

# Public Finance & Performance Committee

Wed 17 January 2024, 14:45 - 16:00

Microsoft Teams

## Agenda

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14:45 - 14:50  
5 min

### 1. Standing Items

*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 – 13.12.2023

 1.4 Public Finance Minutes 13.12.2023.pdf (7 pages)

#### 1.5. Actions following the Finance and Performance Committee meeting held: 13.12.2023

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

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

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14:50 - 15:35  
45 min

### 2. Items for Review and Assurance

#### 2.1. Financial Report – Month 9

15 minutes *Catherine Phillips / Robert Mahoney*

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 9.pdf (15 pages)

#### 2.2. Operational Performance:

20 minutes *Paul Bostock*

- Deep Dive on Outpatients

 2.2 Operational Performance Covering Report.pdf (4 pages)

 2.2a Integrated Performance Report.pdf (31 pages)

 2.2b Outpatients Deep Dive.pdf (4 pages)

#### 2.3. BREAK – 10 Minutes

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15:35 - 15:35  
0 min

### 3. Items for Approval / Ratification

**No Items**

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15:35 - 15:40 **4. Items for Information and Noting**  
5 min

**4.1. Monthly Monitoring Return – Month 8**

5 minutes Catherine Phillips / Robert Mahoney

- 📄 4.1a WG month 8 MMR Covering Report.pdf (2 pages)
- 📄 4.1b CV Financial Monitoring Returns 2023-24 - Month 8.pdf (12 pages)
- 📄 4.1c 2023-24 MMR Template - Cardiff Vale UHB Month 8.pdf (6 pages)

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15:40 - 15:40 **5. Agenda for Private Finance and Performance Committee Meeting**  
0 min

- i. *Approval of Private Finance Committee Minutes – 13.12.23*
- ii. *Financial Plan Delivery Progress Update*
- iii. *2024/25 Financial Planning Update*

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15:40 - 15:40 **6. Any Other Business**  
0 min

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15:40 - 15:40 **7. Review and Final Closure**  
0 min

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

*John Union*

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

*John Union*

Wednesday 21st February 2024 at 2pm via MS Teams

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15:40 - 15:40 **8. Declaration**  
0 min

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

Saunders, Nathan  
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**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting  
Held on 13 December 2023 at 2.45pm  
Via MS Teams**

<b>Chair:</b>		
John Union	JU	Independent Member – Finance
<b>Present:</b>		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
<b>In Attendance:</b>		
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member – Information Communication & Technology
Abigail Harris	AH	Executive Director of Strategy
Robert Mahoney	RM	Deputy Director of Finance
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Jason Roberts	JR	Executive Nursing Director
Matthew Temby	MT	Director of Planned and Specialist Care
Francesca Thomas	FT	Head of Corporate Governance
<b>Secretariat:</b>		
Nathan Saunders	NS	Senior Corporate Governance Officer
<b>Apologies:</b>		
Andrew Gough	AG	Deputy Director of Finance – Strategy
Suzanne Rankin	SR	Chief Executive Officer

Item No	Agenda Item	Action
<b>FPC 23/11/010</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the meeting.	
<b>FPC 23/11/011</b>	<b>Apologies for Absence</b>  Apologies for Absence were noted.  <b>The Finance and Performance Committee resolved that:</b>  a) Apologies for Absence were noted.	
<b>FPC 23/11/012</b>	<b>Declarations of Interest</b>  No Declarations of Interest were noted.	
<b>FPC 23/11/013</b>	<b>Minutes of the Finance and Performance Meeting held on 22 November 2023</b>  The minutes of the meeting held on 22 November 2023 were received.  <b>The Finance Committee resolved that:</b>  a) The minutes of the Finance and Performance Committee meeting held on 22 November 2023, were held as a true and accurate record of the meeting.	
<b>FPC 23/11/014</b>	<b>Actions following the Finance and Performance Committee meeting on 22 November 2023</b>  The Action log was received.	

	<p>The Chief Operating Officer advised the Committee that the Outpatients Deep Dive action would not be completed until January 2024 and it was agreed that the Committee would receive a report at its next meeting.</p> <p><b>The Finance and Performance Committee resolved that:</b></p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p><b>FPC 23/11/015</b></p>	<p><b>Chairs Action since previous meeting</b></p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p><b>FPC 23/11/016</b></p>	<p><b>Financial Report – Month 8</b></p> <p>The Financial Report – Month 8 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p>“At month 8, the UHB reported an overspend of £17.393m. This was comprised of £6.419m of unidentified savings/operational overspend and the revised planned deficit of £10.973m (eight twelfths of the revised forecast year end deficit of £16.460m)”.</p> <p>The Deputy Director of Finance (DDF) advised the Committee that he would pick out key points from the report which included:</p> <ul style="list-style-type: none"> <li>• There was a shortfall on the savings programme at month 8 of £2.295m and an operational deficit of £4.124m which meant that the Health Board's financial position was at £17.393m against the £10.973m planned deficit.</li> </ul> <p>The Committee was advised that the forecast year end position had been amended in line with the revised target control total issued by Welsh Government (WG) on the 20th October 2023 and it was outlined how the control total of £16.460m was set against the movement throughout the year.</p> <ul style="list-style-type: none"> <li>• An analysis of the £17.393m overspend at Month 8, between Income, Pay and Non-Pay had been completed and provided to the Committee and outlined that the Health Board were £6.419m off the target.</li> </ul> <p>The DDF added that delivery of the revised forecast deficit of £16.460m would require continuing focus and downward pressure on the Health Boards cost base, achievement of the full £32m savings programme and maintaining operational balance.</p> <p>The UHB Chair asked what assurance could be provided, if any that actions were in place to allow the Health Board to deliver against the revised forecast deficit of £16.460m.</p> <p>The DDF responded that there were 2 original themes that were identified to deliver the £32m which then became a £36m ambition to deliver cost savings which continued to be pushed very hard by the finance teams and it was forecast to deliver towards the end of the financial year.</p> <p>He added that on top of that, the Organisation had started to focus on areas that had pushed out and enhanced controls were put in place in terms of trying to slow down the fill rate on non-essential posts and also focus on the cost of high inputs such as locum costs.</p> <p>The UHB Chair noted that the Actual Total Variance (ATV) had started to move away from the forecast position trajectory and asked if the actions identified had disturbed that trajectory and how confident was the team that it could get back onto track.</p> <p>The DDF responded that there was a high level of risk and noted that the ATV had flat lined on the graph provided because the position held in the Medicine Clinical Board had to be recalibrated due to push outs on spends, mainly around medical locum fees.</p>	

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He added that efforts had been taken across the Medicine Clinical Board as well as across the whole Organisation to move the ATV back towards the forecast trajectory but noted that complete assurance could not be provided at that time.

The Executive Director of Finance (EDF) highlighted 2 further points:

- The Finance Team and Executives were working with the Clinical Board who had had pressures placed on their budget that had emerged throughout the financial year and work was ongoing to see how they could get back into a positive run rate.
- The development of the next financial year's savings had begun.
  
- Financial Performance of Clinical Boards – It was noted that budgets were set in the anticipation that they were sufficient to deliver the Health Board's plan.
  
- The operational position remained at an overspend of £6.419m in month and continuing pressures within Medicine and PCIC had primarily been offset by improvements reported in the Central position. It was noted that there was a continued focus on actions to address operational pressures which was required as the Health Board moved into the challenging winter months.
  
- A deterioration of £ 1.300m was reported in month for the Medicine Clinical Board, which followed a deterioration of £0.998m in the previous month. It was noted that a continuation of the current level of overspend would significantly impair the Health Board's ability to meet its forecast year end outturn position and so as a consequence, further support was being focussed on the Medicine Clinical Board with an emphasis on actions which would enable the service to reduce its expenditure run rate and work within delegated budgets.

The UHB Vice Chair noted that the narrative within the report also mentioned the PCIC Clinical Board and asked that given the pressures seen within PCIC, to what extent could the Health Board address the PCIC overspend.

The DDF responded that PCIC was particularly complex because it was made up of a number of contractors and the budget of the Clinical Board was larger than others.

He added that the finance team were working with PCIC to see how a reduction in the cost of providing out of hours support with could be achieved as well as a number of other key areas being looked at.

- COVID 19 Expenditure – The Committee received a month 8 summary on Covid-19 expenditure and it was noted that Local Response expenditure was no longer funded by WG and as such was included within the Health Boards Financial Plan.

The forecast cost at Month 8 for Covid expenditure was a reduction of £3.0m against the £34.2m included within the Financial Plan and was also included within the Health Boards savings plans.

- Finance Department's Risk Register – It was noted that the key risk which fed into the Corporate Risk Register was the failure of the Health Board to deliver a breakeven position by 2023-24-year end with the current planned deficit of £88.4m.
  
- Additional Actions – The DDF advised the Committee of additional actions that were progressing to recover the month 8 operational & CRP deficit to enable the Health Board to deliver the revised forecast £16.460m deficit and included:
  - Limit catalogue for non-clinical pay expenditure
  - Elimination of non-clinical overtime
  - Waiting list initiative management following Health Board rate card
  - Rationalise study leave to the minimum required to meet regulatory requirements.

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He added that reducing premium pay expenditure across all staff groups was a large component of the additional actions and it was noted that significant actions were taken during August 2023 to ensure that opportunities were realised.

The CC asked if a figure against each of the additional actions could be received by the Committee as it moved into the final quarter of the financial year.

The DDF responded that he would look at that to ensure further transparency.

The UHB Chair added that it would also highlight the hard work undertaken by all of the relevant teams.

- The Committee received a graph which outlined the Profile of Savings Delivery
- The Committee received a graph which outlined the Progress of Identification of Schemes
- 2023-24 Savings Summary – The Committee was provided with a table which showed where the Health Board had distributed the £32m savings plans and demonstrated over the different themes and Clinical Board where savings would be delivered.

The DDF advised the Committee that in addition to the savings target included in the Health Boards initial plan the Health Board was required to reduce in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by WG in October 2023.

He added that the additional 10% Improvement required was planned to be realised through the review, management and scheduling of specific expenditure programmes and it was noted that £5.4m of green and amber opportunities had been identified to date against the £8.8m target.

- Cash Flow Forecast – It was noted that the cash balance at the end of November 2023 was £6.632m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support. The DDF advised the Committee that the Health Board were still outstanding around £75m to £100m of the allocation and discussions with WG were ongoing.
- Capital (as at Month 7) – The DDF advised the Committee the Health Board were on track with Capital plans as all schemes were currently in line with the revised forecasts with the exception of UHL infrastructure, Endoscopy, Genomics, and Park View which were slightly behind plan year to date, however those were still expected to deliver in 2023/24.

The DDF concluded that the Financial Plan included a revised forecast deficit of £16.460m and that the revised forecast deficit was based on the receipt of an additional £63.100m funding from WG and additional Health Board action to reduce its expenditure base by £8.840m.

He added that the further reduction in expenditure represented an increase in risk which the Health Board needed to manage.

The UHB Chair asked if expenditure was expected if Junior Doctors decided to take industrial action.

The Chief Operating Officer (COO) responded that it was inevitable that there would be industrial action taken and that it would most likely lead to Consultants being paid to “act down” which would come at a significant cost to the Health Board.

The UHB Chair added that it would be important to provide the relevant communications around that and to manage patient expectations.

**The Finance and Performance Committee resolved that at Month 8:**

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	<ul style="list-style-type: none"> <li>a) The revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure was noted.</li> <li>b) The reported year to date overspend of £17.393m and the forecast deficit of £16.460m was noted</li> <li>c) The financial impact of forecast COVID 19 costs which were assessed at £44.264m was noted</li> <li>d) The month 8 operational overspend against plan of £4.124m with a further £2.295m savings gap was noted</li> <li>e) The progress against the savings target, with £34.462m (108%) of schemes identified at Month 8 against the £32m target with year to date deficit was noted</li> <li>f) It was noted that delivery of the forecast was also predicated on the confirmation of all outstanding income streams.</li> </ul>	
<p><b>FPC</b> <b>23/11/017</b></p>	<p><b>Operational Performance</b></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> <ul style="list-style-type: none"> <li>• Despite operational pressures, the Health Board were still holding onto its Ambulance handovers performance and compared well with English Health Boards in terms of ability. It was noted that there was still more to do but that the Health Board were delivering better than originally forecast.</li> <li>• Cancer Performance – The COO advised the Committee that the best cancer performance had been observed in 2023/24 and whilst compliance with the 62-day single cancer pathway standard, in September 2023 reduced to 56.6% as the Health Board worked through its longest waiting patients, the Health Board was on track to hit the 75% target by March 2024.</li> <li>• October 2023 saw further improvement in Health Board compliance against some key Sentinel Stroke National Audit Programme (SSNAP) measures for the Stroke Pathway.</li> </ul> <p>The COO advised the Committee that in 2022, the Health Board had achieved a D rating from SSNAP and that in November 2023, the Health Board had been awarded with an A rating which highlighted all of the great work undertaken by the stroke team to improve the position in 12 months.</p> <ul style="list-style-type: none"> <li>• Planned Care - Through the Health Boards planned care programme, the team was increasing the visibility of productivity and efficiency data. Outpatient, diagnostic and theatre productivity were central to reducing waiting times for patients and delivery of the Ministerial ambitions.</li> </ul> <p>The COO advised the Committee that the Health Board would deliver the ministerial expectation on 104 weeks by 31<sup>st</sup> December 2023 and noted that the Health Boards September and October 2023 Referral to Treatment Times (RTT) positions showed that no more than 3% of the total waiting list was waiting over 2 years.</p> <p>He added that there was approximately 122,000 on a waiting list at any one time and of those there were just over 4000 waiting longer than 2 years and of those, just under 300 waiting over 3 years and 20 over 4 years. It was noted that for those longest waiters it was unacceptable and work was being undertaken to reduce those waits.</p> <ul style="list-style-type: none"> <li>• Length of Stay (LoS) – It was noted that reducing the time patients spent in hospital was a current operational focus and that the ongoing work focussed on patients and family, clinicians, integrated discharge service, hub and flow teams.</li> </ul> <p>The COO advised the Committee that it was anticipated that the ongoing work around LoS would result in an improved experience and shorter length of stay for</p>	

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	<p>patients, and deliver operation benefits such as improved flow and taking some pressures out of the Emergency Unit (EU).</p> <p>The CC asked for further information around Endoscopy and the increased capacity.</p> <p>The COO responded that the 2 new Endoscopy rooms were completed and due to opened from January 2024 with an official opening in February 2024.</p> <p>He added that an insourcing arrangement was in place to make up any shortfall of capacity.</p> <p>The UHB Vice Chair noted that the report had identified that the demand for adult and children's Mental Health services remained significantly above pre Covid levels, including an increased presentation of patients with complex mental health and behavioural needs.</p> <p>He added that whilst performance was not where it needed to be in terms of target, the downward trajectory observed was important to note and noted that the teams had initiated actions to continue that downward trajectory which could provide the assurance required.</p> <p><b>The Finance and Performance Committee resolved:</b></p> <p>a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes were noted.</p>	
<p><b>FPC</b> <b>23/11/018</b></p>	<p><b>Decarbonisation Update</b></p> <p>The Decarbonisation Update was received.</p> <p>The Executive Director of Strategic Planning advised the Committee that she would take the paper as read and reminded the Committee that they had received a Decarbonisation update in 2022.</p> <p>She added that the report provided assurance that the Health Board had completed all actions identified in the plan, except two, which had been completed by the end of the quarter.</p> <p>It was noted that outstanding actions were in relation to formally signing the Level 2 Healthy Travel Charter (under Transport theme) which was completed in October 2023 and embedding Decarbonisation into Quality and Safety.</p> <p>The Committee was advised that there was a lot of work to be undertaken over the next 2 quarters and noted that work had started on the 2024/25 plan with stretching targets up to 2027 which provided a clear indication on the steps needed to reach the 16% national target and the 40% target set by the Health Board beyond the nationally set target.</p> <p><b>The Finance Committee noted:</b></p> <p>a) The content of the report and appendices was noted.</p>	
<p><b>FPC</b> <b>23/11/019</b></p>	<p><b>Monthly Monitoring Returns – Month 8</b></p> <p>The Month 8 Monitoring Returns was not received due to the short turn around in signing off of returns.</p> <p>The EDF advised the Committee that the Monthly Monitoring Returns – Month 8 would be received at the January 2024 Committee meeting.</p>	
<p><b>FPC</b> <b>23/11/020</b></p>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
	<p><b>Date &amp; time of next Meeting</b></p> <p>Wednesday 13 December 2023 via Teams</p>	

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## Public Action Log

Following Finance and Performance Committee Meeting  
13 December 2023  
(For the Meeting 17 January 2024)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
Actions in progress					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
<b>FPC 23/11/016</b>	Financial Report	Cost up the impact of the potential strike in January on the operational and financial position	Catherine Phillips / Paul Bostock	17.01.2024	<b>In Progress</b> <b>Update to be received 17.01.2024</b>  Agenda item 2.1
<b>FPC 23/11/018</b>	Operational Performance	A Deep Dive on Outpatients Waiting Lists to be received by the Committee at its next meeting.	Paul Bostock / Matthew Temby	17.01.2024	<b>Update to be provided on 17.01.2024</b>  Agenda item 2.2
Actions referred to Board/Committees					
<b>FPC 23/11/016</b>	Financial Report	Clinical Board financial issues and lessons learnt to be provided to the <b>Public Board</b> during Financial Update of the	Catherine Phillips / Paul Bostock	25.01.2024	<b>In Progress</b> Update to be received by the Public Board on 25.01.2024

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		<i>Integrated Performance Report</i>			
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Report Title:	Finance Report for the Period Ended 31 <sup>st</sup> December 2023		Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	17 <sup>th</sup> January 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	<b>Executive Director of Finance</b>				
Report Author (Title):	<b>Deputy Director of Finance (Operational)</b>				

**Main Report**  
Background and current situation:

**Summary**

At month 9, the UHB is reporting an overspend of £17.575m. This is comprised of £5.230m unidentified savings/operational overspend and the revised planned deficit of £12.345m (nine twelfths of the revised forecast year end deficit of £16.460m).

