

Public Finance & Performance Committee

Wed 21 February 2024, 14:50 - 15:45

Microsoft Teams

Agenda

14:50 - 14:55 **1. Standing Items**

5 min

John Union

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes from the Finance and Performance Committee meeting – 17 January 2024

 1.4 Public F&P Minutes 17.01.24.pdf (7 pages)

1.5. Actions following the Finance and Performance Committee meeting held on 17 January 2024

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

1.6. Chair’s Actions since previous meeting

14:55 - 15:35 **2. Items for Review and Assurance**

40 min

2.1. Financial Report – Month 10

Robert Mahoney

15 minutes


 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 10.pdf (14 pages)

2.2. Operational Performance:


20 minutes


Paul Bostock

i. Deep Dive on Diagnostics

 2.2 Operational Performance Cover Report.pdf (5 pages)

 2.2b Diagnostics Deep Dive.pdf (10 pages)

 2.2c Diagnostics Deep Dive February 2024 Final Draft.pdf (9 pages)

 2.2a Integrated Performance Report - Finance and Performance Committee Feb 24.pdf (31 pages)

2.3. Progress with development of IMTP (verbal)

Abigail Harris

5 minutes

Saunders-Nathan
19/02/2024 10:25:02

15:35 - 15:35 3. Items for Approval / Ratification

0 min

No Items

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

5 min

4.1. Monthly Monitoring Return – Month 10

Catherine Phillips / Robert Mahoney

-  4.1b CV Financial Monitoring Returns 2023-24 - Month 10.pdf (13 pages)
 -  4.1c 2023-24 MMR Template - Cardiff Vale UHB Month 10.pdf (6 pages)
 -  4.1a WG month 10 MMR Covering Report.pdf (2 pages)
-

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. *Industrial Action Update (verbal)*
 - iii. *2024/25 Financial Planning Progress*
-

15:40 - 15:40 6. Any Other Business

0 min

John Union

15:40 - 15:40 7. Review and Final Closure

0 min

John Union

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 20 March 2024 via MS Teams

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
19/02/2024 10:25:02

**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting
Held on 17 January 2024
Via MS Teams**

Chair:		
John Union	JU	Independent Member – Finance
Present:		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
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 (joined at 3pm)
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – Information Communication & Technology
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director

Item No	Agenda Item	Action
FPC 24/01/011	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 24/01/012	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 24/01/013	Declarations of Interest No Declarations of Interest were noted.	
FPC 24/01/014	Minutes of the Finance and Performance Meeting held on 13 December 2023 The minutes of the meeting held on 13 December 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 13 December 2023, were held as a true and accurate record of the meeting.	
FPC 24/01/015	Actions following the Finance and Performance Committee meeting on 13 December 2023	

	<p>The Action log was received.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 24/01/016</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 24/01/017</p>	<p>Financial Report – Month 9</p> <p>The Financial Report – Month 9 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p><i>At month 9, the Health Board was reporting an overspend of £17.575m. This was 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).</i></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"> As at month 9, the shortfall on the savings plan was £2.181m and the operational overspend in delegated budgets was £3.049m. <p>It was noted that the total overspend at month 9 was £17.575m with an aim to get back to the target of £16.460m by year end.</p> <ul style="list-style-type: none"> The Financial Plan Approved by Board and submitted to Welsh Government outlined the planned 2023-24 deficit of £88.4m <p>It was noted that the changes in allocation from Welsh Government (WG) at the midpoint of the year gave the Health Board some additional funding and stretched it with an additional savings target of going further 10% which meant that WG had set an anticipated target of £16.460m at year end.</p> <ul style="list-style-type: none"> An analysis of the £17.575m overspend at Month 9, between Income, Pay and Non-Pay – The Committee were provided with a table that outlined the Summary Financial Position for the period ended 31st December 2023 where it was noted that delivery of the revised forecast deficit of £16.460m would require continuing focus and downward pressure on the Health Boards cost base, the achievement of the full £32m savings programme and restoration of operational financial balance. <p>The UHB Chair asked if the DDF could contextualise the total operational and savings programme deficits and the profile of the additional savings actions on the total variance and how the Health Board compared to other Health Boards across Wales.</p> <p>The DDF responded that a number of other Organisations across Wales increased their deficits during the year significantly and materially and that whilst they were online to deliver against the revised deficit forecast, those were outside what had previously been reported to WG.</p> <ul style="list-style-type: none"> Total Variance Forecast – The Committee received a graph which outlined the Total Variance Forecast and showed the total operational and savings programme deficits and the profile of the additional savings actions on the total variance. <p>It was noted that if schemes delivered in line with the profile after peaking at month 6 the reported deficit would continue on a trajectory to hit the £16.460m revised forecast deficit.</p> <p>The DDF advised the Committee that the graph received was a good representation of how various multiple programmes, both in terms of cost restrictions, enhanced run rate focus and the continued delivery of the savings programme that had been set out during the year had all contributed to get the trend back online.</p>	

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- Financial Performance of Clinical Boards – It was noted that the report summarised each of the clinical boards as well as some of the central commissioning budgets which demonstrated how the teams effectively slowed the increase in deficit down to the £17.575m.
- Summary of Month 9 COVID 19 Net Expenditure – It was noted that Local Response expenditure was no longer funded by WG and as such was included within the Health Boards Financial Plan.
- Risk Register - The Finance Department's Risk Register was received and 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 a current planned deficit of £16.46m.

The CC noted that winter pressures were not mentioned within the risk register and asked for further information.

The DDF responded that the plans had been worked up well in advance of the winter period and were communicated clearly and were being transacted at present.

The Chief Operating Officer (COO) added that from a financial perspective a provision had been made in the way that winter funding had been allocated and he reminded the Committee that the Health Board had sought permission to make the £1.5m a recurrent investment into the schemes for 2023/24 which had been done.

- Savings Programme – It was noted that at month 9, the health Board had identified £32.590m of green and amber schemes against the £32m savings target.

The DDF advised the Committee that the month 9 position included a Savings Programme variance of £2.181 due to the shortfall in delivery against some schemes.

He added that the progress of the agreed additional actions and focus on operational pressures was expected to cover the month 9 Savings Programme variance by year end, enabling the Health Board to deliver its revised planned deficit position of £16.640m.

- Going Further by 10% - It was noted that in addition to the Savings target included in the Health Boards initial plan, there was a requirement 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.

The DDF advised the Committee that the additional 10% Improvement required for the Health Board to meet the WG revised target control was planned to be realised through the review, management and scheduling of specific expenditure programmes and that £4.8m of green and amber opportunities had been identified to date, with an extra £1.7m opportunities being worked on.

- Cash Flow Forecast - The Committee was advised that the cash balance at the end of December 2023 was £6.623m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support from WG.
- The DDF noted that the Health Board had relayed an accountable officer's letter, on the 22nd November 2023, to formally request the strategic cash assistance in line with the revised forecast outturn and that in addition, the Health Board urgently required confirmation and action of outstanding cash allocations that had been included since the beginning of the year.

He added that there was a concern outlined via the risk table received which noted that the number of outstanding allocations yet to be received from WG could potentially impinge upon the ability to pay suppliers in February and March 2024 but noted that conversations were ongoing with WG.

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	<ul style="list-style-type: none"> Public Sector Payment Compliance – It was noted that the Health Boards public sector payment compliance performance was above the target of 95% and performance for the month to the end of December was 97.42% Capital – It was noted that out of the Health Boards Capital Resource Limit, 15% was expended at the end of December 2023. <p>It was noted that two capital schemes were currently classified as medium risk:</p> <ul style="list-style-type: none"> Genomics - forecasted a potential £0.847m overspend which was to be managed through the discretionary programme. Eye Care – discussions were ongoing with Digital Health and Care Wales (DCHW) in relation to the future of the asset and the ongoing service provision. <p>The DDF advised the Committee that WG had published its Draft Budget for 2024-25 on the 19th December 2023 and highlighted some of the key areas which included:</p> <ul style="list-style-type: none"> There was 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 came from reshaping Welsh Government spending plans, was on top of the additional £425m made available in October 2023 and represented an increase of more than 4% in 2024-25. <p>The DDF concluded that the key risk to identify to the Committee as previously stated was that the Financial Plan included a revised forecast deficit of £16.460m.</p> <p>The Finance and Performance Committee resolved that at Month 8:</p> <ol style="list-style-type: none"> 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. The reported year to date overspend of £17.575m and the forecast deficit of £16.460m was noted. The financial impact of forecast COVID 19 costs which was assessed at £44.064m was noted. The month 9 operational overspend against plan of £3.049m with a further £2.181m savings gap was noted. 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 was noted. The delivery of the forecast which was also predicated on the confirmation of all outstanding income streams was noted. The initial assessment of the Welsh Government Draft Budget 2024/25 and Health Boards Revenue Allocations 2024/25 was noted. 	
<p>FPC 24/01/018</p> <p>Saunders, Nathan 19/02/2024 10:25:02</p>	<p>Operational Performance</p> <p>The Operational Performance update was received.</p> <p>The COO advised the Committee that he would take the report as read but would highlight points where appropriate which included:</p> <ul style="list-style-type: none"> Urgent and Emergency Care – it was noted that December 2023 saw a reduction in the average ambulance handover time and that the Health Board continued to meet its commitment on reducing the number of lost hours. 	

<p style="transform: rotate(-90deg); transform-origin: left bottom;">Saunders, Nathan 19/02/2024 10:25:02</p>	<p>It was noted that the ongoing focus and work undertaken by the Emergency Unit (EU) and patient flow teams had led to a significant reduction in average handover time and 1-hour handovers, in the context of a very challenging national picture.</p> <p>The COO advised the Committee that considerable improvement had been made on patients waiting 12 hours in the EU and that whilst October 2023 saw periods of sustained pressure and an increase from September 2023 in the number of patients waiting 12 and 24 hours in the EU, the more recently picture had seen a significant reduction in the number of 12-hour breaches which was reflected in the November and December 2023 data.</p> <ul style="list-style-type: none"> Stroke Performance – it was noted that November 2023 saw further improvement in the Health Boards compliance against some key Sentinel Stroke National Audit Programme (SSNAP) measures and the percentage of patients directly admitted to the stroke unit within 4-hours had increased to 63% and remained significantly above the all Wales average. Hip/Fracture Performance – it was noted that performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) had shown some improvement and that rapid fracture pathway improvements had led to a significant reduction in the median time taken for patients to get to the ward. <p>It was noted that compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remained well above the NHFD average.</p> <ul style="list-style-type: none"> Cancer Update – The COO advised the Committee that performance in October 2023 had increased to 64.7% as the teams continued to work through the longest waiting patients. <p>He added that performance had dipped in November 2023 due to particular challenges with endoscopy which had impacted the upper and lower GI pathways but noted that performance was expected to improve to 62% by the next reporting period.</p> <p>It was noted that there would be a disruption to the cancer pathway due to the Industrial Action being taken by Junior Doctors and the impact of that disruption was being assessed.</p> <ul style="list-style-type: none"> Planned Care – it was noted that the Health Board had delivered the 104-week waiting standard at the end of December 2023. 3970 patients waiting over 2 years. <p>The COO noted that in terms of patients waiting over 3 years, 176 patients were waiting across 2 specialities (spinal and urology) and 22 patients were currently waiting over 4 years which were complex spinal patients.</p> <p>He added that the focus was to have those patients cleared by the end of March 2024.</p> <ul style="list-style-type: none"> Diagnostics – It was noted that the waiting list position for Diagnostics had deteriorated, with particular challenges in Radiology and Endoscopy. <p>It was noted that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would hopefully address radiological backlogs.</p> <p>The COO advised the Committee that a deep dive on diagnostics would be received at its February meeting.</p> <ul style="list-style-type: none"> Delayed pathways of care and acute ward length of stay – It was noted that the metrics were included in the productivity and efficiency section of the Integrated Performance Report 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. 	<p>PB</p>
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	<p>The COO advised the Committee that reducing the time patients spent in hospital was a current operational focus and was the subject of the most recent 'Ask Suzanne' CEO session.</p> <p>He added that the ongoing work focused on patients and family, clinicians, integrated discharge service, hub and flow teams and that it was anticipated that the work would 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.</p> <p>The COO concluded that the area of most concern for him in terms of operational performance was in the Mental Health position which remained incredibly pressured.</p> <p>He added that the demand for adult and children's Mental Health services remained significantly above pre-Covid levels, which included an increased presentation of patients with complex mental health and behavioural needs.</p> <p>It was noted that Part 2 compliance remained challenging and that an improvement trajectory was shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance.</p> <p>The CC asked if it was a similar position on Mental Health in other Health Boards.</p> <p>The COO responded that the whole of the UK was seeing a large demand on Mental Health services.</p> <p>The UHB Chair expressed his concern on the Mental Health situation and noted that the Health Boards ability to deal with the level of demand fluctuated.</p> <p>He asked if it was down to a lack of resource or capacity issues, demand or a combination of both.</p> <p>The COO responded that the biggest thing was the increase in demand and that work was required to understand what the capacity was to meet that demand.</p> <p>The UHB Chair asked if there was any opportunity to transform Mental Health services.</p> <p>The COO responded that a large review would be undertaken and that whilst a lot of focus was put on Hafan Y Coed, a lot of the issues were raised in the Community and so that was being looked at and would be reported to a Mental Health Summit taking place in September 2024.</p> <p>Deep Dive Outpatients:</p> <p>The COO reminded the Committee that a deep dive on Outpatients had been requested by the Committee and noted that the purpose of the paper received was to provide an update on the current performance in outpatient services and the approach to improvement.</p> <p>He added that it was clear that the progress of improvement in outpatient services in terms of productivity, efficiency and meeting standards for patients needed enhanced focus.</p> <p>It was noted that 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 and the COO advised the Committee that organisation remained on trajectory to achieve that aim.</p> <p>The COO added that the progress on the numbers of patients waiting longer than they should for follow up appointments had not made the progress required and noted that the planned care programme as part of the overall refresh had reset both ambitions for the next three years as well as improvement actions for standards, productivity and efficiency.</p> <p>This paper will cover the current performance as well as the aims the programme has with associated timelines.</p>	
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	<p>It was noted that through the 2023/24 financial year the focus had 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 2024.</p> <p>The COO advised the Committee that the specialties remained on trajectory to meet the less than 9000 ambition by March 2024, however it would be dependent on factors such as junior doctors' industrial action.</p> <p>He added that work had been undertaken to review the patients within the follow up cycle and noted that within Cardiff and Vale there were 61844 patients that had their follow up delayed, of which 35021 were more than 100% delayed beyond their target date set.</p> <p>The Committee was advised that whilst the volume outlined was significant there had been some improvement through validation over the last 2 months as demonstrated within the data presented.</p> <p>The COO noted that he was not expecting the Health Board to reduce capacity over the next 12 to 18 months, but it was expected to be able to reduce the waiting times.</p> <p>The CC asked for the deep dive on outpatients to be received by the Committee quarterly to assess progress.</p> <p>The Executive Director of Strategic Planning (EDSP) advised the Committee that it was recognised that there was further improvement required within outpatients in order to have a sustainable planned care programme for the organisation.</p> <p>She added that a programme of work focused on sustainable improvement was underway and the success of that approach would be improvements to waiting times standards, but importantly the creation of sustainable capacity from productivity and efficiency improvements.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The current performance, productivity and efficiency for outpatients was noted b) The approach to improvement for DNA rates and specialty improvement programme was noted. c) The improvement ambitions over the next 2 financial years were noted. 	PB
FPC 24/01/019	<p>Monthly Monitoring Returns – Month 8 & 9</p> <p>The month 8 and month 9 monitoring returns were received.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The month 8 and month 9 monitoring returns were noted. 	
FPC 24/01/020	<p>Any Other Business</p> <p>The UHB Chair expressed his congratulations to Executive colleagues and their teams for all of the hard work which helped to continue great quality of care towards patients.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 21 February 2023 via Teams</p>	

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Public Action Log

Following Finance and Performance Committee Meeting
17 January 2024
(For the Meeting 21 February 2024)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FPC 23/11/016	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	COMPLETED Update received 17.01.2024 Agenda item 2.1
FPC 23/11/018	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	COMPLETED Update provided on 17.01.2024 Agenda item 2.2
FPC 24/01/018	Operational Performance	A Deep Dive on Diagnostics to be received by the Committee at its next meeting.	Paul Bostock	21.02.2024	COMPLETED On Forward Plan for February meeting. Agenda item 2.2
Actions referred to Board/Committees					
FPC 23/11/016 <small>10:25:02 Nathan</small>	Financial Report	Clinical Board financial issues and lessons learnt to be provided to the Public Board during Financial	Catherine Phillips / Paul Bostock	25.01.2024	COMPLETED Update received by the Public Board on 25.01.2024

		Update of the <i>Integrated Performance Report</i>			
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Saunders Nathan
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Report Title:	Finance Report for the Period Ended 31 st January 2024			Agenda Item no.	2.1
Meeting:	Finance Committee	Public	x	Meeting Date:	21 st February 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				
Main Report					
Background and current situation:					

Summary

At month 10, the UHB is reporting an overspend of £17.394m. This is comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (10 twelfths of the revised forecast year end deficit of £16.460m).

Table 1: Month 10 Financial Position 2023/24

	Month 10		Forecast Year-End Position
	Position	£m	£m
Planned deficit		13.717	16.460
Savings Programme		1.071	0.000
Operational position (Surplus) / Deficit		2.606	0.000
Financial Position £m (Surplus) / Deficit £m		17.394	16.460

Financial Plan Approved by Board and submitted to Welsh Government

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

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

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

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

This results in a revised Financial Forecast Deficit of £16.460m 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 10 Position

The UHB is reporting a month 10 overspend of £17.394m, £13.717m of this being ten months of the revised forecast deficit of £16.460m. In addition to this there is a £1.071m deficit on the UHB’s original Savings Programme, being the shortfall in delivery against the month 10 profile and a £2.606m operational deficit in delegated and central positions.

Summary Financial Table

The following table analyses the £17.394m overspend at Month 10, between Income, Pay and Non-Pay.

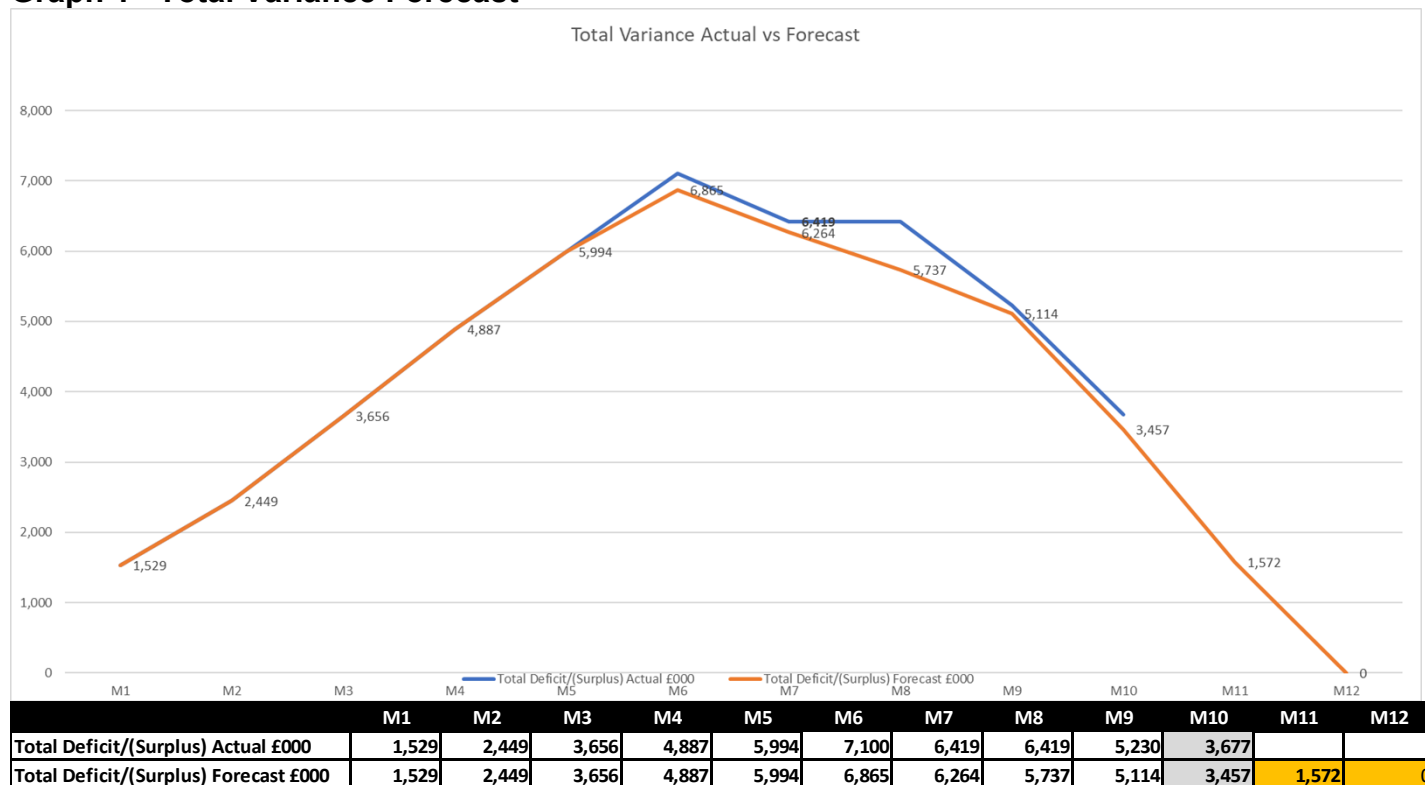
Table 2: Summary Financial Position for the period ended 31st January 2024

Income/Pay/Non Pay	Memorandum Annual	Current Period	Total Variance
	Budget £m	Actual £m	(Fav)/Adv £m
In Month			
Income	(1,892.814)	(163.474)	0.045
Pay	897.087	75.302	(0.025)
Non Pay	995.727	86.619	(1.573)
Sub Total £m	0.000	(1.553)	(1.553)
2023/24 Planned Deficit	16.460	1.372	1.372
Variance to Plan £m	16.460	(0.181)	(0.181)
Cumulative			
Income	(1,892.814)	(1,597.101)	(4.654)
Pay	897.087	761.010	0.928
Non Pay	995.727	839.768	7.403
Sub Total £m	0.000	3.677	3.677
2023/24 Planned Deficit	16.460	13.717	13.717
Variance to Plan £m	16.460	17.394	17.394

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



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

The additional 10% Improvement required for the UHB to meet the Welsh Government revised target control is planned to be realised through the review, management and scheduling of specific expenditure programmes. £5.4m of green and amber and £1.7m of red 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 January improved with the position broadly in line with the required cost trend. Further reductions in the operational overspend are required in the remaining two months of the year to allow the UHB to meet its target deficit.

The Junior Doctors strike in January resulted in additional costs of circa £0.750m primarily as result of the additional cover provided by consultants and locums to maintain safe clinical environments across the UHB. The cost of additional payments to consultants and SAS doctors was £1.050m and this was abated by a reduction in junior doctors pay of £0.410m. In addition, the marginal cost of lost activity income from other Commissioners is estimated at £0.115m. The potential further strikes in February and March present a further additional and possibly 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 10 by Clinical Board is shown in Table 3.

Table 3: Financial Performance for the period ended 31st January 2024

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	(299)	569	269	492
Children & Women	871	602	1,473	1,407
Capital Estates and Facilities	139	1,026	1,165	1,806
Executives	(1,089)	(72)	(1,160)	(983)
Genomics	(42)	0	(42)	(39)
Medicine	5,129	1,420	6,549	5,603
Mental Health	57	132	188	832
PCIC	2,569	(160)	2,409	1,946
Specialist	1,081	127	1,208	738
Surgery	563	887	1,450	1,271
Sub-Total Delegated Position	8,979	4,531	13,510	13,073
Central Budgets	(3,866)	(3,060)	(6,926)	(5,045)
Commissioning	(2,507)	(400)	(2,907)	(2,797)
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	2,606	1,071	3,678	5,230
Planned Deficit			13,717	12,345
Total Operational (Surplus)/Deficit	2,606	1,071	17,394	17,575

The UHB operational position improved in Month, falling from an overspend of £5.230m at month 9 to an overspend of £3.678m at month 10.

