Prescribing and Medicines Administration was received.</p> <p>The EDF advised the Committee that the case had been through the Investment Group and the relevant other forums.</p> <p>She added that the capital was being covered by WG and that the revenue was being covered in the short but that the Health Board would need to cover it in the future.</p> <p>It was noted that a lot of work had been undertaken around benefit realisation and that the case needed to be prepared for WG funding.</p> <p>The EDF concluded that the case would not progress if the WG funding was not agreed.</p> <p>The COO provided assurance to the Committee that a strong conversation had been held around the case at various forums and highlighted that there had been a little bit of nervousness around the digital capability of the Health Board to support it and so a sense check around digital would be required.</p> <p>The Finance Committee noted that:</p> <ol style="list-style-type: none"> The Electronic Prescribing and Medicines Administration was approved for recommendation to the Board. | |
| <p>FPC 23/10/012</p> | <p>Paediatrics Infectious Diseases case</p> <p>The Paediatrics Infectious Diseases business case was received.</p> <p>The COO advised the Committee that the case was supported by WHSSC however conversations had been held around priorities and so various iterations of the case had been seen with the relevant updates.</p> | |

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| | <p>He added that the case was something the Health Board would want to support to help sustain the current services and to be able to offer the service to the rest of Wales.</p> <p>The DDFS advised the Committee that the case came with a £678k revenue consequence which meant that the Health Board would need to pick up its commissioner share which would be circa 33% across paediatric specialised services.</p> <p>The EDF asked if the DDFS could confirm that the case was in the planned investments for 2023/24 or if it was in addition to those.</p> <p>The DDFS responded that the in-year cost was held at just over £300k which was part of the approved WHSSC Integrated Commissioning Plan (ICP) for 2023/24.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Paediatrics Infectious Diseases business case was approved for recommendation to the Board following circulation of papers to relevant Independent Members</p> | |
| | Items for Information and Noting | |
| FPC 23/10/013 | <p>Monthly Monitoring Returns – Month 6</p> <p>The Month 6 Monitoring Returns were received.</p> <p>The Finance and Performance Committee resolved that:</p> | |
| FPC 23/10/014 | <p>Any Other Business</p> <p>No Other Business was discussed.</p> | |
| | Review and Final Closure | |
| FPC 23/09/015 | Items to be referred to Board / Committee | |
| | <p>Date & time of next Meeting</p> <p>Wednesday 22 November 2023 at 2pm via Teams</p> | |

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Public Action Log

Following Finance and Performance Committee Meeting
20 September 2023
(For the Meeting 18 October 2023)

| Completed actions | | | | | |
|--------------------------|--------------------------------------|--|--------------------|---------------|---|
| REF | SUBJECT | AGREED ACTION | ACTIONED TO | DATE | STATUS/COMMENTS |
| FPC 23/09/13 | Winter Plan | Benefits Realisation Piece to go through the IG to decide as part of the Annual Plan | Catherine Phillips | October 2023 | COMPLETED <i>The Committee was advised the work would be undertaken later in the winter. Item added to Forward Plan for the Committee in March 2024.</i> |
| FPC 23/08/010 | Mental Health Services | A benchmarking exercise to be completed since the Health Board were an outlier. | Paul Bostock | October 2023 | COMPLETED <i>Committee updated in October (agenda item 2.3). Further detailed outlook to be given to the Committee in February 2024 – Added to Committee Forward Plan</i> |
| Actions in progress | | | | | |
| REF | SUBJECT | AGREED ACTION | ACTIONED TO | DATE | STATUS/COMMENTS |
| FPC 23/10/009 | Operational Performance | A summary to be provided on the Length of Stay work | Paul Bostock | November 2023 | Update to be provided on 22/11/2023 <i>Agenda item: 2.3</i> |
| FPC 23/10/012 | Paediatrics Infectious Diseases case | Business case to be sent to Independent Members who sit on the Committee | Matt Phillips | November 2023 | Update to be provided on 22/11/2023 <i>Case sent out to Independent Members following the meeting.</i> |

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| | | for review and recommendation to Board | | | <i>Happy to recommend to Board for approval.</i> |
| Actions referred to Board/Committees | | | | | |
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| Report Title: | Finance Report for the Period Ended 31 st October 2023 | | Agenda Item no. | 2.1 | |
| Meeting: | Finance Committee | Public | <input checked="" type="checkbox"/> | Meeting Date: | 22 nd November 2023 |
| | | Private | <input type="checkbox"/> | | |
| Status <i>(please tick one only):</i> | Assurance | <input checked="" type="checkbox"/> | Approval | <input type="checkbox"/> | Information |
| Lead Executive: | Executive Director of Finance | | | | |
| Report Author (Title): | Deputy Director of Finance (Operational) | | | | |

Main Report
Background and current situation:

Summary

At month 7, the UHB is reporting an overspend of £16.021m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £9.602m (seven twelfths of the revised forecast year end deficit of £16.460m).

Table 1: Month 7 Financial Position 2023/24

| | Month 7 | | Forecast Year-End Position |
|---|----------|---------------|----------------------------|
| | Position | £m | £m |
| Planned deficit | | 9.602 | 16.460 |
| Savings Programme | | 2.463 | 0.000 |
| Operational position (Surplus) / Deficit | | 3.956 | 0.000 |
| Financial Position £m (Surplus) / Deficit £m | | 16.021 | 16.460 |

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 resulted in a 2023-24 planning deficit of £88.4m.

The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:

- Planned Deficit @ Month 6 £88.400m
- 10% Improvement required £8.840m
- Recurrent Covid Legacy Funding £20.300m
- Recurrent Inflationary Uplift £25.100m
- Non recurrent Inflation Uplift £10.100m
- Non recurrent Energy Funding £7.600m

This results in a revised Financial Forecast Deficit of £16.460m

The revised forecast deficit is based on the receipt of an additional £63.100m funding from Welsh Government and additional UHB action to reduce its expenditure base by £8.840m. The further reduction in expenditure represents an increase in risk which the UHB needs to manage.

Core Financial Plan – Month 7 Position

The UHB is reporting a month 7 overspend of £16.021m. £9.602m of this being seven months of the revised forecast deficit. The is a £2.463m deficit on the Savings Programme, being seven months of red schemes profiled into the position. There is also a £3.956m is an operational deficit in delegated and central positions.

Summary Financial Table

The following table analyses the £16.021m overspend at Month 7, between Income, Pay and Non Pay.

Table 2: Summary Financial Position for the period ended 31st October 2023

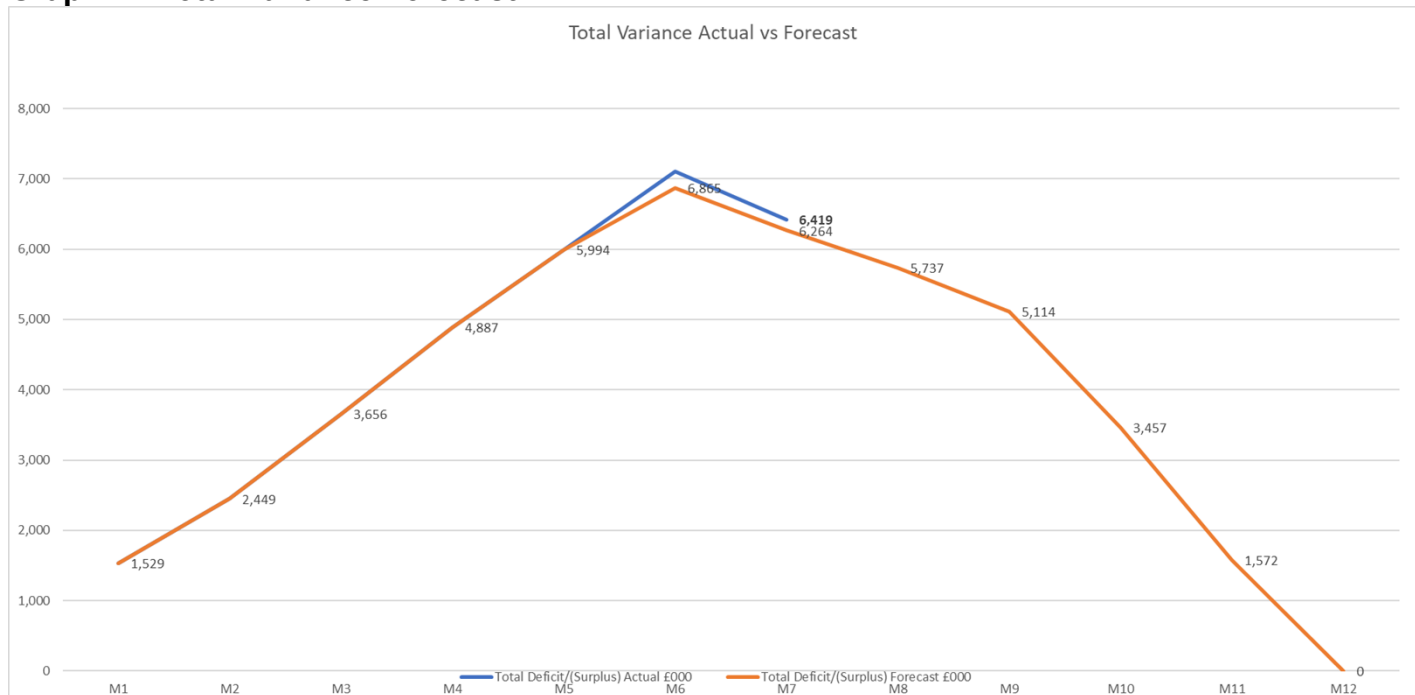
| Income/Pay/Non Pay | Memorandum Annual Budget £m | Current Period Actual £m | Operational Variance (Fav)/Adv £m |
|-------------------------|--------------------------------|-----------------------------|---|
| In Month | | | |
| Income | (1,871.838) | (202.559) | (0.673) |
| Pay | 874.522 | 79.609 | 1.094 |
| Non Pay | 997.316 | 122.270 | (1.101) |
| Sub Total £m | 0.000 | (0.680) | (0.680) |
| 2023/24 Planned Deficit | 16.460 | (34.598) | (34.598) |
| Variance to Plan £m | 16.460 | (35.279) | (35.279) |
| Cumulative | | | |
| Income | (1,871.838) | (1,112.179) | (2.854) |
| Pay | 874.522 | 535.097 | 0.192 |
| Non Pay | 997.316 | 583.502 | 9.081 |
| Sub Total £m | 0.000 | 6.419 | 6.419 |
| 2023/24 Planned Deficit | 16.460 | 9.602 | 9.602 |
| Variance to Plan £m | 16.460 | 16.021 | 16.021 |

The revised forecast deficit of £16.460m is based on the receipt of an additional £63.100m funding from Welsh Government and additional UHB action to reduce its expenditure base by £8.840m. The further reduction in expenditure represents an increase in risk which the UHB needs to manage.

Delivery of the revised forecast deficit of £16.460m will require continuing focus and downward pressure on the UHBs cost base, achievement of the full £32m savings programme and maintaining operational balance.

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Graph 1– Total Variance Forecast



| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| Total Deficit/(Surplus) £000 | 1,529 | 2,449 | 3,656 | 4,887 | 5,994 | 7,100 | 6,264 | 5,737 | 5,114 | 3,457 | 1,572 | 0 |

Graph 1 shows the total operational and savings programme deficits and the profile of the additional savings actions on the total variance. If schemes deliver in line with this profile after peaking at month 6 the reported deficit will continue on a trajectory to hit the £16.460m revised forecast deficit.

The additional 10% Improvement required for the UHB to meet the Welsh Government revised target control is planned to be realised through the review, management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

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 7 by Clinical Board is shown in Table 3.

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Table 3: Financial Performance for the period ended 31st October 2023

| Clinical Board | Operational Position (Surplus) / Deficit | Non Delivery of Savings | Total (Surplus) / Deficit | Prior Month (Surplus) / Deficit |
|--|--|-------------------------|---------------------------|---------------------------------|
| Cumulative | Variance £m | Variance £m | Variance £m | Variance £m |
| Clinical Diagnostics & Therapeutics | (121) | 466 | 345 | 337 |
| Children & Women | (376) | 401 | 26 | 482 |
| Capital Estates and Facilities | 396 | 976 | 1,371 | 1,144 |
| Executives | (515) | 90 | (424) | (579) |
| Genomics | (26) | 0 | (26) | (20) |
| Medicine | 2,026 | 1,183 | 3,209 | 2,211 |
| Mental Health | 661 | 228 | 889 | 881 |
| PCIC | 1,582 | 774 | 2,356 | 1,506 |
| Specialist | 290 | 789 | 1,079 | 1,562 |
| Surgery | 822 | 457 | 1,279 | 1,264 |
| Sub-Total Delegated Position | 4,740 | 5,363 | 10,103 | 8,788 |
| Central Budgets | 224 | (2,500) | (2,276) | 149 |
| Commissioning | (1,008) | (400) | (1,408) | (1,838) |
| Cost Improvement Themes | 0 | 0 | 0 | 0 |
| Total (Surplus)/Deficit | 3,956 | 2,463 | 6,419 | 7,100 |
| Planned Deficit | | | 9,602 | 44,200 |
| Total Operational (Surplus)/Deficit | 3,956 | 2,463 | 16,021 | 51,300 |

The operational position has deteriorated in month due to continuing medical pressures within Medicine coupled with revised funding assumptions linked to Welsh Government Health Protection funding within PCIC. These additional pressures have been partially offset by WHSSC and LHB commissioning benefits. It is paramount that operational pressures are addressed as the UHB moves into the challenging winter months.

The overall position has improved significantly in month due to the revised forecast deficit, where £9.602m is phased into month 7 which represents a decrease of £34.598m on the cumulative planned deficit phased into the month 6 position.

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 UHB experienced unprecedented demand for its Mental Health Services in the first half of the year when it was difficult to source appropriately trained and experienced staff. This pressure has now been mitigated primarily due an improvement in the levels of discharges from inpatient services and the repatriation of a number of the patients placed out of area.

Pressures against medical staff budgets continue across a number of clinical areas, primarily due to the use of locum, bank and agency cover at enhanced rates to maintain safe staffing levels. The UHB has scheduled recruitment interviews in a number of key areas, which are expected to partly mitigate the pressures.

The WHSCC provider position continues to project an under recovery of income. This is in part offset by an improvement in the forecast commissioning position. This primarily impacts on paediatric and specialist services as a result of the stepped relationship between activity levels and the cost base. The UHB provider plan was based on the national Directors of Finance Agreement that allowed a level of contract under-performance to a 5% reflecting the ongoing restricted ability of post Covid service footprints to restore activity to full per Covid levels. During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff

and Vale UHB to other commissioning health boards in Wales and has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of the stance.

COVID 19 Expenditure

The expenditure for Month 7 is summarised in Table 4 below.

Table 4: Summary of Month 7 COVID 19 Net Expenditure

| | Month 7 £m | Forecast £m | Funded by WG or Financial Plan £m | Variance to Plan/Funding £m |
|---|---------------|---------------|-----------------------------------|-----------------------------|
| Health Protection | 4.839 | 8.800 | 8.800 | 0.000 |
| PPE | 1.252 | 2.500 | 2.500 | 0.000 |
| Long Covid | 0.667 | 1.144 | 1.144 | 0.000 |
| Nosocomial | 0.303 | 0.520 | 0.520 | 0.000 |
| Anti-Viral | 0.058 | 0.100 | 0.100 | 0.000 |
| Sub Total WG Funded Covid Expenditure £m | 7.120 | 13.064 | 13.064 | 0.000 |
| Included in Financial Plan - COVID Local Response | 18.200 | 31.200 | 34.200 | (3.000) |
| Total COVID Expenditure £m | 25.320 | 44.264 | 47.264 | (3.000) |

Local Response expenditure is no longer funded by Welsh Government and as such is included within the UHB's Financial Plan.

The forecast cost at Month 7 is a reduction of £3.0m against the £34.2m included within the Financial Plan and is included within the UHB's savings plans.

Welsh Government is funding Health Protection, PPE, Long Covid, Nosocomial and Anti-Viral with expenditure forecast to meet funding anticipated.

Risks

Table 5 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.

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Table 5: Risk Register at October 2023

| | Risks | Rating | Comment |
|------------------------------|---|--------|--|
| Key Corporate Risk | 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. The forecast deficit was revised to £16.460m @ month 7. There is a high risk that this will not be recovered in years two and three of the rolling performance measure. |
| | Remain within Cash Limit | 10 | The UHB has outlined the requirement for strategic cash and working capital support in 2023/24 to Welsh Government on a monthly basis through the MMR. The urgent requirement to confirm outstanding cash allocations and strategic cash assistance has now been escalated to the Deputy Director of Finance at Welsh Government NHS Finance |
| | Capital Funding - Three Year Rolling Breakeven Duty | 12 | The current 2022-23 UHB Capital Plan is structured to remain within the Capital Resource limit |
| Financial Performance | Failure to adequately manage budget pressures. | 12 | <p>The 2022-23 Financial plan has funded 2022-23 out-turns in most delegated positions alongside the ability to call down appropriate and Covid consequential funding from dedicated UHB Reserves. This has reduced the risk of delegated positions overspending against core budgets .</p> <p>Monthly tripartite finance meetings are held between the COOs Office, Clinical Board Management teams and senior Finance Officers to monitor respective decisions and explore escalation actions where required.</p> <p>A number of additional actions are progressing to recover the month 7 operational & CRP overspend to enable the UHB to deliver the revised forecast £16.460m deficit.</p> |
| | Failure to deliver 2023-24 Savings Programme | 16 | At month 7 the UHB identified £35.861m schemes against the £32m savings target however £6.115m (19%) remain as red schemes. The ability to meet the UHB savings target for 2023-24 remains a major challenge that is being supported by escalation meetings with programme/theme leads and finance support teams. |
| | Failure to deliver The Welsh Government 10% Improvement Target Savings Programme | 16 | The additional 10% Improvement required for the UHB to meet the Welsh Government revised target control is planned to be realised through the review management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit. |
| | <p>Management and reduction of COVID-19 Response costs</p> <p>WG indicated no funding will be provided for Local Covid Response costs, of which £34.2m is included in the financial plan.</p> | 16 | Welsh Government 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. |
| | <p>2022-23 One Year LTA framework in NHS Wales</p> <p><i>Saunders Nathan 22/11/2023 12:26:23</i></p> | 12 | <p>The 2023-24 all Wales LTA framework agreed an enhanced 5% tolerance for underperformance moving from 10% in 2022-23. This reflects the expectation that activity levels will continue to recover in 2023-24 and that the enhanced tolerance level should be reduced.</p> <p>During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales. The WHSSC Joint Committee supported this position, despite its inconsistency with the DoFs agreement and the 2022-23 contracting arrangements.</p> <p>This has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of his stance</p> |

Savings Programme

At month 7, the UHB has identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m are classified as red schemes. The month 7 position includes a Savings Programme variance of £2.463m.

The month 7 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.640m.

Executive Performance Reviews with the UHBs Clinical Boards are focussing on the management of operational pressures and progress in identifying and delivering recurrent savings schemes that in turn will de-risk the financial plan.

The following additional actions are progressing to recover the month 7 operational & CRP deficit to enable the UHB to deliver the revised forecast £16.460m deficit:

Table 6: Additional Actions

| Scheme | Theme | £000 Opportunity |
|---|-------------|------------------|
| Limit catalogue for non clinical non pay expenditure | Procurement | 1,000 |
| Eliminate non clinical agency with exception process | Workforce | 1,000 |
| Eliminate non clinical overtime | Workforce | 1,000 |
| Enhanced vacancy review through Vacancy Scrutiny Panel/Workforce reshaping | Workforce | 2,240 |
| Eliminate clinical agency with exception process | Workforce | 5,390 |
| Eliminate clinical overtime with exception process | Workforce | 3,570 |
| Waiting list initiative management following Health Board rate card | Workforce | 1,120 |
| Rationalise study leave to the minimum required to meet regulatory requirements | Workforce | 700 |
| Actions to Deliver Planned Deficit £88.4m | | 16,020 |

Reducing premium pay expenditure across all staff groups is a large component of the above, significant actions were taken during August to ensure the opportunities are realised. Nursing features heavily within these actions and as such have been allocated a target: a maximum of 25% of current agency and overtime used in QTR 1 can be used going forwards. If the registered nursing agency hours reduce and stay at the 25% limit, the UHB will realise £1m savings each month.

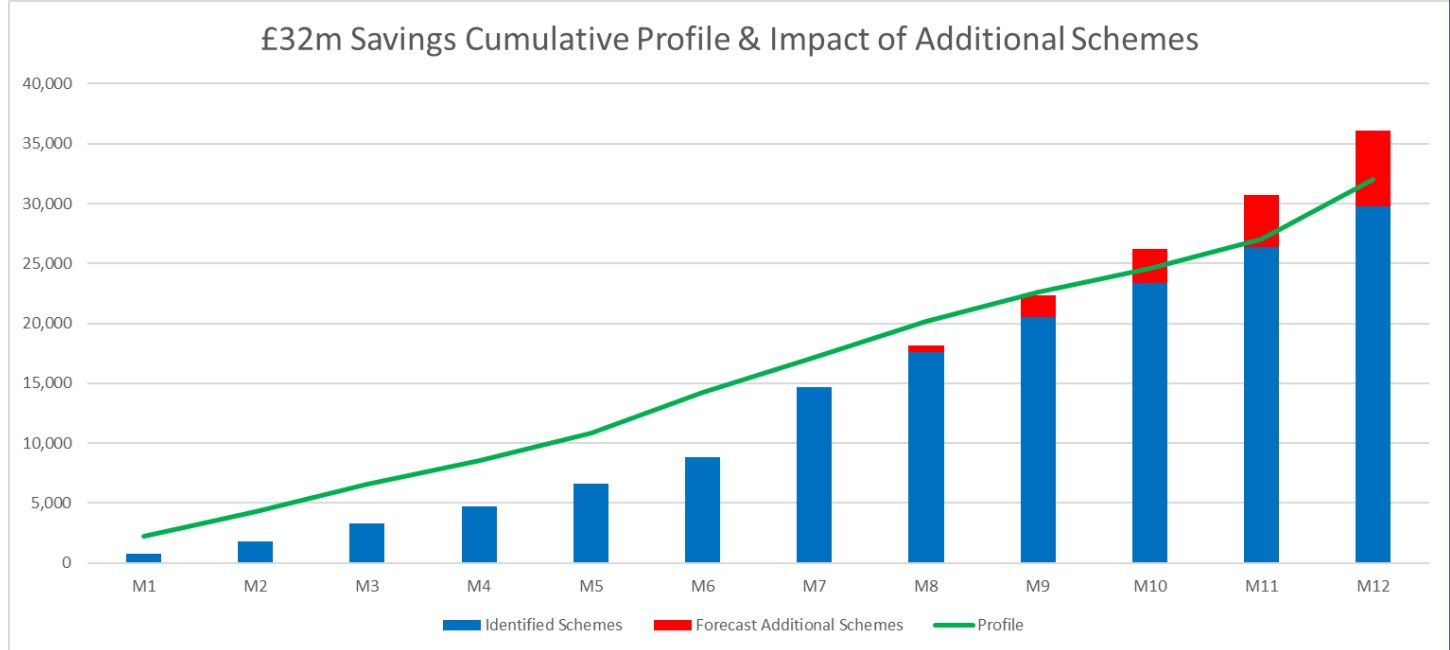
Weekly activity information is being captured and shared with the reduction in hours commencing at the end of August and expected to reduce towards the 25% limit into future months.

In addition to nursing improvements, the UHB has re-established the Corporate Vacancy Scrutiny Panel to provide additional scrutiny on all new posts, all non-patient facing replacement posts and replacement clinical posts band 7 and above.

In respect of the risk of non-delivery of savings, Graph 2 shows the cumulative forecast impact of the additional actions and Graph 3 shows the monthly impact. A number of the additional actions are still in red and progress is being closely monitored through the Sustainability Board. It is vital that these schemes progress to amber and green to gain further assurance of delivery.

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Graph 2 – Profile of Savings Delivery



The progress in reducing risk via identification of schemes can be found in Graph 3.

Graph 3 – Progress of Identification of Schemes

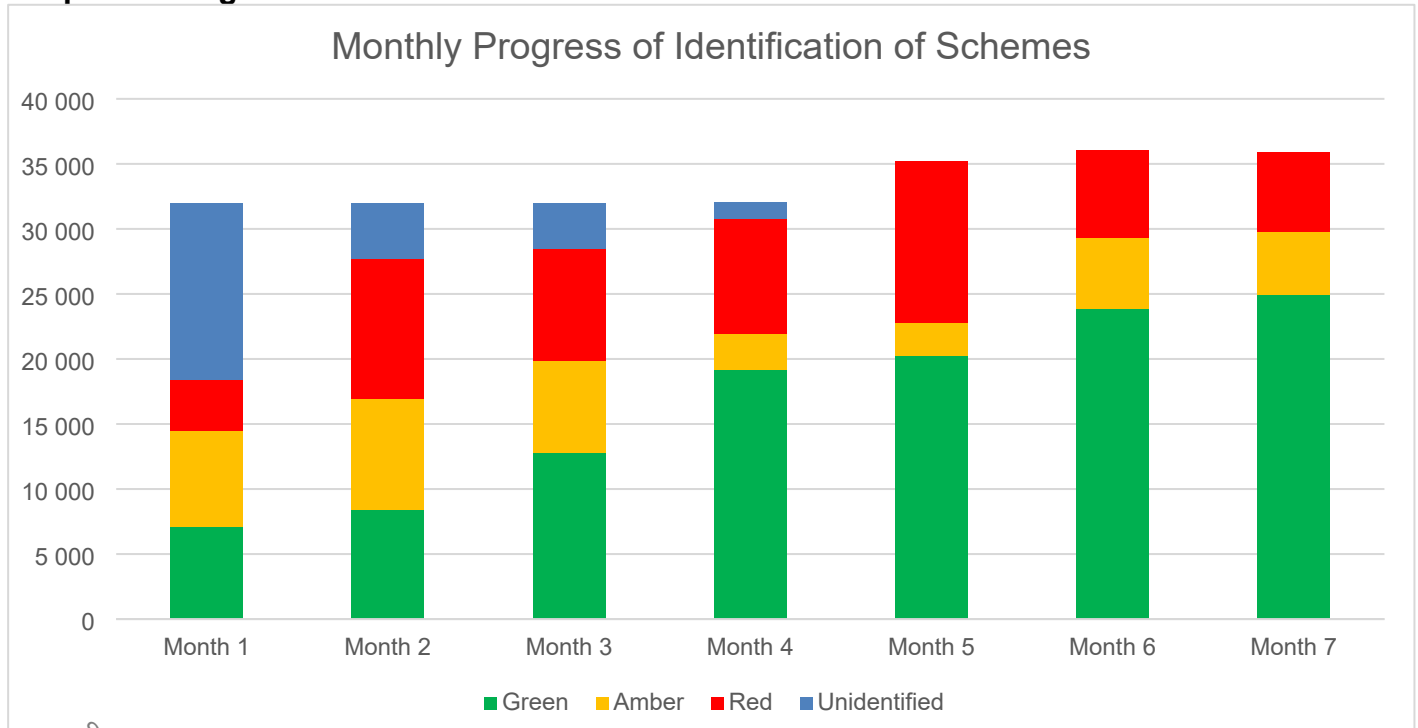


Table 7: Forecast Additional Savings

| | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 |
|------------------------------|-------|-------|-------|-------|--------|--------|--------|--------|--------|---------|---------|---------|
| Profile | 2,205 | 4,318 | 6,568 | 8,536 | 10,881 | 14,222 | 17,158 | 20,135 | 22,615 | 24,561 | 27,027 | 32,000 |
| Identified Schemes | 739 | 1,796 | 3,295 | 4,746 | 6,643 | 8,822 | 14,696 | 17,578 | 20,498 | 23,380 | 26,384 | 29,746 |
| Forecast Additional Schemes | | | | | | | | 560 | 1,860 | 2,802 | 4,350 | 6,115 |
| Savings Shortfall/ (Surplus) | 1,466 | 2,522 | 3,273 | 3,790 | 4,238 | 5,400 | 2,463 | 1,997 | 258 | (1,621) | (3,707) | (3,861) |

Table 7 shows the current cumulative profile of identified and red schemes up to the savings target of £32m. The impact of successfully delivering the agreed £16m additional actions would meet the £32m target in month 10 and allow additional savings of £3.861m to address the operational deficit to deliver a breakeven position.

Overall progress in the identification of savings schemes is outlined in table 8 below:

Table 8: Savings Schemes

2023-24 Savings Summary

| 2023-24 in-year plans | | | | | | |
|--|---------------|---------------|--------------|--------------|--------------------------|-------------------|
| Clinical/Service Board | 23-24 Target | Green | Amber | Red | Total Savings Identified | Savings Shortfall |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Capital Estates and Facilities | 631 | 666 | 0 | 3 | 669 | (38) |
| Children and Women | 869 | 779 | 90 | 22 | 891 | (22) |
| Clinical Diagnostics and Therapeutics | 799 | 800 | 0 | 0 | 800 | (1) |
| Corporate Executives | 334 | 325 | 0 | 0 | 325 | 9 |
| Medicine | 919 | 919 | 0 | 0 | 919 | 0 |
| Mental Health | 719 | 720 | 0 | 0 | 720 | (1) |
| Primary, Community and Intermediate Care | 1,615 | 1,759 | 0 | 0 | 1,759 | (144) |
| Specialist Services | 988 | 988 | 0 | 0 | 988 | 0 |
| Surgical Services | 1,126 | 1,047 | 50 | 0 | 1,097 | 29 |
| Subtotal - Grip and Control | 8,000 | 8,003 | 140 | 25 | 8,167 | (167) |
| Length of Stay | 3,000 | 1,101 | 0 | 1,899 | 3,000 | 0 |
| Theatres Productivity | 500 | 251 | 0 | 186 | 437 | 63 |
| Income Generation | 500 | 200 | 0 | 200 | 400 | 100 |
| Medicines Management | 2,000 | 1,221 | 116 | 663 | 2,000 | 0 |
| Continuing Healthcare | 1,500 | 153 | 160 | 262 | 575 | 925 |
| Facilities and Estates | 500 | 707 | 0 | 0 | 707 | (207) |
| Procurement | 5,000 | 1,842 | 877 | 541 | 3,260 | 1,740 |
| Workforce Efficiencies | 8,000 | 5,310 | 3,488 | 2,087 | 10,884 | (2,884) |
| COVID Consequentials | 3,000 | 3,200 | 0 | 0 | 3,200 | (200) |
| Review of Investments | | 0 | 0 | 0 | 0 | 0 |
| Commissioning | | 479 | 0 | 252 | 731 | (731) |
| Non-Recurrent Opportunities | | 2,500 | 0 | 0 | 2,500 | (2,500) |
| Subtotal Cost Improvement Themes | 24,000 | 16,963 | 4,641 | 6,090 | 27,694 | (3,694) |
| Total Savings Position | 32,000 | 24,966 | 4,781 | 6,115 | 35,861 | (3,861) |

Key:

Green Schemes: Complete, appropriate to complexity, project plan in place, brief available reflecting timescales, milestones, enablers and risk considered. Complete project brief provides clear base for financial assessment

Amber Schemes: Clear components of project plan in place with elements not fully confirmed and addressed

Red schemes: Pipeline schemes yet to be finalised

In addition to the Savings target included in the UHBs initial plan the UHB is required to reduced in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by Welsh Government in October. The additional 10% Improvement required for the UHB to meet the

Welsh Government revised target control is planned to be realised through the review, management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target.

Table 9: Going Further 10%

| Going Further 10% | 23-24 Target | Green | Amber | Red | Total Savings Identified | Shortfall Green/Amber/Red |
|-------------------|--------------|-------|-------|-------|--------------------------|---------------------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Total | 8,800 | 2,565 | 2,854 | 1,720 | 7,139 | 1,661 |

Cash Flow Forecast

The cash balance at the end of October was £5.162m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support.

The UHB has prepared an accountable officer's letter to formally request the strategic cash assistance in line with the revised forecast outturn. In addition, the UHB urgently requires confirmation and action of outstanding cash allocations that have been included in table E since the beginning of the year.

Due to the significant requirement for strategic cash support in 2023/24, combined with the timing of pay award cash flows and the level of outstanding allocation, the UHB anticipates restricting payments to suppliers from the final quarter onwards. This will impact the PSPP performance. From January onwards the UHBs cashflow will be severely impaired.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £120m.