**Table 1: Month 9 Financial Position 2023/24**

	Month 9		Forecast Year-End Position
	Position	£m	£m
Planned deficit		12.345	16.460
Savings Programme		2.181	0.000
Operational position (Surplus) / Deficit		3.049	0.000
<b>Financial Position £m (Surplus) / Deficit £m</b>		<b>17.575</b>	<b>16.460</b>

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

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

This 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 based on the receipt of an additional £63.100m funding from Welsh Government (detailed above) and the delivery of additional savings (above those already included in the UHB Financial Plan) of £8.840m.**

### Core Financial Plan – Month 9 Position

The UHB is reporting a month 9 overspend of £17.575m, £12.345m of this being nine months of the revised forecast deficit of £16.40m. In addition to this there is a £2.181m deficit on the UHB's original Savings Programme, being the shortfall in delivery against the month 9 profile. There is also a £3.049m operational deficit in delegated and central positions.

### Summary Financial Table

The following table analyses the £17.575m overspend at Month 9, between Income, Pay and Non Pay.

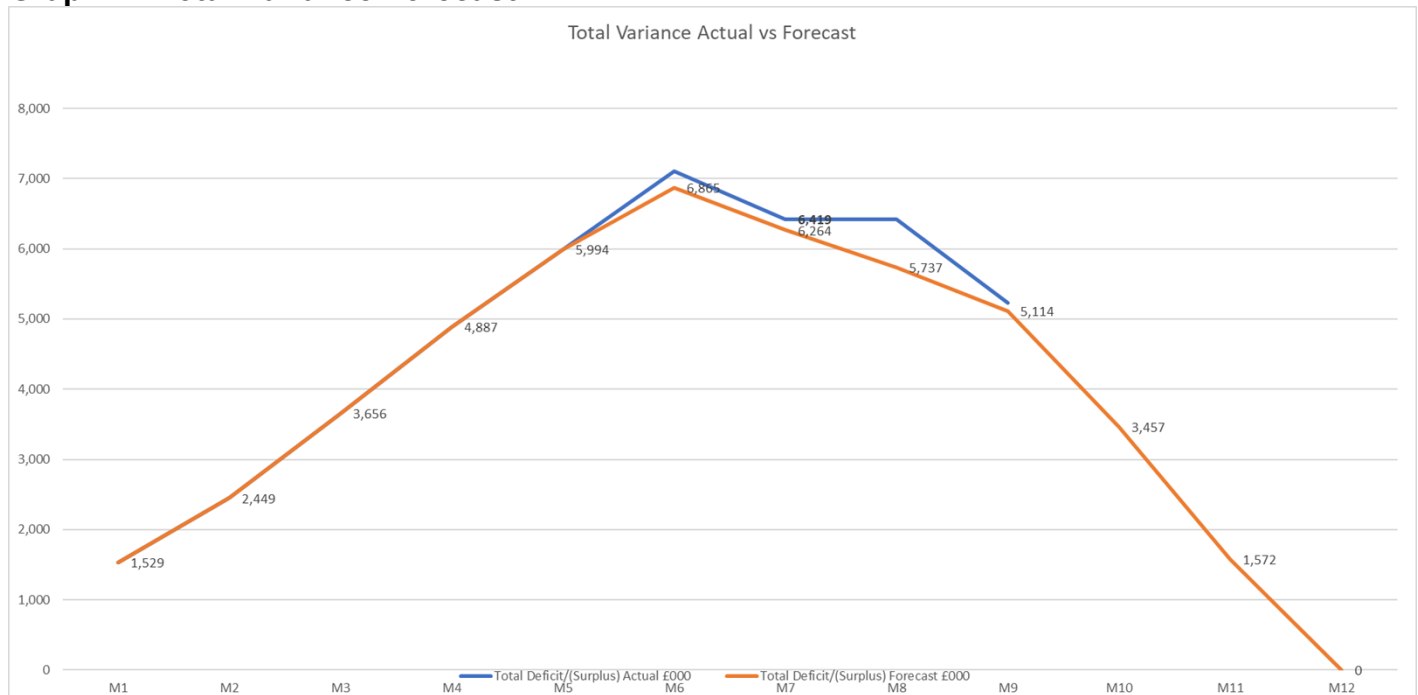
**Table 2: Summary Financial Position for the period ended 31<sup>st</sup> December 2023**

Income/Pay/Non Pay	Memorandum Annual Budget £m	Current Period Actual £m	Total Variance (Fav)/Adv £m
<b>In Month</b>			
Income	(1,890.038)	(163.418)	(0.936)
Pay	888.967	75.861	0.156
Non Pay	1,001.071	81.170	(0.409)
Sub Total £m	0.000	(6.388)	(1.189)
2023/24 Planned Deficit	16.460	1.372	1.372
Variance to Plan £m	16.460	(5.016)	0.182
<b>Cumulative</b>			
Income	(1,890.038)	(1,327.551)	(4.699)
Pay	888.967	685.709	0.953
Non Pay	1,001.071	751.777	8.975
Sub Total £m	0.000	109.935	5.230
2023/24 Planned Deficit	16.460	12.345	12.345
Variance to Plan £m	16.460	122.280	17.575

Delivery of the revised forecast deficit of £16.460m will require continuing focus and downward pressure on the UHBs cost base, the achievement of the full £32m savings programme and restoration of operational financial 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) Actual £000	1,529	2,449	3,656	4,887	5,994	7,100	6,419	6,419	5,229			
Total Deficit/(Surplus) Forecast £000	1,529	2,449	3,656	4,887	5,994	6,865	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. £5.8m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities badged against the additional £8.8m savings target are non-recurrent in nature and do not reduce the underlying deficit.

The operational position in December improved with the position returning to the required cost trend. Further reductions in the operational overspend are required in the remaining three months of the year to allow the UHB to meet its target deficit.

**The Junior Doctors strike planned for January presents an additional and potentially significant financial risk. There is expected to be an increase in expenditure of circa £2m as a result of the additional cover required to be provided by consultants and locums to maintain safe clinical environments across the UHB. There will also be an impact on the recoverable income for the UHB as and when planned elective activity is cancelled to ensure safe cover. The value of this cannot yet be quantified.**

## 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 9 by Clinical Board is shown in Table 3.

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**Table 3: Financial Performance for the period ended 31<sup>st</sup> December 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	(59)	552	492	399
Children & Women	899	508	1,407	454
Capital Estates and Facilities	806	1,000	1,806	1,592
Executives	(962)	(21)	(983)	(791)
Genomics	(39)	0	(39)	(36)
Medicine	4,230	1,373	5,603	4,509
Mental Health	713	119	832	886
PCIC	1,462	484	1,946	2,788
Specialist	592	146	738	1,113
Surgery	348	922	1,271	1,100
<b>Sub-Total Delegated Position</b>	<b>7,992</b>	<b>5,081</b>	<b>13,073</b>	<b>12,013</b>
Central Budgets	(2,545)	(2,500)	(5,045)	(3,588)
Commissioning	(2,397)	(400)	(2,797)	(2,006)
Cost Improvement Themes	0	0	0	0
<b>Total (Surplus)/Deficit</b>	<b>3,049</b>	<b>2,181</b>	<b>5,230</b>	<b>6,419</b>
Planned Deficit			12,345	10,973
<b>Total Operational (Surplus)/Deficit</b>	<b>3,049</b>	<b>2,181</b>	<b>17,575</b>	<b>17,393</b>

Month 8 saw a -re-calibration of the medicine Clinical Board forecast out-turn that deteriorated the UHB position. The revised forecast for Medicine Clinical Board remains stable at Month 9 whilst ongoing enhanced support is being provided with an emphasis on actions which will enable the service to reduce its expenditure run rate in the approach to year end and into the 2024-25 financial year.

The UHB operational position improved in Month 9, falling from an overspend of £6.419m at month 8 to an overspend of £5.230m at month 9. PCIC, Capital and Estates and Commissioning have reported improved positions that are forecast to be maintained to year end.

This has been partially offset in the Women and Children Clinical Board by exceptional levels of agency nursing care required to maintain a complex learning disability/CAMHs patient admitted to the UHB in December 2023. The UHB is working to secure a more appropriate and sustainable placement for the patient.

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 across a number of clinical areas continued again in month, primarily due to the use of locum, bank and agency cover at enhanced rates to maintain safe staffing levels.

The WHSSC 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 9 is summarised in Table 4 below.

**Table 4: Summary of Month 9 COVID 19 Net Expenditure**

	Month 9 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	6.422	8.800	8.800	0.000
PPE	1.709	2.500	2.500	0.000
Long Covid	0.858	1.144	1.144	0.000
Nosocomial	0.390	0.520	0.520	0.000
Anti-Viral	0.075	0.100	0.100	0.000
<b>Sub Total WG Funded Covid Expenditure £m</b>	<b>9.454</b>	<b>13.064</b>	<b>13.064</b>	<b>0.000</b>
Included in Financial Plan - COVID Local Response	23.250	31.000	34.200	(3.200)
<b>Total COVID Expenditure £m</b>	<b>32.704</b>	<b>44.064</b>	<b>47.264</b>	<b>(3.200)</b>

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 9 is a reduction of £3.2m 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 £16.46m.

The financial impact of the maintaining clinical safety during the Junior Doctors' industrial action has caused an increase in department register score for delegated positions to adequately manage budget pressures.

There is increased confidence that the UHB's savings target of £32m will be achieved by year end albeit a high proportion (circa £11m) is non recurrent in nature.

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**Table 5: Risk Register at December 2023**

	Risks	Rating	Comment
<b>Key Corporate Risk</b>	Approved Three year Financial plan (IMTP)	20	Due to a planned deficit of £88.4m for 2023/24 there is a risk of failure to achieve an Approved Three year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.
	Revenue Funding Limit.	20	The UHB has submitted a £88.4m deficit plan and therefore will breach breakeven duty in 2023-24. 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 formally applied for strategic cash support in November. The requirement for working capital support in 2023/24 has been signalled 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	10	The current 2023-24 UHB Capital Plan is structured to remain within the Capital Resource limit
<b>Financial Performance</b>	Failure to adequately manage budget pressures.	16	<p>The 2023-24 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>In addition there is an additional financial risk in maintaining safe levels of cover during the Junior doctors strike where gaps will be covered by additional consultants and locum sessions. Further to this, an impact on activity and associated income recovery is also expected.</p> <p>A number of additional actions are progressing to recover the month 9 operational &amp; CRP overspend to enable the UHB to deliver the revised forecast £16.460m deficit.</p>
	Failure to deliver 2023-24 Savings Programme	8	At month 9 the UHB identified £32.590m green and amber schemes against the £32m savings target. The delivery of savings against individual schemes will continue to be measured and reported in the final quarter. However there is still a gap of circa 11.3m against the recurrent savings target
	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>	12	All Covid funding is now allocated to delegated positions, Further action will be focussed on reducing Covid response costs further in 2024/25.
	<p>2022-23 One Year LTA framework in NHS Wales</p> <p>Saunders Nathan 11/01/2024 16:26:37</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 9, the UHB has identified £32.590m of green and amber against the £32m savings target.

The month 9 position includes a Savings Programme variance of £2.181 due to the shortfall in delivery against some schemes.

The progress of the agreed additional actions and focus on operational pressures is expected to cover the month 9 Savings Programme variance by year end, 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 will continue to recover the month 9 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
<b>Actions to Deliver Planned Deficit £88.4m</b>		<b>16,020</b>

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 with a target of 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.

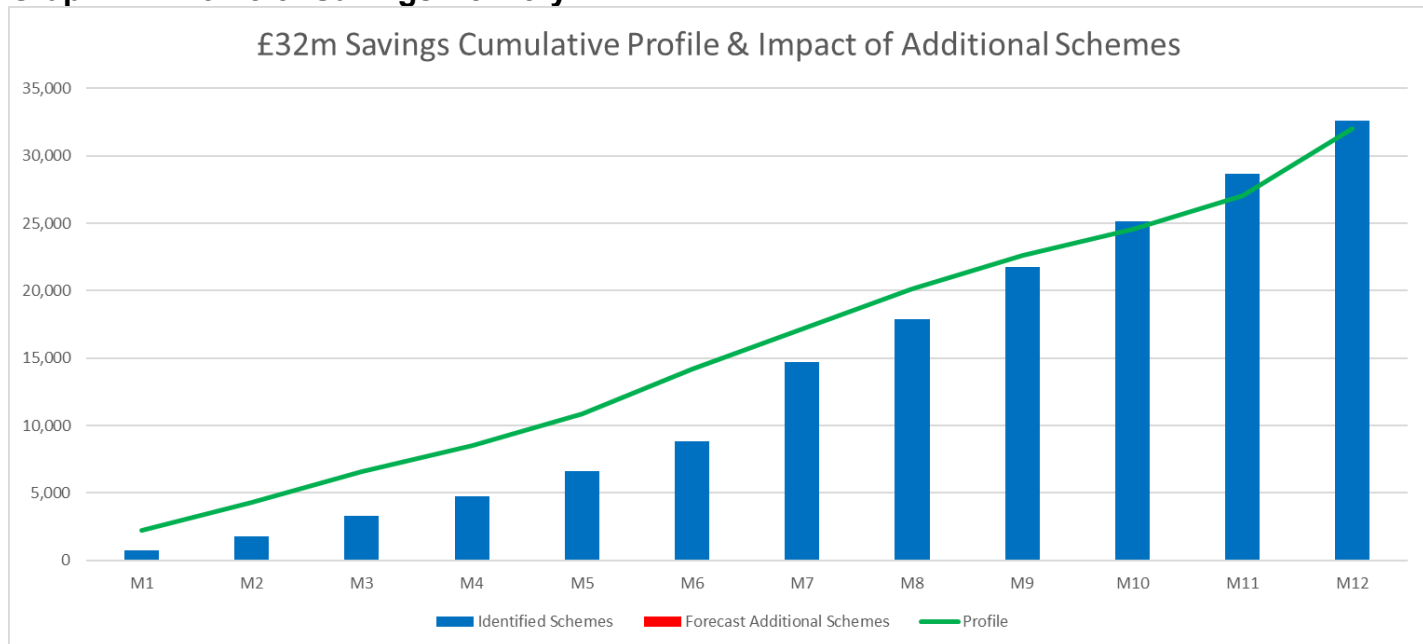
Weekly activity information is being captured and shared with the reduction in hours commencing at the end of August and expected to reduce towards the 25% limit into future months.

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. This will be enhanced from January with the management executive team further reviewing all vacancies approved by the Corporate vacancy Scrutiny Panel.

Graph 2 shows the cumulative forecast impact of the additional actions and Graph 3 shows the monthly impact. Progress is being monitored through the Sustainability Board.

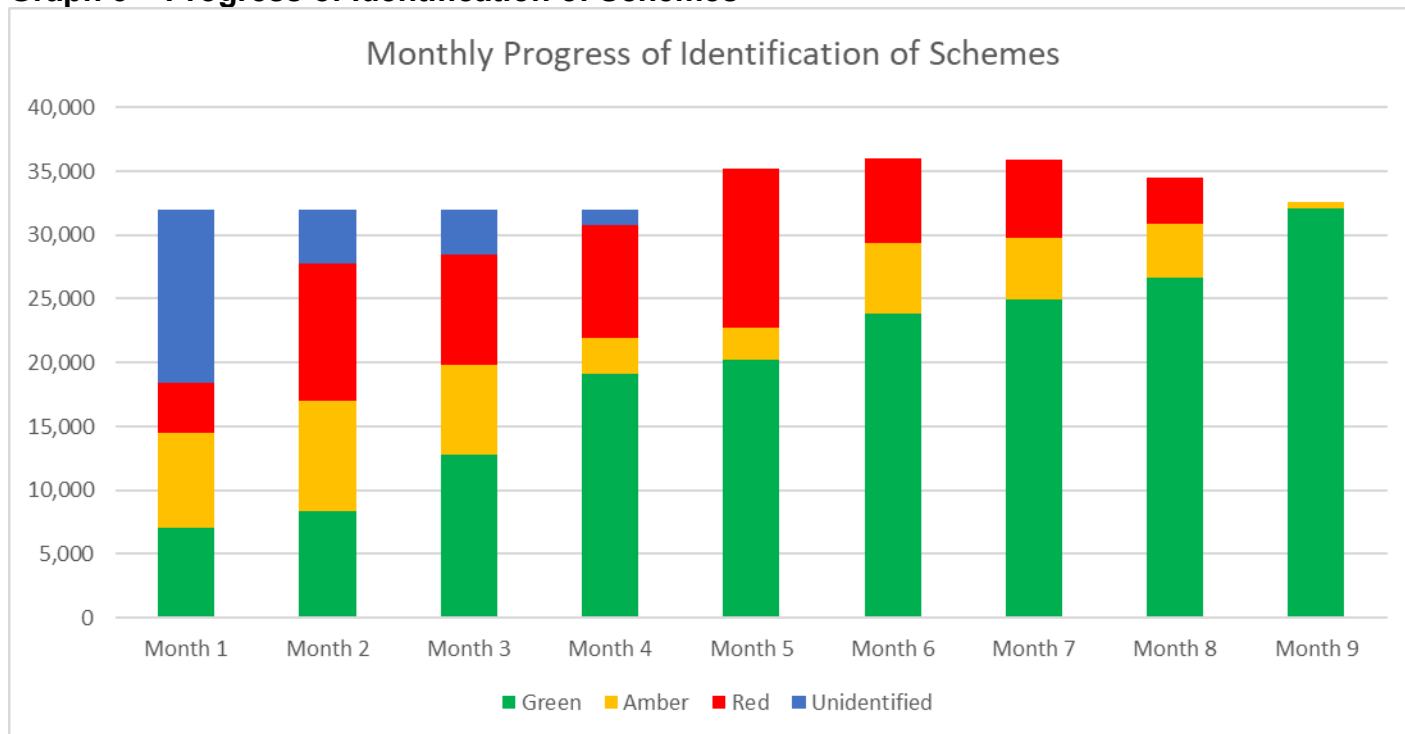
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## Graph 2 – Profile of Savings Delivery



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

## Graph 3 – Progress of Identification of Schemes



Graph 3 shows the current cumulative profile of identified schemes up to the savings target of £32m.