A number of Clinical Board positions improved in month. The £0.677m improvement in the Capital Estates position follows a retrospective review of liabilities. The £0.643m improvement in the Mental Health Clinical Board primarily relates to additional support to the service to reduce the level of Out of Area Treatments.

Month 8 saw a re-calibration of the Medicine Clinical Board forecast out-turn that deteriorated the UHB position. The revised forecast for the Medicine Clinical Board remains stable at Month 10 with the rate of in month overspend falling from £1.094m at month 9 to £0.946m at month 10. Ongoing enhanced support continues 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.

Exceptional levels of agency nursing care required to maintain a complex learning disability/CAMHS patient admitted to the UHB in December 2023 have continued to place pressure on the Women and Childrens Clinical Board. The UHB continues to work to secure a more appropriate and sustainable placement for the patient.

The in month deterioration in the Specialist Commissioning Board is due to a reduction in Cardiac Surgery and Critical Care income primarily related to out of area patients.

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. This was exacerbated by the Junior Doctors industrial action which took place in January.

The WHSCC provider position continues to project an under recovery of income. This is in part offset by an improvement in the forecast commissioning position. This primarily impacts on paediatric and specialist services as a result of the stepped relationship between activity levels and the cost base.

The UHB provider plan was based on the national Directors of Finance Agreement that allowed a level of contract under-performance to a 5% reflecting the ongoing restricted ability of post Covid service footprints to restore activity to full per Covid levels. During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales and has had a £3m net impact on the UHB’s contract income position after considering the Cardiff and Vale Commissioner benefits of the stance.

COVID 19 Expenditure

The expenditure for Month 10 is summarised in Table 4 below.

Table 4: Summary of Month 10 COVID 19 Net Expenditure

	Month 10 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	7.216	8.800	8.800	0.000
PPE	1.976	2.500	2.500	0.000
Long Covid	0.953	1.144	1.144	0.000
Nosocomial	0.433	0.520	0.520	0.000
Anti-Viral	0.083	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	10.662	13.064	13.064	0.000
Included in Financial Plan - COVID Local Response	25.833	31.000	34.200	(3.200)
Total COVID Expenditure £m	36.495	44.064	47.264	(3.200)

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 10 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.

Summary
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Table 5: Risk Register at January 2024

	Risks	Rating	Comment
Key Corporate Risk	Approved Three year Financial plan (IMTP)	20	Due to a planned deficit of £88.4m for 2023/24 there is a risk of failure to achieve an Approved Three Year Financial Plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.
	Revenue Funding Limit.	20	The UHB has submitted a £88.4m deficit plan and therefore will breach breakeven duty in 2023-24. The forecast deficit was revised to £16.460m @ month 7. There is a high risk that this will not be recovered in years two and three of the rolling performance measure.
	Remain within Cash Limit	10	The UHB 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
Financial Performance	Failure to adequately manage budget pressures.	16	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. 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. In addition there is an additional financial risk in maintaining safe levels of cover during the Junior doctors strikes 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. A number of additional actions are progressing to recover the month 10 operational & CRP overspend to enable the UHB to deliver the revised forecast £16.460m deficit.
	Failure to deliver 2023-24 Savings Programme	8	At month 10 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. An extra £1.7m opportunities are being worked on. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.
	Management and reduction of COVID-19 Response costs WG indicated no funding will be provided for Local Covid Response costs, of which £34.2m is included in the financial plan.	12	All Covid funding is now allocated to delegated positions, Further action will be focussed on reducing Covid response costs further in 2024/25.
	2022-23 One Year LTA framework in NHS Wales	12	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. 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. 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

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Savings Programme

At month 10, the UHB has identified £32.590m of green and amber against the £32m savings target.

The month 10 position includes a Savings Programme variance of £1.071 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 10 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 10 operational & CRP deficit to enable the UHB to deliver the revised forecast £16.460m deficit:

Table 6: Additional Actions

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

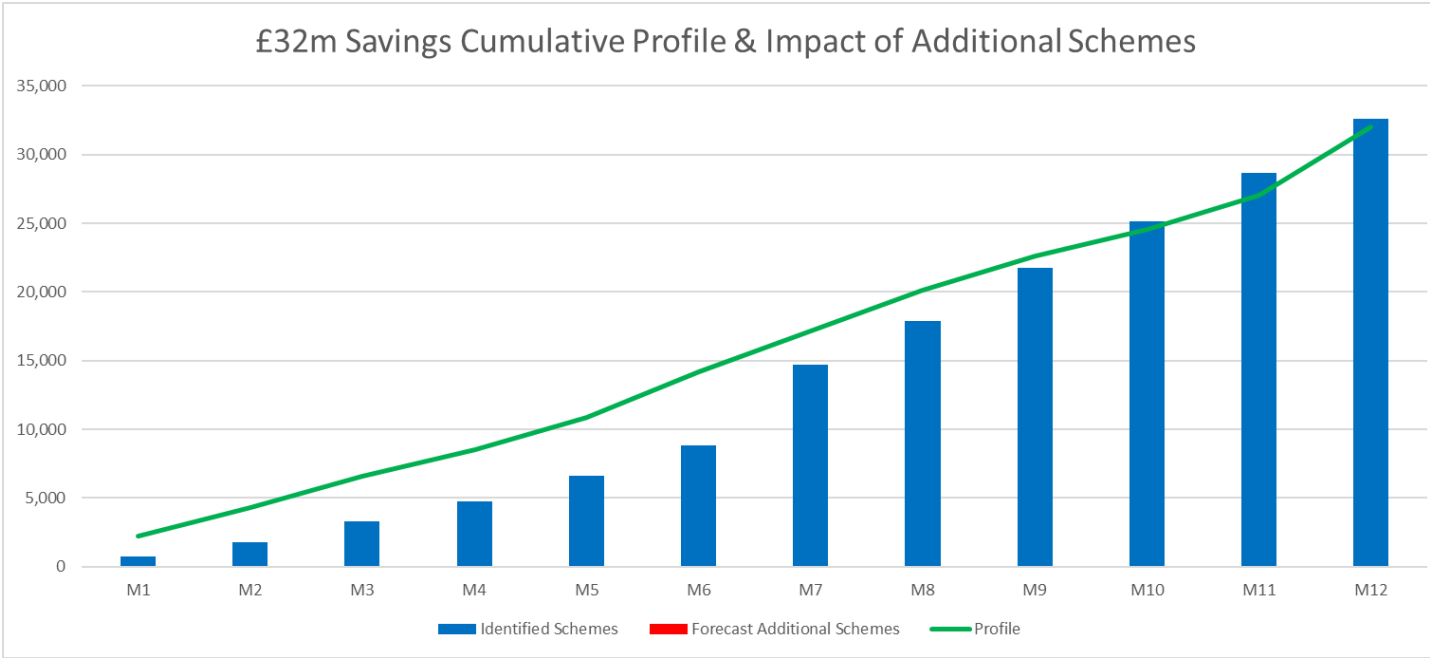
Reducing premium pay expenditure across all staff groups is a large component of the above, significant actions were taken during August to ensure the opportunities are realised. Nursing features heavily within these actions with a target of a maximum of 25% of current agency and overtime used in QTR 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.

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. Since January, all vacancies approved by the corporate vacancy Scrutiny Panel are subject to further review from the management executive team.

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.

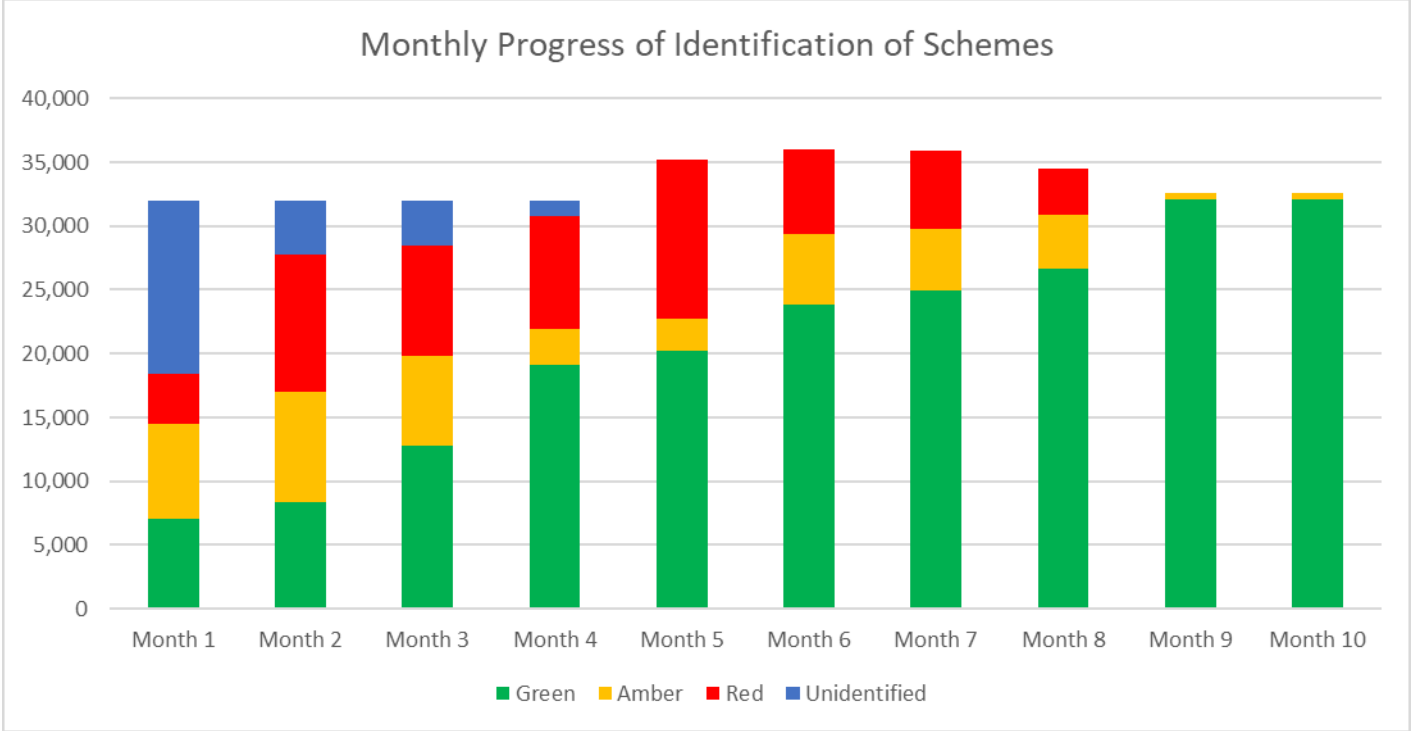
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Graph 2 – Profile of Savings Delivery



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
Subtotal - Grip and Control	8,000	8,310	0	0	8,310	(310)
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)
Subtotal Cost Improvement Themes	24,000	23,782	498	0	24,280	(280)
Total Savings Position	32,000	32,093	498	0	32,590	(590)

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. £5.4m 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
Total	8,800	2,565	2,854	1,720	7,139	1,661

Cash Flow Forecast

The cash balance at the end of January was £5.522m 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 22nd 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 Welsh Government monthly monitoring returns since the beginning of the year.

The UHB has reviewed its working capital requirement at month 10 and has indicated to Welsh Government colleagues that working cash of £34m is required in respect of revenue and £7m in respect of capital.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £90m.

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 with the associated cash payment being made in 2023-24.
- 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 £21.5m forecast balance sheet movements. This will continue to be assessed as the year progresses.
- In addition to the UHBs strategic and working cash requirements, there are £27m of anticipated allocations as per table E, which are yet to be confirmed.

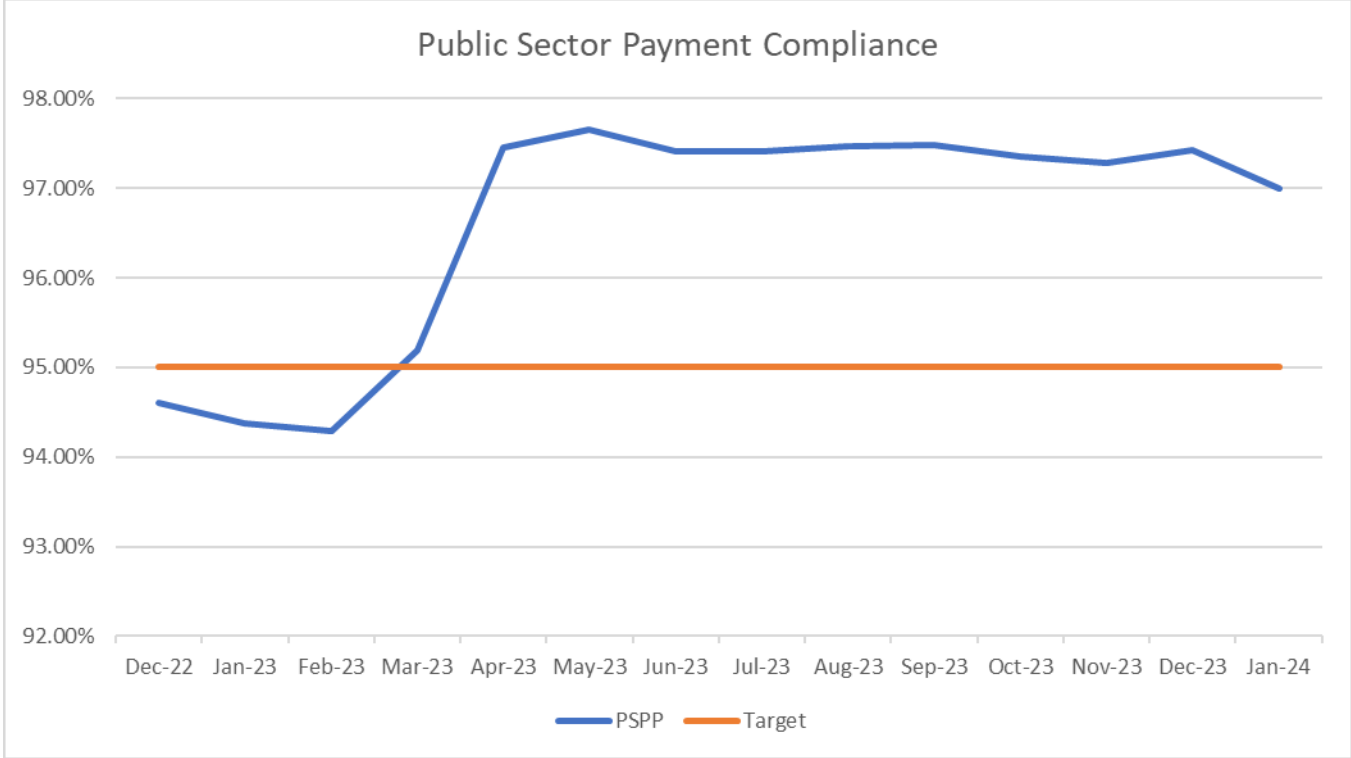
The cashflow is included in Table G of the Monthly Monitoring Returns which is provided to the Finance Committee each month.

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 January was 96.99% which is a drop in performance compared to the previous month but remains above the target level are illustrated in Graph 4 below.

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Graph 4 – Public Sector Payment Compliance



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

Capital

Of the UHB’s approved Capital Resource Limit, 22% was expended at the end of January.

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, Efab infrastructure, Endoscopy, Genomics and Tertiary Tower 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 2nd February 2024 - £42.427mm.

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Table 10: Finance - Key Performance Indicator Dashboard at January 2024

Measure	STATUS REPORT				
	January 2024	RAG Rating	Latest Trend	Target	Time Period
Deliver 2023/24 Draft Financial Plan	£17.394m deficit at month 10 being £16.460m forecast deficit, £1.071m savings gap and £2.606m operational deficit.	R	9	Deliver 2023/24 £88.4m Planned Deficit	M10 2023-24
Remain within capital resource limits.	The UHB expects to remain within it's Capital Resource Limit which was £42.427m at month 10.	G	9	Remain within approved planned expenditure	M10 2023-24
Delivery of recurrent £32m savings target	£32.590m Green and Amber schemes identified at month 10 of which £21.266m were recurrent.	R	9	£32m	M10 2023-24
Creditor payments compliance 30 day Non NHS	96.99% at the end of January	A	9	95% of invoices paid within 30 days	M10 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	9	To remain within Cash Limit	M10 2023-24
Maintain Positive Cash Balance	Cash balance = £5.522m	G	9	To Maintain Positive Cash Balance	End of Jan 2024

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 10, £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 £2.606m at month 10. 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 10 operational & savings deficits.

The UHB also requires confirmation of strategic cash support and outstanding allocations to maintain its cash position and PSPP performance.

Recommendation:

At Month 10 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 £17.394m and the forecast deficit of £16.460m.
- **NOTE** the financial impact of forecast COVID 19 costs which is assessed at £44.064m.
- **NOTE** the month 10 operational overspend against plan of £2.606m with a further £1.071m savings gap.
- **NOTE** the progress against the savings target, with £32.590m (102%) of schemes identified at Month 10 against the £32m target with year to date deficit.
- **NOTE** that delivery of the forecast is also dependant on the confirmation of all outstanding income streams.

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: Yes

No

Safety: Yes/No

No

Financial: Yes

As detailed in the report.

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No	
Yes, if forecast financial position is not delivered.	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Finance Committee	Date: 21 st February 2024

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Report Title:	Operational Performance Report				Agenda Item no.	2.2	
Meeting:	Finance and Performance Committee		Public	✓	Meeting Date:	21/02/24	
			Private				
Status <i>(please tick one only):</i>	Assurance	✓	Approval		Information		
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:

As we work through the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. January saw a notable increase in operational pressures across Wales and we saw a small increase in the average ambulance handover time, despite this we continue 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), but increased in January to 379. 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 compared to last winter, in the context of a very challenging national picture.

Over past months considerable improvement has been made on patients waiting 12-hours in the EU. Despite increases reported in December and January, our performance remains improved from the same period last year. 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. Reducing the number of patients waiting 12 and 24-hours in the EU remains a priority and has been an area of specific focus for the EU and patient flow teams through some very challenging weeks in January.

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 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 well above the national average.

December saw deterioration 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 reduced to 50% but does remain significantly above the all Wales average and much improved from the compliance last December. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022, 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.

December saw our thrombolysis rate reduced to 15.2% from 21.8% in November but remain above the Wales average. At our recent IQPD meeting with Welsh Government the Health Board presented our actions against the key recommendations from an HEIW review into the stroke pathway, including work on stroke/prevention awareness, the emergency pathway, implementation of AI software improving thrombolysis and thrombectomy rates and improvements to our rehabilitation provision. There is work to do to be able to maintain the A grade standard and consistently meet the standards across the whole stroke pathway.

Our compliance with the 62-day single cancer pathway standard improved in December to 70.2%. This is a 12% improvement from November and is the highest compliance achieved since the launch of the Single Cancer Pathway standard. The 75% compliance standard was achieved for Haematology, Skin and Head & Neck tumour sites. We continue to treat our longest waiting patients as a priority and continue our pathway work to improve times to first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment.

Challenges within endoscopy are being addressed with improvements noted in the endoscopy backlog and the SCP compliance for upper and lower GI cancers. 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 Q2 where we have seen improvements in the monthly compliance for July and September.

We are expecting to see a drop a in SCP performance for January 2024 as a result of the Junior Doctors Industrial Action, where we lost 121 cancer appointments and treatment slots, and patients who chose to start their definitive cancer treatment after the Christmas and New Year period.

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	42.6%	54.8%	57.8%	58.5%	55.1%	61.5%	62.2%	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%
Compliance following quaterly refresh	50.3%	56.9%	60.0%	62.8%	57.5%	62.9%	63.5%	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%

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 have maintained this since then. In December the Health Board delivered on our commitment to reduce the number of patients waiting 2 years for treatment to <3% of the waiting list.

At the end of December there were 3780 patients waiting 2 years for treatment, which represents 2.67% of patients on a waiting list. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands. We are now working towards the March ambition for no more than 1% of the waiting list to have waited over 2 years with a particular focus on key specialties with the highest volumes of long waiting patients.

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. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. From April 2024 we will only be reporting the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 61,658 patients who are past their target date for a follow-up appointment, of these c1200 are over 2 years past their target date as shown below:

Overdue Follow-up outpatients						
Clinical Board	Months past target date					
	Total overdue	Over 3 months	Over 6 months	Over 12 months	Over 18 months	Over 24 months
Surgery	31552	21087	15541	7610	1523	643
Children & Women	10114	6068	3912	1597	500	173
Specialist	10063	5907	4022	1939	464	196
Medicine	9879	4615	2721	1183	455	257
PCIC	43	32	29	22	6	2
Mental Health	6	3	1	0	0	0
CD&T	1	0	0	0	0	0
Grand Total	61658	37712	26226	12351	2948	1271

Clinical Boards are developing 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 number of patients overdue for follow-up appointments will be an area of significant focus in the coming months.

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 and November saw improvements for MRI and CT, however, the 8-week breach position has deteriorated in December. 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. A separate deep dive into diagnostics is being presented to Committee this month.

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 4 months have seen a reduction in the percentage of our acute beds occupied by patients with a >21-day length of stay, although the number of patients with long lengths of stay has begun to increase as we move through January and February. 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 the 80% standard 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 95% in December. 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 which acknowledges the services reduced capacity to deliver interventions within 28 days due to vacancies and sickness. The team are developing a psychoeducation resource and looking to recruit additional support workers to deliver this. A recovery plan will be presented as part of the next round of Executive led Clinical Board Review sessions.

As we move into the new year we currently have a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system. Our primary care teams continue to support practices as required and work has been ongoing at a national level to negotiate changes to the GMS contract for 2023-24. Despite a lack of consensus, there has been a mutual decision to conclude negotiations for this year's settlement which will see a £20m financial investment into GMS across Wales.

Recommendation:

The Finance and Performance Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives		
Five Ways of Working (Sustainable Development Principles) considered					
Please tick as relevant					
Prevention		Long term	✓	Integration	✓
				Collaboration	
					Involvement
Impact Assessment:					
Please state yes or no for each category. If yes please provide further details.					
Risk: No					
Safety: No					
Financial: No					
Workforce: No					
Legal: No					
Reputational: No					
Socio Economic: No					
Equality and Health: No					
Decarbonisation: No					
Approval/Scrutiny Route:					
Committee/Group/Exec		Date:			

Saunders, Nathan
19/02/2024 10:25:02

Report Title:	Diagnostics Deep Dive			Agenda Item no.	
Meeting:	Finance and Performance Committee	Public		✓	Meeting Date:
		Private			
Status <i>(please tick one only):</i>	Assurance	✓	Approval		Information
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Director of Operations Clinical Diagnostics and Therapeutics, 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 current performance in diagnostics and the approach to its improvement. It is clear that improvement in diagnostic services, in terms of productivity, efficiency and meeting standards for our patients, needs enhanced focus.

Welsh Government set the ambition of having no patients waiting longer than 8 weeks by the end of Q1 2024/25. At this point the organisation does not have plans in place to achieve this aim. However, this paper outlines the plans and to reduce the numbers of patients waiting longer than 8 weeks for diagnostics across a number of modalities and the forecast position at the end of Q4 2023/24.

The planned care programme as part of the overall refresh has re-set ambitions for improvement. This paper will cover current performance as well as the aims and timelines of the planned care programme.

Over the last 12 months there has been a fundamental shift in terms of how the provision of diagnostics is arranged within the organisation. The shift has been to gain improvements in the timeliness of emergency and cancer diagnostic provision. Whilst this is not the only reason for the current deteriorating position for diagnostics it is a contributory factor.

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

Current Performance

The table below summarises the number of patients waiting more than 8 weeks for each diagnostic test and the projection to the end of March where there will be 13584 patients waiting greater than 8 weeks.