The UHB's working cash assumption for 2023-24 assumes coverage from Welsh Government for the following :-

- Strategic Cash support for the £16.460m deficit of the UHB 2023-24 Financial Plan. Health Boards are required to submit an Accountable Officer letter in support of a request for Strategic Cash Support. The UHB gained approval for its application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit at its Finance Committee of the 18th October and is seeking further approval at its Board meeting of 30th November. Chairs action will be taken in lieu of Board approval.
- £12.488m of resource cover provided in 2022-23 where additional cash cover was not provided because of the proximity to year end. This includes the additional 1.5% consolidated pay award (£11.8m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support.
- Movements in Revenue and Capital working capital from the 2022-23 Balance Sheet including circa £7m of capital payments relating to 2022/23 where the cash was paid to suppliers in 2023/24. This will continue to be assessed as the year progresses.
- In addition to the UHBs strategic and working cash requirements, there are a significant amount of anticipated allocations as per the table below, (circa 80m including £53m of pay increase funding) which are yet to be confirmed. The UHB is not able to draw down the associated cash, until these allocations are confirmed and this in turn is expected to impact on the UHBs scheduling of payments from the beginning of the last quarter onwards if confirmation of the allocations remain outstanding and additional strategic cash support also remains outstanding.

Table 9 - Outstanding Cash Limit Allocations @ Month 7

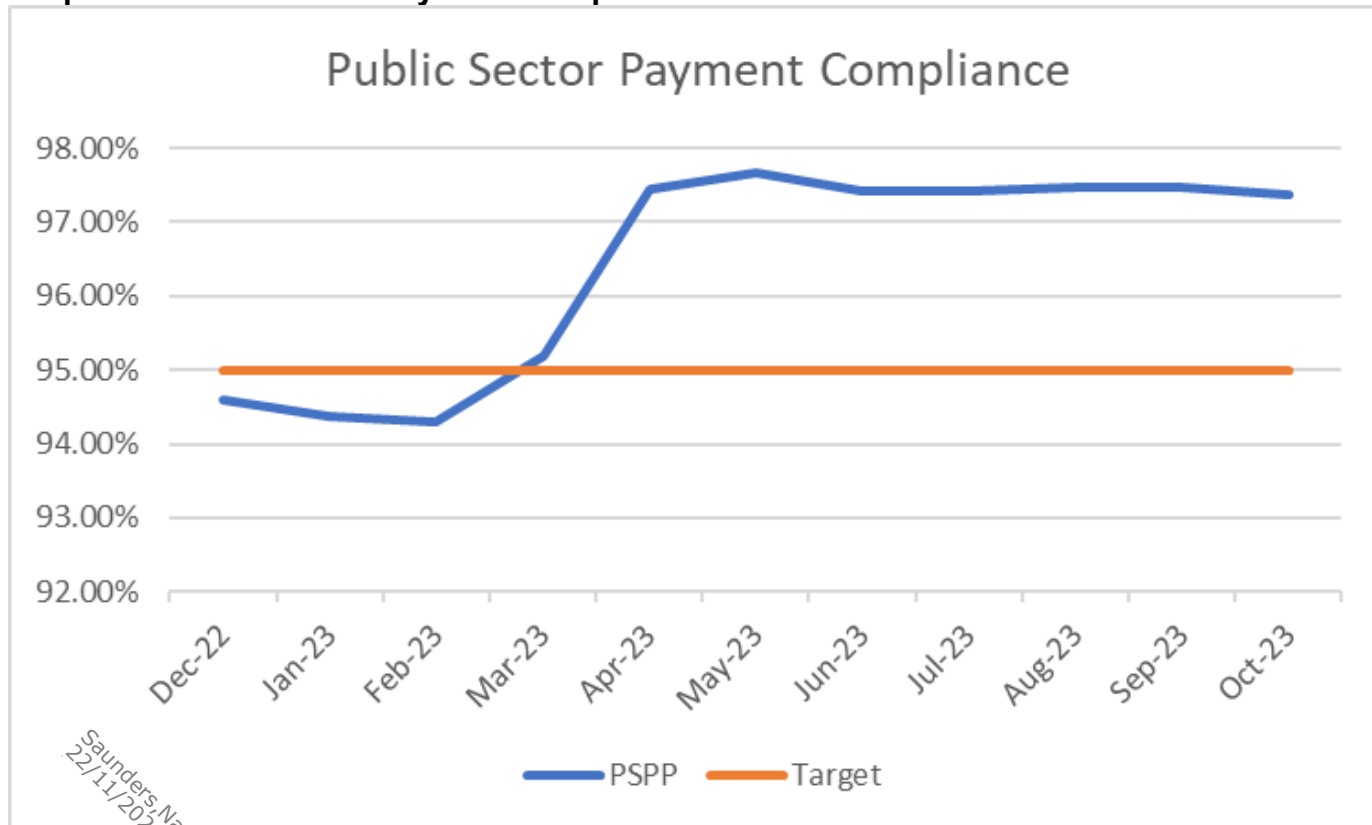
| Description | Amount £ |
|--|---------------|
| Consolidated Pay Uplift 2023_24 5% AFC | 31,500 |
| 2022_23 Consolidated Award 1.5% | 11,505 |
| Medical & Dental PAY AWARD 2023_24 | 9,400 |
| Energy Claim | 7,600 |
| COVID-19 TTP,PPE & Vaccinations | 7,330 |
| Inflation - RLW 22/23 & 23/24 | 7,311 |
| Vertex Funding | 2,700 |
| Six Goals for Urgent and Emergency Care Programme | 1,480 |
| Digital Priorities Investment Fund for AWIP | 1,600 |
| Clinical Excellence/Distinction Awards | 1,497 |
| Welsh Government Funded New Medical Posts _ 6691 | 1,313 |
| GP IM&T Refresh Programme and Maintenance | 1,225 |
| Other Allocations (includes (£3.823) deduction for Welsh Risk Pool) | (902) |
| Total Unconfirmed Cash Limit Allocations as at Month 7 £'000s | 83,559 |

The cashflow is included in Table G of the Monthly Monitoring Returns which is provided to the Finance Committee each month.

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 October was 97.36% and improvements are illustrated in Graph 6 below.

Graph 6 – Public Sector Payment Compliance



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

Capital

Of the UHB's approved Capital Resource Limit, 21% has been expended to date.

Two capital schemes are currently classified as medium risk:

- Genomics - forecasting a potential £1.041m overspend. This is to be managed through the discretionary programme and is reflected in the 'Estates' line of the capital tables. The overspend is due to a number of factors including inflation, IT spec and the rerouting of drainage.
- Eye Care – discussions are ongoing with DCHW in relation to the future of this asset and the ongoing service provision.

All projects forecasts were reviewed and confirmed with WG as at M6. Revised allocations as per the CRL dated 27th October received from Welsh Government (£32.508m) are reflected in table I and J.

All other schemes are currently in line with the revised forecasts. UHL infrastructure, Endoscopy, Genomics, and Park View are all slightly behind plan year to date, however these are still expected to deliver in 23/24.

Table 10: Finance - Key Performance Indicator Dashboard at October 2023

| Measure | STATUS REPORT | | | | |
|---|---|------------|--------------|--|-----------------|
| | October 2023 | RAG Rating | Latest Trend | Target | Time Period |
| Deliver 2023/24 Draft Financial Plan | £16.021m deficit at month 7. £9.602m forecast deficit, £2.463m savings gap and £3.956m operational deficit. | R | ⚠ | Deliver 2023/24 £88.4m Planned Deficit | M7 2023-24 |
| Remain within capital resource limits. | The UHB expects to remain within its Capital Resource Limit which was £32.508m at month 7 | G | ⚠ | Remain within approved planned expenditure | M7 2023-24 |
| Delivery of recurrent £32m savings target | £35.861m Green, Amber and Red schemes identified at month 7 of which £20.998m were recurrent. | R | ⚠ | £32m | M7 2023-24 |
| Creditor payments compliance 30 day Non NHS | 97.36% at the end of October | A | ⚠ | 95% of invoices paid within 30 days | M7 2023-24 |
| Remain within Cash Limit | The UHB's working and strategic cash requirement requirement has been highlighted monthly to Welsh Government and a formal request is now subject to Board approval | A | ⚠ | To remain within Cash Limit | M7 2023-24 |
| Maintain Positive Cash Balance | Cash balance = £5.162m | G | ⚠ | To Maintain Positive Cash Balance | End of Oct 2023 |

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

The Financial Plan includes a revised forecast deficit of £16.460m.

The revised forecast deficit is based on the receipt of an additional £63.100m funding from Welsh Government and additional UHB action to reduce its expenditure base by £8.840m. The further reduction in expenditure represents an increase in risk which the UHB needs to manage.

Delivery of the core financial plan includes a 4% (£32.0m) recurrent savings requirement. At Month 7 £35.861m of savings were identified, representing 112% 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 £3.956m in month 7. Enhanced monitoring is in-place for both operational positions and to further progress the gap in the Savings Programme. Alongside this, further additional actions are progressing to recover the month 7 operational & savings deficits.

In addition, the UHB increasingly requires confirmation of strategic cash support and outstanding allocations to maintain its cash position and PSpP performance.

Recommendation:

At Month 7 the Committee are requested to:

- **NOTE** the revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure.
- **NOTE** the reported year to date overspend of £16.021m and the forecast deficit of £16.460m.
- **NOTE** the financial impact of forecast COVID 19 costs which is assessed at £44.264m.
- **NOTE** the month 7 operational overspend against plan of £3.956m
- **NOTE** the progress against the savings target, with £35.861m (113%) of schemes identified at Month 7 against the £32m target.
- **NOTE** that delivery of the forecast is also predicated on the confirmation of all outstanding income streams.
- **NOTE** the request to Finance Committee for recommendation to Board for approval of the UHBs application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit.

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 | |

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

| | | | | | |
|------------|-----------|---|-------------|---------------|-------------|
| Prevention | Long term | x | Integration | Collaboration | Involvement |
|------------|-----------|---|-------------|---------------|-------------|

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: 18th October 2023

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| | | | | | |
|--|--|---------|----------|-----------------|--------------------------------------|
| Report Title: | 2023-24 Strategic Cash Request Submission | | | Agenda Item no. | 2.2 |
| Meeting: | Finance Committee | Public | X | Meeting Date: | 22nd November 2023 |
| | | Private | | | |
| Status <i>(please tick one only):</i> | Assurance | x | Approval | Information | x |
| Lead Executive: | Executive Director of Finance | | | | |
| Report Author (Title): | Deputy Director of Finance | | | | |

Main Report

Background and current situation:

SITUATION

Technical UPDATE NOTE – 2 (2023-24) issued by the Finance Directorate, Health and Social Services Group, Welsh Government on the 27th October 2023 re-confirmed that the cash implications of the UHBs operational deficit are a separate issue to the annual movement of working balances cash exercise.

Health Boards are required to submit an Accountable Officer letter (once requirements are established) in support of a request for Strategic Cash Support in 2023/24. Application requests must be submitted by close of play Thursday 23rd November 2023.

The following application requirements are in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:

- All applications for Strategic Cash Support are required to be made to the Chief Executive NHS Wales
- All applications are to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the LHB and the actions management are taking to mitigate the cash support requirement;
- All applications to be made by the Accountable Officer of the LHB.

The UHB has highlighted its 2023/24 year end cash deficit arising from its forecast deficit within the monthly monitoring return provided to Welsh Government on a monthly basis.

The request for strategic cash support in 2023/24 totals £16.460m in recognition of the revised forecast financial deficit forecast at month 7. The UHB received strategic cash support of £26.900m in 2022/23, therefore the cumulative cash support position of the LHB will stand at £43.360m if the 2023/24 request is approved. The UHB is managing a number of risks and progressing additional remedial actions to recover the year to date operational & CRP deficit so that the revised forecast deficit can be met and the requirement for strategic cash support mitigated.

Further to the Strategic Cash Support required in respect of the UHB's forecast 2023/24 deficit, the Health Board also forecasts that it will require an additional increase in its cash limit due to in year movement in working balances brought forward to the balance sheet. As a minimum this is expected to be £12.487m in respect of the 2022/23 Welsh Government Revenue Resource Limit where funding was not backed by cash due to confirmation in April, after financial year end. £11.781m of the request relates to the 2022/23 1.5% Consolidated Pay Increase which was paid in 2023/24.

In addition, work is ongoing to assess any working capital requirement in respect of Capital expenditure. The current assessment is that cash support up to £7m will be required.

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

The UHB request for Strategic Cash Support in 2023/24 is consistent with the forecast deficit reported through the UHBs Finance Committee.

Recommendation:

The Board / Committee are requested to:

Note the UHBs minimum working cash balance requirement of £12.487m.

Note the ongoing work to assess any requirement working cash associated with the UHBs Capital expenditure programme.

Recommend that the UHB’s Board approves the UHB’s application to Welsh Government for £16.460m Strategic Cash Support in support of its revised 2023/24 forecast deficit.

Approve Chairs Action to approve the UHB’s application to Welsh Government for Strategic Cash Support in lieu of formal Board approval.

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 | |

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

| | | | | | | | | | |
|------------|--|-----------|---|-------------|--|---------------|--|-------------|--|
| 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 Committee | Date: 22 nd November 2023 |
| | |
| | |
| | |

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| | | | | |
|--|---|--|--------------------------------------|------------|
| Report Title: | Operational Performance Report | | Agenda Item no. | 2.3 |
| Meeting: | Finance and Performance Committee | Public <input checked="" type="checkbox"/> | Meeting Date: | 22/11/2023 |
| 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): | Head of Performance, Graduate Management Trainee | | | |

Main Report

Background and current situation:

Background and current situation:

The Operations and Information Teams have redesigned the Integrated Performance Report to better meet the requirements of the Board, it's Committees and improve performance reporting for the Health Board as a whole, both internally and externally. This updated report incorporates progress against the ministerial priorities and our performance ambitions/IMTP priorities. It will also include performance against the NHS Performance Framework, which was finalised in June 2023

The sections of the full report covering Operation Performance, which are pertinent to the Finance and Performance Committee are:

Section 1: Ministerial Priorities

Section 2: Quadruple Aim 2

This report is intended to be iterative and feedback from the Committee will be useful as we develop this resource.

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

The enclosed performance report details the Health Board's performance against the Ministerial priorities, Health Board commitments from our IMTP and the wider NHS Wales Performance Framework.

We continue to see a high level of demand for our urgent and emergency care services. Despite this we have seen performance improvement in areas we have given operational focus. The focussed work on ambulance handovers through this year has led to significant reductions in the number of patients waiting long periods an ambulance outside our Emergency Department, in addition to an overall reduction in the average handover time, surpassing our commitments.

October has seen an periods of sustained pressure and a deterioration from September across our suite of EU metrics: however, our average ambulance handover delay reduced and our ambulance performance remains in excess of our IMTP commitments and continues to show a considerable improvement from our historic performance. The number of 'majors' EU attendances has fallen and is currently better than our ambition, following the redesign and removal of SDEC patients from the EU flow.

The number of patients waiting 12 and 24 hours in our Emergency Department increased during October. The improvements resulting from the significant number of ward moves and redesign of our EU/AU footprint in July are taking time to fully imbed and will have impacted our performance, we continue to analyse breaches to better understand and improve our flow processes. As we enter the winter months we are already seeing increased pressure throughout our health system, with sustained periods of pressure impacting all areas of urgent and emergency care.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. However, the improvements are not necessarily reflected by the annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward and continued improvement in the door to ward and prompt surgery performance for August. Compliance with the KPI for Prompt Surgery improved in July and our performance remains above the NHFD average.

September saw further improvement in our compliance against some key SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours increased to 67.9% and remains significantly above the all Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022 and we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. Our SSNAP grade has improved to B for the period April-June 2023, this is a significant 8-point improvement from the previous quarter and a reflection of the work undertaken by the teams. We continue to experience challenges in increasing the number of patients thrombolysed and this remains an area of continued focus, working with colleagues from the NHS Executive.

In terms of our compliance with the 62-day single cancer pathway standard, whilst we did not deliver the 75% standard as we had originally intended, our performance in August increased to 66.4% and has remained above 60% since February this year. A separate paper on Cancer was submitted to the Finance and Performance Committee last month. The September position will be available by the time of the meeting. Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q1.

| SCP compliance | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Original submission | 40.1% | 42.6% | 54.8% | 57.8% | 58.5% | 55.1% | 61.5% | 62.2% | 64.2% | 61.7% | 62.0% | 65.6% | 66.4% |
| Compliance following quarterly refresh | 50.0% | 50.3% | 56.9% | 60.0% | 62.8% | 57.5% | 62.9% | 63.5% | 66.0% | 64.5% | 63.6% | | |

The numbers of patients waiting on an RTT waiting list has increased this month. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions. We remain on track to deliver our commitments to eliminate 3-year Outpatient waits, and reduce our 3- and 2-year treatments waits in line with Ministerial ambitions.

We are currently over our trajectory to deliver our commitment on 52-week outpatient waits. While we have made progress in reducing the cohort of patients who will breach by March 2024 the number of in month breaches remains above our ambition. Our work to eliminate 3- year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway. We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. This is not a UHB wide issue and we are working with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments in recent months, however, the number of delays is still higher than our ambition. Clinical Boards have developed action plans to reduce these numbers with specific focus on the longest delays. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services.

The waiting list position for Diagnostics has deteriorated in recent months, with particular challenges in Radiology and Endoscopy. It is hoped that the upcoming development of a Community Diagnostic

Hub, and interim use of mobile facilities will address radiological backlogs. Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service have an improvement plan, with additional theatre and insourcing capacity, aligned to a longer term workforce plan to further address the deterioration in the length of wait.

In October the UHB is undertaking a deep dive into the provision of General Dental Services with Cardiff and the Vale. Dental services are going through a period of reform as Welsh Government assess the impact of contract reforms on the provision of services and access to primary care dentistry. A report on General Dental Services has been provided for the Committee for review at its November meeting.

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults fell to below 50% in April following an exceptionally high number of referrals in March. However, the teams have managed to recover their waiting list position and June’s reported compliance with the 28-day standard returned to 100%, remained high in July at 99.8% and was 100% in August and September. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance.

As previously noted, we have made changes to the Emergency Unit and Assessment Unit areas as described in July’s paper. We anticipated that this would impact our EU attendance and 4-hour performance, beginning in July, will full month effect from August’s data. This has been evidenced in the Q2 data with reported attendances and 4-hour compliance reduced from May, June and July. Welsh Government have been notified of the changes and our teams are working to ensure these changes will help to better align our reporting with ongoing national proposals. Cardiff and Vale have been asked to lead an All Wales task and finish group to explore how we capture and report activity from an emergency and urgent perspective nationally. The changes developed will part of the Welsh Emergency Care Data Set (WECDS) development which will replace EDDS. The Health Board are meeting with the Delivery Unit regularly to develop a dataset as an exemplar in Wales. The aim is that this will be adopted across the whole of Wales to ensure we can compare services in an equitable and fair way.

Recommendation:

The Finance and Performance Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2023-24 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 | |
|------------|--|-----------|---|-------------|---|---------------|--|-------------|--|

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

| Committee/Group/Exec | Date: |
|----------------------|-------|
| | |
| | |
| | |

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Cardiff and Vale Integrated Performance Report

November 2023

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Report Contents

1. [Ministerial Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

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The Minister for Health and Social Services has set out 6 priority areas to help address the immediate pressures and help to build a sustainable health and care service over the next year.

Section 1 provides an overview of the Health Boards performance in relation to the 16 measures that are included within these 6 priority areas. As many of the measures are not specific, detail is provided on the specific measurement(s) that has been used to monitor compliance.

For a more in depth view on performance for each priority, please follow the links in the NHS Performance Framework column.

| Priority | Aim | C&V Commitment | Commitment to meet ministerial ambition? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|--|---|----------------|--|-----------|---|--------------------------------------|
| Delayed Transfers of Care | Reduction in backlog of delayed transfers Measure: number of delayed transfers of care. Reporting period: monthly | 217 | Yes | June 2023 | 191 October | Hyperlink to section |
| Primary Care Access to Services | Improved access to GP and Community Services Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly | 95% | Yes | June 2023 | 98% September | Hyperlink to section |
| | Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly | 50% | Yes | June 2023 | 99% September | Hyperlink to section |
| | Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly | 90% | Yes | June 2023 | 98% June | Hyperlink to section |
| | Improved use of optometry services Measure: Reduce number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Reporting: monthly | 877 | Yes | Dec 2023 | 860 September | Hyperlink to section |
| Urgent and Emergency Care | Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales Measure: Performance response time in NHS 111 Reporting: TBC | tbc | tbc | June 2023 | tbc | Hyperlink to section |
| | Implementation of Same Day Emergency Care services Measure: Increase in SDEC attendances Reporting: monthly | 1233 | Yes | June 2023 | 1835 October | Hyperlink to section |
| | Honour commitments that have been made to reduce handover waits Measure: Eliminate 4 hour ambulance handover delays Reporting: monthly | 0 | Yes | June 2023 | 0 October | Hyperlink to section |

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Performance Key: Meeting standard / trajectory over target/trajectory

| Priority | Aim | C&V Commitment | Commitment to meet ministerial ambition? | By When | In Month Performance against C&V commitment | Link Performance Report | |
|--|---|-------------------------------|--|------------|---|--------------------------------------|--------------------------------------|
| Planned Care, Recovery, Diagnostics and Pathways of Care | Achieve RTT waiting time targets Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly | 8999 | No | Mar 2024 | 11133 September | Hyperlink to section | |
| | Measure 2: 104 week treatment target by December 2023 Reporting: monthly | 3788 | Yes | Dec 2023 | 4054 September | Hyperlink to section | |
| | Set foundations for achieving waiting list targets Measure: Reduce outpatient overdue follow by 25% against 2019/20 levels Reporting: monthly | 37623 | Yes | Mar 2024 | 44425 September | Hyperlink to section | |
| | Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly | Go-Live | Yes | Dec 2023 | Q1 24/25 | Hyperlink to section | |
| | Measure 2: Achieve 8-week diagnostic Reporting: monthly | 0 | No | June 2025 | 12246 September | Hyperlink to section | |
| | Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly | Go-Live | Yes | Sept 2023 | On track | Hyperlink to section | |
| Cancer | Achieve SCP target Measure: 75% of patients starting their first definitive cancer treatment within 62 days Reporting: monthly | 75% | Yes | June 2023 | 66.4% August | Hyperlink to section | |
| | Implement the national cancer pathways within the national target Measure: progress reporting on national cancer pathways Reporting: quarterly | Go-Live | Yes | Sept 2023 | Planning ongoing | Hyperlink to section | |
| Mental Health and CAMHS | Achieve waiting time performance for Local Primary Mental Health Support Services and Specialist CAMHS Reporting (for all): monthly | Measure 1: Part 1a (adults) | 80% | Yes | June 2023 | 100% Sept | Hyperlink to section |
| | | Measure 2: Part 1b (adults) | 80% | Yes | June 2023 | 100% Sept | |
| | | Measure 3: Part 2 (adults) | 80% | Yes | June 2023 | 45.7% Sept | |
| | | Measure 4: Part 1a (children) | 80% | Yes | June 2023 | 87% Sept | |
| | | Measure 5: Part 1b (children) | 80% | Yes | June 2023 | 22% Sept | |
| | | Measure 6: Part 2 (children) | 80% | Yes | June 2023 | 91% Sept | |
| | Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly | Go-Live | Yes | Sept' 2023 | Delivered | Hyperlink to section | |

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Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

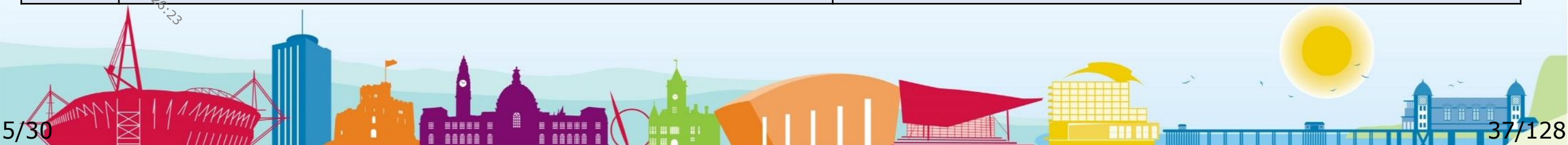
Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

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| Number | Aim | Contents |
|--------|---|---|
| Aim 1 | People in Wales have improved health and well-being with better prevention and self-management | Public Health |
| Aim 2 | People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement | Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health |
| Aim 3 | The health and social care workforce in Wales is motivated and sustainable | People and Culture |
| Aim 4 | Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes. | Quality, Safety and Experience Financial Performance |

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C&V Priorities and Annual Plan Commitments

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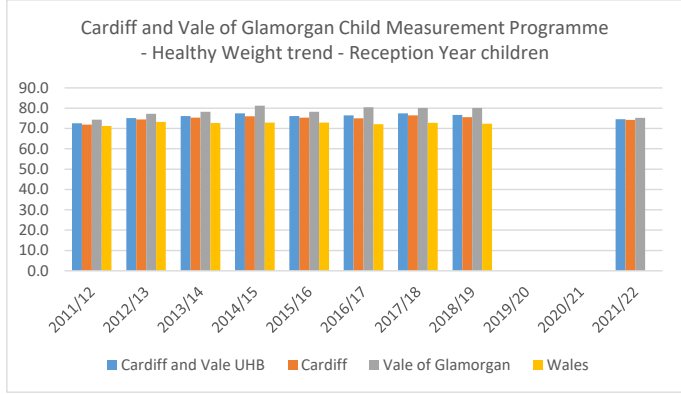
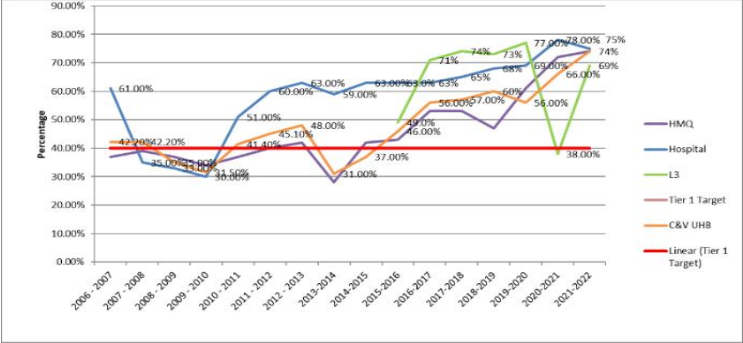
| Priority | Performance Summary | Reported Period | Data |
|--|---|-----------------|---|
| Health Protection Acute Respiratory Infections (ARI) | Acute Respiratory Infections (ARI) <ul style="list-style-type: none"> Influenza activity remains low, indicating there is not yet widespread circulation Hospital admissions for Covid-19 have fallen sharply across Wales since mid October. Covid-19 clusters in hospital are low and stable. There has been a gradual increase in LFD/PCR positivity in the last fortnight Omicron sub-variant EG.5.1 and XBB.1.16 are currently the most common variants across Wales RSV activity in under 5s has continued to increase and is at a very high level | Week 43 | <p>Source: PHW weekly flu/ARI report</p> |
| Health Protection Immunisation | Immunisation: <ul style="list-style-type: none"> Eligible cohorts have started receiving the Covid-19 Autumn/Winter Booster, with 49,866 doses given in Cardiff and Vale as of the 26th October 2023, and 27.08% uptake to date (cf Wales average 26.99% uptake). As of the 5th of November UHB COVID-10 Staff vaccination uptake sits at 32.7% and it is at 29.6% for Influenza vaccination. This is delivered as part of the Staff Winter Respiratory Vaccination campaign which will see the co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres, occupational health and with opportunistic vaccination through vaccination champions. | Q2 2023/24 | Wales COVID-19 vaccination surveillance weekly report.pdf Infant covid 19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddeb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf |
| Health Protection Health Protection System | Health Protection System <ul style="list-style-type: none"> Planning for a regional, all hazards Integrated Health Protection Partnership is well established, with expected full implementation by end of year A Cardiff and Vale Health Protection Plan has been developed in consultation with key partners; the Plan will be finalised in Q3 | Q3 2023/24 | |

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C&V Priorities and Annual Plan Commitments

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| Priority | Performance Summary | Reported Period | Data |
|---|--|----------------------------|---|
| <p>Health Improvement Healthy weight</p> | <p>Healthy weight:</p> <ul style="list-style-type: none"> 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data. 40% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021/22+2022/23)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021/22+2022/23)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021/22+2022/23)*. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. | <p>Q2 2023-2024</p> |  <p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p> |
| <p>Health Improvement Tobacco</p> | <p>Tobacco</p> <ul style="list-style-type: none"> 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales In Quarter 1 - 0.6% of smokers set a firm quit date. 59% quit smoking at 4 weeks (HMQ, Pharmacy Level 3 and Hospital Smoking Cessation Service combined) HMQ community – 70% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy – 25% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 45% of Treated Smokers had quit smoking at 4 weeks. Q2 data to be collected and submitted to Welsh Gov – Nov 23. | <p>Quarter 1 2023-2024</p> |  |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|-----------|---|------------------------|----------------------|--|--|-----------|----------|-----------|-----------|--------|--------|--------|--------|
| 1. | Percentage of adult smokers who make a quit attempt via smoking cessation services | 1 Jan 23 to 31 Mar 23 | 0.8% per quarter | 0.6% | <table border="1"> <tr> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Q1</td> </tr> <tr> <td>0.50%</td> <td>0.40%</td> <td>0.70%</td> <td>0.60%</td> </tr> </table> | Q2 | Q3 | Q4 | Q1 | 0.50% | 0.40% | 0.70% | 0.60% |
| Q2 | Q3 | Q4 | Q1 | | | | | | | | | | |
| 0.50% | 0.40% | 0.70% | 0.60% | | | | | | | | | | |
| 2. | Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol) | | Improvement trend | Work in progress with substance misuse | | | | | | | | | |
| 3. | Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) | 1 Apr 23 to 30 Jun 23 | 95% | 83.7% | <table border="1"> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> </tr> <tr> <td>83.70%</td> <td>87.20%</td> <td>86.80%</td> <td>84.80%</td> </tr> </table> | Q1 | Q2 | Q3 | Q4 | 83.70% | 87.20% | 86.80% | 84.80% |
| Q1 | Q2 | Q3 | Q4 | | | | | | | | | | |
| 83.70% | 87.20% | 86.80% | 84.80% | | | | | | | | | | |
| 4. | Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024) | 1 Jan 23 to 31 Mar 23 | 90% | 74.4% | <table border="1"> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> </tr> <tr> <td>74.40%</td> <td>72.60%</td> <td>70.30%</td> <td>71.30%</td> </tr> </table> | Q1 | Q2 | Q3 | Q4 | 74.40% | 72.60% | 70.30% | 71.30% |
| Q1 | Q2 | Q3 | Q4 | | | | | | | | | | |
| 74.40% | 72.60% | 70.30% | 71.30% | | | | | | | | | | |
| 5. | Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024) | 1 Sept 22 to 31 Mar 23 | 75% | 57% | <table border="1"> <tr> <td>31st Oct</td> <td></td> <td></td> <td></td> </tr> <tr> <td>57.00%</td> <td></td> <td></td> <td></td> </tr> </table> | 31st Oct | | | | 57.00% | | | |
| 31st Oct | | | | | | | | | | | | | |
| 57.00% | | | | | | | | | | | | | |
| 6. | Percentage uptake of the COVID-19 vaccination for those eligible (Applicable during: Spring Booster 01.04.2023 - 30.06.2023) (Autumn Booster 01.09.2023 - 31.03.2024) | 1 Sep 23 to 30 Mar 24 | 75% | 30.96% | <table border="1"> <tr> <td>w/e 15/10</td> <td>we 22/10</td> <td>w/e 26/10</td> <td>w/e 02/11</td> </tr> <tr> <td>17.55%</td> <td></td> <td>27.09%</td> <td>30.96%</td> </tr> </table> | w/e 15/10 | we 22/10 | w/e 26/10 | w/e 02/11 | 17.55% | | 27.09% | 30.96% |
| w/e 15/10 | we 22/10 | w/e 26/10 | w/e 02/11 | | | | | | | | | | |
| 17.55% | | 27.09% | 30.96% | | | | | | | | | | |
| 7. | Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment | Aug-23 | 90% | 31.9% | <table border="1"> <tr> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> </tr> <tr> <td>3.40%</td> <td>4.70%</td> <td>12.30%</td> <td>31.90%</td> </tr> </table> | May-23 | Jun-23 | Jul-23 | Aug-23 | 3.40% | 4.70% | 12.30% | 31.90% |
| May-23 | Jun-23 | Jul-23 | Aug-23 | | | | | | | | | | |
| 3.40% | 4.70% | 12.30% | 31.90% | | | | | | | | | | |
| 8. | Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks | Jun-23 | 90% | 97.7% | <table border="1"> <tr> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> </tr> <tr> <td>96.30%</td> <td>95.60%</td> <td>98.00%</td> <td>97.70%</td> </tr> </table> | Mar-23 | Apr-23 | May-23 | Jun-23 | 96.30% | 95.60% | 98.00% | 97.70% |
| Mar-23 | Apr-23 | May-23 | Jun-23 | | | | | | | | | | |
| 96.30% | 95.60% | 98.00% | 97.70% | | | | | | | | | | |
| 9. | Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life | Sep-23 | 95% | 97.6% | <table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>97.30%</td> <td>93.50%</td> <td>95.30%</td> <td>97.60%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 97.30% | 93.50% | 95.30% | 97.60% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 97.30% | 93.50% | 95.30% | 97.60% | | | | | | | | | | |