Further schemes identified in 2023/24 are not expected to deliver savings in year and will be considered as part of the process to identify savings schemes for the 2024/25 Financial Plan Overall progress in the identification of savings schemes is outlined in table 7 below:

**Table 7: Savings Schemes**

**2023-24 Savings Summary**

**2023-24 in-year plans**

Clinical/Service Board	23-24 Target	Green	Amber	Red	Total Savings Identified	Savings Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	631	669	0	0	669	(38)
Children and Women	869	869	0	0	869	0
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	1,924	0	0	1,924	(309)
Specialist Services	988	988	0	0	988	0
Surgical Services	1,126	1,097	0	0	1,097	29
<b>Subtotal - Grip and Control</b>	<b>8,000</b>	<b>8,310</b>	<b>0</b>	<b>0</b>	<b>8,310</b>	<b>(310)</b>
Length of Stay	3,000	1,101	0	0	1,101	1,899
Theatres Productivity	500	358	0	0	358	142
Income Generation	500	200	0	0	200	300
Medicines Management	2,000	1,221	200	0	1,421	579
Continuing Healthcare	1,500	313	20	0	333	1,167
Facilities and Estates	500	707	0	0	707	(207)
Procurement	5,000	3,110	26	0	3,136	1,864
Workforce Efficiencies	8,000	9,377	0	0	9,377	(1,377)
COVID Consequentials	3,000	3,200	0	0	3,200	(200)
Review of Investments		680	0	0	680	(680)
Commissioning		479	252	0	731	(731)
Non-Recurrent Opportunities		3,037	0	0	3,037	(3,037)
<b>Subtotal Cost Improvement Themes</b>	<b>24,000</b>	<b>23,782</b>	<b>498</b>	<b>0</b>	<b>24,280</b>	<b>(280)</b>
<b>Total Savings Position</b>	<b>32,000</b>	<b>32,093</b>	<b>498</b>	<b>0</b>	<b>32,590</b>	<b>(590)</b>

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 reduce 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. £4.8m of green and amber opportunities have been identified to date, with an extra £1.7m opportunities being worked on.

**Table 8: 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
<b>Total</b>	<b>8,800</b>	<b>1,865</b>	<b>2,904</b>	<b>1,700</b>	<b>6,469</b>	<b>2,331</b>

## Cash Flow Forecast

The cash balance at the end of December was £6.623m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support.

The UHB relayed an accountable officer's letter, on the 22<sup>nd</sup> November 2023, 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. 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. Chairs action was taken in lieu of Board approval and a formal request was relayed to Welsh Government.
- £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. This includes circa £7m of capital payments relating to 2022/23 where the cash was paid to suppliers in 2023/24 and an estimated £11.750m of working cash to cover savings and going further plans which will not result in an in year release of cash in year. 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 79m including £52m 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. Welsh Government is in the process of testing its pay increase modelling assumptions with a view to confirming outstanding pay allocations.

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**Table 9 - Outstanding Cash Limit Allocations @ Month 9**

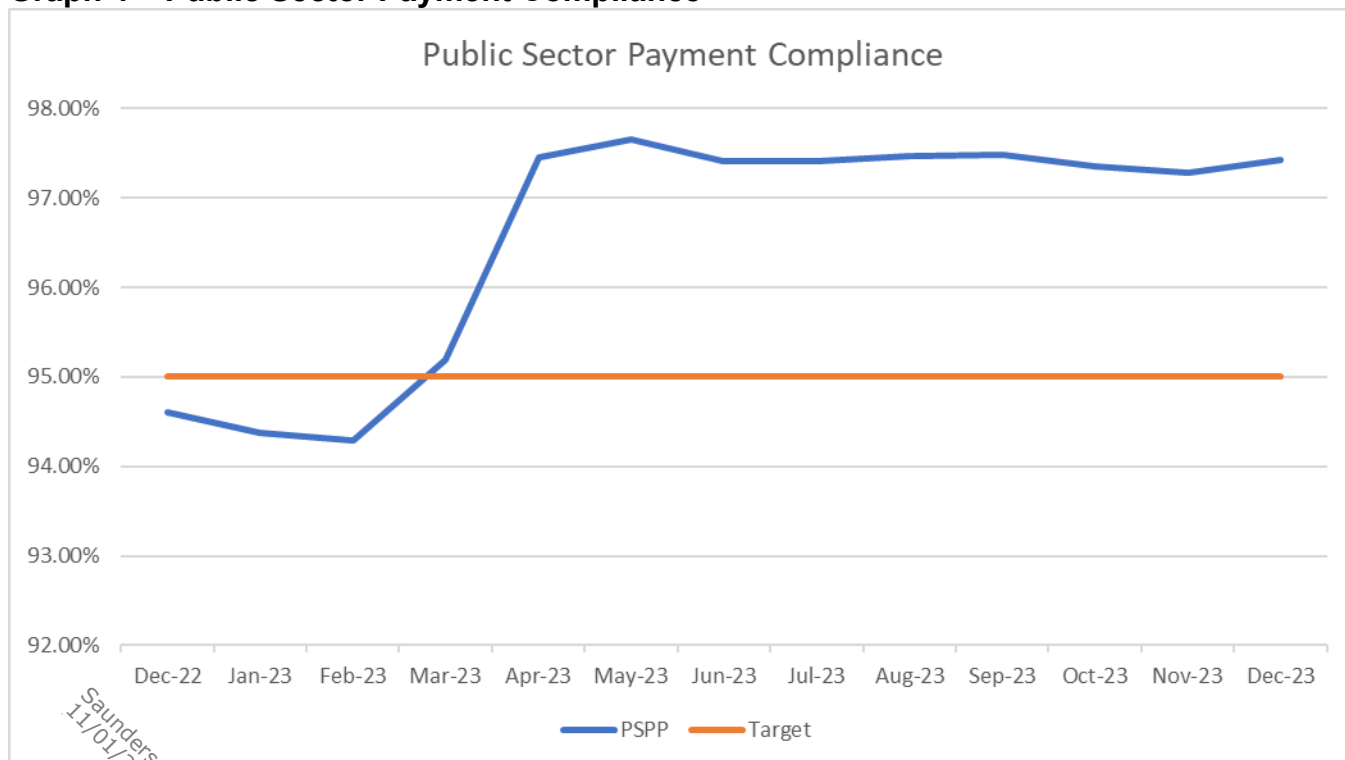
Description	Amount £
Consolidated Pay Uplift 2023_24 5% AFC	31,243
2022_23 Consolidated Award 1.5%	11,505
Medical & Dental PAYAWARD 2023_24	9,196
Energy Claim	4,283
Inflation - RLW 22/23 & 23/24	7,311
COVID-19 TTP,PPE & Vaccinations	6,415
Vertex Funding	2,700
Six Goals for Urgent and Emergency Care Programme	1,480
Digital Priorities Investment Fund for AWIP	1,600
Clinical Excellence/Distinction Awards	1,074
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)	(184)
<b>Total Unconfirmed Cash Limit Allocations as at Month 9 £'000s</b>	<b>79,161</b>

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 December was 97.42% and improvements are illustrated in Graph 4 below.

**Graph 4 – Public Sector Payment Compliance**



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, 15% was expended at the end of December.

Two capital schemes are currently classified as medium risk:

- Genomics - forecasting a potential £0.847m overspend. This is to be managed through the discretionary programme. 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.

Efab fire, UHL infrastructure, Endoscopy, Genomics, ED waiting area improvements and Park View are all slightly behind plan year to date, however these are still expected to deliver in 2023/24.

All other schemes are in line forecast.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 22<sup>nd</sup> December 2023 - £35.959m.

**Table 10: Finance - Key Performance Indicator Dashboard at December 2023**

Measure	STATUS REPORT				
	December 2023	RAG Rating	Latest Trend	Target	Time Period
Deliver 2023/24 Draft Financial Plan	£17.575m deficit at month 9. £10.973m forecast deficit, £2.181m savings gap and £3.049m operational deficit.	R	⚠	Deliver 2023/24 £88.4m Planned Deficit	M9 2023-24
Remain within capital resource limits.	The UHB expects to remain within it's Capital Resource Limit which was £39.487m at month 9.	G	⚠	Remain within approved planned expenditure	M9 2023-24
Delivery of recurrent £32m savings target	£32.590m Green and Amber schemes identified at month 9 of which £21.266m were recurrent.	R	⚠	£32m	M9 2023-24
Creditor payments compliance 30 day Non NHS	97.42% at the end of December	A	⚠	95% of invoices paid within 30 days	M9 2023-24
Remain within Cash Limit	The UHB's working and strategic cash requirement requirement has been highlighted monthly to Welsh Government. A formal request for £16.460m strategic cash support was submitted to Welsh Government in November.	A	⚠	To remain within Cash Limit	M9 2023-24
Maintain Positive Cash Balance	Cash balance = £6.623m	G	⚠	To Maintain Positive Cash Balance	End of Dec 2023

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## **Welsh Government Draft Budget 2024/25 and Health Boards Revenue Allocations 2024-25**

Welsh Government published its Draft Budget for 2024-25 on the 19<sup>th</sup> December 2023. The Draft budget outlines the following:

- A commitment to invest a further £450m revenue funding into the NHS in 2024-25 through the rescoping of allocations within the Draft Budget bringing the total annual funding for Health and Social Services to £11.004bn.
- The £450m of funding, which comes from reshaping Welsh Government spending plans, is on top of the additional £425m made available in October 2023 and represents an increase of more than 4% in 2024-25.

The Health Boards Revenue Allocations 2024-25 letter was received on the 21<sup>st</sup> December 2023. The allocation includes the following:

- Continuation of recurrent funding from 2023-24 which is conditional on progress Health Boards make in delivering the target control totals (CAV Share @ £45.4m)
- Continuation of Energy baseline funding per 2023/24 assumptions (CAV Share £8.1m)
- Continuation of Covid 19 funding for Health Protection / Vaccination and PPE @ 80% of M 8 MMR Forecast Outturn (CAV Share £9.0m)
- Additional funding - Core Cost and Demand Uplift for 2024-25 @ circa 3.67% (CAV Share £33.4m)
- Additional funding - Core Cost and Demand Uplift for 2024-25 @ circa 3.67% for Mental Health Services (CAV Share £3.9m)
- The cost of 2024/25 pay award will be met by WG in addition to core uplift
- Funding for the impact of the Real Living Wage policy on Social Care will be provided in year.
- The £10.1m non recurrent inflation uplift provided at month 7 in 2023/24 is not included in the allocation.

The impact of these allocation announcements is being worked through alongside cost pressures and additional commitments to formulate the financial plan for 2024-25.

### **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 9 £32.590m green and amber savings were identified, representing 102% 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 £3.049m at month 9. 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 9 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 9 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 £17.575m 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 9 operational overspend against plan of £3.049m with a further £2.181m savings gap
- **NOTE** the progress against the savings target, with £32.590m (102%) of schemes identified at Month 9 against the £32m target with year to date deficit
- **NOTE** that delivery of the forecast is also predicated on the confirmation of all outstanding income streams.
- **NOTE** the initial assessment of the Welsh Government Draft Budget 2024/25 and Health Boards Revenue Allocations 2024-25.

## 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	
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## Impact Assessment:

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

Risk: No

Safety: No

Financial: Yes

As detailed in the report.

Workforce: No

Legal: No

Reputational: Yes

Yes, if forecast financial position is not delivered.

Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
<b>Approval/Scrutiny Route:</b>	
Finance Committee	Date: 17 <sup>th</sup> January 2024

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Report Title:	Operational Performance Report		Agenda Item no.	2.2
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	17/01/2024
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			

**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.

As we enter the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. December saw a reduction in the average handover time and we continued to meet our commitment on reducing the number of lost hours. The number of 1 hour ambulance handovers reduced in November (306) and December (172) from the number reported in October (516). Our ongoing focus and work by the EU and patient flow teams has led to a significant reduction in average handover time and 1 hour handovers in recent weeks, in the context of a very challenging national picture.

Considerable improvement has been made on patients waiting 12 hours in the EU. While October saw periods of sustained pressure and an increase from September in the number of patients waiting 12 and 24 hours in the EU, recent weeks have seen a significant reduction in the number of 12-hour breaches which is seen in November and December's data. The improvements reflect the operational focus and hard work of the clinical and operational teams to deliver an improved experience for patients accessing 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. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Using the annualised

NHFD data, the UHB are at or above the national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from March this year with August and September and November's performance was well above the national average.

November 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 63% 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 above the Wales average, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. Our SSNAP grade has improved to A for the period July-September 2023, this is a significant improvement from the previous quarters 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. November saw our thrombolysis rate reduced to 8%.

In terms of our compliance with the 62-day single cancer pathway standard, our performance in October increased to 64.7% as we continue to work through our longest waiting patients. This month has seen particular challenges with endoscopy which has impacted the upper and lower GI pathways. These challenges are being addressed with improvements noted in the endoscopy backlog. 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 where we have seen improvements in the monthly compliance.

SCP compliance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Original submission	42.60%	54.80%	57.80%	58.50%	55.10%	61.50%	62.20%	64.20%	61.70%	62.00%	65.60%	66.40%	56.60%
Compliance following quarterly refresh	50.30%	56.90%	60.00%	62.80%	57.50%	62.90%	63.50%	66.00%	64.50%	63.60%			

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 eliminated 3-year Outpatient waits in September and maintained this in October and November. We remain on-track to reduce our 2-year treatment waits in line with Ministerial ambitions and our September, October and November RTT positions showed that <3% of our total waiting list waiting over 2 years. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands.

We are currently behind our trajectory to deliver our commitment on 52-week outpatient waits. While we have made good 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.

Through our planned care programme we are increasing the visibility of productivity and efficiency data. Outpatient, diagnostic and theatre productivity are central to reducing waiting times for patients and delivery of the Ministerial ambitions, we have included trended data in these areas as part of the attached IPR and will expand the number of measures in line with GIRFT recommendations once the datasets have been agreed. A particular area for improvement is outpatient DNA rates, this will be partially addressed through the reintroduction of the Patient Participation Booking system, but also through improved patient engagement at specialty level.

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 with additional clinical support from specialties who have successfully implemented these pathways.

The waiting list position for Diagnostics has deteriorated in recent months, with particular challenges in Radiology and Endoscopy. It is anticipated that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities will address radiological backlogs. October saw a reduction in the number of patients waiting over 8 weeks for MRI and CT. 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.

We report monthly on the numbers of delayed pathways of care and our acute ward length of stay. These metrics have been included in the productivity and efficiency section of the IRP with trending of the delayed pathways of care and the monthly snapshot of patients in acute beds with a length of stay greater than 7 and 21 days. The last 3 months have seen a reduction in the percentage of our acute beds occupied by patients with a >21-day length of stay. Reducing the time patients spend in hospital is a current operational focus and was the subject of the most recent 'Ask Suzanne' CEO session. The ongoing work focusses on patients and family, our clinicians, integrated discharge service, hub and flow teams. It is anticipated that this work will result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow, taking some pressure out of the Emergency Unit.

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 2023 following an exceptionally high number of referrals in March 2023. However, the teams have managed to recover their waiting list position and June's reported compliance with the 28-day standard returned to 100%, and has remained at over 99% each month since. October 2023 saw the highest recorded number of referrals and Part 1a performance is expected to deteriorate from January 2024 as a result. 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. For children and young people, Part 1a compliance remains above the 80% standard at 99% in October. Part 1b remains challenged as the team work through the backlog, further impacted by an increased in referrals through the summer months. A full demand and capacity review has taken place and the team have a number of key actions including job plan and pathway reviews to better align the service to demand.

**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	
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**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

January 2024

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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
<b>Delayed Transfers of Care</b>	<b>Reduction in backlog of delayed transfers</b> Measure: number of delayed transfers of care. Reporting period: monthly	<b>217</b>	<b>Yes</b>	<b>June 2023</b>	<b>150</b> December	<a href="#">Hyperlink to section</a>
<b>Primary Care Access to Services</b>	<b>Improved access to GP and Community Services</b> Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly	<b>95%</b>	<b>Yes</b>	<b>June 2023</b>	<b>98%</b> September	<a href="#">Hyperlink to section</a>
	<b>Increased access to dental services</b> Measure: 50% of expected new patient target Reporting: monthly	<b>50%</b>	<b>Yes</b>	<b>June 2023</b>	<b>139%</b> December	<a href="#">Hyperlink to section</a>
	<b>Improved use of community pharmacy</b> Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	<b>90%</b>	<b>Yes</b>	<b>June 2023</b>	<b>98%</b> September	<a href="#">Hyperlink to section</a>
	<b>Improved use of optometry services</b> Measure: Reduce number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Reporting: monthly	<b>877</b>	<b>Yes</b>	<b>Dec 2023</b>	<b>724</b> November	<a href="#">Hyperlink to section</a>
<b>Urgent and Emergency Care</b>	<b>Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales</b> Measure: Performance response time in NHS 111 Reporting: TBC	<b>tbc</b>	<b>tbc</b>	<b>June 2023</b>	<b>tbc</b>	<a href="#">Hyperlink to section</a>
	<b>Implementation of Same Day Emergency Care services</b> Measure: Increase in SDEC attendances Reporting: monthly	<b>1233</b>	<b>Yes</b>	<b>June 2023</b>	<b>1760</b> November	<a href="#">Hyperlink to section</a>
	<b>Honour commitments that have been made to reduce handover waits</b> Measure: Eliminate 4 hour ambulance handover delays Reporting: monthly	<b>0</b>	<b>Yes</b>	<b>June 2023</b>	<b>0</b> December	<a href="#">Hyperlink to section</a>

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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	<b>Achieve RTT waiting time targets</b> Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly	8999	No	Mar 2024	11561 November	<a href="#">Hyperlink to section</a>	
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly	3788	Yes	Dec 2023	4142 November	<a href="#">Hyperlink to section</a>	
	<b>Set foundations for achieving waiting list targets</b> Measure: Reduce outpatient overdue follow by 25% against 2019/20 levels Reporting: monthly	37623	Yes	Mar 2024	42904 November	<a href="#">Hyperlink to section</a>	
	<b>Implement regional diagnostic hubs</b> Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly	Go-Live	Yes	Dec 2023	Q1 24/25	<a href="#">Hyperlink to section</a>	
	Measure 2: Achieve 8-week diagnostic Reporting: monthly	0	No	June 2025	13198 November	<a href="#">Hyperlink to section</a>	
	<b>Implement straight to test model</b> Measure: progress reporting on straight to test Reporting: quarterly	Go-Live	Yes	Sept 2023	On track	<a href="#">Hyperlink to section</a>	
Cancer	<b>Achieve SCP target</b> Measure: 75% of patients starting their first definitive cancer treatment within 62 days Reporting: monthly	75%	Yes	June 2023	64.7% October	<a href="#">Hyperlink to section</a>	
	<b>Implement the national cancer pathways within the national target</b> Measure: progress reporting on national cancer pathways Reporting: quarterly	Go-Live	Yes	Sept 2023	Planning ongoing	<a href="#">Hyperlink to section</a>	
Mental Health and CAMHS	<b>Achieve waiting time performance for Local Primary Mental Health Support Services and Specialist CAMHS</b> Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2023	99.6% Nov	<a href="#">Hyperlink to section</a>
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Nov	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	49.6% Nov	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	98% Nov	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	7% Nov	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	87% Nov	
	<b>Implement 111 press 2 on a 24/7</b> Measure: progress on implementing NHS 111 press 2 Reporting: quarterly	Go-Live	Yes	Sept' 2023	Delivered	<a href="#">Hyperlink to section</a>	

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# Section 2: Cardiff and Vale Performance Report

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

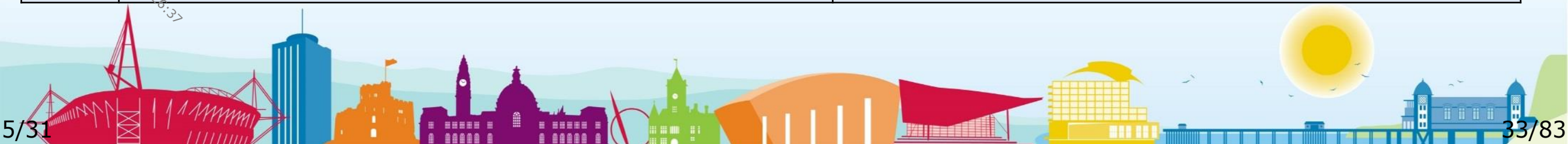
Detail on what is included under each quadruple aim is provided below.

