

Public Finance & Performance Committee

Wed 19 February 2025, 15:00 - 16:00

Virtual - MS Teams

Agenda

15:00 - 15:10 **1. Standing Items** 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 from the Finance and Performance Committee meeting – 22 January 2025

John Union

📄 1.4 - Public Finance and Performance Minutes 22.01.25.pdf (4 pages)

1.5. Actions following the Finance and Performance Committee meeting held on 22 January 2025

John Union

No Actions at Present

1.6. Chairs Actions since Previous Meeting

John Union

15:10 - 16:00 **2. Items for Review & Assurance** 50 min

2.1. Financial Report – Month 10 Position (including Savings Tracker)

Robert Mahoney

📄 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 10 (1).pdf (15 pages)

2.2. Operational Performance Update

Paul Bostock

📄 2.2 Operational Performance report cover paper.pdf (7 pages)

📄 2.2a -Integrated Performance Report F&P Feb 25.pdf (18 pages)

16:00 - 16:00 **3. Items for Approval / Ratification** 0 min

Regan, Nikki
18/02/2025 11:32:03

3.1. No Items

16:00 - 16:00 4. Items for Information & Noting

0 min

4.1. Monthly Monitoring Return - Month 9

Robert Mahoney

-  4.1a WG 2024 _25 month 9 MMR Covering Report (1).pdf (2 pages)
 -  4.1b CV Financial Monitoring Returns 2024-25 - Month 9 (1).pdf (14 pages)
 -  4.1c 2024-25 MMR Template - Cardiff Vale UHB Month 9 (1).pdf (5 pages)
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16:00 - 16:00 5. Any Other Business

0 min

John Union

16:00 - 16:00 6. Private Agenda

0 min

6.1. Financial Update (including tracker)

6.2. Reflections on WG finance overview presentation

16:00 - 16:00 7. Review & Final Closure

0 min

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

7.2. To note the date, time and venue of the next Committee meeting: Wednesday 19th March 2025 via MS Teams

Regen, Nikki
18/02/2025 11:32:02

**Minutes of the Public Finance & Performance Committee Meeting
22 January 2025
Via MS Teams**

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

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Ceri Phillips	CP	CAV UHB Vice Chair
Charles Janczewski	CJ	CAV UHB Chair
David Edwards	DE	Independent Member - Digital
In Attendance:		
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
Paul Bostock	PB	Chief Operating Officer
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Steve Riley	SR	Independent Member - University
Rachna Upadhy	RU	Independent Member - General

Ref:	Agenda Item:	Action:
FPC 22/01/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 22/01/002	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 22/01/003	Declarations of Interest (click to view) No Declarations of Interest were noted.	
FPC 22/01/004	Minutes of the Finance and Performance Meeting held on 20th November 2024 (click to view) The minutes of the meeting held on 20 th November 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 20 th November 2024 were held as a true and accurate record of the meeting.	
FPC 22/01/005	Actions following the Finance & Performance Meeting on 20th November 2024 The Action log had no actions outstanding. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	
FPC 22/01/006	Chairs Action since previous meeting (click to view) There were no Chair's Actions taken since the last meeting	
FPC 22/01/007	Financial Report – Month 9 Position & Savings Plan Progress (including Savings Tracker) – (click to view)	

Regan, Nikki
18/02/2025 11:32 AM

The DDFO gave an update on the Financial Report for Month 9 and highlighted the following:

- The initial forecast for the year was a £15.9m deficit, reported to Welsh Government at the start of the year but due to severe financial pressures, this was revised to £34.5m overspend by the end of the financial year
- Welsh Government issued additional funding (£6.8m), which adjusted the expected deficit to £9.1m
- The revised forecast following receiving the funding was adjusted to £27.7m but was not accepted by Welsh Government

The following key financial pressures were highlighted:

- Higher than anticipated bed base due to increased admissions and inability to close beds
- The savings program had delivered £36m, which was £11m less than planned
- The pay funding for bank staff was not met by Welsh Government
- Additional Mental Health patients were placed in to out of area placements

The following emergency recovery actions were put in place for CAV UHB:

- A vacancy freeze was put in place across all staff groups
- The UHB has sought to use the hours owed from staff rather than use variable pay
- All non-essential travel, subsistence, training and study leave has stopped
- All stock holding on wards was to be reviewed
- Daily Executive meetings were taking place to monitor KPI's and to ensure delivery of actions

The CC asked about the revised deficit and inquired about the regularity of meetings and how the data would show the outcome of the actions related to the revised deficit of £27.7m.

The DDFO explained that a programme was formed with key senior staff who were establishing a new centralised information system for all data. He continued to highlight the following:

- The financial performance was summarized with a forecast deficit of £27.7m by the end of the year.
- Key risks include failing to manage budget pressures and hitting the recurrent cost program, both moved to maximum risk.
- Outstanding major allocations from Welsh Government include pay uplifts and other allocations, contributing to the cash squeeze.
- Public sector compliance maintained above the 95% target.
- Capital management is busy, with efforts to maximize the available capital resource limits.

The UHB Chair thanked the team for the report and highlighted that the CAV UHB Board agreed to the £27.7m deficit forecast but WG did not approve the excess. He highlighted that CAV UHB were determined to deliver patient safety and reduce costs where possible.

The EDF echoed the need for CAV UHB to manage within the resource allocated and how we balance the safety and concerns for patient needs.

The Finance and Performance Committee resolved:

- The reported year to date overspend of £27.501m and the forecast deficit of £9.100m was noted and;
- The month 9 operational overspend against plan of £11.126m with a further £9.550m savings gap was noted and;
- The progress against the savings target, with £36.062m (76%) of green and amber schemes identified at Month 9 against the £47.2m target was noted and;
- The forecast request to Welsh Government for £27.7m strategic and £35.541m working cash support in 2024/25 was noted and approved;
- 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.

Regan Nikk
18/02/2025 11:32:02

[Operational Performance Update \(click to view\)](#)

The COO presented the Operational Performance Update and highlighted the following:

- The MAG (Medical Advisory Group) meeting took place and it was noted that CAV UHB were struggling to deliver to the standards that were set out
- CAV UHB continued to be the best performing Health Board in Wales for Urgent & Emergency Care.
- The increased length of stay in medicine was identified as a major issue, with medical outliers and a congested bed base contributing to the problem.
- A spike of activity during November 2024 resulted in medical patients placed in the incorrect area and 160 beds were closed due to flu
- CAV UHB have 20 long staying patients with the average length of stay at 251 days
- Actions being taken included an organisational reset to ensure patients were seen twice a day by consultants and only consultants can admit patients and request diagnostics.
- Cardiff and Vale UHB remained the best in NHS Wales for cancer care, with October performance at 72.5% and November at 66.8%.
- The drop-in performance was attributed to issues with breast capacity, urology, and lower GI, which were being addressed with new staff and job plan changes.

The UHB Chair referred back to urgent and emergency care and was concerned with staff feeling demoralised and added that we need to recognise how hard they work and this committee needs to recognise the contribution these staff make to the UHB.

The COO noted that MAG commented that CAV UHB were doing incredible work within A&E. He added that the demoralising feeling came from the metrics and performance data but we need to help lift them up and reset ourselves. He continued to highlight the following:

- The target was to have no more than 1,200 patients waiting over two years by the end of March. Currently, there are 3,700 patients waiting over two years.
- Efforts were being made to treat the remaining patients within the next 10 weeks, with a focus on emergency, time-critical, and long-waiting patients.
- Endoscopy waiting times remain a significant challenge, with limited financial support from Welsh Government.
- £900k was allocated to address the backlog, but a long-term solution was needed.
- Non-obstetric ultrasound waiting times had improved, with a recent reduction of 300 patients on the waiting list but 9000 patients remained to be seen

The UHB Chair questioned the timing of the Endoscopy work and when this committee and the Board could look for some assurance. He suggested to see a deep dive on Diagnostics to demonstrate that the UHB were working towards our goals. He requested for these figures to be shared on the weekly figures shared with the IM's.

The CC noted the colonoscopy waitlist had increased and asked what issues there were?

The COO explained CAV UHB previously sourced work with the unit at Llandough costing £2.5m per year. He explained that the number of patients waiting over 8 weeks for a colonoscopy had increased. The main issues contributing to this were:

- A significant capacity mismatch between demand and the number of available endoscopists.
- Prioritization of cancer pathway patients, surveillance patients, and bowel screening over those waiting for routine diagnostics.
- The use of insourcing to manage the workload, costing £700,000 per quarter, primarily to keep up with cancer and surveillance work.
- despite efforts to address the backlog, the financial constraints and recruitment challenges have made it difficult to improve the situation significantly.

The UHB VC highlighted feedback he received from a patient who attended the endoscopy unit on a Sunday and had exceptional service.

The COO mentioned that the physical capacity to perform endoscopy work exists, but the main issue is the lack of available endoscopists to carry out the procedures. This capacity includes the physical rooms and facilities needed for endoscopy, but the shortage of qualified staff has been a significant barrier to meeting the demand. He continued to highlight the following:

Regan Nikk
18/02/2025 11:30

	<ul style="list-style-type: none"> • Mental Health continued to have a high number of out of area patients and CAV UHB were investigating why this was happening • There continued to be an improved performance in adult & children’s Mental Health • There were a number of GP practises in escalation, with CAV UHB looking to reset the relationship with the GP services • Community care saw 6300 patients more than EU in December 2024. • Required to deliver on our controlled total and create our plan for 2025/26 <p>The UHB Chair mentioned place-based care during the meeting and offered support on this topic. He noted that during the Cardiff PSB meeting, there was a discussion about "total place," and they have access to an expert in the field who could provide valuable input. He offered to arrange an introduction to this expert to help with the place-based care initiative.</p> <p>The UHB VC discussed the Cahill formula, noting that it had been around for a long time and does not favour their current situation. He mentioned the need for a more appropriate formula that would result in better allocations for their practices. He acknowledged the difficulty in changing the formula due to the potential impact on other areas but emphasized the importance of making it fairer.</p> <p>The CE agreed with the UHB VC points regarding the Cahill formula. She mentioned that the current formula does not meet their needs and suggested working with colleagues in Welsh Government to make a case for a more reflective allocation based on population health needs. She also noted that other HB’s were successful in using evidence to demonstrate the need for better allocations. She expressed uncertainty about the Welsh Government’s appetite for change, especially in an election year.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> • The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted. 	
<p>FPC 22/01/009</p>	<p>Monthly Monitoring Return – Month 7 & 8 (click to view)</p> <p>The monthly monitoring return for month 7 & 8 was noted.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 7 & 8 were noted.</p>	
<p>FPC 22/01/010</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 19th February 2025 at 2.30pm via MS Teams</p>	

Regan, Nikki
18/02/2025 11:32:02

Report Title:	Finance Report for the Period Ended 31 st January 2025		Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	19 th February 2025
		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 10 the UHB is reporting a year to date overspend of £27.553m.

This is comprised of:-

- £10.409m unidentified savings
- £9.561m operational overspend
- £7.583m planned deficit of (ten twelfths of the annual planned deficit of £9.1m)

The recovery profile requiring delivery in the final 2 months of the year represents a significant risk to the achievement of the 2024/25 plan.

Table 1: Month 10 Financial Position 2024/25

	Month 10 Position £m	Forecast Year-End Position £m
Revised Planning Control (Deficit)	7.583	9.100
Savings Programme Deficit	10.409	11.200
Operational position (Surplus) / Deficit	9.561	9.500
Further Recovery actions		(2.100)
Financial Position £m (Surplus) / Deficit £m	27.553	27.700

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.

The submitted 2024-25 plan projects a deficit for the financial year and therefore represents a failure of the UHB's statutory requirement to deliver a balanced financial plan over a three-year rolling period. This also prevents approval of the plan by Ministers which is a breach of a second financial duty.

Reflecting on the additional unforeseen cost pressures and demand on services faced in 2024-25 and the reported overspend of £22.244m at month 7 which was comprised of £9.275m of the planned deficit, £7.671m under achievement against savings targets and £5.298m operational pressures, the UHB re-assessed its ability to return to its planned deficit by the end of the financial year.

These concerns were discussed through the UHB's governance structure, including the Finance & Performance Committee and the Board during November. In recognition of the concerns, the UHB relayed an Accountable Officer letter on the 2nd of December 2024 to advise Welsh Government of a revision to the UHB's forecast deficit from £15.9m to £34.5m.