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| Priority | Performance Summary | Reporting Period | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|--|-------|-------|--------|------|--------|-----|--------|------|--------|------|--------|------|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|---|--------|---|--------|---|
| <p>Ambulance Handover</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 4-hour ambulance delays (June 23) Reduce average lost minutes to 30 (Sept 23) | <ul style="list-style-type: none"> The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero since January 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In June there were two 2-hour holds, a reduction from 206 in March, in July we reported 15, in August 20 and September 27. Average lost minutes per arrival at UHW remains reduced decreasing to 25 minutes in October from 27 in September. Average lost minutes per arrival for the Health Board was 21. This performance remains better than our annual plan commitment. | <p>Oct-23</p> | <p>Number of ambulance handovers >4 hours</p> <table border="1"> <caption>Number of ambulance handovers >4 hours</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>Jul-22</td><td>180</td></tr> <tr><td>Aug-22</td><td>230</td></tr> <tr><td>Sep-22</td><td>230</td></tr> <tr><td>Oct-22</td><td>100</td></tr> <tr><td>Nov-22</td><td>100</td></tr> <tr><td>Dec-22</td><td>50</td></tr> <tr><td>Jan-23</td><td>0</td></tr> <tr><td>Feb-23</td><td>0</td></tr> <tr><td>Mar-23</td><td>0</td></tr> <tr><td>Apr-23</td><td>0</td></tr> <tr><td>May-23</td><td>0</td></tr> <tr><td>Jun-23</td><td>0</td></tr> <tr><td>Jul-23</td><td>0</td></tr> <tr><td>Aug-23</td><td>0</td></tr> <tr><td>Sep-23</td><td>0</td></tr> <tr><td>Oct-23</td><td>0</td></tr> </tbody> </table> | Month | Count | Jul-22 | 180 | Aug-22 | 230 | Sep-22 | 230 | Oct-22 | 100 | Nov-22 | 100 | Dec-22 | 50 | Jan-23 | 0 | Feb-23 | 0 | Mar-23 | 0 | Apr-23 | 0 | May-23 | 0 | Jun-23 | 0 | Jul-23 | 0 | Aug-23 | 0 | Sep-23 | 0 | Oct-23 | 0 |
| Month | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Emergency Department</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 24-hour ED waits (June 23) Reduce 12-hour ED waits by 50% (Sept 23) | <ul style="list-style-type: none"> In October, 27 patients waited 24-hours in the EU footprint without a stop-clock, a decrease from the 41 patients in August but increased from 11 in September 12-hour ED waits increased slightly from 803 in September to 835 in October, this is above our IMTP ambition. Work continues to embed the improvements following the significant number of ward moves and EU/AU redesign over the summer, which has impacted our performance for Q2 | <p>Oct-23</p> | <p>12 Hour Wait Reduction by 50% of baseline by Sept-23</p> <table border="1"> <caption>12 Hour Wait Reduction by 50% of baseline by Sept-23</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>Apr-22</td><td>1200</td></tr> <tr><td>Jun-22</td><td>900</td></tr> <tr><td>Aug-22</td><td>1000</td></tr> <tr><td>Oct-22</td><td>1000</td></tr> <tr><td>Dec-22</td><td>1100</td></tr> <tr><td>Feb-23</td><td>800</td></tr> <tr><td>Apr-23</td><td>700</td></tr> <tr><td>Jun-23</td><td>300</td></tr> <tr><td>Aug-23</td><td>900</td></tr> <tr><td>Oct-23</td><td>800</td></tr> <tr><td>Dec-23</td><td>800</td></tr> <tr><td>Feb-24</td><td>800</td></tr> </tbody> </table> | Month | Count | Apr-22 | 1200 | Jun-22 | 900 | Aug-22 | 1000 | Oct-22 | 1000 | Dec-22 | 1100 | Feb-23 | 800 | Apr-23 | 700 | Jun-23 | 300 | Aug-23 | 900 | Oct-23 | 800 | Dec-23 | 800 | Feb-24 | 800 | | | | | | | | |
| Month | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 1200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 1000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 1000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 1100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Delayed Pathways of Care, LOS and Beds</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Reduce DPOCs by 10% (June-23) Reduce >21 day LOS by 5% (June-23) Re-establish dedicated AOS beds (Sept) | <ul style="list-style-type: none"> Delayed pathways of care remain a national challenge, the October 2023 census reported 191 delayed pathways, an increase from 173 in September but below our commitment of 217 We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 31% and 58% respectively. Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS), including consideration of dedicated beds following a recent pilot. An update and proposal is now planned for the beginning of Q3. | <p>Oct-23</p> | <p>Reduce DPOCs by 10% (June-23)</p> <table border="1"> <caption>Reduce DPOCs by 10% (June-23)</caption> <thead> <tr><th>Month</th><th>Count</th></tr> </thead> <tbody> <tr><td>Oct-22</td><td>300</td></tr> <tr><td>Nov-22</td><td>280</td></tr> <tr><td>Dec-22</td><td>300</td></tr> <tr><td>Jan-23</td><td>290</td></tr> <tr><td>Feb-23</td><td>280</td></tr> <tr><td>Mar-23</td><td>250</td></tr> <tr><td>Apr-23</td><td>240</td></tr> <tr><td>May-23</td><td>200</td></tr> <tr><td>Jun-23</td><td>200</td></tr> <tr><td>Jul-23</td><td>180</td></tr> <tr><td>Aug-23</td><td>170</td></tr> <tr><td>Sep-23</td><td>180</td></tr> <tr><td>Oct-23</td><td>190</td></tr> </tbody> </table> | Month | Count | Oct-22 | 300 | Nov-22 | 280 | Dec-22 | 300 | Jan-23 | 290 | Feb-23 | 280 | Mar-23 | 250 | Apr-23 | 240 | May-23 | 200 | Jun-23 | 200 | Jul-23 | 180 | Aug-23 | 170 | Sep-23 | 180 | Oct-23 | 190 | | | | | | |
| Month | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 280 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 290 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 280 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Priority | Performance Summary | Reporting Period | Data |
|--|---|------------------|------|
| <p>ED Attendances</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter) | <ul style="list-style-type: none"> In October 2023 we reported 11,653 EU attendances, an decrease from the 12,395 reported in September The number of EU Majors attendances in October 2023 was 6,216, an decrease from September and below our ambition of 6507. | <p>Oct-23</p> | |
| <p>Same Day Emergency Care</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> 10% increase in the total number of patients managed through SDEC (June 2023) Reduced number of unplanned re-representations within 7-days of SDEC attendance (September 2023) Improve % of take managed in SDEC without requiring admission | <ul style="list-style-type: none"> In October 2023 we saw 1,162 patients seen via surgical SDEC and 673 via the medical SDEC. In total 1,835 patients were seen, above our commitment of a 10% increase by the end of Q1. The number of attendances to medical SDEC had been increasing month on month since June 2022, but showed a small reduction from August to September. A new process for national submissions has been undertaken and we hope to report on the other measures once complete | <p>Oct-23</p> | |

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| Priority | Performance Summary | Reporting Period | Data |
|---|---|---------------------------------------|------|
| <p>Urgent Primary Care</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) All clusters to have adequate access to UPCC capacity (September 2023) NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) Increased redirections from ED to UPCC (March 2024) | <ul style="list-style-type: none"> Average utilisation of 88% achieved across Cardiff and Vale for September, a decrease from 91% in July. Delivery plan in place to develop Urgent Care Centres as part of the 6 Goals Programme, to achieve full and equitable access across Cardiff and Vale – (76% Coverage, increasing to 86% by December) Calls to CAV247/OOH service - Q1 = 93%, Q2 87% Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Total referrals for Q1 = 63, Q2 = 122 | <p>Sept-23</p> <p>Q2- Sept 23</p> | |
| <p>Community Services</p> <ul style="list-style-type: none"> Home Visit (P2) f2f in 2 hrs >90% (June 2023) | <ul style="list-style-type: none"> The Health Board was 100% compliant in September 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care center in September the Health Board was 100% compliant, with 8 of 8 patients receiving an appointment within 1 hour The Health Board was 79% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 81 of 102 patients receiving their visit within 2 hours | <p>Sept-23</p> | |

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| Priority | Performance Summary | Reporting Period | Data |
|---|---|------------------|------|
| <p>Fracture Neck of Femur IMTP Commitments:</p> <ul style="list-style-type: none"> 75% admitted within 4 hours (June-23) 85% to theatre within 36 hours (December-23) | <p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In August 2023 the annualised data shows 18.5% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In August, 67.5% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 57% over the last 12 months.</p> <p>A third summit with key stakeholders was held in June with a follow up at the end of September. We have an 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 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 at 5% for Q4 22/23.</p> | <p>Aug-23</p> | |
| <p>Stroke IMTP Commitments:</p> <ul style="list-style-type: none"> 70% scanned within 1 hour (June-23) 90% admitted within 4 hours (Sept-23) 20% thrombolysis rate (Sept-23) | <p>While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen recent improvements in compliance with the 4-hour door to Ward standard. In August :</p> <ul style="list-style-type: none"> 0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 7.0% The percentage of CT scans that were started within 1 hour in September was 66.1%, the All-Wales average was 58.8% The percentage of patients who were admitted directly to a stroke unit within 4 hours was 67.9% in September, the All-Wales average was 32.4% <p>The UHB has held a number of internal Stroke summits and 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. At the most recent SSNAP audit the service we awarded grade 'B', a significant improvement from the previous quarter.</p> | <p>Sept-23</p> | |
| <p>Intensive Care Unit IMTP Commitments:</p> <ul style="list-style-type: none"> Patient at risk team 24/7 (Sept 23) ITU - 1 additional staffed bed (Sept 23) ITU - 2 additional staffed beds (March 24) | <ul style="list-style-type: none"> The patient at risk team (PART) is due to move from a 12/7 service to a 24/7 service from the 1st October following successful staff recruitment. This change will be pivotal in supporting the wards and ITU with the save management and transfer of patients. 3 additional ITU Level 3 beds will be resourced over the course of this financial year. The first of those beds is on-track to be resourced from September 2023 following successful recruitment of staff | <p>Sept-23</p> | |

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| Priority | Performance Summary | Reporting Period | Data |
|---|---|-------------------------------|------|
| <p>Outpatient Follow-up Management Annual Plan Commitment</p> <ul style="list-style-type: none"> Follow up outpatients—reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) SOS and PIFU –20% of appropriate outpatient appointments | <ul style="list-style-type: none"> In total there were 192,040 patients awaiting a follow-up outpatient appointment at the end of September Of these, there were 44,425 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from August 3.2% of outpatient appointments saw patients moving into a See on Symptoms pathway 0.6% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway | <p>Sept-23</p> <p>Sept-23</p> | |
| <p>52 Week New Outpatient Annual Plan Commitment</p> <ul style="list-style-type: none"> <8999 > 52 weeks (March 2024) | <ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from October's data. Weekly assurance is provided to the Chair. | <p>Sept-23</p> | |
| <p>104 Week Treatment Annual Plan Commitment</p> <ul style="list-style-type: none"> 3788 patients > 104 week waits for treatment (December 2023) 1263 patients > 104 week waits for treatment (March 2024) | <ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from October. Weekly assurance is provided to the Chair. We are on track to meet our December commitment | <p>Sept-23</p> | |
| <p>156 Week Waits Annual Plan Commitment</p> <ul style="list-style-type: none"> <350 patients >156 week wait for treatment (September 2023) 0 patients >156 week wait for treatment (December 2023) | <ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. At the end of September there were 330 patients waiting 156 weeks for treatment, lower than our commitment. | <p>Sept-23</p> | |



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C&V Priorities and Annual Plan Commitments

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| Priority | Performance Summary | Reporting Period | Data | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------|--|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|------------|-------|-------|-------|-------|----------|-------|-------|-------|-------|
| Community Pharmacy Annual Plan Commitment: <ul style="list-style-type: none"> >90% of all eligible community pharmacies providing CCPS (June 2023) 10% increase in pharmacy independent provider access (December 2023) | 98% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none"> 102 Community Pharmacies currently eligible to provide CCPS 101/103 Community Pharmacies signed up to deliver CCPS. 3502 PIP consultations undertaken in Q2, increased from 2395 in Q1. There has been an increase to 31% of pharmacies providing PIP services. | Q2-Sept 2023 | PIP consultations <table border="1"> <thead> <tr> <th></th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> </thead> <tbody> <tr> <td></td> <td>1106</td> <td>1035</td> <td>1361</td> <td>1348</td> </tr> </tbody> </table> | | Jul-23 | Aug-23 | Sep-23 | Oct-23 | | 1106 | 1035 | 1361 | 1348 | | | | | | | | | | |
| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | | | | | | | | | | | | | | | | | | | |
| | 1106 | 1035 | 1361 | 1348 | | | | | | | | | | | | | | | | | | | |
| GMS Escalation Annual Plan Commitment: <ul style="list-style-type: none"> >95% of practices reporting escalation levels (June 2023) >95% achievement of core access to in-hours GMS Services (September 2023) | <ul style="list-style-type: none"> Average of 88% of Practices reporting escalation levels (Average for Q1 88%) - Number of escalations from practices reducing (of practices reporting of which 8% at Lvl3, 92% >Lvl3) 98% achievement of core access standards to in hours GMS | Q2-Sept 2023 | Escalation reporting <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td></td> <td>88.0%</td> <td>88.0%</td> </tr> </tbody> </table> National Access Standards <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td></td> <td>98.0%</td> <td>98.0%</td> </tr> </tbody> </table> | | Q1 | Q2 | | 88.0% | 88.0% | | Q1 | Q2 | | 98.0% | 98.0% | | | | | | | | |
| | Q1 | Q2 | | | | | | | | | | | | | | | | | | | | | |
| | 88.0% | 88.0% | | | | | | | | | | | | | | | | | | | | | |
| | Q1 | Q2 | | | | | | | | | | | | | | | | | | | | | |
| | 98.0% | 98.0% | | | | | | | | | | | | | | | | | | | | | |
| Dental Annual Plan Commitment: <ul style="list-style-type: none"> 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024) | <ul style="list-style-type: none"> % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 99.8% % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 45.1% % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 43.8% | Q2-Sept 2023 | <table border="1"> <thead> <tr> <th></th> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> </thead> <tbody> <tr> <td>New</td> <td>46.1%</td> <td>64.1%</td> <td>84.2%</td> <td>99.8%</td> </tr> <tr> <td>New Urgent</td> <td>22.0%</td> <td>29.5%</td> <td>37.3%</td> <td>45.1%</td> </tr> <tr> <td>Historic</td> <td>16.0%</td> <td>27.5%</td> <td>36.9%</td> <td>43.8%</td> </tr> </tbody> </table> | | Jun-23 | Jul-23 | Aug-23 | Sep-23 | New | 46.1% | 64.1% | 84.2% | 99.8% | New Urgent | 22.0% | 29.5% | 37.3% | 45.1% | Historic | 16.0% | 27.5% | 36.9% | 43.8% |
| | Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | | |
| New | 46.1% | 64.1% | 84.2% | 99.8% | | | | | | | | | | | | | | | | | | | |
| New Urgent | 22.0% | 29.5% | 37.3% | 45.1% | | | | | | | | | | | | | | | | | | | |
| Historic | 16.0% | 27.5% | 36.9% | 43.8% | | | | | | | | | | | | | | | | | | | |
| Optometry Annual Plan Commitment <ul style="list-style-type: none"> >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023) | <ul style="list-style-type: none"> Contract reform and implementation still in progress | Q2-Sept 2023 | | | | | | | | | | | | | | | | | | | | | |
| Respiratory Annual Plan Commitment <ul style="list-style-type: none"> 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024) | <ul style="list-style-type: none"> Community Spirometry service available in both Cardiff and Vale regions. 1006 patients referred (in total) up to August - 83% have attended appointments, 103 patients remain on waiting list. Estimate 35% of expected demand has been seen in service. Service scope expands from November to include post-bronchodilator spirometry for COPD, FeNO and Reversibility for suspected asthma. | Q2-Sept 2023 | | | | | | | | | | | | | | | | | | | | | |

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| Priority | Performance Summary | Reporting Period | Data |
|--|---|-------------------------------|---|
| <p>Cancer Annual Plan Commitment</p> <ul style="list-style-type: none"> >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023) Develop draft UHB strategy to deliver national cancer pathways (June 2023) | <ul style="list-style-type: none"> There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. August saw 66.4% of patients receiving treatment within 62 days. At the time of writing there are a total of 2421 suspected cancer patient on the SCP. 351 have waited over 62 days, of which 108 have waited over 104 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. The UHB draft strategy has been developed including working with national cancer pathways | <p>Aug-23</p> <p>No date</p> | <p>% Compliance patients starting cancer treatment within 62 days (75% by Jun-23)</p> |
| <p>Therapies Annual Plan Commitment</p> <ul style="list-style-type: none"> 0 patients waiting over 14 weeks (excluding audiology) (June 2023) | <ul style="list-style-type: none"> Excluding Audiology there were 529 patients waiting over 14-weeks for Therapy in at the end of September. In total there were 1703 patients waiting longer 14 weeks for Therapy, an increase from August. | <p>Sept-23</p> | <p>0 patients waiting >14 weeks (excl. Audiology)</p> |
| <p>Diagnostics Annual Plan Commitment</p> <ul style="list-style-type: none"> 90% of patients within 8-weeks (excl. endoscopy) (December 2023) Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023) Regional Diagnostic Centre go-live (December 2023) | <ul style="list-style-type: none"> Excluding endoscopy there were 8322 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of September. In total there were 12246 patients waiting longer than 8 weeks for a diagnostic test, an increase from August. 53% of patients seen within 8 weeks in September-23 (excluding Endoscopy), a reduction from July and August. Planning for the Community Diagnostic Hub is underway following agreement of central funding from WG. Expected go-live is estimated to be Q1 2024/25. Plans are in development to provide additional diagnostic capacity through mobile units in advance of this. | <p>Sept-23</p> <p>No date</p> | <p>90% of patients within 8 weeks (excl. Endo)</p> |

| Priority | Performance Summary | Reporting Period | Data |
|--|---|------------------|------|
| <p>Whole System Evaluation Annual Plan Commitment:</p> <ul style="list-style-type: none"> • Undertake high impact evaluations of three key specialities (June 2023) • Undertake high impact evaluations of three key specialities (Sept 2023) | <p>Evaluations completed in Therapies and Cardiac Services. At the Theatres Summit in September Endoscopy, Gynecology and dental services presented their evaluations. Work is ongoing to expand the evaluation process across key specialties and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.</p> | <p>Sept-23</p> | |
| <p>Supporting Patients Whilst Waiting Annual Plan Commitment:</p> <ul style="list-style-type: none"> • Produce models of care (June 2023) • Develop pathways (Sept 2023) • Expand services (December 2023) | <p>Models of care and pathways have so far been produced for 8 services including Prepare Well (Orthopaedics), ESCAPE Pain and Cancer Prehab2Rehab</p> <p>The expansion of services to include a single point of access is planned for delivery in this financial year.</p> | <p>Sept-23</p> | |

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| Priority | Performance Summary | Reporting Period | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------|---|-------|------------------------|------------------------|---------------------------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|-------|----------------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|----|---|----|--------|----|---|----|--------|----|---|----|--------|----|---|----|--------|----|---|----|--------|----|---|----|--------|----|---|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| <p>Children's Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance – SCAMHS Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) Reduce SCAMHS Intervention longest wait to no longer than 6 weeks | <p>Part 1a compliance remains above the 80% target at 87% in September.</p> <p>Part 1b performance increased to 22% but remains low due to additional assessment undertaken to meet Part 1a and high referral levels in June 23. The number waiting and longest wait for Part 1b have decreased following increases due to the merge in data reporting for PMH and CAMHS. There have been data quality issues and a through improvement in the capture of data which has further impacted reported performance.</p> <p>In line with the new integrated model and focus on ensuring that children and young people access the most appropriate pathway under the mental health measure, we have redesigned the PARIS record keeping module and associated reporting to accurately capture the children and young people accessing and waiting for interventions for both Part 1b and Part 2 (SCAMHS). It is planned for this to go live in September so we expect to be able to provide accurate reporting from October.</p> | <p>Sept-23</p> | <table border="1"> <caption>EWMH - Part 1A, Part 1B and Part 2 Compliance (%)</caption> <thead> <tr> <th>Month</th> <th>Part 1A Compliance (%)</th> <th>Part 1B Compliance (%)</th> <th>Part 2 CTP Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>64</td><td>54</td><td>64</td></tr> <tr><td>May-22</td><td>64</td><td>42</td><td>64</td></tr> <tr><td>Jun-22</td><td>56</td><td>53</td><td>56</td></tr> <tr><td>Jul-22</td><td>57</td><td>39</td><td>57</td></tr> <tr><td>Aug-22</td><td>54</td><td>50</td><td>54</td></tr> <tr><td>Sep-22</td><td>69</td><td>57</td><td>69</td></tr> <tr><td>Oct-22</td><td>83</td><td>42</td><td>83</td></tr> <tr><td>Nov-22</td><td>88</td><td>74</td><td>88</td></tr> <tr><td>Dec-22</td><td>97</td><td>60</td><td>97</td></tr> <tr><td>Jan-23</td><td>99</td><td>19</td><td>99</td></tr> <tr><td>Feb-23</td><td>97</td><td>7</td><td>97</td></tr> <tr><td>Mar-23</td><td>95</td><td>50</td><td>95</td></tr> <tr><td>Apr-23</td><td>83</td><td>0</td><td>83</td></tr> <tr><td>May-23</td><td>86</td><td>0</td><td>86</td></tr> <tr><td>Jun-23</td><td>91</td><td>0</td><td>91</td></tr> <tr><td>Jul-23</td><td>89</td><td>0</td><td>89</td></tr> <tr><td>Aug-23</td><td>88</td><td>0</td><td>88</td></tr> <tr><td>Sep-23</td><td>89</td><td>0</td><td>89</td></tr> <tr><td>Oct-23</td><td>90</td><td>0</td><td>90</td></tr> <tr><td>Nov-23</td><td>84</td><td>0</td><td>84</td></tr> <tr><td>Dec-23</td><td>93</td><td>0</td><td>93</td></tr> <tr><td>Jan-24</td><td>91</td><td>22</td><td>91</td></tr> <tr><td>Feb-24</td><td>87</td><td>25</td><td>87</td></tr> <tr><td>Mar-24</td><td>85</td><td>29</td><td>85</td></tr> <tr><td>Apr-24</td><td>85</td><td>34</td><td>85</td></tr> <tr><td>May-24</td><td>85</td><td>45</td><td>85</td></tr> <tr><td>Jun-24</td><td>85</td><td>51</td><td>85</td></tr> <tr><td>Jul-24</td><td>85</td><td>55</td><td>85</td></tr> <tr><td>Aug-24</td><td>85</td><td>65</td><td>85</td></tr> <tr><td>Sep-24</td><td>90</td><td>65</td><td>90</td></tr> </tbody> </table> | Month | Part 1A Compliance (%) | Part 1B Compliance (%) | Part 2 CTP Compliance (%) | Apr-22 | 64 | 54 | 64 | May-22 | 64 | 42 | 64 | Jun-22 | 56 | 53 | 56 | Jul-22 | 57 | 39 | 57 | Aug-22 | 54 | 50 | 54 | Sep-22 | 69 | 57 | 69 | Oct-22 | 83 | 42 | 83 | Nov-22 | 88 | 74 | 88 | Dec-22 | 97 | 60 | 97 | Jan-23 | 99 | 19 | 99 | Feb-23 | 97 | 7 | 97 | Mar-23 | 95 | 50 | 95 | Apr-23 | 83 | 0 | 83 | May-23 | 86 | 0 | 86 | Jun-23 | 91 | 0 | 91 | Jul-23 | 89 | 0 | 89 | Aug-23 | 88 | 0 | 88 | Sep-23 | 89 | 0 | 89 | Oct-23 | 90 | 0 | 90 | Nov-23 | 84 | 0 | 84 | Dec-23 | 93 | 0 | 93 | Jan-24 | 91 | 22 | 91 | Feb-24 | 87 | 25 | 87 | Mar-24 | 85 | 29 | 85 | Apr-24 | 85 | 34 | 85 | May-24 | 85 | 45 | 85 | Jun-24 | 85 | 51 | 85 | Jul-24 | 85 | 55 | 85 | Aug-24 | 85 | 65 | 85 | Sep-24 | 90 | 65 | 90 |
| Month | Part 1A Compliance (%) | Part 1B Compliance (%) | Part 2 CTP Compliance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-22 | 64 | 54 | 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 64 | 42 | 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-22 | 56 | 53 | 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 57 | 39 | 57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 54 | 50 | 54 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 69 | 57 | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 83 | 42 | 83 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 88 | 74 | 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 97 | 60 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 99 | 19 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 97 | 7 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 95 | 50 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 83 | 0 | 83 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 86 | 0 | 86 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 91 | 0 | 91 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 89 | 0 | 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 88 | 0 | 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 89 | 0 | 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 90 | 0 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 84 | 0 | 84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 93 | 0 | 93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 91 | 22 | 91 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 87 | 25 | 87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | 85 | 29 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-24 | 85 | 34 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-24 | 85 | 45 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-24 | 85 | 51 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-24 | 85 | 55 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-24 | 85 | 65 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 90 | 65 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Adult Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance >80% Part 1b performance | <p>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 1434 referrals in September 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.</p> <p>Significant work has been undertaken to improve access times to adult primary mental health:</p> <ul style="list-style-type: none"> Part 1a: in September the percentage of Mental Health assessments undertaken within 28 days was 100% Part 1b compliance remains at 100% | <p>Sept-23</p> | <table border="1"> <caption>MH Part 1a against 80% standard</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Aug-22</td><td>100.00%</td></tr> <tr><td>Sep-22</td><td>100.00%</td></tr> <tr><td>Oct-22</td><td>100.00%</td></tr> <tr><td>Nov-22</td><td>100.00%</td></tr> <tr><td>Dec-22</td><td>100.00%</td></tr> <tr><td>Jan-23</td><td>100.00%</td></tr> <tr><td>Feb-23</td><td>100.00%</td></tr> <tr><td>Mar-23</td><td>100.00%</td></tr> <tr><td>Apr-23</td><td>100.00%</td></tr> <tr><td>May-23</td><td>100.00%</td></tr> <tr><td>Jun-23</td><td>100.00%</td></tr> <tr><td>Jul-23</td><td>100.00%</td></tr> <tr><td>Aug-23</td><td>100.00%</td></tr> <tr><td>Sep-23</td><td>100.00%</td></tr> </tbody> </table> <table border="1"> <caption>MH Part 1b against 80% standard</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Aug-22</td><td>100.00%</td></tr> <tr><td>Sep-22</td><td>100.00%</td></tr> <tr><td>Oct-22</td><td>100.00%</td></tr> <tr><td>Nov-22</td><td>100.00%</td></tr> <tr><td>Dec-22</td><td>100.00%</td></tr> <tr><td>Jan-23</td><td>100.00%</td></tr> <tr><td>Feb-23</td><td>100.00%</td></tr> <tr><td>Mar-23</td><td>100.00%</td></tr> <tr><td>Apr-23</td><td>100.00%</td></tr> <tr><td>May-23</td><td>100.00%</td></tr> <tr><td>Jun-23</td><td>100.00%</td></tr> <tr><td>Jul-23</td><td>100.00%</td></tr> <tr><td>Aug-23</td><td>100.00%</td></tr> <tr><td>Sep-23</td><td>100.00%</td></tr> </tbody> </table> | Month | Compliance (%) | Aug-22 | 100.00% | Sep-22 | 100.00% | Oct-22 | 100.00% | Nov-22 | 100.00% | Dec-22 | 100.00% | Jan-23 | 100.00% | Feb-23 | 100.00% | Mar-23 | 100.00% | Apr-23 | 100.00% | May-23 | 100.00% | Jun-23 | 100.00% | Jul-23 | 100.00% | Aug-23 | 100.00% | Sep-23 | 100.00% | Month | Compliance (%) | Aug-22 | 100.00% | Sep-22 | 100.00% | Oct-22 | 100.00% | Nov-22 | 100.00% | Dec-22 | 100.00% | Jan-23 | 100.00% | Feb-23 | 100.00% | Mar-23 | 100.00% | Apr-23 | 100.00% | May-23 | 100.00% | Jun-23 | 100.00% | Jul-23 | 100.00% | Aug-23 | 100.00% | Sep-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Compliance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Compliance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-23 | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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NHS Wales Performance Framework Measures

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | | | | | | | | | |
|---------|--|-----------------|--------------------------------|--|---|--------|--------|--------|--------|---------|---------|---------|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| 10. | Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours | Sept-23 | 100% | 98% | <table border="1"> <tr> <th>Q1</th> <th>Q2</th> </tr> <tr> <td>98.0%</td> <td>98.0%</td> </tr> </table> | Q1 | Q2 | 98.0% | 98.0% | | | | | | | | | | | | |
| Q1 | Q2 | | | | | | | | | | | | | | | | | | | | |
| 98.0% | 98.0% | | | | | | | | | | | | | | | | | | | | |
| 11. | Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) | Sept-23 | 30% (Sept 23) 100% (Mar 24) | New 99.8% New Urgent 45.1% Historic 43.8% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>46.1%</td> <td>64.1%</td> <td>84.2%</td> <td>99.8%</td> </tr> <tr> <td>22.0%</td> <td>29.5%</td> <td>37.3%</td> <td>45.1%</td> </tr> <tr> <td>16.0%</td> <td>27.5%</td> <td>36.9%</td> <td>43.8%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 46.1% | 64.1% | 84.2% | 99.8% | 22.0% | 29.5% | 37.3% | 45.1% | 16.0% | 27.5% | 36.9% | 43.8% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | |
| 46.1% | 64.1% | 84.2% | 99.8% | | | | | | | | | | | | | | | | | | |
| 22.0% | 29.5% | 37.3% | 45.1% | | | | | | | | | | | | | | | | | | |
| 16.0% | 27.5% | 36.9% | 43.8% | | | | | | | | | | | | | | | | | | |
| 12. | Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services | Sept-23 | Reduction by Mar 24 | 860 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>958</td> <td>1000</td> <td>953</td> <td>860</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 958 | 1000 | 953 | 860 | | | | | | | | |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | |
| 958 | 1000 | 953 | 860 | | | | | | | | | | | | | | | | | | |
| 13. | Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) | Sept-23 | Increase against 22/23 | 1361 | <table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>1106</td> <td>1035</td> <td>1361</td> <td>1348</td> </tr> </table> | Jul-23 | Aug-23 | Sep-23 | Oct-23 | 1106 | 1035 | 1361 | 1348 | | | | | | | | |
| Jul-23 | Aug-23 | Sep-23 | Oct-23 | | | | | | | | | | | | | | | | | | |
| 1106 | 1035 | 1361 | 1348 | | | | | | | | | | | | | | | | | | |
| 14. | Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years | Sept-23 | 80% | 87% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>88%</td> <td>84%</td> <td>93%</td> <td>87%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 88% | 84% | 93% | 87% | | | | | | | | |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | |
| 88% | 84% | 93% | 87% | | | | | | | | | | | | | | | | | | |
| 15. | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years | Sept-23 | 80% | 22% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>0%</td> <td>0%</td> <td>0%</td> <td>22%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 0% | 0% | 0% | 22% | | | | | | | | |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | |
| 0% | 0% | 0% | 22% | | | | | | | | | | | | | | | | | | |
| 16. | Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over | Sept-23 | 80% | 100% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>100.00%</td> <td>99.80%</td> <td>100.00%</td> <td>100.00%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 100.00% | 99.80% | 100.00% | 100.00% | | | | | | | | |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | |
| 100.00% | 99.80% | 100.00% | 100.00% | | | | | | | | | | | | | | | | | | |
| 17. | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over | Sept-23 | 80% | 100% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 100.00% | 100.00% | 100.00% | 100.00% | | | | | | | | |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | | | | | | | | | |
| 100.00% | 100.00% | 100.00% | 100.00% | | | | | | | | | | | | | | | | | | |