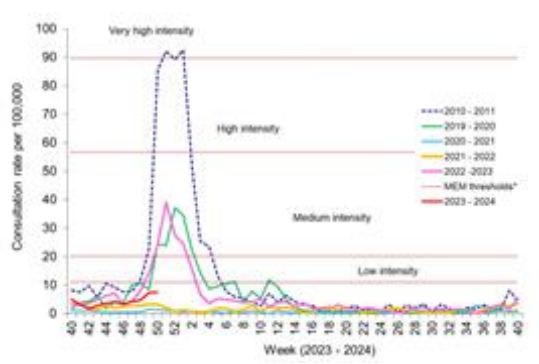
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

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Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	<a href="#">Public Health</a>
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 <a href="#">Inpatient Flow, Discharge and Front Door</a> <a href="#">Alternatives to Admission</a> <a href="#">Community and Urgent Primary Care</a> <a href="#">Priority Services</a> <a href="#">RTT Waiting Times</a> Planned Care <a href="#">Cancer, Diagnostics and Therapies</a> <a href="#">Primary and Community Care</a> <a href="#">Whole System Evaluation and Supporting Patients Whilst Waiting</a> <a href="#">Mental Health</a>
Aim 3	The health and social care workforce in Wales is motivated and sustainable	<a href="#">People and Culture</a>
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.	<a href="#">Quality, Safety and Experience</a> <a href="#">Financial Performance</a>

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Priority	Performance Summary	Reported Period	Data
<p><b>Health Protection</b> Acute Respiratory Infections (ARI)</p>	<p>Acute Respiratory Infections (ARI)</p> <ul style="list-style-type: none"> <li>• While influenza activity is low, there is now evidence that it is circulating in Wales</li> <li>• Hospital admissions for Covid-19 and prevalence on LFD/PCR have been declining since mid-December; however, it is unclear whether this has been skewed by changes in patterns of presentation and testing in the run up to Christmas. Notably test positivity remains relatively high, suggesting there may be fewer people testing.</li> <li>• There are a significant number of outbreaks in hospital due to Covid-19; and due to flu</li> <li>• Omicron sub-variant EG.5.1 and XBB are currently the most common variants across Wales</li> <li>• RSV activity in under 5s continues to decrease but levels remain high</li> <li>• There has been a large increase in whooping cough (pertussis) notifications in recent weeks</li> </ul>	<p>Week 50</p>	 <p>Source: <a href="#">PHW weekly flu/ARI report</a></p>
<p><b>Health Protection</b> Immunisation</p>	<p>Immunisation:</p> <ul style="list-style-type: none"> <li>• Eligible cohorts have started receiving the Covid-19 Autumn/Winter Booster, with 97,920 doses given in Cardiff and Vale as of the 14th December 2023, and 53.19% uptake to date (cf Wales average 49.84% uptake).</li> <li>• As of the 18th of December UHB COVID-19 Staff vaccination uptake sits at 39% and it is at 35% for Influenza vaccination.</li> <li>• 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 and with opportunistic vaccination through vaccination champions.</li> </ul>	<p>Q2 2023/24</p>	<p><a href="#">Wales COVID-19 vaccination surveillance weekly report.pdf</a>  <a href="#">Infant covid 19 vaccination.</a>  <a href="https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination">https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</a>                      Weekly COVID-19 vaccination report by health board  <a href="https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcd0bb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf">https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcd0bb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</a></p>
<p><b>Health Protection</b> Health Protection System</p>	<p>Health Protection System</p> <ul style="list-style-type: none"> <li>• Planning for a regional, all hazards Integrated Health Protection Partnership is well advanced, with expected full implementation by end of year. The Cardiff and Vale Health Protection Plan was signed off by SLB on 21/12/23, and will be taken through organisational and partnership governance processes for final sign off in Q4</li> <li>• A measles tabletop exercise was held on 19/12/23 and a debrief will be held in the New Year.</li> </ul>	<p>Q3 2023/24</p>	

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Priority	Performance Summary	Reported Period	Data
<b>Health Improvement</b> Healthy weight	Healthy weight: <ul style="list-style-type: none"> <li>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 Boards. However in comparison to UK and Europe rates are high.</li> <li>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)*.</li> <li>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. This difference is significant for childhood obesity.</li> </ul>	Q2 2023-2024	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p>
<b>Health Improvement</b> Tobacco	Tobacco <ul style="list-style-type: none"> <li>13% of Cardiff and Vale of Glamorgan smoke, one of the lowest rates in Wales. The target is to reach 5% smokers by 2030 this service will therefore need prioritising by the organisation and team</li> <li>In Quarter 2 - 0.59% of smokers set a firm quit date. 68% of these quit smoking at 4 weeks (HMQ, Pharmacy Level 3 and Hospital Smoking Cessation Service combined)</li> <li>HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks.</li> <li>Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks.</li> <li>Hospital Service - 85% of Treated Smokers had quit smoking at 4 weeks.</li> </ul>	Quarter 2 2023-2024	

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NHS Wales Performance Framework Measures

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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 Apr 23 to 31 Mar 23	0.8% per quarter	<b>0.6%</b>	<table border="1"> <tr> <td>Q3</td> <td>Q4</td> <td>Q1</td> <td>Q2</td> </tr> <tr> <td>0.40%</td> <td>0.70%</td> <td>0.60%</td> <td>0.59%</td> </tr> </table>	Q3	Q4	Q1	Q2	0.40%	0.70%	0.60%	0.59%
Q3	Q4	Q1	Q2										
0.40%	0.70%	0.60%	0.59%										
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 Jul 23 to 30 Sep 23	95%	<b>83.7%</b>	<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 <i>(Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024)</i>	1 Jan 23 to 30 Jun 23	90%	<b>74.4%</b>	<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 <i>(Applicable during: 01.09.2023 - 31.03.2024)</i>	1 Sep 23 to 31 Mar 24	75%	<b>70.9%</b>	<table border="1"> <tr> <td>31st Oct</td> <td>21st Nov</td> <td>27th Dec</td> <td></td> </tr> <tr> <td>57.00%</td> <td>65.10%</td> <td>70.90%</td> <td></td> </tr> </table>	31st Oct	21st Nov	27th Dec		57.00%	65.10%	70.90%	
31st Oct	21st Nov	27th Dec											
57.00%	65.10%	70.90%											
6.	Percentage uptake of the COVID-19 vaccination for those eligible <i>(Applicable during: Spring Booster 01.04.2023 - 30.06.2023)</i> <i>(Autumn Booster 01.09.2023 - 31.03.2024)</i>	1 Sep 23 to 30 Mar 24	75%	<b>53.19%</b>	<table border="1"> <tr> <td>w/e 26/01</td> <td>w/e 02/11</td> <td>w/e 23/11</td> <td>w/e 14/12</td> </tr> <tr> <td>27.09%</td> <td>30.96%</td> <td>44.20%</td> <td>53.19%</td> </tr> </table>	w/e 26/01	w/e 02/11	w/e 23/11	w/e 14/12	27.09%	30.96%	44.20%	53.19%
w/e 26/01	w/e 02/11	w/e 23/11	w/e 14/12										
27.09%	30.96%	44.20%	53.19%										
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-23	90%	<b>31.9%</b>	<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%	<b>97.7%</b>	<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%	<b>97.6%</b>	<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><b>Ambulance Handover</b></p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> <li>Zero 4-hour ambulance delays (June 23)</li> <li>Reduce average lost minutes to 30 (Sept 23)</li> </ul>	<ul style="list-style-type: none"> <li>The number of ambulance handovers &gt;4 hours has reduced from 230 in November 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, in September 27 and October 10. This increased slightly to 14 in November but has reduced to 9 in December.</li> <li>Average lost minutes per arrival at UHW remains reduced decreasing to 17 minutes in December from 25 in October. Average lost minutes per arrival for the Health Board was 14. This performance remains better than our annual plan commitment.</li> </ul>	<p>Dec-23</p>	<p>Number of ambulance handovers &gt;4 hours</p> <table border="1"> <caption>Number of ambulance handovers &gt;4 hours</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Oct-22</td><td>100</td></tr> <tr><td>Nov-22</td><td>100</td></tr> <tr><td>Dec-22</td><td>40</td></tr> <tr><td>Jan-23</td><td>10</td></tr> <tr><td>Feb-23</td><td>5</td></tr> <tr><td>Mar-23</td><td>5</td></tr> <tr><td>Apr-23</td><td>5</td></tr> <tr><td>May-23</td><td>5</td></tr> <tr><td>Jun-23</td><td>5</td></tr> <tr><td>Jul-23</td><td>15</td></tr> <tr><td>Aug-23</td><td>20</td></tr> <tr><td>Sep-23</td><td>27</td></tr> <tr><td>Oct-23</td><td>10</td></tr> <tr><td>Nov-23</td><td>14</td></tr> <tr><td>Dec-23</td><td>9</td></tr> </tbody> </table>	Month	Count	Oct-22	100	Nov-22	100	Dec-22	40	Jan-23	10	Feb-23	5	Mar-23	5	Apr-23	5	May-23	5	Jun-23	5	Jul-23	15	Aug-23	20	Sep-23	27	Oct-23	10	Nov-23	14	Dec-23	9
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<p><b>Emergency Department</b></p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> <li>Zero 24-hour ED waits (June 23)</li> <li>Reduce 12-hour ED waits by 50% (Sept 23)</li> </ul>	<ul style="list-style-type: none"> <li>In December, 3 patients waited 24-hours in the EU footprint without a stop-clock, a decrease from the 27 patients in October</li> <li>12-hour ED waits increased from 518 in November to 665 in December and remains 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</li> </ul>	<p>Dec-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>1000</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>1000</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>1000</td></tr> <tr><td>Oct-23</td><td>800</td></tr> <tr><td>Dec-23</td><td>665</td></tr> <tr><td>Feb-24</td><td>665</td></tr> </tbody> </table>	Month	Count	Apr-22	1200	Jun-22	1000	Aug-22	1000	Oct-22	1000	Dec-22	1000	Feb-23	800	Apr-23	700	Jun-23	300	Aug-23	1000	Oct-23	800	Dec-23	665	Feb-24	665						
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<p><b>Delayed Pathways of Care, LOS and Beds</b></p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> <li>Reduce DPOCs by 10% (June-23)</li> <li>Reduce &gt;21 day LOS by 5% (June-23)</li> <li>Re-establish dedicated AOS beds (Sept)</li> </ul>	<ul style="list-style-type: none"> <li>Delayed pathways of care remain a national challenge, the December 2023 census reported 150 delayed pathways, a decrease from November and below our commitment of 217</li> <li>We are currently tracking the numbers of stranded (7-day LOS) and superstranded (&gt;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 &lt;40% stranded and &lt; 20% superstranded. At the time of writing our analysis showed 29% and 58% respectively.</li> <li>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.</li> </ul>	<p>Dec-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>280</td></tr> <tr><td>Feb-23</td><td>280</td></tr> <tr><td>Mar-23</td><td>220</td></tr> <tr><td>Apr-23</td><td>220</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>180</td></tr> <tr><td>Sep-23</td><td>180</td></tr> <tr><td>Oct-23</td><td>200</td></tr> <tr><td>Nov-23</td><td>200</td></tr> </tbody> </table>	Month	Count	Oct-22	300	Nov-22	280	Dec-22	300	Jan-23	280	Feb-23	280	Mar-23	220	Apr-23	220	May-23	200	Jun-23	200	Jul-23	180	Aug-23	180	Sep-23	180	Oct-23	200	Nov-23	200		
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Priority	Performance Summary	Reporting Period	Data
<p><b>ED Attendances</b></p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)</li> </ul>	<ul style="list-style-type: none"> <li>In December 2023 we reported 10,717 EU attendances, a small increase from the 10,710 reported in November</li> <li>The number of EU Majors attendances in December 2023 was 5970, an increase from November but below our ambition of 6507.</li> </ul>	<p>Dec-23</p>	
<p><b>Same Day Emergency Care</b></p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>10% increase in the total number of patients managed through SDEC (June 2023)</li> <li>Reduced number of unplanned re-presentations within 7-days of SDEC attendance (September 2023)</li> <li>Improve % of take managed in SDEC without requiring admission</li> </ul>	<ul style="list-style-type: none"> <li>In November 2023 we saw 1,131 patients seen via surgical SDEC and 629 via the medical SDEC. In total 1,760 patients were seen, above our commitment of a 10% increase by the end of Q1</li> <li>A new process for national submissions has been undertaken and we hope to report on the other measures once complete</li> </ul>	<p>Nov-23</p>	

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Priority	Performance Summary	Reporting Period	Data
<p><b>Urgent Primary Care</b></p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> <li>80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024)</li> <li>All clusters to have adequate access to UPCC capacity (September 2023)</li> <li>NHS 111 - &gt;90% urgent calls logged and returned within 1 hr (December 2023)</li> <li>Increased redirections from ED to UPCC (March 2024)</li> </ul>	<ul style="list-style-type: none"> <li>Average utilisation of 90% achieved across Cardiff and Vale for September and October, increasing to 92% in November</li> <li>Delivery plan in place to develop Urgent Care Centers as part of the 6 Goals Programme, to achieve full and equitable access across Cardiff and Vale – (76% Coverage, increasing to 86% by December)</li> <li>Calls to CAV247/OOH service - Q1 = 93%, Q2 87%</li> <li>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</li> </ul>	<p>Nov-23</p> <p>Q2- Sept 23</p>	
<p><b>Community Services</b></p> <ul style="list-style-type: none"> <li>Home Visit (P2) f2f in 2 hrs &gt;90% (June 2023)</li> </ul>	<ul style="list-style-type: none"> <li>The Health Board was 67% compliant in November 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 6 of 4 patients receiving their visit with one hour.</li> <li>For patients that required an 'Emergency' appointment at a primary care center in November the Health Board was 100% compliant, with 1 of 1 patients receiving an appointment within 1 hour</li> <li>The Health Board was 79% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 82 of 104 patients receiving their visit within 2 hours</li> </ul>	<p>Nov-23</p>	

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Priority	Performance Summary	Reporting Period	Data
<p><b>Fracture Neck of Femur</b> IMTP Commitments:</p> <ul style="list-style-type: none"> <li>75% admitted within 4 hours (June-23)</li> <li>85% to theatre within 36 hours (December-23)</li> </ul>	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In November 2023 the annualised data shows 29.0% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In November, 67.0% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 58% over the last 12 months.</p> <p>A fourth summit with key stakeholders was held in 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>Nov-23</p>	
<p><b>Stroke</b> IMTP Commitments:</p> <ul style="list-style-type: none"> <li>70% scanned within 1 hour (June-23)</li> <li>90% admitted within 4 hours (Sept-23)</li> <li>20% thrombolysis rate (Sept-23)</li> </ul>	<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 significant recent improvements in compliance. In November:</p> <ul style="list-style-type: none"> <li>8.3% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 15.3%</li> <li>The percentage of CT scans that were started within 1 hour in November was 63%, the All-Wales average was 54.0%</li> <li>The percentage of patients who were admitted directly to a stroke unit within 4 hours was 57.8% in November, the All-Wales average was 28.8%</li> </ul> <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.</p>	<p>Nov-23</p>	
<p><b>Intensive Care Unit</b> IMTP Commitments:</p> <ul style="list-style-type: none"> <li>Patient at risk team 24/7 (Sept 23)</li> <li>ITU - 1 additional staffed bed (Sept 23)</li> <li>ITU - 2 additional staffed beds (March 24)</li> </ul>	<ul style="list-style-type: none"> <li>The patient at risk team (PART) is due to move from a 12/7 service to a 24/7 service from the 1<sup>st</sup> October following successful staff recruitment. This change will be pivotal in supporting the wards and ITU with the safe management and transfer of patients.</li> <li>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</li> </ul>	<p>Oct-23</p>	