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this resulted in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. In view of this and the additional in year pressures, the UHB has revised its year end forecast to a deficit of £27.7m as follows:

Table 2 – Forecast Year End Outturn

	2024/25 £m
Draft Planned Financial Position - Deficit £m	15.9
Additional In Year Recurrent Funding	(6.8)
Revised WG Control Target - Deficit £m	9.1
Forecast Savings Programme Deficit	11.2
Forecast Operational Deficit	9.5
Further Recovery Actions	(2.1)
Revised Year-End Forecast Deficit £m	27.7

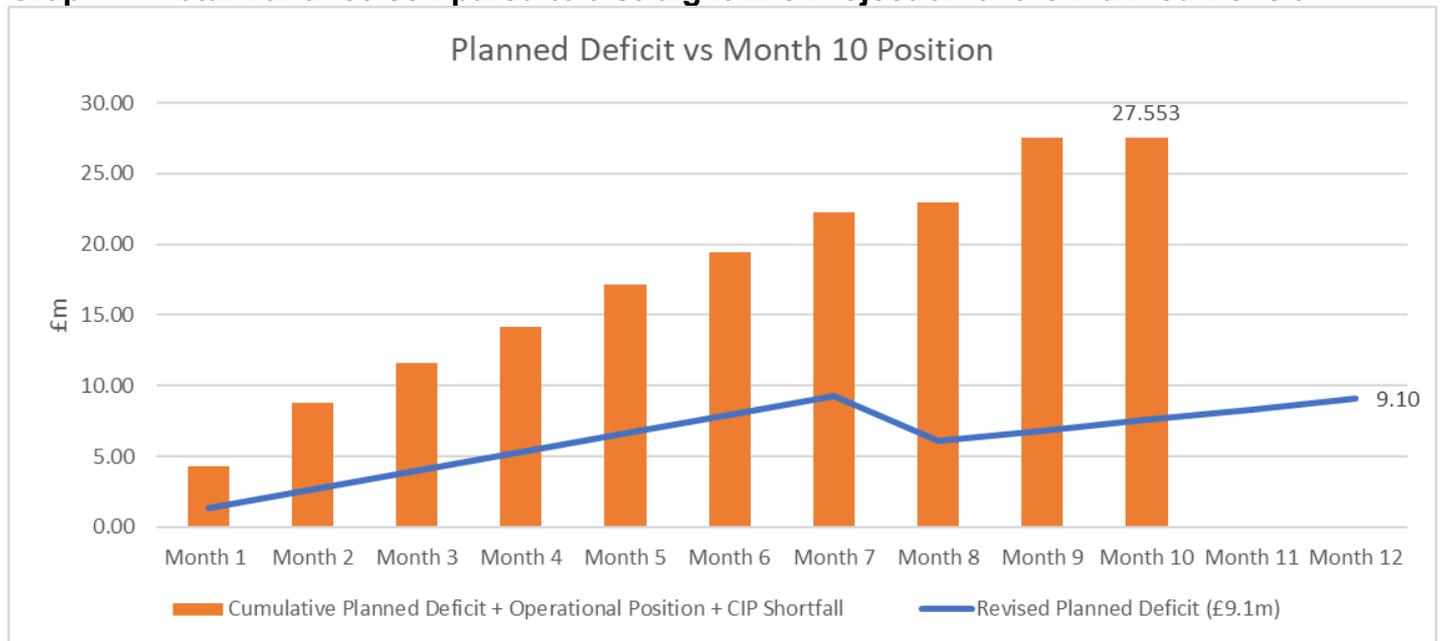
The revised projected financial out-turn has been noted by Welsh Government. This still has not been approved with the expectation that the UHB meets its £9.1m control total.

Summary Financial Position and Outlook

Graph 1 shows the reported position at Month 10 This is £19.970m above the £7.583m profiled control total set by Welsh Government (£9.1m Annual).

Regan Nikki
18/02/2025 11:32:02

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



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

- 80 beds that will continue to be open to 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 £11.2m 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.

At Month 9 the UHB reported a year to date position of £27.5m against its revised forecast out-turn of £27.7m. This was a serious deterioration in the financial trajectory, creating doubt over the UHB's ability to meet its revised year end forecast which itself is deterioration from the **revised deficit control of £9.1m issued by Welsh Government in November 2024.**

The UHB has had a Recovery Scheme framework in place throughout 2024-25 including a number of schemes and review processes and this has been overseen by the UHB's Sustainability Board (CEO chaired).

In response to the Month 9 reported position the UHB has, from January 2025, initiated a number of urgent control actions to slow expenditure run rates and eliminate unnecessary expenditure. This includes a daily Programme Management Office (PMO) which meets twice a day and a daily joint Executive/PMO meeting which convenes at the end of each weekday. The PMO has overseen:-

- Authorisation for any necessary remaining agency expenditure
- Authorisation for any necessary variable bank expenditure
- Authorisation for any training (outside the statutory training required for professional registration or clinical training to ensure patient safety and treatment continuity).

The impact of the enhanced control actions combined with greater clarity of final 2024-25 funding has contributed to an improved monthly financial performance of £0.052m deterioration in Month 10 and confidence that the revised year end forecast out-turn of £27.7m can be met.

Financial Performance

Tables 3 and 4 below summarise the monthly and year to date financial performance of the UHB by major expenditure groups (Table 3) and by business units (Table 4).

Table 3: Summary Financial Position for the period ended 31st January 2025

Income/Pay/Non Pay	Memorandum	Current	Total
	Annual	Period	Variance
	Budget	Actual	(Fav)/Adv
	£m	£m	£m
In Month			
Income	(1,697.747)	(180.936)	(0.632)
Pay	815.130	86.235	(1.721)
Non Pay	882.617	93.994	1.647
Sub Total £m	0.000	(0.706)	(0.706)
2024/25 Planned Deficit	9.100	0.758	0.758
Variance to Plan £m	9.100	0.052	0.052
Cumulative			
Income	(1,697.747)	(1,699.715)	(1.968)
Pay	815.130	819.707	4.576
Non Pay	882.617	899.979	17.362
Sub Total £m	0.000	19.970	19.970
2024/25 Planned Deficit	9.100	7.583	7.583
Variance to Plan £m	9.100	27.553	27.553

Table 4: Financial Performance for the period ended 31st January 2025

Clinical Board	Operational	Savings Position	Total	Prior Month
	Position	(Surplus) / Deficit	(Surplus) / Deficit	(Surplus) / Deficit
	(Surplus) / Deficit			
	Variance	Variance	Variance	Variance
Cumulative	£m	£m	£m	£m
Clinical Diagnostics & Therapeutics	(816)	614	(202)	498
Children & Women	2,764	1,406	4,170	3,861
Capital Estates and Facilities	111	855	967	1,138
Executives	(1,833)	96	(1,737)	(1,058)
Genomics	(93)	0	(93)	(46)
Medicine	5,854	3,883	9,737	9,380
Mental Health	1,252	1,417	2,669	2,722
PCIC	3,107	(143)	2,964	3,601
Specialist	1,333	(0)	1,333	1,394
Surgery	2,628	3,529	6,157	6,036
Clinical Board budgets to be delegated	(4,414)		(4,414)	(3,973)
Sub-Total Delegated Position	9,892	11,659	21,551	23,554
Central Budgets	(392)	(2,500)	(2,891)	(4,046)
Commissioning	60	1,250	1,310	1,167
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	9,561	10,409	19,970	20,676
Planned Deficit	7,583	0	7,583	6,825
Total Operational (Surplus)/Deficit	17,144	10,409	27,553	27,501

The UHBs revised control deficit from Welsh Government is profiled to be £7.583m overspent at Month 10. The Month 10 position is £19.970m greater than this at £27.553m.

The operational deficit against plan improved by £2.165m in month from £11.126m to £9.561m during month 10 due to the following additional funding assumptions and actions:

- Confirmation of bank staff pay award funding and other pay award funding streams
- Variable pay reduction as a result of recovery actions
- Planned Care - Reduction in over commitment

The non achievement of savings targets deteriorated from £9.550m to £10.409m in month reflecting both underperformance/slippage against established schemes and the remaining annual unidentified savings of 6.293m.

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 continue to be 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 medical pay spend (£2.612m) combined with additional costs of continuing healthcare which are £0.721m above plan.

Medicine: Driven by medical staff and registered nursing costs to support the additional bed base within the UHB which has been driven by increased numbers of emergency medical admissions. In addition, there are overspends against non-pay consumables and Drugs where the Clinical Board is working with the Pharmacy Team and non-pay due to the non delivery of savings schemes.

Surgery: Significant costs have been incurred in respect of planned care initiatives where costs have exceeded available funding. Theatre consumables pressures are under review alongside clinical coding.

PCIC: The position improved in month due to the confirmation of additional Welsh Government funding. Pressures remain in respect of GP prescribing.

Mental Health: The closure of capacity at Hafan Y Coed, due to the correction of structural building defects, has placed pressure on flex capacity and is financially impacting the Clinical Board through the requirement to place patients into out of area placements during the remedial period. Further to this, a spike in emergency inpatient demand combined with restricted spare capacity required the Clinical Board to increase the number of patients placed into out of area placements in December.

Central: The budgetary position has worsened due to the requirement to recognise provisions at year end relating to Annual Leave and VAT arising from in year reviews and staffing profiles.

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 10 is summarised in Table 5 below.

Table 5: Summary of Month 9 COVID 19 Funding

	Month 10 £m	Forecast £m
Health Protection/Vaccination & PPE	7.533	9.040
Long Covid	0.953	1.144
Sub Total WG Funded Covid Expenditure £m	8.487	10.184

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 5 above.

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

Financial Risks

Table 6 summarises the Finance Department's Risk Register.

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2024-25 year end with a current planned deficit of £9.1m and a forecast out-turn against the planned deficit of £27.7m.

Regan, Nikki
18/02/2025 11:32:02

Table 6: Risk Register at January 2025

Finance Risk	Rating	Comment
<p>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. How ever the 2024-25 Financial plan does require support from Welsh Government even in the absence of Ministerial approval. The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8m.</p>	15	<p>The UHB has developed a plan w hich has a deficit of £15.9m in 2024-25 and break even positions in FY 2026 and FY 2027 w hich the Minister is not able to approve. Support for the one year 2024-25 financial plan w ill be required. Welsh Government has not confirmed its support at the present time. Enhanced Monitoring meetings w ith Welsh Government at Executive level continue to discuss this issue.The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8</p>
<p>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 follow ing Enhanced Monitoring arrangements by Welsh Government. The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8m.</p>	15	<p>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 w ith Welsh Government maintain discussions over progress tow ards a financially balanced three year IMTP .</p>
<p>Achievement of Capital statutory breakeven duty</p> <p>The Health Board has a capital allocation, w hich it should not exceed on a three year rolling basis.</p>	8	<p>The current 2024-25 UHB Capital Plan is structured to remain w ithin 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.</p>
<p>Failure to adequately manage budget pressures in line w ith the submitted £15.9m deficit plan for 2024-25. The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8m.</p>	20	<p>The period to Month 10 has reported continuing financial pressures against the £47.2m savings target and operational pressures w ithin 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 Review s w ith each Clinical Board; Monthly Finance meetings w ith all Clinical Boards and COOs Office; w eekly Savings meetings of delegated budget holders; and bi w eekly multi leadership Sustainability Board meetings chaired by the CEO.</p>
<p>A recurrent Cost Improvement Programme target of £47.2m has been set for 2024/25.</p> <p>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 w ith any savings w hich are achieved but non recurrently impacts the ability of the UHB to deliver financial balance in future financial years</p>	20	<p>The CIP savings target has been clearly communicated and delegated to budget holders. At Month 10, only £20.4m of Green and Amber schemes against the £47.2m target have been identified as recurrent in nature. A CIP pipeline tracker is in place w ith a w eekly monitoring progress across the organisation. Monthly Financial Clearance Meeting include specific focus on CIPs. Further focus is provided in Executive / Clinical Board Performance Review s, bi w eekly Sustainability Boards and w eekly Savings meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.</p>
<p>2024-25 LTA framew ork in NHS Wales.</p>	15	<p>LTAS have now been agreed w ith Commissioners, generally in line w ith the guideline 3.67% uplift recommended by Welsh Government. Elements of income w ill be contingent on improved LTA outturn performamnce and this remains a risk for the UHB.</p>
<p>Remain w ithin Cash limit</p>	15	<p>The UHB w ill require cash support from WG for the 24/25 revised forecast deficit of £27.7m alongside w orking 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 forw ard the point of the year w hen cash controls w ill require consideration. Cash controls w ill include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.</p>

Regan, Nikita
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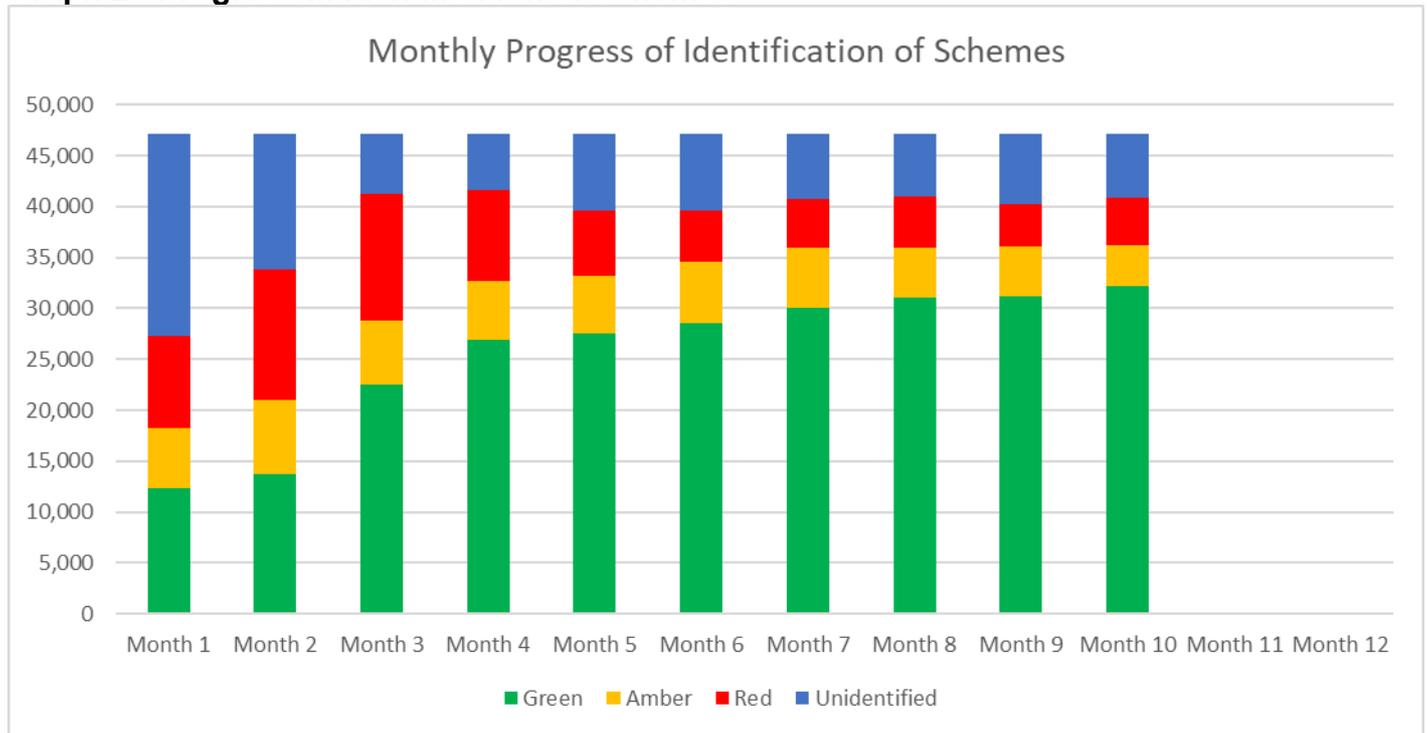
Savings Programme Update

At month 10, £36.245m (76%) of green and amber savings had been identified towards the £47.2m savings target. £20.385m of the schemes are recurrent.

