

Public Finance & Performance Committee

Wed 23 October 2024, 14:30 - 16:00

Virtual - MS Teams

Agenda

14:30 - 14:40 **1. Standing Items (14:30-14:40)** 10 min

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence


John Union

1.3. Declarations of Interest

John Union

1.4. Minutes form the Finance & Performance Committee Meeting on 18.09.2024

John Union

 1.4 - Draft Finance & Performance Minutes 18.09.24.pdf (5 pages)

1.5. Actions following the Finance & Performance Committee meeting held on 18.09.2024

John Union

 1.5 - Action Log 23.10.2024 - Finance and Performance.pdf (1 pages)

1.6. Chairs actions since previous meeting

John Union

14:40 - 15:40 **2. Items for Review & Assurance (14:40-15:40)** 60 min

2.1. Financial Report - Month 6 Position & Savings Plan Progress (including savings tracker)

Robert Mahoney

20 Minutes

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 6.pdf (13 pages)


 2.1a Public Finance Committee SUMMARY Finance Position Report for Month 6 KPIs for Board.pdf (2 pages)

2.2. Operational Performance Update

Paul Bostock

20 Minutes

 2.2 - Operational Performance report.pdf (9 pages)

 2.2a - Integrated Performance Report Oct 24.pdf (37 pages)

Regan Nikki
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2.3. Winter Plan

Paul Bostock

20 Minutes

- 📄 2.3 - Winter Plan Cover Paper.pdf (4 pages)
- 📄 2.3a - Winter Plan 2024-2025.pdf (19 pages)

15:40 - 15:40 3. Items for Approval / Ratification (15:40-15:40)

0 min

No Items

15:40 - 15:45 4. Items for Information & Noting (15:40-15:55)

5 min

4.1. Monthly Monitoring Return - Month 5

Robert Mahoney

5 Minutes

- 📄 4.1b CV Financial Monitoring Returns 2024-25 - Month 5.pdf (10 pages)
- 📄 4.1a WG 2024_25 month 5 MMR Covering Report.pdf (2 pages)
- 📄 4.1c 2024-25 MMR Template - Cardiff Vale UHB Month 5.pdf (5 pages)

15:45 - 15:45 5. Any other business

0 min

John Union

15:45 - 15:45 6. Review & Final Closure

0 min

John Union

6.1. Items to be deferred to Board / Committee and review of any actions to future meetings

John Union

6.2. To note the date, time and venue of the next committee meeting: Wednesday 20 November 2024 via MS Teams

Regan, Nikki
16/10/2024 08:19:16

**Minutes of the Public Finance and Performance Committee Meeting
Held on 18th September 2024
Via MS Teams**

To view a recording of this meeting, please [click here](#)

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Charles Janczewski	CJ	UHB Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Marie Davies	MD	Interim Executive Director of Strategic Planning
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Jane Murphy	JM	Director of Nursing – Medicine Clinical Board
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Suzanne Rankin	SR	Chief Executive Officer
Ceri Phillips	CP	Vice Chair
Jason Roberts	JR	Executive Nurse Director

Ref:	Agenda Item	Action
FPC 18/09/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 18/09/002	Apologies for Absence (click to view) Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 18/09/003	Declarations of Interest (click to view) No Declarations of Interest were noted.	
FPC 18/09/004	Minutes of the Finance and Performance Meeting held on 21st August 2024 (click to view) The minutes of the meeting held on 21 st August 2024 were received and confirmed as a true and accurate record. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 21 st August 2024, were held as a true and accurate record of the meeting.	
FPC 18/09/005	Actions following the Finance & Performance Meeting on 21st August 2024 The Action log was received. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	

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<p>FPC 18/09/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 18/09/007</p>	<p>Financial Report – Month 5 Position & Savings Plan Progress (including Savings Tracker) – (click to view)</p> <p>The Deputy Director of Finance Operational (DDFO) presented the Financial Report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The month 5 position showed an overspend of £17.176m and a forecast deficit of £15.900m • The Health Board needed to develop further savings schemes and to find additional measures to bring an underspend in to the remaining months • Surgery continued to be a service where the majority of planned care work remained and were trying to reduce the waiting lists • Primary Care were awaiting additional money with the revised optometry contract and had confirmation of additional funding • Issues with the estate at Hafan Y Coed would impact the unit and costs would increase due to placing patients out of area due to planned work within the unit • The Finance Team continued to meet with Clinical Boards monthly to discuss financial positions and met with the COO and Clinical Boards once per month to discuss savings <p>The UHB Chair was pleased to see the work displayed in each Clinical Board. He asked if the Health Board were quantifying the expected savings.</p> <p>The DDFO explained the meetings with the Clinical Boards looked at the most expensive agency doctors and had sought a permanent recruitment solution and had success with doctors in A&E.</p> <p>The DDFO continued with the following points:</p> <ul style="list-style-type: none"> • The risk register was revised and reviewed earlier in the year with a £17.9m over spend noted. • Graph 3 within the report provided, showed the identification schemes and had reassessed the delivery of those schemes. <p>The CC noted that there was an ambition to turn the red schemes into amber but asked if that would now be possible given the number of red schemes that had been removed.</p> <p>The DDFO confirmed this was correct and noted that where the Clinical Boards had decided the red schemes were unrealistic, the Finance Teams had removed that information from the graphs / tables.</p> <p>He added that Clinical Boards were looking for new schemes to come in to the process and noted that the position shared with the Committee was a start point position.</p> <ul style="list-style-type: none"> • Graph 4 within the report received displayed a concern for the Health Board to deliver better quality of savings and not build a problem for future years • Cash flow displayed challenges and Welsh Government (WG) committed to the pay review, which would likely be a pay award with arrears. The monies for NHS Wales would be assessed and allocated. • Pay awards may have a cost impact and the Health Board would need to ensure the cash would be allocated and match the time of the payment • KPIs remained the same and the financial position was a concern <p>The DDFO advised the Committee that the key issue to bring to their attention was:</p> <ul style="list-style-type: none"> • The Financial Plan was provided with a deficit of £15.9mil and overspend of £17.176m with a target of £47.2mi for savings. <p>He added that there was hope to remain within the Financial Plan and noted that plans were in place to not to go outside the capital resource limit.</p>	

Regan Nikki
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	<p>The CC questioned the frequency of the meetings that took place with the Clinical Boards.</p> <p>The DDFO explained the timelines:</p> <ul style="list-style-type: none"> • Sustainability Programme Board took place twice monthly. • The COO and EDF meet with each leader of the Clinical Boards monthly • The Finance team meet monthly with the CCO and Clinical Boards. <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> a) The reported year to date overspend of £17.176m and the forecast planned deficit of £15.9m was noted and; b) The month 5 operational overspend against plan of £4.230m with a further £6.321m savings gap was noted and; c) The progress against the savings target, with £33.232m (70%) of green and amber schemes identified at Month 5 against the £47.2m target was noted and; d) The delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income was noted. 	
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<p>FPC 18/09/009</p>	<p>Operational Performance Update (click to view)</p> <p>The COO presented the Operational Performance update and highlighted the following key points:</p> <ul style="list-style-type: none"> • Emergency care saw a 12% increase in attendances presenting as ‘majors’ in the reporting month, which prevented the Health Board on improving the operational pressures • Length of stay in medicine reduced by 8 days and ½ day of every other patient in medicine • If the demand had not increased, the Health Board would have been able to close 145 beds • Patients had been recently discharged who had been with the Health Board for 450 days • There was a plan for a summit regarding how to eradicate avoidable harm • The Health Board had a 10% increase for Cancer referrals in the first half of 2024 and remained a high priority for WG & the Health Board, with 63% of patients receiving treatment within 62 days • 52 weeks wait had increased but had given extra capacity to overdue follow ups • There was a gap in planned care plans due to sickness absence but there was additional senior support to assist • Diagnostics were reported as planned but the number of patients waiting beyond 8 weeks for non-obstetric ultrasound had increased • Endoscopy remained the biggest challenge and risk for the Health Board but plans for some non-recurrent support and the investment requests were submitted to WG • Mental Health was as expected and plans for a Mental Health summit on 16.10.24 where there was a plan to agree and sign off the community MH model which would reduce delays and increase capacity • Statistics showed that Primary Care saw almost 1m patients within Cardiff & Vale • The Health Board had 200 more patients attending A&E on the week the meeting was held, due to certain clusters which had increased along with an increase of students due to fresher’s week. <p>The IDSP noted how important it was to gain the understanding of the pressures on the services. She emphasised the COO’s suggestions and the need to recognise that pressures would continue</p>	
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	<p>and ensure that the Health Boards plans reflected the demand. She added that the Health Board needed better understanding of the performance in terms of productivity and efficiency.</p> <p>The COO accepted there was more the Health Board must do and added that it would struggle to be efficient due to some of the estate issues and noted that the Committee would need to bear that in mind moving forward.</p> <p>The CC noted the pressures within diagnostics and asked if there was confidence in gaining support.</p> <p>The COO explained the following points:</p> <ul style="list-style-type: none"> • £8-9m was required in order for 6k patients to be seen within 8 weeks. • Some non-recurrent help could be used and a mobile endoscopy unit could be brought in to assist with the backlog. • The issue resulted from not enough skilled people to help with the solutions. <p>The UHB Chair highlighted the activity levels in Primary Care and noted that the waiting lists equated to a third of the population of Wales.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 18/09/010</p>	<p>CVUHB Escalation Framework (click to view)</p> <p>The IDSP presented the CVUHB Escalation Framework and highlighted the following points:</p> <ul style="list-style-type: none"> • WG were examining the approach and all Health Boards in Wales, apart from 1. • The Health Board was placed<u>was placed</u> in escalation for Finance & Planning <p>The DDFS presented and highlighted the following key points:</p> <ul style="list-style-type: none"> • Meetings were held regularly with the NHS Executive to talk through a number of interventions • Evidence was provided to NHS Executives and there was an expectation that WG would come back with suggestions on the evidence provided and it would be brought back to the Committee following the review • The de-escalation criteria required sustained improvement <p>The IDSP suggested for the item to come back to the Committee in November 2024.</p> <p>The UHB Chair noted the frequency of the escalation process coming to Board and suggested that it be received by the Board every 6 months.</p> <p>The EDF noted that the framework would need to move into the Health Boards planning cycle.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The contents of the Escalation Framework and the Accountability Conditions Letter was noted</p> <p>b) The approach to monitoring and delivering against this framework through Finance and Performance Committee was noted.</p>	
<p>FPC 18/09/011</p>	<p>Monthly Monitoring Return – Month 4</p> <p>The 2024-25 Month 4 Monthly Financial Monitoring Return report was provided to the Committee for noting and information.</p> <p>The Finance and Performance Committee resolved:</p>	

Regan Nikki
16/10/2024

	a) The extracts from the UHBs Monthly Financial Monitoring Returns were noted.	
FPC 18/09/012	Any Other Business No other business was raised.	
	Date & time of next Meeting Wednesday 23 rd October 2024 at 2.30pm via MS Teams	

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Public Action Log

Following Finance and Performance Committee Meeting
18.09.2024
(For the Meeting 23rd October 2024)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FPC 18/09/010	CVUHB Escalation Framework	Agreed to bring back the CVUHB Escalation Framework to the F&P Committee in November	Marie Davies	20.11.2024	Complete – added to the Forward plan for 20.11.2024
Actions referred to Board/Committees					

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Report Title:	Finance Report for the Period Ended 30 th September 2024			Agenda Item no.	2.1
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	23 rd October 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				

Main Report
Background and current situation:

Summary

At Month 6 the UHB is reporting a year to date overspend of £19.411m.

This is comprised of :-

- £7.368m unidentified savings
- £4.093m operational overspend
- £7.950m planned deficit of (six twelfths of the annual planned deficit of £15.9m)

The recovery profile requiring delivery in the final 6 months of the year represents a significant risk to the achievement of the 2024/25 plan.

Table 1: Month 6 Financial Position 2024/25

	Month 6 Position £m	Forecast Year-End Position £m
Planned deficit	7.950	15.900
Savings Programme	7.368	0.000
Operational position (Surplus) / Deficit	4.093	0.000
Financial Position £m (Surplus) / Deficit £m	19.411	15.900

Financial Plan Approved by Board and submitted to Welsh Government

The UHB's Financial Plan in 2024-25 reflected the following key components:

- Brought forward underlying deficit of £60.9m
- 2024-25 Demand and cost growth and unavoidable investments of £45.4m

This brought the UHB's draft 2024-25 position to £106.3m deficit before the following new funding and savings programmes:

- Additional Allocations of £37.3m
- Anticipated pass-through funding on Long Term Agreements of £5.9m (3.67%)
- Savings plans to reduce expenditure by £47.2m

The resulting 2024-25 planning deficit of £15.9m was approved by the UHB Board for submission to Welsh Government.

Discussions continue between the UHB and Welsh Government over the acceptability of this Financial Plan.

The submitted 2024-25 plan represents a failure of the UHB's statutory requirement to deliver a balanced financial plan over a three-year rolling period. The submitted Financial Plan has not been approved by Ministers and this also represents the failure of a statutory financial duty in respect of an approved plan.

Summary Financial Position and Outlook

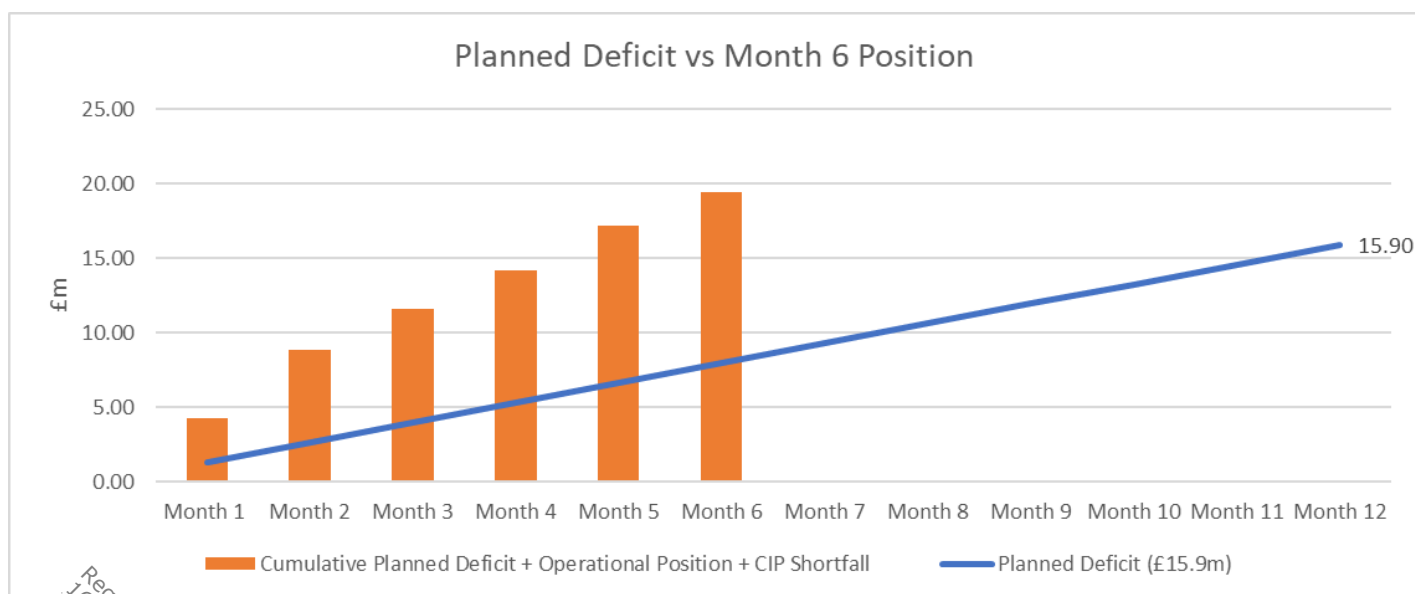
Graph 1 shows the reported position at Month 6 compared to the planned deficit. The actual position is £11.461m above the deficit that was planned at this point in the financial year.

Graph 2 illustrates the combined operational and savings deficit each month, which has improved since the first 2 months but remains above plan.

This level of overspend continues to cause concern and has broadly been driven by three key factors :-

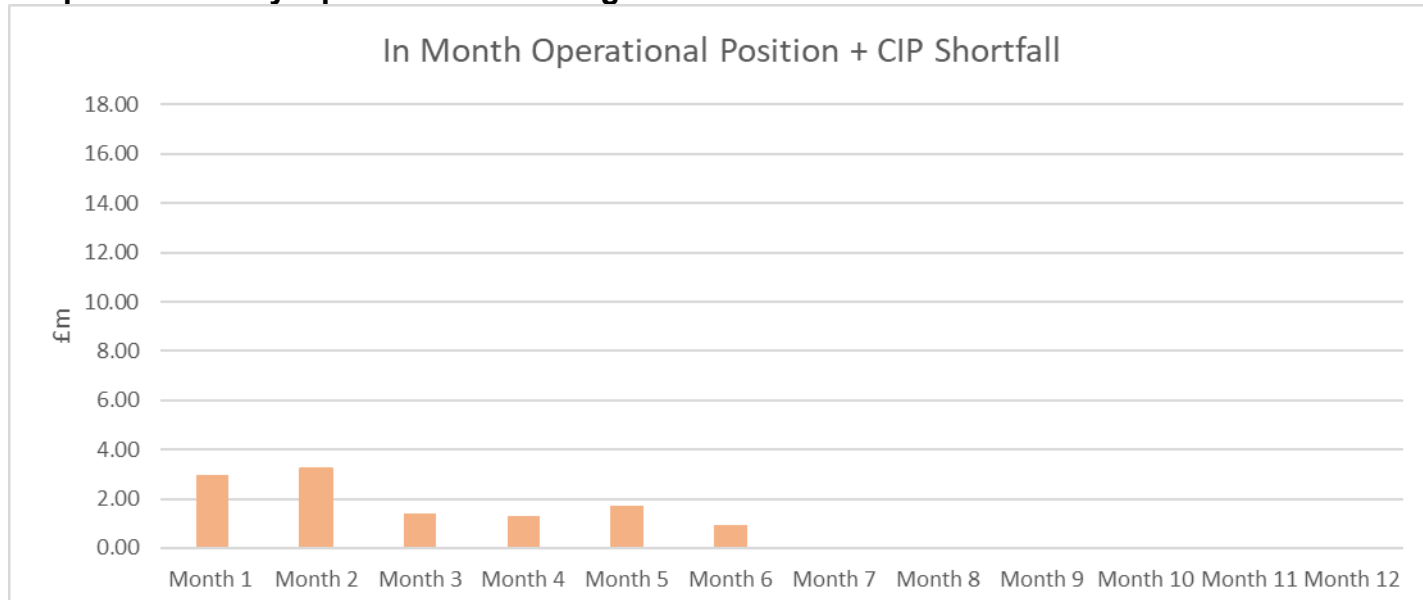
- 80 beds will be open by the end of March that were not anticipated at the commencement of the financial year (£6m fully year effect).
- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.
- Cost reduction programmes have delivered £9.5m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.

Graph 1– Total Variance compared to a straight-line Projection of the Planned Deficit



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Graph 2 – Monthly Operational & Savings Deficit



Given the concern over the financial outlook the UHB is assessing over 60 actions to support recovering the position. The recovery schemes are discussed and scrutinised at the Sustainability Board (CEO chaired) to support a revised financial trajectory. At this point the UHB does not have the assurance that the approval and delivery of these schemes will fully return the financial outlook to the planned out-turn.

Financial Performance

Tables 2 and 3 below summarise the monthly and year to date financial performance of the UHB by major expenditure groups (Table 2) and by business units (Table 3).

Table 2: Summary Financial Position for the period ended 30th September 2024

Income/Pay/Non Pay	Memorandum	Current	Total
	Annual	Period	Variance
	Budget	Actual	(Fav)/Adv
	£m	£m	£m
In Month			
Income	(976.064)	(170.884)	0.000
Pay	462.956	87.142	0.223
Non Pay	513.108	84.653	0.687
Sub Total £m	0.000	0.910	0.910
2024/25 Planned Deficit	15.900	1.325	1.325
Variance to Plan £m	15.900	2.235	2.235
Cumulative			
Income	(976.064)	(976.572)	(0.508)
Pay	462.956	464.750	1.794
Non Pay	513.108	523.283	10.175
Sub Total £m	0.000	11.461	11.461
2024/25 Planned Deficit	15.900	7.950	7.950
Variance to Plan £m	15.900	19.411	19.411

Table 3: Financial Performance for the period ended 30th September 2024

Clinical Board	Operational Position	Savings Position	Total	Prior Month
	(Surplus) / Deficit	(Surplus) / Deficit	(Surplus) / Deficit	(Surplus) / Deficit
	Variance	Variance	Variance	Variance
Cumulative	£m	£m	£m	£m
Clinical Diagnostics & Therapeutics	13	800	813	897
Children & Women	1,348	805	2,153	1,898
Capital Estates and Facilities	(117)	849	732	618
Executives	(971)	71	(900)	(882)
Genomics	(22)	0	(22)	(18)
Medicine	3,149	2,166	5,315	4,696
Mental Health	(168)	997	829	866
PCIC	1,836	40	1,876	1,801
Specialist	386	80	466	600
Surgery	1,255	2,069	3,324	2,694
Clinical Board budgets to be delegated	(2,649)		(2,649)	(2,208)
Sub-Total Delegated Position	4,059	7,877	11,936	10,963
Central Budgets	117	(1,260)	(1,142)	(941)
Commissioning	(84)	750	666	528
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	4,093	7,368	11,461	10,551
Planned Deficit	7,950	0	7,950	6,625
Total Operational (Surplus)/Deficit	12,043	7,368	19,411	17,176

The UHB planned to be £7.950m overspent at Month 6. The Month 6 position is £11.461m greater than this at £19.411m.

The non achievement of savings targets deteriorated from £6.321m to £7.368m in month reflecting both underperformance/slippage against established schemes and remaining annual unidentified savings which is largely unchanged at £7.553m.

A number of schemes were phased to deliver greater values in the latter part of the year than the year to date. This is reflected in an improving trend of savings delivery – this does not however improve the year end out-turn or compensate for unidentified savings.

Further schemes are being considered by the Sustainability Board.

Key UHB financial pressures are highlighted in the Summary Financial Position and Outlook (above). At a Clinical Board level these pressures are manifested :-

C&W: Driven by increased variable medical pay spend (£0.700m) combined with additional costs of planned care between April and June, where the service was re-aligned with funding in July. To date the Clinical Board has underperformed on contracts with external commissioners which has impacted income.

Medicine: Driven by medical staff and registered nursing costs to support the additional bed base within the UHB. The on-going investment in planned care initiatives continues to place additional pressure against budgets.

Surgery: Significant costs have been incurred in respect of planned care initiatives where costs have exceeded available funding. The significant deterioration in month is in part due to a non-recurrent adjustment reflecting theatres stock values.

PCIC: The budgetary position was broadly balanced in Month 6 reflecting actions taken to reduce the rate of expenditure which in turn improved the forecast year end out-turn. The UHB anticipates additional Welsh Government funding, of up to £1.5m, to cover the increased costs arising from implementation of the revised Optometry Contract.

Mental Health: The closure of capacity at Hafan Y Coed, due to the correction of structural building defects, will place pressure on flex capacity and is forecast to financially impact the Clinical Board through the requirement to place patients into out of area placements during the remedial period.

Review meetings with the Clinical Boards are regularly held at which the financial position is discussed including the scope for improvements :-

- Executive Performance Reviews
- Financial Stocktakes with the Chief Operating Officer and Director of Finance
- Deep dives with the Deputy Director of Finance
- Monthly Joint Finance / Operational Leads meeting

Welsh Government COVID 19 Allocations & Expenditure

Profiled Welsh Government funding at Month 6 is summarised in Table 4 below.

Table 4: Summary of Month 6 COVID 19 Net Expenditure

	Funded by WG £m	Funding to Month 6 £m
Health Protection/Vaccination & PPE	9.040	4.520
Long Covid	1.144	0.572
Sub Total WG Funded Covid Expenditure £m	10.184	5.092

Funding for local response costs is allocated to Clinical Boards through the UHB’s Financial Plan. However, local response expenditure is no longer funded directly by Welsh Government and residual costs are reported within delegated clinical board positions and not included in table 4 above.

The UHB plan assumes that any underspends against Covid funding will be retained by the UHB.

Financial 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 2024-25 year end with a current planned deficit of £15.9m which is further compromised by the significant risk that this out-turn value will be higher.