Priority	Performance Summary	Reporting Period	Data
<p><b>Outpatient Follow-up Management</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>Follow up outpatients—reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023)</li> <li>SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024)</li> <li>SOS and PIFU –20% of appropriate outpatient appointments</li> </ul>	<ul style="list-style-type: none"> <li>In total there were 193,589 patients awaiting a follow-up outpatient appointment at the end of November</li> <li>Of these, there were 42,904 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from September</li> <li>2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway</li> <li>0.5% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway</li> </ul>	<p>Nov-23</p> <p>Dec-23</p>	
<p><b>52 Week New Outpatient</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>&lt;8999 &gt; 52 weeks (March 2024)</li> </ul>	<ul style="list-style-type: none"> <li>We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO.</li> <li>In November, 11561 patients had waited 52 weeks for their outpatient appointment, an increase from October and still above our ambition for March 24.</li> </ul>	<p>Nov-23</p>	
<p><b>104 Week Treatment</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>3788 patients &gt; 104 week waits for treatment (December 2023)</li> <li>1263 patients &gt; 104 week waits for treatment (March 2024)</li> </ul>	<ul style="list-style-type: none"> <li>We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO. We are on track to meet our December commitment in line with the Ministerial priority for &lt;97% of out total waiting list to be over 2 years. In November there were 4142 patients who had waited over 2 years. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment.</li> </ul>	<p>Nov-23</p>	
<p><b>156 Week Waits</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>&lt;350 patients &gt; 156 week wait for treatment (September 2023)</li> <li>0 patients &gt; 156 week wait for treatment (December 2023)</li> </ul>	<ul style="list-style-type: none"> <li>At the end of September there were 330 patients waiting 156 weeks for treatment, lower than our commitment. We continue to see a reduction in the number of patients waiting over 3 years and reported 274 in November. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.</li> </ul>	<p>Nov-23</p>	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reporting Period	Data																														
<b>Community Pharmacy</b> Annual Plan Commitment: <ul style="list-style-type: none"> <li>&gt;90% of all eligible community pharmacies providing CCPS (June 2023)</li> <li>10% increase in pharmacy independent provider access (December 2023)</li> </ul>	98% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none"> <li>100 Community Pharmacies currently eligible to provide CCPS</li> <li>100/103 Community Pharmacies signed up to deliver CCPS.</li> </ul> 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	<table border="1"> <tr> <td>PIP consultations</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td></td> <td>1106</td> <td>1035</td> <td>1361</td> <td>1348</td> </tr> </table>	PIP consultations	Jul-23	Aug-23	Sep-23	Oct-23		1106	1035	1361	1348																				
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<b>GMS Escalation</b> Annual Plan Commitment: <ul style="list-style-type: none"> <li>&gt;95% of practices reporting escalation levels (June 2023)</li> <li>&gt;95% achievement of core access to in-hours GMS Services (September 2023)</li> </ul>	<ul style="list-style-type: none"> <li>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% &gt;Lvl3)</li> <li>98% achievement of core access standards to in hours GMS</li> </ul>	Q2-Sept 2023	<table border="1"> <tr> <td rowspan="2">Escalation reporting</td> <td>Q1</td> <td>Q2</td> </tr> <tr> <td>88.0%</td> <td>88.0%</td> </tr> <tr> <td rowspan="2">National Access Standards</td> <td>Q1</td> <td>Q2</td> </tr> <tr> <td>98.0%</td> <td>98.0%</td> </tr> </table>	Escalation reporting	Q1	Q2	88.0%	88.0%	National Access Standards	Q1	Q2	98.0%	98.0%																				
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<b>Dental</b> Annual Plan Commitment: <ul style="list-style-type: none"> <li>50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)</li> </ul>	<ul style="list-style-type: none"> <li>% of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 113.9%</li> <li>% of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 52.8%</li> <li>% of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 51.2%</li> </ul> <p>In May 2021 the Centralised Dental Waiting List was established to indicate demand for access to NHS Dental Services and provide a pathway for patients to access general dental services. The number of patients requesting to be added has been increasing faster than allocation of patients to practices.</p>	Q3-Dec 2023	<table border="1"> <tr> <td></td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> </tr> <tr> <td>New</td> <td>99.80%</td> <td>113.90%</td> <td>130.33%</td> <td>139.27%</td> </tr> <tr> <td>New Urgent</td> <td>45.10%</td> <td>52.80%</td> <td>57.00%</td> <td>63.25%</td> </tr> <tr> <td>Historic</td> <td>43.80%</td> <td>51.20%</td> <td>59.58%</td> <td>64.69%</td> </tr> </table> <table border="1"> <tr> <td></td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> </tr> <tr> <td>CDWL volume</td> <td>21,836</td> <td>22,975</td> <td>23,892</td> <td>24,636</td> </tr> </table>		Sep-23	Oct-23	Nov-23	Dec-23	New	99.80%	113.90%	130.33%	139.27%	New Urgent	45.10%	52.80%	57.00%	63.25%	Historic	43.80%	51.20%	59.58%	64.69%		Sep-23	Oct-23	Nov-23	Dec-23	CDWL volume	21,836	22,975	23,892	24,636
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<b>Optometry</b> Annual Plan Commitment <ul style="list-style-type: none"> <li>&gt;90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Contract reform and implementation still in progress</li> </ul>	Q2-Sept 2023																															
<b>Respiratory</b> Annual Plan Commitment <ul style="list-style-type: none"> <li>50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)</li> </ul>	<ul style="list-style-type: none"> <li>Community Spirometry service available in both Cardiff and Vale regions.</li> <li>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.</li> </ul>	Q2-Sept 2023																															

Priority	Performance Summary	Reporting Period	Data
<p><b>Cancer</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>&gt;75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)</li> <li>Develop draft UHB strategy to deliver national cancer pathways (June 2023)</li> </ul>	<ul style="list-style-type: none"> <li>October saw an increase in compliance with the 62 day SCP standard, with performance increasing to 64.7%. We continue to address the backlog of long waiting patients and expect an improvement for October. At the time of writing there are a total of 2307 suspected cancer patient on the SCP. 323 have waited over 62 days, of which 105 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.</li> <li>The UHB draft strategy has been developed including working with national cancer pathways</li> </ul>	<p>Oct-23</p> <p>No date</p>	<p>% Compliance patients starting cancer treatment withing 62 days (75% by Jun-23)</p>
<p><b>Therapies</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>0 patients waiting over 14 weeks (excluding audiology) (June 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Excluding Audiology there were 970 patients waiting over 14-weeks for Therapy in at the end of November. In total there were 1906 patients waiting longer 14 weeks for Therapy, an increase from September.</li> </ul>	<p>Nov-23</p>	<p>0 patients waiting &gt;14 weeks (excl. Audiology)</p>
<p><b>Diagnostics</b> Annual Plan Commitment</p> <ul style="list-style-type: none"> <li>90% of patients within 8-weeks (excl. endoscopy) (December 2023)</li> <li>Endoscopy – urgent &lt;6weeks; SCP&lt;14days; 0 surveillance patients 100% past target date (December 2023)</li> <li>Regional Diagnostic Centre go-live (December 2023)</li> </ul>	<ul style="list-style-type: none"> <li>Excluding endoscopy there were 8734 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of November. In total there were 13198 patients waiting longer than 8 weeks for a diagnostic test, an increase from October.</li> <li>55% of patients seen within 8 weeks in November (excluding Endoscopy), an small decrease from October.</li> <li>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.</li> </ul>	<p>Nov-23</p> <p>No date</p>	<p>90% of patients within 8 weeks (excl. Endo)</p>

Priority	Performance Summary	Reporting Period	Data
<p><b>Whole System Evaluation</b> Annual Plan Commitment:</p> <ul style="list-style-type: none"> <li>• Undertake high impact evaluations of three key specialities (June 2023)</li> <li>• Undertake high impact evaluations of three key specialities (Sept 2023)</li> </ul>	<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 specialities and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.</p>	<p>Nov-23</p>	
<p><b>Supporting Patients Whilst Waiting</b> Annual Plan Commitment:</p> <ul style="list-style-type: none"> <li>• Produce models of care (June 2023)</li> <li>• Develop pathways (Sept 2023)</li> <li>• Expand services (December 2023)</li> </ul>	<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>Nov-23</p>	

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Priority	Performance Summary	Reporting Period	Data																																																																																																				
<p><b>Children’s Mental Health</b> Annual Plan Commitments:</p> <ul style="list-style-type: none"> <li>&gt;80% Part 1a performance – SCAMHS</li> <li>Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve &gt;80% compliance (March 2023)</li> <li>Reduce SCAMHS Intervention longest wait to no longer than 6 weeks</li> </ul>	<p>Part 1a compliance remains above the 80% standard and has increased to 98% in November.</p> <p>Part 1b performance reduced to 7% and remains low due to additional assessments undertaken to meet Part 1a and high referral levels in June and July 23. The number waiting and longest wait for Part 1b increased last month following reductions through June to September. The number waiting over 16 weeks remains low. There have been data quality issues and a thorough 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). The module is now live and will bring improved data quality through the coming months.</p>	<p>Nov-23</p>	<p>EWMH - Part 1A, Part 1B and Part 2 Compliance (%)</p> <table border="1"> <caption>Approximate data for EWMH - Part 1A, Part 1B and Part 2 CIP Compliance (%)</caption> <thead> <tr> <th>Month</th> <th>Part 1A Compliance (%)</th> <th>Part 1B Compliance (%)</th> <th>Part 2 CIP Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>64</td><td>56</td><td>62</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>47</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>62</td><td>57</td><td>69</td></tr> <tr><td>Oct-22</td><td>88</td><td>42</td><td>83</td></tr> <tr><td>Nov-22</td><td>97</td><td>74</td><td>85</td></tr> <tr><td>Dec-22</td><td>99</td><td>60</td><td>95</td></tr> <tr><td>Jan-23</td><td>97</td><td>19</td><td>97</td></tr> <tr><td>Feb-23</td><td>86</td><td>7</td><td>95</td></tr> <tr><td>Mar-23</td><td>91</td><td>50</td><td>92</td></tr> <tr><td>Apr-23</td><td>83</td><td>0</td><td>89</td></tr> <tr><td>May-23</td><td>83</td><td>0</td><td>88</td></tr> <tr><td>Jun-23</td><td>88</td><td>0</td><td>89</td></tr> <tr><td>Jul-23</td><td>84</td><td>0</td><td>90</td></tr> <tr><td>Aug-23</td><td>77</td><td>0</td><td>93</td></tr> <tr><td>Sep-23</td><td>87</td><td>22</td><td>91</td></tr> <tr><td>Oct-23</td><td>81</td><td>11</td><td>99</td></tr> <tr><td>Nov-23</td><td>70</td><td>12</td><td>85</td></tr> <tr><td>Dec-23</td><td>75</td><td>26</td><td>85</td></tr> <tr><td>Jan-24</td><td>80</td><td>35</td><td>85</td></tr> <tr><td>Feb-24</td><td>85</td><td>48</td><td>85</td></tr> <tr><td>Mar-24</td><td>90</td><td>60</td><td>85</td></tr> </tbody> </table>	Month	Part 1A Compliance (%)	Part 1B Compliance (%)	Part 2 CIP Compliance (%)	Apr-22	64	56	62	May-22	64	42	64	Jun-22	56	53	56	Jul-22	47	39	57	Aug-22	54	50	54	Sep-22	62	57	69	Oct-22	88	42	83	Nov-22	97	74	85	Dec-22	99	60	95	Jan-23	97	19	97	Feb-23	86	7	95	Mar-23	91	50	92	Apr-23	83	0	89	May-23	83	0	88	Jun-23	88	0	89	Jul-23	84	0	90	Aug-23	77	0	93	Sep-23	87	22	91	Oct-23	81	11	99	Nov-23	70	12	85	Dec-23	75	26	85	Jan-24	80	35	85	Feb-24	85	48	85	Mar-24	90	60	85
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<p><b>Adult Mental Health</b> Annual Plan Commitments:</p> <ul style="list-style-type: none"> <li>&gt;80% Part 1a performance</li> <li>&gt;80% Part 1b performance</li> </ul>	<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 1550 referrals in November 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"> <li>Part 1a: in November the percentage of Mental Health assessments undertaken within 28 days was 99.6%</li> <li>Part 1b compliance remains at 100%</li> </ul>	<p>Nov-23</p>	<p>MH Part1a against 80% standard</p> <p>MH Part1b against 80% standard</p>																																																																																																				

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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%	<b>98%</b>	<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)	Dec-23	30% (Sept 23) 100% (Mar 24)	<b>New 139.3%</b> <b>New Urgent 63.3%</b> <b>Historic 64.7%</b>	<table border="1"> <tr> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> </tr> <tr> <td>99.80%</td> <td>113.90%</td> <td>130.33%</td> <td>139.27%</td> </tr> <tr> <td>45.10%</td> <td>52.80%</td> <td>57.00%</td> <td>63.25%</td> </tr> <tr> <td>43.80%</td> <td>51.20%</td> <td>59.58%</td> <td>64.69%</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	99.80%	113.90%	130.33%	139.27%	45.10%	52.80%	57.00%	63.25%	43.80%	51.20%	59.58%	64.69%
Sep-23	Oct-23	Nov-23	Dec-23																		
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45.10%	52.80%	57.00%	63.25%																		
43.80%	51.20%	59.58%	64.69%																		
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Nov-23	Reduction by Mar 24	<b>724</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>953</td> <td>860</td> <td>938</td> <td>724</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	953	860	938	724								
Aug-23	Sep-23	Oct-23	Nov-23																		
953	860	938	724																		
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-23	Increase against 22/23	<b>926</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>1035</td> <td>1361</td> <td>1348</td> <td>926</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	1035	1361	1348	926								
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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	Nov-23	80%	<b>98%</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>93%</td> <td>87%</td> <td>99%</td> <td>98%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	93%	87%	99%	98%								
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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	Nov-23	80%	<b>7%</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>0%</td> <td>22%</td> <td>13%</td> <td>9%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	0%	22%	13%	9%								
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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	Nov-23	80%	<b>99.6%</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>99.6%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	100.0%	100.0%	100.0%	99.6%								
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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	Dec-23	65%	<b>56%</b>	<table border="1"> <tr> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> </tr> <tr> <td>52%</td> <td>53%</td> <td>52%</td> <td>56%</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	52%	53%	52%	56%
Sep-23	Oct-23	Nov-23	Dec-23										
52%	53%	52%	56%										
19.	Median emergency response time to amber calls	Nov-23	12m improvement trend	<b>01:05:54</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>01:21:44</td> <td>01:12:07</td> <td>01:13:33</td> <td>01:05:54</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	01:21:44	01:12:07	01:13:33	01:05:54
Aug-23	Sep-23	Oct-23	Nov-23										
01:21:44	01:12:07	01:13:33	01:05:54										
20.	Median time from arrival at an emergency department to triage by a clinician (minutes)	Oct-23	12m reduction trend	<b>20</b>	<table border="1"> <tr> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td>18</td> <td>18</td> <td>19</td> <td>20</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	18	18	19	20
Jul-23	Aug-23	Sep-23	Oct-23										
18	18	19	20										
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Oct-23	12m reduction trend	<b>64</b>	<table border="1"> <tr> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td>70</td> <td>74</td> <td>72</td> <td>64</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	70	74	72	64
Jul-23	Aug-23	Sep-23	Oct-23										
70	74	72	64										
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	Dec-23	95%	<b>64.6%</b>	<table border="1"> <tr> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> </tr> <tr> <td>70.5%</td> <td>67.1%</td> <td>67.0%</td> <td>64.6%</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	70.5%	67.1%	67.0%	64.6%
Sep-23	Oct-23	Nov-23	Dec-23										
70.5%	67.1%	67.0%	64.6%										
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	Dec-23	0 (Mar 2024)	<b>665</b>	<table border="1"> <tr> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> <td>Dec-23</td> </tr> <tr> <td>803</td> <td>835</td> <td>518</td> <td>665</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	803	835	518	665
Sep-23	Oct-23	Nov-23	Dec-23										
803	835	518	665										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sept-23	80% (Mar 2026)	<b>56.6%</b>	<table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>63.6%</td> <td>65.6%</td> <td>66.4%</td> <td>56.6%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	63.6%	65.6%	66.4%	56.6%
Jun-23	Jul-23	Aug-23	Sep-23										
63.6%	65.6%	66.4%	56.6%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-23	0 (Mar 2024)	<b>13198</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>11415</td> <td>12246</td> <td>12230</td> <td>13198</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	11415	12246	12230	13198
Aug-23	Sep-23	Oct-23	Nov-23										
11415	12246	12230	13198										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Nov-23	Improvement trend	<b>81.4%</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>82.79%</td> <td>80.29%</td> <td>80.03%</td> <td>81.40%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	82.79%	80.29%	80.03%	81.40%
Aug-23	Sep-23	Oct-23	Nov-23										
82.79%	80.29%	80.03%	81.40%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-23	0 (Mar 2024)	<b>1906</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>1373</td> <td>1703</td> <td>1823</td> <td>1906</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	1373	1703	1823	1906
Aug-23	Sep-23	Oct-23	Nov-23										
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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	Nov-23	Improvement trajectory towards 0	<b>11561</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>11230</td> <td>11133</td> <td>11044</td> <td>11561</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	11230	11133	11044	11561
Aug-23	Sep-23	Oct-23	Nov-23										
11230	11133	11044	11561										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Nov-23	Improvement trajectory towards 0	<b>20758</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>21018</td> <td>20646</td> <td>20577</td> <td>20758</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	21018	20646	20577	20758
Aug-23	Sep-23	Oct-23	Nov-23										
21018	20646	20577	20758										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-23	Improvement trajectory towards 0	<b>42904</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>44993</td> <td>44425</td> <td>44166</td> <td>42904</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	44993	44425	44166	42904
Aug-23	Sep-23	Oct-23	Nov-23										
44993	44425	44166	42904										
31	Number of patients waiting more than 104 weeks for referral to treatment	Nov-23	Improvement trajectory towards 0	<b>4142</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>4085</td> <td>4054</td> <td>4045</td> <td>4142</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	4085	4054	4045	4142
Aug-23	Sep-23	Oct-23	Nov-23										
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32.	Number of patients waiting more than 52 weeks for referral to treatment	Nov-23	Improvement trajectory towards 0	<b>28054</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>25463</td> <td>25541</td> <td>26471</td> <td>28054</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	25463	25541	26471	28054
Aug-23	Sep-23	Oct-23	Nov-23										
25463	25541	26471	28054										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Nov-23	80%	<b>98%</b>	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>84%</td> <td>93%</td> <td>87%</td> <td>99%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	84%	93%	87%	99%
Jul-23	Aug-23	Sep-23	Oct-23										
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34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Nov-23	80%	<b>22%</b>	<table border="1"> <tr> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> </tr> <tr> <td>25%</td> <td>30%</td> <td>28%</td> <td>22%</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	25%	30%	28%	22%
Sep-23	Oct-23	Nov-23	Dec-23										
25%	30%	28%	22%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Nov-23	80%	<b>68%</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>57%</td> <td>63%</td> <td>66%</td> <td>68%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	57%	63%	66%	68%
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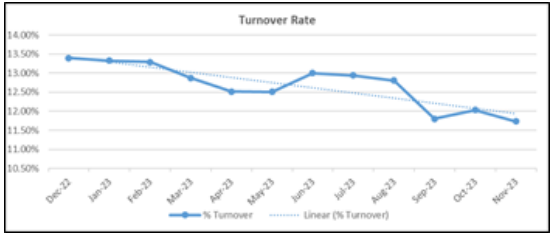
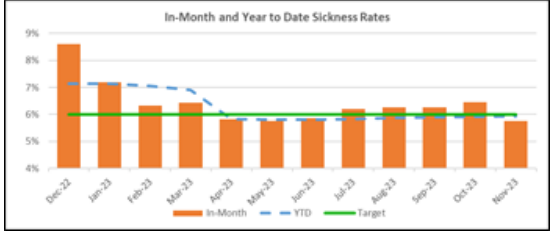
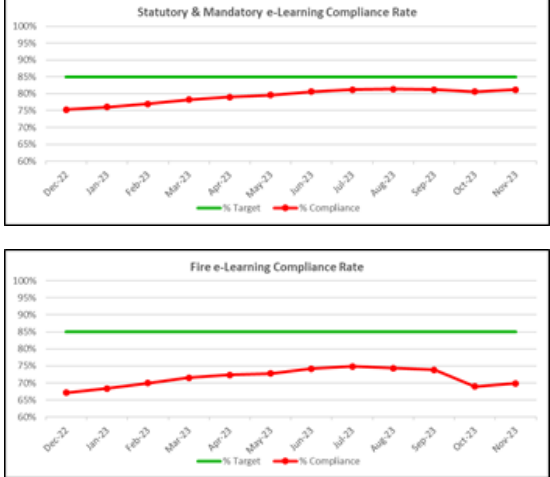