Saunders Nathan
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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|----------|--|-----------------|-----------------------|----------------------|---|--------|--------|--------|--------|----------|----------|----------|----------|
| 18. | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | Oct-23 | 65% | 53% | <table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>57%</td> <td>51%</td> <td>52%</td> <td>53%</td> </tr> </table> | Jul-23 | Aug-23 | Sep-23 | Oct-23 | 57% | 51% | 52% | 53% |
| Jul-23 | Aug-23 | Sep-23 | Oct-23 | | | | | | | | | | |
| 57% | 51% | 52% | 53% | | | | | | | | | | |
| 19. | Median emergency response time to amber calls | Sept-23 | 12m improvement trend | 01:12:07 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>00:47:06</td> <td>01:02:14</td> <td>01:21:44</td> <td>01:12:07</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 00:47:06 | 01:02:14 | 01:21:44 | 01:12:07 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 00:47:06 | 01:02:14 | 01:21:44 | 01:12:07 | | | | | | | | | | |
| 20. | Median time from arrival at an emergency department to triage by a clinician | | 12m reduction trend | Work in Progress | WIP – Expected Q3 | | | | | | | | |
| 21. | Median time from arrival at an emergency department to assessment by a senior clinical decision maker | | 12m reduction trend | Work in Progress | WIP – Expected Q3 | | | | | | | | |
| 22. | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | Sept-23 | 95% | 70.5% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>75.3%</td> <td>75.6%</td> <td>68.8%</td> <td>70.5%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 75.3% | 75.6% | 68.8% | 70.5% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 75.3% | 75.6% | 68.8% | 70.5% | | | | | | | | | | |
| 23. | Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge | Sept-23 | 0 (Mar 2024) | 803 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>260</td> <td>548</td> <td>924</td> <td>803</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 260 | 548 | 924 | 803 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 260 | 548 | 924 | 803 | | | | | | | | | | |
| 24. | Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | Aug-23 | 80% (Mar 2026) | 66.4% | <table border="1"> <tr> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> </tr> <tr> <td>64.4%</td> <td>63.6%</td> <td>65.6%</td> <td>66.4%</td> </tr> </table> | May-23 | Jun-23 | Jul-23 | Aug-23 | 64.4% | 63.6% | 65.6% | 66.4% |
| May-23 | Jun-23 | Jul-23 | Aug-23 | | | | | | | | | | |
| 64.4% | 63.6% | 65.6% | 66.4% | | | | | | | | | | |
| 25. | Number of patients waiting more than 8 weeks for a specified diagnostic | Sept-23 | 0 (Mar 2024) | 12246 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>9175</td> <td>10009</td> <td>11415</td> <td>12246</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 9175 | 10009 | 11415 | 12246 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 9175 | 10009 | 11415 | 12246 | | | | | | | | | | |
| 26. | Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional | Sept-23 | Improvement trend | 80.29% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>85.00%</td> <td>85.23%</td> <td>82.79%</td> <td>80.29%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 85.00% | 85.23% | 82.79% | 80.29% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 85.00% | 85.23% | 82.79% | 80.29% | | | | | | | | | | |
| 27. | Number of patients (all ages) waiting more than 14 weeks for a specified therapy | Sept-23 | 0 (Mar 2024) | 1703 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>1240</td> <td>1282</td> <td>1373</td> <td>1703</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 1240 | 1282 | 1373 | 1703 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 1240 | 1282 | 1373 | 1703 | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|--|-----------------|----------------------------------|----------------------|---|--------|--------|--------|--------|-------|-------|-------|-------|
| 28. | Number of patients waiting more than 52 weeks for a new outpatient appointment | Sept-23 | Improvement trajectory towards 0 | 11133 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>10789</td> <td>11138</td> <td>11230</td> <td>11133</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 10789 | 11138 | 11230 | 11133 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 10789 | 11138 | 11230 | 11133 | | | | | | | | | | |
| 29. | Number of patients waiting more than 36 weeks for a new outpatient appointment | Sept-23 | Improvement trajectory towards 0 | 20646 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>19839</td> <td>20580</td> <td>21018</td> <td>20646</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 19839 | 20580 | 21018 | 20646 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 19839 | 20580 | 21018 | 20646 | | | | | | | | | | |
| 30. | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Sept-23 | Improvement trajectory towards 0 | 44425 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>46981</td> <td>45644</td> <td>44993</td> <td>44425</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 46981 | 45644 | 44993 | 44425 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 46981 | 45644 | 44993 | 44425 | | | | | | | | | | |
| 31 | Number of patients waiting more than 104 weeks for referral to treatment | Sept-23 | Improvement trajectory towards 0 | 4054 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>4133</td> <td>4164</td> <td>4085</td> <td>4054</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 4133 | 4164 | 4085 | 4054 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 4133 | 4164 | 4085 | 4054 | | | | | | | | | | |
| 32. | Number of patients waiting more than 52 weeks for referral to treatment | Sept-23 | Improvement trajectory towards 0 | 25541 | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>24778</td> <td>25653</td> <td>25463</td> <td>25541</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 24778 | 25653 | 25463 | 25541 |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 24778 | 25653 | 25463 | 25541 | | | | | | | | | | |
| 33. | Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS | Sept-23 | 80% | 87% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>88%</td> <td>84%</td> <td>93%</td> <td>87%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 88% | 84% | 93% | 87% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 88% | 84% | 93% | 87% | | | | | | | | | | |
| 34. | Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment | Sept-23 | 80% | 25% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>26%</td> <td>20%</td> <td>17%</td> <td>25%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 26% | 20% | 17% | 25% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 26% | 20% | 17% | 25% | | | | | | | | | | |
| 35. | Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | Sept-23 | 80% | 63% | <table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>58%</td> <td>60%</td> <td>57%</td> <td>63%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 58% | 60% | 57% | 63% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 58% | 60% | 57% | 63% | | | | | | | | | | |

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| Priority | Performance Summary | Reported Period | Data |
|---|--|-----------------|------|
| Turnover | <p>The overall trend is downwards since Oct-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to a low of 11.80% in Sep-23 UHB wide. This is a net 1.86% decrease, which equates roughly to 222 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Voluntary Resignation – Relocation', 'Retirement Age', 'Voluntary Resignation – Work Life Balance' and 'Voluntary Resignation – Promotion'.</p> | Sep-2023 | |
| Sickness Absence | <p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Sep-23 was 5.49% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 9 months to 6.53% (by comparison with Sep-22, which was 7.12%).</p> | Sep-2023 | |
| Statutory and Mandatory Training | <p>After month-on-month increases between Oct-22 and Aug-23 the compliance rate has fallen slightly, to 81.24% for Sep-23, 3.76% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, and Clinical Diagnostics & Therapeutics are all above the 85% target, and Children & Women's, PCIC, Corporate Executives and Specialist Services are above 80% compliance.</p> <p>After reaching 74.87% for Jul-23 the compliance with Fire training has also fallen during Sep-23, to 73.87%. Again, Capital, Estates & Facilities and the All-Wales Genomics Services have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.</p> | Sep-2023 | |
| Values Based Appraisal | <p>After reaching 71.64% in Jul-23 VBA compliance has fallen to 67.81% for Sep-23. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has fallen slightly. All of the Clinical Boards with the exception of Mental Health and the Corporate Executive group remain above the 60% transitory target which was set to be achieved by Mar-23.</p> | Sep-2023 | |

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| Priority | Performance Summary | Reported Period | Data |
|---|---|-----------------|---|
| <p>Employee Relations</p> | <p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p> | <p>Sep-2023</p> | <p>The graph shows four data series: Disciplinary (blue line), Target Disciplinary Cases (green horizontal line at 25), Respect and Resolution (red line), and Appeals (grey line). The x-axis ranges from Oct-22 to Sep-23. Disciplinary cases fluctuate around the target, while Respect and Resolution and Appeals remain significantly lower.</p> |
| <p>Job Plans</p> | <p>90.37% of clinicians have engagement with job planning and have a job plan in the system, however only 50.17% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.</p> | <p>Sep-2023</p> | <p>The graph shows two data series: Signed Off (green line) and Target (red horizontal line at 85%). The x-axis ranges from Oct-22 to Sep-23. The Signed Off percentage fluctuates between approximately 40% and 55%, consistently below the 85% target.</p> |
| <p>Medical Appraisals</p> | <p>The rate of compliance with Medical Appraisal has risen during the past 12 months. At Sep-23 the compliance was 86.54%, i.e. above the 85% target.</p> | <p>Sep-2023</p> | <p>The graph shows two data series: % Target (green horizontal line at 85%) and % Compliance (red line). The x-axis ranges from Oct-22 to Sep-23. The % Compliance line starts below the target and rises to cross above the 85% target line by Sep-23.</p> |
| <p>Staff in Post</p> | <p>The overall Health Board Staffing Numbers have increased in the last 12 months by 454.99 WTE, to 14,732.78 WTE. The change in the split between permanent and fixed-term as shown in the graph below is largely due to validation of the ESR data held for staff contract type. Bank usage has been removed from the graph; there is detailed weekly monitoring and analysis of bank, agency and overtime use taking place within the Health Board.</p> | <p>Sep-2023</p> | <p>The graph shows two data series: Permanent (blue line, left axis) and Fixed-Term Temp (orange line, right axis). The x-axis ranges from Oct-22 to Sep-23. Permanent staff numbers show a steady upward trend, while Fixed-Term Temp numbers show a slight downward trend.</p> |
| <p>Variable Pay (Bank, Agency, Overtime..)</p> | <p>The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Sep-23 was 9.96%. It must however be borne in mind that the total pay bill is increasing.</p> | <p>Sep-2023</p> | <p>The graph shows two data series: % Variable Pay (blue line) and Linear (% Variable Pay) (dotted blue line). The x-axis ranges from Oct-22 to Sep-23. The % Variable Pay line shows a general downward trend, ending below the linear trend line.</p> |
| <p>Staff Influenza Vaccination Programme</p> | <p>The 2023-24 winter influenza vaccination programme commenced in Sep-23. So far 20% of staff have received the vaccine, by comparison with a target of 75% vaccination.</p> <p>The 2022-23 programme reached 38.30% of staff by Feb-23.</p> | <p>Sep-2023</p> | <p>The graph shows three data series: 22-23 Vaccination Programme (orange line), 23-24 Vaccination Programme (blue line), and Target (green horizontal line at 75%). The x-axis ranges from Oct-22 to Sep-23. The 23-24 programme shows a sharp increase from 0% in Oct-23 to 20% in Sep-23, still well below the 75% target.</p> |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|---|-----------------|--------------------------|----------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|
| 36. | Percentage of sickness absence rate of staff | Sep-23 | 6% | 5.49% | <table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>5.86%</td> <td>6.18%</td> <td>6.18%</td> <td>5.49%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 5.86% | 6.18% | 6.18% | 5.49% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 5.86% | 6.18% | 6.18% | 5.49% | | | | | | | | | | |
| 37. | Staff turnover measure tbc starters and leavers and/or vacancies? | Sep-23 | 7%-9% | 11.80% | <table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>13.00%</td> <td>12.94%</td> <td>12.81%</td> <td>11.80%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 13.00% | 12.94% | 12.81% | 11.80% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 13.00% | 12.94% | 12.81% | 11.80% | | | | | | | | | | |
| 38. | Agency spend as a percentage of the total pay bill | Sep-23 | 12 month reduction trend | 1.54% | <table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>1.99%</td> <td>2.41%</td> <td>2.42%</td> <td>1.54%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 1.99% | 2.41% | 2.42% | 1.54% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 1.99% | 2.41% | 2.42% | 1.54% | | | | | | | | | | |
| 39. | Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) | Sep-23 | 85% | 69.00% | <table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>65.86%</td> <td>72.37%</td> <td>71.82%</td> <td>69.00%</td> </tr> </table> | Jun-23 | Jul-23 | Aug-23 | Sep-23 | 65.86% | 72.37% | 71.82% | 69.00% |
| Jun-23 | Jul-23 | Aug-23 | Sep-23 | | | | | | | | | | |
| 65.86% | 72.37% | 71.82% | 69.00% | | | | | | | | | | |

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| Priority | Performance Summary | Reported Period | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--------------|---|--|------------------------------------|--------|--------|-------------------|--------|--------|---------------------|--------|--------|--|--------|--------|---------------------|--------|--------|------------------------|--------|--------|-------------------|------|-----|----------------------------------|-----|-----|---|-----|-----|-------------------------------|-----|-----|---------------------------------|-----|-----|
| <p>Concerns 30 day performance</p> | <ul style="list-style-type: none"> • Welsh Government target for responding to concerns is 75% within 30 working days • During September and October 2023, the Health Board received : <ul style="list-style-type: none"> • 646 Concerns • 71% closed within 30 working days (including Early Resolution) • 48 % closed under Early Resolution (within 2 days including day of receipt) • 155 Enquiries • 94 Compliments <p>We currently have 291 active concerns</p> <p>Top 3 themes and trends</p> <ol style="list-style-type: none"> 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment | <p>September and October 23</p> | <p>Concerns closed in 30 working days %</p> <p>CV New Complaints Settled Proportion</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Complaints managed through Early Resolution (%)</th> <th>Total complaints managed through other means (%)</th> </tr> </thead> <tbody> <tr> <td>Apr-Jun 2023-23</td> <td>40.57%</td> <td>59.43%</td> </tr> <tr> <td>Jul-Sept 2023-23</td> <td>43.32%</td> <td>56.68%</td> </tr> <tr> <td>Oct-Dec 2023-23</td> <td>38.49%</td> <td>61.51%</td> </tr> <tr> <td>Jan-Mar 2023-24</td> <td>31.13%</td> <td>68.87%</td> </tr> <tr> <td>Apr-Jun 2023-24</td> <td>32.49%</td> <td>67.51%</td> </tr> <tr> <td>Jul-Sept 2023-24</td> <td>39.84%</td> <td>60.16%</td> </tr> </tbody> </table> | Period | Complaints managed through Early Resolution (%) | Total complaints managed through other means (%) | Apr-Jun 2023-23 | 40.57% | 59.43% | Jul-Sept 2023-23 | 43.32% | 56.68% | Oct-Dec 2023-23 | 38.49% | 61.51% | Jan-Mar 2023-24 | 31.13% | 68.87% | Apr-Jun 2023-24 | 32.49% | 67.51% | Jul-Sept 2023-24 | 39.84% | 60.16% | | | | | | | | | | | | | | | |
| Period | Complaints managed through Early Resolution (%) | Total complaints managed through other means (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-Jun 2023-23 | 40.57% | 59.43% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-Sept 2023-23 | 43.32% | 56.68% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-Dec 2023-23 | 38.49% | 61.51% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-Mar 2023-24 | 31.13% | 68.87% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-Jun 2023-24 | 32.49% | 67.51% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-Sept 2023-24 | 39.84% | 60.16% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Duty of Candour</p> | <ul style="list-style-type: none"> • 16,670 incidents have been reported by staff across the Health Board • Approximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter. • Approximately 65 incidents reviewed per day by the Patient Experience Team • We continue to support DOC awareness sessions across Primary and Secondary care • Since 1st April 2023 we have triggered the DOC on 35 occasions • We have internally audited the process and compliance • We are undertaking a mid year review with colleagues in primary care | | <p>Incident grading changed following review</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>Yes (Number)</th> <th>No (Number)</th> </tr> </thead> <tbody> <tr> <td>All Wales Medical Genomics Service</td> <td>~10</td> <td>~10</td> </tr> <tr> <td>Surgical Services</td> <td>~80</td> <td>~10</td> </tr> <tr> <td>Specialist Services</td> <td>~110</td> <td>~10</td> </tr> <tr> <td>Primary, Community and Intermediate Care</td> <td>~90</td> <td>~10</td> </tr> <tr> <td>Other Organisations</td> <td>~10</td> <td>~10</td> </tr> <tr> <td>Mental Health Services</td> <td>~80</td> <td>~10</td> </tr> <tr> <td>Medicine Services</td> <td>~180</td> <td>~10</td> </tr> <tr> <td>Executive and Corporate Services</td> <td>~10</td> <td>~10</td> </tr> <tr> <td>Clinical Diagnostics and Therapeutic Services</td> <td>~40</td> <td>~10</td> </tr> <tr> <td>Children and Women's Services</td> <td>~70</td> <td>~10</td> </tr> <tr> <td>Capital, Estates and Facilities</td> <td>~10</td> <td>~10</td> </tr> </tbody> </table> | Service Area | Yes (Number) | No (Number) | All Wales Medical Genomics Service | ~10 | ~10 | Surgical Services | ~80 | ~10 | Specialist Services | ~110 | ~10 | Primary, Community and Intermediate Care | ~90 | ~10 | Other Organisations | ~10 | ~10 | Mental Health Services | ~80 | ~10 | Medicine Services | ~180 | ~10 | Executive and Corporate Services | ~10 | ~10 | Clinical Diagnostics and Therapeutic Services | ~40 | ~10 | Children and Women's Services | ~70 | ~10 | Capital, Estates and Facilities | ~10 | ~10 |
| Service Area | Yes (Number) | No (Number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Wales Medical Genomics Service | ~10 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgical Services | ~80 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialist Services | ~110 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary, Community and Intermediate Care | ~90 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Organisations | ~10 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Services | ~80 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine Services | ~180 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive and Corporate Services | ~10 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Diagnostics and Therapeutic Services | ~40 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children and Women's Services | ~70 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capital, Estates and Facilities | ~10 | ~10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Priority | Performance Summary | Reported Period | Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--------|------------|--------------|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|--------|---|--------|----------------|--------|--------|------------|--------------|-------|---|-------|---|-------|---|-------|---|-------|-------------|-------|---|-------|---|-------|---|--------|---|--------|----------------|--------|
| <p>Patient Feedback – Civica</p> | <ul style="list-style-type: none"> Went live on Friday 28th October 2022 and we are currently surveying up to 800 patients daily via text, 600 chosen randomly from general hospital activity and 200 from the EU. As of the end of October 2023, we have sent 124,540 texts and are seeing a response of 18%. In September, we sent 13,218 texts and had 2185 completions (17% response). In October, we sent 13,461 texts and had 2252 completions (17% response). Of those respondents who were discharged during September/October and answered the rating question, 86% were satisfied with our service. Currently, our response rate is 18% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year, with an ambitious aim for a minimum return of 25% by end of March 24. | <p>Sep/Oct-23 (Random)</p> <p>Sep/Oct-23 (EU)</p> | <table border="1"> <caption>Random Feedback Data</caption> <tr><th>Rating</th><th>Percentage</th></tr> <tr><td>0 - Very bad</td><td>1.15%</td></tr> <tr><td>1</td><td>0.64%</td></tr> <tr><td>2</td><td>1.15%</td></tr> <tr><td>3</td><td>1.15%</td></tr> <tr><td>4</td><td>1.41%</td></tr> <tr><td>5</td><td>2.34%</td></tr> <tr><td>6</td><td>2.08%</td></tr> <tr><td>7</td><td>5.06%</td></tr> <tr><td>8</td><td>11.15%</td></tr> <tr><td>9</td><td>15.16%</td></tr> <tr><td>10 - Excellent</td><td>58.70%</td></tr> </table> <table border="1"> <caption>EU Feedback Data</caption> <tr><th>Rating</th><th>Percentage</th></tr> <tr><td>0 - Very Bad</td><td>5.28%</td></tr> <tr><td>1</td><td>1.97%</td></tr> <tr><td>2</td><td>2.69%</td></tr> <tr><td>3</td><td>3.32%</td></tr> <tr><td>4</td><td>3.32%</td></tr> <tr><td>5 - Average</td><td>8.63%</td></tr> <tr><td>6</td><td>4.66%</td></tr> <tr><td>7</td><td>7.36%</td></tr> <tr><td>8</td><td>13.99%</td></tr> <tr><td>9</td><td>12.75%</td></tr> <tr><td>10 - Excellent</td><td>38.03%</td></tr> </table> | Rating | Percentage | 0 - Very bad | 1.15% | 1 | 0.64% | 2 | 1.15% | 3 | 1.15% | 4 | 1.41% | 5 | 2.34% | 6 | 2.08% | 7 | 5.06% | 8 | 11.15% | 9 | 15.16% | 10 - Excellent | 58.70% | Rating | Percentage | 0 - Very Bad | 5.28% | 1 | 1.97% | 2 | 2.69% | 3 | 3.32% | 4 | 3.32% | 5 - Average | 8.63% | 6 | 4.66% | 7 | 7.36% | 8 | 13.99% | 9 | 12.75% | 10 - Excellent | 38.03% |
| Rating | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 - Very bad | 1.15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 0.64% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1.15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1.15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 1.41% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2.34% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2.08% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 5.06% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 11.15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 15.16% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 - Excellent | 58.70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rating | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 - Very Bad | 5.28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1.97% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2.69% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3.32% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 3.32% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - Average | 8.63% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 4.66% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7.36% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 13.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 12.75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 - Excellent | 38.03% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Patient Safety</p> | <p>During October, 2046 patient safety incidents were reported, an increase of more than 3,400 incidents from the previous month. Pressure damage was again the highest reported patient safety incident category, followed by accident injury (falls). Again more than half were reported as low harm.</p> <p><u>NRI performance October</u></p> <ul style="list-style-type: none"> Number of open NRIs – 63 (67 in Sept) Number of NRIs submitted - 15 Number of closures submitted – 20 (10 submitted in September) Number of overdue NRIs – 29 (27 in September) <p>Figure 2 shows C&V NRI reporting rate per 100,000 population exceeds the national average which shows we have a low threshold for external reporting reflecting openness and transparency. As a tertiary referral centre it also reflects the complex nature of care provided not only to C&V patients but to those receiving specialist treatment within our HB.</p> <p>July and October 2023 were high NRI reporting months, Figure 1 shows a breakdown of what was reported to NHS Exec as an NRI in October 2023 by C&V.</p> | | <p>NRIs by type reported October 2023</p> <p>All Wales Rate of NRIs per 100,000 population - All incident types</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Priority | Performance Summary | Reported Period | Data |
|---------------------------------|--|-------------------------------|------|
| <p>Tier 1 Mortality</p> | <ul style="list-style-type: none"> The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates the rolling crude inpatient mortality rate compared to the 5-year average for the same reporting week (red line), with the exception of March 2020 and December 2020 to February 2021, the first and second waves of Covid-19. Inpatient crude mortality continues to track the five year average Crude all-cause mortality, demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan, regardless of where they occurred. COVID – 19 deaths the pink line, illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic. An increase above the five year average has been noted across wales since April 2023 with a similar increase noted in Cardiff and Vale UHB with five year average crude mortality in week 28 being recorded as 76 compared with 63.6 for the previous five year average. | <p>Oct-23 Oct-23</p> | |
| <p>Infection Control</p> | <ul style="list-style-type: none"> Between April 23 and October 23, there were 68 cases of C. difficile. The current rate is 23.05 cases per 100,000 population which is 28% lower than the equivalent period in 2022/23. The reduction expectation (RE) rate is 25 cases per 100,000 population, the current CAV rate is 8% below the RE. CAV is on trajectory to achieve the RE rate while also having the lowest rate across the 6 UHBs. There were 93 cases of S. aureus bacteraemia. The current rate is 31.53 cases per 100,000 population which is 11% higher than the equivalent period in 2022/23. The RE rate is 20 cases per 100,000 population, the CAV rate is 58% over the RE. CAV is not on trajectory to achieve the RE rate and has the 3rd highest rate across the 6 UHBs. There were 197 cases of E. coli bacteraemia. The current rate is 66.78 cases per 100,000 population which is 3% higher than the equivalent period in 2022/23. The RE rate is 67 cases per 100,000 population, the CAV rate is the same as the RE. CAV is on trajectory to achieve the reduction RE rate and we have the 2nd lowest rate across the 6 UHBs. There were 72 cases of Klebsiella spp bacteraemia. The current rate is 24.41 cases per 100,000 population which is 4% lower than the equivalent period last in 2022/23. The current maximum number needed to achieve the reduction expectation is 58 cases, thus CAV is 22% over the RE. CAV is not on trajectory to achieve the RE number, we have the 3rd highest rate across the 6 UHBs. There were 15 cases of P. aeruginosa bacteraemia. The cumulative rate is 5.09 cases per 100,000 population which is 6% lower than the equivalent period in 2022/23. The current maximum number to achieve the RE is 18 cases, thus CAV is 18% under the current RE number. CAV is on trajectory to achieve the RE number while also having the 3rd lowest rate across the 6 UHBs. | <p>Apr-23 – Sep-23</p> | |

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| Priority | Performance Summary | Reported Period | Data | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|--|---------------------|-------------------------------|-----------------|-------|--------|-------------------|-------|-------|--|-------|-------|---|---------------|---------------|
| <p>Deliver 2023/24 Draft Financial Plan</p> | <p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £40.3m 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 <p>This resulted in a 2023-24 planning deficit of £88.4m.</p> <p>The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:</p> <ul style="list-style-type: none"> Planned Deficit @ Month 6 £88.400m 10% Improvement required £8.840m Recurrent Covid Legacy Funding £20.300m & Inflationary Uplift £25.100m Non recurrent Inflation Uplift £10.100m & Energy Funding £7.600m Revised Financial Forecast Deficit £16.460m <p>At month 7, the UHB is reporting an overspend of £16.021m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £9.602m (seven twelfths of the revised forecast year end deficit of £16.460m).</p> | <p>Oct-23</p> | <table border="1"> <thead> <tr> <th></th> <th>Month 7 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>9.602</td> <td>16.460</td> </tr> <tr> <td>Savings Programme</td> <td>2.463</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>3.956</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>16.021</td> <td>16.460</td> </tr> </tbody> </table> | | Month 7 Position £m | Forecast Year-End Position £m | Planned deficit | 9.602 | 16.460 | Savings Programme | 2.463 | 0.000 | Operational position (Surplus) / Deficit | 3.956 | 0.000 | Financial Position £m (Surplus) / Deficit £m | 16.021 | 16.460 |
| | Month 7 Position £m | Forecast Year-End Position £m | | | | | | | | | | | | | | | | |
| Planned deficit | 9.602 | 16.460 | | | | | | | | | | | | | | | | |
| Savings Programme | 2.463 | 0.000 | | | | | | | | | | | | | | | | |
| Operational position (Surplus) / Deficit | 3.956 | 0.000 | | | | | | | | | | | | | | | | |
| Financial Position £m (Surplus) / Deficit £m | 16.021 | 16.460 | | | | | | | | | | | | | | | | |

| | | | |
|---|--|---------------|---|
| <p>Delivery of recurrent £32m savings target</p> | <p>At month 7, the UHB has identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m are classified as red schemes. The month 7 position includes a Savings Programme adverse variance of £2.463m.</p> <p>The month 7 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.460m.</p> <p>The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £16.460m with the risk of non-delivery of savings shown in Graph 1 and the progress of reducing the risk via identification of schemes in Graph 2</p> | <p>Oct-23</p> | <p>Graph 1 – Profile of Savings Delivery</p> <p>Graph 2 - Progress of Identification of Schemes</p> |
|---|--|---------------|---|

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| Priority | Performance Summary | Reported Period | Data |
|---|--|-----------------|------|
| <p>Remain within capital resource limits</p> | <p>The UHB forecasts to deliver within it's Capital Resource Limit.</p> | <p>Oct-23</p> | |
| <p>Creditor payments compliance 30 day Non-NHS</p> | <p>The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of October was 97.48% and improvements are illustrated in the graph to the right.</p> | <p>Oct-23</p> | |
| <p>Remain within Cash Limit</p> | <p>The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £88.4m planning deficit in the UHB 2023-24 Financial Plan.</p> <p>Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.</p> | <p>Oct-23</p> | |
| <p>Maintain Positive Cash Balance</p> | <p>The closing cash balance at the end of October 2023, was £5.162m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p> <p>The UHB's working cash assumption for 2023-24 is based on the following key assumptions :-</p> <ul style="list-style-type: none"> • Welsh Government support for movements in working capital from the 2022-23 Balance Sheet which is to be assessed as the year progresses. • Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support. • Approval of the UHB's formal request for Strategic Cash support for the £16.460m revised 2023/24 forecast deficit. • Timely confirmation of unconfirmed Cash Limit allocations (circa £80m @ month 7 (includes the 2023_24 pay award & Covid allocations)) <p>Discussion is ongoing with Welsh Government to provide cash support for these</p> | <p>Oct-23</p> | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|---|-----------------|----------------------------|----------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|
| 40. | Percentage of episodes clinically coded within one reporting month post episode discharge end date | Apr-23 | Improvement trend | 70% | <table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>59%</td> <td>56%</td> <td>44%</td> <td>70%</td> </tr> </table> | Jan-23 | Feb-23 | Mar-23 | Apr-23 | 59% | 56% | 44% | 70% |
| Jan-23 | Feb-23 | Mar-23 | Apr-23 | | | | | | | | | | |
| 59% | 56% | 44% | 70% | | | | | | | | | | |
| 41. | Percentage of all classifications' coding errors corrected by the next monthly reporting submission following | | 90% | Work in progress | | | | | | | | | |
| 42. | Percentage of calls ended following WAST telephone assessment (Hear and Treat) | | 17% or more | Work in progress | | | | | | | | | |
| 43. | Number of Pathways of Care delayed discharges | | 12 month reduction trend | Work in progress | | | | | | | | | |
| 44. | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years | Jul-23 | 90% | 90.2% | <table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>89.40%</td> <td>88.10%</td> <td>89.20%</td> <td>90.20%</td> </tr> </table> | Apr-23 | May-23 | Jun-23 | Jul-23 | 89.40% | 88.10% | 89.20% | 90.20% |
| Apr-23 | May-23 | Jun-23 | Jul-23 | | | | | | | | | | |
| 89.40% | 88.10% | 89.20% | 90.20% | | | | | | | | | | |
| 45. | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over | Jul-23 | 90% | 46.7% | <table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>50.30%</td> <td>49.10%</td> <td>47.30%</td> <td>46.70%</td> </tr> </table> | Apr-23 | May-23 | Jun-23 | Jul-23 | 50.30% | 49.10% | 47.30% | 46.70% |
| Apr-23 | May-23 | Jun-23 | Jul-23 | | | | | | | | | | |
| 50.30% | 49.10% | 47.30% | 46.70% | | | | | | | | | | |
| 46. | Number of patient experience surveys completed and recorded on CIVICA (Total partial/full survey completions, including SMS, Bedside and bespoke) | Sep/Oct-23 | Month on month improvement | 4750 | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|---|-----------------|--|--|---|--------|--------|--------|--------|--------|--------|--------|--------|
| 47. | Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i> | Oct-23 | <i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18 | 72 15 | Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number | | | | | | | | |
| 48. | Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E-coli</i> ; <i>S.aureus</i> (MRSA and MSSA) | Oct-23 | <i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population | 66.78 cases per 100,000 population 31.53 cases per 100,000 population | On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate | | | | | | | | |
| 49. | Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population | Oct-23 | 25 cases per 100,000 population | 23.05 cases per 100,000 population | On trajectory to achieve the reduction expectation rate | | | | | | | | |
| 50. | Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 | May-23 | Reduction against 22/23 | Work in progress | Work in progress | | | | | | | | |
| 51. | Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date | Jul-23 | 95% | 58.12% | <table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>58.04%</td> <td>58.12%</td> <td>58.66%</td> <td>58.83%</td> </tr> </table> | Apr-23 | May-23 | Jun-23 | Jul-23 | 58.04% | 58.12% | 58.66% | 58.83% |
| Apr-23 | May-23 | Jun-23 | Jul-23 | | | | | | | | | | |
| 58.04% | 58.12% | 58.66% | 58.83% | | | | | | | | | | |
| 52. | Number of ambulance handovers over 1 hour | Oct-23 | 0 (Mar 24) | 1853 | <table border="1"> <tr> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td>1473</td> <td>1728</td> <td>1810</td> <td>1853</td> </tr> </table> | Jul-23 | Aug-23 | Sep-23 | Oct-23 | 1473 | 1728 | 1810 | 1853 |
| Jul-23 | Aug-23 | Sep-23 | Oct-23 | | | | | | | | | | |
| 1473 | 1728 | 1810 | 1853 | | | | | | | | | | |
| 53. | Number of patient safety incidents that remain open 90 days or more | Oct-23 | 12-month reduction trend | 4,649 | Work in progress – number of open over 90 days is increasing month on month | | | | | | | | |

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| | | | | | |
|--|--|---|----------|-----------------|---------------|
| Report Title: | General Dental Services Operational Performance Report | | | Agenda Item no. | 2.3.1 |
| Meeting: | Finance and Performance Committee | | Public | X | Meeting Date: |
| | | | Private | | |
| Status <i>(please tick one only):</i> | Assurance | ✓ | Approval | | Information |
| Lead Executive: | Chief Operating Officer | | | | |
| Report Author (Title): | Assistant Director of Primary Care | | | | |

Main Report
Background and current situation:

The PCIC Dental Contracting Team with the support of the Shaping Change Team, and Liaisons have undertaken a review of the performance and delivery of Contracted General Dental Services to better meet the requirements of the Board and its Committees in understanding performance, access and waiting times for General Dental Services, improving reporting for the Health Board as a whole, both internally and externally.