Regan Nikki
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Table 5: Risk Register at September 2024

Finance Risk	Rating	Comment
The submitted Financial Plan has a planned deficit of £15.9m for 2024/25. This does not allow the Minister to approve the an IMTP due to the lack of financial balance over a three year rolling period. However the 2024-25 Financial plan does require support from Welsh Government even in the absence of Ministerial approval.	15	The UHB has developed a plan which has a deficit of £15.9m in 2024-25 and break even positions in FY 2026 and FY 2027 which the Minister is not able to approve. Support for the one year 2024-25 financial plan will be required. Welsh Government has not confirmed its support at the present time. Enhanced Monitoring meetings with Welsh Government at Executive level continue to discuss this issue.
Due to a planned deficit of £15.9m for 2024/25 the UHB is unable to achieve financial balance over a three year rolling period. This does not allow the Minister to approve the UHB IMTP (Three year plan) and has contributed to the UHB following Enhanced Monitoring arrangements by Welsh Government.	15	The failure to submit a balance plan for 2024-25 means that the UHB cannot achieve its statutory duty to balance over a three year rolling period. The UHB has plans to return the UHB to financial balance in FY 2025 and 2026. Progress is monitored internally through established governance reporting and monitoring arrangements through operational teams, Finance Committee and Board. Internal Audit provides assurance that controls are in place. Enhanced Monitoring meetings and Joint Executive meetings with Welsh Government maintain discussions over progress towards a financially balanced three year IMTP.
Achievement of Capital statutory breakeven duty The Health Board has a capital allocation, which it should not exceed on a three year rolling basis.	8	The current 2024-25 UHB Capital Plan is structured to remain within the Capital Resource Limit. Capital Management Group manages the capital programme and reports into the Management Executive. Governance reporting and monitoring arrangements through the Finance Committee, Board and WG. Internal Audit provides assurance that controls are in place.
Failure to adequately manage budget pressures in line with the submitted £15.9m deficit plan for 2024-25	20	The period to Month 6 has reported financial pressures against the £47.2m savings target and operational pressures within delegated positions. The requirement to manage budget pressures is clearly communicated to primary budget holders. Enhanced monitoring of delegated financial positions is exercised through monthly meetings including Executive Performance Reviews with each Clinical Board; Monthly Finance meetings with all Clinical Boards and COOs Office; weekly Savings meetings of delegated budget holders; and bi weekly multi leadership Sustainability Board meetings chaired by the CEO.
A recurrent Cost Improvement Programme target of £47.2m has been set for 2024/25. Failure to deliver this level of saving in 2024-25 impacts the ability of the UHB to meet its planned 2024/25 deficit of £15.9m. This combined with any savings which are achieved but non recurrently impacts the ability of the UHB to deliver financial balance in future financial years	20	The CIP savings target has been clearly communicated and delegated to budget holders. At Month 6, only £19.6m of Green and Amber schemes against the £47.2m target have been identified as recurrent in nature. A CIP pipeline tracker is in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting include specific focus on CIPs. Further focus is provided in Executive / Clinical Board Performance Reviews, bi weekly Sustainability Boards and weekly Savings meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.
2024-25 LTA framework in NHS Wales.	15	LTAS have now been agreed with Commissioners, generally in line with the guideline 3.67% uplift recommended by Welsh Government. Elements of income will be contingent on improved LTA outturn performance and this remains a risk for the UHB.
Remain within Cash limit	15	The UHB will require cash support from WG for the 24/25 planned deficit of £15.9m alongside working capital for any movements from the 2023/24 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2024-25 may bring forward the point of the year when cash controls will require consideration. Cash controls will include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.

Regan Niki
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Savings Programme Update

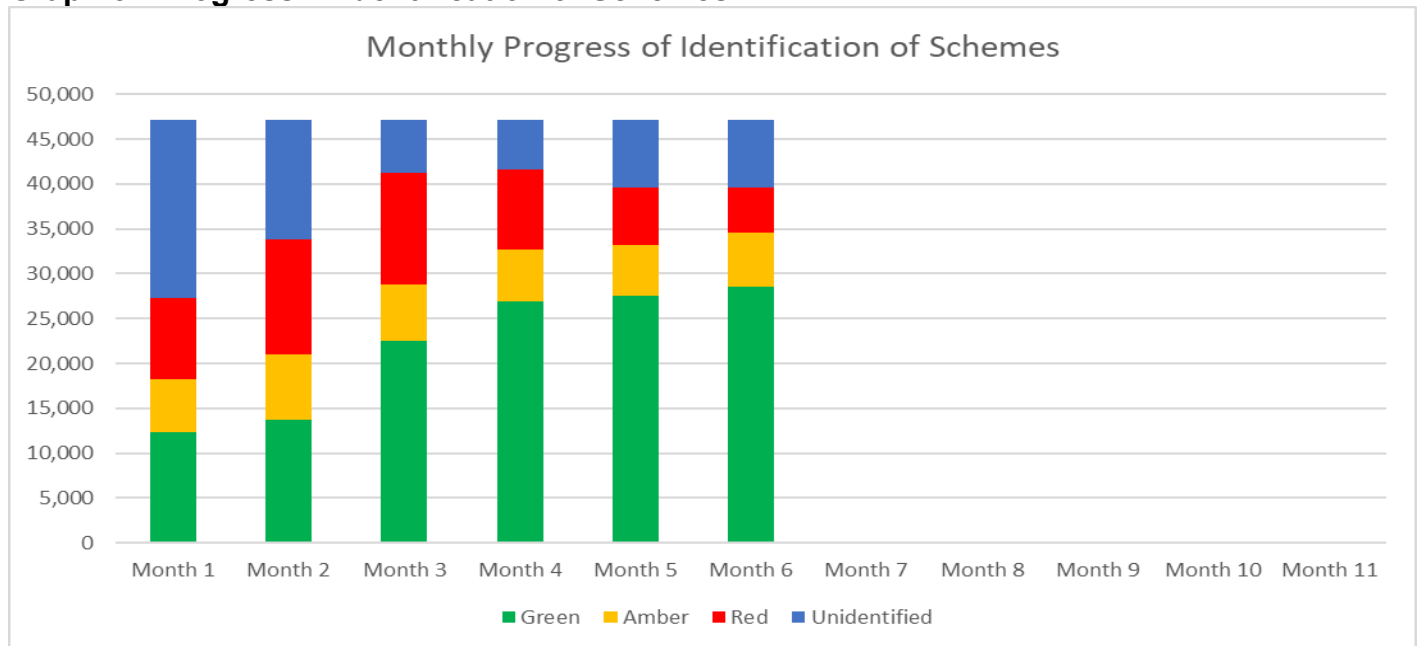
At month 6, £34.568m (73%) of green and amber savings had been identified towards the £47.2m savings target. £19.592m of the schemes are recurrent.

The reported gap in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables. However, a proportion of red schemes are expected to deliver in 2024/25. At a 50% delivery level an additional £2.539m of savings schemes for 2024-25 would be reported as identified at Month 6.

The total of green, amber and red schemes (£39.647m) represents 84% of the annual target.

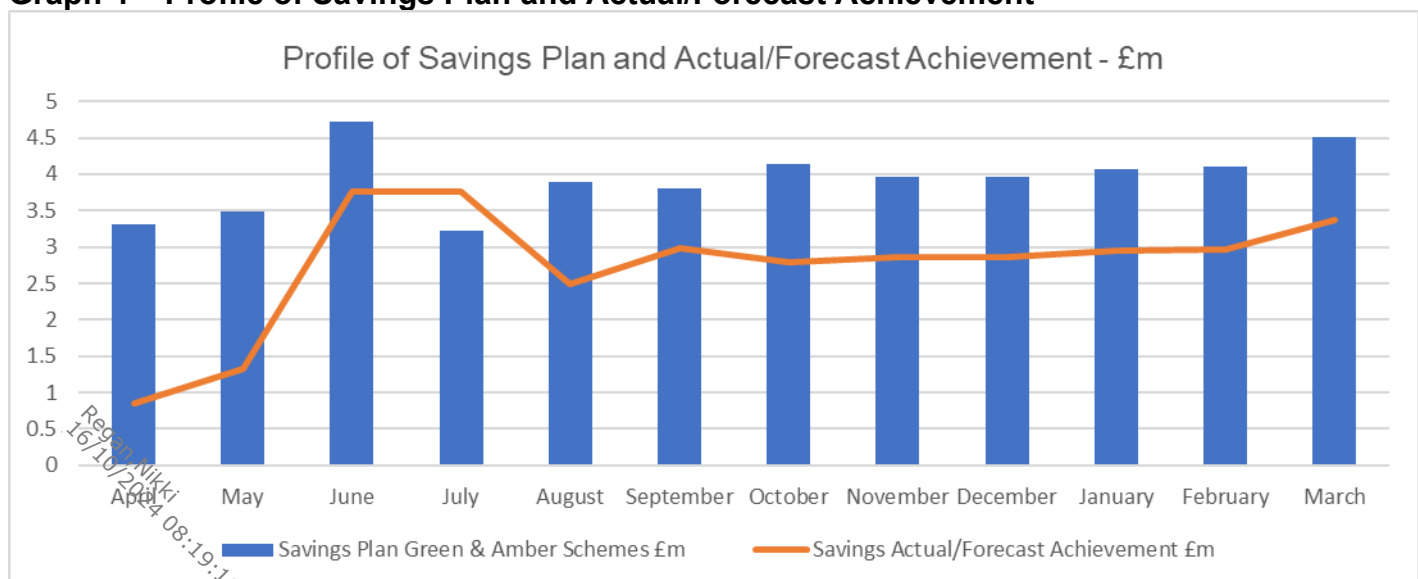
The progress in the identification of schemes during the year is shown in the graph below:

Graph 3 - Progress in Identification of Schemes



The profile of the Savings Plan and actual and forecast delivery is outlined in Graph 4 below:

Graph 4 – Profile of Savings Plan and Actual/Forecast Achievement



Further detail of the progress by Clinical Boards and Improvement Themes is provided in Table 6

Table 6: Savings Schemes

Clinical/Service Board	24-25 Target	Green	Amber	Sub Total Green & Amber	Red	Total Savings Identified
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	947	726	262	988	100	1,088
Children and Women	1,304	1,103	64	1,166	137	1,303
Clinical Diagnostics and Therapeutics	1,199	1,020	92	1,112	109	1,221
Corporate Executives	501	1,267	0	1,267	98	1,365
Medicine	1,379	134	300	434	0	434
Mental Health	1,079	401	0	401	56	457
Primary, Community and Intermediate Care	2,423	2,659	260	2,919	0	2,919
Specialist Services	1,482	1,618	176	1,793	50	1,843
Surgical Services	1,689	503	536	1,039	218	1,257
Subtotal - Grip and Control	12,000	9,431	1,689	11,120	768	11,888
Medicines Management	4,530	2,755	1,819	4,573	126	4,699
Reducing Length of Stay	3,500	3,064	0	3,064	459	3,523
Optimising Planned Care	1,000	0	0	0	367	367
Income Generation	1,000	721	20	741	155	896
Continuing Healthcare	2,500	1,073	856	1,929	436	2,365
Facilities and Estates / Service Reconfiguration	500	400	0	400	206	606
Value/Clinical Variation	0	0	0	0	0	0
Procurement	5,000	3,371	487	3,858	565	4,423
Recording Patient Care	1,500	0	0	0	150	150
Other Digital Benefits	0	0	0	0	50	50
Workforce - Temporary Pay	7,403	3,370	777	4,147	1,444	5,591
Workforce Reshaping	8,268	1,320	416	1,736	354	2,090
Corporate Opportunities	0	3,000	0	3,000	0	3,000
Subtotal Cost Improvement Themes	35,200	19,073	4,375	23,448	4,312	27,760
Total Savings Position	47,200	28,504	6,064	34,568	5,079	39,647

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.

At Month 6 £19.592m of the identified green and amber schemes and £3.390m of red schemes were recurrent.

Achievement of financial sustainability and recurrent financial balance by the end of 2025/26

Whilst the planned deficit for 2024-25 is £15.9m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :-

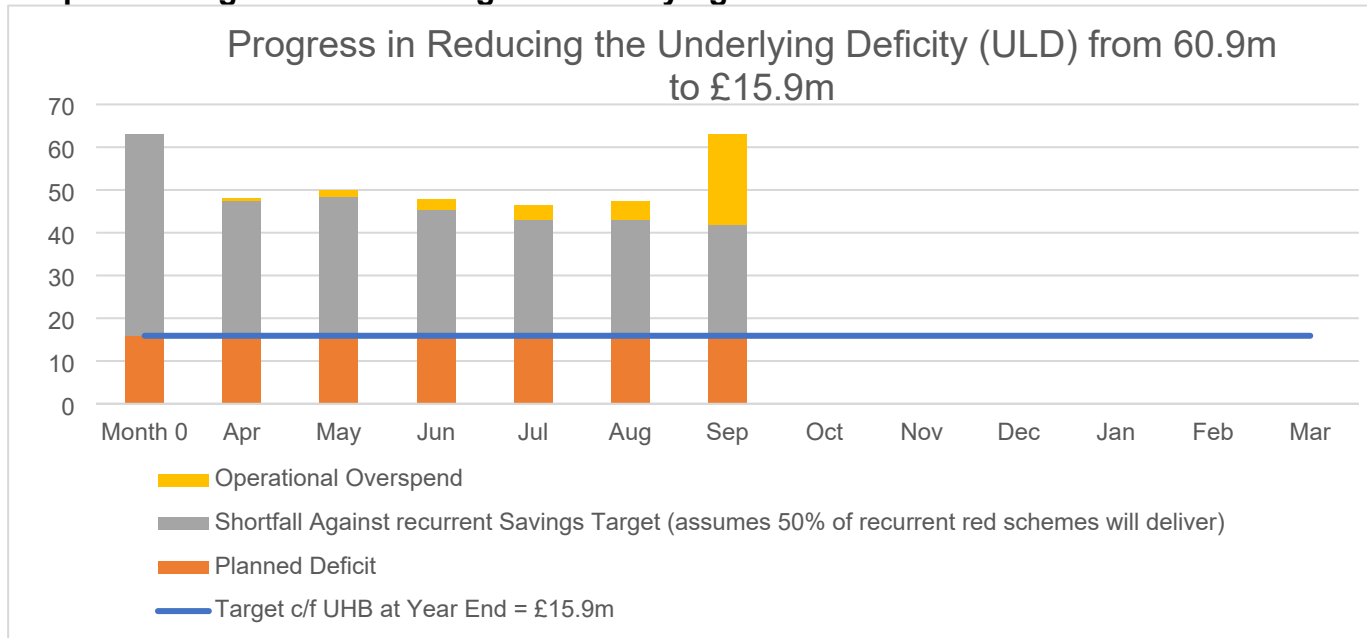
- The planned 2024-25 financial deficit of £15.9m
- Savings made non recurrently in 2024-25
- The full year effect of cost pressures including inflation.
- The full year effect of demand led pressures in 2024-25

Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £26.913m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1 million.

This projects an underlying deficit for 2025-26 of £63.9m before the assessment of new year cost pressures and any additional funding available.

Graph 5 presents the current high level picture of the UHB's underlying position that will be reviewed and updated as the financial plan is progressed throughout 2024-25.

Graph 5 – Progress in Reducing the Underlying Deficit



The increase in operational overspend at month 6 follows a re-assessment of pressures at month 6 which incorporates the full year effect of current operational pressures, demand growth and inflation.

The current assessment of the underlying deficit (ULD) moving into 2024/25 is £63.9m as summarised below:

Table 7 – Initial Assessment of Underlying Deficit

	UHB £m
Operational ULD	21.1
Savings ULD	26.9
Planned Deficit	15.9
Total ULD £m	63.9

The £63.9m ULD identified above is expected to reduce as recovery actions identified are developed.

Cash Flow Forecast

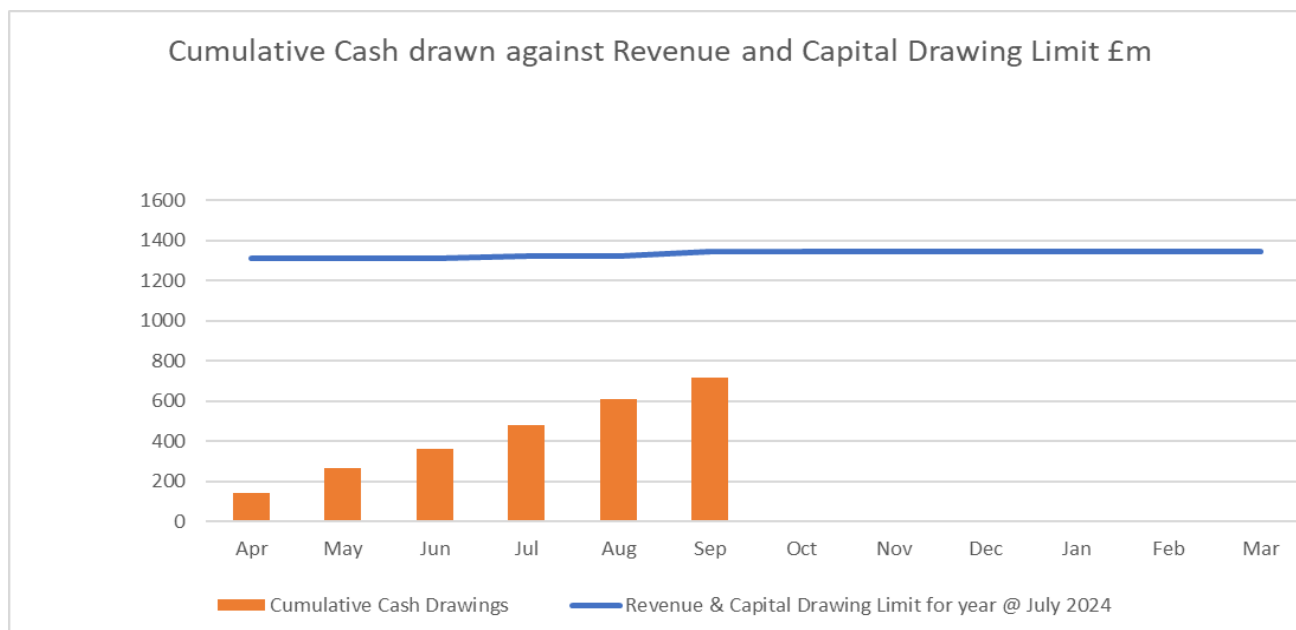
The closing cash balance at the end of September was £7.499m.

In due course, the UHB expects to seek Finance Committee and Board approval to request £15.900m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

Graph 6 below outlines Cumulative Cash Drawn against the Revenue and Capital Drawing Limit

In addition to cash drawn from Welsh Government, the UHB cashflow is dependent on the recovery of £610m annual income through LTA and other income agreements with Welsh commissioners, separate to Welsh Government funding flows.

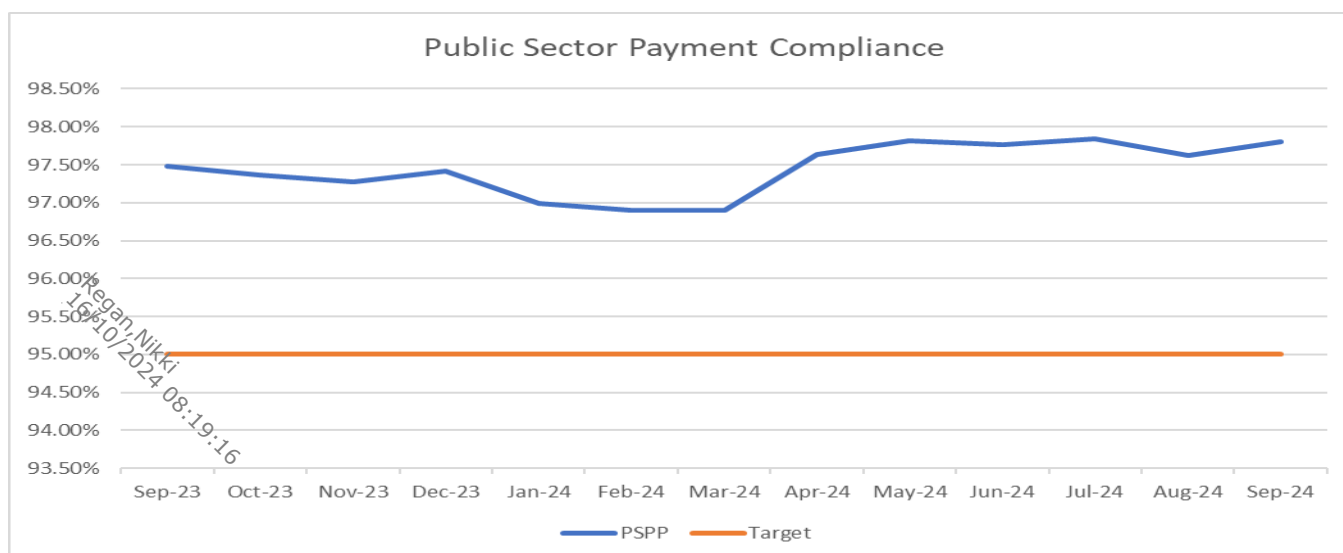
Graph 6 - Cumulative Cash Drawn against the Revenue and Capital Drawing Limit



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 September was 97.8% for the year to date as illustrated in Graph 7 below.

Graph 7 – Public Sector Payment Compliance



Capital

The UHBs approved capital resource limit is £47.031m in line with the latest CRL received from Welsh Government on the 6th of September 2024. This comprises of £13.654m discretionary funding and £33.377m towards specific projects (including Efab, Interventional Neuroradiology Equipment, Mortuary, UHW Lift Refurb, Backlog Maintenance, Diagnostic Equipment, Decarbonisation and Park View Well Being Hub).

The capital programme is planned and monitored through the UHBs Capital Management Group (CMG) and the UHB forecasts that it will remain within its CRL in 2024-25.

INCOME ASSUMPTIONS 2024/25 – REVENUE RESOURCE LIMIT

The UHBs Confirmed Revenue Resource Limit as at September 30th was £1,304m with a further £45m of assumed allocations as detailed below:

Table 8 : Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments & IFRS 16	5.873
Real Living Wage Health & Social Care Providers	4.612
Real Living Wage UHB Pay Award	4.000
Consultant & Resident Drs Retrospective 2023/24 Pay Award	17.501
Vertex	4.500
Clinical Excellence & Impact Awards	1.796
Welsh Government Funded New Medical Posts	1.736
Optometry Contract Reform	1.500
Six Goals For Urgent and Emergency Care Programme	1.480
Welsh Risk Pool 2024_25	(4.886)
Other	7.364
Total Unconfirmed Allocations £m	45.476

The UHB's financial forecast is based on confirmation of all unconfirmed allocations. The UHB's anticipated allocations are reported within the Monthly Monitoring Returns submitted to Welsh Government to allow Welsh Government to be sighted on the UHB financial assumptions.

Key Performance Indicators provided to the UHB Board

The key issues contained in this report are also reported to the UHB Board as part of the Integrated Performance Report. The key performance indicators are attached to this report for the Committee's information and assurance of consistency in reporting.

Regan Nikki
16/10/2024 08:19:16

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

The UHB 2024-25 Financial Plan is based on a forecast deficit of £15.900m. The month 6 position is a reported overspend of £19.411m, which is £11.461m above the £7.950m straight line profile of the planned deficit.

This is a cause for concern and has necessitated the identification of additional financial recovery actions overseen by the Sustainability Board.

Public Sector Payments are above the 95% target and the UHB forecasts that it will remain within its Capital Resource Limit.

Recommendation:

At Month 6 the Committee are requested to:

- **NOTE** the reported year to date overspend of £19.411m and the forecast deficit of £15.900m.
- **NOTE** the month 6 operational overspend against plan of £4.093m with a further £7.368m savings gap.
- **NOTE** the progress against the savings target, with £34.568m (73%) of green and amber schemes identified at Month 6 against the £47.2m target.
- **NOTE** that delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income.

