

Public Finance & Performance Committee Meeting

Wed 18 September 2024, 14:00 - 15:10

Virtual - MS Teams

Agenda

14:00 - 14:10 **1. Standing Items (10:00-14:10)** 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 & Performance Committee Meeting - 21 August 2024

John Union

 1.4 Draft Finance & Performance Minutes 21.08.24.pdf (6 pages)

1.5. Actions following the Finance & Performance Committee meeting held on 21 August 2024

John Union

 1.5 Action Log 18.09.2024 - Finance and Performance.pdf (1 pages)

1.6. Chairs Actions since previous meeting

John Union

14:10 - 15:00 **2. Items for Review & Assurance (14:10-15:00)** 50 min

2.1. Financial Report - Month 5 Position & Savings Plan Progress (including savings tracker)


Catherine Phillips / Robert Mahoney / Andrew Gough

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 5.pdf (14 pages)

2.2. Operational Performance Update

Paul Bostock

 2.2a Integrated Performance Report - Sept 24.pdf (36 pages)

 2.2 Operational Performance report cover paper.pdf (9 pages)

2.3. CVUHB Escalation Framework

Catherine Phillips

Regan Nikki
16/09/2024 09:09:16

15:00 - 15:00 **3. Items for Approval (15:00)**
0 min

3.1. No Items

15:00 - 15:05 **4. Items for Information and Noting (15:10)**
5 min

4.1. Monthly Monitoring Return - Month 4

Catherine Phillips / Robert Mahoney

- 📄 4.1a WG 2024 _25 month 4 MMR Covering Report.pdf (2 pages)
 - 📄 4.1b CV Financial Monitoring Returns 2024-25 - Month 4.pdf (9 pages)
 - 📄 4.1c 2024-25 MMR Template - Cardiff Vale UHB Month 4.pdf (5 pages)
-

15:05 - 15:05 **5. Any Other Business**
0 min

15:05 - 15:10 **6. Review and Final Closure**
5 min

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

John Union

6.2. Date & Time of next meeting: Wednesday 23rd October 202 via MS Teams

15:10 - 15:10 **7.**
0 min

**Minutes of the Public Finance and Performance Committee Meeting
Held on 21 August 2024
Via MS Teams**

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
David Edwards	DE	Independent Member – ICT
Charles Janczewski	CJ	UHB Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Marie Davies	MD	Deputy Director of Planning
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Suzanne Rankin	SR	Chief Executive
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Ceri Phillips	CP	UHB Vice Chair
Matt Phillips	MP	Director of Corporate Governance

Item No	Agenda Item	Action
FPC 21/08/001	<p>Welcome & Introduction</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=2</p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p>	
FPC 21/08/002	<p>Apologies for Absence</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=38</p> <p>Apologies for Absence were noted.</p> <p>The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.</p>	
FPC 21/08/003	<p>Declarations of Interest</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=56</p> <p>No Declarations of Interest were noted.</p>	
FPC 21/08/004	<p>Minutes of the Finance and Performance Meeting held on 17 July 2024</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=66</p> <p>The minutes of the meeting held on 17 July 2024 were received.</p> <p>The Finance Committee resolved that:</p>	