This report provides:

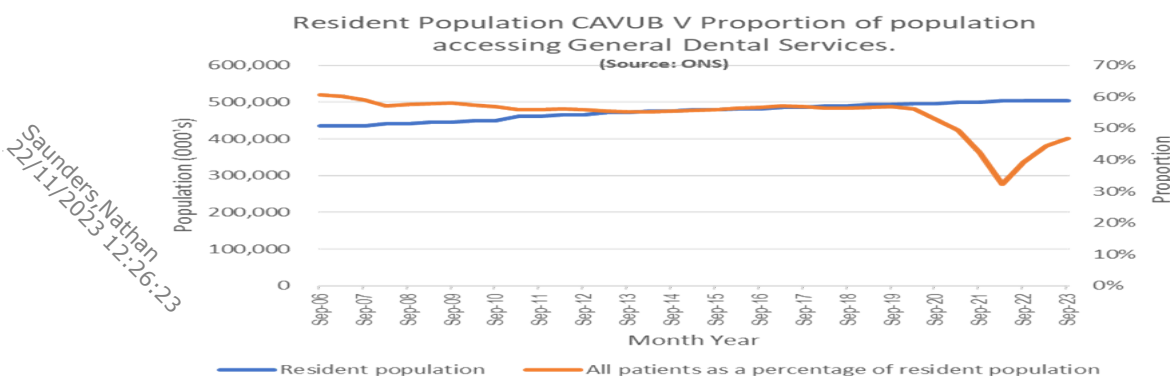
- A background to the General Dental Services contract and available contracting allocation for the population of CAV.
- A summary of the Welsh Government directed contractual performance standards for 2023/24 including performance monitoring and delivery.
- The impact of the financial allocation and contractual standards on access to NHS GDS.
- The quality standards implemented by the PCIC Dental Contracting Team to maximise performance and access in CAV.

Background:

The provision of General Dental Services (GDS) across Wales are commissioned through Welsh Government national contract arrangements delivered by independent contractors (High Street Dentists) providing NHS general dental care and treatment since 2006 using a monitoring framework of Units of Dental Activity (UDA). From 2006, the commissioning of services for dentistry has been the responsibility of Health Boards, who do so via the national directed contract according to the needs of their population via a central dental financial allocation.

Welsh Government statistics demonstrate that 2 years prior to implementation of the national GDS contract in 2006, 55% of the population were seen by an NHS Dentists in Wales with over 25% of the population receiving treatment through private providers, with the remainder choosing not to access dental services or accessing on an ad-hoc/urgent need basis; a small proportion accessing specialist services such as community or hospital dental services. This served as the reference period on which funding allocations were set for Health Board to commission services.

The graph demonstrates the population of Cardiff and Vale, and % of the population accessing NHS dentistry from 2006 – 2023.



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As population increased over the following years, central funding from Welsh Government (WG) has not increased proportionately, hence access dropped steadily until 2020 when the pandemic caused a significant drop in access. The graph demonstrates that we are 10% off recovering our pre-pandemic position, but this is impacted by an untested new contract variation which has had implications for access. Dental need has increased during the pandemic, so each patient treated may require considerably more treatment and appointments than they would have done pre-pandemic.

The Welsh Programme for Government, sets out priorities up to 2026 and makes a commitment to reform primary care dentistry and also to increase access to dentists. In March 2022, Welsh Government issued direction to all Health Boards in Wales to restart Dental Contract Reform to March 2024, using an action learning approach previously adopted for the reform programme. The aim of the Welsh Government direction and reform is to continue and adapt alternative measures and take the time to assess the impact through a 'test and modify' approach to ensure change is taking NHS dentistry in the direction needed.

All GDS contractors were either given a choice to either to remain on contract reform programme with a suite of delivery measures, or to remain on Units of Dental Activity (UDAs). The position in CAV is:

- 25.8% (16) will be operating under UDA
- 74.2% (45) will be operating under Dental Reform

Further changes to performance measures from April 2024 are part of current national negotiation processes.

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

There are three key areas to highlight and these include the contractual performance standards (as directed nationally), the additional quality standards (non-directed) that have been introduced by the CAV team and further actions suggested by Liaisons that could be taken.

1. Contractual Performance Standards (Directed)

The Welsh Government GDS contractual performance standards for 2023/24 are as follows.

For practices operating under **UDA** contractual route the following performance standards apply:

- Practices will be expected to achieve 95% of commissioned contract value

For practices operating under **contract reform route** the following performance standards/principles apply:

- 25% of the contract value will remain as UDAs
- 75% of the contract value will move to reform performance measures:
 - 10% associated with fluoride varnish application measure
 - 25% of the contract value need to be New/Urgent patients, the volume of patients will vary per practice dependant on the contract size
 - 40% historic patients (*Continued care for a minimum number of historic patients that have previously been seen within the previous 4 contractual years*)

Monthly performance monitoring is undertaken by the PCIC Dental Contracting Team. A total of 60/61 contract performance meetings have been undertaken through August and September 2023 with ongoing intensive monitoring undertaken by the team as part of a performance framework for practices flagging as a red overall.

The enclosed report (**Annex 1**) provides the overall GDS contractors' performance which is RAG rated to show the level of performance up to September 2023, against the combined contractual performance standards for 2023/24, as well as action being taken to address any under-performance.

For contract reform practices, there is an overall improvement in performance and projected outturn, therefore an increase in contracts projected to achieve their annual target by end of year 2024. For UDA practices there is a slight deterioration in performance.

Current and projected performance trajectories for practices operating under UDA and dental reform demonstrate an overall improvement in performance compared to 2022/23.

| Standard Full Year (UDAs)* | Achieved (Mid October 2023) | Expected Year End Performance |
|---|---|------------------------------------|
| Annual Performance Standard 81,309 UDAs | 48.0% 37,928 UDAs (15,608 patients) | 95% 77,244 (32,185 patients) |

*Based on an average of 2.4 UDAs per patients

Considering the contract values and thresholds of those 45 contracts who have chosen to operate under contract reform in 2023/24 the table below demonstrates total number of patient contacts for each standard (Full year) and % performance to date achieved as at October 2023:

| Standard Full Year (Patient contacts)* | Achieved (Mid October 2023) | Expected performance end year |
|--|-----------------------------|-------------------------------|
| 155,032 Historic/Existing Patient contacts | 51.6% (79,969 patients) | 95% 147,280 patients) |
| 33,523 New Patient contacts/New Urgent Patient Contacts (Combined) | 59.3% (19,881 patients) | 95% (31,847 patients) |

**To note that standards can be off-set and interchangeable as per Welsh Government guidance*

The number of existing patients seen across **all** dental contracts (UDA/contract reform) has increased in 2023/24 when compared to 2022/23:

| Month | Existing Patients Seen 2022/23 | Existing Patients Seen 2023/24 |
|-----------|--------------------------------|--------------------------------|
| April | 5000 | 4590 |
| June | 35,758 | 25,371 |
| September | 70,345 | 80,902 |
| October | 81,901 | 94,944 |
| December | 104,088 | |
| March | 137,480 | |

Monthly monitoring will continue with year end performance trajectory estimates available from December 2023.

2. Additional Quality Standards (Non-Directed)

Annex 2 summarises additional quality standards that have been introduced by the PCIC Dental Contracting Team. The purpose is to understand the capacity gap in NHS dental provision within CAV and support achievement of contract standards by maximising capacity and access to NHS dental services within the financial allocation.

Centralised Dental Waiting List (CDWL)

The Centralised Dental Waiting List (CDWL) was established in May 2021 to establish the capacity gap in access to NHS Dental Services, an indicator of demand and a pathway for patients to access general dental services in an equitable manner. The CDWL is not a list of patients with a specific oral health need, many of the patients will be healthy and simply want regular check-ups.

CAV is the only Health Board with a fully monitored and managed CDWL with other Health Boards demonstrating similar access issues, but limited ability to measure the size of the problem. The establishment and management of the CDWL in CAV has been positively received by Welsh Government however there are no core standards under which the waiting list is to be managed or RTT measures.

The number of patients on the CDWL is increasing. Original estimates in early 2023 indicated the CDWL would reduce to 11,000. This was based on practices operating under the new contract reform arrangements for 2023/24 with around 900 new patients allocated to practices per month and an average of 580 per month joining. However, the number of patients requesting to be added to the CDWL has increased and is likely to be due to increased public awareness of the list, dental practices directing patients to join the list, as well as an increase in media coverage of dental capacity in Wales causing patients to seek an NHS dentist.

The CDWL has increased from just over 17,000 in May 2023 to 21,800 in September 2023 and the current waiting time is 16 months. Since May 2023, on average 1,500 new patients are added to the centralised waiting list each month with 900 patients being allocated off the list to an NHS Dentist. The list is validated annually (with 5,552 patients removed in April 2023) and further validation will be undertaken in January 2024.

The following table provides an estimate of the funding that would be required from Welsh Government to enable the Health Board to commission the capacity required to provide access to NHS dental services for the current CDWL and 60% and 80% of the population. It is important to note that even with investment, there is a workforce and infrastructure requirement to achieving increased levels of access.

| Current CDWL | 60% of population | 80% of population |
|---------------------|--------------------------|--------------------------|
| £2.78m | £6.75m | £20.26m |

Urgent dental access

In April 2023, a new standard was introduced by WG which requires practices to see a set number of new urgent patients. The number is directed as part of the Welsh Government standards and does not take account of demand. The metric does not state the timeframe for patients to be seen.

Within CAV, all patients assessed as having an urgent need are seen within 24 hours. The delivery of this is actively managed by the PCIC Dental Contracting Team. To maximise access, from April 2023, practices were encouraged to participate in a new scheme which supports achievement of the new urgent patient metric. Each week the Health Board, working closely with CAV 247, allocate new urgent patients to practices. For those practices participating in the new urgent patient scheme, there is an expectation each practice will take a minimum of 50% of their new patient target from the CDWL for 2023-2024. Practices can also request additional patients from this list throughout the year.

Although all patients with an urgent need are seen within 24 hours, there is only approximately 70% of urgent dental capacity utilised on a monthly basis. Therefore, the PCIC Dental Contracting Team has reduced the additional urgent commissioned dental services provided in the out of hours period in order to utilise the urgent dental capacity available through GDS. The team has been raised this

with the Chief Dental Officer for Wales so adjustments to reduce this standard as part of dental contract reform can be considered for 2024.

Performance monitoring

The PCIC Dental Contracting Team is undertaking robust monthly performance monitoring to support access to NHS dental services, this is detailed in **Annex 1**. The monitoring meetings and data identify any performance and target issues that need to be supported and addressed to ensure CAV are maximising access to NHS dental services and utilisation of the dental commissioning allocation.

For dental contract reform practices (August to September) there is an overall improvement and increase in contracts projected to achieve their annual target by end of year. For the UDA contracts, there is a slight deterioration in performance, however action is being taken to improve this. Monitoring includes monthly data analysis with a minimum of quarterly meetings throughout the year with all dental contractors. One contract has been permanently reduced (due to underperformance) and the activity is in the process of being recommissioned to secure access via an alternative provider. Two contracts are under enhanced scrutiny to ensure an action plan is in place and contract values delivered or there will be a permanent reduction in contract value and recommissioning via an alternative provider.

3. Feedback from Llais

In October 2020, the South Glamorgan Community Health Council (CHC) undertook a 'Dental Secret Shopper' exercise to determine the availability of access to NHS dental services in CAV. A comparable exercise was completed 12 months after the initial exercise, to determine if any improvements in access could be measured. The key issues relate to access to an NHS dentist and the time waiting on the centralised waiting list. Llais plan to undertake another survey and this is currently being developed.

Llais have suggested that communication to patients and the public can be improved to ensure transparency on services available, how to access services (particularly urgent care) and what to expect when a patient is placed on the CDWL (including likely waiting times). The PCIC Dental Contracting Team have committed to work in partnership with Llais to review and develop updated patient information for each of these areas with an aim of completing by January 2024.

Recommendation:

The Finance and Performance Committee is asked to:

- **NOTE** the commissioning arrangements and performance standards for GDS within CAV
- **NOTE** the issue of the required commissioning levels including funding of dental services to meet demand which will need to be raised with Welsh Government
- **NOTE** the year to date position and overall improvement in performance and projected outturn against GDS performance standards for 2023-24
- **NOTE** the increasing CDWL position, action taken to validate the list annually and 100% achievement of placing patients who require urgent dental care within 24 hours while allocation to an NHS dentist
- **NOTE** the additional quality measures and actions taken by the PCIC Dental Contracting Team to support access to GDS
- **NOTE** the actions being taken by the team following feedback from Llais to improve patient communication and awareness of access to dental services in CAV
- **RECOMMEND** a Board development session undertaken by the PCIC Dental Contracting Team to allow for an in-depth discussion and understanding of the contract, constraints and additional actions being taken to support access to NHS Dental services

[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 | |
|------------|--|-----------|---|-------------|---|---------------|--|-------------|--|

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

| | |
|----------------------|-------|
| Committee/Group/Exec | Date: |
| | |
| | |
| | |

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Monthly Performance Monitoring and Assurance Report

| | | |
|----------------------------------|---|--|
| Month | September 2023 (data 20/09/2023) | |
| Contract Reform contracts | 45 | |
| UDA contracts | 16 | |

| Projected Outturn 23/24 | | August 20th 2023 | | September 20th 2023 | | |
|---|--------------|------------------------------------|--------|---------------------------------------|--------------|---|
| Overall projected (Contract Reform x 45 all metrics combined) | Red | 13 | 28.89% | 11 | 24.4% | ↓ |
| | Amber | 7 | 15.56% | 8 | 17.8% | ↑ |
| | Green | 25 | 55.56% | 26 | 57.8% | ↑ |

Contract Reform

- August to September, there is an overall improvement in performance and projected outturn, therefore an increase in contracts projected to achieve their annual target by end of year.
- Overall projected to underperform (Red 11/45)-
 - 7/11 are corporates, the team have met Teams with National/Area managers of the companies. Face to face meetings at each individual practice are now in process with oversight and performance management. 1 contract subject to potential 50% reduction on 01/12/2023 and the value of £165k to be recommissioned when agreed.
 - 1/11 is in the process of a 3-month review, a possible reduction (50%). The 20/10/2023 data will be reviewed by team to confirm action.
 - 3/11 have had a face to face meeting with the HB and at present, appear to be overperforming in New Patient metric, which may be used to offset Historic Patient underperformance, ongoing monitoring and management by HB team.
- 8/45 contracts are Amber, are being closely monitored. They are all projected to achieve their New patient target and, in some case, overperform, but are underperforming on Historic Patients. All have received a visit from the team and are aware of their current position and what is required to improve. Ongoing monthly monitoring and management from Health Board Team.

| Projected Outturn 23/24 | | August 20th 2023 | | September 20th 2023 | | |
|--------------------------------|--------------|------------------------------------|--------|---------------------------------------|-----|---|
| UDA Practices x 16 | Red | 3 | 18.75% | 4 | 25% | ↑ |
| | Amber | 2 | 12.5% | 4 | 25% | ↑ |
| | Green | 11 | 68.75% | 8 | 50% | ↓ |

UDA

- August to September, there is a slight deterioration in performance however action is being taken to move the position to improve performance to achieve their annual target by end of year via the following actions:
- Overall projected to underperform (Red 4/16)-
 - 1/4 contract will be reduced by 50% from 01/12/2023 (value of £214k and will be recommissioned in Eastern Cardiff) A third visit is planned to monitor ongoing performance of remaining contract value.
 - 2/4 contracts have the same contract owner and a face to face has been held on 22/09/2023, this contract will be closely monitored and reviewed monthly
 - 1/4 contract (value 60k) projected outturn is 80%, a face to face meeting is booked for October.
- 4/16 Amber UDA contracts. All have received a visit from the team and are aware of their current position and what is required to improve with monthly monitoring in place.

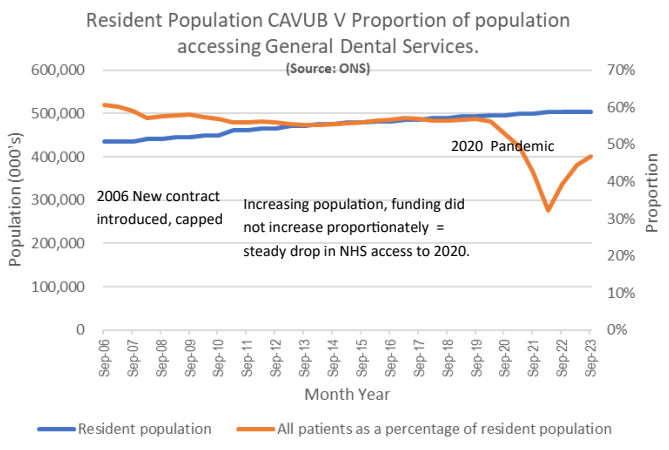
| | | | |
|---------------------------------|--|--------------------------|--------------|
| Contract Visits 60/61 | 60 Complete (98%) (some contracts have received a second and on one case a 3 rd face to face visit) | 1 Due (booked) | 0 TBC |
|---------------------------------|--|--------------------------|--------------|

Spillers Nathan
20/09/2023 12:26:23

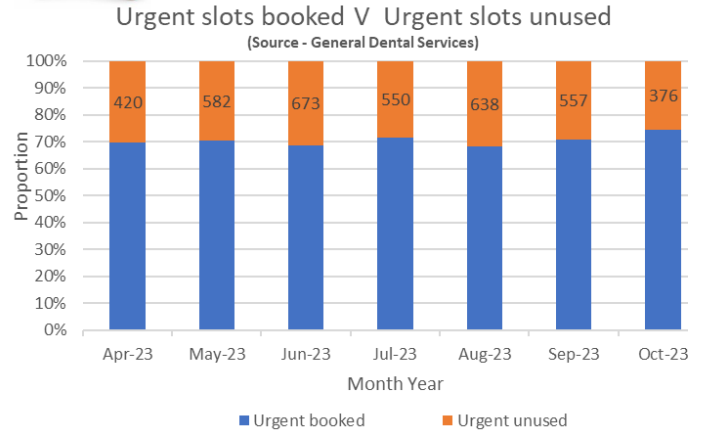
Population and access



The general population of Cardiff and Vale has increased over the years. Citizens accessing dental in CAV UHB has decreased from 60 percent 2006 to 50 percent in 2023. There are a number of culminating factors which influence dental access including contracting arrangements, population increases, increased needs of patients post pandemic, and limited workforce capacity.



Balance between routine and urgent capacity?



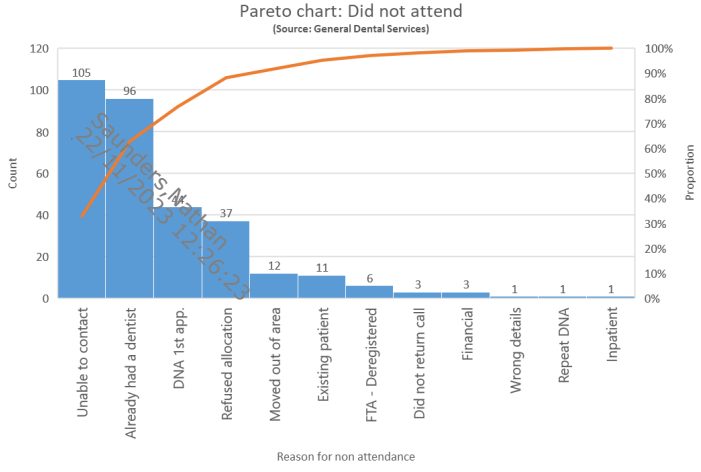
All patients who require access to urgent dental care are seen within 24 hours across University Dental Hospital (UDH), Community (CDS) and General Dental services (GDS). On average there 30 percent unused appointments each month across UDH, CDS and GDS. There should be no need for a patient to suffer with dental pain in C&V due to the ample provision of urgent care.

In April 2023, a new contract variation metric was introduced by WG which requires practices to see a set number of new urgent patients. The number is standard across all health boards, and does not take account of demand. The dental team identified that demand would not reach these numbers, and assisted practices by taking control of the allocation of new urgent patients through CAV 24/7. To benefit from this scheme, practises required to take 50% of their new patient quota from the Centralised Waiting List (CWL), resulting in a much-reduced increase in CWL numbers month on month.

Practices are also encouraged to request additional new patients from the CWL to assist them in fulfilling this WG metric. This prevents practices needing to manage their own new patient waiting lists, and prevents them "recycling" their regular patients, who become "new patients" by definition if they have not attended for four years.

The CWL was devised by the dental team to provide patients with a clear pathway to access NHS dental services, and to prevent them needing to ring around practices and be in "the right place at the right time". One full time member of staff is required to manage the list, and all members of the dental team assist in this. The validation of the waiting list has led to a new process to understand why patients do not attend routine appointments further highlighting how this service is both managed and reported. Early reported data demonstrates the top 3 reasons listed: unable to contact (33%), already had a dentist (30%), and did not attend first appointment (14%).

Reasons for non attendance



Other quality measures considered but not reportable at this point in time include customer feedback post appointment attendance. New centralised service to provide this for all GDS's across the UK.

78 % CAVUHB patients indicated that their dental health was good or very good. Small sample of 410 patient. (Public Health Wales, 2023)

There is a whole raft of performance data collated and reported to support with the management of the GDS at CAVUHB.

Wales view: The CWL is being replicated across Wales by WG as they recognise its benefits and it is popular with dentists, patients and HB administrators.

“When can I go home?”

**Reducing the time our patients are in
hospital**

Finance and Performance Committee

22nd November 2023

Saunders, Nathan
22/11/2023 12:26:23



What is the problem?

Our culture, systems and processes are causing people to spend too long in hospital which is leading to avoidable harm, loss of independence and deterioration on overall health and wellbeing.

Sources: Nansen
2011/2023 12/26/23



What does the evidence tell us?

"Benchmarking"

117,000 excess bed days compared to peers (top 25%)

288 beds could be used differently or used to resource intermediate care

35% of our patients stay longer than 21 days (norm is no more than 20%)

Local Authority delays only account for 11.6% of our bed capacity

Saunders, Nathan
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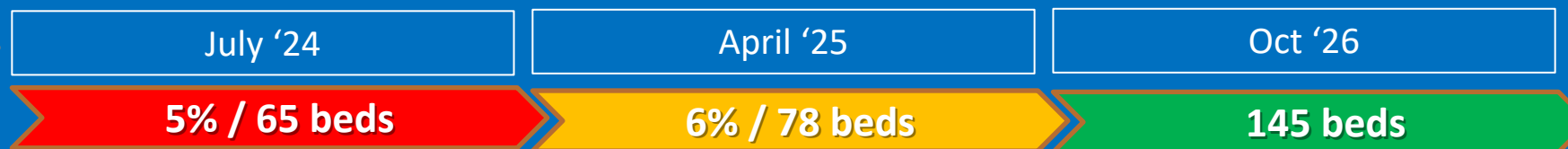
What are our aims?

Developing a dashboard

AIM

People under our care will spend 117,000 fewer days in hospital within three years, and there will be no more than 23% of our acute beds filled with patients with a stay of over twenty-one days (*super-stranded*) saving them from harm, loss of independence, and deterioration of overall health and well-being

- a) Reduce super-stranded patients within our adult acute beds by 11% which is the equivalent of 130 beds
- b) Deliver “chks peer upper-quartile” which is the equivalent of a further 145 bed capacity released



Saunders-Natpen
22/11/2023 12:26:23

What will our outcomes be?

What does “good” look like?

OUTCOMES

Fewer ward moves for people

Rightsizing capacity to deliver *“right bed first time”*

Better experience leading to improved overall satisfaction

Less waits for an inpatient bed due to flow challenges – *“do today’s work today”*

Decongest our emergency unit

People get home in an appropriate timeframe

Saunders, Nathan
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Why is this important?

- People have a poor experience and outcome if they stay in hospital longer than absolutely necessary and generally don't want to be here!
- The longer people stay in hospital the more chance they will catch a hospital acquired infection.
- Staying too long in hospital leads to deconditioning both physically and mentally.
- People ending up in the wrong place have protracted stays in hospital
- Hospital beds are our most expensive resource

Saunders, Nathan
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What is the approach ?

"Programme Management & Quality Management System"

- Define the Programme purpose in the context of its contribution to the relevant strategic objective(s)
- Define measurable objectives and outcomes – aligned to the strategic priority/ties and specific strategic milestones
- Define the Programme context and scope
- Develop a Blueprint which describes the desired future state (e.g. Digital Roadmap)
- Define Critical Success Factors – i.e. what needs to be in place to deliver the Programme purpose (often relates to strategic fit, achievability, affordability and value for money)
- Develop Programme timeline with key milestones to provide clear critical path
- Develop clear Programme governance arrangements for planning, reporting, delivery and assurance
- Develop and maintain Programme benefits and risks registers

Saunders Nathan
22/11/2023 12:26:23



What is the approach ?

"Continual learning"

- Recent operational challenges – Level 5 25
 - Ward liaison officer – Key roles
 - Patient level review – Individual patient plan – support and challenge process
 - Weekend planning team – recognition of lack of key services (7 day working)
 - Consistent metrics – evidence based decision making
 - Continuous improvement of communication

Saunders, Nathan
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What do we need to focus on?

Our patients

PATIENTS & FAMILY INVOLVEMENT

- What is wrong with me?
- When am I likely to go home?
- What is going to happen next?
- What can I do to help myself get better?
- What matters to me? – patient, carer, family will know and help understand situation
- What support out of hospital is needed?

Saunders, Nathan
22/11/2023 12:26:22

What do we need to focus on?

Our Teams

MEDICAL STAFF

- Early recognition of illness
- Senior doctor driven with early treatment and recovery
- “Making sense” – Patient and family conversation
- Continuity of care
- Safe prompt discharge planning upon admission

WARD NURSES

- Actions from board rounds
 - Clear & concise with owners
- Prioritise patients who are going home today (home for lunch)
- Does every patient know the when they are going home (PDD)
- What does the patient need next?
 - Are we using STAMP?
 - Have we asked for support?

THERAPIES

- Be aware of admissions to ensure timely assessment to identify needs and plans
- Prioritise those where therapies can add most value
- Review goals and actions with senior decision makers regularly
- Ensure timely communication of outcomes and status
- Utilise community colleagues to support discharge planning and management of risk

Saunders Napier
22/11/2023 12:26:23

What do we need to focus on?

Our Teams

INTEGRATED DISCHARGE SERVICE & HUB AND FLOW TEAM

- Ensure the right patient get to the right bed
- We aim to have a First Point of Contact Officer (FPOC) at every board round
- Challenge regarding home first
- Links between health and social care
- Provide support for complex discharges
- Guidance around the mental capacity act
- Education re Clinically optimised/D2RA/POCD
- Assess patients who would benefit from a non acute bed

Saunders, Nathan
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How will we help?

Task & Finish Group

We will support teams with the following **Input's**:

- Task force dedicating a min of 2 weeks attendance at Board Rounds
- Senior Clinical Leadership present at board rounds
- Tailored STAMP implementation support for a min of 1 week
- Dedicated time to create and ask for resources that the teams would find useful

These will produce the following **Output's**:

- Increase Board Round effectiveness score for each ward + a self-assessment tool marks in a min of 15/22 measures
- Escalations at point of discussion + systemic problems recorded, and actions planned created to address
- Shared learning and STAMP super user network created across UHB

Which will have an impact on the following **Outcome's**:

Short Term (Immediate)

- Standardised practice owned by the clinical board

Medium Term (Weeks)

- Reduction in internal delays and constraints recorded

Long Term (Month +)

- Improved throughput on each ward, and increased RBFT

- Plan in place to cover 9 wards over a period of three months in the first instance – defined by and agreed with clinical boards

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Commitment from the Ward team board rounds?

We are using a self-assessed and observed practice model to support, this model is based around an ABC approach.

A

Basic structure

1. Do the team have a consistent board round day/time?
2. Are they well attended?
3. Do they capture actions and owners that are visible to everyone (STAMP/Whiteboard)?

B

Flow Framework

1. Clinical plan in place?
2. Internal delays discussed and escalated?
3. Action and owners assigned?
4. Use of D2RA pathway?
5. Red2Green used effectively?
6. Everyone patient has a PDD?

C

Well led

1. Check-in with everyone at the beginning
2. MDT Safety brief at the beginning
3. Keep to time and focused
4. Challenge delays and decisions
5. Problem solves new issues

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How will we help?

System for tracking and managing patients

| Pilot Ward (UHW only) | Engagement score | Feedback |
|-----------------------|------------------|---|
| A1S | 100 | Updated daily at board round |
| A2 | 100 | PCN take ownership and updated daily |
| B1 | 100 | Used daily and every person encouraged to update throughout the day |
| B2L | 100 | Delivered through the BR Task Group |
| B6 (Surgery) | 100 | Laptop and connection issues otherwise using it |
| B7 | 75 | Staffing issues and user issue with updating real time |
| C4S | 100 | Used daily, some connection network issues on the ward. |
| Heulwen N | 100 | No issues reported, using it daily. |

"We love it, it means we can visually track when happens across different days" - A1 Ward Manager

"Are team now use this to update each other throughout the day to track next actions" - B1 Deputy Ward Manager

"We can't wait to use this on the iPads and can see how it helps move patients quicker" - C4S Ward Manager

What will we communicate and engage?

External

- Reduce time patients spend in hospital through educational information and guidance.
- Target the most impacted patient demographic to reduce hospital stay.

Internal

- Inform all staff and specific teams of how they can help to reduce patient length of stay in hospital.
- **Personal Responsibility** - UHB Value
- Clinical Board commitment
- Share point information page (directory of services)

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How we will communicate and engage?

- Communication strategy developed for both internal and external engagement
- Roadshows & engagement events
 - Why this is important?
 - What is the ask of the teams?
 - How can we support?
- Information resources for our staff and patients
- Ask Suzanne
- Media support: Round table discussions for winter
- Listen and learn sessions led by clinical board champion
- Social media

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Themes of messaging for both staff and patients

- Importance of physical movement when in hospital- Get up, get dressed , get moving
- Importance of patients' commitment to help recovery.
- Importance of ensuring hospital beds are free to help those in immediate need.
- Encouraging conversation about when patients can go home.
- Focus on reducing frailty – targeted.

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Campaign names and branding

Internal

Reducing the time our patients are in hospital



REDUCING THE TIME
OUR PATIENTS
ARE IN HOSPITAL
LLEIHAW'R AMSER
Y MAE EIN CLEIFION
YN YR YSBYTY



WHEN CAN I
GO HOME?
PRYD ALLA I
FYND ADRE?

External

When Can I Go Home?



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“Call to arms”

Clinical Board commitment

Standardised Ward Rounds and Principles



CIVILITY SAVES
LIVES

- Timely senior clinical, nursing and AHP decisions well communicated
 - Agree start times, ward & board round deadlines
 - Work towards a seven day model
 - Ensure continuity of care
 - Standardise board rounds and actions
 - D2RA assigned on admission
- Clarity operationally, efficiency and making sense of constraints
 - Rapid roll out of STAMP to ALL wards and clinical boards engaging in the learning needed
 - Single source of truth for flow
 - More data – less time (263 hours back)
 - Rapid documented escalation of constraints
- Empower clinical teams to solve problems
 - Visible engagement on wards
 - STAMP as a tool to tell us constraints
 - Escalation plans written with clear problem focused scenarios and actions in mind

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Any Questions ?