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

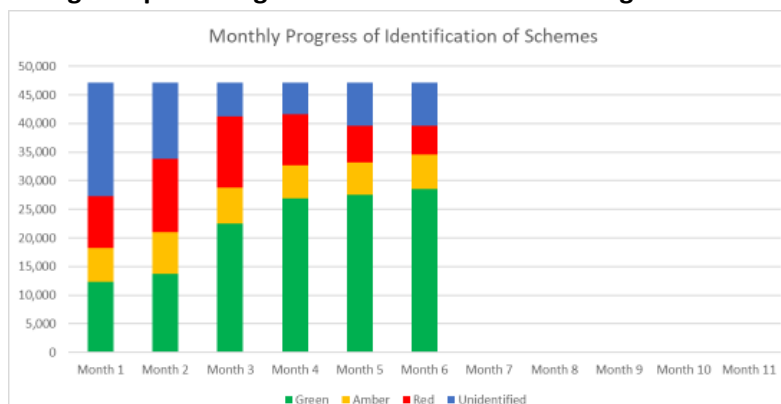

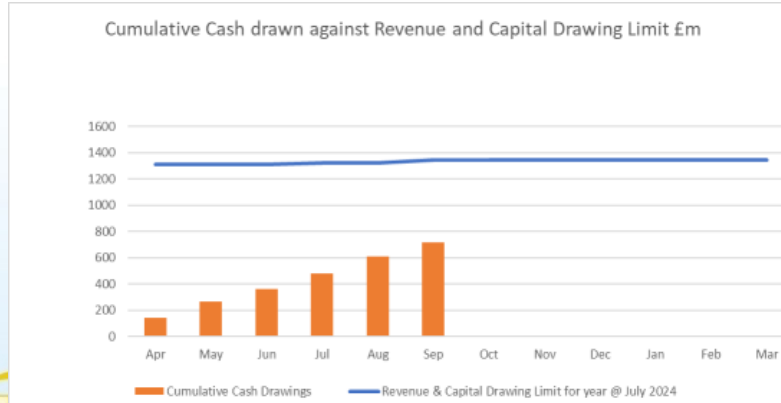
Safety: Yes/No

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: 23 rd October 2024

Regan Nikki
16/10/2024 08:19:16

	Priority	Performance Summary	Reported Period	Data															
Financial Performance	Deliver 2024/25 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 £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At Month 6 the UHB is reporting an overspend of £19.411m. This is comprised of £7.368m unidentified savings, £4.093m of operational overspend and the planned deficit of £7.950m (six twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government).</p> <p>The UHB is working to recover the month 6 operational and savings overspend to remain within the £15.900m planned deficit.</p>	Sept. 24	<table border="1"> <thead> <tr> <th></th> <th>Month 6 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>7.950</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>7.368</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>4.093</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>19.411</td> <td>15.900</td> </tr> </tbody> </table>		Month 6 Position £m	Forecast Year-End Position £m	Planned deficit	7.950	15.900	Savings Programme	7.368	0.000	Operational position (Surplus) / Deficit	4.093	0.000	Financial Position £m (Surplus) / Deficit £m	19.411	15.900
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Achieve financial sustainability and recurrent financial balance by the end of 2025/26	<p>The planned deficit for 2024-25 is £15.9m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :-</p> <ul style="list-style-type: none"> The planned 2024-25 financial deficit of £15.9m Savings made non recurrently in 2024-25 The full year effect of cost pressures including inflation. The full year effect of demand led pressures in 2024-25 <p>Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £26.913m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1 million.</p> <p>This projects an underlying deficit for 2025-26 of £63.9m before the assessment of new year cost pressures and any additional funding available. The increase in operational overspend at month 6 follows a re-assessment of pressures at month 6 which incorporates the full year effect of current operational pressures, demand growth and inflation</p>	Sept. 24	<p>Progress in Reducing the Underlying Deficity (ULD) from 60.9m to £15.9m</p>																
Management of operational budget pressures	<p>The UHB reported a £4.093m operational overspend at month 6, which is a improvement of £0.137m from the £4.230m reported at month 5.</p>	Sept. 24	<p>Planned Operational Position vs Month 6 Position</p>																

	Priority	Performance Summary	Reported Period	Data
	<p>Delivery of recurrent £47.2m savings target</p>	<p>£34.568m Green and Amber schemes identified at month 6 of which £19.592m were recurrent savings. Savings Graph 1 illustrates progress in the identification of savings</p> <p>The planned profile and actual/forecast delivery of savings is outlined in Savings Graph 2</p>	<p>Sept. 24</p>	<p>Savings Graph 1- Progress in Identification of Savings Schemes</p>  <p>Savings Graph 2- Profile of Savings Plan and Actual/Forecast Achievement</p> 
<p>Regan, Nikki 16/10/2024 08:19:16</p>	<p>Remain within Cash Limit</p>	<p>The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that £15.900m of strategic cash support is provided for the forecast deficit.</p>	<p>Sept. 24</p>	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> 

Report Title:	Operational Performance Report		Agenda Item no.	2.2
Meeting:	Finance and Performance Committee		Public	Meeting Date: 23/10/24
			Private	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	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 Cabinet Secretary's priorities and our performance ambitions/IMTP priorities. It also includes performance against the updated NHS Performance Framework for 24/25.

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

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

Urgent and Emergency Care

Delays to ambulance handovers and patient waiting times in Emergency Units markedly improved through 23/24 – the UHB eliminated 4-hour delays and significantly reduced 3, 2 and 1 hours delays at UHW. Recent performance has been affected by periods of unseasonal operational pressures through the summer, which has impacted both ambulance handover times and the length of time patients some patients are waiting in the Emergency Unit before admission, transfer or discharge. The challenges posed by these pressures were reflected at the end of June and start of July with three 4-hour ambulance delays, the only such delays in over 15 months. Since December 2023, where the number of 1-hour ambulance delays reduced to 167, the number rose and in May and June. Despite fewer 1-hour holds reported in July, August and September compared to June, the volume is above our trajectory. We have seen a similar picture for 12-hour EU waits where reductions through Q3 have not been sustained during 2024.

We continue to review our EU and inpatient data, with deep dives at the COO led Operational Delivery Group following periods of exceptional escalation. We are reviewing, at cluster level, the recent increases in 'majors' attendances to our Emergency Unit and continue to review all breaches of 2-hours for ambulance holds, 4-hours for hip/stroke patient admissions and 24-hour EU waits.

Despite these challenges, the UHB is still the best performing Health Board in Wales regarding ambulance delays and we have outlined an improvement trajectory to meet our own, and the Cabinet Secretary's, ambitions.

The pressure on our urgent and emergency care service has been well described, these pressures are exceptional for the time of year and the Health Board is undertaking a range of actions and improvements to address the increases in demand. As we look towards Winter 24/25 we are predicting the pressure will heighten and this will present a substantial risk to the organisation. The Health Board

has begun operational planning for winter, including engagement with our partners. Through this planning is it likely we will need to consider options to meet the increased demands on our services and to keep patients safe. Our Winter Plan was discussed at Senior Leadership Board on 3rd October and is for discussion at this committee under a separate agenda item, with further discussion at Board on 30th October.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown improvement against our historic trends. 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 – this reduction has been maintained though some very challenging weeks through the whole winter period and beyond. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. We have seen lower compliance though Q1 against the door-to-ward KPI and our own internal operational standards. Time to specialist beds for hip fracture and stroke patients remain operational an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways. Following reduced compliance in Q1, July saw an improvement in of 7.5% from June's performance.

Using the annualised NHFD data, the UHB are at or above the UK national average for 6 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from March last year and improvements through Q1 saw July's compliance return to in excess of the national average. In May KPI3 (NICE compliant surgery) has also reduced to just below the national average and has remained just below since. Performance in this area has fluctuated and our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data. The team are also reviewing theatre documentation to ensure that our true level of compliance is recorded and thus reflected in the national data.

July saw a small increase in our compliance against some key SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours increased to 42.2% and remains significantly above the All Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our historic performance, but compliance has been lower in Q1 than during last year. We continue to work across Clinical Boards to progress the Stroke Service Improvement Plan, with particular focus on the from end of the stroke pathway before and through the Emergency Unit.

April saw a high number of stroke patients admitted to UHW with a higher number of haemorrhagic stroke patients who are non-suitable for thrombolysis/thrombectomy. As a result, April saw our thrombolysis rate drop to 14.5% following consecutive months at over 20%. In May this improved to 26%, above our ambition and above the Wales average. Operational pressures through June and July as referenced in the UEC section have led to delays to in EU and a reduction in compliance across the measures at the front end of the pathway. In June our thrombolysis rate fell to 16.1% but despite a very high number of admissions on the stroke pathway (125) in July with 89 confirmed strokes (approximately 30 more than an average month), July's performance improved to 18.4%.

Our SSNAP grade improved to A for the period July-September 2023, this was a significant improvement from the previous quarters and a reflection of the work undertaken by the teams. Our most recent review saw a drop to Grade B but performance remains improved from last year. The challenges in delivering consistent performance in Stroke pathways have been well documented, particularly out of hours. A plan for investing in the front end of our stroke pathway has received endorsement at this Committee and was approved at Board. From October 2024 the SSNAP dataset and measure will be changing – the new dataset has an increased focus on imaging and hyperacute stroke management, changes to the measurement of rehabilitation and an extension to the community dataset and the ongoing rehabilitation of patients. The UHB will be holding a further stroke summit to continue our focus on the stroke pathway and understand the impact of the changes to the SNNAP dataset on our national performance. We are also working with colleagues in the NHS Executive

around what KPIs will be the focus in Wales. We will continue to update this Committee and Board on the impact of the changes.

Hospital Flow and Discharge

The proportion of beds occupied by long length-of-stay patients has fluctuated in recent months as additional beds have been opened and closed in line with our operational plan. The number of delayed pathways of care reduced between March and May and in July following a small increase in June. August saw a small increase from July, but delays in September dropped back to their lowest level this year.

We have seen length of stay improvements which have allowed us to close c55 beds compared to Q4. However, the unexpected increased demand from EU means we are not feeling the benefit of the reduced length of stay and we are now refreshing our capacity plans for Q3 and the winter period. The process for ratifying this within the organization is detail above.

We continue to work with colleagues across the health and social care system to reduce delays in patient's care pathways. Reducing the time patients spend in hospital is a current operational focus. 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.

Delayed Pathways of Care (POCD) remain an area of national focus and our monthly delays are highlighted in Section 1 of the accompanying IPR – we are currently delivering our commitment to reduce against the same period in 23/24.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly 'hot' reporting and end of month snapshots are provided in the IPR. We have seen a fluctuating picture as we moved through Q1 and Q2. We have seen a recent increase in long length of stay patients, but the volumes remain below those at the beginning of April. Our nationally submitted data on emergency admissions with a 21-day length of stay shows also a reduction from March to July.

Cancer

Our compliance with the 62-day Single Cancer Pathway standard improved in December 2023 to 70.2%, our highest performance since the development of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January and 60.8% in February, with continued Junior Doctor industrial action a factor through Q4. In March our SCP performance improved to 62.3%, with a further increase to 63.7% in April. The pathology delays experienced in March mean that our May performance reduced as forecast, as patients treated in May were potentially impacted by delays in this part of their pathway although our performance remained above 60%. We have continued to experience challenges in pathology through Q2 which has continued to impact overall SCP compliance. In recent weeks we have seen a significant reduction in our Pathology backlogs and the teams are working hard to maintain this position. In August performance was recently signed off as increasing to 68.4%, with Gynaecology, Haematology, Head and Neck, Lung, Brain/CNS and Skin tumour sites all exceeding 80% against an SCP standard of 75%

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 Q3 where we have seen improvements in the monthly compliance for October and November.

SCP compliance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Original submission	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%	64.7%	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%	64.6%	63.1%	68.4%
Compliance following quarterly refresh	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%	66.3%	62.4%	70.2%	63.5%	60.2%	62.3%					

Planned Care

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.

At the end of August there were 3,561 patients waiting 2 years for treatment, which represents 2.3% of patients on a waiting list. This is a decrease from July, lower than our forecast to Welsh Government, and remains an improvement from this time last year, however, there are still too many patients waiting too long for treatment across a number of key services. Early data for September shows we have eradicated 4-year treatment waits and continue to reduce the number of patients waiting over 3-years, <100 which are concentrated in spines, urology and ophthalmology. It is our intention to have no patients waiting over 3 years by the end of December 2024.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9000. 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. June saw an increase in the number of patients waiting over 52 weeks for their first outpatient appointment, with the number of breaches forecast to increase as we move through Q2. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.

As discussed at the Board Development session in July, the UHB has submitted revised trajectories for 52-week outpatient and 104-week treatment waits, in addition to 8-week Diagnostics waits. These reflect updated demand and capacity work and reflect the impact of ongoing operational pressure and our operational and financial decisions. The refreshed planned care approach and next steps were discussed as part of the session. We continue to work with colleagues in the NHS Executive and Welsh Government to develop plans to reduce the number of patients waiting over 104 weeks for treatment.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments over the last year. 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 are only 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 47,377 patients who are past their target date for a follow-up appointment, of these 4 were over 2 years past their target date as shown below:

Regan Nikki
16/10/2024 08:19:16

		Overdue Follow-up Outpatients						
Clinical Board	Months past target date	07/02/2024	26/08/2024	02/09/2024	09/09/2024	16/09/2024	23/09/2024	30/09/2024
Total	Total overdue	61658	48800	48848	49011	48348	47972	47377
	Over 12 months	12351	1811	1784	1774	1700	1665	1596
	Over 18 months	2948	60	70	76	74	75	74
	Over 24 months	1271	3	3	4	3	3	4
Surgery	Total overdue	31552	23752	23563	23265	22888	23058	22930
	Over 12 months	7610	1624	1607	1537	1512	1515	1478
	Over 18 months	1523	47	61	65	63	66	65
	Over 24 months	643	0	1	2	1	2	3
Children & Women	Total overdue	10114	8244	8303	8774	8585	8320	8147
	Over 12 months	1597	59	75	91	64	27	83
	Over 18 months	500	2	0	1	5	0	3
	Over 24 months	173	1	0	0	0	0	0
Specialist	Total overdue	10063	8239	8322	8274	8301	8249	8062
	Over 12 months	1939	103	85	115	98	99	12
	Over 18 months	464	5	5	5	5	4	0
	Over 24 months	196	0	1	0	1	0	0
Medicine	Total overdue	9879	8504	8598	8630	8499	8271	8162
	Over 12 months	1183	13	7	21	20	12	11
	Over 18 months	455	1	0	1	0	0	1
	Over 24 months	257	0	0	1	0	0	0

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments and the impact of the focused work on the longest delays. There remains a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. 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.

Our Planned Care Programme is revising its approach Outpatient Transformation, this includes the appointment of a Clinical Lead for Outpatients and alignment with the national Clinical Implementation Networks (CINs) to drive best practice. 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 through this year.

Diagnosics

The waiting list position for Diagnostics has deteriorated in recent months, with particular challenges in Radiology and Endoscopy. As part of the £2.8m community diagnostic hub investment to improve imaging waiting times we will continue to use mobile solutions. Since December, we have seen sustained improvements for MRI and CT and remain on track to deliver against the agreed trajectories. The number of patients waiting 8 weeks for a non-obstetric Ultrasound continues to grow, however a proposal to increased capacity through additional internal capacity was approved at the Senior Leadership Board in July and improvements are expected from mid-August.

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has 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. The number of 8-week waits has continued to increase through Q4 and Q1, albeit at a slower rate than through the rest of the year. To clear the backlog of patients and create enough core capacity is going to require significant investment and support from Welsh Government. A proposal has been drafted that will be discussed with the Executive team to agree how to proceed.

At the end of August, 17,016 patients had waited 8 weeks or longer for their treatment, equating to 61.2% of patients on a diagnostic waiting list. This is in line with our commitment to Welsh Government.

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Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	15	25	12	24	37.5%	62.5%
	Echo Cardiogram	4	0	0	0	0	7	2	674	100.0%	0.0%
	Dobutamine Stress Echocardiogram	22	10	25	21	6	10	4	32	34.4%	65.6%
	Stress Test	1	3	1	0	0	7	1	29	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	0	3	1	32	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	0	3	1	134	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	56	38	9	92	67.4%	32.6%
	Trans Oesophageal Echocardiogram	5	2	0	0	0	7	4	16	100.0%	0.0%
	Cardiac CT	151	134	107	36	14	29	4	78	53.8%	46.2%
	Cardiac MRI	203	198	214	209	217	57	15	296	29.4%	70.6%
Diagnostic Electrophysiology (EP Study)	2	2	2	0	0	7	7	1	100.0%	0.0%	
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	94	90	5	220	33.2%	66.8%
	Colonoscopy	1536	1565	1626	1712	1788	107	30	2264	24.4%	75.6%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	1246	107	44	1424	16.1%	83.9%
	Gastroscopy	2499	2603	2692	2761	2864	112	43	3276	15.7%	84.3%
	Bronchoscopy	19	25	14	14	11	116	39	19	26.3%	73.7%
Imaging	Fluoroscopy	37	30	45	30	30	74	4	124	75.8%	24.2%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	7	3	96	100.0%	0.0%
	Electromyography	0	1	0	0	0	6	2	41	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	57	91	5	170	65.9%	34.1%
	Vascular Technology	0	0	0	0	0	5	1	66	100.0%	0.0%
Radiology	MRI	1116	1045	892	974	1054	83	5	2808	65.3%	34.7%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	9462	61	15	13842	34.7%	65.3%
	CT	21	26	20	14	24	69	1	672	97.9%	2.1%
	Nuclear Medicine	38	53	62	72	78	40	3	241	70.1%	29.9%
Total		14835	15245	15938	16324	17016			26671	38.8%	61.2%

The above table shows the scale of the impact that long waits for endoscopy and non-obstetric US are having on performance, while a number of modalities report zero or small numbers of patients waiting over the 8-week standard. Actions for improvements in the challenged modalities were discussed in the recent Board Development session.

Mental Health

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 in January 2024 and we reported 37.5% compliance with the 28-day standard, while this improved to 90% in February, the team expected this performance to fluctuate in Q1 as the service work through the referrals to recover the position. In March 2024 we reported 54% compliance, with a further reduction in April reported. The May position improved to 19.1% but reduced again in June and July, with a small increase in August, in line with our forecast. Performance is expected to remain low through this year and recover to compliance in Q4. Part 1b compliance remains strong with >99% of patients receiving interventions within 28 days on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.




For children and young people, Part 1a compliance dropped below the 80% standard at 78% in January as a result of a number of factors including workforce challenges and the number of complex cases. Part 1a compliance improved to 91% in February, remaining high into June (94%). 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. Our data shows that the actions taken as part of the recovery plan have delivered, as forecasted, a strong return to compliance in September.

Primary and Community Care

We continue to see 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.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and community care services. GMS saw an increase in calls, appointments and items issued via prescription from the June to July.

GMS activity		July 2024	Year to date 24/25
	Calls to GP surgeries	389,032	1,552,133
	GP appointments offered	267,338	1,043,031
	Items issued via prescription	795,553	3,074,743

Source: Primary Care Information Portal. Note: *The analyses and associated visualizations presented within this tile of the Primary Care Information Portal (PCIP) are a product of source data that has been provided at the initial stages of a quality improvement process and as such the completeness, accuracy, and validity of this source data (and hence any analyses/visualizations derived from such data) cannot be guaranteed.*

We continue to see high utilisation of our Urgent Primary Care Centers across Cardiff and the Vale. Overall utilisation dropped slightly from July, with total utilisation across all 6 sites at 87% for August and 88% for September, with c3180 appointments booked in month.

Our community teams and integrated services continue to support patients out of hospital, including 18,086 District Nursing visits in August – c6500 more than our reported attendances to EU in the same period. These services continue to provide vital support to patients in the community allowing them to remain at home and reducing the demand for secondary cares services.

Community and Integrated Service teams	August 2024
District Nursing visits to patients	18,086
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	45
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	96
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	423
Patients supported by Community Nursing to remain at home	3,538
Wound healing service referrals	94
Continence service referrals	202

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Recommendation:

The Finance and Performance Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Cardiff and Vale Integrated Performance Report

2024/25

October 2024

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Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

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

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	<p>Measure: Number of delayed transfers of care.</p> <p>National standard/ambition: 12 month reduction trend</p> <p>Reporting period: Monthly</p>	Reduction against 23/24	Yes	Mar-25	170 Sept-24	Hyperlink to section
Primary and Community Care	<p>Measure: General Medical Services – Number of GP practices achieving core access standards</p> <p>National standard/ambition: 100%</p> <p>Reporting period: Annual – in month position for information</p>	100%	Yes	Mar-25	98.2% Apr-24	Hyperlink to section
	<p>Measure: General Dental Services - % of contract value fulfilled</p> <p>National standard: 30% of contract value by end Q2, 100% Q4</p> <p>Reporting period: Monthly</p>	25% Q1 50%Q2 75% Q3 100% Q4	Yes	Mar-25	41.7% (Apr-24 to Aug-24)	Hyperlink to section
Urgent and Emergency Care	<p>Measure: Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p> <p>National standard/ambition: 20% reduction by September 2024, further 20% reduction by March 2025</p> <p>Reporting period: Monthly</p>	670 Sept-24 532 Mar-25	Yes	Mar-25	966 Sept-24	Hyperlink to section
	<p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p>	232	Yes	Dec-24	411 Sep-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajjectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental Health	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	80%	Yes	Dec-24	95% Sept-24	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	99%	Yes	Dec-24	100% Aug-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	<p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>16,004 Sep-24</p> <p>15,925 Mar-25</p>	No		<p>15,280 Aug-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 104 weeks for referral to treatment</p> <p>National standard/ambition: 0 by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>4,447 Dec-24</p>	No		<p>3,561 Aug-24</p>	Hyperlink to section
	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>70% Dec-24</p>	Yes	Dec-24	<p>68.4% Aug-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>14,796 Dec-24</p>	No		<p>17,016 Aug-24</p>	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

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.

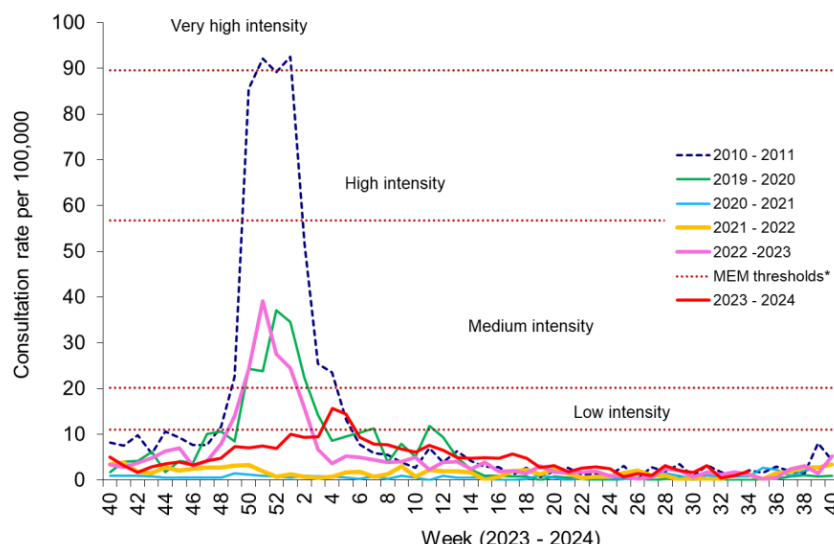
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

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

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none"> The Covid-19 vaccine spring booster campaign has concluded, and it has delivered 33,684 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the vaccine uptake has therefore been 61.3% which is the third highest uptake of all Health Boards and above the Welsh average of 59.3%. <p>Surveillance</p> <ul style="list-style-type: none"> Influenza activity remains low, between seasonal activity Hospital admissions in C&V for Covid-19 have declined since peaking in the third week of July PCR incidence has decreased in C&V since late June; test positivity across Wales has started to increase again since the third week of August KP.3 is the most prevalent variant in Wales, a sub-variant of both Omicron and JN.1 There is currently 1 Covid-19 outbreak and zero incidents in hospital; and zero influenza incidents or outbreaks. Since the start of April 2024, there have been 10 influenza incidents or outbreaks, with 7 bed days lost. In the same period there have been 81 Covid-19 incidents or outbreaks, with 369 bed days lost, at an estimated opportunity cost of £184,500 since 1 April 2024 17% of C&V UHB staff sickness during July 2024 was due to influenza/COVID-19/respiratory conditions RSV activity in under 5s remains below the seasonal threshold 	Week 34	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. 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 https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcd00a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>  <p>Source: PHW weekly flu/ARI report</p>

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For areas of underperformance please see cover paper for details on actions being taken



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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 81.2% of children are up to date with vaccination at age 4, which is below the target of 95% and a Welsh average of 84.7%, uptake of all childhood vaccinations at age 5 is 84.1% which is still below the Welsh average of 87.9%. The WHC target of 90% uptake of MMR in schools by the end of July 2024 was not reached due to lower than expected uptake. 	Q4 2023/24 Jan 2024-Mar 2024	Below target	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Cardiff and Vale UHB</p> <p>Uptake (%)</p> <p>95%</p> <p>Data quality improvements</p> <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024). An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach. A measles action plan has been developed for implementation within the UHB and with partner organisations The UHB is undertaking a range of preparedness actions in response to the World Health Organisation's declaration of a public health emergency of international concern in relation to the upsurge of mpox cases in the Democratic Republic of Congo and surrounding countries; actions include a review of pathways across primary and secondary care. UHB teams will also participate in a national tabletop exercise on 5th September 2024, working with regional partners such as Public Health Wales and Shared Regulatory Services, to test our response. 	Q2 2024/25	On target	n/a

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Priority	Performance Summary	Reported Period	On target?	Data																																																																	
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none"> 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23). Cardiff and Vale have the highest proportion of healthy weight children compared to other Health Board areas based on the latest available data; the English average for 2022/23 was also 77.5%). The healthy weight local target for 2022/23 was 75%, which we met. Data produced annually. 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. <p>Weight management services</p> <ul style="list-style-type: none"> We are developing a business case to meet the target of 1,584 new patients in L2 and 176 new patients in Level 3 by Q4 of 2024/25.. 	Q4 2023/24	<p>Healthy weight:</p> <p>On target</p> <p>Weight management services:</p> <p>Below target</p>	<table border="1"> <caption>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>72</td><td>70</td><td>71</td><td>70</td></tr> <tr><td>2012/13</td><td>74</td><td>72</td><td>73</td><td>72</td></tr> <tr><td>2013/14</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2014/15</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2015/16</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2016/17</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2017/18</td><td>77</td><td>75</td><td>76</td><td>75</td></tr> <tr><td>2018/19</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2019/20</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2020/21</td><td>74</td><td>72</td><td>73</td><td>72</td></tr> <tr><td>2021/22</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2022/23</td><td>77.5</td><td>75</td><td>76</td><td>75</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	72	70	71	70	2012/13	74	72	73	72	2013/14	75	73	74	73	2014/15	76	74	75	74	2015/16	75	73	74	73	2016/17	76	74	75	74	2017/18	77	75	76	75	2018/19	76	74	75	74	2019/20	75	73	74	73	2020/21	74	72	73	72	2021/22	75	73	74	73	2022/23	77.5	75	76	75
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																																	
2011/12	72	70	71	70																																																																	
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2020/21	74	72	73	72																																																																	
2021/22	75	73	74	73																																																																	
2022/23	77.5	75	76	75																																																																	