		Monthly reported 8w breaches										Forecast
Diagnostic		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	
Cardiology	Myocardial Perfusion Scanning	82	82	82	82	82	82	29	35	28	28	
	Echo Cardiogram	99	334	510	359	137	199	175	211	270	174	
	Dobutamine Stress Echocardiogram	32	22	18	15	22	43	11	11	21	21	
	Stress Test	45	33	30	8	4	1	0	0	1	0	
	Blood Pressure Monitoring	22	24	26	22	16	3	1	1	0	0	
	Heart Rhythm Recording	489	509	524	535	523	526	476	379	372	222	
	Diagnostic Angiography	113	98	91	81	59	54	41	62	59	90	
	Trans Oesophageal Echocardiogram	7	2	3	2	1	0	3	6	1	0	
	Cardiac CT	115	148	175	205	238	246	281	301	343	392	
	Cardiac MRI	123	162	190	207	222	254	254	272	291	298	
	Diagnostic Electrophysiology (EP Study)	0	0	0	0	1	0	0	0	1	0	
Diagnostic Endoscopy	Cystoscopy	243	254	243	227	229	226	190	203	183	244	
	Colonoscopy	327	522	694	831	990	1140	1291	1374	1493	1643	
	Flexible Sigmoidoscopy	351	440	520	576	681	759	820	882	957	1085	
	Gastroscopy	930	1143	1313	1481	1643	1784	1903	1991	2156	2326	
	Bronchoscopy	15	17	16	14	14	15	15	14	17	17	
Imaging	Fluoroscopy	2	5	9	12	12	27	16	9	12	0	
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0	
	Electromyography	0	0	0	0	0	0	0	0	0	0	
Physiological Measurement	Urodynamic Tests	49	61	59	58	79	74	67	55	58	39	
	Vascular Technology	0	1	0	0	1	0	4	0	0	0	
Radiology	MRI	954	1163	1288	1282	1635	1754	1624	1662	1878	1140	
	Non-Obstetric Ultrasound	2099	2550	2614	3223	3969	4368	4523	5121	5738	5777	
	CT	167	542	770	787	828	659	537	543	626	8	
	Nuclear Medicine	3	1	0	2	29	32	59	66	67	80	
Total		6267	8113	9176	10003	11415	12246	12230	13198	14572	13584	

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Projected Q4 2023/24 Position

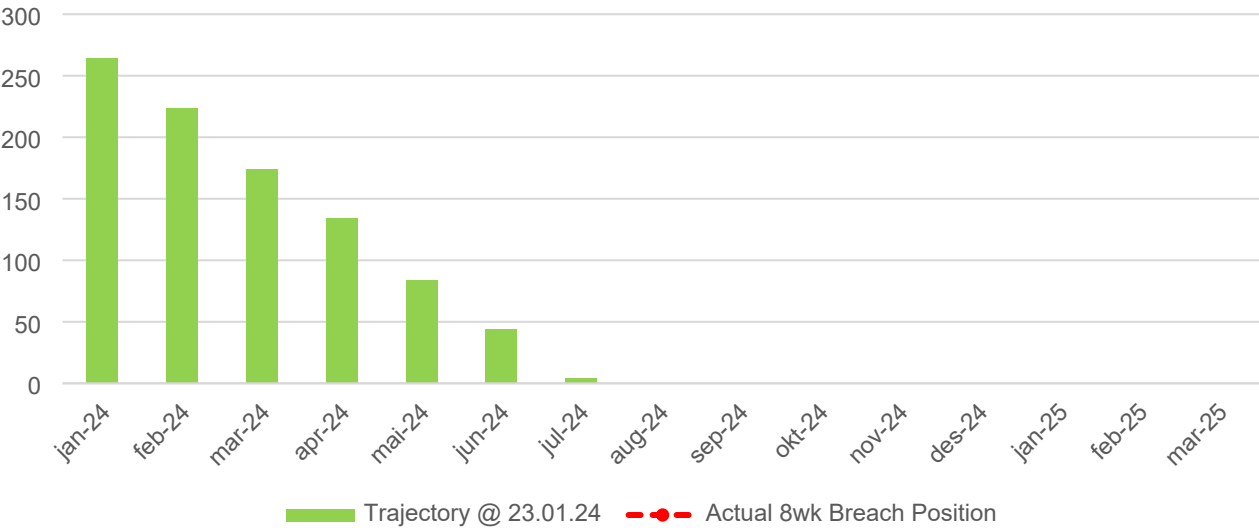
A number of specialties remain on trajectory to meet the ambition of reducing waiting times to a maximum of 8 weeks by quarter 1 24/25, however this will be dependent on factors such as recruitment, allocation of planned care funding and junior doctors' industrial action. There are a number of specialties and diagnostics that have plans that deliver over a longer timeframe, or where investment is required to improve performance. Details of plans and challenges are detailed in this report.

Cardiology

There are five diagnostics to highlight within the cardiology service.

Echocardiography - The echo position has fluctuated up and down over the last 12 months. The service secured insourcing capacity whilst the service recruited to a number of substantive vacancies. Demand for inpatient echocardiography peaked in the run up to Christmas which necessitated allocating additional members of staff to inpatient scanning with a consequential impact on the outpatient workload. The service is exploring feasibility of insourcing for the remainder of this year to improve the position.

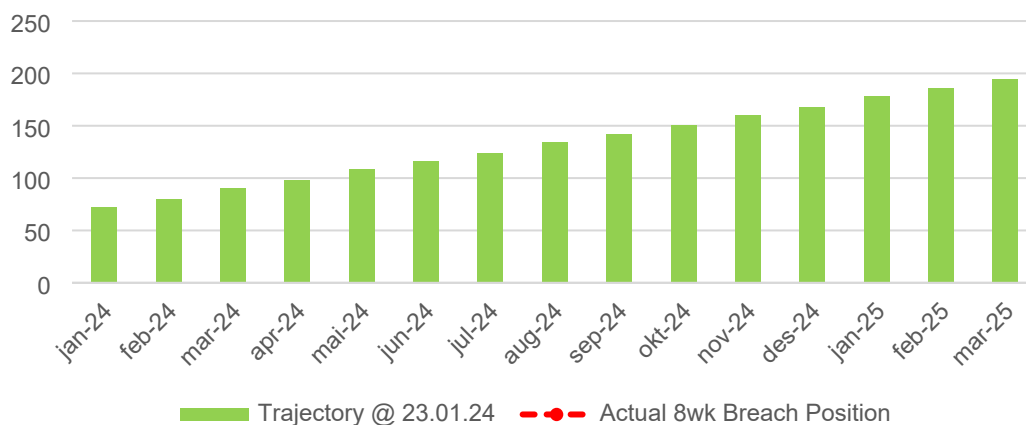
Echo/TTE



Angiography - At the start of the year, volumes of patients waiting for angiography had been steadily decreasing. However, the service was being underpinned by regular waiting list initiative activity in core capacity. The implementation of the rate card exposed this issue and the decision was taken to cease WLIs for what should be regular, planned activity. Since the cessation of WLI activity, the volume of patients waiting has been steadily increasing.

In order to right size the capacity required for elective angiography, the service will shortly be advertising an additional consultant post to ensure we have recurrent core capacity to manage the demand. In the short term, we are exploring options to carve out capacity for diagnostics/add an extra patient to each list to start to make some inroads into the 8-week position. However, this is not forecast to materially improve until the new consultant is in post which is likely to be at least 3-6 months away.

Angio



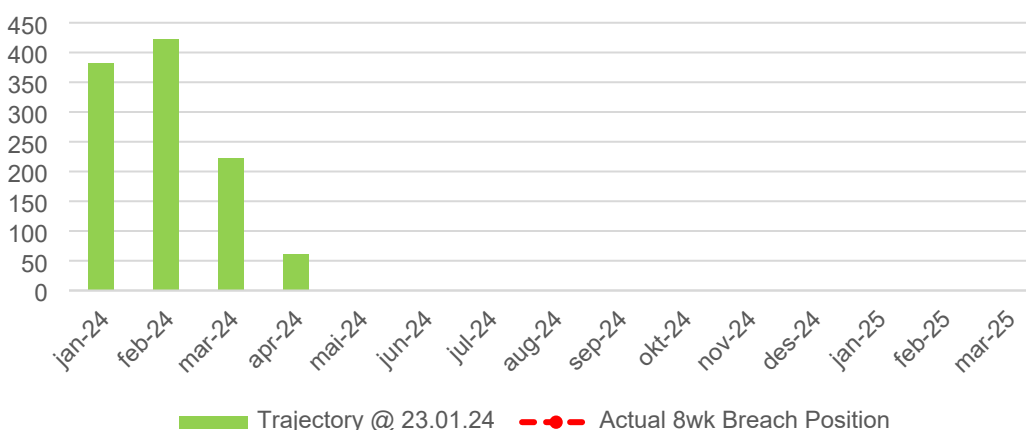
Ambulatory Monitoring (Heart Rhythm Recording) - The ambulatory monitoring service based at UHW has been impacted by both workforce shortages and kit availability. We are carrying a number of vacancies at in the Cardiac Physiology department, with attempts at recruitment largely unsuccessful. This reflects the national recruitment picture. As well as a lack of staff able to fit and analyse monitors, there has also been a shortage of monitors and analysers to keep pace with demand.

Moving forward, a cohort of newly qualified cardiac physiologists have been recruited from Swansea University, who will be trained to fit and analyse ambulatory monitors, together with an apprentice Associate Practitioner who will be able to perform certain duties currently undertaken by qualified staff which will enable the service to make more efficient use of the staffing resource.

In terms of kit availability, the department have also recently completed the planned upgrade to their software and monitors which has resulted in increased capacity to fit and analyse monitors.

As a consequence of both actions, the volume of patients waiting >8 weeks has been reducing since October 23 and is currently forecast to be delivering a <8 week wait by May 2024.

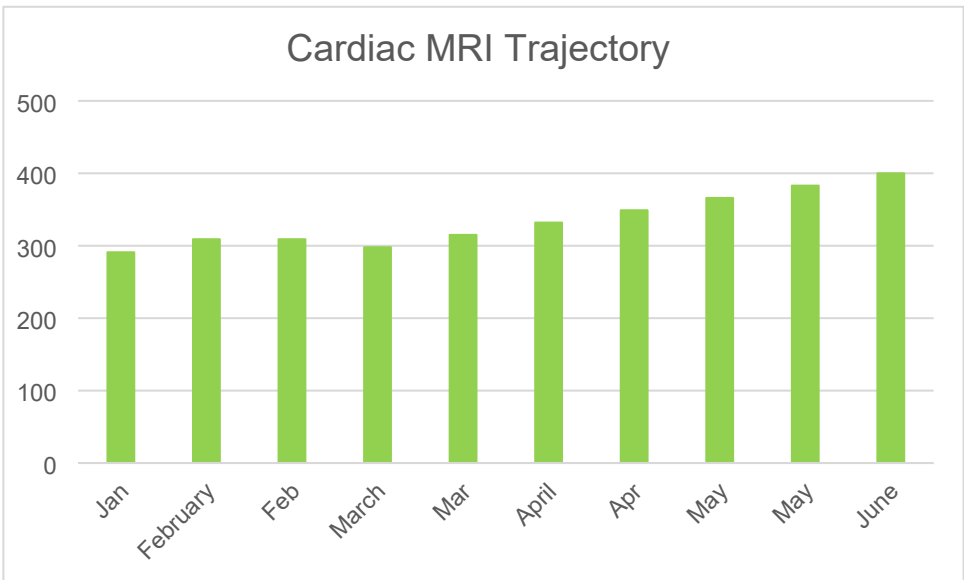
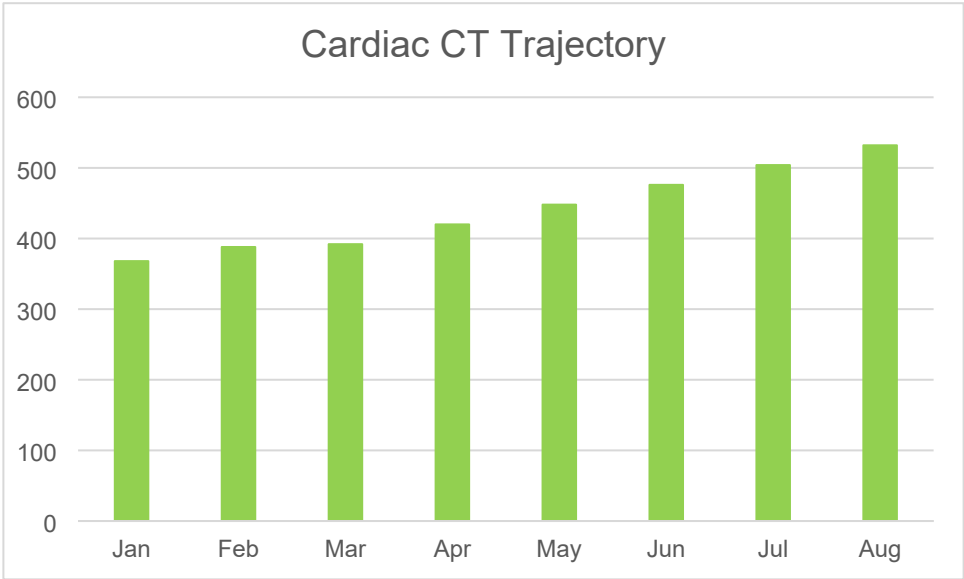
HRR/AMB



Cardiac CT and MRI – The Cardiac CT and MRI services are consultant led imaging diagnostics which continue to be impacted by workforce shortages. There are a small number of skilled consultants that undertake these diagnostics and we have not been able to keep pace with rising demands. Historically the service was supported by outsourcing to a private provider, which ceased in April 2023.

The route to sustainability for these diagnostics involves collaboration between skilled Cardiology consultants and skilled Radiologists. Funding has been secured from WHSSC to support a proportion of this cohort who have ACHD. A consultant post is to be advertised imminently, however it is unlikely that we will recruit a suitably trained Cardiologist, and therefore we will have to invest in development

of an interested candidate. There are a number of interested Radiologists, however these doctors are supporting interventional radiology services across the South Wales corridor and are unable to be released for training until vacant posts are filled and the South Wales IR service stabilises.



Radiology

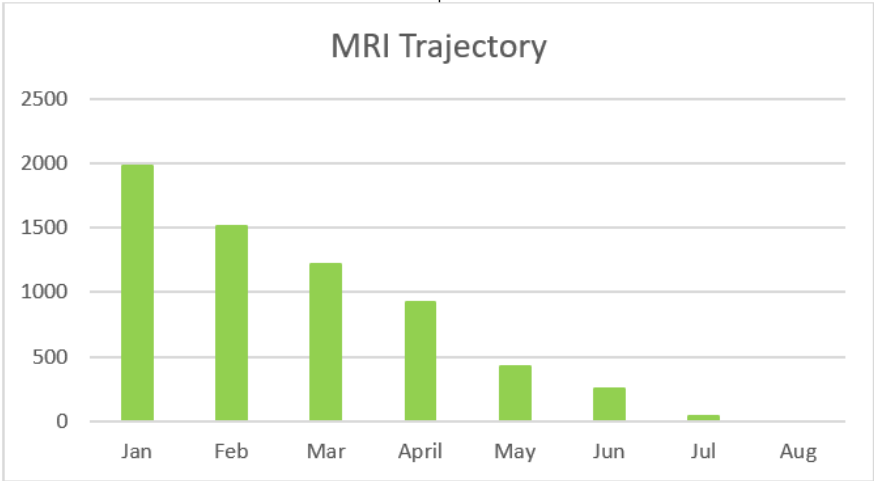
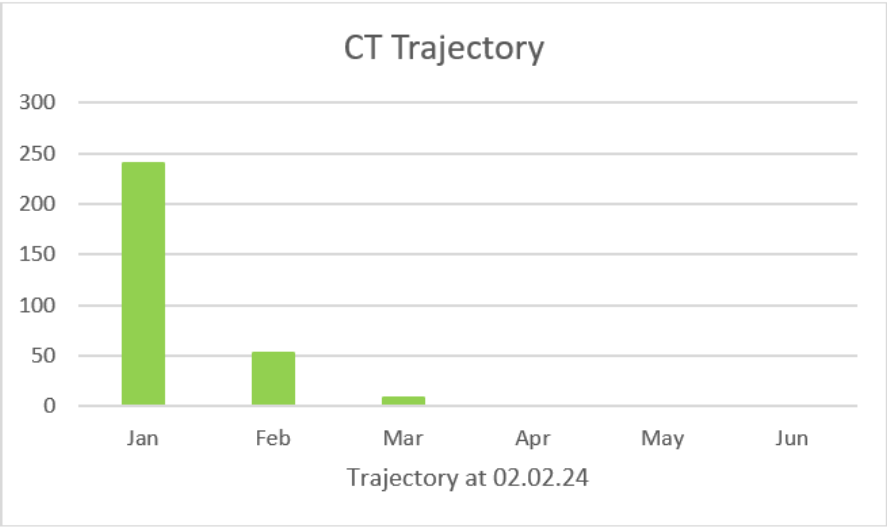
Nuclear Medicine – Following an MHRA inspection in October 2023 C&V took the decision to close the radiopharmacy in Cardiff. Since this date the Nuclear Medicine Departments across South East Wales have been supported by the radiopharmacy departments in SBUHB and North Bristol NHS Trust. There is insufficient supply to meet all demands. The Nuclear Medicine Consultants across South Wales have agreed clinical prioritisation criteria to ensure the available product is being distributed to the most clinically urgent. We have therefore seen an increase in the routine waits for nuclear medicine. It is the ambition that through increasing production capacity in SBUHB 90% of demands will be met. However, this is a fragile service and we anticipate a small number of routine patients waiting >8 weeks until a new radiopharmacy is commissioned for South East Wales - 18-24 months lead time.

Other Modalities

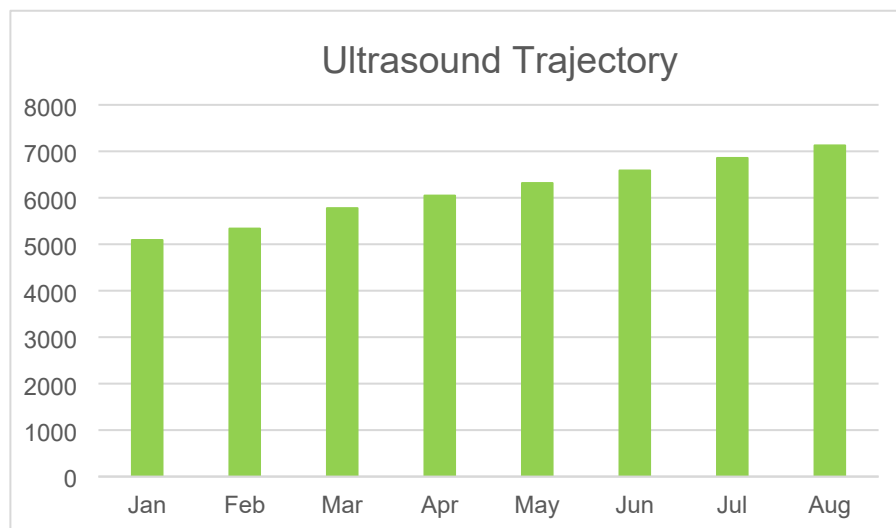
At the end of December there were 8,242 patients waiting >8 weeks for an MRI, CT or non-obstetric ultrasound (NOUS). A South East Wales Community Diagnostic Programme Board was launched in 2022 with the ambition of creating a community based diagnostic hub (CDH) in an area of deprivation within C&V. The timescales for this programme have slipped, with the current ambition to have a CDH in situ from Q3 of 2024/5.

C&V have commissioned mobile imaging infrastructure for MR, CT and NOUS on the UHL site which commenced in January 2024. The additional activity will reduce the CT >8 week wait position to 8 and MRI >8 week wait position to 1140 by end of March 2024.

Unfortunately, to date the supplier has been unable to secure suitably trained sonographers. This reflects the national recruitment picture. In the absence of outsourced capacity, the service is reviewing all options to maximise delivery through additional WLI sessions and insourcing. However, there will be a continued gap in capacity and a high number of patients waiting more than 8 weeks for NOUS until the service is able to secure suitably trained staff. The service is actively trying to recruit to vacancies, and has increased the number of available training posts to address this shortfall. It will take a number of years to develop a sustainable workforce and the service will be dependent on short term insourcing/outsourcing and WLIs in the medium term. The Trajectory for NOUS is presented with the assumption that short term solutions are not in place due to the difficult in securing to this point



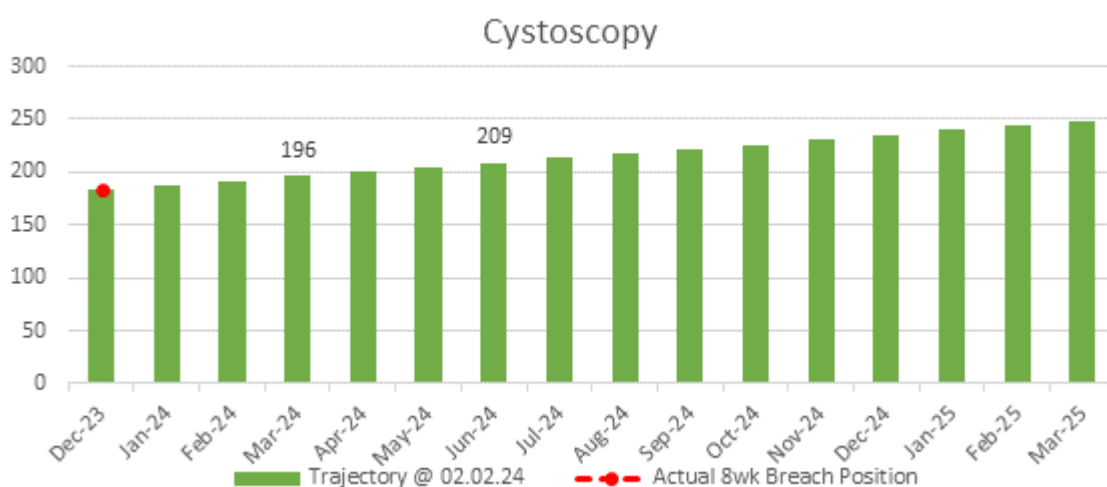
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Urology

There are two diagnostics to highlight within urology services, cystoscopy and urodynamics.

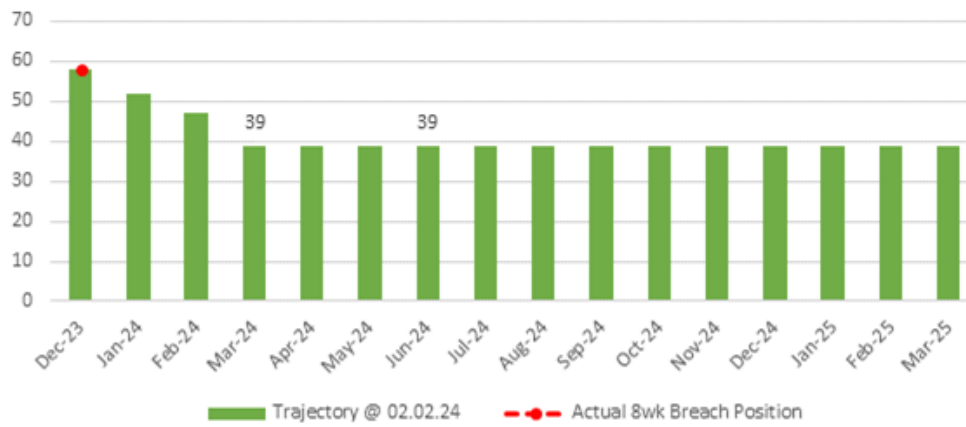
Cystoscopy – In order to deliver the capacity required for elective cystoscopy the service will need to expand its medical workforce. The workforce plan for Urology is currently in development in order to right size the department supporting diagnostics as well as treatment. This is not forecast to materially improve until the consultant workforce deficit is addressed.