	<p>a) The minutes of the Finance and Performance Committee meeting held on 17th July 2024, were held as a true and accurate record of the meeting.</p>	
<p>FPC 21/08/005</p>	<p>Actions following the Finance & Performance Meeting on 17 July 2024</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=124</p> <p>The Action log was received.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 21/08/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 21/08/007</p>	<p>Financial Report – Month 4 Position & Savings Plan Progress (including Savings Tracker)</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=185</p> <p>The Deputy Director of Finance Operational (DDFO) presented the Financial Report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The UHB reported an overspend of £14.163m at Month 4. • The UHB's Financial Plan had been accepted by Welsh Government (WG) as an annual forecast represented a failure of the UHB's statutory requirement to deliver a balanced financial plan over a three-year rolling period. • Table 2 summarised their Financial Position for the period ended 31st July 2024 - there had been a slight slowing of the increase in the deficit in Month 4. This change reflected some confirmed financial uncertainties which were favourable, and included additional actions taken by Clinical Boards which had impacted the year-to-date position. • Graph 1 showed the total variance compared to a straight-line projection of the Planned Deficit (£!5.9m) and highlighted the necessity of alignment with the planned deficit. <p>The UHB Chair suggested the addition of a third line on the graph which predicted their end of month positions.</p> <p>The DDFO responded that this would be discussed at the following Board Development session, and that he anticipated that this information would be incorporated into these reports going forward.</p> <p>The DDFO continued:</p> <ul style="list-style-type: none"> • Graph 2 showed the Monthly Operational & Savings Deficit, which highlighted that the deficit had reduced compared to previous months – however this could be due to technical adjustment reasons. • Long Term Agreements (LTAs) – the anticipated 3.67% uplift for all cross-border arrangements with other Welsh NHS organisations turned out to be more complex than expected. The UHB had to compromise on the nature of some arrangements but felt they had mitigated the risks as best as possible. As a result, they were able to sign off on most of the LTAs and avoided going into arbitration with WG. They had concluded their LTAs for this financial year. <p>The CC asked if this cost the UHB more than they had anticipated at the start of the year.</p>	

Regan Nikki
16/09/2024 09:00:16

The DDFO responded that they were where they had forecasted to be had it been more straightforward, but that a risk element had been introduced that they had to perform on some of the LTAs to recover some of the 3.67%.

The DDFO continued:

- Table 3 summarised the financial performance by Clinical Board. The most significant pressures driving the operational spend were outlined in the report.
- Table 4 summarised the WG COVID-19 allocations and expenditure - the UHB effectively utilised these allocations on a recurrent basis, albeit they were only released each year by WG.

The CC asked if there was any risk that the recurrent funding would cease.

The DDFO was not able to provide assurance but noted that they were hopeful that the funding would be made recurrent. He added that WG would be aware of the implications of pulling/reducing the funding, and that they were in discussions yearly with WG about converting it into their recurrent allocation.

The Deputy Director of Finance – Strategic (DDFS) informed the Committee that they hoped to have confirmation over the following quarter.

The DDFO presented the Financial Risk Register and highlighted that:

- The risk around the UHB's submitted Financial Plan's planned deficit and failure to meet their statutory targets remained broadly the same.
- The capital breakeven duty had been successfully managed through a tightly controlled programme to meet the capital resource limit, but it was not without risk
- The key risks were the failure to adequately manage budget pressures in line with the £15.9m, and the delivery of the cost improvement programme: -
 - They had introduced enhanced meetings and activities with Clinical Boards to find additional actions above the existing Cost Reduction Programme (CRP) schemes and to RAG rate some additional deliveries.
 - A Quality Impact Assessment (QIA) process had been implemented to ensure there was a limited impact on patient safety and the delivery of services.
 - A deep dive was due to be presented to Board the following week which outlined the anticipated scenarios.

The UHB Chair suggested that they might have to take unpalatable actions.

The Chief Operating Officer (COO) provided assurance that everybody understood the size of the financial problem but highlighted that any actions would have a massive detriment to planned care.

The DDFO noted that the savings programme continued with the goal of achieving £47m in savings. Despite the progress made (shown in Graph 3), there was still uncertainty whether the progress was fast enough to meet the year-end targets.

The Executive Director of Finance (EDF) highlighted the need to persist with the £47m savings programme, despite the slippage. In addition, recovery actions were essential to address operational pressures that lacked immediate cost solutions.

The UHB Chair suggested the inclusion of another graph in the report to monitor the savings plan for 2025-26.

The DDFO continued:

- Graph 3 illustrated the progress made on the main CRP scheme, and table 6 summarised the savings schemes, which illustrated that they were closing on £33m

Regan Nhill
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for green and amber schemes, and that they needed to find £14-15m more to close the red unidentified gap.