For areas of underperformance please see cover paper for details on actions being taken

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Priority	Performance Summary	Reported Period	On target?	Data																																													
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none"> 13% of Cardiff and Vale of Glamorgan smoke. NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually. In Quarter 4 23/24 (the most up to date data received) 0.6 % of smokers set a firm quit date. This is below target. 70 % of these quit smoking at 4 weeks, which is above target (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . This breaks down by service as follows: <ul style="list-style-type: none"> HMQ community – 78% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –53% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 45% of Treated Smokers had quit smoking at 4 weeks. 	Quarter 4 2023/24	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in %'s</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hosp (%)</th> <th>QTR total (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 22/23</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> </tr> <tr> <td>Q2 22/23</td> <td>75</td> <td>90</td> <td>80</td> <td>78</td> </tr> <tr> <td>Q3 22/23</td> <td>72</td> <td>35</td> <td>85</td> <td>65</td> </tr> <tr> <td>Q4 22/23</td> <td>78</td> <td>35</td> <td>85</td> <td>65</td> </tr> <tr> <td>Q1 23/24</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> </tr> <tr> <td>Q2 23/24</td> <td>75</td> <td>25</td> <td>85</td> <td>68</td> </tr> <tr> <td>Q3 23/24</td> <td>78</td> <td>40</td> <td>75</td> <td>68</td> </tr> <tr> <td>Q4 23/24</td> <td>78</td> <td>50</td> <td>45</td> <td>70</td> </tr> </tbody> </table>	Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)	Q1 22/23	78	30	78	65	Q2 22/23	75	90	80	78	Q3 22/23	72	35	85	65	Q4 22/23	78	35	85	65	Q1 23/24	70	25	45	60	Q2 23/24	75	25	85	68	Q3 23/24	78	40	75	68	Q4 23/24	78	50	45	70
Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)																																													
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For areas of underperformance please see cover paper for details on actions being taken

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Smoking and substance misuse

NHS Wales Performance Framework measures

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 April 23 2023 to 31 March 2024	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.6% Below target	Q1	Q2	Q3	Q4
					0.6%	0.6%	0.6%	0.6%
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.	1 April 23 2023 to 31 March 2024	40%	70% Exceeding target	Q1	Q2	Q3	Q4
					59%	68%	68%	70%
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	No data yet available. Data to be supplied by substance misuse team and updated by UHB analysis team						

Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	2024/25	100%	92% Below target Average for 23/24: 90%	Q1	Q2	Q3	Q4
					92%			
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	16% Below target Average for 23/24: 46%	Q1	Q2	Q3	Q4
					16%			

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Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	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 January 2024 to 31 March 2024	95%	84.1% Below target	84.1%	83.5%	85.7%	84.8%
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign) (still awaiting end of campaign data for the 2024 HPV campaign)</i>	April 24	90%	74.4% Below target	74.4%			
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below target	72.8%	72.8%	70.9%	72.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 April 2024 to 30 June 2024	75%	61.8% Below target	20.8%	51.7%	61.1%	61.8%

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Weight Management Services

Chair’s objectives – to note measures updated for 24/25

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1			
n/a	Increase L2 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=1,584)	n/a				
					1440			
n/a	Increase L3 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=176)	n/a				
					160			

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Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Jun-24	90%	23.5% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>44.70%</td> <td>2.10%</td> <td>51.40%</td> <td>23.50%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	44.70%	2.10%	51.40%	23.50%
Mar-24	Apr-24	May-24	Jun-24										
44.70%	2.10%	51.40%	23.50%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-24	90%	93.4% Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Jun-24</th> </tr> <tr> <td>94.10%</td> <td>97.70%</td> <td>95.40%</td> <td>93.40%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Jun-24	94.10%	97.70%	95.40%	93.40%
Jan-24	Feb-24	Mar-24	Jun-24										
94.10%	97.70%	95.40%	93.40%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jul-24	95%	97.2% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>95.70%</td> <td>96.10%</td> <td>97.40%</td> <td>97.20%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	95.70%	96.10%	97.40%	97.20%
Apr-24	May-24	Jun-24	Jul-24										
95.70%	96.10%	97.40%	97.20%										

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In September utilisation was 88% , this is below our commitment – work taken to right size the capacity across all clusters is expected to bring utilisation back above 90%</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 96% compliance with 8-hour standard</p>	<p>Sep-24</p> <p>Aug-24</p>	<p>88% utilisation Below standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>98% Above standard</p>	
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In September we reported 16 2-hour ambulance delays, above our ambition of 0 In September we reported 411 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In August lost minutes per arrival had decreased to 23</p> <p>ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In September we reported an increase in patients waiting 12-hours in EU compared to August. This equates to 91.6% of attendances waiting less than 12-hours and below our ambition for Q2</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In August we reported an increase in activity compared to July, however this is slightly below our August 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase</p>	<p>Sep-24</p> <p>Aug-24</p>	<p>16 2-hour delays Above standard</p> <p>411 1-hour delays Above standard</p> <p>25 minutes lost/arrival Above standard</p> <p>91.6% patients <12h Below standard</p> <p>1736 SDEC attends Below standard</p>	
<p>Reducing time in hospital and Continuity of Care</p>	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end off September 58.0% of patients in acute beds had a LOS of >7 days, 29.9% >21 days – decreased from August’s snapshot but above out ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In September 2024 the number of POCDs was 170 – this below the number of delays reported in September 2023</p>	<p>Sep-24</p> <p>Sep-24</p>	<p>58.0% >7d Above standard</p> <p>29.9% >21d Above standard</p> <p>170 Below standard</p>	

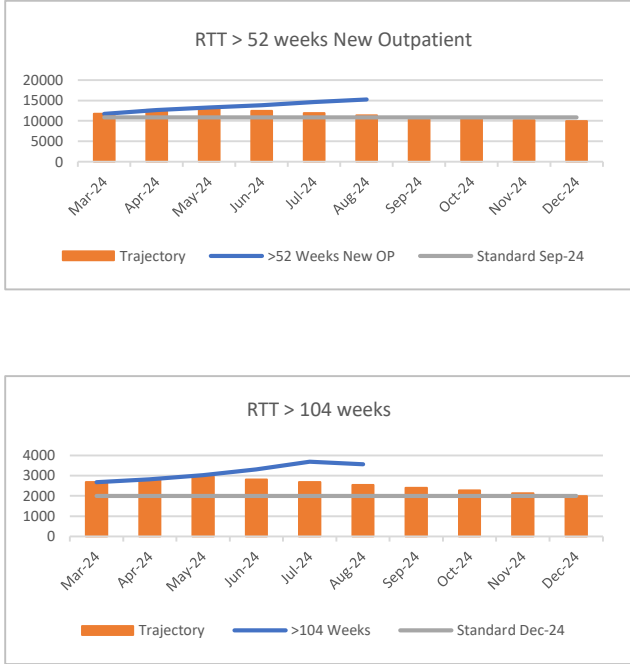
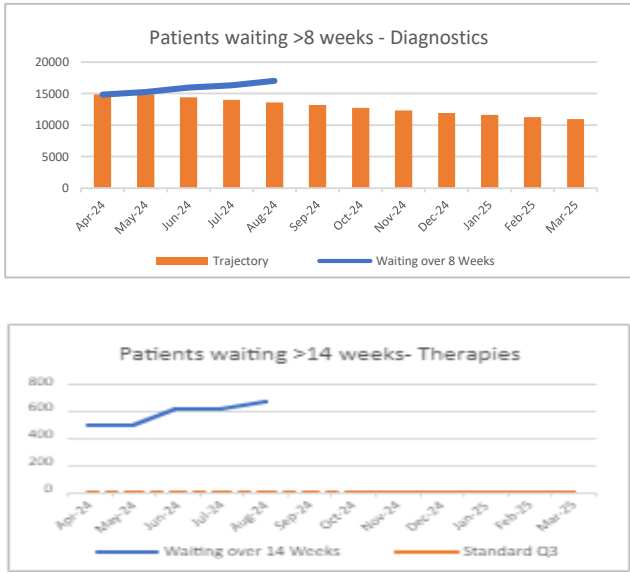
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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																															
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In August 45.8% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In August 10.2% of stroke patients were thrombolysed, an decrease from July and below our ambition</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In August 52.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B.</p>	<p>Aug-24</p>	<p>45.8% CT Below standard</p> <p>10.2% Thrombolysis Below standard</p> <p>52.8% Door-to-ward Below standard</p>	<p>CT Scan within 1 hour</p> <table border="1"> <tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr> <tr><td>Mar-24</td><td>60</td><td>70</td></tr> <tr><td>Apr-24</td><td>50</td><td>70</td></tr> <tr><td>May-24</td><td>55</td><td>70</td></tr> <tr><td>Jun-24</td><td>48</td><td>70</td></tr> <tr><td>Jul-24</td><td>48</td><td>70</td></tr> <tr><td>Aug-24</td><td>45.8</td><td>70</td></tr> </table> <p>Stroke patient thrombolysis rate</p> <table border="1"> <tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr> <tr><td>Mar-24</td><td>20</td><td>20</td></tr> <tr><td>Apr-24</td><td>15</td><td>20</td></tr> <tr><td>May-24</td><td>25</td><td>20</td></tr> <tr><td>Jun-24</td><td>18</td><td>20</td></tr> <tr><td>Jul-24</td><td>15</td><td>20</td></tr> <tr><td>Aug-24</td><td>10.2</td><td>20</td></tr> </table> <p>Direct admission to stroke unit within 4 hours</p> <table border="1"> <tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr> <tr><td>Mar-24</td><td>60</td><td>80</td></tr> <tr><td>Apr-24</td><td>45</td><td>80</td></tr> <tr><td>May-24</td><td>50</td><td>80</td></tr> <tr><td>Jun-24</td><td>45</td><td>80</td></tr> <tr><td>Jul-24</td><td>45</td><td>80</td></tr> <tr><td>Aug-24</td><td>52.8</td><td>80</td></tr> </table>	Month	Performance (%)	Standard (%)	Mar-24	60	70	Apr-24	50	70	May-24	55	70	Jun-24	48	70	Jul-24	48	70	Aug-24	45.8	70	Month	Performance (%)	Standard (%)	Mar-24	20	20	Apr-24	15	20	May-24	25	20	Jun-24	18	20	Jul-24	15	20	Aug-24	10.2	20	Month	Performance (%)	Standard (%)	Mar-24	60	80	Apr-24	45	80	May-24	50	80	Jun-24	45	80	Jul-24	45	80	Aug-24	52.8	80
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<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In August 39.5% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.</p>	<p>Aug-24</p>	<p>39.5% (Annualised) Below standard</p>	<p>Admitted within 4 hours</p> <table border="1"> <tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr> <tr><td>Mar-24</td><td>40</td><td>60</td></tr> <tr><td>Apr-24</td><td>45</td><td>60</td></tr> <tr><td>May-24</td><td>45</td><td>60</td></tr> <tr><td>Jun-24</td><td>45</td><td>60</td></tr> <tr><td>Jul-24</td><td>45</td><td>60</td></tr> <tr><td>Aug-24</td><td>39.5</td><td>60</td></tr> </table>	Month	Performance (%)	Standard (%)	Mar-24	40	60	Apr-24	45	60	May-24	45	60	Jun-24	45	60	Jul-24	45	60	Aug-24	39.5	60																																										
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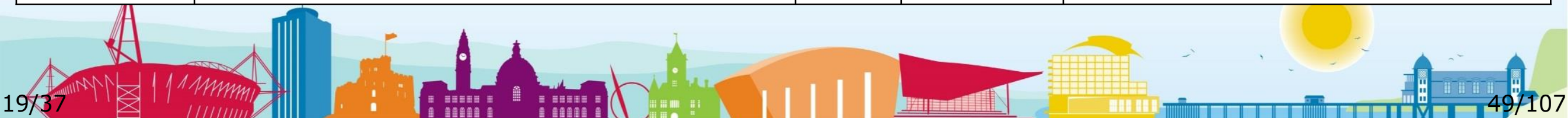
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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																										
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In August 96% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p>	Aug-24	96% Below standard	<p>GDS contract value fulfillment</p> <table border="1"> <caption>GDS contract value fulfillment</caption> <thead> <tr> <th>Month</th> <th>Standard (%)</th> <th>% GDS contract (%)</th> </tr> </thead> <tbody> <tr><td>Apr-24</td><td>0</td><td>0</td></tr> <tr><td>May-24</td><td>0</td><td>10</td></tr> <tr><td>Jun-24</td><td>15</td><td>20</td></tr> <tr><td>Jul-24</td><td>0</td><td>30</td></tr> <tr><td>Aug-24</td><td>0</td><td>40</td></tr> <tr><td>Sep-24</td><td>45</td><td>0</td></tr> <tr><td>Oct-24</td><td>0</td><td>0</td></tr> <tr><td>Nov-24</td><td>0</td><td>0</td></tr> <tr><td>Dec-24</td><td>65</td><td>0</td></tr> <tr><td>Jan-25</td><td>0</td><td>0</td></tr> <tr><td>Feb-25</td><td>0</td><td>0</td></tr> <tr><td>Mar-25</td><td>95</td><td>0</td></tr> </tbody> </table>	Month	Standard (%)	% GDS contract (%)	Apr-24	0	0	May-24	0	10	Jun-24	15	20	Jul-24	0	30	Aug-24	0	40	Sep-24	45	0	Oct-24	0	0	Nov-24	0	0	Dec-24	65	0	Jan-25	0	0	Feb-25	0	0	Mar-25	95	0			
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<p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of August 41.7% of the contract value had been delivered.</p>	Aug-24	41.7% Below standard (Apr-24 - Aug-24)																																												
<p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In August 100% of practices were providing CCPS services</p>	Aug-24	100% Above standard																																												
Cancer	<p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	Aug-24	100% Above standard																																											
	<p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In August 68.4% of patients received their first definitive treatment within 62 days. This was above our trajectory and we aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	Aug-24	68.4% Below standard	<p>% cancer patients starting treatment withing 62 days</p> <table border="1"> <caption>% cancer patients starting treatment withing 62 days</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>SCP performance (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>60</td><td>62</td></tr> <tr><td>Apr-24</td><td>65</td><td>62</td></tr> <tr><td>May-24</td><td>55</td><td>62</td></tr> <tr><td>Jun-24</td><td>60</td><td>65</td></tr> <tr><td>Jul-24</td><td>62</td><td>65</td></tr> <tr><td>Aug-24</td><td>65</td><td>68</td></tr> <tr><td>Sep-24</td><td>65</td><td>65</td></tr> <tr><td>Oct-24</td><td>68</td><td>65</td></tr> <tr><td>Nov-24</td><td>68</td><td>65</td></tr> <tr><td>Dec-24</td><td>70</td><td>65</td></tr> <tr><td>Jan-25</td><td>65</td><td>65</td></tr> <tr><td>Feb-25</td><td>70</td><td>65</td></tr> <tr><td>Mar-25</td><td>70</td><td>65</td></tr> </tbody> </table>	Month	Trajectory (%)	SCP performance (%)	Mar-24	60	62	Apr-24	65	62	May-24	55	62	Jun-24	60	65	Jul-24	62	65	Aug-24	65	68	Sep-24	65	65	Oct-24	68	65	Nov-24	68	65	Dec-24	70	65	Jan-25	65	65	Feb-25	70	65	Mar-25	70	65
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In August there were 15,280 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In August there were 3,561 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition.</p> <p>We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work</p>	<p>Aug-24</p>	<p>15,280 patients Above standard</p> <p>3,561 patients Above standard</p>	 <p>The top chart, 'RTT > 52 weeks New Outpatient', shows monthly data from Mar-24 to Dec-24. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and '>52 Weeks New OP' (blue line) are consistently above the 'Standard Sep-24' (grey line).</p> <p>The bottom chart, 'RTT > 104 weeks', shows monthly data from Mar-24 to Dec-24. The y-axis ranges from 0 to 4,000. The 'Trajectory' (orange bars) and '>104 Weeks' (blue line) are consistently above the 'Standard Dec-24' (grey line).</p>
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In August 17,016 patients were waiting over 8 weeks for a specified diagnostic, an increase from July and in line with our trajectory, albeit above Welsh Government's ambition. A diagnostic update was brought to the most recent Board development session.</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In August 659 patients were waiting over 14 weeks for therapies, an increase from July and above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance.</p>	<p>Aug-24</p>	<p>17,016 patients Diagnostics Above standard</p> <p>659 patients Therapies Above standard (Q3)</p>	 <p>The top chart, 'Patients waiting >8 weeks - Diagnostics', shows monthly data from Apr-24 to Mar-25. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and 'Waiting over 8 Weeks' (blue line) are consistently above the 'Standard' (grey line).</p> <p>The bottom chart, 'Patients waiting >14 weeks - Therapies', shows monthly data from Apr-24 to Mar-25. The y-axis ranges from 0 to 800. The 'Waiting over 14 Weeks' (blue line) is consistently above the 'Standard Q3' (orange line).</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Waiting times</p>	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In August there were 32 patients waiting over 16 weeks for a new outpatient appointment and 12 patients waiting over 52 weeks for surgery</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In August there were 11 patients waiting over 18 weeks for a new outpatient appointment and 10 patients waiting over 40 weeks for surgery</p>	<p>Aug-24</p>	<p>32 Patients Above standard (Q2)</p> <p>12 patients Outpatients Above standard (Q3)</p> <p>10 patients Treatment Above standard (Q4)</p>	
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 August saw a decrease in ITU DTOCs compared to previous months and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Aug-24</p>	<p>7.2% Below standard</p>	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In August there were 0 patients waiting over 52 weeks for a new outpatient appointment 5 Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In August there were 224 paediatric patients waiting over 14 weeks for Therapies (108 in Dietetics , 115 in Occupational Therapy and 1 in Speech and Language)</p>	<p>Aug-24</p>	<p>0 Meeting standard</p> <p>224 Above standard (Q3)</p>	<p>Paediatric patients waiting >14 weeks for therapies</p>
<p>Emotional Health and Wellbeing</p>	<p>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 under 18s – 80% compliance with the Standard of <28 days in Q1 In September 95% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In September 95% of interventions were started within 28 days, this is below the standard for Q3 but in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In September 92% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Sept-24</p>	<p>95% Part 1a Above standard</p> <p>2% Part 1b Above standard</p> <p>92% Part 2 Above standard</p>	<p>LPMHSS assessments started 28 days < 18 years</p> <p>Therapeutic interventions started 28 days < 18 years</p> <p>Valid Treatment Plan < 18 Years</p>
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In September the longest wait for a neurodevelopment assessment was 178 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Sept-24</p>	<p>178 Above standard (Q4)</p>	<p>Neurodevelopment assessment weeks wait</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Mental Health Measures – Part 1a</p>	<p>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 adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2</p> <p>In August 18% of patients received their assessment within 28 days – this is in line with our forecast position but below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.</p>	<p>Aug-24</p>	<p>18% Part 1a Below standard (Q2)</p>	
<p>Mental Health Measures – Part 1b</p>	<p>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 – 80% compliance with standard in Q1</p> <p>In August 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	<p>Aug-24</p>	<p>100% Part 1b Above standard</p>	
<p>Mental Health Measures – Part 2</p>	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In August 61% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liason Committee to support longer term improvements in compliance</p>	<p>Aug-24</p>	<p>61% Part 2 Below standard (Q3)</p>	

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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	98.2% Below standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jul-24	Improvement compared to the same month in the previous year	47.3% Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>47.50%</td> <td>47.60%</td> <td>47.30%</td> <td>47.30%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	47.50%	47.60%	47.30%	47.30%
Apr-24	May-24	Jun-24	Jul-24										
47.50%	47.60%	47.30%	47.30%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Aug24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	41.7% Above standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>13.70%</td> <td>22.90%</td> <td>32.70%</td> <td>41.70%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	13.70%	22.90%	32.70%	41.70%
May-24	Jun-24	Jul-24	Aug-24										
13.70%	22.90%	32.70%	41.70%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-24	Increase compared to the same month in the previous year	1,877 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>1628</td> <td>1795</td> <td>1531</td> <td>1877</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	1628	1795	1531	1877
Apr-24	May-24	Jun-24	Jul-24										
1628	1795	1531	1877										
15.	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 people aged under 18 years	Aug-24	80%	95% Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>94%</td> <td>94%</td> <td>99%</td> <td>95%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	94%	94%	99%	95%
Jun-24	Jul-24	Aug-24	Sep-24										
94%	94%	99%	95%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Sept-24	80%	95% Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>5%</td> <td>8%</td> <td>2%</td> <td>95%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	5%	8%	2%	95%
Jun-24	Jul-24	Aug-24	Sep-24										
5%	8%	2%	95%										
17.	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 adults aged 18 years and over	Aug-24	80%	18% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>19.0%</td> <td>16.0%</td> <td>11.8%</td> <td>18.0%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	19.0%	16.0%	11.8%	18.0%
May-24	Jun-24	Jul-24	Aug-24										
19.0%	16.0%	11.8%	18.0%										
18.	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	Aug-24	80%	100% Above standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	100.0%	100.0%	100.0%	100.0%
May-24	Jun-24	Jul-24	Aug-24										
100.0%	100.0%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Sep-24	65%	48% Below standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>48%</td> <td>56%</td> <td>55%</td> <td>48%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	48%	56%	55%	48%
Jun-24	Jul-24	Aug-24	Sep-24										
48%	56%	55%	48%										
20.	Median emergency response time to amber calls	Aug-24	12 month reduction trend	01:07:42 Above standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>01:19:27</td> <td>01:18:06</td> <td>01:23:17</td> <td>01:07:42</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	01:19:27	01:18:06	01:23:17	01:07:42
May-24	Jun-24	Jul-24	Aug-24										
01:19:27	01:18:06	01:23:17	01:07:42										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Aug-24	15 minutes or less	9 Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>23</td> <td>9</td> <td>4</td> <td>9</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	23	9	4	9
May-24	Jun-24	Jul-24	Aug-24										
23	9	4	9										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Aug-24	60 minutes or less	72 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>62</td> <td>65</td> <td>73</td> <td>72</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	62	65	73	72
May-24	Jun-24	Jul-24	Aug-24										
62	65	73	72										
23.	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	Sep-24	Improvement compared to the same month in the previous year, towards the national target of 95%	60.8% Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>62.8%</td> <td>61.9%</td> <td>59.9%</td> <td>60.8%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	62.8%	61.9%	59.9%	60.8%
Jun-24	Jul-24	Aug-24	Sep-24										
62.8%	61.9%	59.9%	60.8%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Sep-24	Reduction compared to the same month in the previous year, towards the national target of zero	966 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>915</td> <td>876</td> <td>904</td> <td>966</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	915	876	904	966
Jun-24	Jul-24	Aug-24	Sep-24										
915	876	904	966										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sept-24	12 month improvement trend towards a national target of 80% by 31 March 2026	68.4% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>62.1%</td> <td>64.6%</td> <td>63.0%</td> <td>68.4%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	62.1%	64.6%	63.0%	68.4%
May-24	Jun-24	Jul-24	Aug-24										
62.1%	64.6%	63.0%	68.4%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Aug-24	0	17,016 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>15245</td> <td>15938</td> <td>16324</td> <td>17016</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	15245	15938	16324	17016
May-24	Jun-24	Jul-24	Aug-24										
15245	15938	16324	17016										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Aug-24	100%	82.67% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>83.88%</td> <td>82.12%</td> <td>84.29%</td> <td>82.67%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	83.88%	82.12%	84.29%	82.67%
May-24	Jun-24	Jul-24	Aug-24										
83.88%	82.12%	84.29%	82.67%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Aug-24	0	659 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>491</td> <td>604</td> <td>611</td> <td>659</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	491	604	611	659
May-24	Jun-24	Jul-24	Aug-24										
491	604	611	659										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Aug-24	0	59 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>50</td> <td>63</td> <td>64</td> <td>59</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	50	63	64	59
May-24	Jun-24	Jul-24	Aug-24										
50	63	64	59										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Aug-24	0	15,280 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>13285</td> <td>13831</td> <td>14607</td> <td>15280</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	13285	13831	14607	15280
May-24	Jun-24	Jul-24	Aug-24										
13285	13831	14607	15280										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Aug-24	Reduction compared to the same month in the previous year	21,500 Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>27686</td> <td>24915</td> <td>22763</td> <td>21500</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	27686	24915	22763	21500
May-24	Jun-24	Jul-24	Aug-24										
27686	24915	22763	21500										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Aug-24	0	3,561 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>3018</td> <td>3301</td> <td>3687</td> <td>3561</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	3018	3301	3687	3561
May-24	Jun-24	Jul-24	Aug-24										
3018	3301	3687	3561										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Aug-24	Month on month reduction towards the national target of zero by 30 June 2025	36,204 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>33241</td> <td>34148</td> <td>35473</td> <td>36204</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	33241	34148	35473	36204
May-24	Jun-24	Jul-24	Aug-24										
33241	34148	35473	36204										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Aug-24	80%	17% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>17%</td> <td>16%</td> <td>17%</td> <td>17%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	17%	16%	17%	17%
May-24	Jun-24	Jul-24	Aug-24										
17%	16%	17%	17%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Aug-24	80%	68% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>65%</td> <td>65%</td> <td>68%</td> <td>68%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	65%	65%	68%	68%
May-24	Jun-24	Jul-24	Aug-24										
65%	65%	68%	68%										