Urodynamics – There has been an increase in the numbers of patients waiting for nurse led urodynamics (UDS) in recent months. This was as a result of some short-term workforce constraints. The service has a plan in place to address the backlog and will have 0 patients waiting >8 weeks by the end of February 2024. There is a subset of complex UDS patients that are consultant led. The capacity for consultant led UDS is in balance, however there is a backlog. This is not forecast to materially improve until the consultant workforce deficit is addressed.

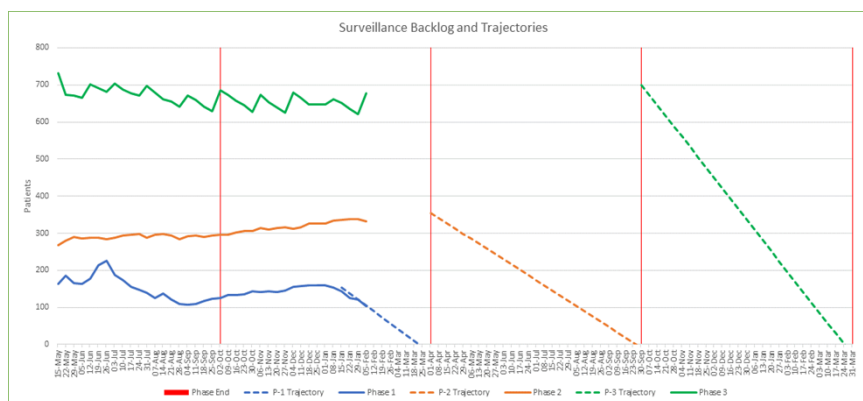
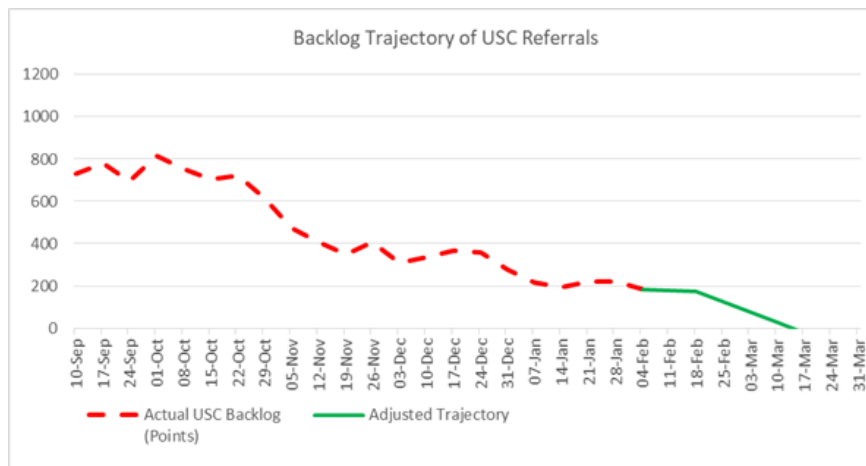
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Urodynamics

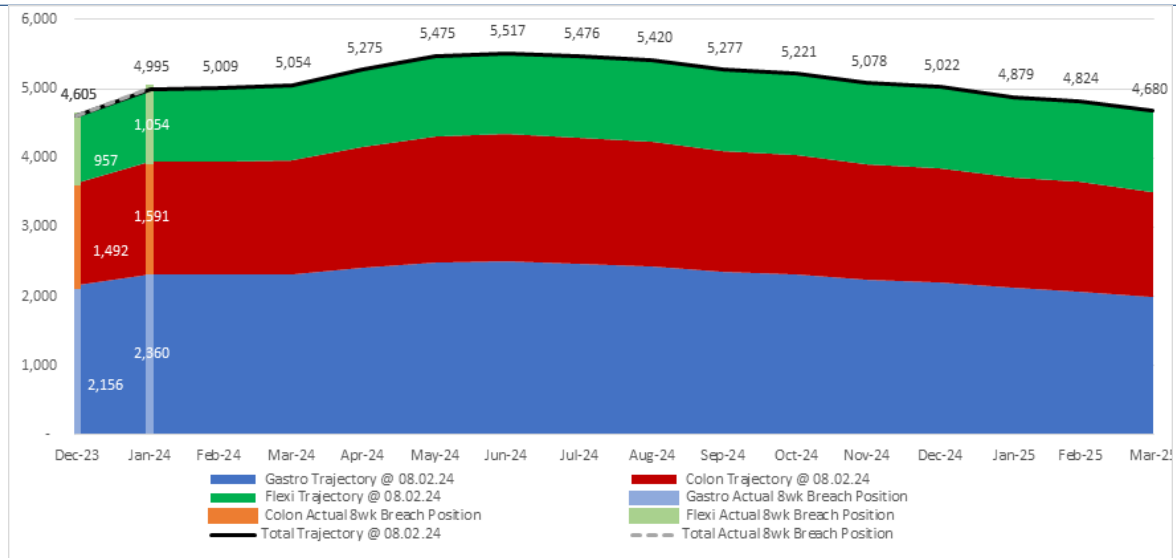


Endoscopy

The focus for endoscopy through 2023/24 has been to improve the position of cancer waiting times and surveillance patients. The trajectories for improvement for Cancer and surveillance is as follows:



The resulting position is that by the second week of March patients waiting for endoscopy on the single cancer pathway will be seen in 14 days or less. For the surveillance cohort the plan is in 3 stages based on clinical risk, with stage 1 being completed by the end of March, and the other stages completed by March 2025. This has been supported through the use of insourcing through quarters 3 and 4 this financial year. Insourcing has been instigated due to the delays in the new facilities in Llandough going live. The delays are related to the ability to sustainably recruit additional staff. The focus on the higher risk patients has been at the expense of improvements to the routine waiting patients. At the end of March 2024, the expected volume of patients waiting over 8 weeks is 5054.



The endoscopy trajectory is a slowly improving one in 2024/25. This is built on the assumption that the revised workforce and recruitment plan is delivered on time. Beyond this there are options under review for 2024/25 for additional capacity within the value attributed to endoscopy in the planned care fund.

Summary

It is recognised that there is further improvement required within diagnostics in order to have a sustainable planned care programme for the organisation. The approach of specialty improvements in addition to the delivery of a Community Diagnostic Hub 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. The planning to date has ensured that the position does not further deteriorate and improves in a number of modalities.

The forecast position for all modalities to quarter 1 and 2 2024/25 are

		Monthly reported 8 week breaches										Forecast	
Diagnostic		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Mar-24	Q1 24/25	Q2 24/25
Cardiology	Myocardial Perfusion Scanning	82	82	82	82	82	82	29	35	28	28	28	28
	Echo Cardiogram	99	334	510	359	137	199	175	211	270	174	45	0
	Dobutamine Stress Echocardiogram	32	22	18	15	22	43	11	11	21	21	0	0
	Stress Test	45	33	30	8	4	1	0	0	1	0	0	0
	Blood Pressure Monitoring	22	24	26	22	16	3	1	1	0	0	0	0
	Heart Rhythm Recording	489	509	524	535	523	526	476	379	372	222	0	0
	Diagnostic Angiography	113	98	91	81	59	54	41	62	59	90	200	200
	Trans Oesophageal Echocardiogram	7	2	3	2	1	0	3	6	1	0	0	0
	Cardiac CT	115	148	175	205	238	246	281	301	343	392	475	520
Diagnostic Endoscopy	Cardiac MRI	123	162	190	207	222	254	254	272	291	298	400	400
	Diagnostic Electrophysiology (EP Stu	0	0	0	0	1	0	0	0	1	0	0	0
	Cystoscopy	243	254	243	227	229	226	190	203	183	244	245	245
	Colonoscopy	327	522	694	831	990	1140	1291	1374	1493	1643	5517	5277
	Flexible Sigmoidoscopy	351	440	520	576	681	759	820	882	957	1085		
Imaging	Gastroscopy	930	1143	1313	1481	1643	1784	1903	1991	2156	2326		
	Bronchoscopy	15	17	16	14	14	15	15	14	17	17		
	Fluoroscopy	2	5	9	12	12	27	16	9	12	0	0	0
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0	0	0
	Electromyography	0	0	0	0	0	0	0	0	0	0	0	0
Physiological Measurement	Urodynamic Tests	49	61	59	58	79	74	67	55	58	39	38	38
	Vascular Technology	0	1	0	0	1	0	4	0	0	0	0	0
Radiology	MRI	954	1163	1288	1282	1635	1754	1624	1662	1878	1140	250	0
	Non-Obstetric Ultrasound	2099	2550	2614	3223	3969	4368	4523	5121	5738	5777	6600	7050
	CT	167	542	770	787	828	659	537	543	626	8	0	0
	Nuclear Medicine	3	1	0	2	29	32	59	66	67	80	80	80
Total		6267	8113	9176	10003	11415	12246	12230	13198	14572	13584	13878	13838

The current trajectories demonstrate that outside of 8 modalities improvements to the 8-week standard can be achieved. The two modalities providing the largest challenge are Ultrasound and endoscopy. On current demand levels endoscopy will be a slowly improving position as the core capacity exceeds the current demand across cancer, surveillance and routine pathways. The ultrasound service will not be in recurrent demand and capacity balance due to the challenges nationally in recruiting to sufficient workforce to deliver the standard. Long term improvement to ultrasound will be reliant on the successful implementation of the community diagnostic model.

The governance structures of the Diagnostics delivery group and Endoscopy delivery group, will continue to review opportunities for improvement including:

1. Productivity
2. Efficiency
3. Sustainable workforce planning

Recommendation:

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

1. The current and projected performance for diagnostic modalities
2. The requirement for further improvement against a number of key specialties

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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Diagnostics Deep Dive

February 2024

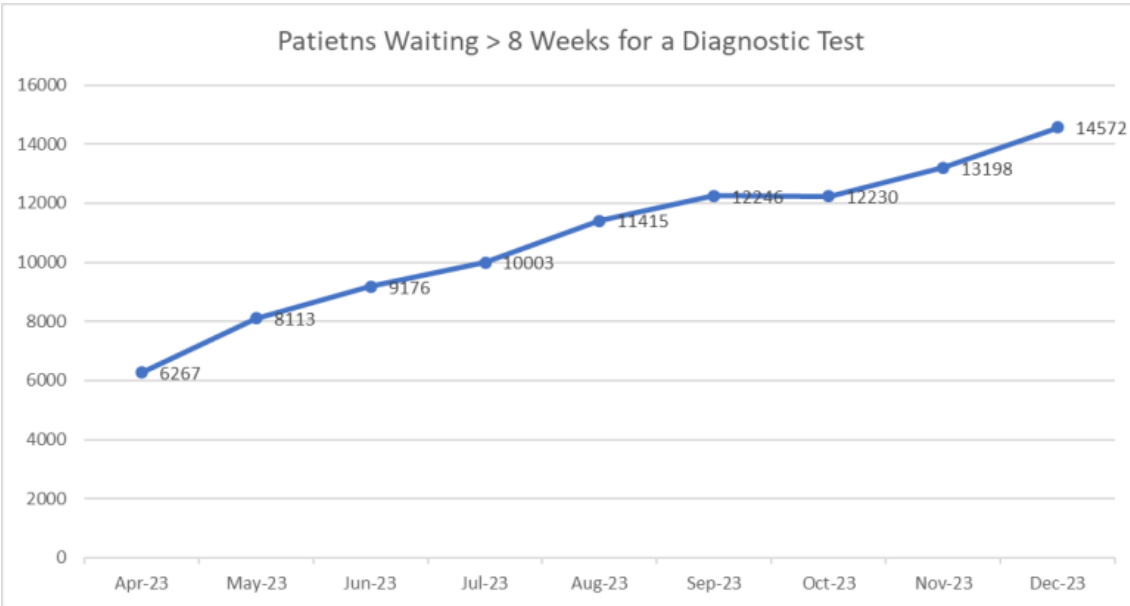
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Diagnostic Trends 2023/24

Growth in year of an additional 8305 patients waiting longer than 8 weeks for a routine diagnostic appointment

Patients Waiting > 8 Weeks for a Diagnostic Test



Contributory factors:

- Focus on emergency and Cancer turn around times
- Delays in procurement – endoscopy, ultrasound and community diagnostic hubs
- Workforce shortages – Ultrasound, cardiac diagnostics
- Shift from multiple outsourcing contracts to in organisation management

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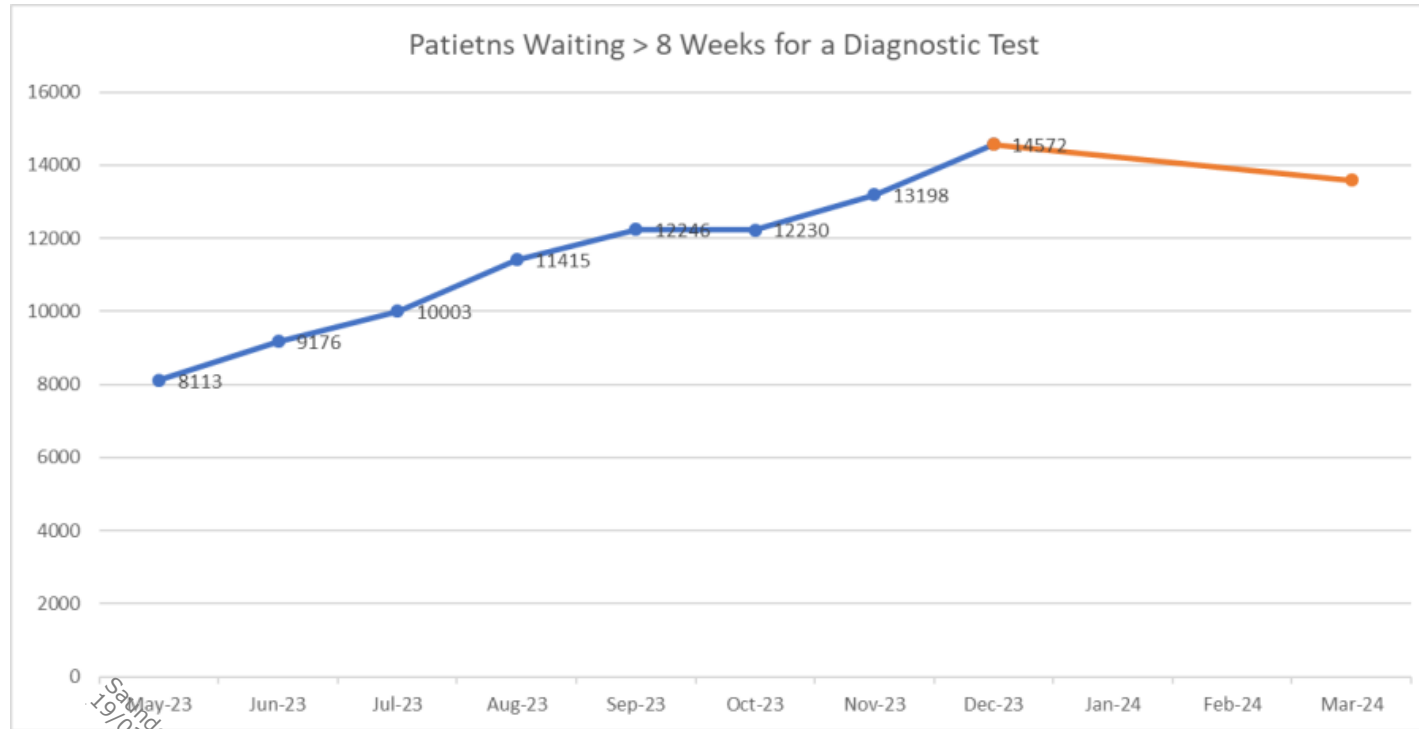
Key actions to mitigate the position

- Insourcing endoscopy and cardiology diagnostics
- Workforce and recruitment drives in endoscopy including international recruitment
- Mobile infrastructure for radiology diagnostics from Q4
- Targeted outsourcing for highly specialised diagnostics (Cardiac CT and MR)

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Predicted position for March 2024

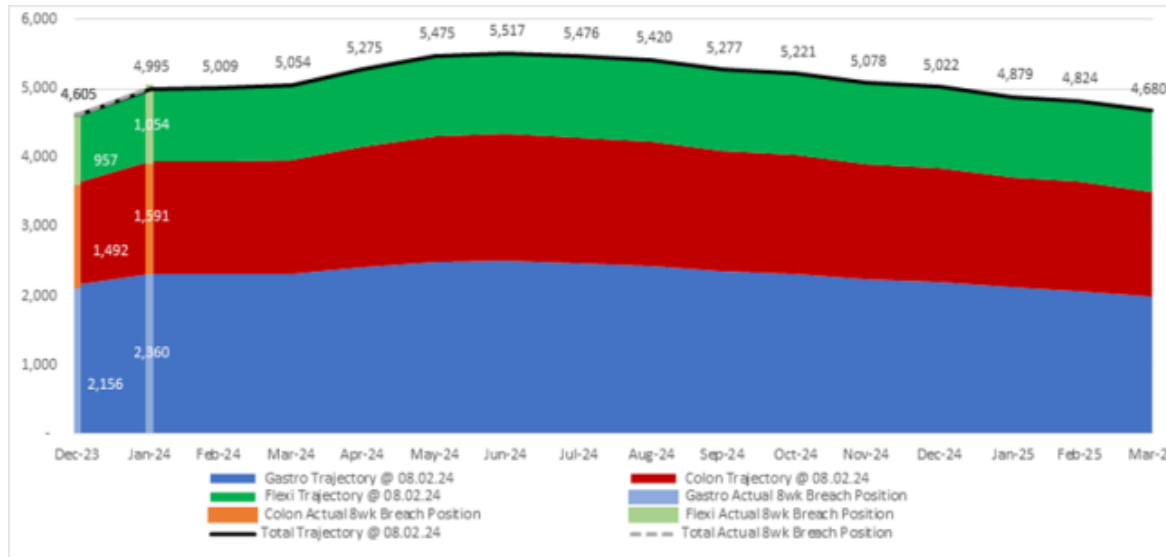


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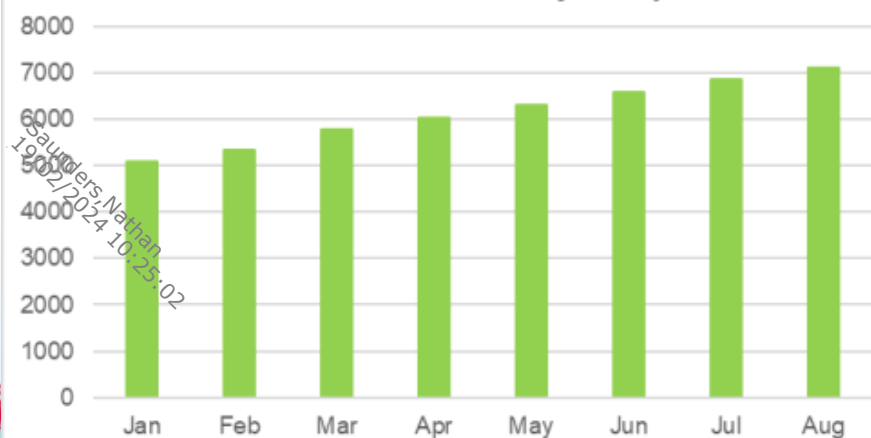
Modalities requiring further improvement plans

Endoscopy Trajectory



Endoscopy reached demand and capacity balance from July onwards based on the current recruitment plan and additional UHL capacity. Further non recurrent options including insourcing are under review to manage the backlog

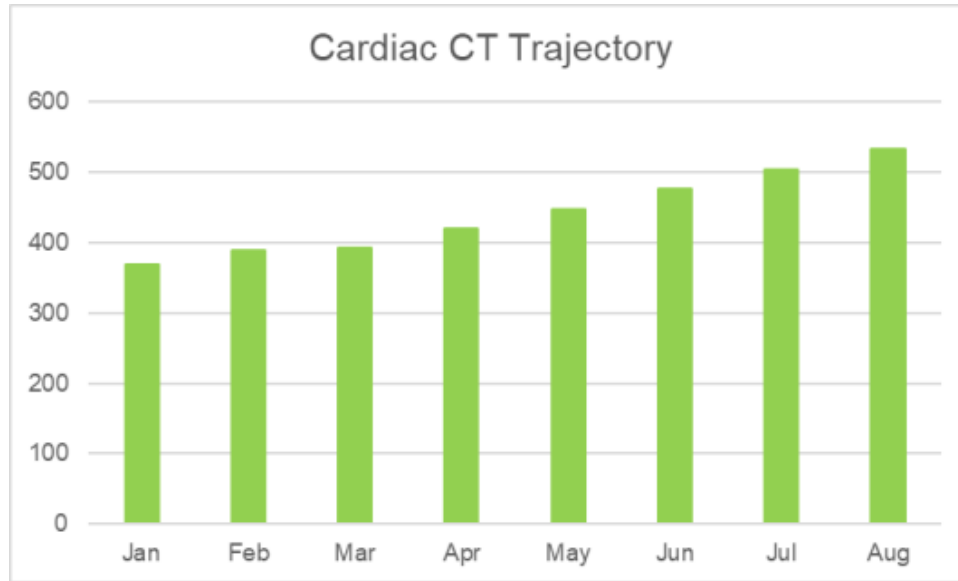
Ultrasound Trajectory



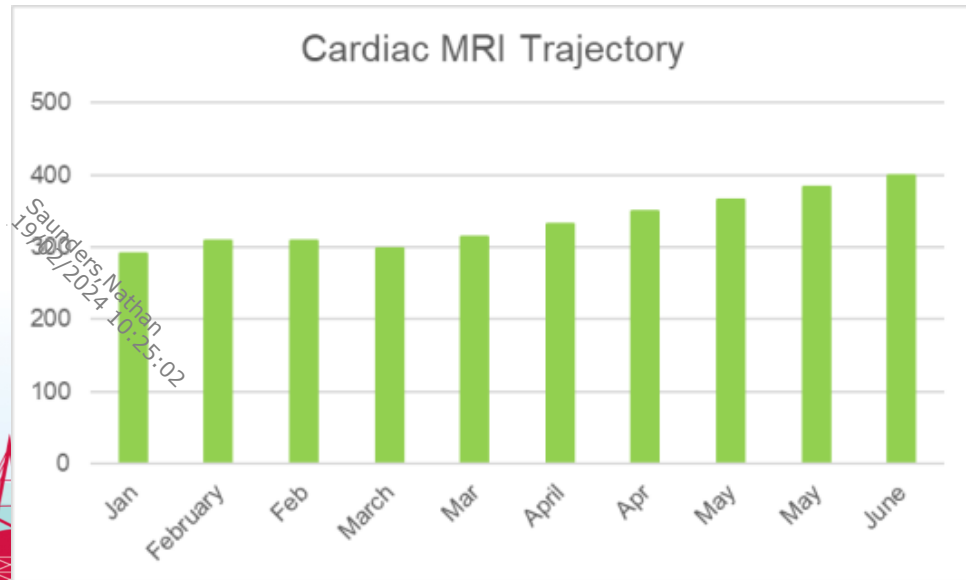
Ultrasound continues to deteriorate due to national shortage of staff and inability for outsourcing companies to recruit staff. Improvement will be reliant on the following:

- Recruitment of locums
- Increased training places in Cardiff for sonographers
- Community diagnostic hubs

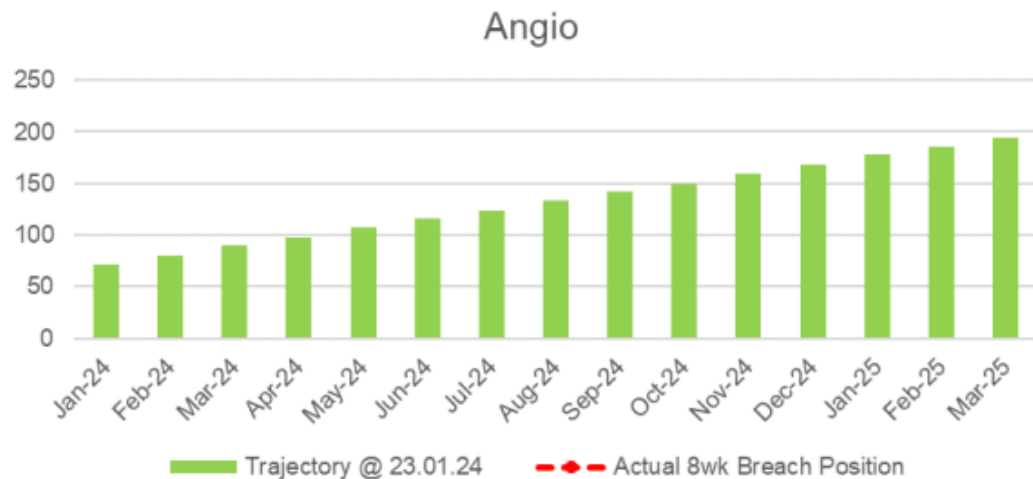
Modalities requiring further improvement plans



Cardiac CT and MRI has historically been supported through outsourcing, the service is delivered by Consultants and there is a limited number with the relevant expertise. Improvement will be made through a combination of outsourcing whilst recruiting and training both radiologists and cardiologists for long term sustainability. Recruitment will begin imminently



Modalities requiring further improvement plans



The shift from WLI's to regular planned activity via the introduction of the rate card has reduced the additional activity that this service relied upon. The sustainable solution is the recruitment of an additional consultant post which is currently being processed by the clinical board. Whilst productivity and efficiency options are being implemented, improvement with the additional post is likely to take 6 months

Nuclear medicine Diagnostics:

With the current supply capability of radiopharmacy there are a group of diagnostic tests which will continue to have breaches through next financial year

The net breach position for Nuclear medicine will be 108,

There is work ongoing with Swansea Bay to maximise product availability to improve the position

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Modalities requiring further improvement plans

Cystoscopy



Urodynamics

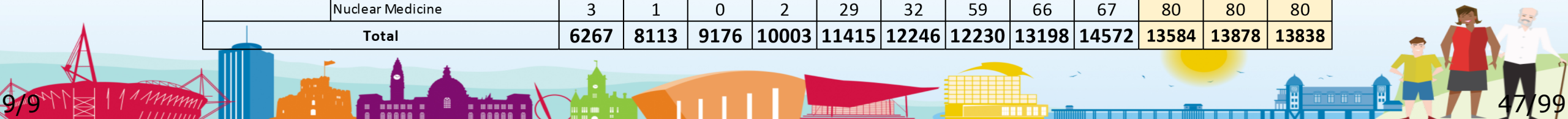


The Urology diagnostic position is driven through a shortage of medical workforce. There is a wider piece of work being undertaken to right size urology, with consideration for additional consultants, middle grades and non medical workforce. Improvement of these waiting times and the backlogs will be reliant on the completion of this work.