The reported gap of £11.2m 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.

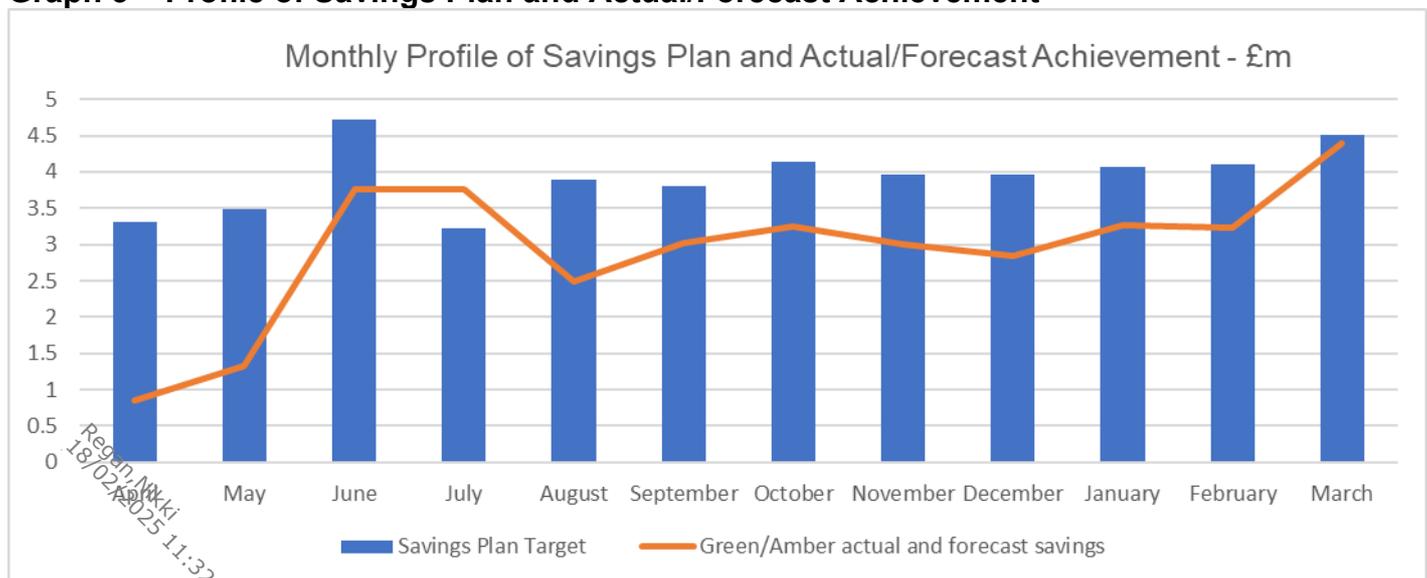
The progress in the identification of schemes during the year is shown in the graph below:

Graph 2 - Progress in Identification of Schemes



The profile of the Savings Plan and actual and forecast delivery is outlined in Graph 3 below:

Graph 3 – Profile of Savings Plan and Actual/Forecast Achievement



Further detail of the progress by Clinical Boards and Improvement Themes is provided in Table 7 below:

Table 7: Savings Schemes

Clinical/Service Board	24-25 Target £'000	Green £'000	Amber £'000	Sub Total Green and Amber £'000
Capital Estates and Facilities	947	1,110	262	1,372
Children and Women	1,304	1,103	64	1,166
Clinical Diagnostics and Therapeutics	1,199	1,546	92	1,638
Corporate Executives	501	987	0	987
Medicine	1,379	134	300	434
Mental Health	1,079	401	0	401
Primary, Community and Intermediate Care	2,423	2,909	260	3,169
Specialist Services	1,482	1,693	100	1,793
Surgical Services	1,689	581	458	1,039
Subtotal - Grip and Control	12,000	10,465	1,536	12,000
Medicines Management	4,530	3,035	1,539	4,573
Reducing Length of Stay	3,500	3,129	0	3,129
Optimising Planned Care	1,000	135	0	135
Income Generation	1,000	851	20	871
Continuing Healthcare	2,500	2,262	0	2,262
Facilities and Estates / Service Reconfiguration	500	400	0	400
Value/Clinical Variation	0	0	0	0
Procurement	5,000	3,619	330	3,949
Recording Patient Care	1,500	0	0	0
Other Digital Benefits	0	0	0	0
Workforce - Temporary Pay	7,403	3,770	377	4,147
Workforce Reshaping	8,268	1,584	195	1,779
Corporate Opportunities	0	3,000	0	3,000
Subtotal Cost Improvement Themes	35,200	21,784	2,461	24,245
Total Savings Position	47,200	32,249	3,996	36,245

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 90 £20.385m of the identified green and amber schemes and £2.431m of red schemes were recurrent.

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

The revised planning deficit for 2024-25 is £9.1m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :-

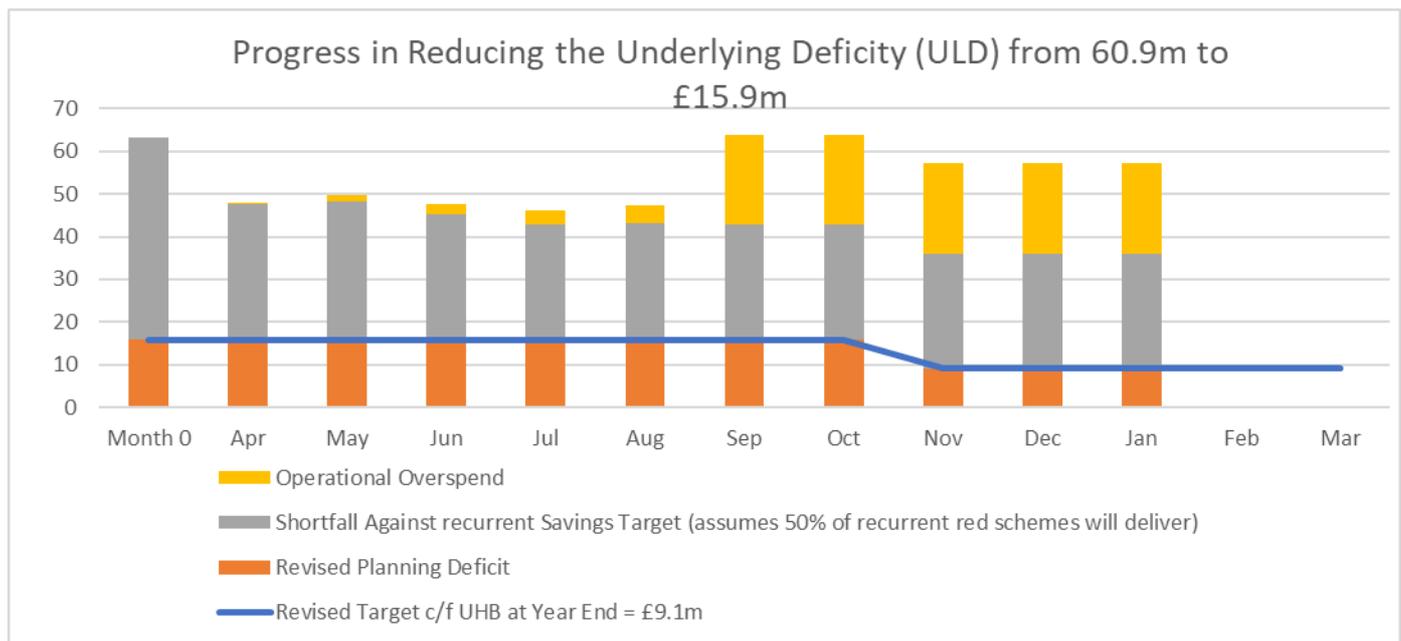
- The revised planning 2024-25 financial deficit of £9.1m
- Savings made non recurrently in 2024-25
- The full year effect of cost pressures including inflation.
- The full year effect of demand led pressures in 2024-25

Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £26.9m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1m. The additional costs are abated by the additional £6.8m recurrent funding provided in 2024/25.

This projects an underlying deficit for 2025-26 of £57.1m before the assessment of new year cost pressures and any additional funding available.

Graph 4 presents the current high level picture of the UHB's underlying position that is reviewed and updated as the financial plan is progressed throughout 2024-25.

Graph 4 – Progress in Reducing the Underlying Deficit



The increase in operational overspend at month 6 followed 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 £57.1m as summarised below:

Table 8 – Initial Assessment of Underlying Deficit

	UHB £m
Operational ULD	23.1
Savings ULD	24.9
Initial Planned Deficit	15.9
Additional In Year Recurrent Funding	(6.8)
Total ULD £m	57.1

The £57.1m ULD identified above is expected to reduce as recovery actions identified are developed.

Cash Flow Forecast

The closing cash balance at the end of January was £3.527m.

The Finance Committee and Board approved a request to Welsh Government for £15.900m strategic cash support to cover the Month 7 Financial Forecast. Additional approval was provided by the Board to extend the application to Welsh Government for supplementary strategic cash support to cover the movement in the Forecast deficit from £15.9 to £27.7m.

The UHB relayed a letter to Welsh Government on the 28th of November requesting £15.900m strategic cash support from Welsh Government to cover the cash shortfall arising from the original planned forecast deficit and any further increase to the UHBs forecast deficit.

The UHB notes that the letter from the Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive dated 10th February 2025 confirms that at this stage Welsh Government will provide a maximum of £9.1m strategic cash only support reflecting the revised Cardiff & Vale UHB control total. The letter also requests that all future monthly monitoring returns provide updates on the actual strategic cash assistance required. The forecast strategic cash requirement remains at 27.7m in line with the revised forecast deficit.

In addition, the letter to Welsh Government also outlined that the Health Board forecast that it would require an additional increase in its cash limit due to in year movement in working balances brought forward to the balance sheet. This is expected to be £11.541m for revenue expenditure with a further £12m in respect of capital balances brought forward from 2023/24 and subsequently paid in early 2024/25. A further £11m of strategic cash support is required in respect of the timing and reimbursement of payments managed through Welsh Risk Pool.

In total the UHBs current estimate of Cash support required in 2024/25 is circa £62m with a further Circa £66m outstanding cash allocations as outlined below:

Table 9 – Forecast Cash Support Required and Outstanding Allocations

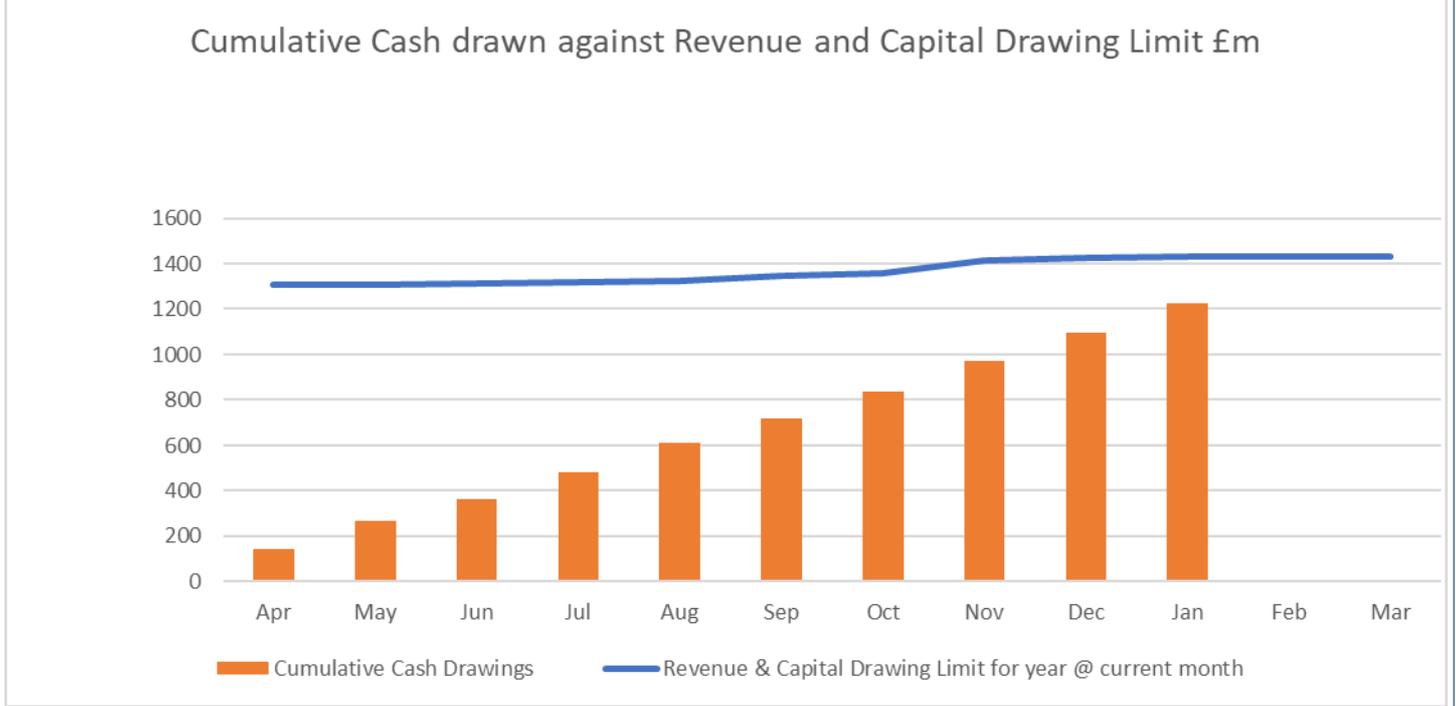
	Cash Request £m
Strategic Cash Support based on month 7 forecast	15.900
Additional Strategic Cash Support based on revised forecast deficit of £27.7m	11.800
Working Cash Support - Non Cash Backed 2023/24 Resource Limit Allocations	0.151
Working Cash Support - working balances (mainly provisions) based on month 9 forecast	11.390
Working Cash Support - Medical Negligence Settlements where WRP Reimbursement is outstanding	11.000
Working Cash Support - working balances capital based on month 9 forecast	12.000
Forecast Cash Support Request £m	62.241
Unconfirmed anticipated allocations as at Month 9 (drawing Limit only i.e excludes depreciation & impairments)	
Outstanding Pay Award Allocations	47.574
Other Outstanding Cash allocations (drawing limit only)	19.310
Total Unconfirmed Cash as at Month 9 £m	129.125

Welsh Government has now confirmed that it will fund the outstanding Pay Award allocation.