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Productivity and Efficiency measures

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Measure		Internal standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
Outpatients	% DNAs - New appointments	5%	10.0%	11.0%	10.6%	10.4%	10.1%	10.1%	9.9%	10.9%	9.6%	9.3%	9.8%	9.8%	10.2%	
	% DNAs - Follow-up appointments	5%	11.7%	11.8%	11.7%	11.6%	12.7%	12.3%	11.7%	13.0%	12.3%	12.3%	12.5%	12.2%	12.9%	
Endoscopy	% room utilisation	90%	91%	95%	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	
	% utilisation (activity points available)	95%											84%	81%	80%	
Theatres	Average turnaround time (minutes)	10	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.9	
	% of theatre session utilisation	95%	81%	83%	84%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	
	% in session utilisation	85%	78%	78%	80%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	
	<24 hour elective cancellations		219	197	257	285	269	239	226	212	243	289	247	309	249	
	% 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	135686	136185	140725	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	
Inpatient	Delayed pathways of Care - Mental Health	217	36	36	31	41	36	37	38	41	38	39	34	29	36	
	Delayed Pathways of Care - non-Mental Health		140	124	142	150	114	173	200	170	145	140	160	142	138	
	7 day LOS on Acute Wards (snapshot)	<40%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	
	21 day LOS on Acute Wards (snapshot)	<20%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Sep-23; the rates have fallen from 11.80% at Sep-23 to 10.03% in Aug-24 UHB wide. This is a net 1.77% decrease, which represents 251 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation – Promotion'.</p>	August 2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Aug-24 was 5.49%. The 12-month cumulative rate has settled over the past 6 months, and is 6.25% at Aug-24 (by comparison with Aug-23, which was 6.59%).</p>	August 2024	
Statutory and Mandatory Training	<p>The overall compliance rates fell again for Aug-24 to 83.03%, 1.97% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics and Children & Women's are above the 85% target, PCIC, Corporate Executives, Mental Health and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has fallen to 70.87% for Aug-24. All Wales Genomics Service have reached 88.18%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	August 2024	
Values Based Appraisal	<p>VBA compliance has risen marginally for Aug-24 to 79.76. Capital, Estates & Facilities are the only Clinical Board that continues to exceed the 85% target. All-Wales Genomics Service, Children & Women's, PCIC and Surgical Services are above 80%.</p>	August 2024	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases 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.</p>	August 2024	

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 39.61% have an agreed job plan that has been signed off within the past 12 months. A further 18.82% have an agreed job plan that was last reviewed and signed off before Sep-23.	August 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen again for Aug-24, to 80.04%, and remains below the 85% target.	August 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 237 WTE, to 14,969.53 WTE at Aug-24. It is worth noting that the numbers have actually fallen slightly in the past 5 months, from a high of 15,114.10 WTE in Feb-24. As can be seen the increase is in staff employed on permanent contracts, the numbers shown as employed on a fixed-term temporary basis has fallen in the past 12 months, in part due to validation of the ESR data held for staff contract type.	August 2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Sep-23 the percentage was 9.96% of the total spend on pay, but in Aug-24 had fallen to 8.17%. It must however be borne in mind that the total pay bill is increasing.	August 2024	
Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 will commence in Sept-24.		
Agency Spend as % of Total Pay Bill	Whilst it has risen for the last 2 months, the overall trend in the proportion of the total pay bill attributed to Agency continues to fall. At Sep-23 the percentage was 1.54% of the total spend on pay, but in Aug-24 had fallen to 0.89%. It must however be borne in mind that the total pay bill is increasing.	August 2024	

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Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 64 days. The figure for Cardiff & Vale uHB for Aug-24 was 82 days, but over the past 12 months the trend is downwards.	August 2024	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 5.8 days. The figure for Cardiff & Vale uHB for Aug-24 was 7.4 days.	August 2024	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. At Aug-23 this target has been exceeded, the return rate has risen to 43.00%.	August 2024	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Aug-24 the rate was 4.08%, by comparison with a nominal 5% target. It is worth bearing in mind that there is a project running to validate the funded establishment WTE, so some future changes might be driven by improvements in accuracy of recording the funded establishment WTE rather than any changes in staff recruitment and/or retention.	August 2024	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Aug-24 32.165% have recorded all of their EDI data. Country of Birth has the poorest compliance rate; if this is excluded from calculations the compliance increases to 72.47%	August 2024	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 5% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Aug-24 5.56% of staff have identified their Welsh Skills as between level 2 and level 5.	August 2024	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Aug-24	12 month reduction trend (6%)	5.49% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>5.80%</td> <td>5.95%</td> <td>6.45%</td> <td>5.49%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	5.80%	5.95%	6.45%	5.49%
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5.80%	5.95%	6.45%	5.49%										
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Aug-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	10.03% Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>11.26%</td> <td>11.12%</td> <td>10.97%</td> <td>10.03%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	11.26%	11.12%	10.97%	10.03%
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38.	Agency spend as a percentage of the total pay bill	Aug-24	12 month reduction trend	0.89% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>0.93%</td> <td>0.68%</td> <td>0.82%</td> <td>0.89%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	0.93%	0.68%	0.82%	0.89%
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39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Aug-24	85%	79.78% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>81.80%</td> <td>80.03%</td> <td>79.66%</td> <td>79.78%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	81.80%	80.03%	79.66%	79.78%
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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																				
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During August and September 24, the Health Board :</p> <ul style="list-style-type: none"> •Received 698 Concerns •Closed 702 concerns •79% closed within 30 working days (including Early Resolution) •39% closed under Early Resolution (within 2 days including day of receipt) •Received 243 Enquiries •Received 90 Compliments •We currently have 267 active concerns <p>Top 3 themes and trends</p> <ul style="list-style-type: none"> •Concerns around appointments (waiting times/cancellations) •Communication •Clinical Treatment and Assessment 	<p>Aug and Sep 2024</p>	<p>79% Exceeding the 75% standard</p>	<table border="1"> <caption>% of concerns closed in 30 working days</caption> <thead> <tr> <th>Month</th> <th>% of concerns closed</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>68</td></tr> <tr><td>Nov-23</td><td>75</td></tr> <tr><td>Dec-23</td><td>75</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>78</td></tr> <tr><td>Mar-24</td><td>80</td></tr> <tr><td>Apr-24</td><td>78</td></tr> <tr><td>May-24</td><td>80</td></tr> <tr><td>Jun-24</td><td>82</td></tr> <tr><td>Jul-24</td><td>82</td></tr> <tr><td>Aug-24</td><td>78</td></tr> <tr><td>Sep-24</td><td>79</td></tr> </tbody> </table>	Month	% of concerns closed	Oct-23	68	Nov-23	75	Dec-23	75	Jan-24	80	Feb-24	78	Mar-24	80	Apr-24	78	May-24	80	Jun-24	82	Jul-24	82	Aug-24	78	Sep-24	79										
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<p>Duty of Candour</p> <p><i>Regan, Nikki 16/10/2024 08:19:16</i></p>	<ul style="list-style-type: none"> • Since April 1st, 2023, 37, 730 incidents have been reported by staff across the Health Board • Approximately 33% incidents regraded with clinical input and feedback to the reporter • We continue to support DOC awareness sessions across Primary and Secondary care • Since April 1st, 2023, we have triggered the DOC on 198 occasions • We have internally audited the process and compliance 	<p>Sep 2024</p>	<p>n/a</p>	<table border="1"> <caption>Incident grading changed following review</caption> <thead> <tr> <th>Service</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Wales Genomics Service</td><td>100</td><td>100</td></tr> <tr><td>Surgical Services</td><td>1000</td><td>1800</td></tr> <tr><td>Specialist Services</td><td>1000</td><td>2800</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>1000</td><td>2000</td></tr> <tr><td>Other Organisations</td><td>100</td><td>100</td></tr> <tr><td>Mental Health Services</td><td>1000</td><td>2200</td></tr> <tr><td>Medicine Services</td><td>2500</td><td>4500</td></tr> <tr><td>Executive and Corporate Services</td><td>100</td><td>100</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>1000</td><td>1500</td></tr> <tr><td>Children and Women's Services</td><td>1000</td><td>2000</td></tr> <tr><td>Capital, Estates and Facilities</td><td>100</td><td>100</td></tr> </tbody> </table>	Service	Yes	No	Wales Genomics Service	100	100	Surgical Services	1000	1800	Specialist Services	1000	2800	Primary, Community and Intermediate Care	1000	2000	Other Organisations	100	100	Mental Health Services	1000	2200	Medicine Services	2500	4500	Executive and Corporate Services	100	100	Clinical Diagnostics and Therapeutic Services	1000	1500	Children and Women's Services	1000	2000	Capital, Estates and Facilities	100	100
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Patient Feedback – Civica	<ul style="list-style-type: none"> The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent over 170,400 texts and are seeing a response of 16%. In August, we sent 15,500 texts and had 2452 completions (16% response). A decrease in numbers due system error in September. Of those respondents who were discharged during August/Sept and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 73% were satisfied with our service. Currently, our response rate overall is 16% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year. 	Aug/September 2024		<p>Breakdown of rating question (Random, EU and MH)</p>																																																																																																																																																																					
Patient Safety	<p>Cardiff and Vale reported 14 NRIs in September 2024, which is a rate of 2.75 per 100 000 population in line with the national rate of 2.37</p> <p>A further Never Event was reported in August 2024.</p> <p>57.8% of NRI reviews remain open over 90 days. 43% of all NRIs that currently remain are given a 120 working day timeframe to complete a review.</p> <p>2153 patient safety incidents were reported in September 2024 of these 1710 were reported as having caused no or low harm.</p> <p>Of those that were reported as having caused moderate harm or above, 136 were subsequently downgraded to no or low harm following review. However 149 incidents have not yet had a management review. The timely management of patient safety incidents remains a priority and delays are noted to be reducing.</p>	September 2024		<p>CVU UHB Never Events occurring (by incident date, Mar-23 to Sep-24) as of 04/10/2024</p> <table border="1"> <thead> <tr> <th>Year</th> <th colspan="12">2023</th> <th colspan="12">2024</th> </tr> <tr> <th>Never Event</th> <th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th> </tr> </thead> <tbody> <tr> <td>Administration of medication by the wrong route</td> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>Misplaced naso- or oro-gastric tubes</td> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td> </tr> <tr> <td>Retained foreign object post procedure</td> <td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>Wrong implant/prosthesis</td> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td> </tr> <tr> <td>Wrong site surgery</td> <td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>Total Never Events</td> <td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>2</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td> </tr> </tbody> </table> <p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 04/10/2024</p>	Year	2023												2024												Never Event	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Administration of medication by the wrong route	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Misplaced naso- or oro-gastric tubes	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	Retained foreign object post procedure	0	0	1	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	Wrong implant/prosthesis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	Wrong site surgery	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	Total Never Events	1	0	2	0	0	0	1	0	0	2	0	0	1	1	0	0	1	1	0
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>Inpatient Mortality Crude Mortality remains in line with the five year average.</p> <p>Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking</p> <p>All Cause Mortality Excess deaths in line with the five year average for the past two months. Excess mortality rates have been observed across the UK including Wales since late 2022.</p>	<p>August 2024</p>		<p>Insert inpatient mortality</p>
<p>Infection Control</p>	<p>Covid -19 continues to casue disruption with outbreaks on a number of wards across the UHB</p> <p>C. Difficile 112 cases reported to date compared with 58 in the previous year. The majority of cases are in Medicine Clinical Board and PCIC</p> <p>Klebsiella Spp. Bacteraemia The UHB has reported 67 cases to date this year compared with 58 reported at this point in 2023/24</p> <ul style="list-style-type: none"> • <p>E. Coli Bacteraemia CAV continues to reduce the number of E.coli bacteraemia. Cumulative cases are below the same period last year with 147 cases to date and 174 at the same point last year. Majority of cases diagnosed in the community</p> <p>MRSA Bacteraemia Four MRSA case was reported during to date this year, compared with 7 at this point in 2022/23</p> <ul style="list-style-type: none"> • <p>MSSA Bacteraemia The UHB has reported 89 cases to date, 13 more than during the same period in 2023 with the majority diagnosed in the community</p> <ul style="list-style-type: none"> • <p>P. Aeruginosa Bacteraemia 18 cases reported to date in 2024/25 compared to 13 at the same point in the previous year, with all cases diagnosed in Medicine, Specialist clinical boards or the community</p>	<p>Apr-September 24</p>		


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	Priority	Performance Summary	Reported Period	Data															
Financial Performance	Deliver 2024/25 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 £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At month 5, the UHB is reporting an overspend of £17.176m. This is comprised of £4.230m operational overspend, a savings gap of £6.321m and the planned deficit of £6.625m (5 twelfths of the planned forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 5 operational & savings overspend to deliver the £15.900m planned deficit.</p>	August 24	<table border="1"> <thead> <tr> <th></th> <th>Month 5 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>6.625</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>6.321</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>4.230</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>17.176</td> <td>15.900</td> </tr> </tbody> </table>		Month 5 Position £m	Forecast Year-End Position £m	Planned deficit	6.625	15.900	Savings Programme	6.321	0.000	Operational position (Surplus) / Deficit	4.230	0.000	Financial Position £m (Surplus) / Deficit £m	17.176	15.900
		Month 5 Position £m	Forecast Year-End Position £m																
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Operational position (Surplus) / Deficit	4.230	0.000																	
Financial Position £m (Surplus) / Deficit £m	17.176	15.900																	
Achieve financial sustainability and recurrent financial balance by the end of 2025/26	<p>The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25.</p> <p>At month 5, the UHB had identified £17.956m of recurrent green and amber savings. In addition, it is assumed that 50% of the £4.007m red schemes are recurrent.</p> <p>A £4.230m operational overspend was reported at month 5 and this will also need to be managed to a balanced position at year end to meet the target ULD.</p> <p>In summary, a further £27.241m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.</p>	August.24	<p>Progress in Reducing the Underlying Deficity (ULD) from 60.9m to £15.9m</p>																
Management of operational budget pressures	<p>The UHB reported a £4.230m operational overspend at month 5, which is a deterioration of £0.860m from the £3.370m reported at month 4.</p>	August 24	<p>Planned Operational Position vs Month 5 Position</p>																

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	Priority	Performance Summary	Reported Period	Data																																							
	Delivery of recurrent £47.2m savings target	£33.232m Green and Amber schemes identified at month 5 of which £17.956m were recurrent.	August 24	<p>Progress in Identification of Savings Schemes</p> <table border="1"> <caption>Monthly Progress of Identification of Schemes</caption> <thead> <tr> <th>Month</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td>12,000</td> <td>5,000</td> <td>10,000</td> <td>15,000</td> </tr> <tr> <td>Month 2</td> <td>13,000</td> <td>8,000</td> <td>12,000</td> <td>14,000</td> </tr> <tr> <td>Month 3</td> <td>23,000</td> <td>5,000</td> <td>12,000</td> <td>7,000</td> </tr> <tr> <td>Month 4</td> <td>27,000</td> <td>6,000</td> <td>8,000</td> <td>6,000</td> </tr> <tr> <td>Month 5</td> <td>28,000</td> <td>6,000</td> <td>5,000</td> <td>5,000</td> </tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	12,000	5,000	10,000	15,000	Month 2	13,000	8,000	12,000	14,000	Month 3	23,000	5,000	12,000	7,000	Month 4	27,000	6,000	8,000	6,000	Month 5	28,000	6,000	5,000	5,000									
Month	Green	Amber	Red	Unidentified																																							
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Month 4	27,000	6,000	8,000	6,000																																							
Month 5	28,000	6,000	5,000	5,000																																							
	Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that £15.900m of strategic cash support is provided for the forecast deficit.	August 24	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> <table border="1"> <caption>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</caption> <thead> <tr> <th>Month</th> <th>Cumulative Cash Drawings (£m)</th> <th>Revenue & Capital Drawing Limit (£m)</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>150</td> <td>1300</td> </tr> <tr> <td>May</td> <td>280</td> <td>1300</td> </tr> <tr> <td>Jun</td> <td>380</td> <td>1300</td> </tr> <tr> <td>Jul</td> <td>480</td> <td>1300</td> </tr> <tr> <td>Aug</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Sep</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Oct</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Nov</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Dec</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Jan</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Feb</td> <td>600</td> <td>1300</td> </tr> <tr> <td>Mar</td> <td>600</td> <td>1300</td> </tr> </tbody> </table>	Month	Cumulative Cash Drawings (£m)	Revenue & Capital Drawing Limit (£m)	Apr	150	1300	May	280	1300	Jun	380	1300	Jul	480	1300	Aug	600	1300	Sep	600	1300	Oct	600	1300	Nov	600	1300	Dec	600	1300	Jan	600	1300	Feb	600	1300	Mar	600	1300
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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	May-23	12 month improvement trend	65.1% Below standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>56.90%</td> <td>36.70%</td> <td>60.90%</td> <td>65.10%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	56.90%	36.70%	60.90%	65.10%
Feb-24	Mar-24	Apr-24	May-24										
56.90%	36.70%	60.90%	65.10%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Jun-24	90%	25.4% Below standard	<table border="1"> <tr> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> </tr> <tr> <td>0.70%</td> <td>0.00%</td> <td>38.60%</td> <td>25.40%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	0.70%	0.00%	38.60%	25.40%
Mar-24	Apr-24	May-24	Jun-24										
0.70%	0.00%	38.60%	25.40%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>17.00%</td> <td>15.30%</td> <td>15.00%</td> <td>16.10%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	17.00%	15.30%	15.00%	16.10%
Jan-24	Feb-24	Mar-24	Apr-24										
17.00%	15.30%	15.00%	16.10%										
43.	Number of Pathways of Care delayed discharges	Sep-24	12 month reduction trend	170 Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>194</td> <td>171</td> <td>174</td> <td>170</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	194	171	174	170
Jun-24	Jul-24	Aug-24	Sep-24										
194	171	174	170										
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	Aug-24	90%	94.6% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>87.8%</td> <td>85.3%</td> <td>97.2%</td> <td>94.6%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	87.8%	85.3%	97.2%	94.6%
May-24	Jun-24	Jul-24	Aug-24										
87.8%	85.3%	97.2%	94.6%										
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	Aug-24	90%	60.8% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>59.1%</td> <td>60.3%</td> <td>61.2%</td> <td>60.8%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	59.1%	60.3%	61.2%	60.8%
May-24	Jun-24	Jul-24	Aug-24										
59.1%	60.3%	61.2%	60.8%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	August/Sept 24	(Some system issues)	 2252	In August we sent 15,517 and in September we sent 13,265								

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No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella sp</i> and; <i>Pseudomonas aeruginosa</i>	Jul-24	<i>Klebsiella sp</i> - 100 <i>P. aeruginosa</i> – 31	43 11 Below standard	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> and; <i>S.aureus</i> (MRSA and MSSA)	Jul-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	56.22 cases per 100,000 population 36.69 cases per 100,000 population Above standard	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	Jul-24	25 cases per 100,000 population	43.79 cases per 100,000 population Above standard	Not on trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Jul-24	Reduction compared to the same month in the previous year	26.2% On standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>30.00%</td> <td>40.00%</td> <td>27.50%</td> <td>26.20%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	30.00%	40.00%	27.50%	26.20%
Apr-24	May-24	Jun-24	Jul-24										
30.00%	40.00%	27.50%	26.20%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jun-24	12 month improvement trend towards national target of 95%	61.5% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>58.40%</td> <td>62.20%</td> <td>64.90%</td> <td>61.50%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	58.40%	62.20%	64.90%	61.50%
Mar-24	Apr-24	May-24	Jun-24										
58.40%	62.20%	64.90%	61.50%										
52.	Number of ambulance patient handovers over one hour	Sep-24	0	411 Over standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>458</td> <td>395</td> <td>399</td> <td>411</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	458	395	399	411
Jun-24	Jul-24	Aug-24	Sep-24										
458	395	399	411										
53.	Percentage of ambulance patient handovers within 15 minutes	Sep-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	12.43% Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>13.90%</td> <td>13.60%</td> <td>10.98%</td> <td>12.43%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	13.90%	13.60%	10.98%	12.43%
Jun-24	Jul-24	Aug-24	Sep-24										
13.90%	13.60%	10.98%	12.43%										
54.	Number of National Reportable incidents that remain open 90 days or more	Aug-24	12 month reduction trend	 59	Reducing trend 43% of NRI are legitimately given 120 days to review from the outset								

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Report Title:	Cardiff and Vale Winter Plan 2024-2025		Agenda Item no.	2.3
Meeting:	Finance & Performance Committee	Public		Meeting Date: 23rd October 2024
		Private		
Status (please tick one only):	Assurance	Approval	X	Information
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Director of Workforce and Financial improvement (Medicine)			
Main Report Situation				

Winter planning forms an integral part of the Health Board's annual priorities. Pressure on health services typically fluctuate throughout the year and winter leads to increased demands that require mitigating action and additional support. Undertaking this planning has become increasingly complex due to seasonal pressures, workforce pressures, covid/respiratory spikes and variables associated with a challenging financial agenda.

Much of the work undertaken in previous years was expected to mitigate the need to open inpatient bed capacity this year, with an aim of closing additional beds in the summer to reopen over the winter period. Winter funding was allocated to address issues within the emergency department on a recurrent basis given the modeling undertaken had predicted that the improvements in length of stay would bridge the bed gap. This was backed by a year on year reduction in beds required for the seasonal variation as below:

Winter Bed Gap (Medicine)

	2022	2023	2024
Beds	151	90	58

Unfortunately, even with improvements made, that have been clearly highlighted on the winter planning presentation, the organisation has experienced a significant uplift in demand, particularly associated with "high risk" patients *, with a monthly increase of admissions of around 100 additional patients. This demand has outstripped all the improvements and innovation the teams have made across emergency and urgent care services over the last two years. Therefore, there is a need to create additional inpatient bed capacity and continue to enable wider system responses to ensure we maintain safe services and a better experience for the population of Cardiff & Vale.

The winter plan will include the following key priorities.

- Increase transitional care beds (40) in Llandough to reduce the number of acute beds filled with clinically optimised patients, and meet the increased demand through the winter months.
- Stepping-up social, intermediate and primary care capacity when necessary.
- Focusing on SAFER and "when can I go home?" to facilitate timely and safe discharge for our patients supporting flow from the Emergency Unit and eradicating harm
- Aligning our workforce to times of increased demand

This brief and the associated winter slides, sets out the key considerations for the operational winter plan and requests the support to implement the above schemes at a cost of (£1.7m). This is an additional cost the organisation would incur, thereby increasing our current run-rate.

* High risk patients are patients over the age of 50 that have had at least one inpatient episode in the last three years, where they remained in hospital for 14 day or over

Assessment

Many of the improvements made of the last two years, under the umbrella of the six goals programme, emergency and urgent care have borne clear improves in timely access and a reduced time in hospital. The ten-day reduction highlighted in the presentation clearly evidences this good work. Therefore, this year's plan,

given the increased demand, will be predominately focused on strengthening the systems and services already in place as well as introducing additional transitional care inpatient capacity. These forty beds will be opened in two phases, the week commencing 25th November 2024 will introduce 30 beds onto Llandough Hospital E4 and then an additional 10 beds on the first week of January in Llandough Hospital Annexe. **These will not be acute beds.**

The table below highlights the schemes, actions and costs associated with our bed plan and the wider response across local authority, primary and community care, secondary and tertiary services for our adult and child population.