- Any deficit / failure to meet targets had an impact on the following year, particularly the level of recurrent savings made within the £47.2m savings target - at month 4, the UHB identified £18m of recurrent schemes. They hoped for an increase in the number of recurrent schemes delivered by the end of the year.
- The cash flow forecast was closely linked to the anticipated year-end position. It was important to manage the financial position and stay within the cash flow limits to meet statutory obligations and cash liabilities. Graph 5 highlighted the revenue capital drawing limits and how they had spent their cash to date.
- Public sector payment compliance remained strong at 97.8% for the year.
- The UHB had a £41.4m Capital Resource Limit (CRL) allocated by WG, which they planned to fully utilise by year end.
- Table 7 summarised the £29m unconfirmed anticipated allocations, which had been shared with WG through their monthly monitoring returns. Since March 2024, they had received some confirmation of allocations from WG.
- Table 8 summarised the Key Performance Indicators which fed into the Board reports.

The CC suggested that the table of Unconfirmed Anticipated Allocations remain in the report as a live document to monitor the confirmed allocations by WG throughout the year, and to include any potential risks to the UHB.

The Finance and Performance Committee resolved:

- The reported year to date overspend of £14.163m and the forecast deficit of £15.9m was noted
- The month 4 operational overspend against plan of £3.370m with a further £5.493m savings gap was noted
- The progress against the savings target, with £32.708m (69%) of green and amber schemes identified at Month 4 against the £47.2m target was noted
- Delivery of the forecast is predicated on the confirmation of all expected income streams including WG anticipated allocations and LTA performance income was noted.

FPC
21/08/009

Operational Performance Update

To view the minute:

<https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=2857>

The COO presented the Operational Performance update and highlighted the following key points:

- Urgent and Emergency Care – the UHB struggled to maintain gains made the previous year. The EU saw a 12% increase in major patients compared to the previous month, which equated to 550 extra patients monthly.
- Hospital Flow and Discharge – the UHB had closed 55 beds compared to the previous year, including the Winter Ward and Glan Ely in St Davids. Despite this, the benefits were negated by the increased patient numbers. They were planning for winter and Q3, but there was a lack of additional funds this year. There had been a widespread increase in demand in EU across Wales and England, which required further analysis.

Cancer – they consistently achieved around 60-64%, although their target was 75%. Since December 2023, they had not fallen below 60%. Despite issues with pathology backlogs and challenges in urology and lower GI pathways, they maintained steady performance.

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- Planned Care – they faced significant capacity and backlog challenges. As of June 2024, 3300 patients had been waiting over two years, the number of patients waiting over four years had reduced to 1 patient (with a treatment date set), and around 100 patients had been waiting over three years, mainly in spines, neurology and ophthalmology. They aimed to treat these patients by November but faced funding shortages. Despite meeting the set trajectories, achieving 0 patients waiting over two years remained difficult.

The CC asked whether the Clinical Boards checked in with the patients who were on the waiting lists for long periods of time.

The COO responded that they were in the process of validating the waiting lists, and that he was quite confident that they had overstated their position. The Orthopaedics department had a good system for keeping patients well whilst waiting, which included prehabilitation. The COO highlighted that the focus was on improving the waiting list management, which required significant resource and training, but they had sought funding from WG to support a more robust validation team.

The COO continued:

- Diagnostics – there was a total waiting list of around 26,500 patients, with nearly half awaiting non-obstetric ultrasounds. Currently 16,000 patients were waiting over 8 weeks, meeting less than 40% of the 8-week standard. There were plans for MRI and non-obstetric ultrasound improvements, but endoscopy remained a significant challenge. Plans for cancer, urgent and surveillance patients were in place, but routine patients required substantial investment. They were working on a regional solution and a workforce plan, but it would not be a quick fix.
- Mental Health – adult standards were being met, but children’s services were behind. They hoped that by September 2024, waiting times and the number of people on the paediatric waiting list would decrease. They expected to meet the 70-80% standard for starting treatment within 28 days, despite current appearances.
- Primary and Community Care – England had reduced the amount of daily GP appointments to 25 per day, whilst this was currently in consultation in Wales. If similar actions occurred in Wales, it could disrupt services and push more work to secondary care. Morale amongst primary care staff was low.