Projection for Q1 and 2 2024/25

		Monthly reported 8 week breaches									Forecast		
	Diagnostic	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Mar-24	Q1 24/25	Q2 24/25
Cardiology	Myocardial Perfusion Scanning	82	82	82	82	82	82	29	35	28	28	28	28
	Echo Cardiogram	99	334	510	359	137	199	175	211	270	174	45	0
	Dobutamine Stress Echocardiogram	32	22	18	15	22	43	11	11	21	21	0	0
	Stress Test	45	33	30	8	4	1	0	0	1	0	0	0
	Blood Pressure Monitoring	22	24	26	22	16	3	1	1	0	0	0	0
	Heart Rhythm Recording	489	509	524	535	523	526	476	379	372	222	0	0
	Diagnostic Angiography	113	98	91	81	59	54	41	62	59	90	200	200
	Trans Oesophageal Echocardiogram	7	2	3	2	1	0	3	6	1	0	0	0
	Cardiac CT	115	148	175	205	238	246	281	301	343	392	475	520
	Cardiac MRI	123	162	190	207	222	254	254	272	291	298	400	400
	Diagnostic Electrophysiology (EP Stu	0	0	0	0	1	0	0	0	1	0	0	0
Diagnostic Endoscopy	Cystoscopy	243	254	243	227	229	226	190	203	183	244	245	245
	Colonoscopy	327	522	694	831	990	1140	1291	1374	1493	1643	5517	5277
	Flexible Sigmoidoscopy	351	440	520	576	681	759	820	882	957	1085		
	Gastroscopy	930	1143	1313	1481	1643	1784	1903	1991	2156	2326		
	Bronchoscopy	15	17	16	14	14	15	15	14	17	17		
Imaging	Fluoroscopy	2	5	9	12	12	27	16	9	12	0	0	0
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	0	0	0	0	0	0	0
	Electromyography	0	0	0	0	0	0	0	0	0	0	0	0
Physiological Measurement	Urodynamic Tests	49	61	59	58	79	74	67	55	58	39	38	38
	Vascular Technology	0	1	0	0	1	0	4	0	0	0	0	0
Radiology	MRI	954	1163	1288	1282	1635	1754	1624	1662	1878	1140	250	0
	Non-Obstetric Ultrasound	2099	2550	2614	3223	3969	4368	4523	5121	5738	5777	6600	7050
	CT	167	542	770	787	828	659	537	543	626	8	0	0
	Nuclear Medicine	3	1	0	2	29	32	59	66	67	80	80	80
Total		6267	8113	9176	10003	11415	12246	12230	13198	14572	13584	13878	13838

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Cardiff and Vale Integrated Performance Report

February 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
Delayed Transfers of Care	Reduction in backlog of delayed transfers Measure: number of delayed transfers of care. Reporting period: monthly	217	Yes	June 2023	173 January	Hyperlink to section
Primary Care Access to Services	Improved access to GP and Community Services Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly	95%	Yes	June 2023	98% December	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	139% December	Hyperlink to section
	Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	90%	Yes	June 2023	98% December	Hyperlink to section
	Improved use of optometry services Measure: Reduce number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Reporting: monthly	877	Yes	Dec 2023	656 December	Hyperlink to section
Urgent and Emergency Care	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales Measure: Performance response time in NHS 111 Reporting: TBC	tbc	tbc	June 2023	tbc	Hyperlink to section
	Implementation of Same Day Emergency Care services Measure: Increase in SDEC attendances Reporting: monthly	1233	Yes	June 2023	1622 December	Hyperlink to section
	Honour commitments that have been made to reduce handover waits Measure: Eliminate 4 hour ambulance handover delays Reporting: monthly	0	Yes	June 2023	0 December	Hyperlink to section

Priority	Aim		C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report
Planned Care, Recovery, Diagnostics and Pathways of Care	Achieve RTT waiting time targets Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly Measure 2: 104 week treatment target by December 2023 Reporting: monthly		8999	No	Mar 2024	11617 December	Hyperlink to section
			3788	Yes	Dec 2023	3780 December	Hyperlink to section
	Set foundations for achieving waiting list targets Measure: Reduce outpatient overdue follow by 25% against 2019/20 levels Reporting: monthly		37623	Yes	Mar 2024	34737 December	Hyperlink to section
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly Measure 2: Achieve 8-week diagnostic Reporting: monthly		Go-Live	Yes	Dec 2023	Q1 24/25	Hyperlink to section
			0	No	June 2025	14572 December	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly		Go-Live	Yes	Sept 2023	On track	Hyperlink to section
Cancer	Achieve SCP target Measure: 75% of patients starting their first definitive cancer treatment within 62 days Reporting: monthly		75%	Yes	June 2023	70.2% December	Hyperlink to section
	Implement the national cancer pathways within the national target Measure: progress reporting on national cancer pathways Reporting: quarterly		Go-Live	Yes	Sept 2023	Planning ongoing	Hyperlink to section
Mental Health and CAMHS	Achieve waiting time performance for Local Primary Mental Health Support Services and Specialist CAMHS Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2023	92.2% Dec	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Dec	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	52.0% Dec	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	95% Dec	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	4% Dec	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	87% Dec	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly		Go-Live	Yes	Sept' 2023	Delivered	Hyperlink to section

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Section 2: Cardiff and Vale Performance Report

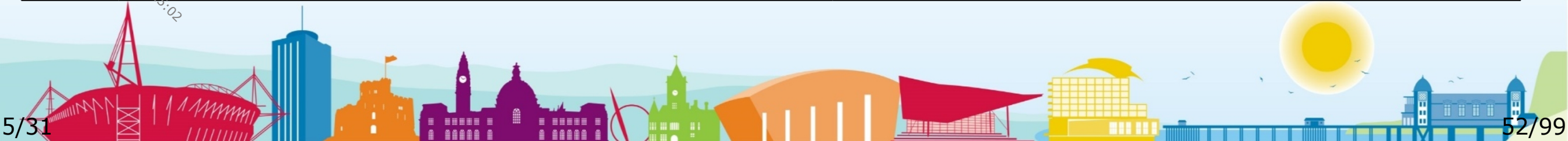
The Performance Report section provides detail of UHB performance across the quadruple aims.

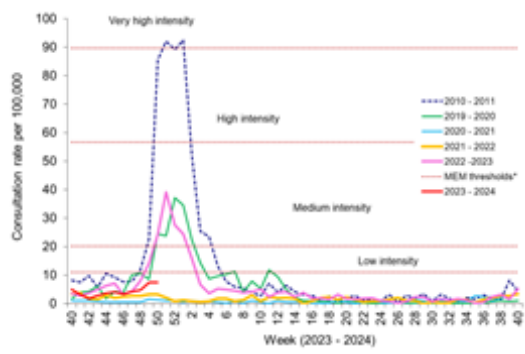
Detail on what is included under each quadruple aim is provided below.

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

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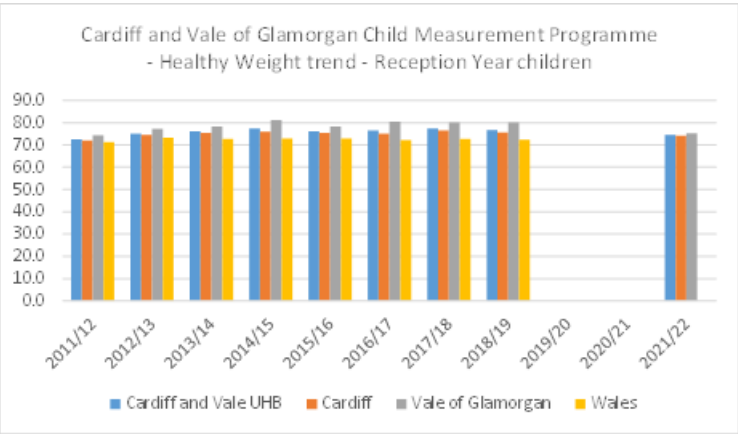
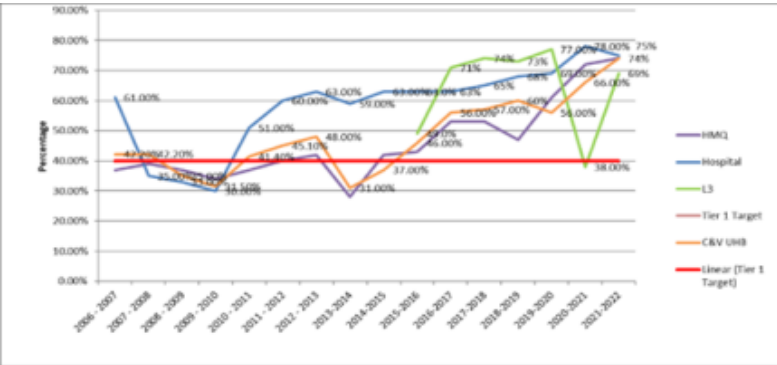
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	<div>Urgent and Emergency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



Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	<p>Acute Respiratory Infections (ARI)</p> <ul style="list-style-type: none">While influenza activity is low, there is now evidence that it is circulating in WalesHospital 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.There are a significant number of outbreaks in hospital due to Covid-19; and due to fluOmicron sub-variant EG.5.1 and XBB are currently the most common variants across WalesRSV activity in under 5s continues to decrease but levels remain highThere has been a large increase in whooping cough (pertussis) notifications in recent weeks	Week 50	 <p>Source: PHW weekly flu/ARI report</p>
Health Protection Immunisation	<p>Immunisation:</p> <ul style="list-style-type: none">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).As of the 18th of December UHB COVID-19 Staff vaccination uptake sits at 39% and it is at 35% for Influenza vaccination.This is delivered as part of the Staff Winter Respiratory Vaccination campaign which will see the co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres and with opportunistic vaccination through vaccination champions.	Q2 2023/24	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant covid 19 vaccination.</p> <p>https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board</p> <p>https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>
Health Protection Health Protection System	<p>Health Protection System</p> <ul style="list-style-type: none">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 Q4A measles tabletop exercise was held on 19/12/23 and a debrief will be held in the New Year.	Q3 2023/24	

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Priority	Performance Summary	Reported Period	Data
Health Improvement Healthy weight	<p>Healthy weight:</p> <ul style="list-style-type: none">74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Boards. However in comparison to UK and Europe rates are high.40% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021/22+2022/23)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021/22+2022/23)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021/22+2022/23)*.Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. This difference is significant for childhood obesity.	Q2 2023-2024	
Health Improvement Tobacco	<p>Tobacco</p> <ul style="list-style-type: none">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 teamIn 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)HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks.Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks.Hospital Service - 85% of Treated Smokers had quit smoking at 4 weeks.	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	0.6%	<table><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%	83.7%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>83.70%</td><td>87.20%</td><td>86.80%</td><td>84.80%</td></tr></table>	Q1	Q2	Q3	Q4	83.70%	87.20%	86.80%	84.80%
Q1	Q2	Q3	Q4										
83.70%	87.20%	86.80%	84.80%										
4.	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024)	1 Jan 23 to 30 Jun 23	90%	74.4%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>74.40%</td><td>72.60%</td><td>70.30%</td><td>71.30%</td></tr></table>	Q1	Q2	Q3	Q4	74.40%	72.60%	70.30%	71.30%
Q1	Q2	Q3	Q4										
74.40%	72.60%	70.30%	71.30%										
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	1 Sep 23 to 31 Mar 24	75%	70.9%	<table><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 (Applicable during: Spring Booster 01.04.2023 - 30.06.2023) (Autumn Booster 01.09.2023 - 31.03.2024)	1 Sep 23 to 30 Mar 24	75%	53.19%	<table><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%	31.9%	<table><tr><td>May-23</td><td>Jun-23</td><td>Jul-23</td><td>Aug-23</td></tr><tr><td>3.40%</td><td>4.70%</td><td>12.30%</td><td>31.90%</td></tr></table>	May-23	Jun-23	Jul-23	Aug-23	3.40%	4.70%	12.30%	31.90%
May-23	Jun-23	Jul-23	Aug-23										
3.40%	4.70%	12.30%	31.90%										
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-23	90%	97.7%	<table><tr><td>Mar-23</td><td>Apr-23</td><td>May-23</td><td>Jun-23</td></tr><tr><td>96.30%</td><td>95.60%</td><td>98.00%</td><td>97.70%</td></tr></table>	Mar-23	Apr-23	May-23	Jun-23	96.30%	95.60%	98.00%	97.70%
Mar-23	Apr-23	May-23	Jun-23										
96.30%	95.60%	98.00%	97.70%										
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Sep-23	95%	97.6%	<table><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%										

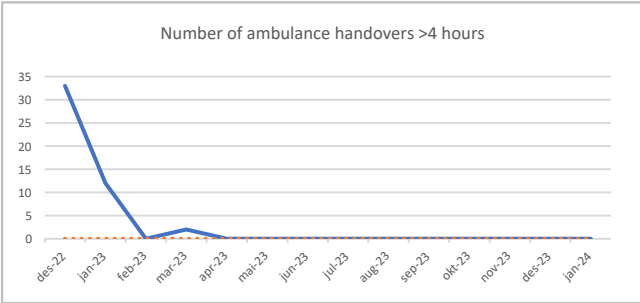
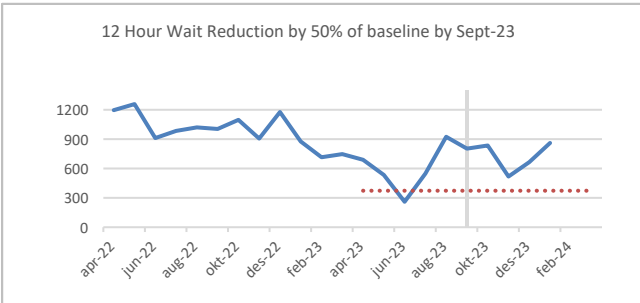
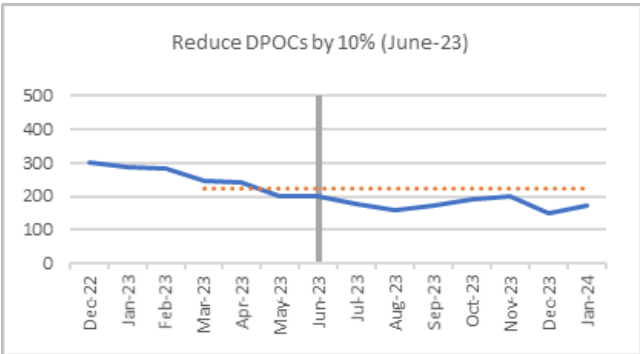
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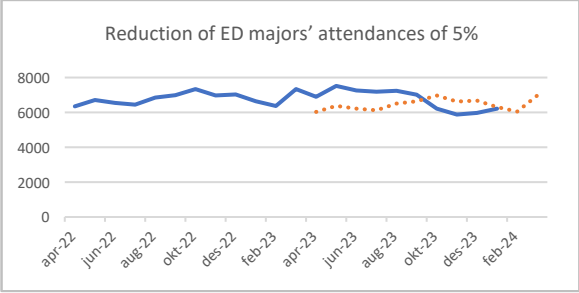
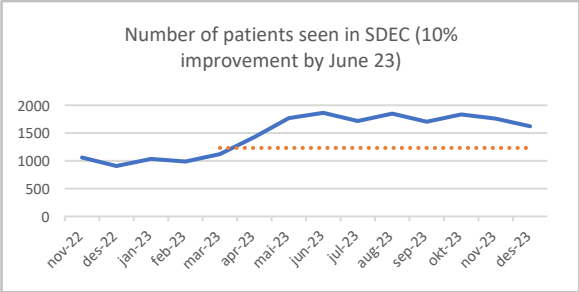
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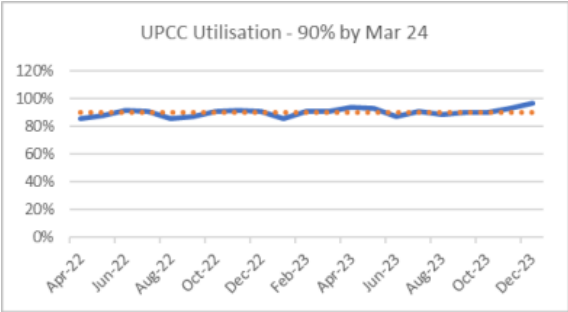
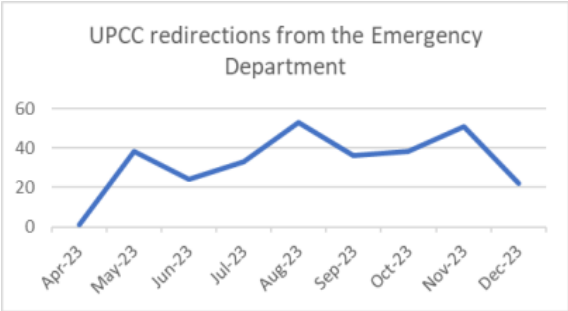
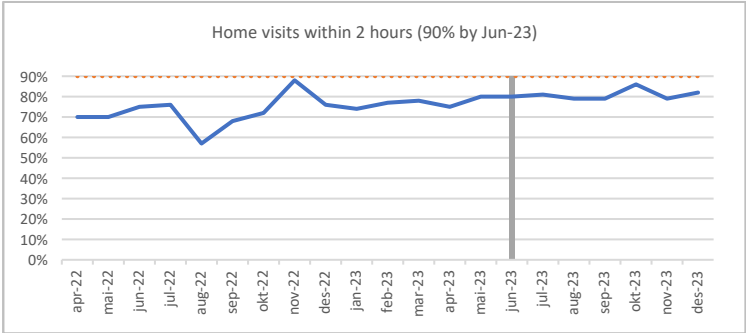
C&V Priorities and Annual Plan Commitments

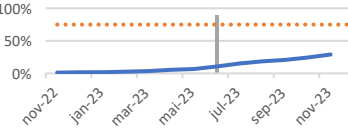
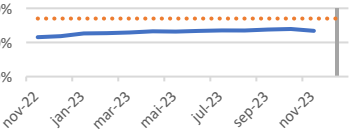

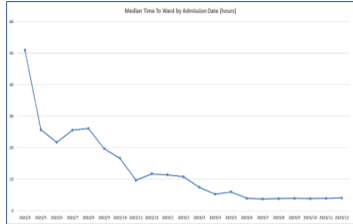
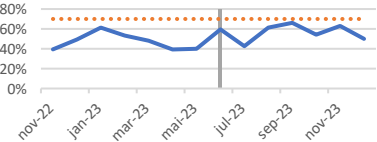
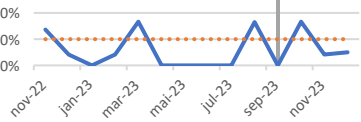
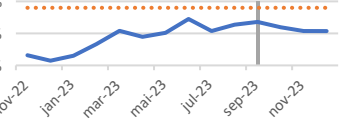
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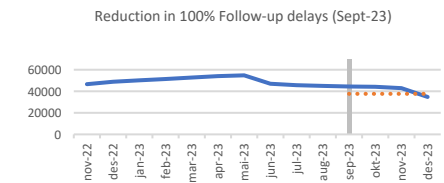
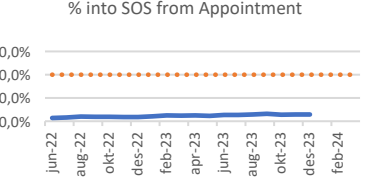
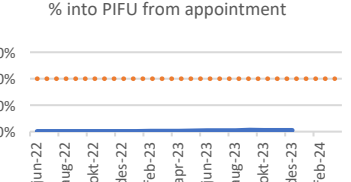
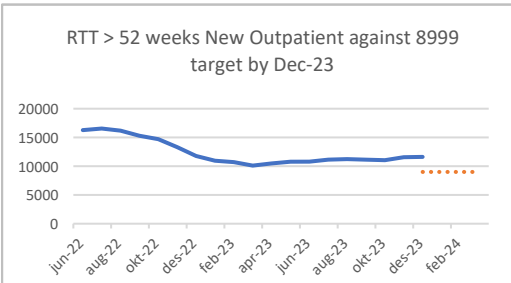
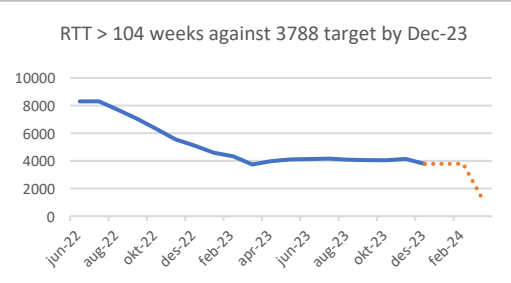
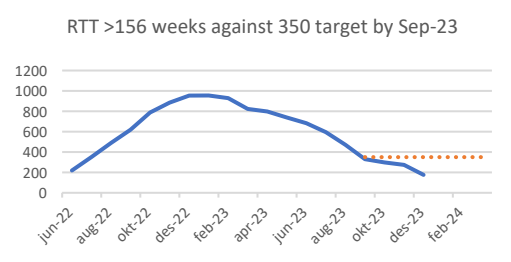
Priority	Performance Summary	Reporting Period	Data
<div>Ambulance Handover</div> <div>Annual Plan Commitments:</div> <div><div><div>Zero 4-hour ambulance delays (June 23)</div><div>Reduce average lost minutes to 30 (Sept 23)</div></div></div>	<div><div><div>The number of ambulance handovers >4 hours 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, October 10, November 14. This decreased slightly to 9 in December but has increased slightly to 15 in January.</div><div>Average lost minutes per arrival at UHW remains has increased slightly to 22 minutes in January from 17 in December. Average lost minutes per arrival for the Health Board was 19. This performance remains better than our annual plan commitment.</div></div></div>	Jan-24	<div><div>Number of ambulance handovers >4 hours</div></div>
<div>Emergency Department</div> <div>Annual Plan Commitments:</div> <div><div><div>Zero 24-hour ED waits (June 23)</div><div>Reduce 12-hour ED waits by 50% (Sept 23)</div></div></div>	<div><div><div>In January, 17 patients waited 24-hours in the EU footprint without a stop-clock, an increase from the 3 patients in December</div><div>12-hour ED waits increased from 665 in December to 861 in January 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</div></div></div>	Jan-24	<div><div>12 Hour Wait Reduction by 50% of baseline by Sept-23</div></div>
<div>Delayed Pathways of Care, LOS and Beds</div> <div>Annual Plan Commitments:</div> <div><div><div>Reduce DPOCs by 10% (June-23)</div><div>Reduce >21 day LOS by 5% (June-23)</div><div>Re-establish dedicated AOS beds (Sept)</div></div></div>	<div><div><div>Delayed pathways of care remain a national challenge, the December 2023 census reported 173 delayed pathways, an increase from December but below our commitment of 217</div><div>We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 30% and 57% respectively.</div><div>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.</div></div></div>	Jan-24	<div><div>Reduce DPOCs by 10% (June-23)</div></div>