Table 1. Actions to Deliver Winter Plan 2024-2025

Clinical Board	Lead	Detail	Start Date	Beds	£'000
Medicine	Barbara Davies / Richard Marsh / Carys Fox	Increase capacity bed capacity in Llandough: 30 beds in November and additional 10 in January '24 - these transitional beds will be used to move clinically optimised patients from Llandough acute and rehabilitation beds releasing capacity to transfer appropriate patients from UHW with focus on frail and high risk patients (40 bed capacity)	Nov-24	40	1,714

Clinical Board	Lead	Detail	Start Date	Bed Equivalent	£'000
Medicine	Nye Buttress / Richard Lea / Mike Bond / Sarah Lloyd	Acute footprint A1 A1L and A2 covered over weekend to support NHS standards to ensure consistent and early review of every patient seven days per week Three physicians working 12 hours Saturday / 12 hours Sunday - Geriatrician / Acute Physician / Speciality Physician Additional junior doctors supporting team Weekly monitoring and progress to ensure continual learning and resolution of issues Working closely with CDT to implement some changes and support to ensure appropriate diagnostics / tests and pharmacy needs are available	16th September 2024	10	0
			TBC	0	0
Medicine	Nye Buttress / Jason Roome / Charlie Dyer	Continue to provide early review, care and treatment for all patients placed in inappropriate speciality bed. Creating a clear and concise plan of treatment and discharge	Ongoing	0	0
Medicine	Siobhan Lewis / Richard Marsh / Richard Lea	Development of acute frailty pathway at UHW (Guidance for Acute and Emergency Medicine Teams)	Oct-24	0	0
Medicine	Katja Empson / Claire Main / Barbara Davies / Diane Walker Cath Marshall	Support the development of a multi professional team, lead by senior medical physician to support discharge planning across UHW medicine inpatient footprint. Linked to current organisational schemes including "get up get dressed" supervisory ward manager and patient and family engagement	Oct-24	5	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Bridging care for both step down discharge and admission avoidance	Dec-24	0	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Set up escalation contacts and communication channels re transport and medication supporting in-reach into wards at critical times	Jan-24	0	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Maximise D2RA & D2A, also direct awards to care homes at critical times, responding to business continuity	Dec-24	0	0
Community & Local Authority	Brook Clarke	EU & Safe at home working together, with potential for GP to work in EU and coordinate appropriate patient flow between services	Jan-24	5	23
Community & Local Authority	Kate Roberts	Bi-weekly meetings between community and secondary care ward teams and clinical boards to tackle discharge planning challenges, agree if community support can speed up and help appropriate discharges.	Nov-24	0	0
Community & Local Authority	Hilary Hyett & Rebecca Jorgenson Corfield	Streamline and improve communication between community and hospital teams to reduce underutilisation of available slots	Nov-24	0	0
Community & Local Authority	Geraldine Johnson	Explore opportunity to use CAV 24/7 for UPCC as single point of access	Dec-24	0	0
Total				20	23

Scheme	Lead	Progress so far:	Start Date
Switching of Elective Surgical Lists	Louise Platt	Working with Surgical teams to ensure elective surgical lists are primarily day case only with 1-2 inpatients. The day cases will go through Bumblebee (protected day case unit) to allow greater number of emergency beds to be released	October 2024
Flipping of Butterfly	Kerenza Moulton / Laura Mott	Butterfly currently an area of Gwidhw (Surgical Ward). Due to the reduced number of Surgical inpatients over the winter period this will become a Medical short stay area (expected LoS <2 days) for less acutely unwell Medical patients to create further emergency Medical beds.	Middle November/December 2024
Patient Flow 24/7	Kerenza Moulton	Data and previous winter shows an increase in overnight admissions during the winter period – both from SDEC, to PCCU and from DGHs. Having a dedicated patient flow overnight will allow the helicopter view of the hospital and able to coordinate any admissions or create capacity. Will also give PED a dedicated contact overnight, rather than having to contact the acting up Nurse	Nov-24

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Specialist	Lead	Progress so Far	Planned start date
Critical Care escalation policy in place	Anne-Marie Morgan	Policy reviewed early 2024 as a consequence of the moves of Complex Care/LTV and PACU.	Already in place
Focus on critical care delayed transfer of care patients	Anne-Marie Morgan	Delays >24hrs deemed red line/zero tolerance by the COO. Daily flow co-ordinator in place.	Already in place
Management of Cardiology demand	Clinical Board	Use of C5 Cardiothoracic beds flexibly to support pre-op surgical patients. Continued use of 4 x bedder on B4N for Cardiology outliers. Escalation of delays for primary PCI repats. Ringfenced TAVI bay on B1. New T&R bay in place adjacent to the CDCU.	Already in place
Management of Haematology demand	Haematology Directorate Manager	3 x cubicles to remain in place on A4 to support IP&C constraints in Haematology over winter to manage demand. 4 th cubicle to support delivery of IT chemo / hot clinic.	Already in place

Finance

The costs have been developed in conjunction with the finance team. The work is being overseen by the Director of Operations for Acute and Out of Hospital Care, the Director of Workforce and Financial Improvement (Medicine), and the Assistant Director of Finance for Medicine and PCIC. The operational plan is being developed in anticipation of support to progress and deliver the plans required to mitigate the increased demand we are seeing and will see through the winter months. The funding requirements covering staffing and non-pay costs equate to £1,737k and further detail is available in the presentation and separate costs and workforce models held by the finance team.

It must be made clear that there is no additional funding available and this will be an additional expenditure in a time when finances are already considerably challenged.

Further work will need to be undertaken to understand the increase in demand, to forecast growth in high risk patients entering the health system and continuing to work hard to mitigate this growth, through a further reduction in length of stay and more work to avoid admissions where it is safe to do so. The organisation is focused on eradicating harm as well as improving efficiency and productivity, however given the immediacy of this pressure, already seen through the Summer months, it is felt that developing a plan for the winter is essential.

Conclusion

The growth in demand through both the emergency unit attendances and admissions of “high risk” patients is extremely worrying. The Health Board recognises that there needs to be a focus on continually driving improvement in the care we provide to ensure outcomes and experience are optimal. However, it is clear to see that even with the many improvements to services and a corresponding reduction in length of stay and ambulance handover delays this is not enough to mitigate the challenges we will face through the winter months.

It is critical that we plan and implement schemes that can in part mitigate these pressures. This paper, and the associated winter planning slides, outlines the pressures and the schemes that we believe will keep our population safe. Key issues and recommendations are laid out below:

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

Significant system wider pressure presents an unprecedented challenge for the UHB winter plan:

1. Winter planning has commenced in conjunction with our partner organisations
2. The UHB estimates a potential capacity gap of **58 beds**, peaking in January 25
3. A number of actions have been implemented, with more proposed, across Health and Social Care to mitigate the winter pressures
4. The actions have been agreed through the Operational Delivery Group
5. The total cost of is **£1.74m**.
6. Senior Leadership Board is asked to support the operational plan and funding needed to progress.

Recommendation:

Finance and Performance Committee are asked to:

- **NOTE** the UHB Winter Plan 24/25.
- **APPROVE** and note the operational planning and the financial consequences associated with supporting this plan.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Senior Leadership Board	3 rd October 2024
Finance & Performance Committee	23 rd October 2024
Board Development	31 st October 2024

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Winter Planning 2024-2025

**Finance and Performance Committee
23rd October 2024**

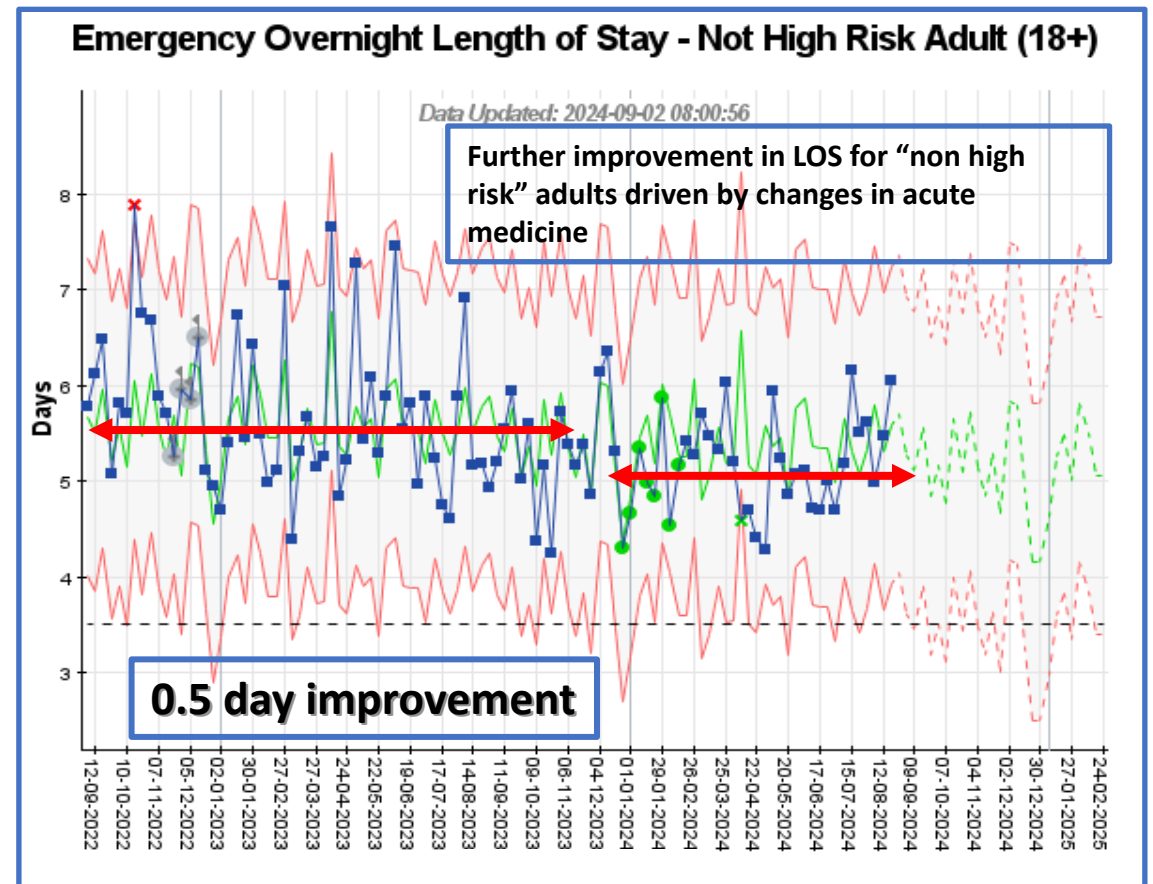
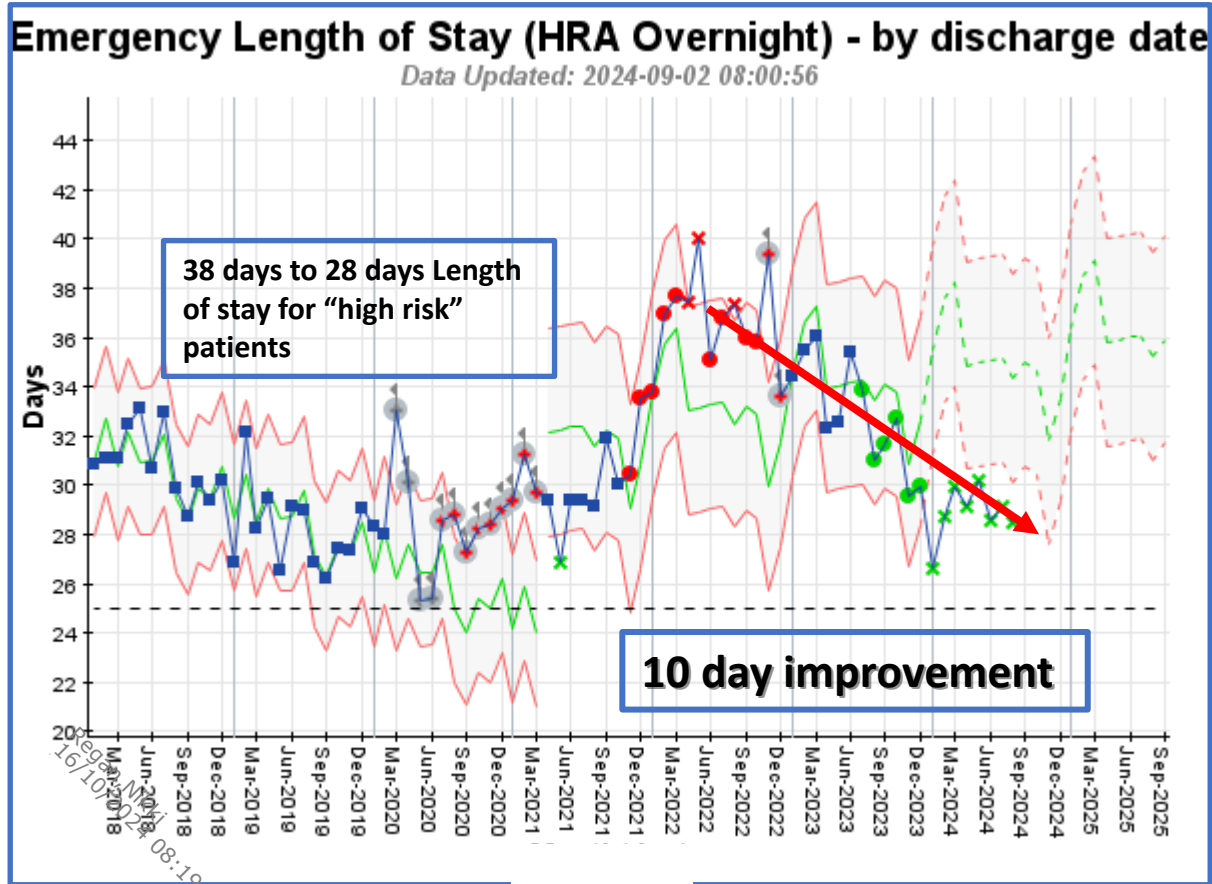
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Winter Planning “What’s happened?”

- As an organisation we prioritised a limited winter resource of £1.5m for the emergency unit, and some smaller projects around the need to treat our most vulnerable patients in the community.
- The confidence to invest in this way, recurrently, was based on our ambitious emergency and urgent care plans, which were starting to evidence significant improvements in the length of stay of “high risk” patients – these patients have some of the longest stays in hospital.
- The ability to help people return to their homes more quickly would mean we could close some beds in the summer and re-open for the winter to manage the seasonal demand.
- Significant work has been undertaken to ensure improvements were made in the quality and timeliness of care:
 - **Focus on ambulance handover and waits in the Emergency Unit**
 - **Further improvements to acute care footprint (100 beds in UHW)**
 - **Joint work with Local Authority to reduce pathway of care delays**
 - **Primary and Community Care developments: Safe @ Home – Avoiding unneeded admissions**
 - **Frailty pathway**
 - **PART**
 - **Childrens services – Flexing Acute and Elective Beds**
 - **Mental Health Services**
- Unfortunately, even with the improvements evidenced, it is recognised now that demand continues to outstrip capacity creating pressures in staffing, financial challenges and more importantly patient care.

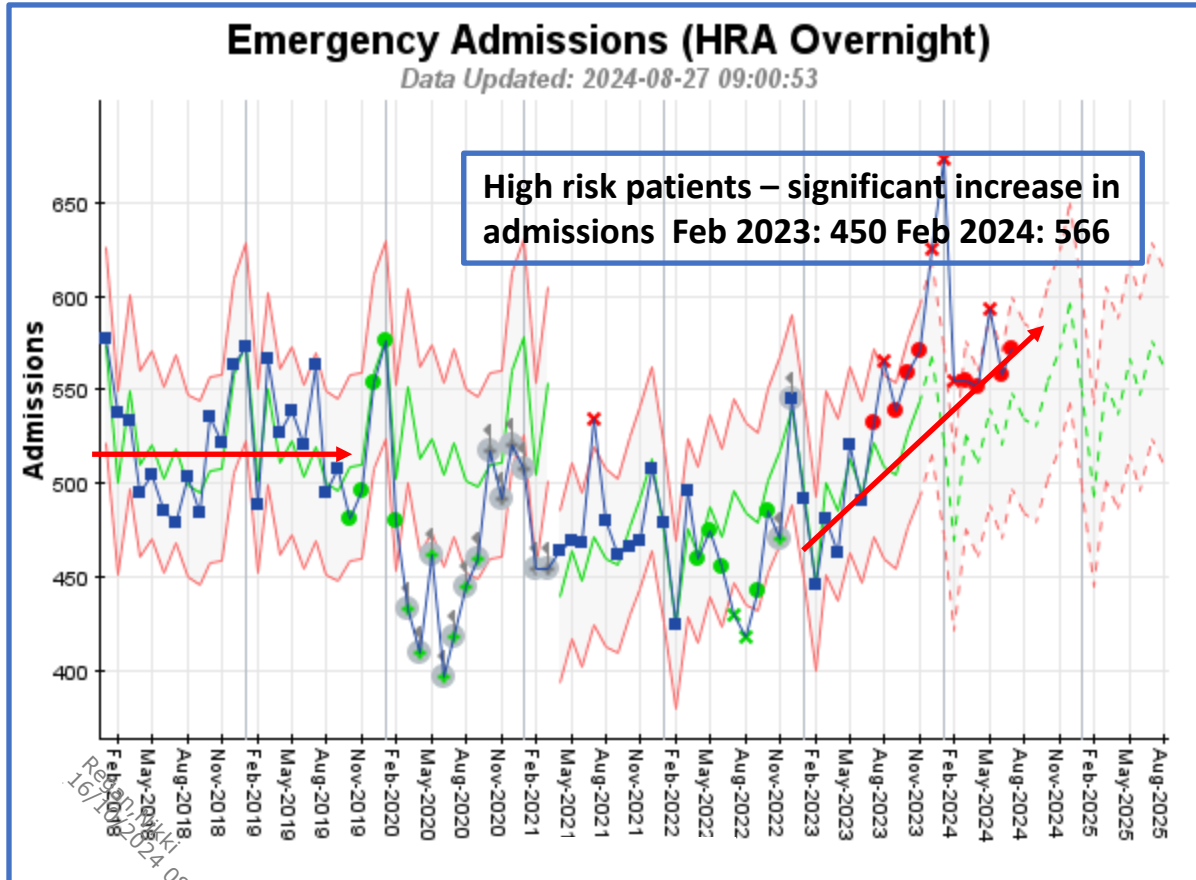
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Winter Planning – Improvements in Length of Stay

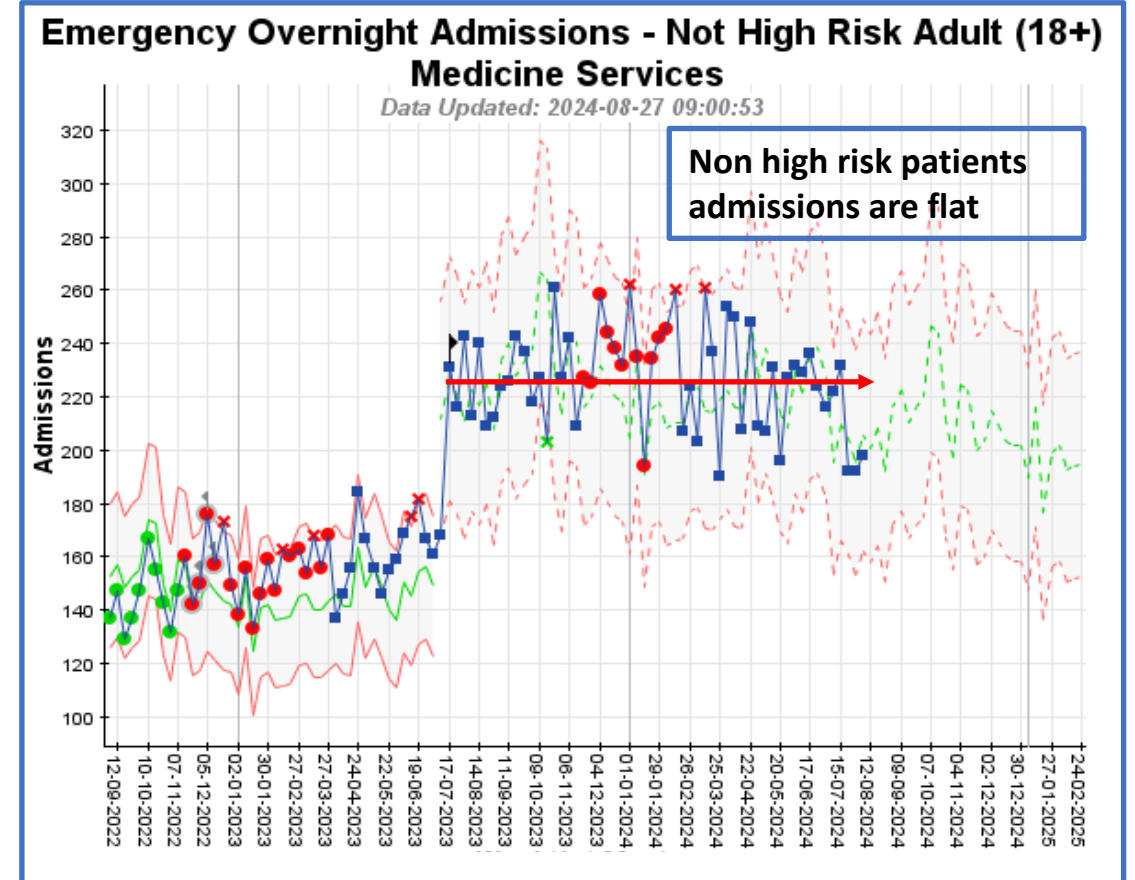


"High risk" – Over 50 years old and have had a hospital inpatient stay for 14 days or over in the last 2 years

Winter Planning – Growth in Demand (Admissions)

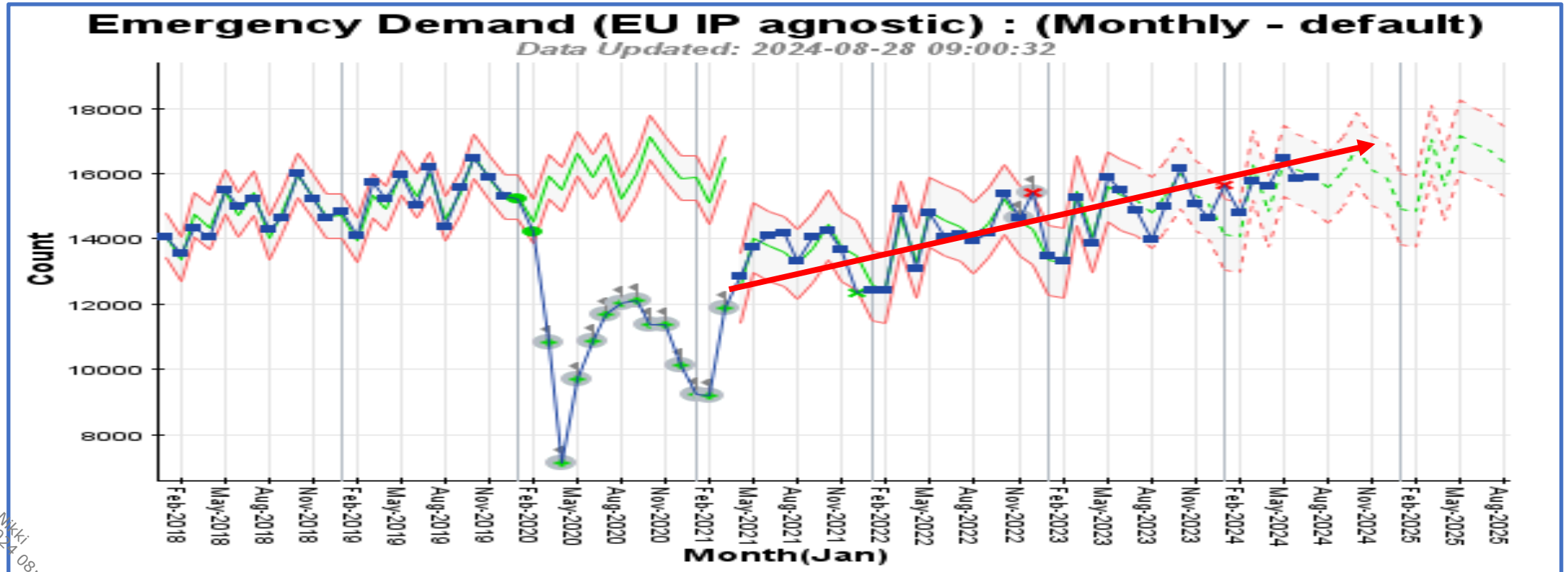


- Before COVID high risk patient admissions was relatively stable at just over 500 admissions a month
- As can be seen since early Feb 2023 we can see that the trend now shows a steep incline of increased admissions per month (**Importantly above pre COVID levels**)