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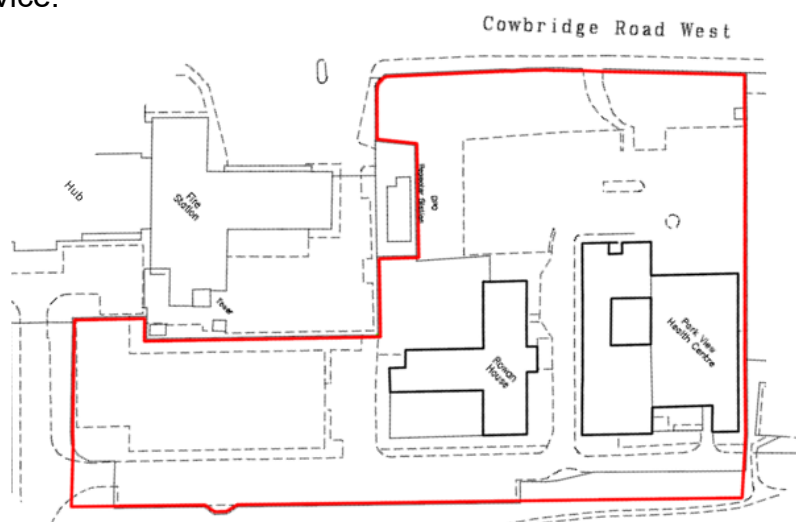
| | | | | |
|--|--|----------|-----------------|-----------------------------------|
| Report Title: | PARK VIEW HEALTH CENTRE Declaration as Surplus and Disposal | | Agenda Item no. | 3.1 |
| Meeting: | Finance & Performance Committee | Public | √ | Meeting Date: 22 November 2023 |
| | | Private | | |
| Status <i>(please tick one only):</i> | Assurance | Approval | √ | Information |
| Lead Executive: | Executive Director of Finance | | | |
| Report Author (Title): | Director Of Capital, Estates and Facilities | | | |

Main Report

Background and current situation:

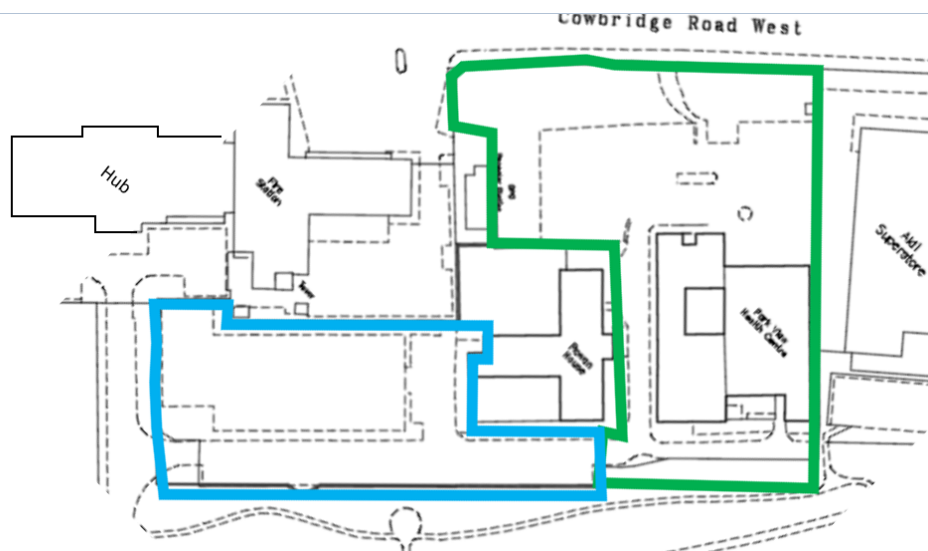
The purpose of this paper is to update the Finance and Performance Committee (FPC) of current position in relation future requirement of the former Park View Health Centre Site and for FPC to make a recommendation to the UHB Board to declare the land surplus to requirement.

The Park View site as outlined below in red was originally part of the larger Ely Hospital Site. The site housed the former Park View Health Centre whilst Rowan House remains in operation. Following a major flood, the Park View Health Centre was decommissioned and eventually demolished in early 2023. Rowan House continues to remain operational, with Swansea Bay Health Board operating a learning disabilities service.



The wider UHB strategy for the West of Cardiff proposes the development of a Wellbeing Hub @ Ely. This is currently at Full Business Case Stage. The proposed development will form an integrated facility combined with the neighbouring Cardiff Council Hub, utilising part of the Park View site. This is illustrated by the blue outline on the plan below. The UHB have no requirement for the remainder of the site (outlined in green) and this can be made available for disposal.

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Working in partnership with South Wales Police, a Memorandum of Understanding, dated 26th June 2023 has been signed, which states that in the event of a declaration as surplus, both parties will work in collaboration to transfer the Park View site from the UHB to South Wales Police under the Welsh Government Land Transfer Protocol.

A joint valuation has been undertaken, which indicated a value of £645k. This valuation is dated 6th November 2019 and will be updated when the disposal progresses. This is likely to be early in the 2024/25 financial year.

A key risk to this process is the existence of an overage on the Park View site dating back to the original disposal of the Ely Hospital site in 2007 as part of the St David's PFI scheme. The agreement for this included an overage agreement to the benefit of Macob Projects Ltd. The agreement, valid for 80 years states that "If the property is used for any other use save for Healthcare, medical services and ancillary services, it will trigger overage". Macob Projects Ltd was dissolved on 14th November 2020. Capital Estates and Facilities, with advice from NWSSP SES, NWSSP L&R and a specialist Property Litigator have investigated this overage agreement with a view to understanding whether it is still valid.

Counsel advice has been received and the UHB have engaged solicitors to apply to the court for a declaration that the overage agreement is no longer enforceable, and an order that the restriction be cancelled or otherwise removed.

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

- There is no requirement to retain any of the area identified for disposal to support the proposed Wellbeing Hub @ Ely. All building and car parking areas have been identified for the development within the approved outline planning permission.
- The disposal of the surplus element of the Park View sites offers the UHB to achieve notable capital receipts, while removing a liability site. Furthermore, the disposal in partnership with South Wales Police offers the opportunity to retain public sector services on the site, sharing adjacencies with the neighbouring Fire Station and proposed Wellbeing Hub@Ely.
- The overage matter can be noted as a risk at this time and could impact the income achieved. CEF will continue to press for this to be resolved.
- The disposal of part of the Park View site does not impact the operation of Rowan House, or the ongoing proposals for the Wellbeing Hub@Ely.

Recommendation:

Finance and Performance Committee are asked to **RECOMMEND** that the Board

NOTE: there is no requirement to retain the Park View site marked in green to support the development of the Wellbeing Hub @ Ely

APPROVE: to declare the area identified as surplus to requirement

APPROVE: the disposal of the site via the WG Land Transfer Protocol to South Wales Police for the purpose of the development of a new Police Station for the area

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 | |
|------------|--|-----------|---|-------------|--|---------------|---|-------------|--|

Impact Assessment:

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

Risk: **No**

Safety: **No**

Financial: **Yes/No**

Workforce: **Yes/No**

Legal: **Yes/No**

NWSSP Specialist Estates and NWSSP Legal and Risk have advised.

Reputational: **Yes/No**

Socio Economic: **Yes/No**

Equality and Health: **Yes/No**

Decarbonisation: **Yes/No**

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

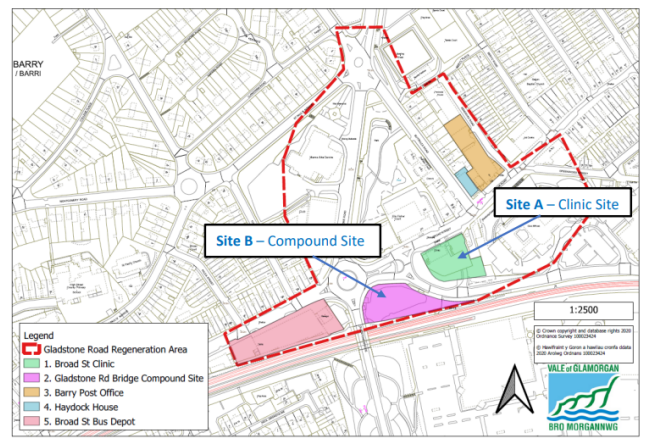
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|--------------------------------|--|----------|-----------------|---------------|------------------|
| Report Title: | BARRY GATEWAY DEVELOPMENT – Disposal of Broad Street Clinic and Lease of New Facility | | Agenda Item no. | 3.2 | |
| Meeting: | FINANCE COMMITTEE | Public | √ | Meeting Date: | 22 November 2023 |
| | | Private | | | |
| Status (please tick one only): | Assurance | Approval | √ | Information | |
| Lead Executive: | EXECUTIVE DIRECTOR OF FINANCE | | | | |
| Report Author (Title): | DIRECTOR OF CAPITAL, ESTATES AND FACILITIES | | | | |

Main Report

Background and current situation:

The purpose of this report is to request that the Finance and Performance Committee recommend that the UHB Board approve to enter into an agreement with the Vale of Glamorgan, for the provision of new clinic facilities at Broad Street, Barry, replacing the current existing clinic premises. The existing premises are in need of investment and are not to current Healthcare standards. The report provides the background on how this can be achieved, with no additional capital investment from the UHB, other than the capital receipt gleaned from the sale of the existing building.

Broad Street Clinic is located on Broad Street, Barry; adjacent to the VoG Civic Offices. The clinic houses UHB community services including AAA, CAHMS, Eye Clinic, ISH, Podiatry, SALT and Wound Clinics. No GMS services are present. The 1950s building itself is in poor condition and past its lifespan. Of particular note is the condition of external curtain walling façade and the lack of accessibility to the upper floor. The backlog maintenance for the building has been estimated to be in the region of £270k. This is excess of the building value (which will be discussed later).



The Vale of Glamorgan Council have commenced detailed planning on the Barry Town Centre Gateway Regeneration Project. This project is to facilitate a comprehensive mixed-use redevelopment of several key sites at the western end of the Barry town centre (Holton Road/Broad Street) identified within the area indicatively dashed red above. This will include the provision of a range of new affordable homes, integrated with health facilities and commercial uses. This would help boost the town, improving it as a sustainable place for living, working, and shopping.

The UHB, VoG and Welsh Government are working closely to facilitate the delivery of a project to provide much needed affordable homes and health facilities in an integrated development that contributes to the regeneration of Barry Town Centre. The VoG proposal for the Broad Street Clinic site centres upon the disposal of the UHB site (to VoG) and the construction of a new replacement facility on neighbouring land. The UHB would be required to invest the income from the Broad Street disposal into the overall development. In exchange, VoG would construct and fit out the new building. A long lease would then be granted at a peppercorn rent.

Broad Street Clinic Value and Disposal

Upon inspection of the Broad Street land title, it became evident that a restrictive covenant, to the benefit of VoG, governs the use of the site. The covenant states “the Secretary of State covenants with the Council not to use the property described in the first Schedule hereto other than for purposes connected with the provision of health facilities”. This restricts any permitted use of the site to the delivery of healthcare. This results in an impact upon the value of the land in any future disposals.

As the proposed disposal will be governed by the Welsh Government's Estate Coordination and Land Transfer Protocol (LTP), a UHB/VoG joint valuation report has been commissioned. This report has considered the restrictive covenant as well as providing a value for other site scenarios. These values will need to be updated prior to exchange of contracts to ensure that any inflationary rises are captured.

| | | | |
|-------|------------|-------------------------------------|-------------------|
| (i) | Scenario 1 | Healthcare use as per covenant | £172,264 |
| (ii) | Scenario 2 | Mixed-use redevelopment | £400,000 |
| (iii) | Scenario 3 | Public house / drive through retail | £450,000-£500,000 |

Lease of New Premises

The key point of the proposed venture is that while the value of Broad Street is suppressed by the restrictive covenant, the UHB will be provided with a replacement modern facility at no additional capital cost. This will deliver a new clinic, at nil consideration, that is fit for purpose and will enable the UHB to continue to deliver services for the benefit of the local community.

The VoG consideration for the new lease will be at below market value/nil consideration. The VoG have governance in place for this, under general consents contained in Local Government Act 1972

Discussions have taken place between the VoG and UHB with advice from both NWSSP Specialist Estates Services and NWSSP Legal and Risk. A set of draft Heads of Terms (HoTs) have been agreed in principal. Key points are summarised below and the full HoTs are included in appendix 2. Exchange of contracts is to occur 12 (twelve) weeks after formal agreement of these Heads of Terms in tandem with exchanging contracts for the linked Heads of Terms for the lease of the Clinic (Heads of Terms No.2).

HoTs 1 Proposed Acquisition by the Vale of Glamorgan Council of the Broad Street Clinic Site.

| | |
|-----------------|--|
| Property: | Broad Street Clinic |
| Vendor: | Cardiff and Vale University Local Health Board |
| Purchaser: | The Vale of Glamorgan Council |
| Purchase Price: | Informed LTP joint valuation report dated 23 rd February 2022 £172,264 (restricted value in favour of the Council). This value will be revised due to the passage of time since the report. |

HoTs 2 Proposed Lease for new Accommodation for relocated Broad St Clinic to be located within Site B Redevelopment

| | |
|---------------|--|
| Property: | Self-contained Ground Floor and First Floor facility, within proposed new affordable older persons development. To be located within part of Site B. |
| Landlord: | The Vale of Glamorgan Council |
| Tenant: | Cardiff and Vale University Local Health Board |
| Rent: | Peppercorn |
| Term: | 125 years. |
| Tenant Break: | After 25 years and yearly thereafter with 6 months written notice. |

The above Heads of Terms are subject to lease and the following conditions being met:

- (i) The Tenant to obtain Welsh Government Approval;
- (ii) The Landlord's Project Board approval;
- (iii) The Tenant's Board approval;

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- (iv) The Landlord securing all funding required to deliver the redevelopment of Site A and Site B (part of The Barry Town Centre Gateway Regeneration Project) including funding from the Welsh Government and any other sources of funding as may be required;
- (v) The Tenant will reinvest the Capital receipt (currently valued at £172,264) into the Fit Out. For the avoidance of doubt, the Landlord will not provide any additional funding for the Fit Out.
- (vi) The Landlord securing all statutory consents (including but not limited to securing a satisfactory planning permission for the demolition, clearance and full redevelopment of the Property for a residential or mixed use residential and commercial development);

While the new facility will be handed to the UHB complete, there will be a requirement for a fit out of specialist clinical and IT works.

With the proposed term of the lease at a peppercorn rent for 125 years, there will be IFRS 16 implications. Day to day running, energy and business rates will be a UHB responsibility and by the nature of the new facility, higher than the equivalent running costs for Broad Street. As the scheme is designed, estimates will be made available. Once these terms have been approved, the UHB will instruct NWSSP Legal and Risk to draft lease documentation. Each of the final engrossments will require the UHB Seal.

VoG Actions to Date

As the Barry Gateway project is wider VoG led initiative, the VoG are to submit a “Transforming Towns” grant application to the Welsh Government for a grant of £4,220,681 towards an overall project cost of £20,648,942. The anticipated date of this submission is 9th August 2023. It is hoped the Welsh Government will determine the grant application during September 2023.

Subsequent legal contractual discussions are aiming for a March 2024 completion.

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

The current restrictions on value associated with the existing land and building owned by the UHB on Broad Street, Barry.

The recognised partnership working of the UHB, VoG and Welsh Government working closely to facilitate the delivery of the project to provide much needed affordable homes and health facilities, in an integrated development, that contributes to the regeneration of Barry Town Centre.

The recognition that the UHB would be required to invest the income from the Broad Street disposal into the fit out of the new facility. In exchange, VoG would construct the new building. A long lease would then be granted at a peppercorn rent.

The recognition that existing services will transfer to the new building and the acknowledgement that there may be an increase in revenue consequences, as highlighted in the report, associated with energy and business rates.

In order to meet the VoG timescales, approval to proceed is required as soon as possible.

Recommendation:

The Finance & Performance Committee is asked to:

A. RECOMMEND that the Board APPROVE

1. the declaration of Broad Street Clinic as surplus and the subsequent disposal under the Wales Land Transfer Protocol.
2. the income from the sale of Broad Street Clinic will need to be ring fenced to finance the fit out of the new facility.
3. the two Heads of Terms;
 - Proposed Acquisition by the Vale of Glamorgan Council of the Broad Street Clinic Site.
 - Proposed Lease for new Accommodation for relocated Broad St Clinic to be located within Site B Redevelopment and the signature thereof.
4. the issuing of the report to Board for affixation of the UHB Seal to the resultant lease documentation.

B. RECOMMEND that the Board SUPPORT

1. the transfer of services into the new facility and the likely increase in revenue consequences associated with running costs, against the cost of the existing facility.

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 | x |
| 2. Deliver outcomes that matter to people | x | 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 | 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 | | 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 | X | Integration | X | Collaboration | X | Involvement | |
|------------|--|-----------|---|-------------|---|---------------|---|-------------|--|

Impact Assessment:

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

Risk: **Yes/No**

Safety: **Yes/No**

Financial: **Yes/No** IFRS16 implications.

Workforce: **Yes/No**

Legal: **Yes/No** NWSSP have advised. NWSSP L&R will continue to advise on lease.

Reputational: **Yes/No**

Socio Economic: **Yes/No**

Equality and Health: **Yes/No**

Decarbonisation: **Yes/No**

Approval/Scrutiny Route:

Committee/Group/Exec | Date:

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Heads of Terms No.1:

Proposed Acquisition by the Vale of Glamorgan Council of the freehold interest (held by Cardiff and Vale University Local Health Board) of the Broad Street Clinic Site (Site A).

| | | |
|-----------|----------------------------------|--|
| 1. | Property Address/Demise | Broad Street Clinic 130, Broad Street, Barry CF62 7AL Property identified as Site A indicatively edged red in Appendix A The Property has an area measuring approximately 0.239 ha (0.59 acres). |
| 2. | Purpose of Sale | The freehold interest of the Property is to be transferred to The Vale of Glamorgan Council in exchange for the Premium identified below, pursuant to the principles and best practices of the Welsh Government's Estate Coordination and Land Transfer Protocol. The Property will be transferred as is. The Purchaser will demolish, clear, and develop for an affordable residential use (and/or other such use the Purchaser wishes to develop the site subject to statutory consents) as part of the Barry Town Centre Gateway Regeneration Project. |
| 3. | Vendor: | Cardiff and Vale University Local Health Board Woodland House, Maes y Coed Road, Heath, Cardiff CF14 4HH Contact: Jonathan Nettleton (Property and Accommodation Manager, Capital Estates and Facilities). Email: jonathan.nettleton@wales.nhs.uk Telephone: 029 2183 6230 |
| 4. | Purchaser: | The Vale of Glamorgan Council Civic Offices Holton Road Barry CF63 4RU Contact: Lorna Cross (Operational Manager, Property Services) Email: LCross@valeofglamorgan.gov.uk Telephone: 01446 709307 |
| 5. | Tenure: | Freehold Title: The site is covered by title WA705939. |
| 6. | Consideration Premium | The Purchase Price will be the sum of £172,264 <i>Informed by the Avison Young valuation report dated 23rd February 2022, Purchase Price £172,264 (restricted value in favour of the Council).</i> This valuation may need to be revised if completion occurs over six months past the date of the report. |
| 7. | Legal and Surveyor Costs: | Each party to bear their own costs in accordance with the public sector land transfer protocol. The cost of any updated land valuation to be shared equally. |

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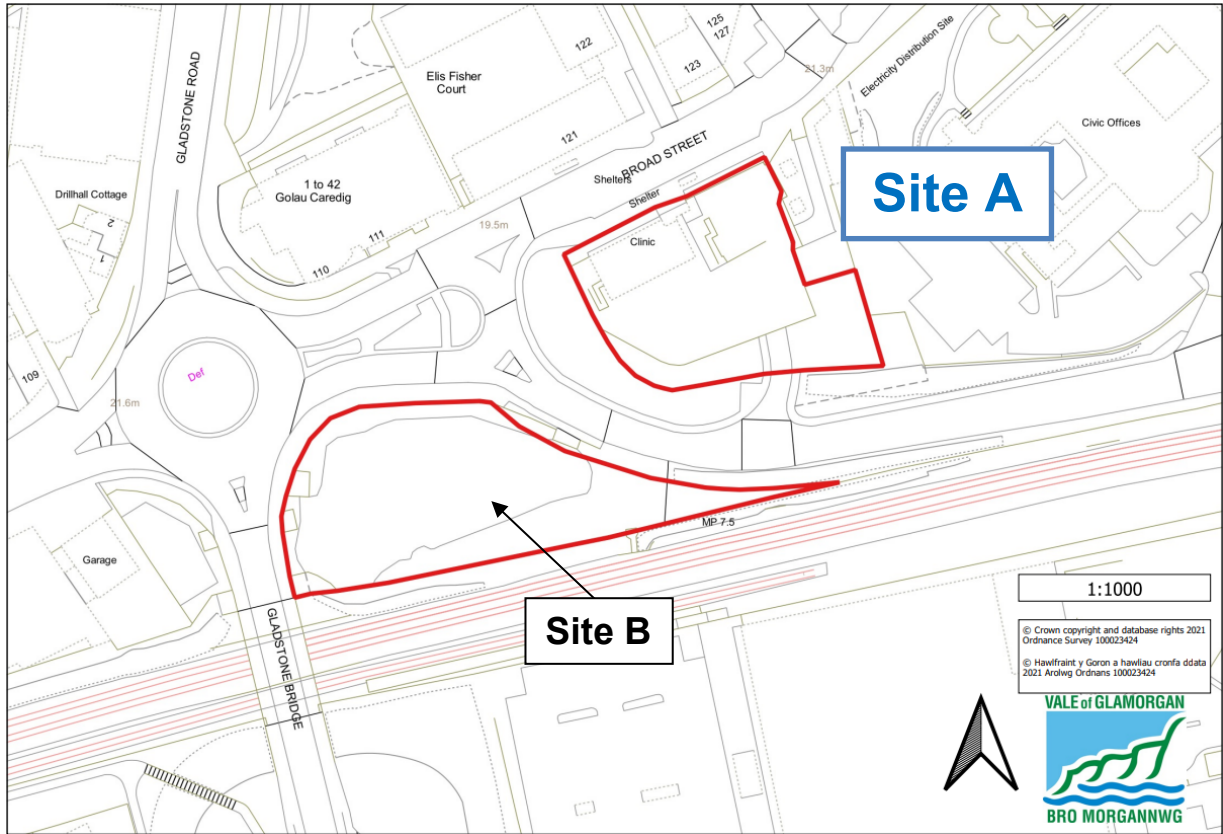
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|-----|-------------------------------|---|
| 8. | Linked Heads of Terms: | Linked to Heads of Terms No.2. – These Heads of Terms are linked to: the proposed Lease of space for the Clinic on the proposed redevelopment of the Compound Site (Site B in Appendix A). |
| 9. | Timing of Completion | Upon completion and availability of the new Clinic space. |
| 10. | Conditions: | <p>The heads of terms are subject to contract and the following conditions being met:</p> <ul style="list-style-type: none"> (i) Welsh Government approval. (ii) The Seller’s Board approval. (iii) The Purchaser’s Project Board approval being obtained. (iv) The Purchaser securing all funding required to deliver the redevelopment of Site A and Site B (part of The Barry Town Centre Gateway Regeneration Project) including funding from the Welsh Government and any other sources of funding as may be required; (v) Operational completion, to the reasonable satisfaction of the Health Board of the new facility. (vi) The Seller investing the capital receipt from the sale of Site A into the redevelopment of Site B (for example toward the cost of fitting out the new accommodation for the proposed relocation of the Clinic). (vii) The Purchaser securing all statutory consents (including but not limited to securing a satisfactory planning permission for the demolition, clearance and full redevelopment of the Property for a residential or mixed use residential and commercial development); (viii) The Purchaser having access to undertake full Site/Ground Condition Surveys and obtaining satisfactory results; (ix) The title being free of any defects, onerous conditions or restrictions that prevent the site being used for the intended purposes by the purchaser. |
| 9. | Permitted Use | Affordable residential use (and/or other such use the Purchaser wishes to develop the site subject to statutory consents). |
| 10. | Sellers Solicitors | <p>Correspondence Address:</p> <p>NHS Wales Shared Service Partnership 4th Floor Companies House Crown Way Cardiff CF14 3UB</p> <p>Contact: Email: louise.scott-nichols@wales.nhs.uk T: 02920 905027</p> |
| 11. | Purchasers Solicitors | <p>Correspondence Address:</p> <p>Legal Services Vale of Glamorgan Council Civic Offices Holton Road Barry</p> |

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|------------|---------------------------------|---|
| | | <p>CF63 4RU</p> <p>Contact Name: Jocelyn Ham.</p> <p><i>E-mail:</i> JHam@valeofglamorgan.gov.uk</p> <p><i>Telephone:</i> 01446 709406</p> |
| | | |
| 12. | Timing and Other Matters | <p>Exchange of contracts is to occur 12 (twelve) weeks after agreement of these Heads of Terms in tandem with exchanging contracts for the linked Heads of Terms for the lease of the Clinic (Heads of Terms No.2).</p> <p>Any environmental liability (including any liability under the Contaminated Land Regime) arising in respect of hazardous or noxious substances in, on, under or emanating from the Property on and between the date of exchange and completion of contracts shall be the sole responsibility of the Purchaser.</p> |
| 13. | Contract | These Heads of Terms are subject to contract. |

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APPENDIX A: Location of Site A



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Heads of Terms No.2:

Proposed Lease for new Accommodation (approximately 520 Sq. m) for relocated Broad St Clinic to be located within Site B Redevelopment.

| | | |
|-----------|--|---|
| 1. | Property Address/Demise | <p>Self-contained Ground Floor and First Floor facility, within proposed new affordable older persons residential development,</p> <p>Gladstone Road Bridge Compound Site, Dock View Road, Barry.</p> <p>To be located within part of Site B (indicatively edged red in Appendix 1):</p> <p>a. approximately 520 Sq. m of floorspace (indicatively edged dashed blue in Appendix 2) within part of the Ground and First Floor of a proposed affordable older persons residential building development; and</p> <p>b. approximately 12 no. car parking spaces (indicatively identified in Appendix 2).</p> |
| 2. | Landlord | <p>The Vale of Glamorgan Council Civic Offices Holton Road Barry CF63 4RU</p> <p>Contact: Lorna Cross (Operational Manager, Property Services) Email: LCross@valeofglamorgan.gov.uk Telephone: 01446 709307</p> |
| 3. | Tenant | <p>Cardiff and Vale University Local Health Board Woodland House, Maes y Coed Road, Heath, Cardiff CF14 4HH</p> |
| 4. | Rent | <p>Peppercorn rental.</p> |
| 5. | Type of Lease | <p>Head Lease</p> |
| 6. | Landlord's Works (including timing) | <p>Landlord to facilitate a works contract at its own cost to construct a 5 to 6 storey building development comprising of a mix of affordable older persons homes and a self-contained health clinic on the ground and first floor.</p> <p>The Landlord will facilitate at its own cost, the new mixed-use building development, including 520 Sq. m of clinical space, subject to agreeing an acceptable design specification with the Tenant.</p> <p>The area will be completed by the Landlord only to a level of second fix M&E including data, partitions, sanitaryware, decoration, floor/ceiling finishes, joinery etc. The Landlord will not be responsible for the installation and testing of any clinical equipment. The Tenant will be responsible for all costs associated with the Fit Out and implementing the Fit Out, such as clinical equipment, furniture, and specialist items and IT Server room. An Internal Specification is attached as Appendix 3.</p> <p>The Landlord will endeavour to complete the works by February 2026.</p> |

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| | | |
|------------|--|--|
| | | <i>(Note – at the time of drafting these Hot's, the Project Programme indicates the works contract would achieve practical completion during February 2025. However, projects can be delayed and hence the Longstop Date is identified 12 months later).</i> |
| | | |
| 7. | Tenant's Works (including timing) | nil |
| | | |
| 8. | Lease Length | 125 years |
| | | |
| 9. | Lease Start Date | 5 days after PC |
| | | |
| 10. | Break Clauses or Renewal Rights | <i>The Tenant to be granted an unconditional (save as to the condition as per Tenant's responsibilities) break option after 25 years (and yearly option thereafter)</i> 6 months written notice prior to break date. |
| | | |
| 11. | 1954 Act Protection | Excluded |
| | | |
| 12. | Rights | At all times: <ul style="list-style-type: none"> • To support and protection from the Building; • for access to and egress from the Property from the Building and common parts; • to park up to 12 private cars or motorbikes belonging to the Tenant, its employees, patients and visitors; • [to use the ambulance bay for dropping off and collecting patients]; • to use and to connect into any Service Media at the Building; • to display the name logo and operations of the Tenant on a sign or noticeboard in the entrance hall of the Building; • use the common parts for purposes in connection with the use and enjoyment of the Property for the Permitted Use; and • to enter such parts of the Building and/or the Landlord's adjoining or neighbouring property in order to carry out Tenant's obligations. |
| | | |
| 13. | Rent Reviews | N/A |
| | | |
| 14. | Assignment and Subletting | None; however, the Tenant will be permitted to share occupation of the Property (whole or part) with a person/organisation providing services that are ancillary to the Permitted Use or for social care or community healthcare services as a bare licensee provided that the Tenant provides the Landlord with notice in writing of the occupant's details in advance and further, that no relationship of landlord and tenant is created. |
| | | |
| 15. | Services and Service Charge | All services to be separately provided i.e. boilers/water/heating etc./separately metered. Tenant to pay the Landlord an agreed service charge (amount and frequency tbd) for the repair and maintenance of the external shell of the Clinic part of the building development, including green wall (subject to agreement for its inclusion within the final scheme design) and the same for the 12 no. parking spaces and external access route/open space within the site. The Tenant will have no liability in connection with any obligations/ costs incurred by the Landlord in complying with any requirements (including but not limited to any requirements in connection with EPC Regulations or the MEES Regulations) to maintain or improve the energy efficiency rating of the Property and/or Building [save where such improvements are required where the energy efficiency rating to the Property and/or Building has been reduced |

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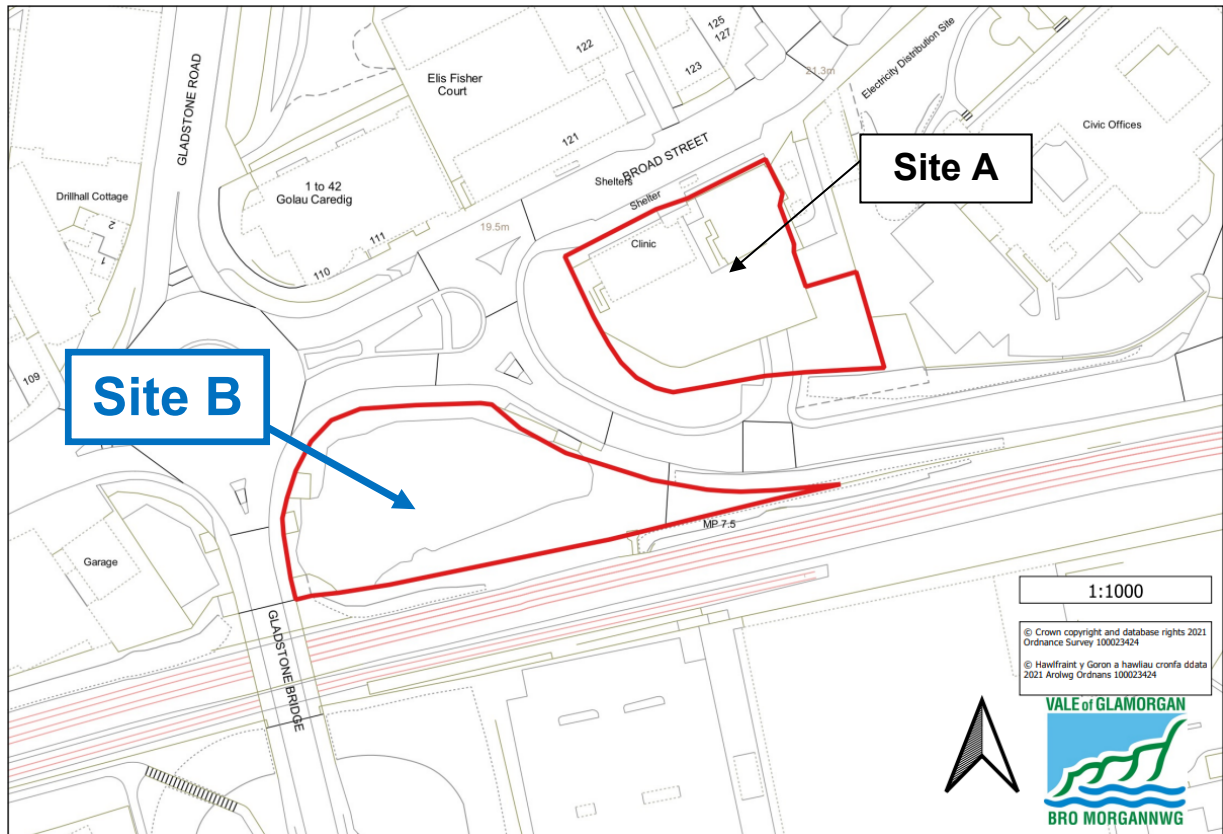
| | | |
|------------|---------------------------------|--|
| | | by any alterations to the Property undertaken by the Tenant or failure by the Tenant to comply with their repair obligations under the Lease]. |
| 16. | Repairing Obligations | The Tenant will be responsible for the full internal repair and maintenance (including separate lift) of the demise excluding structural aspects, windows (incl frames) and external shell. |
| 17. | Alterations | Any internal non-structural alterations are permitted without landlord's consent. Any external non-structural alterations will require consultation with landlord prior to consent being given (consent not to be unreasonably withheld or delayed). Any structural alterations either internally or externally will require landlord's consent. |
| 18. | Permitted Use | A surgery, clinic or healthcare centre for the provision of medical services under the NHS, and where ancillary to that use, any other ancillary primary, community health and social care and community healthcare purposes. |
| 19. | Insurance | The Tenant will pay the Landlord a percentage of the cost of insuring the new building under its block policy by way of annual charge (to be collected via the Service Charge). The Tenant will insure its fixtures, fittings and contents of the Property carrying the risk of insurance itself under the All Wales Risk Pool (whilst the Tenant remains a Health Service Body) and indemnify the Council for any actions or claims relating to the use of its leased clinical space and ancillary car parking spaces. |
| 20. | Dilapidations | A schedule of condition will be prepared by the Landlord prior to the lease commencement to record the condition of the Property prior to occupation; the schedule is to be agreed by both parties. The Property is to be handed back at the end of the term by the Tenant in no worse condition to that evidenced by the schedule of condition. |
| 21. | Rates & Utilities | Tenant is responsible for all NNDR liabilities, utility payments and any other outgoings associated with the use of the Property. Services to be separately metered and separately assessed for NNDR with the Tenant being responsible for both. |
| 22. | Legal and Surveyor Costs | Each party to bear their own costs. |
| 23. | Conditions | These Heads of Terms are subject to lease and the following conditions being met: I. The Tenant to obtain Welsh Government Approval; II. The Landlord's Project Board approval; III. The Tenant's Board approval; IV. The Landlord securing all funding required to deliver the redevelopment of Site A and Site B (part of The Barry Town Centre Gateway Regeneration Project) including funding from the Welsh Government and any other sources of funding as may be required; |