Graph 5 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.

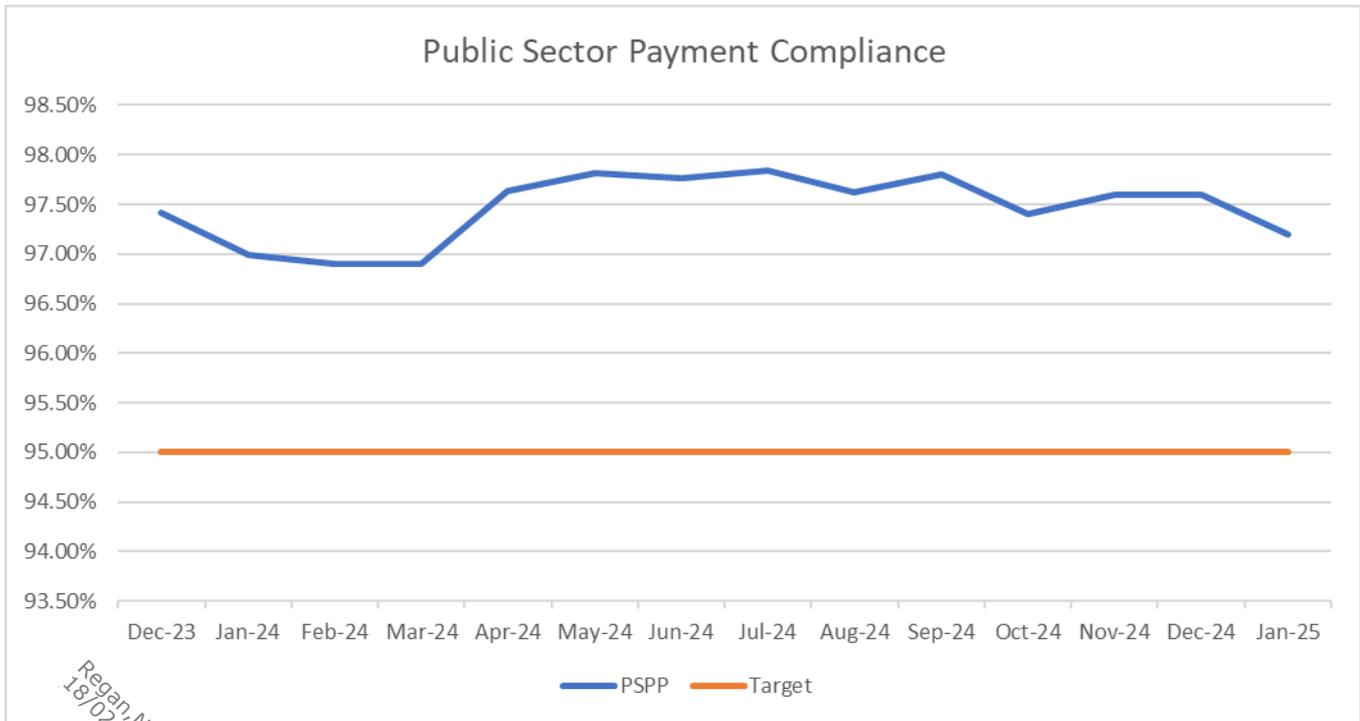
Graph 5 - Cumulative Cash Drawn against the Revenue and Capital Drawing Limit



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 January was 97.2% for the year to date as illustrated in Graph 6 below.

Graph 6 – Public Sector Payment Compliance



Regen Nikki
18/02/2025 11:32:02

Capital

Planned expenditure for the year reflects the CRL received from Welsh Government dated 4th February 2025 - £52.563m. This reflects the transfer of Whitchurch Hospital to Velindre NHS Trust which completed on the 12th of November 2024.

All schemes are expected to deliver in line with the revised allocations.

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 of January 31st 2025 was £1,363m with a further £82m of assumed allocations as detailed below:

Table 10: Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments* see note 1	19.813
IFRS 16 Leases - revenue	(4.488)
Real Living Wage Health & Social Care Providers	4.612
2024/25 Pay Uplifts & Retrospective 2023/24 Medical Pay Uplifts	47.574
Vertex	2.774
Clinical Excellence & Impact Awards	1.796
Welsh Government Funded New Medical Posts	1.736
Other	8.392
Total Unconfirmed Allocations £m	82.209
Adjustments	
Depreciation, Impairments* see note 1	(19.813)
IFRS 16 Leases - capital	4.488
Total Unconfirmed Allocations (Drawing Limit) £m	66.884

Note 1 – there is no associated cash drawing with Depreciation & Impairment adjustments

Note 2. The table above excludes working cash and strategic cash requests

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.

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 planned deficit of £9.1m. The month 10 position is a reported overspend of £27.553m, which is £19.970m above the £7.583m straight line profile of the planned deficit.

The enhanced variable pay and non pay controls established during January have seen an impact which supports the delivery of a forecast year end out-turn of £27.7m.

Public Sector Payments are above the 95% target.

The UHB forecasts that it will remain within its Capital Resource Limit.

Recommendation:

At Month 10 the Committee are requested to:

- **NOTE** the Welsh Government control total of a planned deficit of £9.100m.
- **NOTE** the month 10 operational overspend of £27.553m comprising an operational deficit of £9.561m, a savings gap of £10.409m and a planned deficit for the year to date of £7.583m.
- **NOTE** the forecast out-turn deficit for 2024-25 of £27.7m.
- **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: 19 th February 2025

Regen, Nikki
18/02/2025 11:32:02

Report Title:	Operational Performance Report		Agenda Item no.	
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	19/02/25
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Head of Performance			

Main Report
Background and current situation:

Background and current situation:

The Operations and Information Teams have redesigned the Integrated Performance Report to better meet the requirements of the Board, it's Committees and improve performance reporting for the Health Board as a whole, both internally and externally. This updated report incorporates progress against the 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

As we moved through Q3 and into the winter period, the Health Board has seen periods of intense operational pressures, following unseasonal pressure through Q2. As a result, January saw increases in the average ambulance handover delay and the numbers of patients waiting 12 hours in the Emergency Unit. The severity of the challenge posed by the pressures has been evidenced by the increase in 2- and 3-hour ambulance delays and patients waiting 24 hours in the EU. The recent increase in Flu and Covid in the community and health care settings has impacted both the patients presenting to hospital and the number of inpatient beds closed due to IP&C controls. The prevalence of and bed closures associated with Flu and Covid are monitored closely and have been added to the daily 'hot' reports to ensure the information is relayed throughout the organization. While January saw days where we had in excess of 150 beds closed across our acute sites due IP&C controls, at the time of writing bed closures have reduced to expected levels for the time of year.

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 handover delays, as highlighted in the recent BBC News coverage, and we continue to make ambulance handovers an operational priority.

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 through this year. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFDD 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 and September and November have seen increases in compliance, our monthly compliance in December was 35.4%, against the national annualized average of 8.7%.

Using the annualised NHFDD data, the UHB are at or above the UK national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from historic performance and improvements through Q1 and Q2 have seen our annualized performance improve in December. The team are also reviewing our data capture and documentation to ensure that our true level of compliance is recorded and thus reflected in the national data.

From October 2024 the SSNAP dataset and measures has changed – 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. We continue to measure our performance of against the acute stroke pathway on a daily and weekly basis, through the hot report and COO led operational meetings. 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 SSNAP 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. Our performance data for the first 2 months has now been made available and a fuller update will be brought to the summit and subsequent committee meetings. Our initial analysis has shown that our door-to-ward performance improved in December, while the % of patients receiving their CT scan within 1 hour remained steady. Time to CT scan is one of the metrics which has been revised in the new SSNAP dataset, and performance against the new 20-minute standard has varied from 17.7% - 8.5% since October 2024. Acute pathways and performance against the new standards will be areas of focus for the upcoming summit.

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 has reduced since the high point in February 2024. In December we reported our lowest position, but seasonal pressures and associated operational challenges in January saw the number of delays increase back the levels we saw through Q2.

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 operational 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, although for January 2025 we reported a similar number of delays to January 2024.

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 the year, but the seasonal pressures through January have seen an increase in the length of time many patients are spending in hospital.

Cancer

Our Single Cancer Pathways compliance has remained above 60% since September 2023 and we reported compliance of over 70% for August, September and October 2024. In November, our most recently reported position 66.8% of patients with Cancer received their first definitive treatment within 62 days. The SCP standard of 75% was met for Brain/CNS, Haematological, Head & Neck and Skin tumour sites. October 2024 saw the highest recorded number of referrals received, accommodating this increase in demand has contributed to the reduction in performance and recent increase in the backlog. Performance for December is forecast to remain consistent with November's. The cancer PTL is tracked daily through Cancer services and operational teams, with weekly oversight of KPIs by the Cancer Delivery Group. Teams are currently refreshing their demand and capacity work to describe what is required to consistently meet the outpatient, diagnostic and treatment standards.

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:

SCP compliance	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Original submission	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%	64.6%	63.1%	68.4%	70.9%	72.5%	66.8%
Compliance following quarterly refresh	62.4%	70.2%	63.5%	60.2%	62.3%	66.0%	64.4%	63.6%	64.8%	70.2%	73.1%		

Planned Care

The numbers of patients waiting on an RTT waiting list has reduced 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 January there were 3,576 patients waiting 2 years for treatment. This is a reduction from December and 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. Four- year waits were eradicated in September 2024, and we have maintained this position. The number of patients waiting over 3-years remained unchanged in January, but the number of specialties with 3-year waits reduced from four to two (Ophthalmology and Spines). As discussed in the last Board Development session we have received additional, non-recurrent, financial resource to further improve our 2-year wait position. We submitted a trajectory to reduce to 1326 2-year waits by the end of March 2025, through funding additional activity; in-house and through insourcing/outsourcing. Our activity and breach numbers are monitored weekly with Welsh Government and weekly updates provided to the Chair, CEO and COO.

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. We have seen an increase in 52-week outpatient waits through 24/25, however, December saw the first reduction in this number since March 2024. 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, Medicine and Specialised services, to reduce to or maintain their outpatient waits below 52 weeks.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments 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. This year we are tracking 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 49,523 patients

who are past their target date for a follow-up appointment, of these 11 were over 2 years past their target date as shown below:

		Overdue Follow-up Outpatients							
Clinical Board	Months past target date	07/02/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	Trend
Total	Total overdue	61658	48998	50628	50534	50106	49760	49523	
	Over 12 months	12351	2389	2520	2449	2251	2323	2133	
	Over 18 months	2948	92	84	91	94	93	104	
	Over 24 months	1271	10	7	9	14	8	11	
Surgery	Total overdue	31552	24866	25530	25283	25123	25044	24762	
	Over 12 months	7610	2192	2317	2248	2051	2109	1894	
	Over 18 months	1523	76	71	77	78	71	85	
	Over 24 months	643	5	7	9	13	5	8	
Children & Women	Total overdue	10114	7751	8067	8057	8001	7875	8001	
	Over 12 months	1597	15	17	23	28	18	18	
	Over 18 months	500	1	2	4	5	6	3	
	Over 24 months	173	0	0	0	0	1	0	
Specialist	Total overdue	10063	8748	8881	9003	8815	8811	8760	
	Over 12 months	1939	146	154	147	126	138	171	
	Over 18 months	464	11	9	9	8	9	10	
	Over 24 months	196	3	0	0	0	0	1	
Medicine	Total overdue	9879	7558	8071	8110	8081	7949	7917	
	Over 12 months	1183	30	26	25	40	52	44	
	Over 18 months	455	3	1	0	2	6	5	
	Over 24 months	257	2	0	0	1	2	2	

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. SOS, PIFU and utilization of outpatient clinics will be an area of significant focus as we move through the remainder of this year and into 25/26.

Diagnostics

The waiting list position for Diagnostics deteriorated through Q1 and Q2, 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 September, we have seen a small improvement in the 8-week position with reductions in Endoscopy and non-obstetric ultrasound during Q3.

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 increased through the first half of the year, albeit at a slower rate than last year. November saw the first reduction in the number of 8-week waits for the first time since February 2023. To clear the backlog of patients and create enough core capacity is going to require significant investment and support from Welsh Government. Looking forwards, consideration is being given to scale of the opportunity that might be available through the Llantrisant Health Park regional proposals.

At the end of December, 16,770 patients had waited 8 weeks or longer for their treatment, equating to 60% of patients on a diagnostic waiting list. This is over our commitment to Welsh Government.

Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	15	12	5	3	0	6	4	7	57.1%	42.9%
	Echo Cardiogram	4	0	0	0	0	2	1	0	0	7	2	783	100.0%	0.0%
	Dobutamine Stress Echocardiogram	22	10	25	21	6	17	0	1	0	5	1	26	96.2%	3.8%
	Stress Test	1	3	1	0	0	0	0	1	0	7	2	31	96.8%	3.2%
	Blood Pressure Monitoring	0	0	0	0	0	0	0	0	0	7	2	79	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	0	0	0	0	0	6	1	244	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	56	66	55	55	52	27	14	69	20.3%	79.7%
	Trans Oesophageal Echocardiogram	5	2	0	0	0	3	0	0	0	4	3	19	100.0%	0.0%
	Cardiac CT	151	134	107	36	14	6	3	6	8	58	3	57	89.5%	10.5%
	Cardiac MRI	203	198	214	209	217	215	186	184	195	71	15	285	35.4%	64.6%
Diagnostic Electrophysiology (EP Study)	2	2	2	0	0	0	0	0	0	1	1	1	100.0%	0.0%	
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	94	93	100	100	128	171	7	295	66.1%	33.9%
	Colonoscopy	1536	1565	1626	1712	1788	1892	1949	1995	1992	124	34	2479	19.5%	80.5%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	1246	1271	1320	1319	1302	112	49	1456	9.4%	90.6%
	Gastroscopy	2499	2603	2692	2761	2864	2949	2979	2845	2748	129	41	3212	11.4%	88.6%
	Bronchoscopy	19	25	14	14	11	12	12	13	17	133	11	22	40.9%	59.1%
Imaging	Fluoroscopy	37	30	45	30	30	34	26	15	6	23	3	121	87.6%	12.4%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	1	0	0	0	6	2	114	100.0%	0.0%
	Electromyography	0	1	0	0	0	0	0	0	0	6	2	99	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	57	71	69	88	74	46	7	169	47.9%	52.1%
	Vascular Technology	0	0	0	0	0	2	2	0	0	5	2	141	100.0%	0.0%
Radiology	MRI	1116	1045	892	974	1054	1019	865	716	882	100	5	2888	75.2%	24.8%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	9462	9469	9114	9153	9315	57	15	13682	33.1%	66.9%
	CT	21	26	20	14	24	27	14	8	24	54	2	1086	99.3%	0.7%
	Nuclear Medicine	38	53	62	72	78	49	44	54	27	33	3	169	68.0%	32.0%
Total		14835	15245	15938	16324	17016	17210	16744	16556	16770			27534	39.9%	60.1%

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.