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Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment <ul style="list-style-type: none">Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	<ul style="list-style-type: none">In January 2024 we reported 11,105 EU attendances, an increase from the 10,717 reported in DecemberThe number of EU Majors attendances in January 2024 was 6215, an increase from December but below our ambition of 6507.	Jan-24	
Same Day Emergency Care Annual Plan Commitment <ul style="list-style-type: none">10% increase in the total number of patients managed through SDEC (June 2023)Reduced number of unplanned re-presentations within 7-days of SDEC attendance (September 2023)Improve % of take managed in SDEC without requiring admission	<ul style="list-style-type: none">In December 2023 we saw 1,086 patients seen via surgical SDEC and 536 via the medical SDEC. In total 1,622 patients were seen, above our commitment of a 10% increase by the end of Q1A new process for national submissions has been undertaken and we hope to report on the other measures once complete	Dec-23	

Priority	Performance Summary	Reporting Period	Data
<div>Urgent Primary Care</div> <div>Annual Plan Commitments:</div> <ul style="list-style-type: none">80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024)All clusters to have adequate access to UPCC capacity (September 2023)NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023)Increased redirections from ED to UPCC (March 2024)	<ul style="list-style-type: none">Average utilisation of >90% achieved across Cardiff and Vale from September, increasing to 97% in DecemberDelivery 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 currently at 86% coverage of the C&V populationCalls to CAV247/OOH service - Q1 = 93%, Q2 = 87%, Q3 = 88%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 Q3 = 112	<div>Dec-23</div> <div>Q3- Dec 23</div>	<div><div>UPCC Utilisation - 90% by Mar 24</div><div>UPCC redirections from the Emergency Department</div></div>
<div>Community Services</div> <ul style="list-style-type: none">Home Visit (P2) f2f in 2 hrs >90% (June 2023)	<ul style="list-style-type: none">The Health Board was 100% compliant in December 2023 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 2 of 2 patients receiving their visit with one hour.For patients that required an ‘Emergency’ appointment at a primary care center in November the Health Board was 100% compliant, with 4 of 4 patients receiving an appointment within 1 hourThe Health Board was 82% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 98 of 119 patients receiving their visit within 2 hours	<div>Dec-23</div>	<div><div>Home visits within 2 hours (90% by Jun-23)</div></div>

Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: <ul style="list-style-type: none">75% admitted within 4 hours (June-23)85% to theatre within 36 hours (December-23)	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In 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>	Nov-23	<div><div>#NOF admitted within 4 hours (75% by Jun-23)</div><div>#NOF to theatre within 36 hours (85% by Dec-23)</div><div></div><div></div><div></div><div></div></div>
Stroke IMTP Commitments: <ul style="list-style-type: none">70% scanned within 1 hour (June-23)90% admitted within 4 hours (Sept-23)20% thrombolysis rate (Sept-23)	<p>While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen significant recent improvements in compliance. In November:</p> <ul style="list-style-type: none">10% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 12.1%The percentage of CT scans that were started within 1 hour in December was 48.5%, the All-Wales average was 56.3%The percentage of patients who were admitted directly to a stroke unit within 4 hours was 50% in December, the All-Wales average was 25.5% <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>	Dec-23	<div><div>% Scanned within 1 hour (70% by June-23)</div><div>Stroke Thrombolysed within 45 minutes (20% by Sept-23)</div><div>Direct admission to stroke unit within 4 hours (90% by Sept-23)</div><div></div><div></div><div></div></div>
Intensive Care Unit IMTP Commitments: <ul style="list-style-type: none">Patient at risk team 24/7 (Sept 23)ITU - 1 additional staffed bed (Sept 23)ITU - 2 additional staffed beds (March 24)	<ul style="list-style-type: none">The patient at risk team (PART) is now a 24/7 service. This expansion is important for supporting the wards and ITU with the save management and transfer of patients.3 additional ITU Level 3 beds will be resourced over the course of this financial year. The first of those beds is on-track to be resourced from September 2023 following successful recruitment of staff	Dec-23	

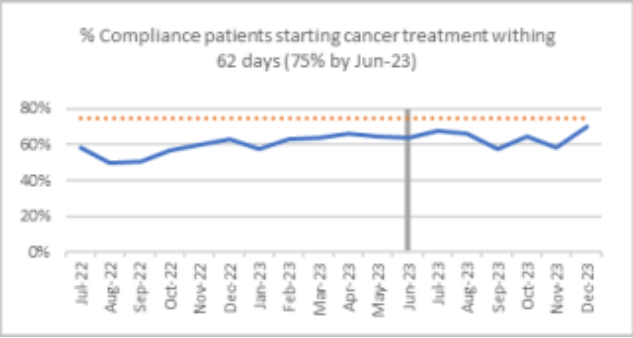
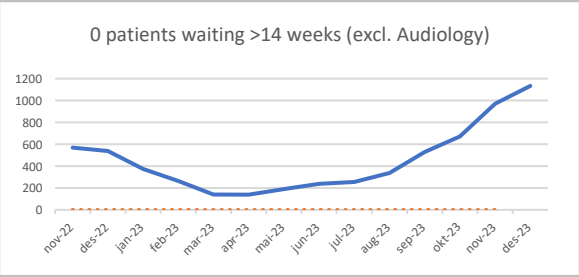
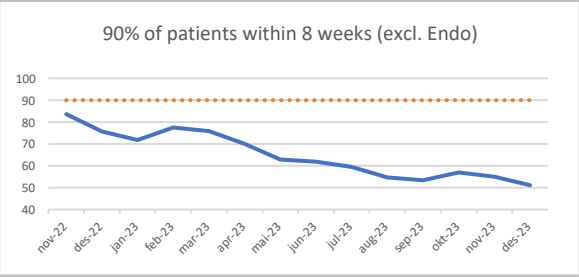
Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment <ul style="list-style-type: none">Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023)SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024)SOS and PIFU –20% of appropriate outpatient appointments	<ul style="list-style-type: none">In total there were 181,926 patients awaiting a follow-up outpatient appointment at the end of DecemberOf these, there were 34,737 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from November2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway0.5% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	<div>Dec-23</div> <div>Dec-23</div>	<div><p>Reduction in 100% Follow-up delays (Sept-23)</p><p>% into SOS from Appointment</p><p>% into PIFU from appointment</p></div>
52 Week New Outpatient Annual Plan Commitment <ul style="list-style-type: none"><8999 > 52 weeks (March 2024)	<ul style="list-style-type: none">We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO for all long waiting patient groups.In December, 11617 patients had waited 52 weeks for their outpatient appointment, an increase from November and still above our ambition for March 24. We are working with our high volume specialties to reduce this as we move through Q4.	<div>Dec-23</div>	<div><p>RTT > 52 weeks New Outpatient against 8999 target by Dec-23</p></div>
104 Week Treatment Annual Plan Commitment <ul style="list-style-type: none">3788 patients > 104 week waits for treatment (December 2023)1263 patients > 104 week waits for treatment (March 2024)	<ul style="list-style-type: none">In December the Health Board met its commitment to have no more than 3% of patients waiting more than 104 weeks for treatment. We closed December with 3780 patients waiting longer than 104 weeks which accounts for 2.67% of the total waiting list.Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment as we work towards the March ambition.	<div>Dec-23</div>	<div><p>RTT > 104 weeks against 3788 target by Dec-23</p></div>
156 Week Waits Annual Plan Commitment <ul style="list-style-type: none"><350 patients >156 week wait for treatment (September 2023)0 patients >156 week wait for treatment (December 2023)	<ul style="list-style-type: none">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 176 in December. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.	<div>Dec-23</div>	<div><p>RTT >156 weeks against 350 target by Sep-23</p></div>

Priority	Performance Summary	Reporting Period	Data																														
Community Pharmacy Annual Plan Commitment: <ul style="list-style-type: none">>90% of all eligible community pharmacies providing CCPS (June 2023)10% increase in pharmacy independent provider access (December 2023)	98% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none">100 Community Pharmacies currently eligible to provide CCPS100/103 Community Pharmacies signed up to deliver CCPS. 3537 PIP consultations undertaken in Q3, increased from 2395 in Q1 and 3502 in Q2. There has been an increase to 32% of pharmacies providing PIP services.	Q3- December 2023	<div>PIP consultations</div> <table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>1361</td><td>1348</td><td>926</td><td>1263</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	1361	1348	926	1263																						
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GMS Escalation Annual Plan Commitment: <ul style="list-style-type: none">>95% of practices reporting escalation levels (June 2023)>95% achievement of core access to in-hours GMS Services (September 2023)	<ul style="list-style-type: none">Average of 92% of Practices reporting escalation levels (Average for Q1 and Q2 88%) – Increase in number of practices at level 3 or above (36 practices as at December 23 = 64%)98% achievement of core access standards to in hours GMS	Q3- Dec 2023	<div>Escalation reporting</div> <table><tr><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>88.0%</td><td>88.0%</td><td>92.0%</td></tr></table> <div>Access Standards</div> <table><tr><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>98.0%</td><td>98.0%</td><td>98%</td></tr></table>	Q1	Q2	Q3	88.0%	88.0%	92.0%	Q1	Q2	Q3	98.0%	98.0%	98%																		
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98.0%	98.0%	98%																															
Dental Annual Plan Commitment: <ul style="list-style-type: none">50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	<ul style="list-style-type: none">% of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 113.9%% of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 52.8%% of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 51.2% 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.	Q3- Dec 2023	<table><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><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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CDWL volume	21,836	22,975	23,892	24,636																													
Optometry Annual Plan Commitment <ul style="list-style-type: none">>90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	<ul style="list-style-type: none">Contract reform and implementation still in progress, currently 12 practices offer and Optometry Independent Prescribing service (18.75%)	Q3- Dec 2023																															
Respiratory Annual Plan Commitment <ul style="list-style-type: none">50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	<ul style="list-style-type: none">Community Spirometry service available in both Cardiff and Vale regions.1,269 Patients appointed (81%), current waiting list of 251.Phase 2 service implemented from November to include post bronchodilator spirometry and reversibility/FeNO testing for patients who are suspected of having asthma. Increased number of clinics in Community from January 2024.	Q3- Dec 2023																															

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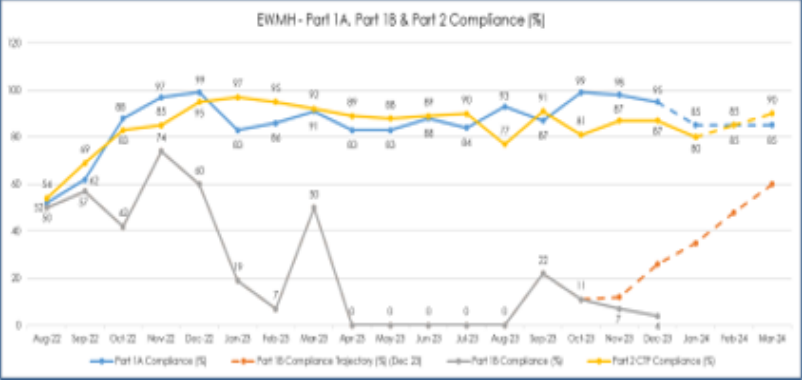
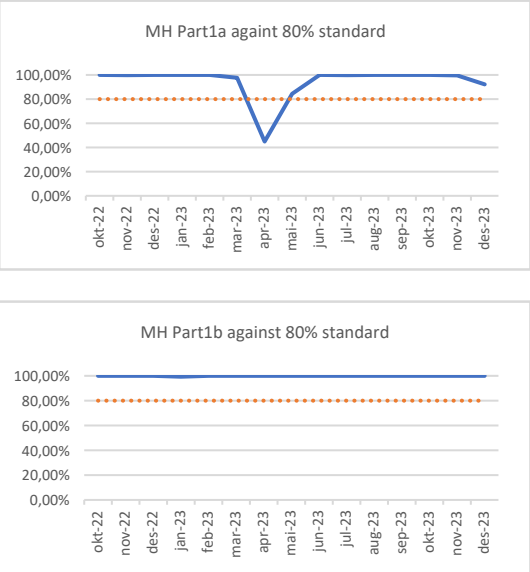
C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment <ul style="list-style-type: none">>75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)Develop draft UHB strategy to deliver national cancer pathways (June 2023)	<ul style="list-style-type: none">December saw an increase in compliance with the 62-day SCP standard, with performance increasing to 70.2%. This is the highest % we have achieved since the introduction of the Single Cancer Pathway. We continue to address the backlog of long waiting patients. At the time of writing there are a total of 2150 suspected cancer patient on the SCP. 312 have waited over 62 days, of which 93 have waited over 104 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.The UHB draft strategy has been developed including working with national cancer pathways	<div>Dec-23</div> <div>No date</div>	
Therapies Annual Plan Commitment <ul style="list-style-type: none">0 patients waiting over 14 weeks (excluding audiology) (June 2023)	<ul style="list-style-type: none">Excluding Audiology there were 1133 patients waiting over 14-weeks for Therapy in at the end of December. In total there were 1804 patients waiting longer 14 weeks for Therapy, a decrease from November due to a reduction in Audiology breaches.	<div>Dec-23</div>	
Diagnostics Annual Plan Commitment <ul style="list-style-type: none">90% of patients within 8-weeks (excl. endoscopy) (December 2023)Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023)Regional Diagnostic Centre go-live (December 2023)	<ul style="list-style-type: none">Excluding endoscopy there were 9766 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of December. In total there were 14572 patients waiting longer than 8 weeks for a diagnostic test, an increase from November.51% of patients seen within 8 weeks in December (excluding Endoscopy), a decrease from November.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.	<div>Dec-23</div> <div>No date</div>	

Priority	Performance Summary	Reporting Period	Data
Whole System Evaluation Annual Plan Commitment: <ul style="list-style-type: none">Undertake high impact evaluations of three key specialities (June 2023)Undertake high impact evaluations of three key specialities (Sept 2023)	Evaluations completed in Therapies and Cardiac Services. At the Theatres Summit in September Endoscopy, Gynecology and dental services presented their evaluations. Work is ongoing to expand the evaluation process across key specialties and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.	Nov-23	
Supporting Patients Whilst Waiting Annual Plan Commitment: <ul style="list-style-type: none">Produce models of care (June 2023)Develop pathways (Sept 2023)Expand services (December 2023)	<p>Models of care and pathways have so far been produced for 8 services including Prepare Well (Orthopaedics), ESCAPE Pain and Cancer Prehab2Rehab</p> <p>This workstream has been realigned with a national focus the 3 Ps programme and delivery of Single Point of Access from Q1 24/25:</p> <ul style="list-style-type: none">Promoting healthy behavioursPreventing deconditioning whilst waitingPreparing for treatment and recovery	Dec-23	



Priority	Performance Summary	Reporting Period	Data
Children’s Mental Health Annual Plan Commitments: <ul style="list-style-type: none">>80% Part 1a performance – SCAMHSPart 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023)Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	<p>Part 1a compliance remains above the 80% standard at 95% in December.</p> <p>Part 1b performance reduced to 4% and remains low due to additional assessments undertaken to meet Part 1a and high referral levels in June and July 23 and continued workforce challenges. The number waiting continues to increase but the longest wait reduced in December. The number waiting over 16 weeks remains low.</p> <p>There have been data quality issues and a thorough improvement in the capture of data which has further impacted reported performance. The implementation of a new PARIS module has improved data capture.</p>	Dec-23	
Adult Mental Health Annual Plan Commitments: <ul style="list-style-type: none">>80% Part 1a performance>80% Part 1b performance	<p>Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1047 referrals in December 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.</p> <p>Significant work has been undertaken to improve access times to adult primary mental health:</p> <ul style="list-style-type: none">Part 1a: in December the percentage of Mental Health assessments undertaken within 28 days was 92.2%Part 1b compliance remains at 100%	Dec-23	

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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	Dec-23	100%	98%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>98.0%</td><td>98.0%</td><td>98.0%</td></tr></table>	Q1	Q2	Q3	98.0%	98.0%	98.0%										
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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)	New 139.3% New Urgent 63.3% Historic 64.7%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></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%
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12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Dec-23	Reduction by Mar 24	656	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>860</td><td>943</td><td>740</td><td>656</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	860	943	740	656								
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13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-23	Increase against 22/23	1263	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>1361</td><td>1348</td><td>926</td><td>1263</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	1361	1348	926	1263								
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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	Dec-23	80%	95%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>87%</td><td>99%</td><td>98%</td><td>95%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	87%	99%	98%	95%								
Sep-23	Oct-23	Nov-23	Dec-23																		
87%	99%	98%	95%																		
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	Dec-23	80%	4%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>22%</td><td>11%</td><td>7%</td><td>4%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	22%	11%	7%	4%								
Sep-23	Oct-23	Nov-23	Dec-23																		
22%	11%	7%	4%																		
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	Dec-23	80%	92.2%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>100.0%</td><td>100.0%</td><td>99.6%</td><td>92.2%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	100.0%	100.0%	99.6%	92.2%								
Sep-23	Oct-23	Nov-23	Dec-23																		
100.0%	100.0%	99.6%	92.2%																		
17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Dec-23	80%	100%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	100.0%	100.0%	100.0%	100.0%								
Sep-23	Oct-23	Nov-23	Dec-23																		
100.0%	100.0%	100.0%	100.0%																		

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	Jan-24	65%	48%	Oct-23	Nov-23	Dec-23	Jan-24
					53%	52%	56%	48%
19.	Median emergency response time to amber calls	Nov-23	12m improvement trend	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)	Dec-23	12m reduction trend	19	Sep-23	Oct-23	Nov-23	Dec-23
					19	20	18	19
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Dec-23	12m reduction trend	59	Sep-23	Oct-23	Nov-23	Dec-23
					72	64	61	59
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	Jan-24	95%	63.6%	Oct-23	Nov-23	Dec-23	Jan-24
					66.8%	66.6%	63.9%	63.6%
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	Jan-24	0 (Mar 2024)	861	Oct-23	Nov-23	Dec-23	Jan-24
					835	518	665	861
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Dec-23	80% (Mar 2026)	70.2%	Sep-23	Oct-23	Nov-23	Dec-23
					57.8%	64.7%	58.0%	70.2%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Dec-23	0 (Mar 2024)	14572	Sep-23	Oct-23	Nov-23	Dec-23
					12246	12230	13198	14572
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Dec-23	Improvement trend	81.6%	Sep-23	Oct-23	Nov-23	Dec-23
					80.29%	80.03%	81.40%	81.59%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Dec-23	0 (Mar 2024)	1804	Sep-23	Oct-23	Nov-23	Dec-23
					1703	1823	1906	1804



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	Dec-23	Improvement trajectory towards 0	11617	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>11133</td><td>11044</td><td>11561</td><td>11617</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	11133	11044	11561	11617
Sep-23	Oct-23	Nov-23	Dec-23										
11133	11044	11561	11617										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Dec-23	Improvement trajectory towards 0	21353	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>20646</td><td>20577</td><td>20758</td><td>21353</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	20646	20577	20758	21353
Sep-23	Oct-23	Nov-23	Dec-23										
20646	20577	20758	21353										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Dec-23	Improvement trajectory towards 0	34737	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>44425</td><td>44166</td><td>42904</td><td>34737</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	44425	44166	42904	34737
Sep-23	Oct-23	Nov-23	Dec-23										
44425	44166	42904	34737										
31	Number of patients waiting more than 104 weeks for referral to treatment	Dec-23	Improvement trajectory towards 0	3780	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>4054</td><td>4045</td><td>4142</td><td>3780</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	4054	4045	4142	3780
Sep-23	Oct-23	Nov-23	Dec-23										
4054	4045	4142	3780										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Dec-23	Improvement trajectory towards 0	28842	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>25541</td><td>26471</td><td>28054</td><td>28842</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	25541	26471	28054	28842
Sep-23	Oct-23	Nov-23	Dec-23										
25541	26471	28054	28842										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Dec-23	80%	95%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>87%</td><td>99%</td><td>98%</td><td>95%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	87%	99%	98%	95%
Sep-23	Oct-23	Nov-23	Dec-23										
87%	99%	98%	95%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Dec-23	80%	22%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></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	Dec-23	80%	63%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>63%</td><td>66%</td><td>68%</td><td>63%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	63%	66%	68%	63%
Sep-23	Oct-23	Nov-23	Dec-23										
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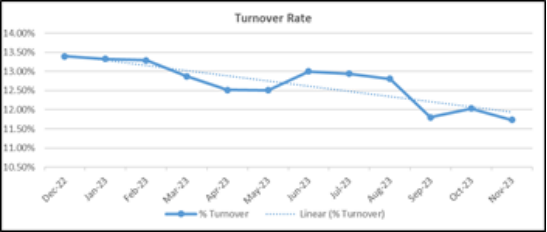

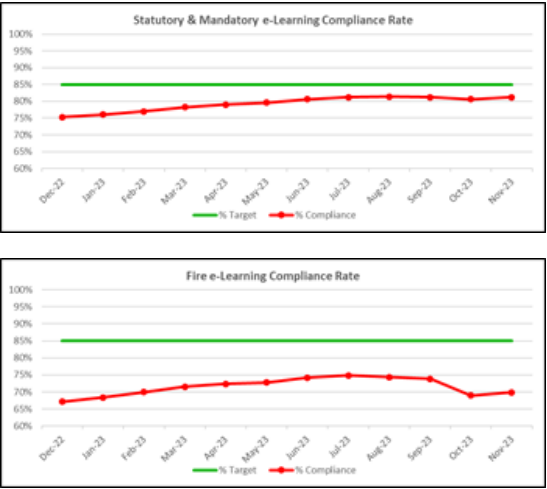

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Productivity and Efficiency measures