The CC asked how many patients GP’s saw per day on average.

The COO responded that GPs likely saw between 30-35 patients per day.

The Finance and Performance Committee resolved:

- a) The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted.

**FPC
21/08/010**

Business Cases:

Provision of Chimeric Antigen Receptor T Cell (CAR-T) Therapy Service – Phase 2

To view the minute:

<https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=4009>

The COO provided the following summary:

- This was a WG funded service, accessed via the NHS Wales Joint Commissioning Committee (JCC), which was currently in Phase 2 and reviewing the Phase 1

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	<p>assumptions around providing this specialist service provided to 80% of the Welsh population.</p> <ul style="list-style-type: none"> • The focus was on right-sizing the department for future therapies and inputs. • There was no financial risk as it was fully funded by WG. The only concern was infrastructure, with a South Wales Blood and Marrow Transplant (SWBMT) business case submitted to WG • They sought approval to take this forward to the JCC and then to WG. <p>The CC noted his support.</p> <p>The UHB Chair asked whether the service agreements with other health boards ensured their costs were fully recovered for patients from outside CAVUHB.</p> <p>The DDFS explained that this was funded directly by WG, which meant that they did not bear the financial risk as a commissioner, and there were no financial agreements with other health boards for this service.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The CAR-T phase 2 business case was endorsed, with a recommendation to Board to approve the CAR-T phase 2 business case for submission to NHS Wales Joint Commissioning Committee.</p>	
<p>FPC 21/08/011</p>	<p>Monthly Monitoring Return – Month 3</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=4356</p> <p>The 2024-25 Month 3 Monthly Financial Monitoring Return report was provided to the Committee for noting and information.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The extracts from the UHBs Monthly Financial Monitoring Returns were noted.</p>	
<p>FPC 21/08/012</p>	<p>Any Other Business</p> <p>To view the minute: https://youtu.be/v5Aw41SZV5o?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=4403</p> <p>No other business was raised.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 18 September 2024 via Teams</p>	

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Public Action Log

Following Finance and Performance Committee Meeting
21.08.2024
(For the Meeting 18 September 2024)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FPC 21/08/007	Financial Report – Month 4 Position & Savings Plan Progress (including Savings Tracker)	For the table of Unconfirmed Anticipated Allocations to remain in the report as a live document to monitor the confirmed allocations by WG throughout the year, and to include any potential risks to the UHB.	Rob Mahoney	18.09.2024	
Actions referred to Board/Committees					

Regan, Nikki
16/09/2024 09:00:16

Report Title:	Finance Report for the Period Ended 31 st August 2024			Agenda Item no.	2.1
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	18 th September 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				

Main Report
Background and current situation:

Summary

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

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

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

Table 1: Month 5 Financial Position 2024/25

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

Financial Plan Approved by Board and submitted to Welsh Government

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

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

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

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

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

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

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

Summary Financial Table

The following table analyses the £17.176m overspend at Month 5, between Income, Pay and Non-Pay.

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

Income/Pay/Non Pay	Memorandum	Current	Total
	Annual	Period	Variance
	Budget	Actual	(Fav)/Adv
	£m	£m	£m
In Month			
Income	(803.855)	(163.371)	(0.129)
Pay	376.037	75.853	1.128
Non Pay	427.817	89.207	0.689
Sub Total £m	0.000	1.688	1.688
2024/25 Planned Deficit	15.900	1.325	1.325
Variance to Plan £m	15.900	3.013	3.013
Cumulative			
Income	(803.855)	(804.363)	(0.508)
Pay	376.037	377.608	1.571
Non Pay	427.817	437.306	9.488
Sub Total £m	0.000	10.551	10.551
2024/25 Planned Deficit	15.900	6.625	6.625
Variance to Plan £m	15.900	17.176	17.176

The adverse variance reported against Income in month relates to the under-performance of Long Term Agreement (LTA) arrangements funded by other Welsh Health Boards. Activity delivery has not returned to pre Covid levels and interim financial protection arrangements agreed by Directors of Finance have ceased in the 2024-25 financial year.