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| | | |
|-------------------------------------|--|--|
| | | <p>V. The Tenant will reinvest the Capital receipt (currently valued at £172,264) into the Fit Out. For the avoidance of doubt, the Landlord will not provide any additional funding for the Fit Out.</p> <p>VI. The Landlord securing all statutory consents (including but not limited to securing a satisfactory planning permission for the demolition, clearance and full redevelopment of the Property for a residential or mixed use residential and commercial development);</p> |
| 24. General | | <p>The Landlord will provide the Tenant with the following documents on practical completion of the works contract for the main building development:</p> <p>Health & Safety file, Building Manual, Energy efficiency certificate, carbon reduction commitment issues, Environmental good practice issues.</p> |
| 25. Landlord's Solicitors | | <p>Correspondence Address:</p> <p>Legal Services Vale of Glamorgan Council Civic Offices Holton Road Barry CF63 4RU</p> <p>Contact Name: Jocelyn Ham.</p> <p><i>E-mail: JHam@valeofglamorgan.gov.uk</i> <i>Telephone: 01446 709406</i></p> |
| 26. Tenant's Solicitors | | <p>Contact:</p> <p>NHS Wales Shared Service Partnership 4th Floor Companies House Crown Way Cardiff CF14 3UB</p> <p>T: 02920 905027 Email: louise.scott-nichols@wales.nhs.uk</p> |
| 27. Timing and Other Matters | | <p>Exchange of contracts is to occur 12 weeks after agreement of these Heads of Terms, however linking to the exchange date of the Heads of terms for site A.</p> |
| 28. Contract | | <p>These Heads of Terms are subject to contract, Landlord's Project Board approval and Tenant's Board approval</p> |

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APPENDIX 1: Location of Site B

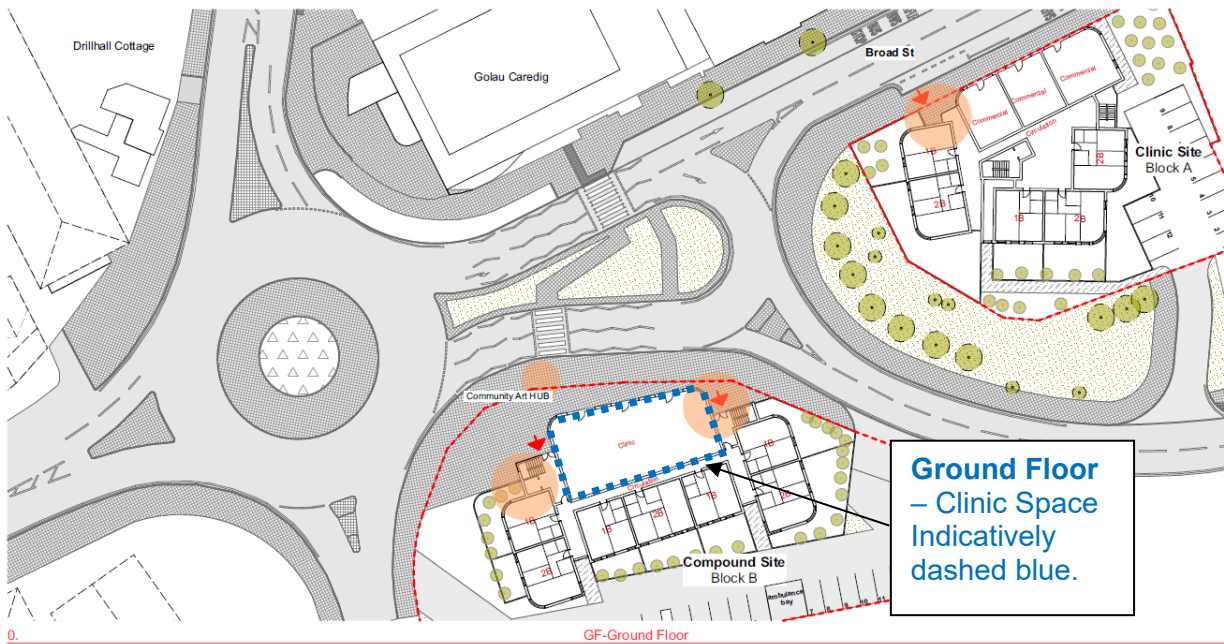
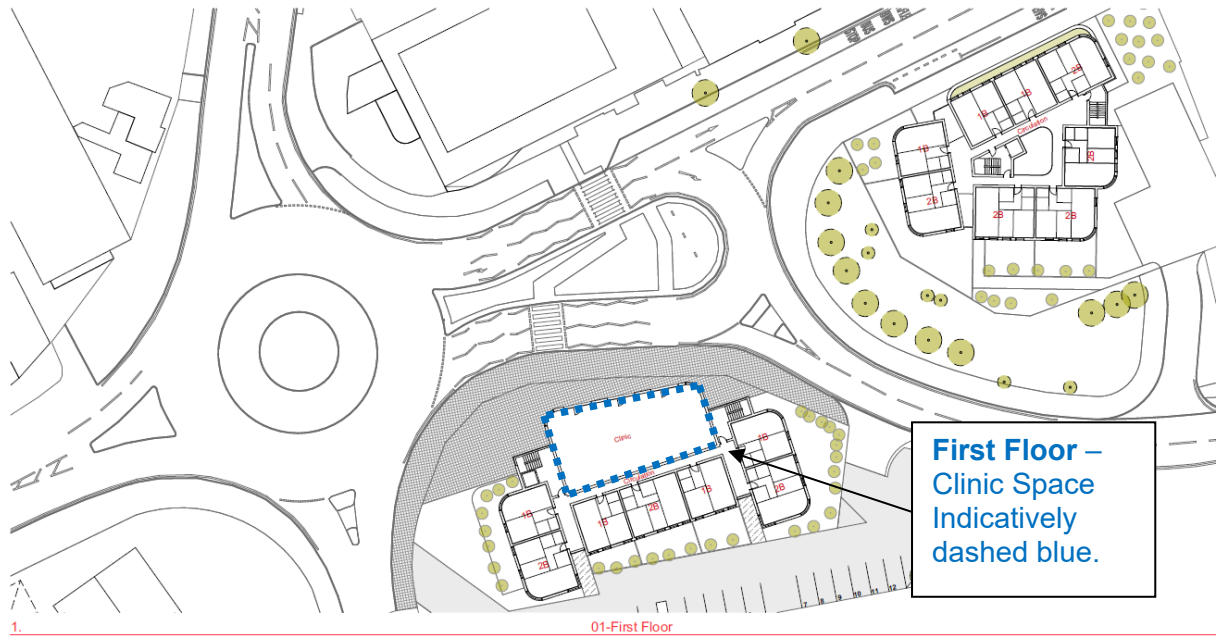


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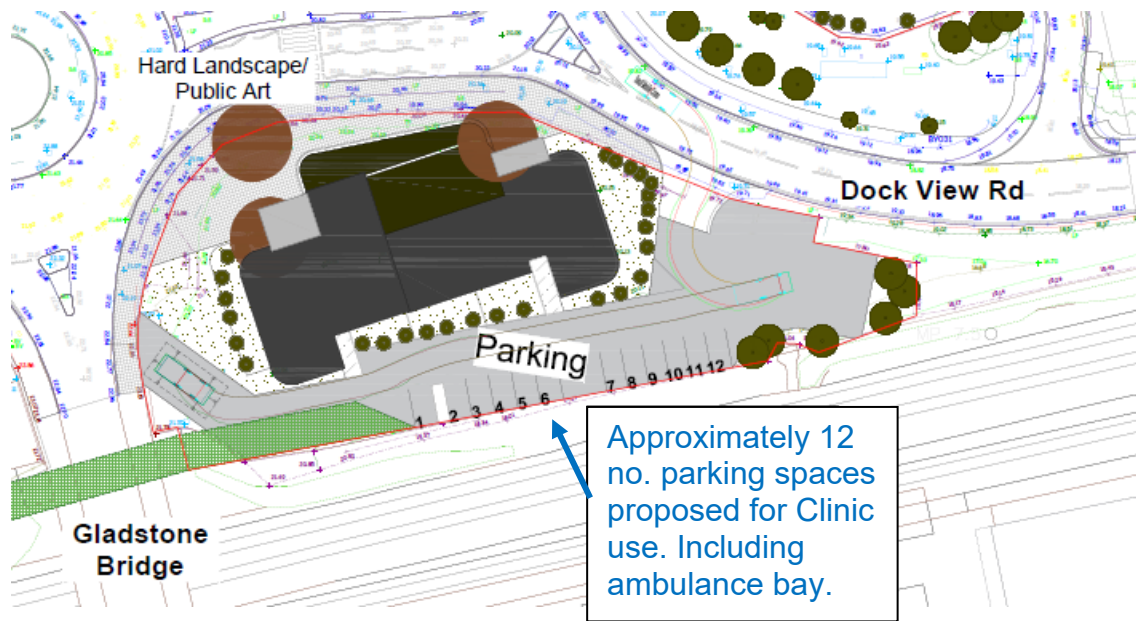
APPENDIX 2:

(a) Approximately 520 Sq.m of Floorspace for Clinic (indicatively edged dashed blue) within part of the Ground Floor and First Floor of a proposed affordable older persons residential building development and

(b) approximately 12 no. car parking spaces (indicatively identified numbered below).



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APPENDIX 3

Internal Specification:

Excluded

- Specialised data storage/server room, including specialist ventilation
- Blinds
- Specialised telephony and call systems
- Specialised clinical infrastructure, oxygen lines, etc.
- Specialised Sanitary Ware – hydrotherapy pools, closomat type w/c's, specialist handbasins, etc
- Specialised internal signage, customised art, etc
- Cookers, refrigeration, washing/drying
- Specialised Clinical Waste storage, transportation and removal
- Portable Fire Fighting Equipment
- Security Alarms/CCTV
- IT Server Room

Included

- Mains electricity, water and sewage
- Separate electricity and water meters
- Emergency Lighting
- LED Lighting, PIR sensors - TBA
- Power outlets - TBA
- Extract Ventilation – TBA
- Alarms systems – smoke/heat/fire detection
- Specialised/Secure door entry – main doors and internal doors
- Electric Heating and hot water system, with energy management - TBA
- Sprinkler system - TBA
- Connection for General Data – highspeed broadband connection
- Cabling for dedicated alarms and CCTV
- Connection for General Telephony
- Connection for General Media
- Flooring - TBA
- Internal Joinery – to include room partitions, fixed storage, door sets, window boards, fire doors, skirting, handrails, reception counter - TBA
- Wall Covering / Finishes – including paint, tiling to w/cs, shower rooms, kitchen, treatment rooms - TBA
- Ceiling Coverings / Finishes – TBA
- Sanitary Ware/ Showers – includes staff, patient and visitor - TBA
- Kitchen Cabinetry – RNIB Standards TBA
- Passenger Lift

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| | | | | | |
|---|--|--------|---|-----------------|--------------------------------------|
| Report Title: | 2023-24 Month 7 Monthly Financial Monitoring Return | | | Agenda Item no. | 4.1 |
| Meeting: | Finance Committee | Public | X | Meeting Date: | 22nd November 2023 |
| Status <i>(please tick one only):</i> | Assurance | x | Approval | Information | x |
| Lead Executive: | Executive Director of Finance | | | | |
| Report Author (Title): | Deputy Director of Finance | | | | |
| Main Report | | | | | |
| Background and current situation: | | | | | |
| SITUATION | | | | | |
| <p>WHC (2023) 012 - Welsh Government 2023/24 LHB, SHA & Trust Monthly Financial Monitoring Return 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 to C4) in order to provide the Committee with transparency on the submission made to the Welsh Government.</p> <p>A copy of the October 2023/24 MMR is attached.</p> | | | | | |
| Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee: | | | | | |
| The extract from the UHBs Monthly Financial Monitoring Return is provided for information and assurance. | | | | | |
| Recommendation: | | | | | |
| The Board / Committee are requested to: | | | | | |
| NOTE the extract from the UHBs Monthly Financial Monitoring Return. | | | | | |
| Link to Strategic Objectives of Shaping our Future Wellbeing: | | | | | |
| <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 | | |
| Five Ways of Working (Sustainable Development Principles) considered | | | | | |
| <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 Committee

Date: 22nd November 2023

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THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE SEVEN MONTH PERIOD ENDED 31st OCTOBER 2023

INTRODUCTION

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2023. The draft plan incorporated: -

- 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.

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

- 1) Health Protection including TTP and Immunisation costs of £8.8m
- 2) PPE cost of £2.9m.
- 3) The 2022/23 recurrent impact of paying Real Living Wage (RLW) for staff working within social care and Third Sector cost at £2.9m.

The plan assumes that the 2023/24 cost of the RLW, being paid to staff directly employed by the UHB will be funded through the 2023-24 pay award funding in addition to the £4.4m cost currently forecast in the social/third sector.

At month 7, the UHB is reporting an overspend of £16.021m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £9.602m (seven twelfths of the revised forecast year end deficit of £16.460m).

BACKGROUND

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



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CYMRU
NHS
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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

The Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2023. A summary of the core draft plan submitted is provided in Table 1.

Table 1: 2023/24 Initial Core Draft Plan

| | 2023/24 Plan £m |
|---|--------------------------------|
| 2022/23 Forecast Outturn | 26.9 |
| Adjustment for recurrent /non-recurrent items | 13.4 |
| 2023/24 b/f underlying deficit | 40.3 |
| COVID local response / consequential | 34.2 |
| Energy cost pressure | 11.5 |
| 2023/24 Cost Pressures Inflation & Growth | 43.8 |
| Service Investments | 5.0 |
| Total Planned Deficit before Allocation Uplift and savings | 134.8 |
| 2023/24 Allocation Uplift / Assumed Income | (14.4) |
| 2023/24 Cost Improvement Ambition | (32.0) |
| Total Allocation Uplift and Planned Savings | (46.4) |
| 2023/24 Planned Deficit | 88.4 |

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

The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:

Table 2: Movement from 2023/24 initial Core Draft Plan to Forecast Outturn at Month 7

| | Revised forecast @ Month 7 £m |
|--|--|
| Planned Deficit @ Month 6 | 88.400 |
| Less: | |
| 10% Improvement required | (8.840) |
| Recurrent Covid Legacy U/L Deficit Funding | (20.300) |
| Recurrent Inflationary Uplift | (25.100) |
| Non recurrent Inflation Uplift | (10.100) |
| Energy Funding | (7.600) |
| Revised Forecast Deficit £m | 16.460 |

These financial monitoring returns have been prepared within the framework outlined by Welsh Government in the letter of October 20 2023, which

includes a control deficit of £16.460m for 2023-24. This report details the financial position of the UHB for the period ended 31st October 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 7 financial position.

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 7 for which the following should be noted:

- The UHB's £32m 2023/24 savings target is reported on lines 8 & 9
- The forecast position reflects the assessed COVID 19 national programme costs in Table B3 and assumes that additional Welsh Government Funding will be provided to match the costs;
- It is assumed that LTA inflation of £2.118m that will be passed to the UHB from other Health Boards;
- The brought forward underlying deficit is £40.3m as outlined in the draft financial plan.

The identification and delivery of the initial planned £32m recurrent savings target supported by additional recovery actions is key to delivery of the planned in year and underlying position.

The Forecast in year and underlying position have been amended in month in line with the additional funding and 10% Improvement identified in table 2

The additional 10% Improvement required is planned to be realised through the review management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified and these have been amended in month and will be reviewed on a monthly basis.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit and reflects the analysis contained in the annual operating plan in Table A. The UHB is reporting a deficit of

£16.021m for the year to date and a forecast deficit of £16.460m as shown in Table 3.

Table 3: Summary Financial Position for the period ended 31st October 2023

| | Month 7 Position £m | Forecast Year-End Position £m |
|---|------------------------|----------------------------------|
| Planned deficit | 9.602 | 16.460 |
| Savings Programme | 2.463 | 0.000 |
| Operational position (Surplus) / Deficit | 3.956 | 0.000 |
| Financial Position £m (Surplus) / Deficit £m | 16.021 | 16.460 |

The month 7 deficit of £16.021m comprised of the following:

- £9.602m planned deficit
- £2.463m savings gap
- £3.956m adverse variance against plan.

Pressure on Achievement of Savings

The unachieved CRP gap at month 7 is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its planned deficit position of £16.460m.

Executive Performance Reviews with the UHBs Clinical Boards are focussing on the management of operational pressures and progress in identifying and delivering recurrent savings schemes that in turn will de-risk the financial plan.

The following additional actions are progressing to recover the month 7 operational & CRP overspend to enable the UHB to deliver the planned £88.4m deficit:

| Scheme | Theme | £000 Opportunity |
|---|-------------|------------------|
| Limit catalogue for non clinical non pay expenditure | Procurement | 1,000 |
| Eliminate non clinical agency with exception process | Workforce | 1,000 |
| Eliminate non clinical overtime | Workforce | 1,000 |
| Enhanced vacancy review through Vacancy Scrutiny Panel/Workforce reshaping | Workforce | 2,240 |
| Eliminate clinical agency with exception process | Workforce | 5,390 |
| Eliminate clinical overtime with exception process | Workforce | 3,570 |
| Waiting list initiative management following Health Board rate card | Workforce | 1,120 |
| Rationalise study leave to the minimum required to meet regulatory requirements | Workforce | 700 |
| Actions to Deliver Planned Deficit £88.4m | | 16,020 |

Pressure on Operational Position

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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 UHB experienced unprecedented demand for its Mental Health Services in the first half of the year when it was difficult to source appropriately trained and experienced staff. This pressure has now been mitigated primarily due an improvement in the levels of discharges from inpatient services and the repatriation of a number of the patients placed out of area.

Pressures against medical staff budgets continue across a number of Clinical areas, primarily due to the use of locum, bank and agency cover at enhanced rates to maintain safe staffing levels. The UHB has scheduled recruitment interviews in a number of key areas, which are expected to partly mitigate the pressures.

The WHSCC provider position continues to project an under recovery of income. This is in part offset by an improvement in the forecast commissioning position. This primarily impacts on paediatric and specialist services as a result of the stepped relationship between activity levels and the cost base. The UHB provider plan was based on the national Directors of Finance Agreement that allowed a level of contract under-performance to a 5% reflecting the ongoing restricted ability of post Covid service footprints to restore activity to full per Covid levels. During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales and has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of the stance.

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £1.054m in month primarily due to nursing pressures. £0.683m and £0.146m of the costs recorded in October related to registered nursing and midwifery and medical and dental respectively. **Average reported costs in September and October are £0.608m less than the average reported in the first 5 months and this is also corroborated by workforce data used to monitor savings actions.**

COVID 19 ANALYSIS (TABLE B3)

At month 7, Table B3 reported forecast outturn expenditure due to COVID-19 to be £13.064m. This includes expenditure related to the Covid funding for

Health Protection (£8.800m), PPE (£2.500m) Long Covid (£1.144m), Anti-viral (£0.100m), and Nosocomial (£0.520m) allocations.

Year to date and forecast Covid Expenditure is summarised in Table 4 below.

Table 4: Summary of Forecast COVID 19 Net Expenditure

| | Month 7 £m | Forecast £m | Funded by WG or Financial Plan £m | Variance to Plan/Funding £m |
|---|---------------|---------------|-----------------------------------|-----------------------------|
| Health Protection | 4.839 | 8.800 | 8.800 | 0.000 |
| PPE | 1.252 | 2.500 | 2.500 | 0.000 |
| Long Covid | 0.667 | 1.144 | 1.144 | 0.000 |
| Nosocomial | 0.303 | 0.520 | 0.520 | 0.000 |
| Anti-Viral | 0.058 | 0.100 | 0.100 | 0.000 |
| Sub Total WG Funded Covid Expenditure £m | 7.120 | 13.064 | 13.064 | 0.000 |
| Included in Financial Plan - COVID Local Response | 18.200 | 31.200 | 34.200 | (3.000) |
| Total COVID Expenditure £m | 25.320 | 44.264 | 47.264 | (3.000) |

The UHB forecast is in line with the anticipated Welsh Government COVID Funding totaling £13.064m.

Savings Programme 2023-24 (TABLE C, C1, C2, C3 & C4)

At month 7, the UHB had identified £35.861m of green, amber and red schemes to deliver against the initial planned savings target of £32m. Focus is now on turning all red schemes to green/amber which would result in £3.861m being realised to offset the operational deficit.

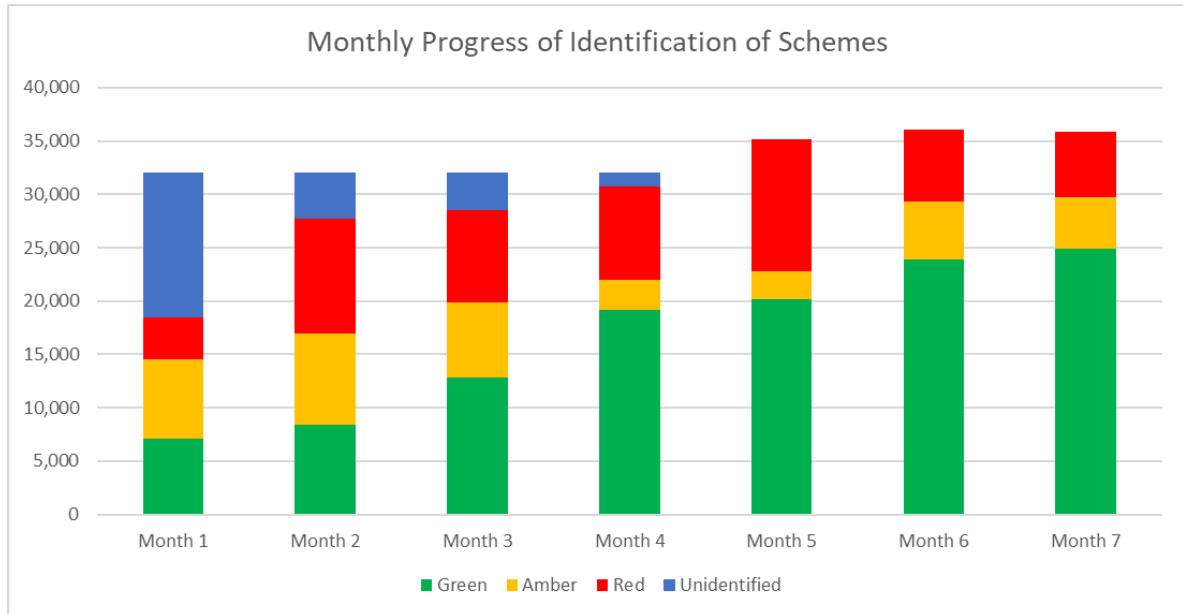
Overall performance in the identification of initial planned savings schemes is outlined in table 5 below:

Table 5: Savings Schemes

| | Total Savings Target £m | Total Savings Identified £m | Total Savings (Unidentified) £m |
|----------|-------------------------|-----------------------------|---------------------------------|
| Total £m | 32.000 | 35.861 | 3.861 |

The table above includes green, amber and red schemes. Progress on the identification of schemes can be found in Graph 1 below.

Graph 1 – Progress of Identification of Schemes



The UHB will continue to identify and deliver savings schemes at pace.

In addition, as indicated earlier in the narrative, additional plans have been identified to recover the year to date position.

The additional 10% Improvement required is planned to be realised through the review management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The UHB progressed LTA discussions in line with the Welsh Government timetable.

The Welsh LTAs listed below have now been agreed through the UHBs governance framework and signed off:

- Aneurin Bevan
- Swansea Bay
- Hywel Dda
- Powys
- Cwm Taf Morgannwg
- Velindre.
- WHSCC

In addition to this, a covering letter was sent to WHSCC indicating that the UHB's plans to review the cost of delivery in respect of WHSCC services

alongside the appropriateness of current currencies. This is aimed at ensuring the costs of delivery are appropriately recovered.

INCOME ASSUMPTIONS 2023/24 (TABLE E)

Table E outlines the UHB's 2023/24 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.

The UHB assumes that the following pay awards actioned in 2023/24 will be fully covered by additional Welsh Government Funding:

- 1.5% 2022/23 consolidated increase
- 5.0% 2023/24 Pay Uplift

The cost of the Medical and Dental Pay award is added to anticipated allocations following the first payment in October. **Circa £0.150m of the additional costs relate to Cardiff University employees whom hold honorary contracts with the UHB. The income assumption assumes that these costs will be recognised in the additional funding award**

BALANCE SHEET - STATEMENT OF FINANCIAL POSITION (TABLE F)

The opening balances at the beginning of April 2023 reflect the closing balances in the 2022/23 Draft Accounts.

Property, plant & equipment is in line with the start of the year. This is due to the combined impact of annual indexation and a decrease in the carrying value of the assets reflecting monthly depreciation charges.

The forecast balance sheet reflects the UHB's latest non cash estimates and its anticipated capital funding.

MONTHLY CASHFLOW FORECAST (TABLE G)

The cash balance at the end of October was £5.162m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support.

The UHB has prepared an accountable officer's letter to formally request the strategic cash assistance in line with the revised forecast outturn. In addition, the UHB urgently requires confirmation and action of outstanding cash allocations that have been included in table E since the beginning of the year.

Due to the significant requirement for strategic cash support in 2023/24, combined with the timing of pay award cash flows and the level of outstanding allocation, the UHB anticipates restricting payments to suppliers from the final quarter onwards. This will impact the PSPP performance. From January onwards the UHBs cashflow will be severely impaired.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £120m.

The UHB's working cash assumption for 2023-24 assumes coverage from Welsh Government for the following :-

- Strategic Cash support for the £16.460m deficit of the UHB 2023-24 Financial Plan. Health Boards are required to submit an Accountable Officer letter in support of a request for Strategic Cash Support. The UHB gained approval for its application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit at its Finance Committee of the 18th October and is seeking further approval at its Board meeting of 30th November. Chairs action will be taken in lieu of Board approval.
- £12.488m of resource cover provided in 2022-23 where additional cash cover was not provided because of the proximity to year end . This includes the additional 1.5% consolidated pay award (£11.8m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support.
- Movements in Revenue and Capital working capital from the 2022-23 Balance Sheet including circa £7m of capital payments relating to 2022/23 where the cash was paid to suppliers in 2023/24. This will continue to be assessed as the year progresses.
- In addition to the UHBs strategic and working cash requirements, there are a significant amount of anticipated allocations as per the table below, (circa 80m including £53m of pay increase funding) which are yet to be confirmed. The UHB is not able to draw down the associated cash, until these allocations are confirmed and this in turn is expected to impact on the UHBs scheduling of payments from the beginning of the last quarter onwards if confirmation of the allocations remain outstanding and additional strategic cash support also remains outstanding.

CAPITAL SCHEMES (TABLES I, J & K)

Of the UHB's approved Capital Resource Limit, 21% has been expended to date.

Two capital schemes are currently classified as medium risk:

- Genomics - forecasting a potential £1.041m overspend. This is to be managed through the discretionary programme and is reflected in the 'Estates' line of the capital tables. The overspend is due to a number of factors including inflation, IT spec and the rerouting of drainage.
- Eye Care – discussions are ongoing with DCHW in relation to the future of this asset and the ongoing service provision.

All projects forecasts were reviewed and confirmed with WG as at M6. Revised allocations as per the CRL dated 27th October received from Welsh Government (£32.508m) are reflected in table I and J.

All other schemes are currently in line with the revised forecasts. UHL infrastructure, Endoscopy, Genomics, and Park View are all slightly behind plan year to date, however these are still expected to deliver in 23/24.

AGED WELSH NHS DEBTORS (TABLE M)

At the 31st October 2023 there was one invoice raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. This invoice was subsequently paid on November 3rd.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB achieved its Public Sector Payment Performance target with 97.4% being achieved cumulatively to-date.

The UHB has included the improvement of high volume and low value NHS invoices into its modernisation programme to find system improvements to ensure all four PSPP targets are met.

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 will be taken to the 22nd November 2023 meeting of the Finance Committee for information.

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2023 and submitted a final plan at the end of May in line with the Welsh Government timetable.

The forecast year end position has been amended in line with the additional funding and revised target control total confirmed by Welsh Government on the 20th October 2023.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible.

At month 7, the UHB is reporting an overspend of £16.021m. This is comprised of £2.463m unidentified savings, £3.956m of operational overspend and the revised forecast deficit of £9.602m (seven twelfths of the revised forecast deficit of £16.460m)

Actions are in place to recover the month 7 position and deliver the forecast £16.460m deficit.