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Productivity and Efficiency measures

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Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend	
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.7%		
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.3%		
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%		
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	79%		
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	15.8	17.2	15.6		
	% of theatre session utilisation	95%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%		
	% in session utilisation	85%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%		
	<24 hour cancellations					238	314	344	293	292	255	308	338		
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset													
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset													
Waiting list	Total RTT waiting list volume	N/A	121687	122635	122708	126262	128670	131664	134603	135686	136185	140725	141684		
Inpatient	Delayed pathways of Care - Mental Health	217				43	39	45	36	36	31	41	36		
	Delayed Pathways of Care - non-Mental Health					204	178	171	140	124	142	150	114		
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%		
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%		

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Priority	Performance Summary	Reported Period	Data
<p><b>Turnover</b></p>	<p>The overall trend is downwards since Dec-22; the rates have fallen from 13.40% in Dec-22 to 11.74% in Nov-23 UHB wide. This is a net 1.66% decrease, which represents 228 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>	<p>Nov-2023</p>	
<p><b>Sickness Absence</b></p>	<p>Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Nov-23 was 5.76% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 11 months to 6.41% (by comparison with Dec-22, which was 7.12%).</p>	<p>Nov-2023</p>	
<p><b>Statutory and Mandatory Training</b></p>	<p>After 2 months of declining compliance rates the rate rose for Nov-23 to 81.23%, 3.77% below the overall target. The compliance for Capital, Estates &amp; Facilities, All-Wales Genomics Services and Clinical Diagnostics &amp; Therapeutics are above the 85% target, and PCIC, Children &amp; Women's and Corporate Executives are above 80% compliance.</p> <p>The compliance with Fire training has also recovered slightly, to 69.85% for Nov-23. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	<p>Nov-2023</p>	
<p><b>Values Based Appraisal</b></p>	<p>After reaching 71.64% in Jul-23 VBA compliance fell to 67.00% for Oct-23. There has been a slight improvement for Nov-23, to 68.10%. Capital, Estates &amp; Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has subsequently fallen to 81.43%.</p>	<p>Nov-2023</p>	

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Priority	Performance Summary	Reported Period	Data
<b>Employee Relations</b>	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 9 months and has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	Nov-2023	
<b>Job Plans</b>	91.42% of clinicians have engagement with job planning and have a job plan in the system, however only 51.73% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	Nov-2023	
<b>Medical Appraisals</b>	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Nov-23 the compliance was 86.25%, i.e. above the 85% target.	Nov-2023	
<b>Staff in Post</b>	The overall Health Board Staffing Numbers have increased in the last 12 months by 607.23 WTE, to 15,022 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.	Nov-2023	
<b>Variable Pay (Bank, Agency, Overtime..)</b>	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 Nov-23 was 5.76%. It must however be borne in mind that the total pay bill is increasing.	Nov-2023	
<b>Staff Influenza Vaccination Programme</b>	<p>The 2023-24 winter vaccination programme commenced in Sep-23. So far 35.00% of staff have received the flu vaccine and 38.89% have received the COVID-19 vaccine, by comparison with a target of 75% vaccination.</p> <p>The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.</p>	Nov-2023	

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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Nov-23	6%	<b>5.76%</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>6.27%</td> <td>6.26%</td> <td>6.46%</td> <td>5.76%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	6.27%	6.26%	6.46%	5.76%
Aug-23	Sep-23	Oct-23	Nov-23										
6.27%	6.26%	6.46%	5.76%										
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Nov-23	7%-9%	<b>11.74%</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>12.81%</td> <td>11.80%</td> <td>12.03%</td> <td>11.74%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	12.81%	11.80%	12.03%	11.74%
Aug-23	Sep-23	Oct-23	Nov-23										
12.81%	11.80%	12.03%	11.74%										
38.	Agency spend as a percentage of the total pay bill	Nov-23	12 month reduction trend	<b>1.28%</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>2.42%</td> <td>1.54%</td> <td>1.35%</td> <td>1.28%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	2.42%	1.54%	1.35%	1.28%
Aug-23	Sep-23	Oct-23	Nov-23										
2.42%	1.54%	1.35%	1.28%										
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)	Nov-23	85%	<b>69.20%</b>	<table border="1"> <tr> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> <td>Nov-23</td> </tr> <tr> <td>71.82%</td> <td>69.00%</td> <td>68.29%</td> <td>69.20%</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	71.82%	69.00%	68.29%	69.20%
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Priority	Performance Summary	Reported Period	Data																					
<p><b>Concerns</b> 30 day performance</p>	<ul style="list-style-type: none"> <li><b>Welsh Government target for responding to concerns is 75% within 30 working days</b></li> <li>During November and December 2023, the Health Board received :                             <ul style="list-style-type: none"> <li>583 Concerns</li> <li>Closed 582 concerns</li> <li>76% closed within 30 working days (including Early Resolution)</li> <li>36 % closed under Early Resolution (within 2 days including day of receipt)</li> <li>180 Enquiries</li> <li>55 Compliments</li> </ul> </li> </ul> <p>We currently have 263 active concerns</p> <p>Top 3 themes and trends</p> <ol style="list-style-type: none"> <li>Concerns around appointments (waiting times/cancellations)</li> <li>Communication</li> <li>Clinical Treatment and Assessment</li> </ol>	<p>November and December 23</p>	<p>concern closed within 30 working days %</p> <p>CV New Complaints Settled Proportion</p> <table border="1"> <caption>CV New Complaints Settled Proportion</caption> <thead> <tr> <th>Period</th> <th>Complaints managed through Early Resolution (%)</th> <th>Total complaints managed through (%)</th> </tr> </thead> <tbody> <tr> <td>Apr-Jun 2022-23</td> <td>59.43%</td> <td>40.57%</td> </tr> <tr> <td>Jul-Sept 2022-23</td> <td>56.68%</td> <td>43.32%</td> </tr> <tr> <td>Oct-Dec 2022-23</td> <td>61.51%</td> <td>38.49%</td> </tr> <tr> <td>Jan-Mar 2023-24</td> <td>68.87%</td> <td>31.13%</td> </tr> <tr> <td>Apr-Jun 2023-24</td> <td>67.51%</td> <td>32.49%</td> </tr> <tr> <td>Jul-Sept 2023-24</td> <td>60.16%</td> <td>39.84%</td> </tr> </tbody> </table>	Period	Complaints managed through Early Resolution (%)	Total complaints managed through (%)	Apr-Jun 2022-23	59.43%	40.57%	Jul-Sept 2022-23	56.68%	43.32%	Oct-Dec 2022-23	61.51%	38.49%	Jan-Mar 2023-24	68.87%	31.13%	Apr-Jun 2023-24	67.51%	32.49%	Jul-Sept 2023-24	60.16%	39.84%
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<p><b>Duty of Candour</b></p>	<ul style="list-style-type: none"> <li>19,052 incidents have been reported by staff across the Health Board</li> <li>Approximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter.</li> <li>Approximately 65 incidents reviewed per day by the Patient Experience Team</li> <li>We continue to support DOC awareness sessions across Primary and Secondary care</li> <li>Since 1<sup>st</sup> April 2023 we have triggered the DOC on 78 occasions</li> <li>We have internally audited the process and compliance</li> <li>We are undertaking a mid year review with colleagues in primary care</li> </ul>		<p>Incident grading changed following review</p> <table border="1"> <caption>Incident grading changed following review</caption> <thead> <tr> <th>Service</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>All Wales Medical Genomics Service</td> <td>~100</td> <td>~100</td> </tr> <tr> <td>Specialist Services</td> <td>~1500</td> <td>~1000</td> </tr> <tr> <td>Other Organisations</td> <td>~100</td> <td>~100</td> </tr> <tr> <td>Medicine Services</td> <td>~2500</td> <td>~1500</td> </tr> <tr> <td>Clinical Diagnostics and Therapeutic Services</td> <td>~1000</td> <td>~500</td> </tr> <tr> <td>Capital, Estates and Facilities</td> <td>~100</td> <td>~100</td> </tr> </tbody> </table>	Service	No	Yes	All Wales Medical Genomics Service	~100	~100	Specialist Services	~1500	~1000	Other Organisations	~100	~100	Medicine Services	~2500	~1500	Clinical Diagnostics and Therapeutic Services	~1000	~500	Capital, Estates and Facilities	~100	~100
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Priority	Performance Summary	Reported Period	Data
<p><b>Tier 1 Mortality</b></p>	<p><u>Inpatient Mortality</u> The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>Close to 100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner who then refer cases back to the UHB where further consideration of any elements of care is required. Approximately 33% of ME cases in UHW and 38% of cases in UHL are referred back to the UHB. This compares to national rates of between 16%- 64% from hospital sites across Wales and an average referral rate of 46.6% in quarter 1 of this financial year</p> <p><u>All Cause Mortality</u> Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death.</p>		<p><b>Mortality</b></p> <p><b>All Cause Mortality</b></p>
<p><b>Infection Control</b></p>	<ul style="list-style-type: none"> <li>Between April '23 and Dec '23 there 80 cases of <b>C'difficile</b>. The current rate is <b>21.10 cases for 100,000 population</b> which is <b>33% lower than the equivalent period in 2022/23</b>. The RE rate is 25.00 cases per 100,000 population, the current CAV rate is <b>16% below the RE</b>. CAV is currently <b>on trajectory</b> to achieve the reduction expectation whilst also having the lowest rate across the 6 acute UHBs</li> <li>Between April '23 and Dec '23 there 127 cases of <b>SAUR bacteraemia</b>. The current rate is <b>33.50 cases for 100,000 population</b> which is <b>18 more cases than the equivalent period in 2022/23</b>. The RE rate is 20.00 cases per 100,000 population, the current CAV rate is <b>68% higher than the RE</b>. CAV is <b>not on trajectory</b> to achieve the RE and has the 2nd highest rate across the 6 acute UHB's</li> <li>Between April '23 and Dec '23 there 277 cases of <b>E.coli bacteraemia</b>. The current rate is <b>72.02 cases for 100,000 population</b> which is <b>14% higher than the equivalent period in 2022/23</b>. The RE rate is 67.00 cases per 100,000 population, the current CAV rate is <b>12% higher than the RE</b>. CAV is <b>not on trajectory</b> to achieve the RE and has the 3rd lowest rate across the 6 acute UHB's</li> <li>Between April '23 and Dec '23 there 16 cases of <b>P. aeruginosa bacteraemia</b> which is <b>20% less than the equivalent period in 2022/23</b>. The RE is 18 cases, the current CAV number is <b>32% less than the RE</b>. CAV is currently <b>on trajectory</b> to achieve the RE and has the 3rd lowest rate across the 6 acute UHB's</li> <li>Between April '23 and Dec '23 there 92 cases of <b>Klebsiella sp. Bacteraemia</b> which is <b>9% less than the equivalent period in 2022/23</b>. The RE is 58 cases, the current CAV rate is <b>22% higher than the RE</b>. CAV is <b>not on trajectory</b> to achieve the RE and has the 2nd highest rate across the 6 acute UHB's.</li> </ul>	<p>Apr-23 – Dec-23</p>	

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Priority	Performance Summary	Reported Period	Data															
<p><b>Deliver 2023/24 Draft Financial Plan</b></p>	<p><b>Financial Plan Approved by Board and submitted to Welsh Government</b></p> <ul style="list-style-type: none"> <li>Brought forward underlying deficit of £40.3m</li> <li>Covid Consequential costs of £34.2m &amp; Additional energy costs of £11.5m</li> <li>23/24 Demand and cost growth and unavoidable investments of £48.8m</li> <li>Allocations and inflationary uplifts of £14.4m</li> <li>A £32m (4%) Savings programme</li> </ul> <p><b>This resulted in a 2023-24 planning deficit of £88.4m.</b></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"> <li>Planned Deficit @ Month 6 £88.400m</li> <li>10% Improvement required £8.840m</li> <li>Recurrent Covid Legacy Funding £20.300m &amp; Inflationary Uplift £25.100m</li> <li>Non recurrent Inflation Uplift £10.100m &amp; Energy Funding £7.600m</li> <li>Revised Financial Forecast Deficit £16.460m</li> </ul> <p>At month 8, the UHB is reporting an overspend of £17.393m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £10.974m (eight twelfths of the revised forecast year end deficit of £16.460m).</p>	<p>Nov-23</p>	<table border="1"> <thead> <tr> <th></th> <th>Month 8 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>10.973</td> <td>16.460</td> </tr> <tr> <td>Savings Programme</td> <td>2.295</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>4.124</td> <td>0.000</td> </tr> <tr> <td><b>Financial Position £m (Surplus) / Deficit £m</b></td> <td><b>17.393</b></td> <td><b>16.460</b></td> </tr> </tbody> </table>		Month 8 Position £m	Forecast Year-End Position £m	Planned deficit	10.973	16.460	Savings Programme	2.295	0.000	Operational position (Surplus) / Deficit	4.124	0.000	<b>Financial Position £m (Surplus) / Deficit £m</b>	<b>17.393</b>	<b>16.460</b>
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<b>Financial Position £m (Surplus) / Deficit £m</b>	<b>17.393</b>	<b>16.460</b>																

<p><b>Delivery of recurrent £32m savings target</b></p>	<p>At month 8, the UHB has identified £34.462m of green, amber and red savings against the £32m savings target, however £3.572m are classified as red schemes. The month 8 position includes a Savings Programme deficit of £2.295m.</p> <p>The month 8 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>Nov-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
<b>Remain within capital resource limits</b>	The UHB forecasts to deliver within it's Capital Resource Limit.	Nov-23	<p><b>Performance against Capital Resource Limit £m</b></p>
<b>Creditor payments compliance 30 day Non-NHS</b>	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of December was <b>97.42%</b> and improvements are illustrated in the graph to the right.	Dec-23	<p><b>Public Sector Payment Compliance</b></p>
<b>Remain within Cash Limit</b>	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 £16.460m revised 2023/24 forecast deficit.  Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.	Nov-23	
<b>Maintain Positive Cash Balance</b>	The closing cash balance at the end of November 2023, was £6.682m.  A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.  The UHB's working cash assumption for 2023-24 is based on the following key assumptions :- <ul style="list-style-type: none"> <li>Welsh Government support for movements in working capital from the 2022-23 Balance Sheet which is to be assessed as the year progresses.</li> <li>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.</li> <li>Approval of the UHB's formal request for Strategic Cash support. for the £16.460m revised 2023/24 forecast deficit.</li> <li>Timely confirmation of unconfirmed Cash Limit allocations (circa £82m @ month 8 (includes the 2023_24 pay award &amp; Covid allocations))</li> </ul> Discussion is ongoing with Welsh Government to provide cash support for these these	Nov-23	<p><b>Cash Balance £m</b></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%	<b>90.2%</b>	<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%	<b>46.7%</b>	<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)	Nov/Dec-23	Month on month improvement	↑ <b>4993</b>									

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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>	Dec-23	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	<b>92</b> <b>16</b>	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)	Dec-23	<b><i>E. coli</i></b> – 67 cases per 100,000 population <b><i>S. aureus</i></b> – 20 cases per 100,000 population	<b>72.07 cases per 100,000 population</b> <b>33.50 cases per 100,000 population</b>	Not 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	Dec-23	25 cases per 100,000 population	<b>21.10 cases per 100,000 population</b>	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%	<b>58.12%</b>	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </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	Nov-23	0 (Mar 24)	<b>1740</b>	<table border="1"> <tr> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> </tr> <tr> <td>1728</td> <td>1810</td> <td>1853</td> <td>1740</td> </tr> </table>	Aug-23	Sep-23	Oct-23	Nov-23	1728	1810	1853	1740
Aug-23	Sep-23	Oct-23	Nov-23										
1728	1810	1853	1740										
53.	Number of patient safety incidents that remain open 90 days or more	Jan-24	12-month reduction trend	 <b>5,153</b>									

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Report Title:	<b>Operational Performance: Deep Dive into Outpatient Services</b>			Agenda Item no.	2.2b
Meeting:	Finance and Performance Committee		Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	Meeting Date:	17.01.2024
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):	Director of Planned and Specialist care				

**Main Report**

**Background and current situation:**

**Background and current situation:**

The purpose of this paper is to provide an update on the current performance in outpatient services and the approach to improvement. It is clear that the progress of improvement in outpatient services in terms of productivity, efficiency and meeting standards for our patients needs enhanced focus.