The in-month deterioration against pay reflects pressures against medical staff budgets due to additional commitment award costs, additional specialing and sickness pressures in nursing and planned care commitments.

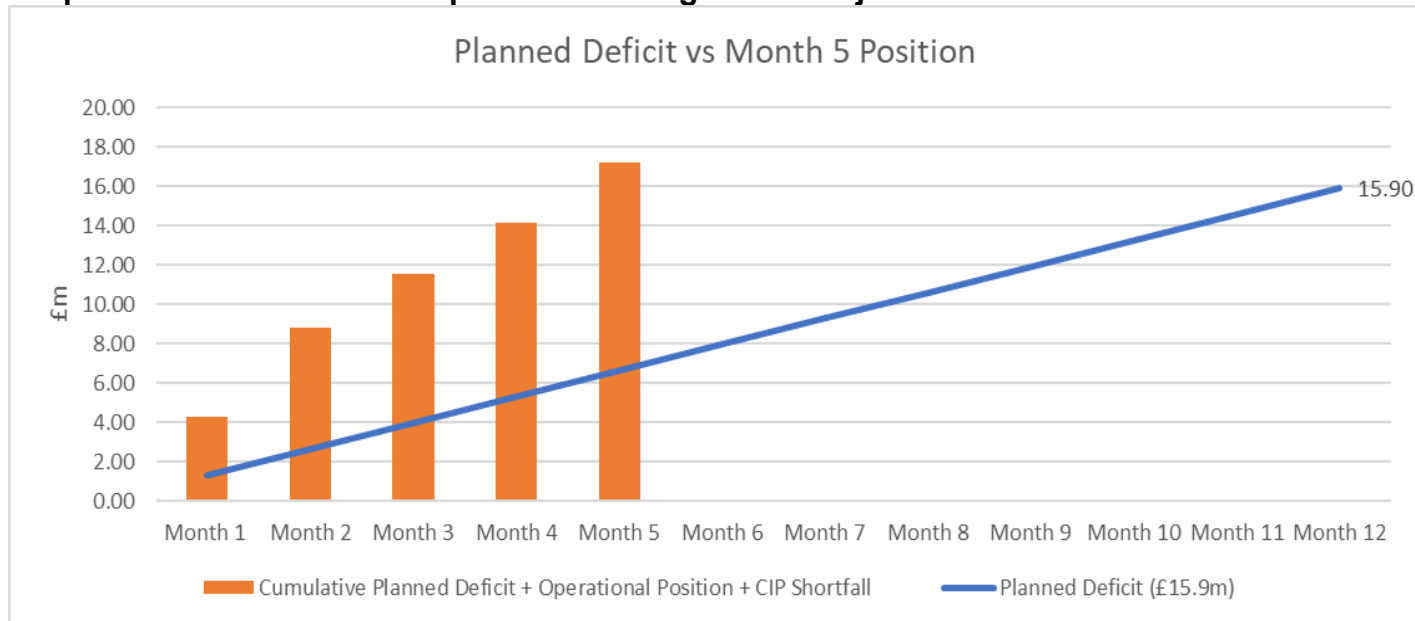
The continuing deficit against non pay reflects the shortfall against savings targets.

Graph 1 shows the reported position at month 5 compared to the planned deficit. The actual position is £10.551m above the deficit that was planned at this point in the financial year.