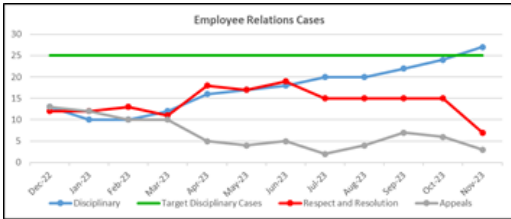

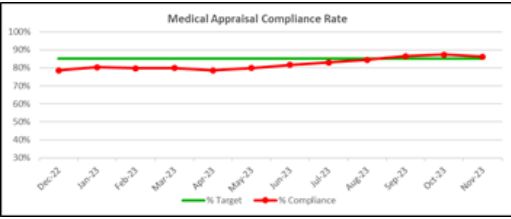
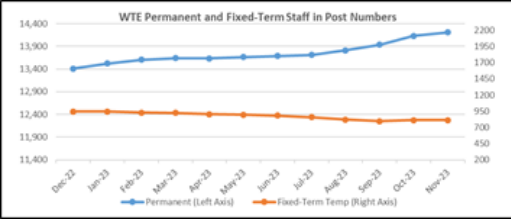
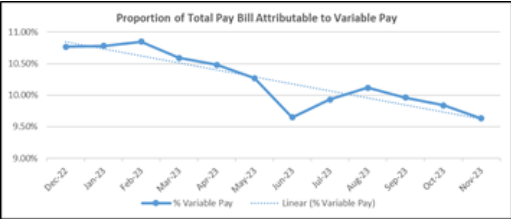
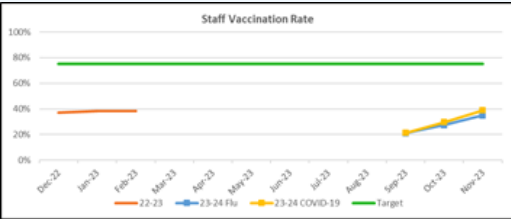
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Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.8%	10.6%	10.5%	
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%	76%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	81%	69%	
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	17.0	
	% of theatre session utilisation	95%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%	77%	
	% in session utilisation	85%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%	80%	
	<24 hour cancellations					238	314	344	293	292	255	308	338	322	
	% 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	141828	
Inpatient	Delayed pathways of Care - Mental Health	217				43	39	45	36	36	31	41	36	37	
	Delayed Pathways of Care - non-Mental Health					204	178	171	140	124	142	150	114	136	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	

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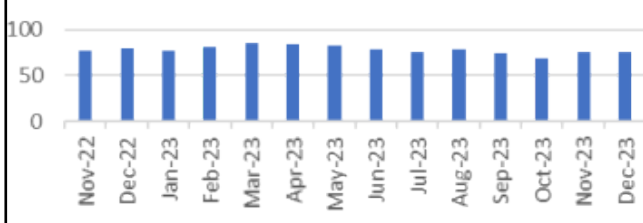
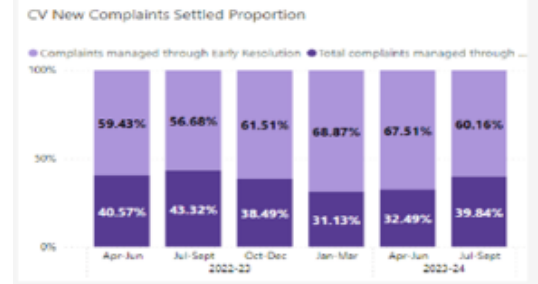
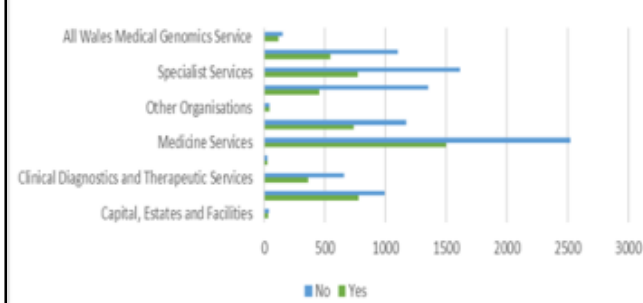
Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Dec-22; the rates have fallen from 13.40% in Dec-22 to 11.74% in Nov-23 UHB wide. This is a net 1.66% decrease, which represents 228 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; ‘Voluntary Resignation - Other/Not Known’, ‘Voluntary Resignation – Relocation’. ‘Retirement Age’. ‘Voluntary Resignation - Work Life Balance’ and ‘Voluntary Resignation – Promotion’.</p>	Nov-2023	
Sickness Absence	<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>	Nov-2023	
Statutory and Mandatory Training	<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 & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target, and PCIC, Children & 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>	Nov-2023	
Values Based Appraisal	<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 & 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>	Nov-2023	

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Priority	Performance Summary	Reported Period	Data
Employee Relations	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	
Job Plans	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	
Medical Appraisals	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	
Staff in Post	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	
Variable Pay (Bank, Agency, Overtime..)	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	
Staff Influenza Vaccination Programme	<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	

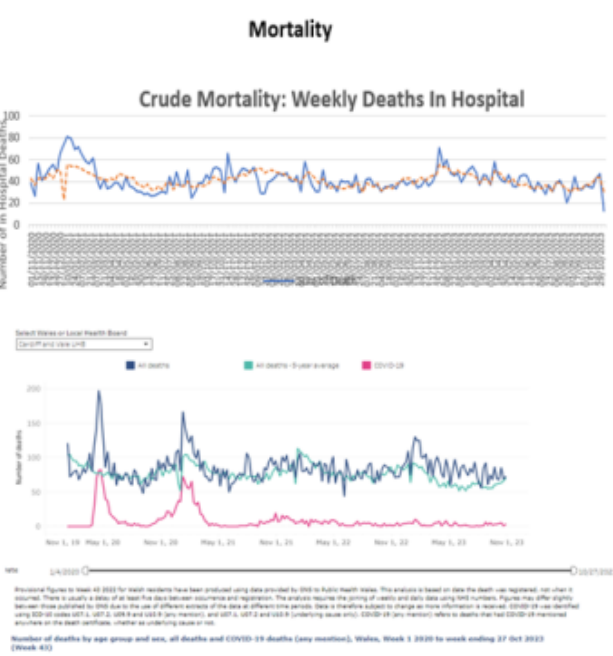


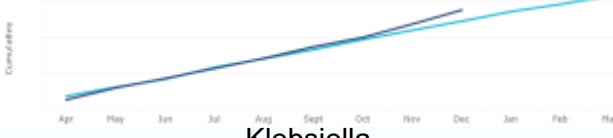


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
36.	Percentage of sickness absence rate of staff	Nov-23	6%	5.76%	Aug-23 6.27%	Sep-23 6.26%	Oct-23 6.46%	Nov-23 5.76%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Nov-23	7%-9%	11.74%	Aug-23 12.81%	Sep-23 11.80%	Oct-23 12.03%	Nov-23 11.74%
38.	Agency spend as a percentage of the total pay bill	Nov-23	12 month reduction trend	1.28%	Aug-23 2.42%	Sep-23 1.54%	Oct-23 1.35%	Nov-23 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%	69.20%	Aug-23 71.82%	Sep-23 69.00%	Oct-23 68.29%	Nov-23 69.20%



Priority	Performance Summary	Reported Period	Data																																																			
Concerns 30 day performance	<ul style="list-style-type: none">Welsh Government target for responding to concerns is 75% within 30 working daysDuring November and December 2023, the Health Board received :<ul style="list-style-type: none">583 ConcernsClosed 582 concerns76% closed within 30 working days (including Early Resolution)36 % closed under Early Resolution (within 2 days including day of receipt)180 Enquiries55 Compliments <p>We currently have 263 active concerns</p> <p>Top 3 themes and trends</p> <ol style="list-style-type: none">Concerns around appointments (waiting times/cancellations)CommunicationClinical Treatment and Assessment	November and December 23	<div>concern closed within 30 working days %</div>  <table><caption>concern closed within 30 working days %</caption><tr><th>Month</th><th>Percentage</th></tr><tr><td>Nov-22</td><td>75%</td></tr><tr><td>Dec-22</td><td>75%</td></tr><tr><td>Jan-23</td><td>75%</td></tr><tr><td>Feb-23</td><td>75%</td></tr><tr><td>Mar-23</td><td>75%</td></tr><tr><td>Apr-23</td><td>75%</td></tr><tr><td>May-23</td><td>75%</td></tr><tr><td>Jun-23</td><td>75%</td></tr><tr><td>Jul-23</td><td>75%</td></tr><tr><td>Aug-23</td><td>75%</td></tr><tr><td>Sep-23</td><td>75%</td></tr><tr><td>Oct-23</td><td>75%</td></tr><tr><td>Nov-23</td><td>75%</td></tr><tr><td>Dec-23</td><td>75%</td></tr></table> <div>CV New Complaints Settled Proportion</div>  <table><caption>CV New Complaints Settled Proportion</caption><tr><th>Period</th><th>Complaints managed through early Resolution</th><th>Total complaints managed through</th></tr><tr><td>Apr-Jun 2023-23</td><td>59.43%</td><td>40.57%</td></tr><tr><td>Jul-Sept 2023-23</td><td>56.68%</td><td>43.32%</td></tr><tr><td>Oct-Dec 2023-23</td><td>61.51%</td><td>38.49%</td></tr><tr><td>Jan-Mar 2024</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></table>	Month	Percentage	Nov-22	75%	Dec-22	75%	Jan-23	75%	Feb-23	75%	Mar-23	75%	Apr-23	75%	May-23	75%	Jun-23	75%	Jul-23	75%	Aug-23	75%	Sep-23	75%	Oct-23	75%	Nov-23	75%	Dec-23	75%	Period	Complaints managed through early Resolution	Total complaints managed through	Apr-Jun 2023-23	59.43%	40.57%	Jul-Sept 2023-23	56.68%	43.32%	Oct-Dec 2023-23	61.51%	38.49%	Jan-Mar 2024	68.87%	31.13%	Apr-Jun 2023-24	67.51%	32.49%	Jul-Sept 2023-24	60.16%	39.84%
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Duty of Candour	<ul style="list-style-type: none">19,052 incidents have been reported by staff across the Health BoardApproximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter.Approximately 65 incidents reviewed per day by the Patient Experience TeamWe continue to support DOC awareness sessions across Primary and Secondary careSince 1st April 2023 we have triggered the DOC on 78 occasionsWe have internally audited the process and complianceWe are undertaking a mid year review with colleagues in primary care		<div>Incident grading changed following review</div>  <table><caption>Incident grading changed following review</caption><tr><th>Service</th><th>No</th><th>Yes</th></tr><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>1000</td><td>1000</td></tr><tr><td>Medicine Services</td><td>2500</td><td>1000</td></tr><tr><td>Clinical Diagnostics and Therapeutic Services</td><td>1000</td><td>1000</td></tr><tr><td>Capital, Estates and Facilities</td><td>100</td><td>100</td></tr></table>	Service	No	Yes	All Wales Medical Genomics Service	100	100	Specialist Services	1500	1000	Other Organisations	1000	1000	Medicine Services	2500	1000	Clinical Diagnostics and Therapeutic Services	1000	1000	Capital, Estates and Facilities	100	100																														
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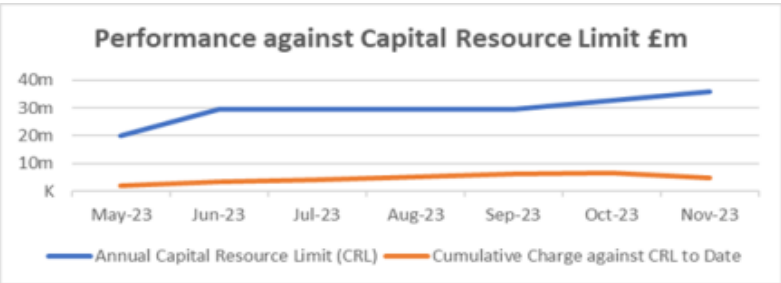
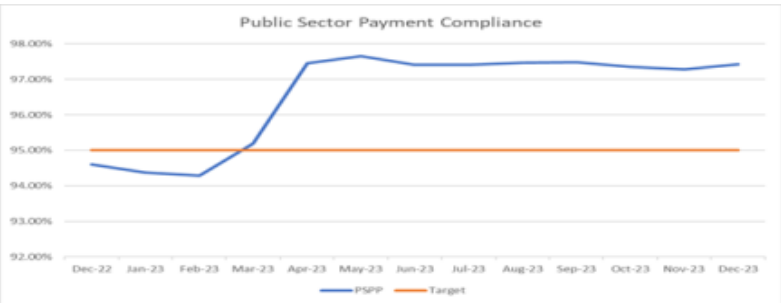

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Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	<p><u>Inpatient Mortality</u> The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>Close 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>Mortality</p> 
Infection Control	<ul style="list-style-type: none">Between April '23 and Dec '23 there 80 cases of C'difficile. The current rate is 21.10 cases for 100,000 population which is 33% lower than the equivalent period in 2022/23. The RE rate is 25.00 cases per 100,000 population, the current CAV rate is 16% below the RE. CAV is currently on trajectory to achieve the reduction expectation whilst also having the lowest rate across the 6 acute UHBsBetween April '23 and Dec '23 there 127 cases of SAUR bacteraemia. The current rate is 33.50 cases for 100,000 population which is 18 more cases than the equivalent period in 2022/23. The RE rate is 20.00 cases per 100,000 population, the current CAV rate is 68% higher than the RE. CAV is not on trajectory to achieve the RE and has the 2nd highest rate across the 6 acute UHB'sBetween April '23 and Dec '23 there 277 cases of E.coli bacteraemia. The current rate is 72.02 cases for 100,000 population which is 14% higher than the equivalent period in 2022/23. The RE rate is 67.00 cases per 100,000 population, the current CAV rate is 12% higher than the RE. CAV is not on trajectory to achieve the RE and has the 3rd lowest rate across the 6 acute UHB'sBetween April '23 and Dec '23 there 16 cases of P. aeruginosa bacteraemia which is 20% less than the equivalent period in 2022/23. The RE is 18 cases, the current CAV number is 32% less than the RE. CAV is currently on trajectory to achieve the RE and has the 3rd lowest rate across the 6 acute UHB'sBetween April '23 and Dec '23 there 92 cases of Klebsiella sp. Bacteraemia which is 9% less than the equivalent period in 2022/23. The RE is 58 cases, the current CAV rate is 22% higher than the RE. CAV is not on trajectory to achieve the RE and has the 2nd highest rate across the 6 acute UHB's.	Apr-23 – Dec-23	<p>c.diff</p>  <p>s.aureus</p>  <p>E.Coli</p>  <p>Klebsiella</p>  <p>p.aeruginosa</p> 


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Priority	Performance Summary	Reported Period	Data															
Deliver 2023/24 Draft Financial Plan	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none">Brought forward underlying deficit of £40.3mCovid Consequential costs of £34.2m & Additional energy costs of £11.5m23/24 Demand and cost growth and unavoidable investments of £48.8mAllocations and inflationary uplifts of £14.4mA £32m (4%) Savings programme <p>This resulted in a 2023-24 planning deficit of £88.4m.</p> <p>The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:</p> <ul style="list-style-type: none">Planned Deficit @ Month 6 £88.400m10% Improvement required £8.840mRecurrent Covid Legacy Funding £20.300m & Inflationary Uplift £25.100mNon recurrent Inflation Uplift £10.100m & Energy Funding £7.600mRevised Financial Forecast Deficit £16.460m <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>	Nov-23	<table><tr><th></th><th>Month 8 Position £m</th><th>Forecast Year-End Position £m</th></tr><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>Financial Position £m (Surplus) / Deficit £m</td><td>17.393</td><td>16.460</td></tr></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	Financial Position £m (Surplus) / Deficit £m	17.393	16.460
	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																
Financial Position £m (Surplus) / Deficit £m	17.393	16.460																
Delivery of recurrent £32m savings target	<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>	Nov-23	<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
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Nov-23	<div><p>Performance against Capital Resource Limit £m</p></div>
Creditor payments compliance 30 day Non-NHS	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 the graph to the right.	Dec-23	<div><p>Public Sector Payment Compliance</p></div>
Remain within Cash Limit	<p>The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £16.460m revised 2023/24 forecast deficit.</p> <p>Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.</p>	Nov-23	
Maintain Positive Cash Balance	<p>The closing cash balance at the end of November 2023, was £6.682m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p> <p>The UHB's working cash assumption for 2023-24 is based on the following key assumptions :-</p> <ul style="list-style-type: none">Welsh Government support for movements in working capital from the 2022-23 Balance Sheet which is to be assessed as the year progresses.Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support.Approval of the UHB's formal request for Strategic Cash support. for the £16.460m revised 2023/24 forecast deficit.Timely confirmation of unconfirmed Cash Limit allocations (circa £82m @ month 8 (includes the 2023_24 pay award & Covid allocations)) <p>Discussion is ongoing with Welsh Government to provide cash support for these these</p>	Nov-23	<div><p>Cash Balance £m</p></div>

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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><tr><td>Jan-23</td><td>Feb-23</td><td>Mar-23</td><td>Apr-23</td></tr><tr><td>59%</td><td>56%</td><td>44%</td><td>70%</td></tr></table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	70%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following		90%	Work in progress									
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)		17% or more	Work in progress									
43.	Number of Pathways of Care delayed discharges		12 month reduction trend	Work in progress									
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-23	90%	90.2%	<table><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></tr><tr><td>89.40%</td><td>88.10%</td><td>89.20%</td><td>90.20%</td></tr></table>	Apr-23	May-23	Jun-23	Jul-23	89.40%	88.10%	89.20%	90.20%
Apr-23	May-23	Jun-23	Jul-23										
89.40%	88.10%	89.20%	90.20%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-23	90%	46.7%	<table><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></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	 4993									



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	92 16	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	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	72.07 cases per 100,000 population 33.50 cases per 100,000 population	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	21.10 cases per 100,000 population	On trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress								
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jul-23	95%	58.12%	<table><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></tr><tr><td>58.04%</td><td>58.12%</td><td>58.66%</td><td>58.83%</td></tr></table>	Apr-23	May-23	Jun-23	Jul-23	58.04%	58.12%	58.66%	58.83%
Apr-23	May-23	Jun-23	Jul-23										
58.04%	58.12%	58.66%	58.83%										
52	Number of ambulance handovers over 1 hour	Nov-23	0 (Mar 24)	1740	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></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	 5,153									

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE TEN MONTH PERIOD ENDED 31st JANUARY 2024

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 10, the UHB is reporting an overspend of £17.394m. This is comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (ten 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

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

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

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

Table 2: Movement from 2023/24 initial Core Draft Plan to Forecast Outturn at Month 10

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

These financial monitoring returns have been prepared within the framework outlined by Welsh Government in the letter of October 20th 2023, which includes a control deficit of £16.460m for 2023-24. This report details the financial position of the UHB for the period ended 31st January 2024.

The UHB separately identifies non COVID 19 and COVID 19 expenditure against its submitted plan to assess the financial impact of COVID 19.

A full commentary has been provided to cover the tables requested for the month 10 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 10 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 were amended in month 7 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 and an extra £1.7m opportunities are being worked upon. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

The Underlying Position has been reviewed at month 10 to reflect the initial assessment of pressures which will carry forward from 2023/24 to the 2024/25 IMTP . The assessment is an underlying deficit of £59.2m and this is outlined below at Table 3:

Table 3 Underlying Deficit Carried Forward to 2024/25

	£m					
Unmitigated cost pressures	2019/20	2020/21	2021/22	2022/23	2023/24	TOTAL
NICE & New High Cost Drugs	2	1.7	0.6	1.4	2.1	7.7
Commissioning & contracting	4.6	5.2	1.2	2.4	3.1	16.4
Local investments	2.3	1.5	0.8	1.4	1.8	7.7
<i>Subtotal investments</i>	8.8	8.3	2.6	5.1	7	31.8
Cost pressures & services growth						
Non-pay inflation pressures	0.5	1.1	0.3	1.3	0	3.2
Continuing Heath Care	0.7	1.2	0.5	2	0.9	5.3
Prescribing	0	1.2	0.6	1.4	1.5	4.6
Welsh Risk Pool	0	0.7	0.2	0.5	0	1.4
Local pressures	1.4	1.3	0.2	0.3	0	3.2
COVID legacy	0	0	0	0	9.6	9.6
<i>Subtotal cost pressures & growth</i>	2.7	5.5	1.8	5.5	11.9	27.4
TOTAL	11.5	13.8	4.4	10.6	18.9	59.2

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified, these were amended in October and are reviewed on a monthly basis.

The UHBs operational position improved in January and is remain broadly in line the trajectory required to hit the £16.460m revised forecast deficit.

The Junior Doctors strike in January resulted in additional costs of circa £0.750m primarily as result of the additional cover provided by consultants and locums to maintain safe clinical environments across the UHB. The cost of additional payments to consultants and SAS Doctors was £1.050m and this was abated by a reduction in Junior Doctors pay of £0.410m. In addition, the marginal cost of lost activity income from other Commissioners is estimated at £0.115m. The potential further strikes in February and March present a further 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.

The risks reported in Table A2 have been amended in month to reflect the reduced exposure to additional operational pressures and savings delivery approaching year end.

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

£17.575m for the year to date and a forecast deficit of £16.460m as shown in Table 3.

Table 4: Summary Financial Position for the period ended 31st January 2024

	Month 10		Forecast Year-End Position
	Position	£m	£m
Planned deficit		13.717	16.460
Savings Programme		1.071	0.000
Operational position (Surplus) / Deficit		2.606	0.000
Financial Position £m (Surplus) / Deficit £m		17.394	16.460

The month 10 deficit of £17.394m comprised of the following:

- £13.717m planned deficit
- £1.071m savings gap
- £2.606m adverse variance against plan.

Pressure on Achievement of Savings

At month 10, the UHB has identified £32.590m of green and amber schemes against the £32m savings target. The progress of the agreed additional actions and focus on operational pressures is expected to cover the month 10 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 focus 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 continue to recover the month 10 operational & CRP overspend to enable the UHB to deliver the revised forecast deficit:

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

Pressure on Operational Position

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.

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 10 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 has planned actions to reduce the run rate in the final 2 months of the year.

The UHB operational position improved in month, falling from an overspend of £5.230m at month 9 to an overspend of £3.677m at month 10. Improved positions were reported in a number of areas which are forecast to be maintained to year end. This has been partially offset by exceptional levels of agency nursing care required to maintain a complex patient admitted to the UHB in December 2023. The UHB expected the patient to move on to a more appropriate and sustainable placement in January, however the planned placement was lost as it was filled by a non Cardiff & Vale patient. The UHB continues to work 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 and the provision of cover for the junior doctors strike.

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 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 £0.872m in month primarily due to nursing and medical pressures. £0.715m of the costs recorded in January related to registered nursing and midwifery. **Average reported costs in the last 5 months are £0.697m 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 5 below.

Table 5: Summary of Forecast COVID 19 Net Expenditure

	Month 10 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	7.216	8.800	8.800	0.000
PPE	1.976	2.500	2.500	0.000
Long Covid	0.953	1.144	1.144	0.000
Nosocomial	0.433	0.520	0.520	0.000
Anti-Viral	0.083	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	10.662	13.064	13.064	0.000
Included in Financial Plan - COVID Local Response	25.833	31.000	34.200	(3.200)
Total COVID Expenditure £m	36.495	44.064	47.264	(3.200)

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 10, 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 £1.071m 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 10 Savings Programme variance by year end, enabling the UHB to deliver its revised planned deficit position of £16.640m.

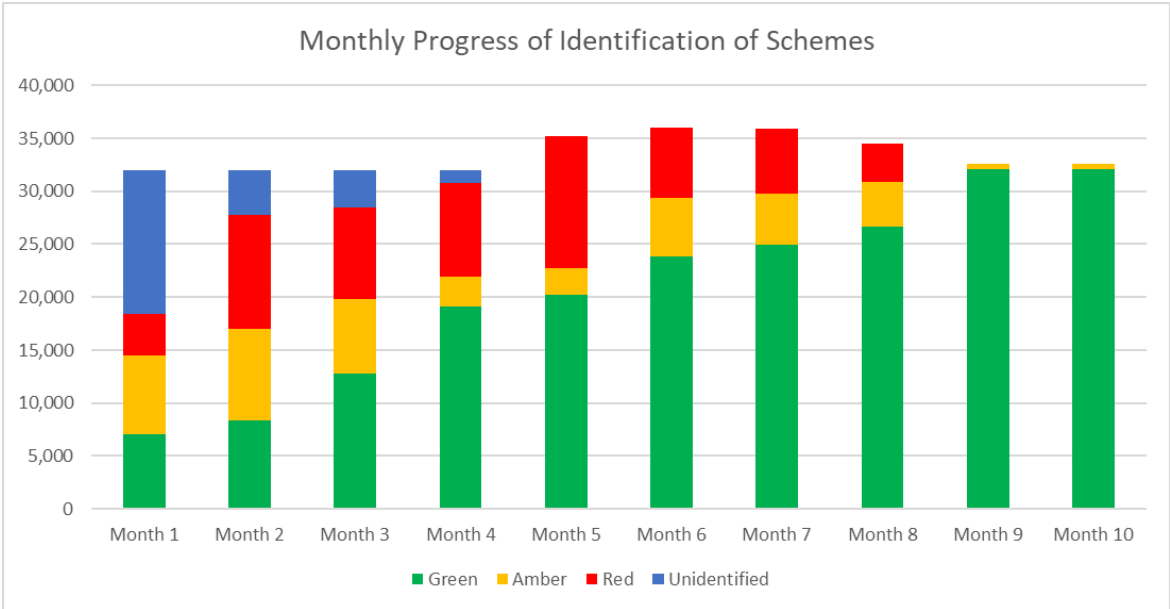
Overall performance in the identification of initial planned savings schemes is outlined in table 5 below:

Table 5: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	32.000	32.590	0.590

Progress on the identification of schemes can be found in Graph 1 below.