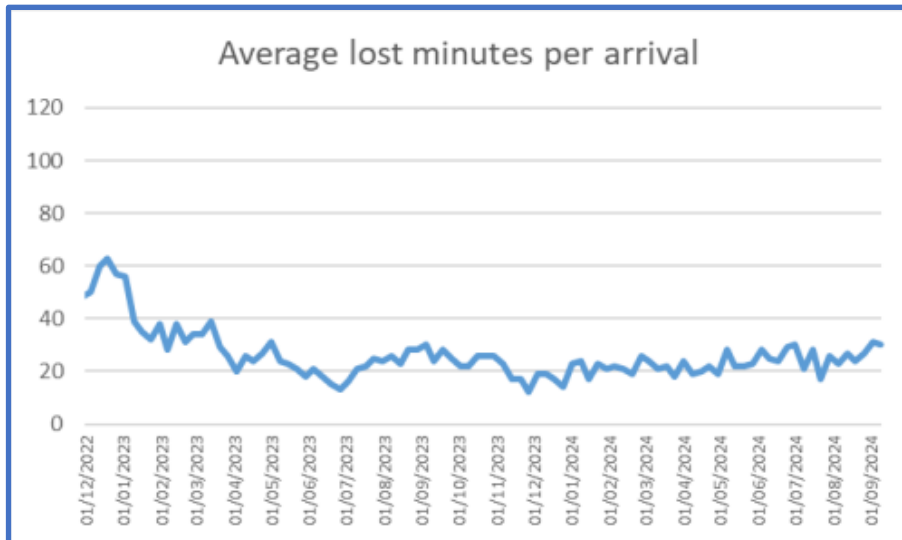
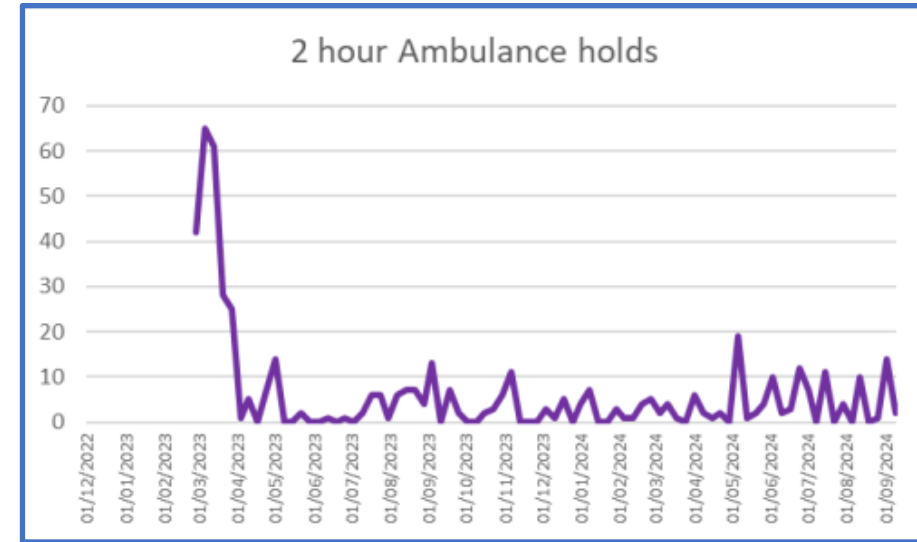
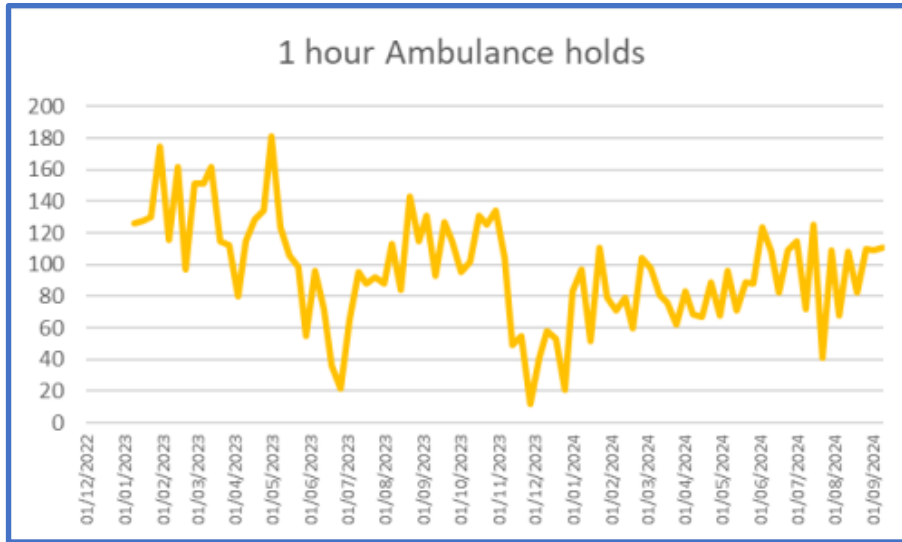
- The step-up seen in July 2023 relates to a change we made in our recording of acute attendances into our emergency assessment area, now capturing them as admissions as per National guidelines

Winter Planning – Majors attendances



- At the same time as increased admissions we can see the correlation to increased “major” attendances by 11% comparing June 2023 to June 2024 and if this continues it will surpass pre covid levels in six months

Ambulance Handover Performance



Even with the additional monthly demand in attendances and admissions we are still managing to maintain the standards we have set, as can be see in our ambulance handover performance.

Regan, Nikki
16/10/2024 08:19:16

Winter Planning – Demand & Capacity

Medicine Admissions per month

Patient Type	2022	2023	2024	% Chg
High Risk Patients	466	506	567	22%
Non High Risk Patients (*)	160	220	220	
Total Medicine admissions	626	726	787	26%
Length of Stay Improvements	38	35	29	-24%

- *If admissions had remained stable we would need **fewer beds: 144***
- *If we hadn't improved length of stay by 10 days we would now need **additional beds: 128***

** Note the non-high risk patient increase is linked to a reporting change*

Medicine beds (average occupancy per month)

Patient Type	2022	2023	2024	% Chg
High Risk Patients	592	582	545	-8%

This has reduced by 47 due to improvements in length of stay

CLUSTERS

Cluster	2022	2023	2024	% Increase
Cardiff East	52.3	64.3	69.6	33.08
Cardiff North	85.3	93.8	101	18.41
Cardiff South East	38.5	42.5	46	19.48
Cardiff South West	62	67.8	75.1	21.13
Cardiff West	43.6	48.5	61.8	41.74
Central Vale	94.1	89.3	98.6	4.78
City and South	26.3	30.2	33.6	27.76
Vale East	54.3	53.2	63	16.02
Vale West	10	16.6	18	80.00
Total	466.4	506.2	566.7	21.51

The table above breaks down admissions by cluster to help understand where the demand is coming from

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What was our bed reduction plan?

Bed Closures				
Site	Ward	Beds	Closed	Notes
UHW	C5	28	May	Winter ward ran from Nov '24 until May '25
St Davids	Glan Ely	20	March	
UHL	East 4	30	September	
UHW	Mix	6	Ongoing	Due to remedial estates works
	Total	84		

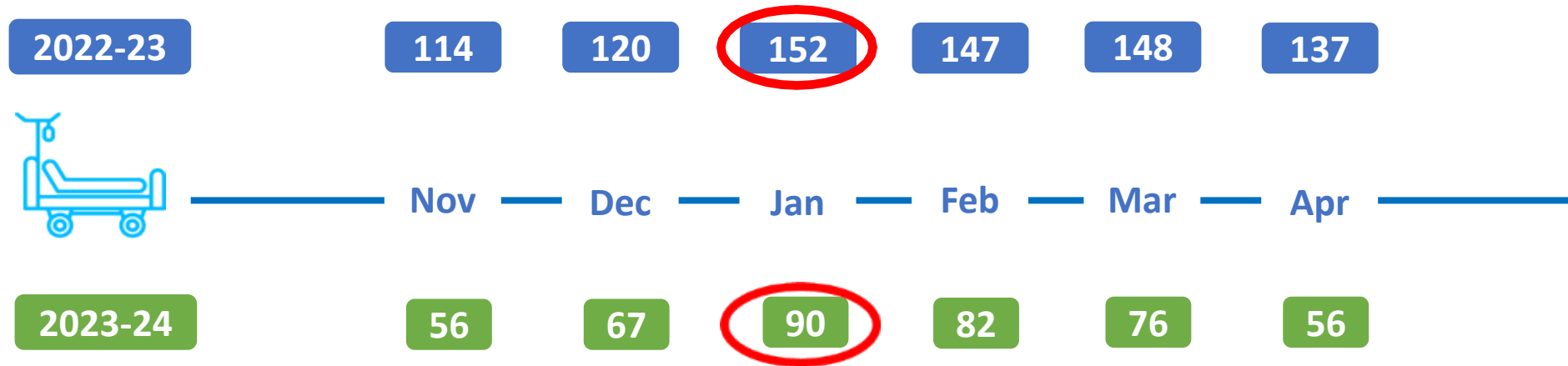
Additional Capacity			
Site	Ward	Beds	Notes
UHW	IACU	10	We were aiming to close 20 in July but demand was too great
	Total	10	

We have always been driving a plan to reduce the number of beds in the hospital aligned to improvements in the length of stay, investing in out of hospital services (Safe@home). Always looking to help get people home, safely and quickly.

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Winter Planning: The last three years – bed capacity gaps through the winter.

Worst case scenario



Medicine Bed Gap through Winter

Site	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
UHW	43	36	40	32	59	57	36
UHL	-8	-11	-2	-8	-1	-3	-6
Total	35	25	38	24	58	54	30

In previous years we have identified the medicine bed gap based on lightfoot data. The data indicates that through January 2025 the organisation will need an additional 58 beds to maintain safety and patient flow, and this includes using the wider bed pool for outlying patients as per table.

Medicine outliers

Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
31	24	29	30	42	39	32

Planning across the organisation and with our partners

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Additional Bed Capacity (Adults)

Clinical Board	Lead	Detail	Start Date	Beds	£'000
Medicine	Barbara Davies / Richard Marsh / Carys Fox	Increase capacity bed capacity in Llandough: 30 beds in November and additional 10 in January '24 - these transitional beds will be used to move clinically optimised patients from Llandough acute and rehabilitation beds releasing capacity to transfer appropriate patients from UHW with focus on frail and high risk patients <i>(40 bed capacity)</i>	Nov-24	40	1,714

- *We will open transitional care beds in Llandough – these beds will be for clinically optimised patients*
- *Clear clinical pathways for patients will be developed to support efficient and effective flow.*
- *Transport is needed to ensure patients safely move when needed*
- *Meetings now underway to develop plan to open at end of Nov '24*
- *Support from the nursing workforce will need to be a share risk across all clinical boards:*
 - *We are however in a better position than previous years to deliver, given the reduction in sickness, an increase in substantive nurse staffing levels and the focus on productivity improvements*
- *There is support from Director of Nursing, with Medicine (Director of Nursing) leading on the plan*

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CARDIFF AND VALE WINTER PLANNING (2024-2025)

Wider System Response

Clinical Board	Lead	Detail	Start Date	Bed Equivalent	£'000
Medicine	Nye Buttress / Richard Lea / Mike Bond / Sarah Lloyd	Acute footprint A1 A1L and A2 covered over weekend to support NHS standards to ensure consistent and early review of every patient seven days per week Three physicians working 12 hours Saturday / 12 hours Sunday - Geriatrician / Acute Physician / Speciality Physician Additional junior doctors supporting team Weekly monitoring and progress to ensure continual learning and resolution of issues Working closely with CDT to implement some changes and support to ensure appropriate diagnostics / tests and pharmacy needs are available	16th September 2024	10	0
			TBC	0	0
Medicine	Nye Buttress / Jason Roome / Charlie Dyer	Continue to provide early review, care and treatment for all patients placed in inappropriate speciality bed. Creating a clear and concise plan of treatment and discharge	Ongoing	0	0
Medicine	Siobhan Lewis / Richard Marsh / Richard Lea	Development of acute frailty pathway at UHW (Guidance for Acute and Emergency Medicine Teams)	Oct-24	0	0
Medicine	Katja Empson / Claire Main / Barbara Davies / Diane Walker Cath Marshall	Support the development of a multi professional team, lead by senior medical physician to support discharge planning across UHW medicine inpatient footprint. Linked to current organisational schemes including "get up get dressed" supervisory ward manager and patient and family engagement	Oct-24	5	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Bridging care for both step down discharge and admission avoidance	Dec-24	0	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Set up escalation contacts and communication channels re transport and medication supporting in-reach into wards at critical times	Jan-24	0	0
Community & Local Authority	Carolyne Palmer / Diane Walker	Maximise D2RA & D2A, also direct awards to care homes at critical times, responding to business continuity	Dec-24	0	0
Community & Local Authority	Brook Clarke	EU & Safe at home working together, with potential for GP to work in EU and coordinate appropriate patient flow between services	Jan-24	5	23
Community & Local Authority	Kate Roberts	Bi-weekly meetings between community and secondary care ward teams and clinical boards to tackle discharge planning challenges, agree if community support can speed up and help appropriate discharges.	Nov-24	0	0
Community & Local Authority	Hilary Hyett & Rebecca Jorgenson Corfield	Streamline and improve communication between community and hospital teams to reduce underutilisation of available slots	Nov-24	0	0
Community & Local Authority	Geraldine Johnson	Explore opportunity to use CAV 24/7 for UPCC as single point of access	Dec-24	0	0
Total				20	23

CARDIFF AND VALE WINTER PLANNING (2024-2025)

Secondary Care – Children & Specialist Services

Scheme	Lead	Progress so far:	Start Date
Switching of Elective Surgical Lists	Louise Platt	Working with Surgical teams to ensure elective surgical lists are primarily day case only with 1-2 inpatients. The day cases will go through Bumblebee (protected day case unit) to allow greater number of emergency beds to be released	October 2024
Flipping of Butterfly	Kerenza Moulton /Laura Mott	Butterfly currently an area of Gwidhw (Surgical Ward). Due to the reduced number of Surgical inpatients over the winter period this will become a Medical short stay area (expcted LoS <2 days) for less acutely unwell Medical patients to create further emergency Medical beds.	Middle November/December 2024
Patient Flow 24/7	Kerenza Moulton	Data and previous winter shows an increase in overnight admissions during the winter period – both from SDEC, to PCCU and from DGHs. Having a dedicated patient flow overnight will allow the helicopter view of the hospital and able to coordinate any admissions or create capacity. Will also give PED a dedicated contact overnight, rather than having to contact the acting up Nurse	Nov-24

Specialist	Lead	Progress so Far	Planned start date
Critical Care escalation policy in place	Anne-Marie Morgan	Policy reviewed early 2024 as a consequence of the moves of Complex Care/LTV and PACU.	Already in place
Focus on critical care delayed transfer of care patients	Anne-Marie Morgan	Delays >24hrs deemed red line/zero tolerance by the COO. Daily flow co-ordinator in place.	Already in place
Management of Cardiology demand	Clinical Board	Use of C5 Cardiothoracic beds flexibly to support pre-op surgical patients. Continued use of 4 x bedder on B4N for Cardiology outliers. Escalation of delays for primary PCI repats. Ringfenced TAVI bay on B1. New T&R bay in place adjacent to the CDCU.	Already in place
Management of Haematology demand	Haematology Directorate Manager	3 x cubicles to remain in place on A4 to support IP&C constraints in Haematology over winter to manage demand. 4 th cubicle to support delivery of IT chemo / hot clinic.	Already in place

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Keeping Well

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16/10/2024 08:19:16

Winter Vaccination Strategy

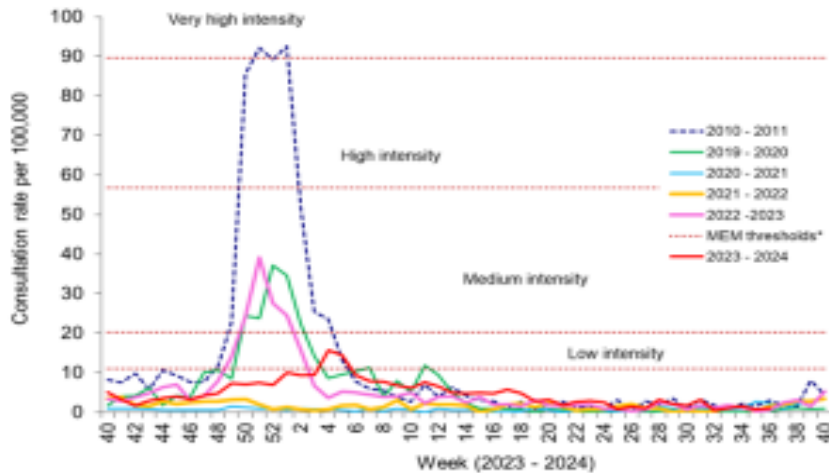


Confirmed flu cases are increasing

Priorities

Respiratory infection activity in Wales

Figure 1. Clinical consultation rate for ILI per 100,000 practice population in Welsh sentinel practices (as of 07/09/2024)



Protecting those at greatest risk

Protecting children and young people

Protecting frontline health and social care workers

Improving access to vaccination and reducing inequity

Ambitions

Flu vaccine offer by end December

Covid-19 vaccine offer by end December

RSV vaccine offer by end August 2025

Reduce the gap in uptake rates between the least and most deprived communities

70% vaccine uptake for Health Board staff
75% vaccine uptake for citizens

Detailed timeline:

- 1st September '24 to 31 December '24 – winter respiratory vaccinations administered to eligible cohorts of our population
- 1st October '24 to 5th January '25 – delivery of staff winter respiratory vaccinations

Regan, Nikki
16/10/2024 08:19

How to get vaccinated

On Site Vaccination Clinics for Staff

Flu

Covid-19

Staff Flu and COVID-19 Vaccine Drop-in Clinics

Scan QR code for list of dates, times and locations

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Mae Breichu yn offeryn bywydla Vaccination Areas Wales

GIG NHS

All staff can access vaccines at walk-in vaccination clinics at:

- UHW - Staff Haven
- UHL – IT Training Room/Board Room
- Barry – Community Vaccination Room
- St Davids - Conference Room
- Woodland House – Aroma
- Cardiff Royal Infirmary

Clinic dates and times can be found at:

[Full list of staff drop-ins for COVID-19 and flu vaccines in October](#)
([sharepoint.com](#))

Wellbeing



Employee Wellbeing Support Pathway



How am I feeling?

What might help me?

How can I support others?

I feel well and want to stay emotionally healthy 😊

Free online resources

- Mind UK: www.mind.org.uk
- Dewis Cymru: www.dewis.wales
- Centre for Clinical Interventions: www.cci.health.wa.gov.au

Wellbeing apps

- [Headspace](#)
- [Unmind](#)
- [Calm](#)
- [Worry Tree](#)

Wellness initiatives

- Doing Our Bit: doingourbit.org.uk
- Reading Well: reading-well.org.uk

I am beginning to struggle with my emotional wellbeing 😐

Free courses

- Chat with your line manager or a wellbeing champion in your team
- EWS workshops: sign up on [Eventbrite](#) and follow us on [Twitter @EWS_CAVUHB](#) to hear about upcoming workshops
- Recovery College courses: www.recoverycollegeonline.co.uk
- Stepiau courses: www.stepiau.org
- Silver Cloud: nswales.silvercloudhealth.com

I am struggling with my emotional wellbeing 😓

Self-refer to

- **Employee Wellbeing Service:**
Email: employee.wellbeing@wales.nhs.uk
Call: 02921 844 465
- Canopi: canopi.nhs.wales
- Contact your GP

Workplace advice and support

- MAXIMUS: atw.maximusuk.co.uk
- ACAS: www.acas.org.uk
- HSE: www.hse.gov.uk/stress
- [Health and Safety policies](#)
- [Trade Unions](#)

I am really struggling with my emotional wellbeing 😞

In crisis?

- [Call Samaritans](#) on 116 123
- Text 'SHOUT' to 85258 for the [Crisis Text Line](#)

- Contact your GP or [NHS out of hours service](#) by calling 111

Keeping yourself safe

- Staying Safe website: stayingsafe.net
- #StayAlive app: www.stayalive.app

- 'CAV a coffee' with a colleague
- Train to become a 'Wellbeing Champion'
- End of shift check ins
- Comerados: www.camerados.org
- Contact EWS for support on your ward/department
- Suicide Awareness Training: www.zerosuicidealliance.com
- [Mindful employer](#)

Regan, Nika
16/10/2024 09:30



Financial Wellbeing

Financial Wellbeing Pathway

If financial concerns are impacting your emotional wellbeing, please visit cavuhb.nhs.wales/staff-information/your-health-and-wellbeing for more information about available support.



PEOPLE HEALTH & WELLBEING SERVICE
Employee Wellbeing
Occupational Health
Occupational Physiotherapy



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

I want to learn how to manage my finances well



Useful resources

- [Budgeting Support](#)
- [Pensions Advice](#)



I want to maximise my income



Useful resources

- [Child Trust Fund](#)
- [Financial support for people living with a long term physical or mental health condition](#)



I need some guidance on managing my finances



Useful resources

- [Free and impartial financial guidance](#)
- [Avoiding scams and what to do if you've been the victim of a scam](#)



I am in financial difficulty and need help



Useful resources

- [Managing Debt](#)
- [If you're struggling to pay your bills](#)



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16/10/2024 08:19:16

Communication & Engagement

- Engagement with Staff Partners: 9th October ✓
- Board Development: 31st October
- Winter Roadshows – Virtual: 4th November
- “Ask Suzanne”: 6th December
- Media Roundtable: TBC
- Wider public engagement : TBC

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THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE FIVE MONTH PERIOD ENDED 31st AUGUST 2024

INTRODUCTION

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2024. The draft plan incorporated: -

- Brought forward underlying deficit of £60.9m
- 2024/25 Demand and cost growth and unavoidable investments of £45.4m
- Additional Allocations of £37.3m
- Anticipated pass-through funding on Long Term Agreements of £5.9m (3.67%)
- A £47.2m Savings programme

This results in a 2024/25 planning deficit of £15.9m.

The draft plan assumes that the 2024/25 cost of the RLW, being paid to staff directly employed by the UHB will be funded through the 2024-25 pay award funding in addition to non recurrent funding for the impact of the policy on the social/third sector.

At Month 5 the UHB is reporting an overspend of £17.176m.

This is comprised of £6.321m unidentified savings, £4.230m of operational overspend and the planned deficit of £6.625m (five twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government).

The UHB is working to recover the month 5 operational and savings overspend to remain within the £15.900m planned deficit.

BACKGROUND

The Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2024. A summary of the draft financial plan submitted is provided in Table 1.

Table 1: 2024/25 Draft Plan

	£m	
	2024/25	2025/26
Planned Opening Deficit	16.5	15.9
Non Recurrent Welsh Government (WG) Funding 2023/24	17.2	
Shortfall on 2023/24 Recurrent Savings	15.2	
Recurrent Operational Pressures	12.0	
Estimated Demand Growth / Inflationary Pressures	40.4	40.0
Essential service investments	5.0	5.0
Gross Deficit £m	106.3	60.9
WG Core Uplift	(37.3)	(24.0)
WG Core Uplift - pass through funding on LTAs	(5.9)	
Savings Target	(47.2)	(36.9)
Planned Financial Position £m	15.9	0.0

This represents the draft financial plan of the Health Board.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, which includes a planning deficit of £15.9m for 2024-25. This report details the financial position of the UHB for the period ended 31st August 2024.

A full commentary has been provided to cover the tables requested for the month 5 financial position.

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

Table A sets out the draft financial plan and latest position at month 5 for which the following should be noted:

- The UHB's 47.2m 2024/25 savings target is reported on lines 8 & 9.
- It is assumed that LTA inflation of £5.9m (3.67%) will be passed to the UHB from other Health Boards.
- The bought forward underlying deficit is £60.9m as outlined in the draft financial plan.

The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce

the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25.

At month 5, the UHB had identified £17.956m of recurrent green and amber savings. In addition, it is assumed that 50% of the £4.007m of red schemes would be achieved recurrently.

A £4.230m operational overspend was reported at month 5 and this will also need to be managed to a balanced position at year end to meet the target ULD.

Significant progress in the identification of further recurrent savings and recovering the operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.

The forecast carry forward underlying deficit at year end 2024/25 is reported at £15.900m and reflects the forecast included in the 2024/25 Draft Financial Plan.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects an update on the risks identified in the draft financial plan and these are reviewed on a monthly basis.

The UHB is reporting under-performance against Long Term Agreement (LTA) arrangements funded by other Welsh Health Boards at month 5. Activity delivery has not returned to pre Covid levels and interim financial protection arrangements agreed by Directors of Finance ceased in the 2024-25 financial year.

The UHB's exposure to operational pressures reflects the following:

- Significant numbers of mental health patients having to be accommodated in out of area placements due to in patient demand and lack of capacity within the UHB's own facilities.
- Increased specialising costs arising from the additional mental health support needed in respect of complex behavioural patients on a number of medical wards across UHW and UHL
- Residual costs of additional capacity programmes where non recurrent funding has now ceased.
- Additional Commitment Award Costs as consultants move from Clinical Excellence to Clinical Impact Awards.

Limited progress was made on the identification of additional green and amber savings in month. As a result of the slowdown in progress made in the

identification of savings and in year underperformance, the UHB has increased the risk associated from non delivery of savings to £13.200m in month 5.

The following opportunities to curtail expenditure and recover additional income and funding will continue to be reviewed as the year progresses:

- Management of the operational pressures
- Efficacy and delivery of savings programmes
- Recovery of planned care overspend
- LTA Performance
- Slippage against specific expenditure programmes

Risks and opportunities at month 5 are summarised in the table below:

	£m
Planned Deficit	15.9
Risks	
Failure to recover Operational Position	10.8
Failure to deliver savings target	13.2
Opportunities	
Amber Recovery Actions	(2.3)
Red Recovery Actions	(1.3)
Further Corporate Opportunities	(11.3)

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £17.176m which is an in month deterioration of £3.013m. The year to date deficit and the forecast deficit of £15.900m is shown in Table 2.