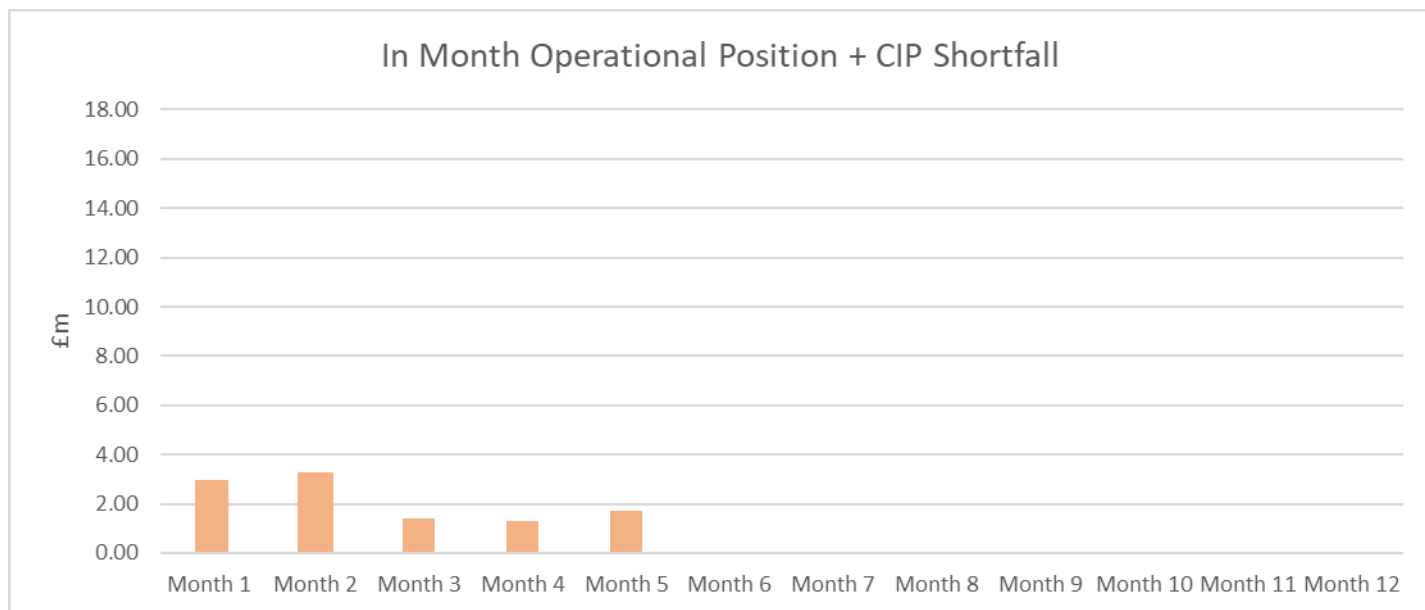
This level of overspend continues to cause concern.

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16/09/2024 09:00:16

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



Graph 2 – Monthly Operational & Savings Deficit



Given the deficit position that has been emerging consistently throughout the financial year to date, an enhanced focus, through the existing savings governance arrangements led to the identification of further schemes to de-risk the savings programme. Following a Quality Impact Assessment process some of the schemes have been authorised to proceed and already incorporated in revised Clinical Board forecasts. A number have been discontinued.

The overall outlook for the UHB has not improved significantly as a result of this initiative and a range of potential out-turn scenarios was reported to the Board at its development day on 29 August 2024.

Some of the out-turn scenarios do not restore the financial trajectory to the plan. The UHB continues to work to identify further opportunities and choices to mitigate financial risks in the plan.

Financial Performance of Clinical Boards

2024-25 operational budgets delegated to Clinical Boards included £12m of operational pressures funding. Financial performance for Month 5 by Clinical Board is shown in Table 3.

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

Clinical Board	Operational Position (Surplus) / Deficit	Savings Position (Surplus) / Deficit	Total (Surplus) / Deficit	Prior Month (Surplus) / Deficit
	Variance £m	Variance £m	Variance £m	Variance £m
Cumulative				
Clinical Diagnostics & Therapeutics	100	797	897	666
Children & Women	1,226	672	1,898	1,623
Capital Estates and Facilities	(128)	746	618	473
Executives	(963)	81	(882)	-755
Genomics	(18)	0	(18)	-15
Medicine	3,054	1,642	4,696	3,316
Mental Health	35	831	866	679
PCIC	1,768	33	1,801	1,765
Specialist	409	190	600	958
Surgery	941	1,754	2,694	2,138
Clinical Board budgets to be delegated	(2,208)		(2,208)	-1,766
Sub-Total Delegated Position	4,217	6,746	10,963	9,083
Central Budgets	110	(1,050)	(940)	-727
Commissioning	(97)	625	528	506
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	4,230	6,321	10,551	8,863
Planned Deficit	6,625	0	6,625	5,300
Total Operational (Surplus)/Deficit	10,855	6,321	17,176	14,163

The UHB planned to be £6.625m overspent at Month 5. The Month 5 position is £10.551m greater than this at £17.176m.