Graph 1 – Progress of Identification of Schemes



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.

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, with an extra £1.7m opportunities being worked on. 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
- 2023/24 Medical and Dental Pay award

Circa £0.150m of the Medical and Dental Pay award additional costs relate to Cardiff University employees who 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 remained in line with M9 in month largely due to the reduction in the Welsh risk pool debtor (£5.5m) being offset by a general increase in debtor levels.

The carrying value of trade creditors increased by £24m in month predominately due to an increase in Cash Creditors £10m, (payments runs Jan not cleared), an increase in WGA Accruals £3.6m and a reduction in Deferred Income £7m (timing of WHSSC payments).

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 January was £5.522m 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 22nd 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.

The UHB has reviewed its working capital requirement at month 10 and has indicated to Welsh Government colleagues that working cash of £34m is required in respect of revenue and £7m in respect of capital.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £90m.

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 with the associated cash payment in being made in 2023-24.
- 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 £21.5m forecast balance sheet movements. This will continue to be assessed as the year progresses.
- In addition to the UHBs strategic and working cash requirements, there are £27m of anticipated allocations as per table E, which are yet to be confirmed.

Confirmation of outstanding allocations and the strategic and working cash support in 2023/24 is now imperative to allow the UHB to maintain its PSPP performance in the final 2 months of the year.

CAPITAL SCHEMES (TABLES I, J & K)

Of the UHB's approved Capital Resource Limit, 22% has been expended to date.

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 Infrastructure, Efab Fire, Endoscopy, Genomics and Tertiary Tower 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 2nd February 2024 - £42.427m

AGED WELSH NHS DEBTORS (TABLE M)

At the 31st January 2023 there were 4 invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. All 3 invoices have subsequently been paid.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB achieved its Public Sector Payment Performance target with 96.99% 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 21st February 2024 meeting of the Finance Committee for information.

CONCLUSION

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

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

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

At month 10, the UHB is reporting an overspend of £17.394m. This is comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (ten twelfths of the revised forecast year end 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

£16.460m. Additional savings required when combined with the current operational pressures and pending industrial action are putting the delivery of this at risk. Further mitigations continue to be 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.



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SUZANNE RANKIN
CHIEF EXECUTIVE

13th February 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

13th February 2024

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-40,300	0	-40,300	-40,300
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-94,523	0	-94,523	-94,523
3 Planned Expenditure For Covid-19 (Negative Value)	-13,465	-13,465		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	12,305	0	12,305	12,305
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	13,465	13,465		
6 Planned Provider Income (Positive Value)	2,118	0	2,118	2,118
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	14,042	4,098	9,944	10,813
9 Planned (Finalised) Net Income Generation	454	124	330	357
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	17,505	0	17,505	20,830
14 Opening IMTP / Annual Operating Plan	-88,400	4,222	-92,622	-88,400
15 Reversal of Planning Assumptions still to be finalised at Month 1	-17,505	0	-17,505	-20,830
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	323	150	173	290
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-794	-178	-616	-332
20 Additional In Year Identified Savings - Forecast	24,092	16,144	7,949	11,187
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	-686	-686		-6,515
28 Roundings	0	0		
29 Additional Actions £16.020m - Red Schemes in development	0	0		
30	0	0		
31 10% Improvement required - actions still required	3,381	3,381		
32 Recurrent Covid Legacy U/L Deficit Funding	20,300	0	20,300	20,300
33 Recurrent Inflationary Uplift	25,100	0	25,100	25,100
34 Non recurrent Inflation Uplift	10,100	10,100		
35 Energy Funding	7,600	7,600		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-16,460	40,761	-57,221	-59,200
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-16,460			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-33,583	-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	-78,769	-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	-11,052	-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	10,254	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	11,052	13,465
6	177	177	177	177	177	177	177	177	177	177	177	177	1,765	2,118
7	1,925	254	-61	97	-74	-6	-383	-358	-341	-341	-356	-355	711	0
8	665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	11,232	14,042
9	77	13	43	43	43	43	43	43	26	26	26	26	401	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	14,322	17,505
14	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,366	-73,667	-88,400
15	0	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-14,322	-17,505
16													0	0
17													0	0
18	0	-3	7	13	13	63	13	13	38	38	63	63	196	323
19	0	0	-383	-232	314	-48	-7	-293	38	-47	-71	-66	-658	-794
20	0	219	188	355	574	1,016	4,717	3,227	2,464	2,946	2,914	5,473	15,705	24,092
21													0	0
22	0	-231	23	23	-83	-59	-16	-49	-16	6	17	-15	-402	-400
23													0	0
24	0	231	-23	-23	83	59	16	49	16	-6	-17	15	402	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	38	29
27	-1,446	298	576	229	-413	-541	2,711	-1,299	982	49	366	-2,198	1,146	-686
28													0	0
29													0	0
30													0	0
31								684	0	899	899	899	1,583	3,381
32							11,842	1,692	1,692	1,692	1,692	1,692	16,917	20,300
33							14,642	2,092	2,092	2,092	2,092	2,092	20,917	25,100
34							5,892	842	842	842	842	842	8,417	10,100
35							4,433	633	633	633	633	633	6,333	7,600
36													0	0
37													0	0
38													0	0
39													0	0
40	-8,896	-8,287	-8,574	-8,597	-8,474	-8,473	35,279	-1,372	-182	181	467	467	-17,394	-16,460
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-8,896	-8,287	-8,574	-8,597	-8,474	-8,473	35,279	-1,372	-182	181	467	467	-17,394	-16,460

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Period : Jan 24

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			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 variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	8	8	8	8	8	8	8	8	8	8	8	8	83	100		100	0			
2		Actual/F'cast	8	27	30	53	68	86	103	124	129	142	147	147	772	1,067	72.39%	1,047	20	125	942	1,288
3		Variance	0	19	22	45	60	78	95	116	121	134	139	139	689	967	826.87%	947	20			
4	Commissioned Services	Budget/Plan	7	7	19	19	19	19	19	19	19	19	19	19	166	204		204	0			
5		Actual/F'cast	7	7	19	19	19	19	19	19	19	103	103	103	250	456	54.81%	456	0	125	331	1,249
6		Variance	0	0	0	0	0	0	0	0	0	84	84	84	84	252	50.58%	252	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	185	93	226	167	168	245	206	207	207	207	222	222	1,912	2,355		2,355	0			
8		Actual/F'cast	185	104	217	215	346	393	362	487	519	912	914	1,068	3,740	5,722	65.36%	5,722	0	899	4,823	6,377
9		Variance	0	11	(9)	48	178	148	156	280	313	705	692	846	1,829	3,367	95.66%	3,367	0			
10	Non Pay	Budget/Plan	214	226	383	283	428	283	268	268	268	268	268	268	2,890	3,425		3,425	0			
11		Actual/F'cast	214	257	344	344	589	354	3,431	768	541	707	693	2,999	7,549	11,242	67.15%	11,162	80	7,729	3,513	4,006
12		Variance	0	30	(39)	61	160	71	3,164	501	273	439	425	2,732	4,659	7,816	161.23%	7,736	80			
13	Pay	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	6,182	7,957		7,957	0			
14		Actual/F'cast	251	633	287	425	970	1,150	2,206	2,923	2,681	2,423	2,389	2,491	13,949	18,828	74.08%	18,828	0	11,185	7,643	8,722
15		Variance	0	159	(170)	(32)	487	668	1,293	2,035	1,793	1,535	1,500	1,604	7,767	10,871	125.65%	10,871	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	3	3	3	3	3	3	3	3	3	3	3	20	80.00%	25	0	0	25	25
18		Variance	0	0	3	3	3	3	3	3	3	3	3	3	3	20		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	11,232	14,042		14,042	0			
20		Actual/F'cast	665	1,027	899	1,059	1,994	2,006	6,125	4,324	3,892	4,289	4,248	6,811	26,280	37,340	70.38%	37,240	100	20,063	17,276	21,668
21		Variance	0	219	(195)	124	888	967	4,710	2,934	2,502	2,899	2,843	5,407	15,048	23,298	133.97%	23,198	100			
22	Variance in month		0.00%	27.05%	(17.79%)	13.22%	80.34%	93.16%	332.81%	211.01%	179.96%	208.52%	202.30%	385.14%	133.97%							
23	In month achievement against FY forecast		1.78%	2.75%	2.41%	2.84%	5.34%	5.37%	16.40%	11.58%	10.42%	11.49%	11.38%	18.24%								

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Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	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 £'000	Amber £'000	non recurring £'000	recurring £'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	195	626	626	626	626	626	625	3,622	4,873		4,873	0			
2		Actual/F'cast	245	237	181	196	280	284	656	493	919	706	706	706	705	4,198	5,608	74.85%	5,608	0	760	4,848	4,886
3		Variance	0	145	(14)	1	85	89	30	(133)	293	80	80	80	80	575	735	15.88%	735	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	9	6	130	49	57	289	121	114	114	114	661	889	74.35%	889	0	889	0	0
6		Variance	0	0	0	9	6	130	49	57	289	121	114	114	114	661	889		889	0			
7	Locum	Budget/Plan	0	0	0	0	25	25	25	0	0	0	0	0	0	75	75		75	0			
8		Actual/F'cast	0	0	8	21	41	46	12	53	(32)	11	11	11	11	159	180	88.19%	180	0	85	95	200
9		Variance	0	0	8	21	16	21	(13)	53	(32)	11	11	11	11	84	105	111.73%	105	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	237	2,272	2,746		2,746	0			
11		Actual/F'cast	0	376	66	165	595	492	1,412	690	687	876	871	875	875	5,359	7,105	75.43%	7,105	0	4,628	2,477	3,261
12		Variance	0	0	(171)	(72)	358	255	1,175	453	450	639	634	638	638	3,087	4,359	135.88%	4,359	0			
13	Changes in Bank Staff	Budget/Plan	0	0	19	19	19	19	19	19	19	19	19	19	19	152	190		190	0			
14		Actual/F'cast	0	0	19	19	19	19	19	19	19	19	19	19	19	152	190	80.00%	190	0	0	190	190
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0			
16	Other (Please Specify)	Budget/Plan	6	6	6	6	6	6	6	6	6	6	6	6	6	60	72		72	0			
17		Actual/F'cast	6	20	12	16	29	179	58	1,610	800	690	669	768	768	3,420	4,857	70.43%	4,857	0	4,824	32	186
18		Variance	0	14	6	10	22	173	52	1,604	794	684	663	762	762	3,360	4,784	5569.28%	4,784	0			
19	Total	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	888	887	6,182	7,957		7,957	0			
20		Actual/F'cast	251	633	287	425	970	1,150	2,206	2,923	2,681	2,423	2,389	2,491	2,491	13,949	18,828	74.08%	18,828	0	11,185	7,643	8,722
21		Variance	0	159	(170)	(32)	487	668	1,293	2,035	1,793	1,535	1,500	1,604	1,604	7,767	10,871	125.65%	10,871	0			

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

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Reduced usage of	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	237	2,272	2,746		2,746	0			
2	Agency/Locums paid at a	Actual/F'cast	0	376	66	165	595	492	1,379	660	665	790	840	844	5,187	6,872	75.49%	6,872	0	4,394	2,477	3,261	
3	premium	Variance	0	0	(171)	(72)	358	255	1,142	423	428	553	603	607	2,915	4,126	128.31%	4,126	0				
4	Non-Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	33	31	21	87	31	31	31	172	233	73.79%	233	0	233	0	
12		Variance	0	0	0	0	0	0	33	31	21	87	31	31	31	172	233		233	0			
13	Total	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	237	2,272	2,746		2,746	0			
14		Actual/F'cast	0	376	66	165	595	492	1,412	690	687	876	871	875	5,359	7,105	75.43%	7,105	0	4,628	2,477	3,261	
15		Variance	0	0	(171)	(72)	358	255	1,175	453	450	639	634	638	3,087	4,359	135.88%	4,359	0				

Table C3- Savings Schemes SoCNE/SCNI Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
				Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Pay	Budget/Plan		251	474	457	457	482	482	913	888	888	888	888	887	6,182	7,957
2		Actual/F'cast		251	633	287	425	970	1,150	2,206	2,923	2,681	2,423	2,389	2,491	13,949	18,828
3		Variance		0	159	(170)	(32)	487	668	1,293	2,035	1,793	1,535	1,500	1,604	7,767	10,871
4	Non Pay	Budget/Plan		214	226	396	296	441	296	280	280	280	280	280	280	2,990	3,551
5		Actual/F'cast		214	257	356	357	601	367	3,444	781	553	803	790	3,096	7,733	11,619
6		Variance		0	30	(39)	61	160	71	3,164	501	273	523	509	2,816	4,743	8,068
7	Primary Care Drugs	Budget/Plan		39	40	40	62	63	63	93	93	93	93	108	108	678	894
8		Actual/F'cast		39	40	78	92	240	219	262	336	374	416	431	585	2,097	3,113
9		Variance		0	0	38	30	177	156	169	243	281	323	323	477	1,419	2,219
7	Secondary Care Drugs	Budget/Plan		146	53	185	105	105	182	114	114	114	114	114	114	1,233	1,461
8		Actual/F'cast		146	64	138	123	106	174	100	150	145	496	483	483	1,643	2,609
9		Variance		0	11	(47)	17	1	(8)	(13)	36	31	382	369	369	410	1,148
10	CHC/FNC	Budget/Plan		8	8	8	8	8	8	8	8	8	8	8	8	83	100
11		Actual/F'cast		8	27	30	53	68	86	103	124	129	142	147	147	772	1,067
12		Variance		0	19	22	45	60	78	95	116	121	134	139	139	689	967
13	Primary Care Contractor	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
14		Actual/F'cast		0	0	3	3	3	3	3	3	3	3	3	3	20	25
15		Variance		0	0	3	3	3	3	3	3	3	3	3	3	20	25
16	Healthcare Services Provided by Other NHS Bodies	Budget/Plan		7	7	7	7	7	7	7	7	7	7	7	7	66	79
17		Actual/F'cast		7	7	7	7	7	7	7	7	7	7	7	7	66	79
18		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Non Healthcare Services Provided by Other NHS Bodies	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Voluntary Sector	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
23		Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
24		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Joint Financing & Other	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
27		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Total	Budget/Plan		665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	11,232	14,042
29		Actual/F'cast		665	1,027	899	1,059	1,994	2,006	6,125	4,324	3,892	4,289	4,248	6,811	26,280	37,340
30		Variance		0	219	(195)	124	888	967	4,710	2,934	2,502	2,899	2,843	5,407	15,048	23,298

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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	11,232	14,042	4,098	9,944	870	10,813
	Month 1 - Actual/Forecast	665	808	711	704	1,420	990	1,408	1,097	1,429	1,343	1,335	1,338	10,575	13,247	3,919	9,328	1,154	10,481
	Variance	0	0	(383)	(232)	314	(48)	(7)	(293)	38	(47)	(71)	(66)	(658)	(794)	(178)	(616)	284	(332)
	In Year - Plan	0	219	268	494	592	1,058	4,680	3,376	2,496	2,605	2,710	5,179	15,768	23,656	16,568	7,089	2,734	9,823
	In Year - Actual/Forecast	0	219	188	355	574	1,016	4,717	3,227	2,464	2,946	2,914	5,473	15,705	24,092	16,144	7,949	3,238	11,187
	Variance	0	0	(79)	(139)	(18)	(43)	57	(149)	(32)	341	204	295	(62)	436	(424)	860	504	1,364
	Total Plan	665	1,027	1,361	1,429	1,698	2,097	6,075	4,766	3,886	3,996	4,115	6,582	27,000	37,696	20,666	17,032	3,604	20,636
	Total Actual/Forecast	665	1,027	899	1,059	1,994	2,006	6,125	4,324	3,892	4,289	4,248	6,811	26,280	37,340	20,063	17,276	4,391	21,666
Net Income Generation	Month 1 - Plan	77	13	43	43	43	43	43	43	26	26	26	26	401	454	124	330	27	357
	Month 1 - Actual/Forecast	77	(6)	34	40	38	38	38	38	46	46	46	46	389	482	224	258	99	357
	Variance	0	(19)	(9)	(4)	(5)	(5)	(5)	(5)	20	20	20	20	(12)	28	100	(72)	72	0
	In Year - Plan	0	16	16	16	18	68	18	18	18	18	18	18	206	245	0	245	45	290
	In Year - Actual/Forecast	0	16	16	16	18	68	18	18	18	18	43	43	208	295	50	245	45	290
	Variance	0	0	0	0	0	0	(0)	0	0	0	25	25	(0)	50	50	0	(0)	0
	Total Plan	77	28	60	60	61	111	61	61	45	45	45	45	609	699	124	575	72	647
	Total Actual/Forecast	77	10	50	56	56	106	56	56	65	65	90	90	597	777	274	503	144	647
Accountancy Gains	Total Variance	0	(19)	(9)	(4)	(5)	(5)	(5)	(5)	20	20	45	45	(12)	78	150	(72)	72	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	11,633	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	1,475	1,381	1,384	1,384	10,964	13,729	4,143	9,585	1,253	10,838
	Variance	0	(19)	(392)	(235)	309	(63)	(12)	(298)	58	(27)	(51)	(46)	(669)	(766)	(78)	(688)	356	(332)
	In Year - Plan	0	234	284	510	611	1,127	4,678	3,394	2,514	2,624	2,728	5,197	15,976	23,901	16,568	7,334	2,779	10,113
	In Year - Actual/Forecast	0	234	205	372	592	1,084	4,735	3,245	2,482	2,964	2,957	5,516	15,914	24,387	16,194	8,194	3,283	11,477
	Variance	0	0	(79)	(139)	(18)	(43)	57	(149)	(32)	341	229	320	(62)	486	(374)	860	504	1,364
	Total Plan	742	1,055	1,421	1,489	1,759	2,208	6,136	4,827	3,931	4,040	4,160	6,627	27,609	38,397	20,790	17,607	3,676	21,283
	Total Actual/Forecast	742	1,037	949	1,115	2,051	2,112	6,181	4,380	3,957	4,354	4,338	6,901	26,878	38,116	20,337	17,779	4,535	22,315
	Total Variance	0	(19)	(472)	(374)	291	(96)	45	(447)	26	314	178	273	(732)	(280)	(452)	172	860	1,032

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	958	986	5	1,949	115	0
Unscheduled Care	3,173	0	0	3,173	0	0
Primary and Community Care (Excl Prescribing)	293	627	0	920	0	0
Mental Health	65	227	0	292	0	0
Clinical Support	282	515	0	796	214	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	13,702	8,484	216	22,403	214	0
CHC	0	1,042	0	1,042	0	0
Prescribing	0	3,183	0	3,183	0	0
Medicines Management (Secondary Care)	0	1,164	0	1,164	10	0
Total	18,828	18,290	221	37,340	777	0

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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
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	130,987	98,095	141,605	109,120	100,470	110,970	103,330	103,520	119,025	100,765	85,407	94,609	1,297,903
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	980	1,435	13,640
3	WG Revenue Funding - Other (e.g. invoices)	1,788	1,320	1,310	1,354	2,951	2,006	1,489	1,381	2,865	1,385	2,905	2,784	23,539
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	0	25,863	47,708
5	Income from other Welsh NHS Organisations	40,222	35,616	39,767	40,658	45,593	37,762	36,735	46,972	39,020	47,067	53,833	46,092	509,336
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	5,480	4,749	15,663	11,463	108,702
11	TOTAL RECEIPTS	188,219	152,659	189,642	164,594	158,792	160,126	152,778	166,567	169,415	157,001	158,788	182,246	2,000,827
	PAYMENTS													
12	Primary Care Services : General Medical Services	6,777	6,107	7,281	5,773	5,947	6,024	6,261	6,300	6,806	6,225	6,133	6,830	76,463
13	Primary Care Services : Pharmacy Services	280	177	134	115	106	134	122	117	379	649	514	525	3,253
14	Primary Care Services : Prescribed Drugs & Appliances	18,097	0	18,283	0	9,279	17,876	0	9,284	18,736	0	9,215	9,240	110,010
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	3,295	2,286	2,345	28,147
16	Non Cash Limited Payments	1,870	1,850	1,928	1,998	1,976	1,962	1,953	1,959	2,189	1,946	2,129	1,980	23,741
17	Salaries and Wages	65,920	69,595	79,720	74,501	70,537	66,932	68,310	70,285	68,262	68,825	68,846	68,788	840,522
18	Non Pay Expenditure	86,046	71,140	75,762	78,261	62,587	67,236	72,217	74,621	69,425	75,482	70,786	83,478	887,041
19	Short Term Loan Repayment - Trust only									0	0	0	0	0
20	PDC Repayment - Trust only									0	0	0	0	0
21	Capital Payment	7,201	852	2,602	1,990	486	863	1,379	287	861	1,680	3,400	26,521	48,121
22	Other items (Specify in narrative)	339	123	659	53	144	641	138	41	695	0	0	0	2,834
23	TOTAL PAYMENTS	188,592	152,112	188,671	165,086	153,522	163,896	152,614	165,046	169,475	158,102	163,309	199,707	2,020,133
24	Net cash inflow/outflow	(373)	547	971	(492)	5,270	(3,770)	164	1,521	(59)	(1,101)	(4,521)	(17,462)	
25	Balance b/f	2,846	2,473	3,019	3,990	3,498	8,768	4,998	5,162	6,683	6,624	5,523	1,002	
26	Balance c/f	2,473	3,019	3,990	3,498	8,768	4,998	5,162	6,683	6,624	5,523	1,002	(16,460)	

Salvatore Nathan
10/07/2024 10:25:02

Report Title:	2023-24 Month 10 Monthly Financial Monitoring Return			Agenda Item no.	4.1
Meeting:	Finance Committee	Public	X	Meeting Date:	21 st February 2024
Status (please tick one only):	Assurance	x	Approval	Information	x
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				
Main Report					
Background and current situation:					
<p>SITUATION</p> <p>WHC (2023) 012 - Welsh Government 2023/24 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C4) in order to provide the Committee with transparency on the submission made to the Welsh Government.</p> <p>A copy of the January 2023/24 MMR is attached.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The extract from the UHBs Monthly Financial Monitoring Return is provided for information and assurance.</p>					
Recommendation:					
<p>The Board / Committee are requested to:</p> <p>NOTE the extract from the UHBs Monthly Financial Monitoring Return.</p>					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
Please tick as relevant					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people		7. Be a great place to work and learn.			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us		x	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
Five Ways of Working (Sustainable Development Principles) considered.					
Please tick as relevant					
Prevention	Long term	x	Integration	Collaboration	Involvement
Impact Assessment:					

Please state yes or no for each category. If yes please provide further details.	
Risk: No	
Safety: No	
Financial: Yes	
As detailed above.	
Workforce: No	
Legal: No	
Reputational: Yes	
Yes, if forecast financial position is not delivered.	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Finance Committee	Date: 21 st February 2024

Saunders, Nathan
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