Mental Health

Demand for adult and children's Mental Health services remains high, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults has, as forecast, remained low throughout this year as a result of capacity issues within the team. An additional WTE has been in post since October and two further WTE positions have been appointed to, we expect the increase in capacity to show improved performance as we move through Q4. Our 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 and after a dip in April, has remained over 90% to date. Part 1b has made a strong return to compliance in September, as per our forecast and compliance with the 80% standard has since been maintained. As part of the improvement work we have seen the size of waiting list and average wait reduce.

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.

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. The latest available data shows over two million GP appointments have been offered so far this year in Cardiff and the Vale.

GMS activity		November 2024	Year to date 24/25
	Calls to GP surgeries	386,180	3,118,003
	GP appointments offered	268,964	2,134,940
	Items issued via prescription	699,112	5,890,096

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. Please note there is a lag in receiving this national dataset.*

We continue to see high utilisation of our Urgent Primary Care Centers across Cardiff and the Vale. Total utilization across all 6 sites was 87% in January, with 4227 consultations in month.

Our community teams and integrated services continue to support patients out of hospital, including 17,762 District Nursing visits in December – c6300 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	December 2024	Year to date 24/25
District Nursing visits to patients	17,762	158,492
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	45	394
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	81	895
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	393	3,878
Patients supported by Community Nursing to remain at home	3,668	31,695
Wound healing service referrals	119	700
Continence service referrals	184	1,460

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	✓
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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:

*Diogen Mikki
18/02/2025 11:32:02*

Cardiff and Vale Integrated Performance Report

2024/25

February 2025

Regan, Nikki
18/02/2025 11:32:02



Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

Regan, Nikki
18/02/2025 11:32:02

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.

Regan, Nikki
18/02/2025 11:32:02

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	176 Dec-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	69.7% (Apr-24 to Nov-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	1054 Jan-25	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	490 Jan-25	Hyperlink to section

Regan, Nikki
18/02/2025 11:32:02

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	99% Dec-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% Dec-24	Hyperlink to section

Regan, Nikki
18/02/2025 11:32:02

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>16,227 Dec-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>3,754 Dec-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% Mar-25</p>	Yes	Dec-24	<p>66.7% Dec-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>16,770 Dec-24</p>	Hyperlink to section

Regan, Nikki
18/02/2025 11:32:02

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](#).

[Return to Main Menu](#)

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

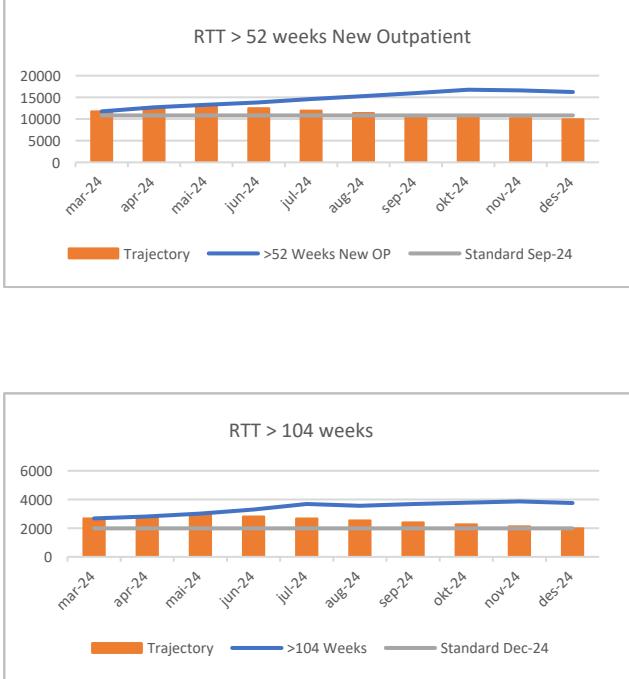
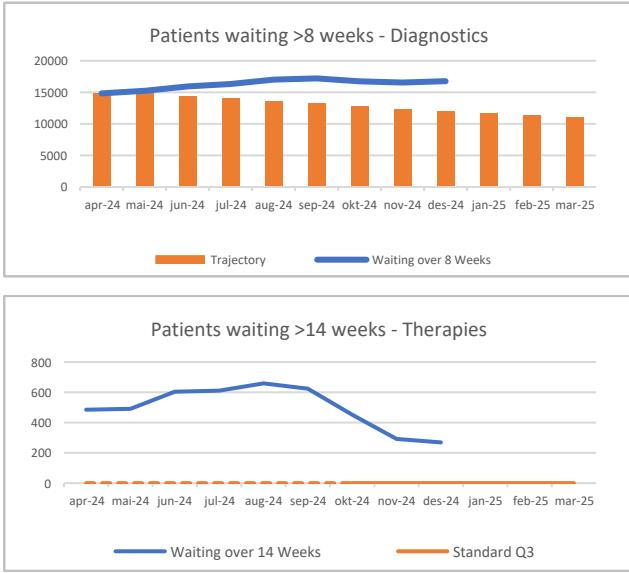
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In January utilisation was 87% , this is below our commitment – work ongoing to right size the capacity across 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. Next update end of Q4</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q2 to date 98% compliance with 8-hour standard</p>	<p>Jan-25</p> <p>Q1</p> <p>Dec-24</p>	<p>87% utilisation Below standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>98% Above standard</p>	
Emergency Department and Same Day Emergency Care	<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 January we reported 61 2-hour ambulance delays, above our ambition of 0 In January we reported 490 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In January lost minutes per arrival increased to 29</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 January we reported an increase in patients waiting 12-hours in EU compared to December. This equates to 90.2% of attendances waiting less than 12-hours and below our ambition for Q3</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In December we reported a decrease in activity compared to November, and slightly below our December 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>Jan-25</p> <p>Jan-25</p> <p>Dec-24</p>	<p>61 2-hour delays Above standard</p> <p>490 1-hour delays Above standard</p> <p>29 minutes lost/arrival Above standard</p> <p>90.2% patients <12h Below standard</p> <p>1601 SDEC attends Below standard</p>	
Reducing time in hospital and Continuity of Care	<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 January 60.5% of patients in acute beds had a LOS of >7 days, 37.3% >21 days – increased from December’s snapshot and above our ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In January 2025 the number of POCDs was 176 – this is above the number of delays reported in December 2024</p>	<p>Dec-24</p> <p>Jan-25</p>	<p>60.5% >7d Above standard</p> <p>37.3% >21d Above standard</p> <p>176 Below standard</p>	

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 December 44.1% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In December 6.8% of stroke patients were thrombolysed, an increase from August but below our ambition</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In December 44.6% 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>The SSNAP dataset has been updated and will be presented here when the data has been validated and released for October and November</p>	<p>Dec-24</p>	<p>44.1% CT Below standard</p> <p>6.8% Thrombolysis Below standard</p> <p>44.6% Door-to-ward Below standard</p>	<p>The data section for the stroke pathway includes three line charts comparing performance (blue line) against a standard (orange line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between 40% and 60%, consistently below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows performance between 10% and 30%, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows performance between 40% and 60%, below the 80% standard.</p>
<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 December our annualised compliance showed 38% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national 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>Dec-24</p>	<p>38.0% (Annualised) Below standard</p>	<p>The data section for hip fracture includes one line chart titled 'Admitted within 4 hours'. It shows performance (blue line) fluctuating between 40% and 50% from March 2024 to March 2025, consistently below the 60% standard (orange line).</p>

Regan, Nikki
18/02/2025 11:32:02

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In November 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of November 69.7% of the contract value had been delivered.</p> <p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In November 100% of practices were providing CCPS services</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	Nov-24	100% At standard	<p>GDS contract value fulfillment</p>
		Dec-24	69.7% At standard (Apr-24 - Nov-24)	
Cancer	<p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In December 66.7% of patients received their first definitive treatment within 62 days. This was below our trajectory and ambition of 70% by December and we will aim to remain on trajectory to meet 70% by March 2025.</p>	Dec-24	66.7% At standard, but below SCP standard of 75%	<p>% cancer patients starting treatment withing 62 days</p>

Regan, Nikki
18/02/2025 11:32:02

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 December there were 16,227 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 December there were 3,754 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 and additional funding released by Welsh Government to further reduce the number of patients waiting over 104 weeks</p>	<p>Dec-24</p>	<p>16,227 patients Above standard</p> <p>3,754 patients Above standard</p>	 <p>The first chart, 'RTT > 52 weeks New Outpatient', shows monthly data from March 2024 to December 2024. 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 second chart, 'RTT > 104 weeks', shows monthly data from March 2024 to December 2024. The y-axis ranges from 0 to 6,000. 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 December 16,770 patients were waiting over 8 weeks for a specified diagnostic, A increase from November and above our trajectory, A diagnostic update was brought to the most recent Board development session and the key specialties and actions are outlined in the cover paper</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In December 269 patients were waiting over 14 weeks for therapies, a decrease from November but 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. Physiotherapy has seen a significant reduction in waits over the past two months</p>	<p>Dec-24</p>	<p>16,770 patients Diagnostics Above standard</p> <p>269 patients Therapies Above standard (Q3)</p>	 <p>The third chart, 'Patients waiting >8 weeks - Diagnostics', shows monthly data from April 2024 to March 2025. 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 Q3' (grey line).</p> <p>The fourth chart, 'Patients waiting >14 weeks - Therapies', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 800. The 'Waiting over 14 Weeks' (blue line) is consistently above the 'Standard Q3' (orange line).</p>

Regan, Nikki
18/02/2025 11:32:02

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 November there were 41 patients waiting over 16 weeks for a new outpatient appointment and 23 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 November there were 3 patients waiting over 18 weeks for a new outpatient appointment and 5 patients waiting over 40 weeks for surgery</p>	<p>Dec-24</p>	<p>41 Outpatients Above standard</p> <p>23 patients Treatment Above standard (Q3)</p> <p>5 patients Treatment Above standard (Q4)</p>	<p>The first chart, '16 week Outpatient waits - Cardiothoracics', shows a blue line for '>16 week new OP waits' and an orange line for 'Standard Q2'. The blue line fluctuates between approximately 10 and 50, while the orange line is a flat line at 0. The second chart, 'Outpatient and treatment waits - Neurosurgery', shows a blue line for '>18 week new OP waits', a green line for '>40 week treatment', and an orange line for 'Standard'. The blue line peaks at 20 in September, the green line peaks at 10 in September, and the orange line is a flat line at 0.</p>
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Oct-24</p>	<p>12.0% Above standard</p>	<p>The chart, 'ITU - Delayed Transfers of Care', shows a blue line for '% DTOCs 24/25' and an orange line for 'Standard 23/24'. The blue line starts at 15% in March, drops to 10% in April, rises to 10% in May, drops to 5% in June, rises to 10% in July, drops to 5% in August, rises to 15% in September, drops to 10% in October, and then fluctuates between 5% and 10% through the end of the year. The orange line represents the standard, fluctuating between 5% and 10%.</p>

Regan, Nikki
18/02/2025 11:32:02

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 November there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In December there were 157 paediatric patients waiting over 14 weeks for Therapies (50 in Dietetics and 107 in Occupational Therapy)</p>	<p>Dec-24</p>	<p>0 Meeting standard</p> <p>157 Above standard</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 December 99% 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 December 80% 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 December 91% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Dec-24</p>	<p>99% Part 1a Above standard</p> <p>80% Part 1b Above standard</p> <p>91% Part 2 Above standard</p>	
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In December the longest wait for a neurodevelopment assessment was 191 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Dec-24</p>	<p>191 Above standard (Q4)</p>	