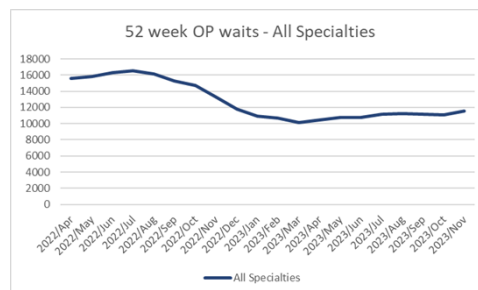
The organisation set the aim of having no more than 9000 patients waiting longer than 52 weeks by the end of the 2023/24 financial year. At this point the organisation remains on trajectory to achieve this aim. The progress however on the numbers of patients waiting longer than they should for follow up appointments has not made the progress required.

The planned care programme as part of the overall refresh has re-set both ambitions for the next three years as well as improvement actions for standards, productivity and efficiency. This paper will cover the current performance as well as the aims the programme has with associated timelines.

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

Through the 2023/24 financial year the focus has been on the delivery of the revised ministerial ambitions of reaching 97% of patients treated in 104 weeks or less by December and 99% by March. The ambition for the organisation is to deliver less than 9000 patients waiting longer than 52 weeks by March 2024. The progress against this can be demonstrated below:

Outpatient stage >52w	2022/Apr	2022/May	2022/Jun	2022/Jul	2022/Aug	2022/Sep	2022/Oct	2022/Nov	2022/Dec	2023/Jan	2023/Feb	2023/Mar	2023/Apr	2023/May	2023/June	2023/Jul	2023/Aug	2023/Sep	2023/Oct	2023/Nov	Trend
Children & Women	3	2	7	7	4	6	8	13	1	1	27	7	52	64	17	38	83	45	84	99	
Dental Services	1316	1116	1062	1164	1030	1028	809	607	283	268	170	15	10	23	42	54	67	19	27	75	
Medicine Services	1203	1235	1169	1218	1026	766	563	496	439	421	409	386	434	452	474	389	219	115	99	128	
Specialist Services	973	1037	1115	1147	1151	1199	1704	1747	1696	1616	1613	1446	1481	1591	1527	1593	1597	1586	1568	1589	
Surgical Services	12093	12420	12919	13012	12968	12292	11613	10448	9356	8645	8488	8248	8502	8649	8729	9061	9264	9368	9266	9670	
Surgery	13409	13536	13981	14176	13998	13320	12422	11055	9639	8913	8658	8263	8512	8672	8771	9115	9331	9387	9293	9745	
All Specialties	15588	15810	16272	16548	16179	15291	14697	13311	11775	10951	10707	10102	10479	10779	10789	11135	11230	11133	11044	11561	



Specialties remain on trajectory to meet the less than 9000 ambition by March 2024, however this will be dependant on factors such as junior doctors' industrial action

There has been work undertaken to review the patients within the follow up cycle. Within Cardiff and Vale there are 61844 patients that have had their follow up delayed, of which 35021 are more than 100% delayed beyond their target date set. Whilst this volume is significant there has been some improvement through validation over the last 2 months as demonstrated below:

	23/10/2023	30/10/2023	06/11/2023	13/11/2023	20/11/2023	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024
Delayed Outpatient Follow-ups (snapshot)	68115	68386	68265	67984	67593	67068	66636	57718	60628	60940	61132	61844
100% delayed Outpatient Follow-ups (snapshot)	44233	44253	44132	44066	43778	43605	42904	34654	35195	34911	34737	35021

The focus of the clinical boards has been on managing the higher risk pathways, for example ophthalmology, in the first instance. Through the Outpatient delivery group there is a renewed focus on completing the validation of all patients more than 100% delayed in their follow up. The Clinical Boards have made commitments to either validate or see the patients on pathways by quarter 2 2024. This is in line with the revised Outpatient ambitions being set through the planned care board. All Clinical Boards outside of Surgery will complete this before the end of quarter 1, and due to the volumes in Surgery this will be completed in Quarter 2.

The following represent the draft revised ambitions that will be reviewed for sign off in the January Planned care Board:

Standard	23/24	24/25	26/27
New Outpatient Waits	Aim for no more than 7 specialties over 52 weeks and a total of (<9000)	Maximum outpatient wait of 9 months	Maximum outpatient wait of 6 months
FU over due	Continuous improvement with aim to clear 100% delayed by Q2 24/25	Clear 100% Delay by Q2, clear 50% delayed by EOFY	No delays in FUNB
DNA rates	10% NOP and FU	5% NOP and FU	Maintain
PIFU/SOS rates	Increase to 10% across specialties	Achieve minimum 20% PIFU and SOS rates	Maintain

The ambitions have been set to balance the need for improving standards for new and follow up patients as well as efficiency and productivity measures to create the capacity required to create the additional capacity required.

Following the pandemic DNA rates have remained high. There are multiple factors affecting this, however a prime factor is the fact that the health Boards booking system has not been in place post pandemic. The Current performance against DNA rates is shown below, against an internal standard of 5%

Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Outpatients	% DNAs -	5%	12.10%	12.10%	13.50%	12.50%	11.20%	11.10%	9.90%	10.20%	11.20%	10.90%	10.70%
	% DNAs -	5%	13.50%	12.70%	13.40%	13.00%	13.00%	12.70%	12.10%	12.20%	12.30%	12.10%	12.30%

The booking system is in the process of going live. The ambition is by the end of the financial year all specialties that are centrally managed live on the booking system with a minimum of 50% of their patients managed through the booking system. Currently there are 8 specialties that have gone live, and patients booked through the system are consistently under 5% DNA rates. The remainder of Quarter 4 will focus on the remaining specialties and the uptake of patients booked in this way.

Patient initiated follow up (PIFU) and see on symptoms are seen as two mechanisms to effectively manage patients whilst creating additional available capacity. Patient initiated follow up is for the management of patients on chronic pathways where the patient has a non-time limited ability to re-engage with the service. See on Symptoms is a time limited mechanism for patients on other pathways to re-engage with services. The current percentage of patients in SOS or PIFU are 2.9% and 0.5% respectively.

The agreed programme approach to improvements for SOS and PIFU is to have a clinically led specialty improvement programme. The Outpatients delivery group will identify a rolling programme of 5 specialties that will go through the supported improvement programme. The first five specialties identified are:

1. Cardiology
2. General Surgery
3. Urology
4. Dermatology
5. Rheumatology

The specialty improvement programme will focus on the changes required to the operation of the clinics to improve productivity and efficiency measures inclusive of SOS and PIFU. It is anticipated that each rolling programme will be 3 months in length however this will be reviewed after the first round linked to improvement objectives.

It is recognised that there is further improvement required within outpatients in order to have a sustainable planned care programme for the organisation. The approach of specialty improvements in addition to the systems such as booking will provide a programme of work focused on sustainable improvement. The success of this approach will be improvements to waiting times standards, but importantly the creation of sustainable capacity from productivity and efficiency improvements.

### Recommendation:

The Finance and Performance Committee is asked to **NOTE:**

1. The current performance, productivity and efficiency for outpatients
2. The approach to improvement for DNA rates and specialty improvement programme
3. The improvement ambitions over the next 2 financial years.

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

*Please tick as relevant*

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

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

*Please tick as relevant*

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
<b>Approval/Scrutiny Route:</b>	
<b>Committee/Group/Exec</b>	<b>Date:</b>

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Report Title:	<b>2023-24 Month 8 Monthly Financial Monitoring Return</b>			Agenda Item no.	4.1
Meeting:	<b>Finance Committee</b>	Public	X	Meeting Date:	<b>17.01.2024</b>
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive:	<b>Executive Director of Finance</b>				
Report Author (Title):	<b>Deputy Director of Finance</b>				
<b>Main Report</b>					
Background and current situation:					
<b>SITUATION</b>					
<p>WHC (2023) 012 - Welsh Government 2023/24 LHB, SHA &amp; 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 November 2023/24 MMR is attached.</p>					
<b>Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:</b>					
The extract from the UHBs Monthly Financial Monitoring Return is provided for information and assurance.					
<b>Recommendation:</b>					
The Board / Committee are requested to:					
<b>NOTE</b> the extract from the UHBs Monthly Financial Monitoring Return.					
<b>Link to Strategic Objectives of Shaping our Future Wellbeing:</b>					
<i>Please tick as relevant</i>					
1. Reduce health inequalities			6. Have a planned care system where demand and capacity are in balance		
2. Deliver outcomes that matter to people			7. Be a great place to work and learn		
3. All take responsibility for improving our health and wellbeing			8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology		
4. Offer services that deliver the population health our citizens are entitled to expect			9. Reduce harm, waste and variation sustainably making best use of the resources available to us		x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives		
<b>Five Ways of Working (Sustainable Development Principles) considered</b>					
<i>Please tick as relevant</i>					
Prevention	Long term	x	Integration	Collaboration	Involvement
<b>Impact Assessment:</b>					

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: 13<sup>th</sup> December 2023

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## THE WELSH GOVERNMENT FINANCIAL COMMENTARY

### FINANCIAL POSITION FOR THE EIGHT MONTH PERIOD ENDED 30<sup>th</sup> NOVEMBER 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 8, the UHB is reporting an overspend of £17.393m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £10.973m (eight twelfths of the revised forecast year end deficit of £16.460m).**

## BACKGROUND

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**

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

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 8**

	<b>Revised forecast £m</b>
Planned Deficit @ month 6	88.400
<b>Less:</b>	
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)
<b>Revised Forecast Deficit £m</b>	<b>16.460</b>

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 30<sup>th</sup> November 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 8 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 8 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 were amended in October and will be reviewed on a monthly basis.

The UHBs operational position did not improve as expected in November and the risks reported in Table A2 reflect this and remain as reported at month 7.

### 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 £17.393m 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 30<sup>th</sup> November 2023**

	Month 8 Position £m	Forecast Year-End Position £m
Planned deficit	10.973	16.460
Savings Programme	2.295	0.000
Operational position (Surplus) / Deficit	4.124	0.000
<b>Financial Position £m (Surplus) / Deficit £m</b>	<b>17.393</b>	<b>16.460</b>

The month 8 deficit of £17.933m comprised of the following:

- £10.973m planned deficit
- £2.295m savings gap
- £4.124m adverse variance against plan.

### Pressure on Achievement of Savings

The unachieved CRP gap at month 8 is expected to be recovered and 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 8 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
<b>Actions to Deliver Planned Deficit £88.4m</b>		<b>16,020</b>

## Pressure on Operational 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 operational deficit reported by the Medicine Clinical Board is of particular concern. A significant deterioration has been reported over the last 2 months and a continuation of the current level of overspend would significantly impair the UHBs ability to meet its forecast year end outturn position. As a consequence, further support is being focussed on the Medicine Clinical Board with an emphasis on actions which will enable the service to reduce its expenditure run rate and work within delegated budgets.

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 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 £0.959m in month primarily due to nursing and medical pressures. £0.382m and £0.416m of the costs recorded in November related to registered nursing and midwifery and medical and dental respectively. **Average reported costs in October and November are £0.696m 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)

Table B3 reports 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 8 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	5.628	8.800	8.800	0.000
PPE	1.464	2.500	2.500	0.000
Long Covid	0.763	1.144	1.144	0.000
Nosocomial	0.347	0.520	0.520	0.000
Anti-Viral	0.067	0.100	0.100	0.000
<b>Sub Total WG Funded Covid Expenditure £m</b>	<b>8.268</b>	<b>13.064</b>	<b>13.064</b>	<b>0.000</b>
Included in Financial Plan - COVID Local Response	20.800	31.200	34.200	(3.000)
<b>Total COVID Expenditure £m</b>	<b>29.068</b>	<b>44.264</b>	<b>47.264</b>	<b>(3.000)</b>

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 8, the UHB had identified £34.462m 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 £2.462m being realised to offset the operational deficit.

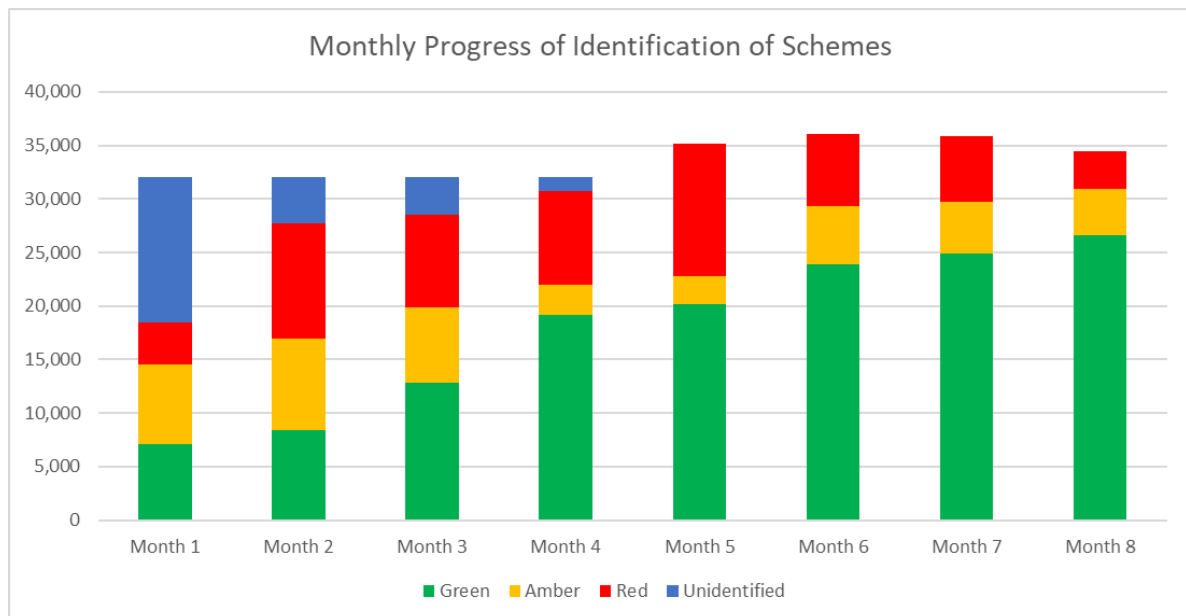
Overall performance in the identification of initial planned savings schemes is outlined in table 5 below:

**Table 5: Savings Schemes**

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	32.000	34.462	2.462

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.

Overall trade and other debtors decreased by £30m in month largely due to the movement in Welsh risk pool claims (a significant reduction in the claims provision value in month).

The carrying value of trade creditors decreased by £16m in month largely due to the timing of WHSCC claims.

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

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 November was £6.632m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support.

The UHB relayed an accountable officer's letter, on the 22<sup>nd</sup> November 2023, 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 £113m.

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 in the UHB 2023-24 Financial Plan. 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. Chairs action was taken in lieu of Board approval and a formal request was relayed to Welsh Government.
- £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. This includes circa £7m of capital payments relating to 2022/23 where the cash was paid to suppliers in 2023/24 and an estimated £11.750m of working cash to cover savings and going further plans which will not result in a release of cash in year. 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 E, (circa 82m 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. Welsh Government is in the process of testing its pay increase modelling assumptions with a view to confirming outstanding pay allocations.

## CAPITAL SCHEMES (TABLES I, J & K)

Of the UHB's approved Capital Resource Limit, 13% has been expended to date. A VAT recovery receipt has been reflected within month 8, this has resulted in negative year to date spend for some schemes.

Two capital schemes are currently classified as medium risk:

- Genomics - forecasting a potential £0.847m 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.

Efab fire, UHL infrastructure, Endoscopy, Genomics, ED waiting area improvements and Park View are all slightly behind plan year to date, however these are still expected to deliver in 23/24.

All other schemes are in line forecast.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 6<sup>th</sup> December 2023 - £35.959m.

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

At the 30<sup>th</sup> November 2023 there were no invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks.

## **PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)**

The UHB achieved its Public Sector Payment Performance target with 97.3% 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 13<sup>th</sup> December 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 20<sup>th</sup> October 2023.

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

At month 8, the UHB is reporting an overspend of £17.393m. This is comprised of £2.295m unidentified savings, £4.124m of operational overspend and the revised forecast deficit of £10.973m (eight twelfths of the revised forecast deficit of £16.460m)

The Health Board is committed to delivering the best possible financial position in 2023/24 and will take all reasonable steps to deliver the control total of £16.46m. Additional savings required when combined with the current operational pressures and pending industrial action are putting the delivery of this at risk. Further mitigations are being explored by the teams to endeavor to deliver the control total.