In addition, the UHB requires confirmation of strategic cash support and outstanding allocations to maintain its cash position and PSPP performance.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

13th November 2023



.....
ROBERT MAHONEY
DEPUTY DIRECTOR OF
FINANCE

13th November 2023

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

| | In Year Effect £'000 | Non Recurring £'000 | Recurring £'000 | FYE of Recurring £'000 |
|--|-------------------------|------------------------|--------------------|---------------------------|
| 1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -40,300 | 0 | -40,300 | -40,300 |
| 2 Planned New Expenditure (Non Covid-19) (Negative Value) | -94,523 | 0 | -94,523 | -94,523 |
| 3 Planned Expenditure For Covid-19 (Negative Value) | -13,465 | -13,465 | | |
| 4 Planned Welsh Government Funding (Non Covid-19) (Positive Value) | 12,305 | 0 | 12,305 | 12,305 |
| 5 Planned Welsh Government Funding for Covid-19 (Positive Value) | 13,465 | 13,465 | | |
| 6 Planned Provider Income (Positive Value) | 2,118 | 0 | 2,118 | 2,118 |
| 7 RRL Profile - phasing only (In Year Effect / Column C must be nil) | 0 | 0 | 0 | 0 |
| 8 Planned (Finalised) Savings Plan | 14,042 | 4,098 | 9,944 | 10,813 |
| 9 Planned (Finalised) Net Income Generation | 454 | 124 | 330 | 357 |
| 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 | 17,505 | 0 | 17,505 | 20,830 |
| 14 Opening IMTP / Annual Operating Plan | -88,400 | 4,222 | -92,622 | -88,400 |
| 15 Reversal of Planning Assumptions still to be finalised at Month 1 | -17,505 | 0 | -17,505 | -20,830 |
| 16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value) | 0 | 0 | | |
| 17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | | |
| 18 Other Movement in Month 1 Planned & In Year Net Income Generation | 203 | 30 | 173 | 290 |
| 19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | -748 | -119 | -629 | -332 |
| 20 Additional In Year Identified Savings - Forecast | 21,015 | 13,028 | 7,987 | 9,673 |
| 21 Variance to Planned RRL & Other Income | 0 | 0 | | |
| 22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional) | -400 | -400 | | |
| 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) | 400 | 400 | | |
| 25 In Year Accountancy Gains (Positive Value) | 0 | 0 | 0 | 0 |
| 26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately) | 29 | 29 | | |
| 27 Additional savings to be identified | -2,994 | -2,994 | | |
| 28 Roundings | 0 | 0 | | |
| 29 Additional Actions £16.020m | 16,020 | 4,821 | 11,199 | 11,199 |
| 30 Additional savings not included on Table C per WG instruction | -16,020 | -16,020 | | |
| 31 10% Improvement required | 8,840 | 8,840 | | |
| 32 Recurrent Covid Legacy U/L Deficit Funding | 20,300 | 0 | 20,300 | 20,300 |
| 33 Recurrent Inflationary Uplift | 25,100 | 0 | 25,100 | 25,100 |
| 34 Non recurrent Inflation Uplift | 10,100 | 10,100 | | |
| 35 Energy Funding | 7,600 | 7,600 | | |
| 36 | 0 | 0 | | |
| 37 | 0 | 0 | | |
| 38 | 0 | 0 | | |
| 39 | 0 | 0 | | |
| 40 Forecast Outturn (- Deficit / + Surplus) | -16,460 | 29,537 | -45,997 | -43,000 |
| 41 Covid-19 - Forecast Outturn (- Deficit / + Surplus) | 0 | | | |
| 42 Operational - Forecast Outturn (- Deficit / + Surplus) | -16,460 | | | |

| | 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 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -3,358 | -23,508 | -40,300 |
| 2 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -7,877 | -65,138 | -94,523 |
| 3 | -521 | -943 | -1,235 | -1,220 | -1,194 | -1,171 | -1,146 | -1,203 | -1,208 | -1,208 | -1,167 | -1,245 | -7,431 | -13,465 |
| 4 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 1,025 | 7,178 | 12,305 |
| 5 | 521 | 943 | 1,235 | 1,220 | 1,194 | 1,171 | 1,146 | 1,203 | 1,208 | 1,208 | 1,167 | 1,245 | 7,431 | 13,465 |
| 6 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 177 | 1,236 | 2,118 |
| 7 | 1,925 | 254 | -61 | 97 | -74 | -6 | -383 | -358 | -341 | -341 | -356 | -355 | 1,752 | 0 |
| 8 | 665 | 808 | 1,093 | 935 | 1,106 | 1,038 | 1,415 | 1,390 | 1,390 | 1,390 | 1,405 | 1,404 | 7,061 | 14,042 |
| 9 | 77 | 13 | 43 | 43 | 43 | 43 | 43 | 43 | 26 | 26 | 26 | 26 | 305 | 454 |
| 10 | | | | | | | | | | | | | 0 | 0 |
| 11 | | | | | | | | | | | | | 0 | 0 |
| 12 | | | | | | | | | | | | | 0 | 0 |
| 13 | | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 1,591 | 9,548 | 17,505 |
| 14 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,367 | -7,366 | -51,567 | -88,400 |
| 15 | 0 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -1,591 | -9,548 | -17,505 |
| 16 | | | | | | | | | | | | | 0 | 0 |
| 17 | | | | | | | | | | | | | 0 | 0 |
| 18 | 0 | -3 | 7 | 13 | 13 | 63 | 13 | 13 | 28 | 28 | 13 | 13 | 107 | 203 |
| 19 | 0 | 0 | -383 | -232 | 314 | -48 | -7 | -49 | -90 | -89 | -84 | -81 | -356 | -748 |
| 20 | 0 | 219 | 188 | 355 | 574 | 1,016 | 4,717 | 3,408 | 1,508 | 2,084 | 2,190 | 4,756 | 7,061 | 21,015 |
| 21 | | | | | | | | | | | | | 0 | 0 |
| 22 | 0 | -231 | 23 | 23 | -83 | -59 | -16 | -49 | -16 | 6 | 17 | -15 | -343 | -400 |
| 23 | | | | | | | | | | | | | 0 | 0 |
| 24 | 0 | 231 | -23 | -23 | 83 | 59 | 16 | 49 | 16 | -6 | -17 | 15 | 343 | 400 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | -83 | 158 | -5 | -5 | -5 | -5 | -5 | -5 | -5 | -5 | -5 | -5 | 52 | 29 |
| 27 | -1,446 | 298 | 576 | 229 | -413 | -541 | -2,446 | -493 | 1,433 | 857 | 760 | -1,808 | -3,743 | -2,994 |
| 28 | | | | | | | | | | | | | 0 | 0 |
| 29 | | | | | | | 2,670 | 2,670 | 2,670 | 2,670 | 2,670 | 2,670 | 2,670 | 16,020 |
| 30 | | | | | | | -2,670 | -2,670 | -2,670 | -2,670 | -2,670 | -2,670 | -2,670 | -16,020 |
| 31 | | | | | | | 5,157 | 737 | 737 | 737 | 737 | 737 | 5,157 | 8,840 |
| 32 | | | | | | | 11,842 | 1,692 | 1,692 | 1,692 | 1,692 | 1,692 | 11,842 | 20,300 |
| 33 | | | | | | | 14,642 | 2,092 | 2,092 | 2,092 | 2,092 | 2,092 | 14,642 | 25,100 |
| 34 | | | | | | | 5,892 | 842 | 842 | 842 | 842 | 842 | 5,892 | 10,100 |
| 35 | | | | | | | 4,433 | 633 | 633 | 633 | 633 | 633 | 4,433 | 7,600 |
| 36 | | | | | | | | | | | | | 0 | 0 |
| 37 | | | | | | | | | | | | | 0 | 0 |
| 38 | | | | | | | | | | | | | 0 | 0 |
| 39 | | | | | | | | | | | | | 0 | 0 |
| 40 | -8,896 | -8,287 | -8,574 | -8,597 | -8,474 | -8,473 | 35,279 | -88 | -88 | -88 | -88 | -88 | -16,021 | -16,460 |
| 41 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42 | -8,896 | -8,287 | -8,574 | -8,597 | -8,474 | -8,473 | 35,279 | -88 | -88 | -88 | -88 | -88 | -16,021 | -16,460 |

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

This Table is currently showing 0 errors

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY YTD variance as %age of YTD | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings £'000 | |
|----|---|---------------|-------|--------|----------|--------|--------|--------|---------|---------|---------|---------|---------|-----------|--------------------|--|------------|--------|-----------------------|-----------|--|--------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | Green | Amber | non recurring | recurring | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | | £'000 |
| 1 | CHC and Funded Nursing Care | Budget/Plan | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 58 | 100 | | 100 | 0 | | | | |
| 2 | | Actual/F'cast | 8 | 27 | 30 | 53 | 68 | 86 | 103 | 124 | 124 | 124 | 129 | 134 | 376 | 1,013 | 37.17% | 913 | 100 | 105 | 908 | 1,288 |
| 3 | | Variance | 0 | 19 | 22 | 45 | 60 | 78 | 95 | 116 | 116 | 116 | 121 | 126 | 318 | 913 | 545.40% | 813 | 100 | | | |
| 4 | Commissioned Services | Budget/Plan | 7 | 7 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 109 | 204 | | 204 | 0 | | | | |
| 5 | | Actual/F'cast | 7 | 7 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 109 | 204 | 53.22% | 204 | 0 | 125 | 79 | 79 |
| 6 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | | | |
| 7 | Medicines Management (Primary & Secondary Care) | Budget/Plan | 185 | 93 | 226 | 167 | 168 | 245 | 206 | 207 | 207 | 222 | 222 | 1,291 | 2,355 | | 2,355 | 0 | | | | |
| 8 | | Actual/F'cast | 185 | 104 | 217 | 215 | 346 | 393 | 362 | 516 | 554 | 855 | 870 | 1,024 | 1,822 | 5,640 | 32.31% | 5,524 | 116 | 899 | 4,741 | 6,138 |
| 9 | | Variance | 0 | 11 | (9) | 48 | 178 | 148 | 156 | 309 | 347 | 648 | 648 | 802 | 531 | 3,285 | 41.10% | 3,169 | 116 | | | |
| 10 | Non Pay | Budget/Plan | 214 | 226 | 383 | 283 | 428 | 283 | 268 | 268 | 268 | 268 | 268 | 2,087 | 3,425 | | 3,425 | 0 | | | | |
| 11 | | Actual/F'cast | 214 | 257 | 344 | 344 | 589 | 354 | 3,431 | 903 | 531 | 526 | 627 | 2,934 | 5,533 | 11,055 | 50.06% | 8,855 | 2,200 | 7,545 | 3,509 | 4,001 |
| 12 | | Variance | 0 | 30 | (39) | 61 | 160 | 71 | 3,164 | 635 | 263 | 258 | 360 | 2,666 | 3,447 | 7,629 | 165.18% | 5,429 | 2,200 | | | |
| 13 | Pay | Budget/Plan | 251 | 474 | 457 | 457 | 482 | 482 | 913 | 888 | 888 | 888 | 887 | 3,516 | 7,957 | | 7,957 | 0 | | | | |
| 14 | | Actual/F'cast | 251 | 633 | 287 | 425 | 970 | 1,150 | 2,206 | 3,185 | 1,579 | 1,859 | 1,864 | 1,964 | 5,921 | 16,372 | 36.17% | 15,718 | 654 | 8,332 | 8,039 | 8,622 |
| 15 | | Variance | 0 | 159 | (170) | (32) | 487 | 668 | 1,293 | 2,297 | 690 | 970 | 975 | 1,077 | 2,405 | 8,415 | 68.39% | 7,761 | 654 | | | |
| 16 | Primary Care | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | | |
| 17 | | Actual/F'cast | 0 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 25 | 50.00% | 25 | 0 | 0 | 25 | 25 |
| 18 | | Variance | 0 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 13 | 25 | | 25 | 0 | | |
| 19 | Total | Budget/Plan | 665 | 808 | 1,093 | 935 | 1,106 | 1,038 | 1,415 | 1,390 | 1,390 | 1,390 | 1,405 | 1,404 | 7,061 | 14,042 | | 14,042 | 0 | | | |
| 20 | | Actual/F'cast | 665 | 1,027 | 899 | 1,059 | 1,994 | 2,006 | 6,125 | 4,750 | 2,809 | 3,385 | 3,512 | 6,078 | 13,774 | 34,309 | 40.15% | 31,239 | 3,070 | 17,007 | 17,301 | 20,154 |
| 21 | | Variance | 0 | 219 | (195) | 124 | 888 | 967 | 4,710 | 3,359 | 1,419 | 1,995 | 2,107 | 4,674 | 6,713 | 20,267 | 95.07% | 17,197 | 3,070 | | | |
| 22 | Variance in month | | 0.00% | 27.05% | (17.79%) | 13.22% | 80.34% | 93.16% | 332.81% | 241.62% | 102.05% | 143.49% | 149.90% | 332.94% | 95.07% | | | | | | | |
| 23 | In month achievement against FY forecast | | 1.94% | 2.99% | 2.62% | 3.09% | 5.81% | 5.85% | 17.85% | 13.84% | 8.19% | 9.87% | 10.24% | 17.72% | | | | | | | | |

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Table C1- Savings Schemes Pay Analysis

| 1 | 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 |
| 2 | Changes in Staffing Establishment | Budget/Plan | 245 | 92 | 195 | 195 | 195 | 195 | 626 | 626 | 626 | 626 | 626 | 626 | 625 | 1,743 | 4,873 | | 4,873 | 0 | | | |
| | | Actual/F'cast | 245 | 237 | 181 | 196 | 280 | 284 | 656 | 706 | 706 | 706 | 706 | 706 | 705 | 2,080 | 5,608 | 37.08% | 5,608 | 0 | 760 | 4,848 | 4,886 |
| | | Variance | 0 | 145 | (14) | 1 | 85 | 89 | 30 | 80 | 80 | 80 | 80 | 80 | 80 | 336 | 735 | 19.30% | 735 | 0 | | | |
| 4 | Variable Pay | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| | | Actual/F'cast | 0 | 0 | 0 | 9 | 6 | 130 | 49 | 62 | 62 | 62 | 62 | 62 | 62 | 195 | 505 | 38.50% | 505 | 0 | 505 | 0 | 0 |
| | | Variance | 0 | 0 | 0 | 9 | 6 | 130 | 49 | 62 | 62 | 62 | 62 | 62 | 62 | 195 | 505 | | 505 | 0 | | | |
| 7 | Locum | Budget/Plan | 0 | 0 | 0 | 0 | 25 | 25 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 75 | 75 | | 75 | 0 | | | |
| | | Actual/F'cast | 0 | 0 | 8 | 21 | 41 | 46 | 12 | 11 | 11 | 11 | 11 | 11 | 11 | 127 | 180 | 70.51% | 180 | 0 | 85 | 95 | 100 |
| | | Variance | 0 | 0 | 8 | 21 | 16 | 21 | (13) | 11 | 11 | 11 | 11 | 11 | 11 | 52 | 105 | 69.28% | 105 | 0 | | | |
| 10 | Agency / Locum paid at a premium | Budget/Plan | 0 | 376 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 1,561 | 2,746 | | 2,746 | 0 | | | |
| | | Actual/F'cast | 0 | 376 | 66 | 165 | 595 | 492 | 1,412 | 690 | 649 | 663 | 669 | 672 | 3,105 | 6,448 | 48.16% | 6,448 | 0 | 3,644 | 2,804 | 3,261 | |
| | | Variance | 0 | 0 | (171) | (72) | 358 | 255 | 1,175 | 453 | 412 | 426 | 432 | 435 | 1,544 | 3,702 | 98.95% | 3,702 | 0 | | | | |
| 13 | Changes in Bank Staff | Budget/Plan | 0 | 0 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 95 | 190 | | 190 | 0 | | | |
| | | Actual/F'cast | 0 | 0 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 95 | 190 | 50.00% | 190 | 0 | 0 | 190 | 190 |
| | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | | | |
| 16 | Other (Please Specify) | Budget/Plan | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 42 | 72 | | 72 | 0 | | | |
| | | Actual/F'cast | 6 | 20 | 12 | 16 | 29 | 179 | 58 | 1,697 | 132 | 397 | 397 | 496 | 319 | 3,440 | 9.29% | 2,786 | 654 | 3,338 | 102 | 186 | |
| | | Variance | 0 | 14 | 6 | 10 | 22 | 173 | 52 | 1,691 | 126 | 391 | 391 | 490 | 277 | 3,368 | 659.20% | 2,714 | 654 | | | | |
| 19 | Total | Budget/Plan | 251 | 474 | 457 | 457 | 482 | 482 | 913 | 888 | 888 | 888 | 888 | 887 | 3,516 | 7,957 | | 7,957 | 0 | | | | |
| | | Actual/F'cast | 251 | 633 | 287 | 425 | 970 | 1,150 | 2,206 | 3,185 | 1,579 | 1,859 | 1,864 | 1,964 | 5,921 | 16,372 | 36.17% | 15,718 | 654 | 8,332 | 8,039 | 8,622 | |
| | | Variance | 0 | 159 | (170) | (32) | 487 | 668 | 1,293 | 2,297 | 690 | 970 | 975 | 1,077 | 2,405 | 8,415 | 68.39% | 7,761 | 654 | | | | |

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

| 1 | 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 |
| 2 | Reduced usage of Agency/Locums paid at a premium | Budget/Plan | 0 | 376 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 1,561 | 2,746 | | 2,746 | 0 | | | |
| | | Actual/F'cast | 0 | 376 | 66 | 165 | 595 | 492 | 1,379 | 660 | 618 | 633 | 638 | 641 | 3,072 | 6,262 | 49.06% | 6,262 | 0 | 3,458 | 2,804 | 3,261 | |
| | | Variance | 0 | 0 | (171) | (72) | 358 | 255 | 1,142 | 423 | 381 | 396 | 401 | 404 | 1,511 | 3,516 | 98.82% | 3,516 | 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 | 0 | | | |
| | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| 7 | Medical - Impact of Agency pay rate gaps | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| 10 | Other (Please Specify) | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 33 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 33 | 186 | 17.83% | 186 | 0 | 186 | 0 |
| | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 33 | 31 | 31 | 31 | 31 | 31 | 31 | 33 | 186 | | 186 | 0 | | | |
| 13 | Total | Budget/Plan | 0 | 376 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 237 | 1,561 | 2,746 | | 2,746 | 0 | | | |
| | | Actual/F'cast | 0 | 376 | 66 | 165 | 595 | 492 | 1,412 | 690 | 649 | 663 | 669 | 672 | 3,105 | 6,448 | 48.16% | 6,448 | 0 | 3,644 | 2,804 | 3,261 | |
| | | Variance | 0 | 0 | (171) | (72) | 358 | 255 | 1,175 | 453 | 412 | 426 | 432 | 435 | 1,544 | 3,702 | 98.95% | 3,702 | 0 | | | | |

Table C3- Savings Schemes SoCNE/SCNI Analysis

| | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | |
|----|--|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|--------------------|--------|
| | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | | |
| 1 | Pay | Budget/Plan | 251 | 474 | 457 | 457 | 482 | 482 | 913 | 888 | 888 | 888 | 887 | 3,516 | 7,957 | |
| 2 | | Actual/F'cast | 251 | 633 | 287 | 425 | 970 | 1,150 | 2,206 | 3,185 | 1,579 | 1,859 | 1,864 | 1,964 | 5,921 | 16,372 |
| 3 | | Variance | 0 | 159 | (170) | (32) | 487 | 668 | 1,293 | 2,297 | 690 | 970 | 975 | 1,077 | 2,405 | 8,415 |
| 4 | Non Pay | Budget/Plan | 214 | 226 | 396 | 296 | 441 | 296 | 280 | 280 | 280 | 280 | 280 | 2,149 | 3,551 | |
| 5 | | Actual/F'cast | 214 | 257 | 356 | 357 | 601 | 367 | 3,444 | 915 | 544 | 539 | 640 | 2,946 | 5,596 | 11,180 |
| 6 | | Variance | 0 | 30 | (39) | 61 | 160 | 71 | 3,164 | 635 | 263 | 258 | 360 | 2,666 | 3,447 | 7,629 |
| 7 | Primary Care Drugs | Budget/Plan | 39 | 40 | 40 | 62 | 63 | 63 | 93 | 93 | 93 | 93 | 108 | 108 | 399 | 894 |
| 8 | | Actual/F'cast | 39 | 40 | 78 | 92 | 240 | 219 | 262 | 336 | 374 | 336 | 351 | 505 | 970 | 2,874 |
| 9 | | Variance | 0 | 0 | 38 | 30 | 177 | 156 | 169 | 243 | 281 | 243 | 243 | 397 | 571 | 1,980 |
| 7 | Secondary Care Drugs | Budget/Plan | 146 | 53 | 185 | 105 | 105 | 182 | 114 | 114 | 114 | 114 | 114 | 892 | 1,461 | |
| 8 | | Actual/F'cast | 146 | 64 | 138 | 123 | 106 | 174 | 100 | 179 | 179 | 518 | 518 | 519 | 852 | 2,766 |
| 9 | | Variance | 0 | 11 | (47) | 17 | 1 | (8) | (13) | 65 | 65 | 405 | 405 | 405 | (40) | 1,305 |
| 10 | CHC/FNC | Budget/Plan | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 58 | 100 | |
| 11 | | Actual/F'cast | 8 | 27 | 30 | 53 | 68 | 86 | 103 | 124 | 124 | 124 | 129 | 134 | 376 | 1,013 |
| 12 | | Variance | 0 | 19 | 22 | 45 | 60 | 78 | 95 | 116 | 116 | 116 | 121 | 126 | 318 | 913 |
| 13 | Primary Care Contractor | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14 | | Actual/F'cast | 0 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 13 | 25 |
| 15 | | Variance | 0 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 13 | 25 |
| 16 | Healthcare Services Provided by Other NHS Bodies | Budget/Plan | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 46 | 79 | |
| 17 | | Actual/F'cast | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 46 | 79 | |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 19 | Non Healthcare Services Provided by Other NHS Bodies | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 20 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 22 | Other Private & Voluntary Sector | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 23 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 24 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 25 | Joint Financing & Other | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 26 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 27 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 28 | Total | Budget/Plan | 665 | 808 | 1,093 | 935 | 1,106 | 1,038 | 1,415 | 1,390 | 1,390 | 1,390 | 1,405 | 1,404 | 7,061 | 14,042 |
| 29 | | Actual/F'cast | 665 | 1,027 | 899 | 1,059 | 1,994 | 2,006 | 6,125 | 4,750 | 2,809 | 3,385 | 3,512 | 6,078 | 13,774 | 34,309 |
| 30 | | Variance | 0 | 219 | (195) | 124 | 888 | 967 | 4,710 | 3,359 | 1,419 | 1,995 | 2,107 | 4,674 | 6,713 | 20,267 |

This Table is currently showing 0 errors

Table C4 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustment | Full-year Effect | |
|---|---------------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|---------------|-----------|----------------|------------------|--------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 665 | | 808 | 1,093 | 935 | 1,106 | 1,038 | 1,415 | 1,390 | 1,390 | 1,390 | 1,405 | 1,404 | 7,061 | 14,042 | 4,098 | 9,944 | 870 | 10,813 |
| | Month 1 - Actual/Forecast | 665 | | 808 | 711 | 704 | 1,420 | 990 | 1,408 | 1,342 | 1,301 | 1,302 | 1,322 | 1,323 | 6,706 | 13,294 | 3,979 | 9,315 | 1,166 | 10,481 |
| | Variance | 0 | | 0 | (383) | (232) | 314 | (49) | (7) | (49) | (90) | (99) | (84) | (81) | (356) | (748) | (119) | (629) | 297 | (332) |
| | In Year - Plan | 0 | | 219 | 268 | 494 | 592 | 1,058 | 4,660 | 3,072 | 1,560 | 2,074 | 2,179 | 4,649 | 7,291 | 20,825 | 13,922 | 6,903 | 1,644 | 8,548 |
| | In Year - Actual/Forecast | 0 | | 219 | 188 | 355 | 574 | 1,016 | 4,717 | 3,408 | 1,508 | 2,084 | 2,190 | 4,756 | 7,069 | 21,015 | 13,028 | 7,967 | 1,686 | 9,673 |
| | Variance | 0 | | 0 | (79) | (139) | (18) | (43) | 57 | 336 | (51) | 10 | 11 | 107 | (222) | 190 | (894) | 1,083 | 41 | 1,125 |
| | Total Plan | 665 | | 1,027 | 1,361 | 1,429 | 1,698 | 2,097 | 6,075 | 4,463 | 2,950 | 3,464 | 3,584 | 6,053 | 14,352 | 34,867 | 18,020 | 16,847 | 2,514 | 19,361 |
| Total Actual/Forecast | 665 | | 1,027 | 899 | 1,059 | 1,994 | 2,006 | 6,125 | 4,750 | 2,809 | 3,385 | 3,512 | 6,078 | 13,774 | 34,309 | 17,007 | 17,301 | 2,852 | 20,154 | |
| Total Variance | 0 | | 0 | (462) | (370) | 296 | (91) | 50 | 287 | (141) | (79) | (72) | 25 | (578) | (558) | (1,012) | 454 | 338 | 793 | |
| Net Income Generation | Month 1 - Plan | 77 | | 13 | 43 | 43 | 43 | 43 | 43 | 26 | 26 | 26 | 26 | 26 | 305 | 454 | 124 | 330 | 27 | 357 |
| | Month 1 - Actual/Forecast | 77 | | (6) | 34 | 40 | 38 | 38 | 38 | 36 | 36 | 21 | 21 | 21 | 258 | 412 | 154 | 258 | 99 | 357 |
| | Variance | 0 | | (19) | (9) | (4) | (5) | (5) | (5) | (5) | 10 | 10 | (5) | (5) | (47) | (42) | 30 | (72) | 72 | 0 |
| | In Year - Plan | 0 | | 16 | 16 | 16 | 18 | 68 | 18 | 18 | 18 | 18 | 18 | 18 | 153 | 245 | 0 | 245 | 45 | 290 |
| | In Year - Actual/Forecast | 0 | | 16 | 16 | 16 | 18 | 68 | 18 | 18 | 18 | 18 | 18 | 18 | 153 | 245 | 0 | 245 | 45 | 290 |
| | Variance | 0 | | 0 | 0 | 0 | 0 | 0 | (0) | 0 | 0 | 0 | 0 | 0 | (0) | (0) | 0 | (0) | 0 | 0 |
| | Total Plan | 77 | | 28 | 60 | 60 | 61 | 111 | 61 | 61 | 45 | 45 | 45 | 45 | 458 | 699 | 124 | 575 | 72 | 647 |
| Total Actual/Forecast | 77 | | 10 | 50 | 56 | 66 | 106 | 56 | 55 | 55 | 40 | 40 | 40 | 412 | 657 | 154 | 503 | 144 | 647 | |
| Total Variance | 0 | | (19) | (9) | (4) | (5) | (5) | (5) | (5) | 10 | 10 | (5) | (5) | (47) | (42) | 30 | (72) | 72 | 0 | |
| Accountancy Gains | In Year - Plan | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 742 | | 821 | 1,137 | 978 | 1,149 | 1,081 | 1,458 | 1,433 | 1,417 | 1,417 | 1,432 | 1,430 | 7,366 | 14,495 | 4,222 | 10,273 | 897 | 11,170 |
| | Month 1 - Actual/Forecast | 742 | | 803 | 744 | 743 | 1,458 | 1,028 | 1,446 | 1,380 | 1,337 | 1,338 | 1,343 | 1,344 | 6,964 | 13,706 | 4,133 | 9,573 | 1,266 | 10,838 |
| | Variance | 0 | | (19) | (392) | (235) | 309 | (53) | (12) | (54) | (80) | (79) | (89) | (86) | (402) | (790) | (89) | (701) | 369 | (332) |
| | In Year - Plan | 0 | | 234 | 284 | 510 | 611 | 1,127 | 4,678 | 3,091 | 1,578 | 2,092 | 2,197 | 4,667 | 7,444 | 21,070 | 13,922 | 7,148 | 1,689 | 8,838 |
| | In Year - Actual/Forecast | 0 | | 234 | 205 | 372 | 592 | 1,084 | 4,735 | 3,426 | 1,527 | 2,102 | 2,209 | 4,774 | 7,222 | 21,260 | 13,028 | 8,232 | 1,731 | 9,963 |
| | Variance | 0 | | 0 | (79) | (139) | (18) | (43) | 57 | 336 | (51) | 10 | 11 | 107 | (222) | 190 | (894) | 1,083 | 41 | 1,125 |
| | Total Plan | 742 | | 1,055 | 1,421 | 1,489 | 1,759 | 2,208 | 6,136 | 4,524 | 2,995 | 3,509 | 3,629 | 6,098 | 14,811 | 35,565 | 18,144 | 17,422 | 2,586 | 20,008 |
| Total Actual/Forecast | 742 | | 1,037 | 949 | 1,115 | 2,051 | 2,112 | 6,181 | 4,806 | 2,864 | 3,440 | 3,552 | 6,118 | 14,186 | 34,965 | 17,161 | 17,904 | 2,996 | 20,901 | |
| Total Variance | 0 | | (19) | (472) | (374) | 291 | (96) | 45 | 282 | (131) | (69) | (78) | 20 | (625) | (600) | (882) | 382 | 410 | 793 | |

| Summary of Forecast Month 1 & In Year (£000's) - Green & Amber | Cash-Releasing Saving (Pay) | Cash-Releasing Saving (Non Pay) | Cost Avoidance | Savings Total | Income Generation | Accountancy Gains |
|--|-----------------------------|---------------------------------|----------------|---------------|-------------------|-------------------|
| Planned Care | 757 | 986 | 5 | 1,748 | 115 | 0 |
| Unscheduled Care | 2,086 | 0 | 0 | 2,086 | 0 | 0 |
| Primary and Community Care (Excl Prescribing) | 293 | 627 | 0 | 920 | 0 | 0 |
| Mental Health | 65 | 227 | 0 | 292 | 0 | 0 |
| Clinical Support | 282 | 515 | 0 | 796 | 144 | 0 |
| Non Clinical Support (Facilities/Estates/Corporate) | 355 | 1,058 | 0 | 1,413 | 194 | 0 |
| Commissioning | 0 | 749 | 0 | 749 | 30 | 0 |
| Across Service Areas | 12,535 | 8,321 | 276 | 21,131 | 164 | 0 |
| CHC | 0 | 988 | 0 | 988 | 0 | 0 |
| Prescribing | 0 | 2,864 | 0 | 2,864 | 0 | 0 |
| Medicines Management (Secondary Care) | 0 | 1,321 | 0 | 1,321 | 10 | 0 |
| Total | 16,372 | 17,656 | 281 | 34,309 | 657 | 0 |

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

| | April £'000 | May £'000 | June £'000 | July £'000 | Aug £'000 | Sept £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £,000 | Total £,000 | |
|-----------------|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| RECEIPTS | | | | | | | | | | | | | | |
| 1 | WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only | 130,987 | 98,095 | 141,605 | 109,120 | 100,470 | 110,970 | 103,330 | 103,520 | 118,285 | 84,086 | 88,166 | 85,943 | 1,274,577 |
| 2 | WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only | 1,190 | 1,190 | 650 | 525 | 1,425 | 2,150 | 1,575 | 435 | 1,555 | 1,180 | 1,180 | 1,180 | 14,235 |
| 3 | WG Revenue Funding - Other (e.g. invoices) | 1,788 | 1,320 | 1,310 | 1,354 | 2,951 | 2,006 | 1,489 | 1,284 | 1,284 | 2,784 | 2,784 | 2,784 | 23,138 |
| 4 | WG Capital Funding - Cash Limit - LHB & SHA only | 10,000 | 2,500 | 0 | 943 | (518) | 1,985 | 1,995 | 965 | 1,470 | 4,510 | 3,980 | 17,306 | 45,136 |
| 5 | Income from other Welsh NHS Organisations | 40,222 | 35,616 | 39,767 | 40,658 | 45,593 | 37,762 | 36,735 | 45,455 | 34,975 | 35,398 | 43,805 | 44,257 | 480,243 |
| 6 | Short Term Loans - Trust only | | | | | | | | | | | | | 0 |
| 7 | PDC - Trust only | | | | | | | | | | | | | 0 |
| 8 | Interest Receivable - Trust only | | | | | | | | | | | | | 0 |
| 9 | Sale of Assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other - (Specify in narrative) | 4,032 | 13,939 | 6,310 | 11,994 | 8,870 | 5,253 | 7,654 | 14,629 | 7,269 | 16,236 | 7,851 | 12,466 | 116,503 |
| 11 | TOTAL RECEIPTS | 188,219 | 152,659 | 189,642 | 164,594 | 158,792 | 160,126 | 152,778 | 166,288 | 164,838 | 144,194 | 147,766 | 163,936 | 1,953,832 |
| PAYMENTS | | | | | | | | | | | | | | |
| 12 | Primary Care Services : General Medical Services | 6,777 | 6,107 | 7,281 | 5,773 | 5,947 | 6,024 | 6,261 | 6,175 | 6,829 | 6,164 | 6,164 | 6,829 | 76,330 |
| 13 | Primary Care Services : Pharmacy Services | 280 | 177 | 134 | 115 | 106 | 134 | 122 | 117 | 300 | 600 | 300 | 300 | 2,686 |
| 14 | Primary Care Services : Prescribed Drugs & Appliances | 18,097 | 0 | 18,283 | 0 | 9,279 | 17,876 | 0 | 9,284 | 18,420 | 0 | 9,210 | 9,210 | 109,659 |
| 15 | Primary Care Services : General Dental Services | 2,061 | 2,268 | 2,301 | 2,397 | 2,459 | 2,228 | 2,234 | 2,152 | 2,260 | 2,260 | 2,260 | 2,260 | 27,139 |
| 16 | Non Cash Limited Payments | 1,870 | 1,850 | 1,928 | 1,998 | 1,976 | 1,962 | 1,953 | 1,959 | 1,935 | 1,935 | 1,935 | 1,935 | 23,237 |
| 17 | Salaries and Wages | 65,920 | 69,595 | 79,720 | 74,501 | 70,537 | 66,932 | 68,310 | 69,787 | 67,706 | 68,250 | 69,226 | 68,690 | 839,175 |
| 18 | Non Pay Expenditure | 86,046 | 71,140 | 75,762 | 78,261 | 62,587 | 67,236 | 72,217 | 75,662 | 65,295 | 60,475 | 54,690 | 77,869 | 847,241 |
| 19 | Short Term Loan Repayment - Trust only | | | | | | | | | | | | | 0 |
| 20 | PDC Repayment - Trust only | | | | | | | | | | | | | 0 |
| 21 | Capital Payment | 7,201 | 852 | 2,602 | 1,990 | 486 | 863 | 1,379 | 2,290 | 2,090 | 4,510 | 3,980 | 17,307 | 45,549 |
| 22 | Other items (Specify in narrative) | 339 | 123 | 659 | 53 | 144 | 641 | 138 | 23 | 0 | 0 | 0 | 0 | 2,121 |
| 23 | TOTAL PAYMENTS | 188,592 | 152,112 | 188,671 | 165,086 | 153,522 | 163,896 | 152,614 | 167,449 | 164,835 | 144,194 | 147,765 | 184,400 | 1,973,137 |
| 24 | Net cash inflow/outflow | (373) | 547 | 971 | (492) | 5,270 | (3,770) | 164 | (1,161) | 3 | 0 | 1 | (20,464) | |
| 25 | Balance b/f | 2,846 | 2,473 | 3,019 | 3,990 | 3,498 | 8,768 | 4,998 | 5,162 | 4,001 | 4,004 | 4,004 | 4,005 | |
| 26 | Balance c/f | 2,473 | 3,019 | 3,990 | 3,498 | 8,768 | 4,998 | 5,162 | 4,001 | 4,004 | 4,004 | 4,005 | (16,460) | |

Prepared by: Nathan
11/2023 12:26:23