Reported by Nikki 18/12/2025 11:32:02

Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																
Mental Health Measures – Part 1a	<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 December 26% 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>	Dec-24	26% Part 1a Below standard (Q2)	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>55</td><td>80</td></tr> <tr><td>Apr-24</td><td>18</td><td>80</td></tr> <tr><td>May-24</td><td>20</td><td>80</td></tr> <tr><td>Jun-24</td><td>18</td><td>80</td></tr> <tr><td>Jul-24</td><td>15</td><td>80</td></tr> <tr><td>Aug-24</td><td>20</td><td>80</td></tr> <tr><td>Sep-24</td><td>22</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>26</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Mar-24	55	80	Apr-24	18	80	May-24	20	80	Jun-24	18	80	Jul-24	15	80	Aug-24	20	80	Sep-24	22	80	Oct-24	20	80	Nov-24	25	80	Dec-24	26	80															
Month	Performance (%)	Standard Q2 (%)																																																		
Mar-24	55	80																																																		
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Oct-24	20	80																																																		
Nov-24	25	80																																																		
Dec-24	26	80																																																		
Mental Health Measures – Part 1b	<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 December 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>	Dec-24	100% Part 1b Above standard	<p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>98</td><td>100</td></tr> <tr><td>Nov-23</td><td>98</td><td>100</td></tr> <tr><td>Dec-23</td><td>98</td><td>100</td></tr> <tr><td>Jan-24</td><td>98</td><td>100</td></tr> <tr><td>Feb-24</td><td>98</td><td>100</td></tr> <tr><td>Mar-24</td><td>98</td><td>100</td></tr> <tr><td>Apr-24</td><td>98</td><td>100</td></tr> <tr><td>May-24</td><td>98</td><td>100</td></tr> <tr><td>Jun-24</td><td>98</td><td>100</td></tr> <tr><td>Jul-24</td><td>98</td><td>100</td></tr> <tr><td>Aug-24</td><td>98</td><td>100</td></tr> <tr><td>Sep-24</td><td>98</td><td>100</td></tr> <tr><td>Oct-24</td><td>98</td><td>100</td></tr> <tr><td>Nov-24</td><td>98</td><td>100</td></tr> <tr><td>Dec-24</td><td>98</td><td>100</td></tr> </tbody> </table>	Month	Trajectory (%)	Performance (%)	Oct-23	98	100	Nov-23	98	100	Dec-23	98	100	Jan-24	98	100	Feb-24	98	100	Mar-24	98	100	Apr-24	98	100	May-24	98	100	Jun-24	98	100	Jul-24	98	100	Aug-24	98	100	Sep-24	98	100	Oct-24	98	100	Nov-24	98	100	Dec-24	98	100
Month	Trajectory (%)	Performance (%)																																																		
Oct-23	98	100																																																		
Nov-23	98	100																																																		
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Sep-24	98	100																																																		
Oct-24	98	100																																																		
Nov-24	98	100																																																		
Dec-24	98	100																																																		
Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In December 58% 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 Liaison Committee to support longer term improvements in compliance</p>	Dec-24	58% Part 2 Below standard (Q3)	<p>Valid Treatment Plan - Adults</p> <table border="1"> <caption>Approximate data for Valid Treatment Plan - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q3 (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>55</td><td>80</td></tr> <tr><td>Apr-24</td><td>60</td><td>80</td></tr> <tr><td>May-24</td><td>58</td><td>80</td></tr> <tr><td>Jun-24</td><td>58</td><td>80</td></tr> <tr><td>Jul-24</td><td>62</td><td>80</td></tr> <tr><td>Aug-24</td><td>62</td><td>80</td></tr> <tr><td>Sep-24</td><td>62</td><td>80</td></tr> <tr><td>Oct-24</td><td>62</td><td>80</td></tr> <tr><td>Nov-24</td><td>62</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q3 (%)	Mar-24	55	80	Apr-24	60	80	May-24	58	80	Jun-24	58	80	Jul-24	62	80	Aug-24	62	80	Sep-24	62	80	Oct-24	62	80	Nov-24	62	80	Dec-24	58	80															
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Mar-24	55	80																																																		
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Sep-24	62	80																																																		
Oct-24	62	80																																																		
Nov-24	62	80																																																		
Dec-24	58	80																																																		

Report Nikki
18/02/2025 11:32:02



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	2023/24	100%	100% Above 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	Dec-24	Improvement compared to the same month in the previous year	45.4% Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>46.90%</td> <td>46.30%</td> <td>46.20%</td> <td>45.40%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	46.90%	46.30%	46.20%	45.40%
Sep-24	Oct-24	Nov-24	Dec-24										
46.90%	46.30%	46.20%	45.40%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Nov-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	69.7% Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>41.70%</td> <td>50.50%</td> <td>61.00%</td> <td>69.70%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	41.70%	50.50%	61.00%	69.70%
Aug-24	Sep-24	Oct-24	Nov-24										
41.70%	50.50%	61.00%	69.70%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-24	Increase compared to the same month in the previous year	2,085 Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>1803</td> <td>1777</td> <td>2070</td> <td>2085</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	1803	1777	2070	2085
Aug-24	Sep-24	Oct-24	Nov-24										
1803	1777	2070	2085										
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	Dec-24	80%	99% Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>95%</td> <td>96%</td> <td>99%</td> <td>99%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	95%	96%	99%	99%
Sep-24	Oct-24	Nov-24	Dec-24										
95%	96%	99%	99%										
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	Dec-24	80%	80% Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>95%</td> <td>88%</td> <td>84%</td> <td>80%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	95%	88%	84%	80%
Sep-24	Oct-24	Nov-24	Dec-24										
95%	88%	84%	80%										
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	Dec-24	80%	26% Below standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>20.9%</td> <td>19.1%</td> <td>23.0%</td> <td>26.0%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	20.9%	19.1%	23.0%	26.0%
Sep-24	Oct-24	Nov-24	Dec-24										
20.9%	19.1%	23.0%	26.0%										
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	Dec-24	80%	100% Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>99.6%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	99.6%	100.0%	100.0%	100.0%
Sep-24	Oct-24	Nov-24	Dec-24										
99.6%	100.0%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jan-25	65%	49% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>50%</td> <td>43%</td> <td>49%</td> <td>49%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	50%	43%	49%	49%
Oct-24	Nov-24	Dec-24	Jan-25										
50%	43%	49%	49%										
20.	Median emergency response time to amber calls	Dec-24	12 month reduction trend	02:39:41 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>01:50:05</td> <td>01:54:59</td> <td>01:57:37</td> <td>02:39:41</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	01:50:05	01:54:59	01:57:37	02:39:41
Sep-24	Oct-24	Nov-24	Dec-24										
01:50:05	01:54:59	01:57:37	02:39:41										

Regan, Nikki
18/02/2025 11:32:02



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	Dec-24	15 minutes or less	10 Below standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>15</td> <td>9</td> <td>12</td> <td>10</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	15	9	12	10
Sep-24	Oct-24	Nov-24	Dec-24										
15	9	12	10										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Dec-24	60 minutes or less	78 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>75</td> <td>71</td> <td>83</td> <td>78</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	75	71	83	78
Sep-24	Oct-24	Nov-24	Dec-24										
75	71	83	78										
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	Jan-25	Improvement compared to the same month in the previous year, towards the national target of 95%	63.2% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>61.4%</td> <td>58.9%</td> <td>60.1%</td> <td>63.2%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	61.4%	58.9%	60.1%	63.2%
Oct-24	Nov-24	Dec-24	Jan-25										
61.4%	58.9%	60.1%	63.2%										
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	Jan-25	Reduction compared to the same month in the previous year, towards the national target of zero	1,054 Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>1108</td> <td>1022</td> <td>953</td> <td>1054</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	1108	1022	953	1054
Oct-24	Nov-24	Dec-24	Jan-25										
1108	1022	953	1054										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Dec-24	12 month improvement trend towards a national target of 80% by 31 March 2026	66.7% Below standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>70.9%</td> <td>72.5%</td> <td>66.8%</td> <td>66.7%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	70.9%	72.5%	66.8%	66.7%
Sep-24	Oct-24	Nov-24	Dec-24										
70.9%	72.5%	66.8%	66.7%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Dec-24	0	16,770 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>17210</td> <td>16744</td> <td>16556</td> <td>16770</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	17210	16744	16556	16770
Sep-24	Oct-24	Nov-24	Dec-24										
17210	16744	16556	16770										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Dec-24	100%	86.24% Below standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>85.60%</td> <td>85.90%</td> <td>87.97%</td> <td>86.24%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	85.60%	85.90%	87.97%	86.24%
Sep-24	Oct-24	Nov-24	Dec-24										
85.60%	85.90%	87.97%	86.24%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Dec-24	0	269 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>624</td> <td>452</td> <td>292</td> <td>269</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	624	452	292	269
Sep-24	Oct-24	Nov-24	Dec-24										
624	452	292	269										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Dec-24	0	117 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>15</td> <td>48</td> <td>52</td> <td>117</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	15	48	52	117
Sep-24	Oct-24	Nov-24	Dec-24										
15	48	52	117										

Regen, Nikki
18/02/2025 11:32:02



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	Dec-24	0	16,227 Above standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>15983</td> <td>16757</td> <td>16598</td> <td>16227</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	15983	16757	16598	16227
Sep-24	Oct-24	Nov-24	Dec-24										
15983	16757	16598	16227										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Dec-24	Reduction compared to the same month in the previous year	20,232 Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>20806</td> <td>19526</td> <td>18940</td> <td>20232</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	20806	19526	18940	20232
Sep-24	Oct-24	Nov-24	Dec-24										
20806	19526	18940	20232										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Dec-24	0	3,754 Above standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>3683</td> <td>3776</td> <td>3866</td> <td>3754</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	3683	3776	3866	3754
Sep-24	Oct-24	Nov-24	Dec-24										
3683	3776	3866	3754										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Dec-24	Month on month reduction towards the national target of zero by 30 June 2025	35,712 Above standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>36738</td> <td>37078</td> <td>36377</td> <td>35712</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	36738	37078	36377	35712
Sep-24	Oct-24	Nov-24	Dec-24										
36738	37078	36377	35712										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Dec-24	80%	10% Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>16%</td> <td>15%</td> <td>13%</td> <td>10%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	16%	15%	13%	10%
Sep-24	Oct-24	Nov-24	Dec-24										
16%	15%	13%	10%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Dec-24	80%	69% Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>67%</td> <td>71%</td> <td>72%</td> <td>69%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	67%	71%	72%	69%
Sep-24	Oct-24	Nov-24	Dec-24										
67%	71%	72%	69%										

Regan, Nikki
18/02/2025 11:32:02



[Return to Main Menu](#)

Productivity and Efficiency measures

[Return to Section Menu](#)

Measure		Internal standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Outpatients	% DNAs - New appointments	5%	10.4%	10.1%	10.1%	9.9%	10.9%	9.6%	9.2%	9.7%	9.8%	10.1%	10.1%	9.9%	10.4%	
	% DNAs - Follow-up appointments	5%	11.6%	12.7%	12.3%	11.7%	13.0%	11.7%	11.9%	12.0%	11.5%	11.9%	12.0%	11.7%	11.9%	
Endoscopy	% room utilisation	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	68%	78%	
	% utilisation (activity points available)	95%								84%	81%	80%	83%	85%	87%	
Theatres	Average turnaround time (minutes)	10	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	
	% of theatre session utilisation	95%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	83%	84%	
	% in session utilisation	85%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	80%	82%	
	<24 hour elective cancellations		285	269	239	226	212	243	289	247	309	249	190	366	202	
	% 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	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	155063	156194	154994	
Inpatient	Delayed pathways of Care - Mental Health	217	41	36	37	38	41	38	39	34	29	36	26	26	32	
	Delayed Pathways of Care - non-Mental Health		150	114	173	200	170	145	140	160	142	138	144	135	130	
	7 day LOS on Acute Wards (snapshot)	<40%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	

Regan, Nikki
18/02/2025 11:32:02

Report Title:	2024-25 Month 9 Monthly Financial Monitoring Return			Agenda Item no.	4.1
Meeting:	Finance Committee	Public	X	Meeting Date:	19th February 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				
Main Report					
Background and current situation:					
SITUATION					
<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 December 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: 19 th February 2025

Regen, Nikki
18/02/2025 11:32:02

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE NINE MONTH PERIOD ENDED 31st DECEMBER 2025

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 resulted in an initial 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.

Revision to Planned Deficit

Following a review and recognition of the additional unforeseen cost pressures and demand on services in 2024-25, the UHB relayed an Accountable Officer letter on the 2nd of December 2024 to advise Welsh Government of a revised forecast deficit of £34.5m.

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. On this basis the UHB's revised year end forecast is £27.7m as follows:

Table 1 – Forecast Year End Outturn

	2024/25 £m
Draft Planned Financial Position - Deficit £m	15.9
Additional In Year Recurrent Funding	(6.8)
Revised WG Control Target - Deficit £m	9.1
Forecast Savings Programme Deficit	11.2
Forecast Operational Deficit	9.5
Further Recovery Actions	(2.1)
Revised Year-End Forecast Deficit £m	27.7

The Month 9 Monitoring Return now incorporates a revised forecast deficit of £27.7m as recognised by the UHB's governance structure.

At Month 9 the UHB is reporting an overspend of £27.501m.

This is comprised of £9.550m unidentified savings, £11.126m of operational overspend and the revised planned deficit of £6.825m (9 twelfths of the revised original planning control deficit of £9.100m).

The UHB is working to reduce the operational and savings overspend to remain within the £27.700 forecast deficit.

This level of overspend continues to cause concern and has broadly been driven by four 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 £11.2m 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.
- The UHB anticipated additional pay award funding to meet bank shift costs which are an integral part of the UHB staffing rotas. It has now been confirmed that funding for pay increases relating to bank staff will not be funded through the Welsh Government pay allocation. This has added £1.550m to the UHB pressures for 2024-25 and on a recurrent basis.

A straight-line extrapolation trend based on the Month 9 position would see an out-turn deficit of £36.7m before the delivery of additional recovery actions.

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 revised deficit control of £9.1m issued by Welsh Government in November.

The additional recovery actions are anticipated to recover the out-turn to the £27.7m revised forecast value.

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 2.

Table 2: 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 represented the initial financial plan of the Health Board.

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of a £9.1m deficit.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, and the revised target control total of a £9.1m deficit for 2024-25. This report details the financial position of the UHB for the period ended 31st December 2024.

A full commentary has been provided to cover the tables requested for the month 9 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 9 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 £6.8m (revised from 1£5.9m to £9.1m after additional in year recurrent funding of £6.8m) at the end of 2024/25.

At month 9, the UHB had identified £20.386m of recurrent green and amber savings and a further £2.561 of red schemes.

A £11.126m operational overspend was reported at month 9 and this also needs 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 £9.1m at the end of March.

The UHB has re-assessed its planning assumptions for the 2025/26 financial plan and this includes a review of its Underlying Deficit. The revised draft assessment is an ULD of £57.1m as described by Table 3 below:

Table 3 – Initial Assessment of Underlying Deficit

	UHB £m
Operational ULD	23.1
Savings ULD	24.9
Additional In Year Recurrent Funding	(6.8)
Planned Deficit	15.9
Total ULD £m	57.1

The forecast ULD continues to be reviewed and the £57.1m ULD identified above is expected to reduce as recovery actions identified are developed.

The forecast carry forward underlying deficit at year end 2024/25 has been amended to £57.100m in Tables A & A1 to reflect the current assessment.

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.