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**

13<sup>th</sup> December 2023



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

13<sup>th</sup> December 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 <b>Opening IMTP / Annual Operating Plan</b>	<b>-88,400</b>	<b>4,222</b>	<b>-92,622</b>	<b>-88,400</b>
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	-992	-150	-842	-332
20 Additional In Year Identified Savings - Forecast	21,380	13,401	7,979	11,024
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 - In Year Pressures	-4,881	-4,881		9,848
28 Roundings	3,572	3,572		
29 Additional Actions £16.020m - Red Schemes in development	3,572	3,572		
30	0	0		
31 10% Improvement required - actions still required	3,461	3,461		
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 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>-16,460</b>	<b>40,956</b>	<b>-57,416</b>	<b>-43,000</b>
41 <b>Covid-19 - Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>			
42 <b>Operational - Forecast Outturn (- Deficit / + Surplus)</b>	<b>-16,460</b>			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-26,867	-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	-63,015	-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	-8,635	-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	8,203	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	8,635	13,465
6	177	177	177	177	177	177	177	177	177	177	177	177	1,412	2,118
7	1,925	254	-61	97	-74	-6	-383	-358	-341	-341	-356	-355	1,394	0
8	665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	8,452	14,042
9	77	13	43	43	43	43	43	43	26	26	26	26	348	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	11,140	17,505
14	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-7,367</b>	<b>-58,933</b>	<b>-88,400</b>
15	0	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-11,140	-17,505
16													0	0
17													0	0
18	0	-3	7	13	13	63	13	13	28	28	13	13	120	203
19	0	0	-383	-232	314	-48	-7	-293	-89	-89	-83	-81	-649	-992
20	0	219	188	355	574	1,016	4,717	3,227	1,537	2,256	2,363	4,929	10,296	21,380
21													0	0
22	0	-231	23	23	-83	-59	-16	-49	-16	6	17	-15	-392	-400
23													0	0
24	0	231	-23	-23	83	59	16	49	16	-6	-17	15	392	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	47	29
27	-1,446	298	576	229	-413	-541	2,711	-1,307	-16	-737	-833	-3,402	107	-4,881
28									893	893	893	893	0	3,572
29									893	893	893	893	0	3,572
30													0	0
31								692	692	692	692	692	692	3,461
32								1,692	1,692	1,692	1,692	1,692	13,533	20,300
33								14,642	2,092	2,092	2,092	2,092	16,733	25,100
34								5,892	842	842	842	842	6,733	10,100
35								4,433	633	633	633	633	5,067	7,600
36													0	0
37													0	0
38													0	0
39													0	0
40	<b>-8,896</b>	<b>-8,287</b>	<b>-8,574</b>	<b>-8,597</b>	<b>-8,474</b>	<b>-8,473</b>	<b>35,279</b>	<b>-1,372</b>	<b>233</b>	<b>233</b>	<b>233</b>	<b>233</b>	<b>-17,393</b>	<b>-16,460</b>
41	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
42	<b>-8,896</b>	<b>-8,287</b>	<b>-8,574</b>	<b>-8,597</b>	<b>-8,474</b>	<b>-8,473</b>	<b>35,279</b>	<b>-1,372</b>	<b>233</b>	<b>233</b>	<b>233</b>	<b>233</b>	<b>-17,393</b>	<b>-16,460</b>

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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	67	100		100	0				
2		Actual/F'cast	8	27	30	53	68	86	103	124	124	124	129	134	501	1,013	49.44%	1,013	0	105	908	1,288
3		Variance	0	19	22	45	60	78	95	116	116	116	121	126	434	913	651.18%	913	0			
4	Commissioned Services	Budget/Plan	7	7	19	19	19	19	19	19	19	19	19	128	204		204	0				
5		Actual/F'cast	7	7	19	19	19	19	19	19	103	103	103	128	456	28.02%	204	252	125	331	1,249	
6		Variance	0	0	0	0	0	0	0	0	84	84	84	84	0	252	0.00%	0	252			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	185	93	226	167	168	245	206	207	207	222	222	1,498	2,355		2,355	0				
8		Actual/F'cast	185	104	217	215	346	393	362	487	554	855	870	1,024	2,309	5,611	41.15%	5,495	116	870	4,741	6,138
9		Variance	0	11	(9)	48	178	148	156	280	347	648	648	802	811	3,256	54.11%	3,140	116			
10	Non Pay	Budget/Plan	214	226	383	283	428	283	268	268	268	268	268	2,354	3,425		3,425	0				
11		Actual/F'cast	214	257	344	344	589	354	3,431	768	510	505	606	2,913	6,302	10,836	58.16%	8,610	2,226	7,447	3,388	4,006
12		Variance	0	30	(39)	61	160	71	3,164	501	242	237	338	2,646	3,947	7,410	167.66%	5,184	2,226			
13	Pay	Budget/Plan	251	474	457	457	482	482	913	888	888	888	887	4,405	7,957		7,957	0				
14		Actual/F'cast	251	633	287	425	970	1,150	2,206	2,923	1,629	1,969	1,974	2,074	8,844	16,490	53.64%	15,836	654	8,802	7,688	8,798
15		Variance	0	159	(170)	(32)	487	668	1,293	2,035	740	1,080	1,085	1,187	4,440	8,533	100.79%	7,879	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	15	25	60.00%	25	0	0	25	25
18		Variance	0	0	3	3	3	3	3	3	3	3	3	3	15	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	8,452	14,042		14,042	0			
20		Actual/F'cast	665	1,027	899	1,059	1,994	2,006	6,125	4,324	2,838	3,558	3,685	6,252	18,098	34,430	52.57%	31,183	3,248	17,349	17,081	21,505
21		Variance	0	219	(195)	124	888	967	4,710	2,934	1,447	2,168	2,279	4,848	9,647	20,388	114.14%	17,141	3,248			
22	Variance in month	0.00%	27.05%	(17.79%)	13.22%	80.34%	93.16%	332.81%	211.01%	104.11%	155.91%	162.19%	345.29%	114.14%								
23	In month achievement against FY forecast	1.93%	2.98%	2.61%	3.08%	5.79%	5.83%	17.79%	12.56%	8.24%	10.33%	10.70%	18.16%									

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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	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000		
1	Changes in Staffing Establishment	Budget/Plan	245	92	195	195	195	195	626	626	626	626	626	626	625	2,370	4,873		4,873	0			
		Actual/F'cast	245	237	181	196	280	284	656	493	706	706	706	706	705	2,573	5,396	47.68%	5,396	0	760	4,636	4,886
		Variance	0	145	(14)	1	85	89	30	(133)	80	80	80	80	80	203	522	8.57%	522	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	57	89	89	89	89	89	251	607	41.40%	607	0	607	0	0
		Variance	0	0	0	9	6	130	49	57	89	89	89	89	89	251	607		607	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	53	25	25	25	25	25	180	280	64.43%	280	0	85	195	200
		Variance	0	0	8	21	16	21	(13)	53	25	25	25	25	25	105	205	140.57%	205	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	1,798	2,746		2,746	0				
		Actual/F'cast	0	376	66	165	595	492	1,412	690	649	663	669	672	3,796	6,448	58.87%	6,448	0	3,644	2,804	3,261	
		Variance	0	0	(171)	(72)	358	255	1,175	453	412	426	432	435	1,998	3,702	111.11%	3,702	0				
13	Changes in Bank Staff	Budget/Plan	0	0	19	19	19	19	19	19	19	19	19	19	114	190		190	0				
		Actual/F'cast	0	0	19	19	19	19	19	19	19	19	19	19	114	190	60.00%	190	0	0	190	190	
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
16	Other (Please Specify)	Budget/Plan	6	6	6	6	6	6	6	6	6	6	6	6	48	72		72	0				
		Actual/F'cast	6	20	12	16	29	179	58	1,610	141	466	466	565	1,930	3,569	54.08%	2,915	654	3,705	(136)	262	
		Variance	0	14	6	10	22	173	52	1,604	135	460	460	559	1,882	3,496	3906.94%	2,842	654				
19	Total	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	4,405	7,957		7,957	0				
		Actual/F'cast	251	633	287	425	970	1,150	2,206	2,923	1,629	1,969	1,974	2,074	8,844	16,490	53.64%	15,836	654	8,802	7,688	8,798	
		Variance	0	159	(170)	(32)	487	668	1,293	2,035	740	1,080	1,085	1,187	4,440	8,533	100.79%	7,879	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	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	1,798	2,746		2,746	0			
		Actual/F'cast	0	376	66	165	595	492	1,379	660	618	633	638	641	3,732	6,262	59.60%	6,262	0	3,458	2,804	3,261
		Variance	0	0	(171)	(72)	358	255	1,142	423	381	396	401	404	1,934	3,516	107.57%	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			
		Actual/F'cast	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
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			
		Actual/F'cast	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
10	Other (Please Specify)	Budget/Plan	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	64	186	34.26%	186	0	186	0	0
		Variance	0	0	0	0	0	0	33	31	31	31	31	31	64	186		186	0			
13	Total	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	1,798	2,746		2,746	0			
		Actual/F'cast	0	376	66	165	595	492	1,412	690	649	663	669	672	3,796	6,448	58.87%	6,448	0	3,644	2,804	3,261
		Variance	0	0	(171)	(72)	358	255	1,175	453	412	426	432	435	1,998	3,702	111.11%	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	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	4,405	7,957
2	Pay	251	633	287	425	970	1,150	2,206	2,923	1,629	1,969	1,974	2,074	8,844	16,490
3	Variance	0	159	(170)	(32)	487	668	1,293	2,035	740	1,080	1,085	1,187	4,440	8,533
4	Budget/Plan	214	226	396	296	441	296	280	280	280	280	280	280	2,430	3,551
5	Non Pay	214	257	356	357	601	367	3,444	781	522	601	703	3,010	6,377	11,213
6	Variance	0	30	(39)	61	160	71	3,164	501	242	321	422	2,730	3,947	7,662
7	Budget/Plan	39	40	40	62	63	63	93	93	93	93	108	108	492	894
8	Primary Care Drugs	39	40	78	92	240	219	262	336	374	336	351	505	1,306	2,874
9	Variance	0	0	38	30	177	156	169	243	281	243	243	397	814	1,980
7	Budget/Plan	146	53	185	105	105	182	114	114	114	114	114	114	1,006	1,461
8	Secondary Care Drugs	146	64	138	123	106	174	100	150	179	518	518	518	1,002	2,737
9	Variance	0	11	(47)	17	1	(8)	(13)	36	65	405	405	405	(4)	1,276
10	Budget/Plan	8	8	8	8	8	8	8	8	8	8	8	8	67	100
11	CHC/FNC	8	27	30	53	68	86	103	124	124	124	129	134	501	1,013
12	Variance	0	19	22	45	60	78	95	116	116	116	121	126	434	913
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Primary Care Contractor	0	0	3	3	3	3	3	3	3	3	3	3	15	25
15	Variance	0	0	3	3	3	3	3	3	3	3	3	3	15	25
16	Healthcare Services	7	7	7	7	7	7	7	7	7	7	7	7	53	79
17	Provided by Other NHS	7	7	7	7	7	7	7	7	7	7	7	7	53	79
18	Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Non Healthcare Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Provided by Other NHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Joint Financing & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Budget/Plan	665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	8,452	14,042
29	Total	665	1,027	899	1,059	1,994	2,006	6,125	4,324	2,838	3,558	3,685	6,252	18,098	34,430
30	Variance	0	219	(195)	124	888	967	4,710	2,934	1,447	2,168	2,279	4,848	9,647	20,389

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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	8,452	14,042	4,098	9,944	870	10,813
	Month 1 - Actual/Forecast	665		808	711	704	1,420	990	1,408	1,097	1,301	1,302	1,322	1,322	7,803	13,050	3,948	9,102	1,379	10,481
	Variance	0		0	(393)	(232)	314	(49)	(7)	(293)	(89)	(89)	(83)	(81)	(649)	(992)	(150)	(842)	510	(332)
	In Year - Plan	0		219	288	494	592	1,058	4,660	3,376	1,653	2,311	2,416	4,884	10,666	21,930	14,708	7,222	2,677	9,899
	In Year - Actual/Forecast	0		219	188	355	574	1,016	4,717	3,227	1,537	2,256	2,363	4,929	10,296	21,380	13,401	7,978	3,044	11,024
	Variance	0		0	(79)	(139)	(18)	(43)	57	(149)	(116)	(55)	(53)	45	(371)	(549)	(1,307)	758	367	1,125
	Total Plan	665		1,027	1,361	1,429	1,698	2,097	6,075	4,766	3,043	3,701	3,821	6,288	19,118	35,972	18,806	17,165	3,547	20,712
Total Actual/Forecast	665		1,027	899	1,059	1,994	2,006	6,125	4,324	2,838	3,558	3,685	6,252	18,098	34,430	17,349	17,081	4,424	21,505	
Total Variance	0		0	(462)	(370)	296	(91)	50	(442)	(205)	(143)	(137)	(36)	(1,020)	(1,541)	(1,457)	(84)	877	793	
Net Income Generation	Month 1 - Plan	77		13	43	43	43	43	43	26	43	26	454	348	454	124	330	27	357	
	Month 1 - Actual/Forecast	77		(6)	34	40	38	38	38	36	36	21	21	296	412	154	258	99	357	
	Variance	0		(19)	(9)	(4)	(5)	(5)	(5)	10	10	(5)	(5)	(52)	(42)	30	(72)	72	0	
	In Year - Plan	0		16	16	16	18	68	18	18	18	18	18	172	245	0	245	45	290	
	In Year - Actual/Forecast	0		16	16	16	18	68	18	18	18	18	18	172	245	0	245	45	290	
	Variance	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	520	699	124	575	72	647	
Total Actual/Forecast	77		10	50	56	106	56	55	55	40	40	40	468	657	154	503	144	647		
Total Variance	0		(19)	(9)	(4)	(5)	(5)	(5)	(5)	10	10	(5)	(5)	(52)	(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	
	In Year - Actual/Forecast	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	
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	8,800	14,495	4,222	10,273	897	11,170
	Month 1 - Actual/Forecast	742		803	744	743	1,458	1,028	1,446	1,135	1,337	1,338	1,343	1,344	8,099	13,462	4,102	9,360	1,478	10,838
	Variance	0		(19)	(392)	(235)	309	(53)	(12)	(298)	(79)	(79)	(88)	(86)	(701)	(1,034)	(120)	(914)	582	(332)
	In Year - Plan	0		234	284	510	611	1,127	4,678	3,394	1,671	2,329	2,434	4,902	10,838	22,175	14,708	7,467	2,722	10,189
	In Year - Actual/Forecast	0		234	205	372	592	1,084	4,735	3,245	1,555	2,275	2,381	4,947	10,467	21,625	13,401	8,224	3,089	11,314
	Variance	0		0	(79)	(139)	(18)	(43)	57	(149)	(116)	(55)	(53)	45	(371)	(549)	(1,307)	758	367	1,125
	Total Plan	742		1,055	1,421	1,489	1,759	2,208	6,136	4,827	3,088	3,746	3,866	6,333	19,638	36,670	18,930	17,740	3,619	21,359
Total Actual/Forecast	742		1,037	949	1,115	2,051	2,112	6,181	4,380	2,892	3,613	3,724	6,291	18,566	35,087	17,503	17,584	4,568	22,152	
Total Variance	0		(19)	(472)	(374)	291	(96)	45	(447)	(195)	(133)	(142)	(42)	(1,071)	(1,583)	(1,427)	(196)	949	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	585	986	5	1,576	115	0
Unscheduled Care	2,086	0	0	2,086	0	0
Primary and Community Care (Excl Prescribing)	293	503	0	796	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	1,061	0	1,416	194	0
Commissioning	0	1,001	0	1,001	30	0
Across Service Areas	12,824	8,223	276	21,323	164	0
CHC	0	988	0	988	0	0
Prescribing	0	2,864	0	2,864	0	0
Medicines Management (Secondary Care)	0	1,292	0	1,292	10	0
<b>Total</b>	<b>16,490</b>	<b>17,660</b>	<b>281</b>	<b>34,430</b>	<b>657</b>	<b>0</b>

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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	
<b>RECEIPTS</b>														
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	119,025	91,980	90,952	87,235	1,287,289
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	530	1,180	1,180	13,585
3	WG Revenue Funding - Other (e.g. invoices)	1,788	1,320	1,310	1,354	2,951	2,006	1,489	1,381	2,848	1,284	2,784	2,784	23,299
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	2,500	0	943	(518)	1,985	1,995	965	1,470	2,505	3,980	15,415	41,240
5	Income from other Welsh NHS Organisations	40,222	35,616	39,767	40,658	45,593	37,762	36,735	46,972	36,658	33,874	45,535	44,257	483,648
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	13,294	6,155	13,168	8,793	11,512	110,975
11	<b>TOTAL RECEIPTS</b>	<b>188,219</b>	<b>152,659</b>	<b>189,642</b>	<b>164,594</b>	<b>158,792</b>	<b>160,126</b>	<b>152,778</b>	<b>166,567</b>	<b>167,710</b>	<b>143,341</b>	<b>153,224</b>	<b>162,383</b>	<b>1,960,036</b>
<b>PAYMENTS</b>														
12	Primary Care Services : General Medical Services	6,777	6,107	7,281	5,773	5,947	6,024	6,261	6,300	6,733	6,189	6,189	6,824	76,405
13	Primary Care Services : Pharmacy Services	280	177	134	115	106	134	122	117	379	600	300	300	2,765
14	Primary Care Services : Prescribed Drugs & Appliances	18,097	0	18,283	0	9,279	17,876	0	9,284	18,932	0	9,245	9,245	110,241
15	Primary Care Services : General Dental Services	2,061	2,268	2,301	2,397	2,459	2,228	2,234	2,152	2,122	2,250	2,250	2,250	26,971
16	Non Cash Limited Payments	1,870	1,850	1,928	1,998	1,976	1,962	1,953	1,959	2,189	1,965	1,965	1,965	23,581
17	Salaries and Wages	65,920	69,595	79,720	74,501	70,537	66,932	68,310	70,285	68,772	68,847	69,822	61,945	835,187
18	Non Pay Expenditure	86,046	71,140	75,762	78,261	62,587	67,236	72,217	74,621	68,548	58,980	59,472	77,557	852,428
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	287	2,090	4,510	3,980	22,761	49,000
22	Other items (Specify in narrative)	339	123	659	53	144	641	138	41	624	0	0	0	2,763
23	<b>TOTAL PAYMENTS</b>	<b>188,592</b>	<b>152,112</b>	<b>188,671</b>	<b>165,086</b>	<b>153,522</b>	<b>163,896</b>	<b>152,614</b>	<b>165,046</b>	<b>170,390</b>	<b>143,341</b>	<b>153,223</b>	<b>182,847</b>	<b>1,979,341</b>
24	Net cash inflow/outflow	(373)	547	971	(492)	5,270	(3,770)	164	1,521	(2,679)	(0)	1	(20,464)	
25	Balance b/f	2,846	2,473	3,019	3,990	3,498	8,768	4,998	5,162	6,683	4,004	4,004	4,005	
26	Balance c/f	2,473	3,019	3,990	3,498	8,768	4,998	5,162	6,683	4,004	4,004	4,005	(16,460)	

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