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

	Month 5 Position £m	Forecast Year-End Position £m
Planned deficit	6.625	15.900
Savings Programme	6.321	0.000
Operational position (Surplus) / Deficit	4.230	0.000
Financial Position £m (Surplus) / Deficit £m	17.176	15.900

The month 5 deficit of £17.176m comprised of the following:

- £6.625m planned deficit
- £6.321m unachieved CRP gap
- £4.230m adverse variance against plan.

It is anticipated that the adverse operational variance of £4.230m and unachieved CRP gap at month 5 can be recovered as the year progresses and that the UHB will deliver its planned deficit position of £15.900m.

A central focus of Executive / Clinical Board Performance Reviews and sustainability meetings is on ensuring operational pressures are addressed and managed and that further progress is made in identifying and delivering recurrent savings schemes that in turn will de-risk the draft financial plan.

The UHB plan provides funding to cover both inflationary pressures incurred in 2023/24 and COVID consequential costs predominately relating to an increased bed base including Lakeside Wing. Operational pressures were reported against medical staff budgets due to additional commitment award costs, additional specialising and sickness pressures in nursing and planned care commitments.

SOCNE / SOCNI Movement (Table B1)

An explanation of significant movements in the Forecast Income and Expenditure Categories is provided in the response to queries arising from the previous monitoring return submission.

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.674m in month primarily due to nursing pressures. £0.418m of the costs recorded in August related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 5, Table B3 reports forecast outturn expenditure due to COVID-19 to in line with the Welsh Government funding of £10.184m. This includes expenditure related to the Covid funding for Health Protection and PPE (£9.040m) and Long Covid (£1.144m) allocations.

Welsh Government funding and forecast Covid Expenditure is summarised in Table 3 below.

Table 3: Summary of Forecast COVID 19 Net Expenditure

	Funded by WG £m	Forecast £m
Health Protection/Vaccination & PPE	9.040	9.040
Long Covid	1.144	1.144
Sub Total WG Funded Covid Expenditure £m	10.184	10.184

The Business Plan for the continuing Covid Programmes remains subject to review and the UHB expects to revise the profile of expenditure included in Table B3 in due course. The UHB plan assumes that any underspends against Covid funding will be retained by the UHB.

SAVINGS PROGRAMME 2024-25 (TABLE C, C1, C2 & C3)

At month 5, the UHB had identified £33.232m (70%) of green and amber savings to deliver against the £47.2m savings target. With red schemes of £6.400m also identified, but with less certain delivery assurance, Table 4 summarises that £39.632m of savings have been identified for 2024-25 with £7.568 currently not identified.

This represents an increase of £0.524m in green and amber schemes from Month 4.

Table 4: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total Identified Savings (green, amber & red) £m	47.200	39.632	(7.568)

The Monthly Monitoring Returns savings tables report shortfalls in delivery of identified green and amber schemes, as well as all red scheme and unidentified values. This results in a deficit to date of £6.321m on a straight line Month 1-12 phasing basis.

This position may improve as the year progresses and new schemes are identified alongside a proportion of red schemes delivering the higher risk category of savings.

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

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The UHB has completed discussions to agree and sign contracts (Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS organisations, without the need to resort to arbitration. Most LTAs were

uplifted in line with the Welsh Government guidelines with a general funding uplift of 3.67%. Some settlements are expected to recover the necessary income to support the anticipated plan position with improved output and productivity.

The financial impact of year to date underperformance against LTA activity targets is incorporated within the year to date reported position.

INCOME ASSUMPTIONS 2024/25 (TABLE E)

Table E outlines the UHB's 2024/25 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 UHBs Confirmed Revenue Resource Limit as at August 21st 2024 was £1,301m with a further £23m of assumed allocations as detailed below:

Table 5 : Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments & IFRS 16	7.105
Real Living Wage Health & Social Care Providers	4.612
Real Living Wage UHB Pay Award	4.000
Clinical Excellence & Impact Awards	2.121
Optometry Contract Reform	1.500
Welsh Government Funded New Medical Posts	1.736
Welsh Risk Pool 2024_25	(4.886)
Other	6.916
Total Unconfirmed Allocations £m	23.104

The UHB's financial and cashflow forecast is based on confirmation of all unconfirmed allocations. In addition, it is assumed that funding in respect of the 2024/25 pay award will be confirmed in due course to enable the UHB to manage both the additional cost and cashflow.

BALANCE SHEET (TABLE F)

The Opening Balances at the beginning of April 24 reflect the closing balances in the 2023/24 Final accounts.

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

The carrying value of Trade and Other receivables have increased by c£13m as a result of an increase in NHS Debtors and Prepayments. There is also a small increase in the WRP Debtor and this is reflected in the increased carrying value of Provisions.

The carrying value of Trade and Other Payables have remained stable with a small decrease of c£1.5m.

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

MONTHLY CASFLOW FORECAST (TABLE G)

The closing cash balance at the end of August, was £10.602m.

The cashflow assumes that the impact of the forecast receipt for the sale of Whitchurch will be neutralised before the year end.

The cashflow forecast projects a £15.900m deficit at year end in line with the UHBs planning deficit.

In due course, the UHB expects to seek Finance Committee and Board approval to request £15.900m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of August was 97.6 %.

CAPITAL RESOURCE LIMIT, IN YEAR SCHEMES & DISPOSALS (TABLES I, J & K)

Of the UHB's approved Capital Resource Limit, 9% has been expended to date.

The Mortuary scheme is behind forecast year to date due to additional survey requirements however this is expected to deliver within year as are all other schemes.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 6th September 2024 - £47.031m.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of August 2024 there were 2 invoices raised by the UHB against other Welsh NHS organisations which had been outstanding for more than 17 weeks. One invoice is a credit note which needs to be applied by Swansea Bay ULHB. The other invoice relates to Betsi Cadwallader ULHB where the UHB has notified Welsh Government in respect of the arbitration process.

RING FENCED ALLOCATIONS (TABLE P)

Assumed funding and forecast expenditure in respect of Ring Fenced Allocations is reported in Table P. A balanced position is forecast and reported in year.

IFRS 16 (TABLE Q)

Lease costs, Interest, depreciation and dilapidations are reported at table Q.

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 next available meeting of the Finance Committee for information.

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2024 which included a forecast deficit of £15.900m.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible and has a draft financial plan for 2024-25 which aims to deliver financial stability and ensure that the underlying position is maintained. The plan includes a savings target of £47.2m.

The reported financial position for the first five months is a reported overspend of £17.176m which is £10.551m above the £6.625m straight line profile of the planned deficit.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

12th September 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

12th September 2024



Report Title:	2024-25 Month 5 Monthly Financial Monitoring Return			Agenda Item no.	4.1
Meeting:	Finance Committee	Public	X	Meeting Date:	23rd October 2024
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				
Main Report					
Background and current situation:					
SITUATION					
<p>WHC (2024) 026 - Welsh Government 2024/25 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 C3), to provide the Committee with transparency on the submission made to the Welsh Government.</p> <p>A copy of the August 2024/25 MMR is attached.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
The extracts from the UHBs Monthly Financial Monitoring Return are provided for information and assurance.					
Recommendation:					
The Board / Committee is requested to:					
NOTE the extracts from the UHBs Monthly Financial Monitoring Returns.					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
<i>Please tick as relevant</i>					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people		7. Be a great place to work and learn.			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us		x	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
Five Ways of Working (Sustainable Development Principles) considered.					
<i>Please tick as relevant</i>					
Prevention	Long term	x	Integration	Collaboration	Involvement
Impact Assessment:					
<i>Please state yes or no for each category. If yes, please provide further details.</i>					

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: 23 rd October 2024

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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)	-60,900	0	-60,900	-60,900
2 Cost Pressures (Non Covid-19) (Negative Value)	-45,400	-45,400		
3 Planned Expenditure For Covid-19 (Negative Value)	-10,184	-10,184		
4 Allocation Letter Revenue Funding Uplift / (Reduction) / WG RRL / WG Income Uplift / (Reduction) / Non-Covid)	37,300	37,300		
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	10,184	10,184		
6 Other Income Uplift / (Reduction)	5,900	5,900		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Green and Amber Savings Plan	20,272	8,928	11,344	13,549
9 Planned (Finalised) Net Income Generation	717	492	226	236
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 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	26,211	0	26,211	31,215
14 Opening IMTP / Annual Operating Plan	-15,900	7,220	-23,120	-15,900
15 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-26,211	0	-26,211	-31,215
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	159	50	109	127
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,206	-378	-828	-277
20 Additional In Year Identified Savings - Forecast	11,934	7,514	4,419	4,780
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)	0	0		
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)	0	0		
25 In Year Accountancy Gains (Positive Value)	100	100	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 Savings Gap	329	329		
28 Operational Overspend	-4,230	-4,230		
29 Savings Gap Recovery - identification of Schemes at pace	8,575	8,575		26,585
30 Operational Overspend - Actions to reduce expenditure	10,551	10,551		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-15,900	29,730	-45,631	-15,900
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-15,900			

	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	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-25,375	-60,900
2	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-3,783	-18,917	-45,400
3	-822	-822	-848	-837	-837	-837	-837	-882	-882	-882	-849	-850	-4,166	-10,184
4	3,108	3,108	3,108	3,108	3,108	3,108	3,108	3,108	3,108	3,108	3,108	3,108	15,542	37,300
5	822	822	848	837	837	837	837	882	882	882	849	850	4,166	10,184
6	492	492	492	492	492	492	492	492	492	492	492	492	2,458	5,900
7	821	336	-125	194	-398	-126	-185	-49	-51	-50	-75	-291	828	0
8	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	7,603	20,272
9	38	65	71	71	71	71	204	25	25	25	25	25	315	717
10													0	0
11													0	0
12													0	0
13	2,184	2,184	2,184	2,184	2,184	2,184	2,184	2,184	2,184	2,184	2,184	2,184	10,921	26,211
14	-1,326	-1,325	-1,324	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-6,625	-15,900
15	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-2,184	-10,921	-26,211
16													0	0
17													0	0
18	0	-57	200	8	3	28	-125	27	27	16	16	16	153	159
19	52	-389	72	375	-471	19	-136	-129	-130	-134	-148	-189	-360	-1,206
20	0	0	1,771	1,888	719	1,071	1,018	1,020	1,009	1,087	1,074	1,277	4,378	11,934
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	100	0	0	0	0	0	0	0	100	100
26													0	0
27	-90	239	-397	-428	1,005								329	329
28	-719	-838	-881	-932	-860								-4,230	-4,230
29						1,067	1,427	1,266	1,278	1,215	1,242	1,080	0	8,575
30						1,507	1,507	1,507	1,507	1,507	1,507	1,507	0	10,551
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	-4,267	-4,554	-2,743	-2,599	-3,014	182	182	182	182	182	182	182	-17,176	-15,900
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-4,267	-4,554	-2,743	-2,599	-3,013	182	182	182	182	182	182	182	-17,176	-15,900

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

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		1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	3,109	8,678		0	65				
2	Pay	Actual/F'cast	497	399	911	913	996	1,111	1,078	1,128	1,084	1,020	1,032	1,252	3,716	11,421	32.54%	10,816	605	5,820	5,601	6,767
3		Variance	30	(186)	329	261	173	334	306	312	294	232	219	439	607	2,742	19.52%	10,816	540			
4	Budget/Plan	259	479	810	508	727	594	601	601	629	629	629	845	2,783	7,311		6,922	390				
5	Non-Pay	Actual/F'cast	287	259	2,184	1,483	934	999	917	919	945	1,082	1,077	1,253	5,148	12,339	41.72%	11,844	495	9,038	3,301	4,126
6		Variance	28	(219)	1,374	975	207	405	316	318	316	452	447	408	2,365	5,028	84.97%	4,922	106			
7	Primary Care - Drugs & Appliances	Budget/Plan	105	106	106	106	106	106	106	106	106	106	106	528	1,268		1,268	0				
8		Actual/F'cast	105	170	174	197	107	280	212	212	212	212	212	753	2,304	32.66%	2,212	92	0	2,304	2,922	
9		Variance	(0)	64	69	91	1	174	106	106	106	106	106	224	1,036	42.49%	944	92				
10	Budget/Plan	14	133	260	171	161	238	161	161	161	161	161	161	738	1,940		1,940	0				
11	Secondary Care Drugs	Actual/F'cast	8	85	326	146	133	277	179	179	187	187	178	698	2,045	34.14%	2,045	0	282	1,763	2,271	
12		Variance	(6)	(48)	66	(25)	(28)	40	18	18	26	26	17	(39)	106	(5.34%)	106	0				
13	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	445	1,075		1,075	0				
14	CHC/FNC	Actual/F'cast	45	45	52	989	155	226	226	226	226	226	226	1,286	2,869	44.82%	2,816	53	903	1,966	1,966	
15		Variance	0	0	5	942	(105)	136	136	136	136	136	136	841	1,794	189.00%	1,741	53				
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17	Primary Care Contractor	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	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	0				
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23	Non-healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	20	0	0	0	0	0	0	0	0	20	21	97.39%	21	0	21	0	0
24		Variance	0	0	0	20	0	0	0	0	0	0	0	20	21		21	0				
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26	Other Private & Voluntary Sector	Actual/F'cast	0	0	0	0	0	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	0				
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29	Joint Financing & Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Budget/Plan	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	7,603	20,272		11,204	0				
35	Total	Actual/F'cast	942	959	3,648	3,748	2,324	2,894	2,612	2,664	2,654	2,727	2,725	3,103	11,621	30,999		29,754	1,246	16,064	14,935	18,052
36		Variance	52	(389)	1,843	2,264	248	1,089	883	891	879	953	926	1,089	4,018	10,727		18,550	1,246			
37	Variance in month		5.89%	(28.85%)	102.13%	152.46%	11.94%	60.37%	51.02%	50.26%	49.52%	53.72%	51.45%	54.05%	52.85%							
38	In month achievement against FY forecast		3.04%	3.09%	11.77%	12.09%	7.50%	9.34%	8.43%	8.59%	8.56%	8.80%	8.79%	10.01%								

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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	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		
1	Budget/Plan	167	230	227	233	404	404	399	442	416	415	440	440	1,261	4,216		65				
2	Pay - General & Substantive	Actual/F'cast	167	211	498	316	405	591	544	590	558	550	575	808	1,597	5,812	5,584	228	1,700	4,112	5,209
3	Variance	0	(19)	271	83	1	188	145	148	142	135	135	368	336	1,596	5584.015889	163				
4	Budget/Plan	299	355	355	419	419	373	373	373	373	373	373	373	1,848	4,462	0	0				
5	Pay - Variable	Actual/F'cast	330	188	413	592	585	514	529	532	519	470	457	444	2,107	5,572	5,195	377	4,083	1,489	1,558
6	Variance	30	(167)	58	172	165	140	155	159	146	97	84	71	259	1,110	5,195	377				
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Pay - Agency	Actual/F'cast	0	0	0	6	6	6	6	6	6	0	0	0	12	36	36	0	36	0	0
9	Variance	0	0	0	6	6	6	6	6	6	0	0	0	12	36	36	0				
10	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	3,109	8,678	0	65				
11	Total	Actual/F'cast	497	399	911	913	996	1,111	1,078	1,128	1,084	1,020	1,032	1,252	3,716	11,421	10,816	605	5,820	5,601	6,767
12	Variance	30	(186)	329	261	173	334	306	312	294	232	219	439	607	2,742	10,816	540				

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
1	Workforce	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	3,109	8,678
2	Actual/F'cast	497	399	911	913	996	1,111	1,078	1,128	1,084	1,020	1,032	1,252	3,716	11,421	
3	Variance	30	(186)	329	261	173	334	306	312	294	232	219	439	607	2,742	
4	Medicines Management	Budget/Plan	119	239	365	276	266	343	266	266	266	266	266	1,266	3,207	
5	Actual/F'cast	113	255	500	342	240	536	369	369	378	378	368	351	1,451	4,199	
6	Variance	(6)	16	135	66	(27)	193	103	103	111	111	102	84	185	992	
7	Procurement & Non-pay	Budget/Plan	259	479	810	508	727	594	601	601	629	629	845	2,783	7,311	
8	Actual/F'cast	287	259	2,184	1,503	934	999	917	920	945	1,082	1,077	1,253	5,168	12,360	
9	Variance	28	(213)	1,374	995	207	405	317	318	316	452	447	408	2,385	5,049	
10	CHC	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	445	1,075	
11	Actual/F'cast	45	45	52	989	155	226	226	226	226	226	226	226	1,286	2,869	
12	Variance	0	0	5	942	(105)	136	136	136	136	136	136	136	841	1,794	
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	Other - Commissioning	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	
17	Actual/F'cast	0	0	0	0	0	21	21	21	21	21	21	21	0	150	
18	Variance	0	0	0	0	0	21	21	21	21	21	21	21	0	150	
19	Other - Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	Total	Budget/Plan	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	7,603	20,272
23	Actual/F'cast	942	959	3,648	3,748	2,324	2,894	2,612	2,664	2,654	2,727	2,725	3,103	11,621	30,999	
24	Variance	52	(389)	1,843	2,264	248	1,089	883	891	879	953	926	1,089	4,018	10,727	

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Table C3 - Tracker

£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustme nt	Full-year Effect	
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	7,603	20,272	8,928	11,344	2,205	13,549
	Month 1 - Actual/Forecast	942	959	1,876	1,860	1,605	1,823	1,594	1,644	1,645	1,640	1,651	1,826	7,243	19,066	8,550	10,516	2,756	13,272
	Variance	52	(389)	72	375	(471)	19	(136)	(129)	(130)	(134)	(148)	(189)	(360)	(1,206)	(378)	(828)	551	(277)
	In Year - Plan	0	0	1,776	1,942	843	969	1,010	1,012	1,002	1,080	1,067	1,265	4,561	11,966	7,510	4,456	323	4,780
	In Year - Actual/Forecast	0	0	1,771	1,888	719	1,071	1,018	1,020	1,009	1,087	1,074	1,277	4,378	11,934	7,514	4,419	361	4,780
	Variance	0	0	(5)	(54)	(124)	101	8	8	7	7	7	13	(183)	(33)	4	(37)	37	0
	Total Plan	890	1,348	3,581	3,426	2,919	2,774	2,740	2,785	2,777	2,854	2,866	3,279	12,164	32,238	16,438	15,800	2,529	18,329
	Total Actual/Forecast	942	959	3,648	3,748	2,324	2,894	2,612	2,664	2,654	2,727	2,725	3,103	11,621	30,999	16,064	14,935	3,117	18,052
	Total Variance	52	(389)	67	322	(595)	120	(128)	(121)	(123)	(127)	(141)	(176)	(543)	(1,239)	(374)	(865)	589	(277)
	Net Income Generation	Month 1 - Plan	38	65	71	71	71	71	204	25	25	25	25	25	315	717	492	226	10
Month 1 - Actual/Forecast		38	8	271	66	66	87	49	23	23	23	23	23	449	699	492	208	28	236
Variance		0	(57)	200	(5)	(5)	16	(155)	(3)	(3)	(3)	(3)	(3)	134	(18)	0	(18)	18	0
In Year - Plan		0	0	0	29	7	12	30	30	30	13	13	13	36	177	50	127	0	127
In Year - Actual/Forecast		0	0	0	12	7	12	30	30	30	19	19	19	19	177	50	127	0	127
Variance		0	0	0	(17)	0	0	0	0	0	6	6	5	(17)	0	0	0	(0)	0
Total Plan		38	65	71	100	78	82	234	55	55	39	39	39	351	894	542	353	10	363
Total Actual/Forecast		38	8	271	78	73	99	79	53	53	42	42	41	468	876	542	334	28	363
Total Variance	0	(57)	200	(21)	(5)	16	(155)	(3)	(3)	3	3	3	117	(18)	0	(18)	18	0	
Accountancy Gains	In Year - Plan	0	0	0	0	100	0	0	0	0	0	0	0	100	100	100	0	0	0
	In Year - Actual/Forecast	0	0	0	0	100	0	0	0	0	0	0	0	100	100	100	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	928	1,413	1,875	1,555	2,147	1,875	1,934	1,798	1,800	1,799	1,825	2,040	7,918	20,989	9,420	11,570	2,215	13,785
	Month 1 - Actual/Forecast	980	967	2,147	1,926	1,671	1,911	1,643	1,667	1,667	1,663	1,674	1,849	7,691	19,765	9,042	10,723	2,785	13,508
	Variance	52	(446)	271	371	(475)	35	(291)	(131)	(133)	(136)	(151)	(191)	(226)	(1,225)	(378)	(846)	569	(277)
	In Year - Plan	0	0	1,776	1,971	950	981	1,040	1,042	1,032	1,093	1,080	1,278	4,697	12,243	7,660	4,583	323	4,907
	In Year - Actual/Forecast	0	0	1,771	1,900	826	1,082	1,048	1,050	1,039	1,105	1,092	1,296	4,498	12,210	7,664	4,546	361	4,907
	Variance	0	0	(5)	(70)	(124)	101	8	8	7	12	12	18	(199)	(33)	4	(37)	37	0
	Total Plan	928	1,413	3,652	3,526	3,097	2,856	2,974	2,840	2,833	2,892	2,905	3,318	12,615	33,232	17,080	16,153	2,539	18,692
	Total Actual/Forecast	980	967	3,918	3,827	2,497	2,993	2,691	2,717	2,706	2,768	2,766	3,145	12,189	31,975	16,706	15,269	3,146	18,415
Total Variance	52	(446)	266	300	(600)	137	(283)	(123)	(126)	(124)	(138)	(173)	(426)	(1,257)	(374)	(883)	607	(277)	

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
All Service Areas	10,082	15,044	377	25,502	826	100
Scheduled Care	0	965	0	965	0	0
Unscheduled Care	0	837	0	837	0	0
Mental Health	0	0	0	0	0	0
Community Services	0	0	0	0	0	0
Primary Care	1,171	2,356	0	3,527	0	0
Commissioned Services - CHC	0	0	0	0	0	0
Commissioned Services - Specialised Services	0	0	0	0	0	0
Other Commissioned Services	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support	0	0	0	0	0	0
Executive / Corporate Areas	168	0	0	168	50	0
Total	11,421	19,202	377	30,999	876	100

Cardiff & Vale ULHB

Period : Aug 24

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
RECEIPTS														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	132,945	118,770	92,640	117,835	126,005	96,110	116,835	102,749	94,589	101,509	100,229	73,771	1,273,987
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,180	1,180	420	995	2,005	1,430	1,120	1,120	1,120	1,120	1,120	1,120	13,930
3	WG Revenue Funding - Other (e.g. invoices)	3,185	1,319	1,307	1,371	1,369	1,298	1,298	1,298	1,298	1,298	4,490	4,490	24,022
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	4,000	2,000	2,080	2,000	1,000	4,000	4,030	4,030	4,030	4,030	10,614	51,814
5	Income from other Welsh NHS Organisations	40,964	47,167	44,802	44,107	40,652	32,761	47,019	40,110	39,423	39,135	39,327	40,647	495,913
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets					0	7,800	0	0	0	0	0	0	7,800
10	Other - (Specify in narrative)	4,368	12,334	6,857	6,463	9,417	13,293	13,864	15,342	7,183	14,826	6,931	8,767	119,645
11	TOTAL RECEIPTS	192,642	184,770	147,825	172,850	181,447	153,692	184,136	164,649	147,643	161,918	156,127	139,409	1,987,109
PAYMENTS														
12	Primary Care Services : General Medical Services	6,787	6,329	7,770	6,161	6,282	7,817	6,419	6,419	7,999	6,419	6,419	7,999	82,818
13	Primary Care Services : Pharmacy Services	215	140	125	124	122	118	140	140	280	560	280	280	2,524
14	Primary Care Services : Prescribed Drugs & Appliances	8,718	18,833	0	9,099	19,250	0	9,315	18,630	0	9,315	9,315	9,315	111,790
15	Primary Care Services : General Dental Services	2,354	2,429	2,380	2,368	2,444	2,373	2,390	2,390	2,390	2,390	2,390	2,390	28,689
16	Non Cash Limited Payments	2,112	2,077	2,270	2,136	2,007	2,096	2,115	2,115	2,115	2,115	2,115	2,115	25,388
17	Salaries and Wages	70,344	70,347	70,084	70,092	68,975	69,487	76,074	69,785	69,688	69,901	70,436	70,272	845,484
18	Non Pay Expenditure	80,837	87,303	68,961	80,183	73,557	75,400	75,885	68,941	61,141	67,191	61,141	56,416	856,957
19	Short Term Loan Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
21	Capital Payment	12,675	1,730	1,015	1,347	1,729	3,000	4,000	4,030	4,030	4,030	4,030	10,524	52,140
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	184,043	189,188	152,605	171,509	174,366	160,291	176,338	172,450	147,642	161,920	156,126	159,311	2,005,789
24	Net cash inflow/outflow	8,599	(4,418)	(4,780)	1,341	7,081	(6,599)	7,798	(7,800)	1	(3)	2	(19,902)	
25	Balance b/f	2,780	11,379	6,961	2,181	3,522	10,603	4,004	11,802	4,002	4,003	4,000	4,002	
26	Balance c/f	11,379	6,961	2,181	3,522	10,603	4,004	11,802	4,002	4,003	4,000	4,002	(15,900)	