As a result of the slowdown in progress made in the identification of savings and the continuing operational pressures the month 9 report recognises risks previously outlined in a revised year end forecast deficit of £27.7m

Some inherent risks remain, particularly in respect of under-performance against Long Term Agreement (LTA) arrangements funded by other Welsh Health Boards.

The UHB also remains exposed to demand driven operational pressures where additional capacity and planned care initiatives driven additional medical and nursing costs.

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

Due to a challenging position at month 9, risks and opportunities remain at and are summarised in table 4 below:

Table 4 – Summary of Risk and Opportunities – WG expectation no further risks

	£m
Revised Forecast Deficit	27.7
Risks	
Failure to manage Operational Position	1.0
Failure to deliver Additional Recovery Actions	1.1
Opportunities	
Failure to manage Operational Position	(0.5)
Identification of Additional Recovery Actions	(0.5)
Further Corporate Opportunities	(1.1)

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year-to-date deficit of £27.501m which is an in month deterioration of £3.774m above the revised control total.

The year-to-date deficit and the revised control deficit of £9.100m is shown in Table 5.

Table 5: Summary Financial Position for the period ended 31st December 2024

	Month 9 Position £m	Forecast Year-End Position £m
Revised Planning Control (Deficit)	6.825	9.100
Savings Programme Deficit	9.550	11.200
Operational position (Surplus) / Deficit	11.126	9.500
Further Recovery actions		(2.100)
Financial Position £m (Surplus) / Deficit £m	27.501	27.700

The month 9 deficit of £27.501m comprised of the following:

- £6.825m revised planning control deficit
- £9.550m unachieved CRP gap
- £11.126m operational deficit against plan.

The operational deficit against plan increased by £2.670m to £11.126m during month 9 due to pressures in clinical areas.

Circa £1.2m of the cumulative overspend is directly linked to the implementation of the 2024/25 pay uplift to bank staff in month 8, where Welsh Government has indicated that no additional wage award funding will be provided but had been anticipated by the UHB. This included bank staff

who received a pay uplift due to the implementation of the Real Living Wage uplift in April. The full year effect of the unfunded uplift for bank staff is estimated at £1.550m.

Pressures reported in month were primarily against medical staff budgets; nursing due to sickness levels and the provision of further capacity to cover additional demand; primary care prescribing pressures; and out of area mental placements driven by both demand and a fall in capacity while structural remedial work is carried out at the Hafan Y Coed unit.

The UHB plan provides funding to cover both inflationary pressures incurred in 2024-25 and COVID consequential costs relating primarily to an increased bed base including Lakeside Wing.

The UHB is working to remain within its revised year end forecast of a £27.7m deficit and minimise its year end overspend against the revised £9.1m control total deficit.

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.

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 £0.340m in month primarily due to nursing pressures, which is £0.216m less than the average for the year to month 8. £0.255m of the costs recorded in November related to registered nursing and midwifery and medical and dental..

COVID 19 ANALYSIS (TABLE B3)

At month 9, Table B3 reports forecast outturn expenditure due to COVID-19 to be 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.

The Business Plan for the continuing Covid Programmes remains subject to review. Forecast expenditure will be reviewed at month 10 and this is expected to reveal a forecast underspend which will lead to a revised profile of expenditure in Table B3. The UHB plan assumes that any underspends against Covid funding will be retained by the UHB.

Welsh Government funding is summarised in Table 6 below.

Table 6: Summary of Forecast COVID 19 Net Expenditure

	Funded by WG £m	Funding to Month 9 £m
Health Protection/Vaccination & PPE	9.040	6.780
Long Covid	1.144	0.858
Sub Total WG Funded Covid Expenditure £m	10.184	7.638

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

At month 9, the UHB had identified £36.062m (76%) of green and amber savings to deliver against the £47.2m savings target. With red schemes of £4.156m also identified, but with less certain delivery assurance, Table 7 summarises that £40.218m of savings have been identified for 2024-25 with £6.982m currently not identified.

This represents an increase of £0.062m in green and amber schemes from Month 8.

Table 7: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total Identified Savings (green, amber & red) £m	47.200	40.218	(6.982)

Given that only 3 months of the financial year remain there is considerable uncertainty around the delivery in 2024/25 of £4.156m of red schemes included in Table 7 above.

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 £9.550m on a straight-line Month 1-12 phasing basis.

The UHB will continue work to identify and deliver savings schemes to mitigate the current position.

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 UHB is working with Welsh Government to agree the impact of the retrospective 2023/24 pay awards and the 2024/25 pay uplift. This allocation represents a significant risk factor for the UHB.

The UHBs confirmed Revenue Resource Limit as of December 31st 2024 was £1,348m with a further £89m of assumed allocations as detailed at Table 8 below:

Table 8: Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments* see note 1	26.631
IFRS 16 Leases - revenue	(4.488)
Real Living Wage Health & Social Care Providers	4.612
2024/25 Pay Uplifts	24.790
Consultant & Resident Drs Retrospective 2023/24 Pay Award	18.067
Vertex	2.774
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
Other	7.924
Total Unconfirmed Allocations £m	86.822
Adjustments	
Depreciation, Impairments* see note 1	(26.631)
IFRS 16 Leases - capital	4.488
Total Unconfirmed Allocations (Drawing Limit) £m	64.679

Note 1 – there is no associated cash drawing with Depreciation & Impairment adjustments.

Note 2. The table above excludes working cash and strategic cash requests.

It is assumed that the retrospective 2023/24 pay awards actioned against consultant and resident doctors pay in month will be covered in full by additional Welsh Government funding. The UHB continues to refine its estimate of the cost of the award, pending confirmation of the awards applied to each pay element and any further adjustments made in future months. The adjustment will include the retrospective uplift to medical and dental waiting list initiative rates, intensity payments and locum rates and the revised increments posts for band 8 & 9 Agenda for change staff. It should be noted that the UHB also has an obligation to meet the additional costs of medical staff on the Cardiff University payroll, where a cross charge is made to the LHB. The estimated additional costs of the pay award made to Cardiff University Staff are circa £0.4m.

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.

There has been a small increase in the carrying values of Trade and Other receivables and this is predominantly due to an increase in the WRP debtor of c£5m.

The carrying value of Trade and Other Payables has reduced by c£11m and this is predominately due to a reduction in Payroll related Taxes and Superannuation payments. The carrying value of Provisions has increased by c£5m.

There is a change in the payment profile of c£18m in respect of the WRP Debtor and this is reflected in both Trade and Other Receivables and Non Current Liabilities.

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

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of December, was £8.682m.

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

The UHB gained Finance Committee and Board approval to request £15.900m strategic cash support from Welsh Government to cover the Month 8 Financial Forecast. Additional approval was provided by the Board to extend the application to Welsh Government for supplementary strategic cash support to cover the movement in the Forecast deficit from £15.9 to £27.7m.

The UHB relayed a letter to Welsh Government on the 28th of November requesting £15.900m strategic cash support from Welsh Government to cover the cash shortfall arising from the original planned forecast deficit and any further increase to the UHBs forecast deficit.

In addition, the letter to Welsh Government also outlined that the Health Board forecast that it would require an additional increase in its cash limit due to in year movement in working balances brought forward to the balance sheet. This is expected to be £11.541m for revenue expenditure with a further £12m in respect of capital balances brought forward from 2023/24 and subsequently paid in early 2024/25.

Further cash assistance is required in respect of medical negligence settlements, where associated cash support from the Welsh Risk Pool is provided after the initial payment by the UHB. The cash deficit due to the timing of Welsh Risk Pool settlements as at the end of December 2024 was circa £40m.

Due to the significant requirement for strategic cash support in 2024/25, combined with the timing of pay award cash flows and the level of all other outstanding allocations (£65m total – see Table 8), the UHB anticipates restricting payments to suppliers from January onwards as the UHBs cashflow is severely impaired. This will impact the PSPP performance.

Further retrospective wage award payments in respect of AfC band 8/9 increments, medical locums, medical waiting list and intensity payments will place additional pressure on the UHBs cash in January and will be added to the list of anticipated allocations when actioned.

The UHB urgently requires confirmation and action on the outstanding cash allocations that are included in table E.

In light of the UHB’s current cash position, the UHB also requests confirmation of when strategic and working capital support can be drawn as this will be required from February onwards.

The combination of strategic/working cash support and outstanding allocations not confirmed is circa £126m as outlined by table 9 below:

Table 9: Summary of forecast request to Welsh Government for strategic cash and working cash support.

	Cash Shortfall £m
Outstanding Pay Award Allocations	42.857
Other Outstanding Cash allocations	21.822
Strategic Cash Support based on month 7 forecast	15.900
Additional Strategic Cash Support based on rrevised forecast	11.800
Working Cash Support - Non Cash Backed 2023/24 Resource Limit Allocations	0.151
Working Cash Support - working balances (mainly provisions) based on month 9 forecast	11.390
Working Cash Support - Medical Negligence Settlements where WRP Reimbursement is outstanding	11.000
Working Cash Support - working balances capital based on month 9 forecast	12.000
Forecast Cash Support Request £m	126.920

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 December was 97.6 %.

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

Of the UHB's approved Capital Resource Limit, 25.8% has been expended to date.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 27th December 2024 - £45.793m. This reflects the transfer of Whitchurch Hospital to Velindre NHS Trust which completed on the 12th of November 2024.

All schemes are expected to deliver in line with the revised allocations.

IFRS16 figures have been updated to reflect the December return.

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st of December 2024 there were no invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks.

RING FENCED ALLOCATIONS (TABLE P)

Assumed funding and forecast expenditure in respect of Ring-Fenced Allocations are reported in Table P.

GMS & GDS (TABLE Q)

The submissions for GDS and GMS include the plan at Quarter 3 and forecast outturn which reflects the Welsh Government allocation amended for UHB budgetary decisions. The UHB expects to fully utilise the ring-fenced budgets in an appropriate manner by the end of the year.

A GDS pressure of £1.323m is expected by month 12 against the Welsh Government defined Patient Charge Revenue (PCR) target due to an under delivery on PCR following the introduction of the Dental Reform contract.

Discussion continues around the allocations for both GMS and GDS pending confirmation of the final allocations for 2024/25. Matters relating to both GMS and GDS continue to be escalated through the Primary Care forums as necessary.

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 savings target of £47.2m and aimed to deliver financial stability, a deficit of £15.9m and ensure that the underlying position was reduced.

Welsh Government confirmed an additional in-year recurrent allocation of £6.8m and a revised target control total of £9.1m in November 2024

The Month 9 forecast is based revised target control total of £9.1m, plus operational and savings pressures that have emerged in the financial year of £20.7m less £2.1m of recovery actions. This leaves a revised forecast deficit of £27.7m

The UHBs requires timely confirmation of outstanding allocations and strategic and working capital support to enable the UHB to maintain its cash position.

The UHB remains committed to achieving in year and recurrent financial balance as soon as possible and work to minimise the 2024/25 deficit outturn continues.

The reported financial position for the first nine months is an overspend of £27.501m which is £20.676m above the £6.825m straight line profile of the revised control deficit.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

14th January 2025



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

14th January 2025

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	485	411	74	117
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,449	-452	-997	-271
20 Additional In Year Identified Savings - Forecast	15,309	9,769	5,541	7,135
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)	6,800	6,800		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0		
25 In Year Accountancy Gains (Positive Value)	400	400	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 Savings Gap	265	265		
28 Operational Overspend	-3,213	-3,213		
29 Savings Gap Recovery - identification of Schemes at pace	0	0		
30 Operational Overspend - Mitigating Actions to reduce expenditure	6,364	6,364		
31	0	0		
32 Full Year Effect of Operational Pressures, Demand & inflation (other issues)	0	0		-9,415
33 80 beds will be open by the end of March £6m	-6,000	-6,000		-6,000
34 Planned care Initiatives above original plan	-3,000	-3,000		
35 2024/25 Pay Award Funding applied to Bank Staff (including RLV staff)	-1,550	-1,550		-1,550
36 2024/25 Pay Award Funding applied to Bank Staff (including RLV staff)	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-27,700	17,012	-44,712	-57,100
41 Covid-19 Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational Forecast Outturn (- Deficit / + Surplus)	-27,700			

	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	-45,675	-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	-34,050	-45,400
3	-822	-822	-848	-837	-837	-837	-837	-882	-882	-882	-849	-850	-7,603	-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	27,975	37,300
5	822	822	848	837	837	837	837	882	882	882	849	850	7,603	10,184
6	492	492	492	492	492	492	492	492	492	492	492	492	4,425	5,900
7	821	336	-125	194	-398	-126	-185	-49	-51	-50	-75	-291	416	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	14,685	20,272
9	38	65	71	71	71	71	204	25	25	25	25	25	641	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	19,658	26,211
14	-1,326	-1,326	-1,324	-1,325	-11,925	-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	-19,658	-26,211
16													0	0
17													0	0
18	0	-57	200	8	3	7	-135	70	18	124	124	124	113	485
19	52	-389	72	375	-471	-220	-152	-166	-200	-102	-106	-141	-1,099	-1,449
20	0	0	1,771	1,888	719	1,329	1,713	1,084	1,359	1,635	1,622	2,189	9,863	15,309
21													0	0
22	0	0	0	0	0	0	0	4,533	567	567	567	567	5,100	6,800
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	300	0	0	0	0	0	400	400
26													0	0
27	-90	239	-397	-428	1,005	21	156	421	-96	-189	-189	-189	831	265
28	-719	-838	-881	-932	-860	137	-1,205	-3,158	5,243				-3,213	-3,213
29													0	0
30										2,287	2,304	1,772	0	6,364
31													0	0
32													0	0
33									-4,500	-500	-500	-500	-4,500	-6,000
34									-2,250	-250	-250	-250	-2,250	-3,000
35									-1,163	-129	-129	-129	-1,163	-1,550
36													0	0
37													0	0
38													0	0
39													0	0
40	-4,267	-4,554	-2,743	-2,599	-3,014	-2,235	-2,832	-725	-4,532	-66	-66	-66	-27,501	-27,700
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	-2,235	-2,832	-725	-4,532	-66	-66	-66	-27,501	-27,700

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		
1	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	6,284	8,678		0	65				
2	Pay	Actual/F'cast	497	399	911	913	996	1,003	1,108	1,157	924	1,086	1,098	1,318	7,908	11,409	69.31%	11,344	65	5,746	5,664	6,976
3		Variance	30	(186)	329	261	173	226	336	341	135	297	284	505	1,644	2,731	26.25%	11,344	0			
4	Budget/Plan	259	479	810	508	727	594	601	601	629	629	629	845	5,208	7,311		7,040	271				
5	Non-Pay	Actual/F'cast	287	259	2,184	1,483	934	1,314	1,307	1,032	1,285	1,424	1,424	1,969	10,085	14,902	67.68%	13,913	989	11,224	3,678	5,049
6		Variance	28	(219)	1,374	975	207	720	706	431	656	795	795	1,124	4,877	7,591	93.65%	6,873	717			
7	Budget/Plan	105	106	106	106	106	106	106	106	106	106	106	106	951	1,268		1,268	0				
8	Primary Care - Drugs & Appliances	Actual/F'cast	105	170	174	197	107	155	337	129	233	233	233	1,606	2,304	69.69%	2,304	0	0	2,304	2,922	
9		Variance	(0)	64	69	91	1	49	231	23	127	127	127	655	1,036	68.90%	1,036	0				
10	Budget/Plan	14	133	260	171	161	238	161	161	161	161	161	161	1,458	1,940		1,940	0				
11	Secondary Care Drugs	Actual/F'cast	8	85	326	146	133	215	186	120	198	271	267	249	1,418	2,205	64.30%	2,205	0	222	1,983	3,207
12		Variance	(6)	(48)	66	(25)	(28)	(23)	25	(40)	37	110	106	89	(40)	265	(2.74%)	265	0			
13	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	805	1,075		1,075	0				
14	CHC/FNC	Actual/F'cast	45	45	52	989	155	226	353	227	267	267	267	2,380	3,162	74.63%	3,162	0	903	2,259	2,259	
15		Variance	0	0	5	942	(105)	136	263	137	177	177	177	1,555	2,087	193.17%	2,087	0				
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	26	26	26	26	26	26	52	130	40.00%	130	0	130	0	0
21		Variance	0	0	0	0	0	0	26	26	26	26	26	52	130		130	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	20	21	98.88%	21	0	21	0	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	14,685	20,272		11,322	0				
35	Total	Actual/F'cast	942	959	3,648	3,748	2,324	2,914	3,291	2,691	2,933	3,306	3,315	4,062	23,449	34,133	40.00%	33,079	1,054	18,245	15,887	20,413
36		Variance	52	(389)	1,843	2,264	248	1,109	1,561	918	1,158	1,533	1,516	2,048	8,784	13,861		21,757	1,054			
37	Variance in month		5.89%	(28.85%)	102.13%	152.46%	11.94%	61.46%	90.23%	51.79%	65.26%	86.41%	84.28%	101.66%	59.68%							
38	In month achievement against FY forecast		2.76%	2.81%	10.69%	10.98%	6.81%	8.54%	9.64%	7.88%	8.59%	9.69%	9.71%	11.90%								

Regan, Nikki
18/02/2025 11:32:02

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	2,922	4,216					
2	Pay - General & Substantive	Actual/F'cast	167	211	498	316	405	524	633	550	554	584	609	842	3,858	5,892	5,827	65	1,717	4,175	5,418
3		Variance	0	(19)	271	83	1	121	234	108	138	169	169	402	937	1,676	5827.161422	0			
4	Budget/Plan		299	355	355	419	419	373	373	373	373	373	373	373	3,342	4,462	0	0			
5	Pay - Variable	Actual/F'cast	330	188	413	592	585	473	469	600	364	502	489	476	4,013	5,481	5,481	0	3,992	1,489	1,558
6		Variance	30	(167)	58	172	165	99	95	227	(10)	129	116	103	671	1,019	5,481	0			
7	Budget/Plan		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	36	36	36	0	36	0	0
9		Variance	0	0	0	6	6	6	6	6	6	0	0	0	36	36	36	0			
10	Budget/Plan		466	585	582	652	823	777	773	815	789	788	813	813	6,264	8,678	0	65			
11	Total	Actual/F'cast	497	399	911	913	996	1,003	1,108	1,157	924	1,086	1,098	1,318	7,908	11,409	11,344	65	5,746	5,664	6,976
12		Variance	30	(186)	329	261	173	226	336	341	135	297	284	505	1,644	2,731	11,344	0			

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	6,264	8,678
2		Actual/F'cast	497	399	911	913	996	1,003	1,108	1,157	924	1,086	1,098	1,318	7,908	11,409
3		Variance	30	(186)	329	261	173	226	336	341	135	297	284	505	1,644	2,731
4	Medicines Management	Budget/Plan	119	239	365	276	266	343	266	266	266	266	266	266	2,408	3,207
5		Actual/F'cast	113	255	500	342	240	370	480	292	431	473	470	452	3,023	4,419
6		Variance	(6)	16	135	66	(27)	27	214	25	165	207	204	186	615	1,211
7	Procurement & Non-pay	Budget/Plan	259	479	810	508	727	594	601	629	629	629	845	845	5,208	7,311
8		Actual/F'cast	287	259	2,184	1,503	934	1,314	1,307	1,032	1,285	1,424	1,424	1,969	10,106	14,922
9		Variance	28	(219)	1,374	995	207	720	706	431	656	795	795	1,124	4,898	7,611
10	CHC	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	805	1,075
11		Actual/F'cast	45	45	52	989	155	226	353	227	267	267	267	267	2,360	3,162
12		Variance	0	0	5	942	(105)	136	263	137	177	177	177	177	1,555	2,087
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14		Actual/F'cast	0	0	0	0	0	0	0	26	26	26	26	26	52	130
15		Variance	0	0	0	0	0	0	0	26	26	26	26	26	52	130
16	Other - Commissioning	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17		Actual/F'cast	0	0	0	0	0	0	43	(43)	0	30	30	30	0	90
18		Variance	0	0	0	0	0	0	43	(43)	0	30	30	30	0	90
19	Other - Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	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	14,685	20,272
23		Actual/F'cast	942	959	3,648	3,748	2,324	2,914	3,291	2,691	2,933	3,306	3,315	4,062	23,449	34,133
24		Variance	52	(389)	1,843	2,264	248	1,109	1,561	918	1,158	1,533	1,516	2,048	8,764	13,861

Regan, Nikki
18/02/2025 11:32:02

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	14,685	20,272	8,928	11,344	2,205	13,549
	Month 1 - Actual/Fore	942	959	1,876	1,860	1,605	1,584	1,578	1,607	1,575	1,671	1,693	1,873	13,586	18,823	8,477	10,347	2,932	13,278
	Variance	52	(389)	72	375	(471)	(220)	(152)	(166)	(200)	(102)	(106)	(141)	(1,099)	(1,449)	(452)	(997)	726	(271)
	In Year - Plan	0	0	1,776	1,942	843	1,372	1,319	1,247	1,371	1,438	1,425	1,742	9,871	14,475	8,821	5,654	1,480	7,134
	In Year - Actual/Forec	0	0	1,771	1,888	719	1,329	1,713	1,084	1,359	1,635	1,622	2,189	9,863	15,309	9,769	5,541	1,594	7,135
	Variance	0	0	(5)	(54)	(124)	(43)	393	(163)	(12)	197	197	448	(8)	834	948	(114)	114	0
	Total Plan	890	1,348	3,581	3,426	2,919	3,177	3,049	3,020	3,146	3,212	3,224	3,756	24,556	34,747	17,749	16,998	3,685	20,683
	Total Actual/Forecast	942	959	3,648	3,748	2,324	2,914	3,291	2,691	2,933	3,306	3,315	4,062	23,449	34,133	18,245	15,887	4,525	20,413
	Total Variance	52	(389)	67	322	(595)	(263)	241	(329)	(213)	95	91	306	(1,107)	(614)	496	(1,111)	840	(271)
Net Income Generation	Month 1 - Plan	38	65	71	71	71	71	204	25	25	25	25	25	641	717	492	226	10	236
	Month 1 - Actual/Fore	38	8	271	66	66	66	41	15	15	27	27	27	586	668	484	184	52	236
	Variance	0	(57)	200	(5)	(5)	(5)	(163)	(10)	(10)	2	2	2	(55)	(50)	(8)	(42)	42	0
	In Year - Plan	0	0	0	29	7	12	30	82	30	13	13	13	190	229	103	127	(10)	117
	In Year - Actual/Forec	0	0	0	12	7	12	28	81	28	122	122	122	168	535	418	117	0	117
	Variance	0	0	0	(17)	0	0	(2)	(2)	(2)	109	109	109	(22)	306	316	(10)	10	0
	Total Plan	38	65	71	100	78	82	234	108	55	39	39	39	831	947	594	353	0	353
Total Actual/Forecast	38	8	271	78	73	78	69	96	43	150	150	149	754	1,203	902	300	52	353	
Total Variance	0	(57)	200	(21)	(5)	(5)	(165)	(12)	(12)	111	111	111	(76)	256	308	(52)	52	0	
Accountancy Gains	In Year - Plan	0	0	0	0	100	0	300	0	0	0	0	0	400	400	400	0	0	0
	In Year - Actual/Forec	0	0	0	0	100	0	300	0	0	0	0	0	400	400	400	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	1,824	2,040	15,326	20,989	9,420	11,569	2,216	13,785
	Month 1 - Actual/Fore	980	967	2,147	1,926	1,671	1,650	1,619	1,622	1,590	1,698	1,720	1,900	14,172	19,491	8,961	10,530	2,984	13,514
	Variance	52	(446)	271	371	(475)	(225)	(315)	(176)	(211)	(101)	(104)	(140)	(1,154)	(1,499)	(459)	(1,039)	768	(271)
	In Year - Plan	0	0	1,776	1,971	950	1,384	1,649	1,330	1,401	1,451	1,438	1,755	10,461	15,104	9,323	5,781	1,470	7,251
	In Year - Actual/Forec	0	0	1,771	1,900	826	1,341	2,041	1,165	1,387	1,757	1,745	2,312	10,431	16,244	10,587	5,658	1,594	7,251
	Variance	0	0	(5)	(70)	(124)	(43)	391	(165)	(14)	306	307	557	(30)	1,140	1,264	(124)	124	0
	Total Plan	928	1,413	3,652	3,526	3,097	3,259	3,583	3,128	3,201	3,250	3,262	3,795	25,786	36,094	18,743	17,351	3,685	21,036
	Total Actual/Forecast	980	967	3,918	3,827	2,497	2,991	3,660	2,787	2,976	3,456	3,465	4,212	24,603	35,735	19,547	16,188	4,578	20,765
Total Variance	52	(446)	266	300	(600)	(268)	77	(342)	(225)	206	202	417	(1,183)	(358)	805	(1,163)	892	(271)	

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	10,274	17,753	377	28,404	809	400
Scheduled Care	0	971	0	971	0	0
Unscheduled Care	0	1,196	0	1,196	0	0
Mental Health	0	0	0	0	0	0
Community Services	0	0	0	0	0	0
Primary Care	1,171	2,366	0	3,527	0	0
Commissioned Services - CHC	0	0	0	0	0	0
Commissioned Services - Specialised Services	0	152	0	152	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	11,613	22,428	377	34,418	859	400

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	106,110	110,275	141,950	139,780	115,315	102,205	79282.44	1,383,112
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,180	1,180	420	995	2,005	1,430	1,120	1,895	555	725	2,060	1,235	14,800
3	WG Revenue Funding - Other (e.g. invoices)	3,185	1,319	1,307	1,371	1,369	3,080	1,333	3,473	1,326	1,298	1,298	4,490	24,849
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	4,000	2,000	2,080	2,000	1,000	3,000	1,500	(3,800)	5,000	10,000	25,501	62,281
5	Income from other Welsh NHS Organisations	40,964	47,167	44,602	44,107	40,652	40,817	53,103	41,780	48,350	40,627	53,515	55,726	551,408
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets					0	0	0	7,800	0	0	0	0	7,800
10	Other - (Specify in narrative)	4,368	12,334	6,857	6,463	9,417	5,952	10,390	17,702	5,876	13,795	9,777	11,426	114,356
11	TOTAL RECEIPTS	192,642	184,770	147,825	172,850	181,447	158,389	179,221	216,099	192,087	176,760	178,855	177,660	2,158,606
PAYMENTS														
12	Primary Care Services : General Medical Services	6,787	6,329	7,770	6,161	6,282	6,539	6,196	6,683	6,315	6,399	6,401	7,021	78,884
13	Primary Care Services : Pharmacy Services	215	140	125	124	122	118	133	123	141	930	390	390	2,951
14	Primary Care Services : Prescribed Drugs & Appliances	8,718	18,833	0	9,099	19,250	0	9,593	19,854	9,795	9,515	9,515	0	114,172
15	Primary Care Services : General Dental Services	2,354	2,429	2,380	2,368	2,444	2,373	2,395	2,201	2,247	2,290	2,350	2,350	28,183
16	Non Cash Limited Payments	2,112	2,077	2,270	2,136	2,007	2,097	2,159	2,189	2,318	1,989	2,125	2,125	25,605
17	Salaries and Wages	70,344	70,347	70,084	70,092	68,975	72,076	73,656	84,007	88,242	76,559	74,439	74,295	893,115
18	Non Pay Expenditure	80,837	87,303	68,961	80,183	73,557	77,378	83,009	95,049	81,858	75,758	74,635	97,241	975,770
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	912	1,569	3,074	3,416	8,000	9,000	25,939	70,406
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	184,043	189,188	152,605	171,509	174,366	161,492	178,711	213,181	194,333	181,440	178,855	209,362	2,189,086
24	Net cash inflow/outflow	8,599	(4,418)	(4,780)	1,341	7,081	(3,103)	510	2,919	(2,246)	(4,680)	(0)	(31,702)	
25	Balance b/f	2,780	11,379	6,961	2,181	3,522	10,603	7,500	8,010	10,929	8,682	4,002	4,002	
26	Balance c/f	11,379	6,961	2,181	3,522	10,603	7,500	8,010	10,929	8,682	4,002	4,002	(27,700)	

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Nikki