Identified savings for the year also deteriorated by £0.828m, with the unidentified proportion of the £47.2m annual target increasing from £5.493m to £6.321m as greater clarity emerged on the deliverability of some schemes. The schemes that are in place were phased to deliver more towards the end of the year than the beginning of the year and this is reflected in a reduced in month deficit against savings.

Further schemes need to be developed and implemented during the financial year including enhanced recovery actions to enable the UHB to meet its planning deficit of £15.9m.

The pressures on operational positions, reported across delegated clinical boards, are partially offset in Month 5 by a release of remaining plan provision to support known brought forward operational pressures. £5.3 million remains un-allocated at present, pending the agreement of recovery actions, most notably in the Medicine Clinical Board. The year to date impact (£2.208m) of this reserve has been brought into the Month 5 position (This is included in Table 3 in the row 'Clinical Board budgets to be delegated').

Clinical Boards are required to manage the operational financial risks within their delegated budgets. The most significant of these risks are outlined below:

C&W: Driven by increased variable medical pay spend (£0.641m) combined with additional costs of planned care between April and June, where the service was re-aligned with funding in July. In addition, there is a shortfall in income due to reduced patient activity against SLAs.

Medicine: Driven by medical staff and registered nursing, where there is continuing scrutiny of temporary expenditure and a drive to recruit to substantive posts. Leave due to sickness was a continuing pressure through August. It is anticipated that the focus on job planning, rota and sickness management will reduce reliance on agency clinicians and that the benefits of bio-similar drugs switches will be realised in the latter half of the financial year. Increasing focus on stock management particularly in EU is intended to reduce the rate of non pay expenditure.

Surgery: Significant costs have been incurred in the first quarter in respect of planned care initiatives where costs have exceeded available funding. The UHB's forecast position assumes that the cost profile will reduce as the year progresses and work is underway with the Chief Operating Officer to deliver on this basis. In addition, pressures are reported due to continuing costs arising from GP Interface sessions where non recurrent Welsh Government support has now ended. Additional medical staff costs were incurred in month due to additional commitment awards paid to medical staff.

PCIC: The budgetary position is broadly balanced in month and the forecast year end outturn has improved following actions taken to reduce the rate of expenditure. The UHB is expecting Welsh Government to provide additional funding up to £1.5m to cover the increased costs arising from implementation of the revised Optometry Contract.

Mental Health: The closure of capacity at Hafan Y Coed due to the correction of structural building defects is now anticipated to last longer than previously anticipated. This will place pressure on flex capacity within the Clinical Board and is forecast to impact the cost of out of area placements which will rise during the constricted period.

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

- Executive performance reviews
- Financial Stocktakes with the Chief Operating Officer and Director of Finance
- Deep dives with the deputy Director of Finance
- Monthly Finance-COO Financial performance review

Welsh Government COVID 19 Allocations & Expenditure

Profiled Welsh Government funding at Month 5 is summarised in Table 4 below.

Table 4: Summary of Month 5 COVID 19 Net Expenditure

	Funded by WG £m	Funding to Month 4 £m
Health Protection/Vaccination & PPE	9.040	3.767
Long Covid	1.144	0.477
Sub Total WG Funded Covid Expenditure £m	10.184	4.243

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

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

Financial Risks

Table 5 summarises the Finance Department's Risk Register. The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2024-25 year end with a current planned deficit of £15.9m.

Table 5: Risk Register at August 2024

Finance Risk	Rating	Comment
The submitted Financial Plan has a planned deficit of £15.9m for 2024/25. This does not allow the Minister to approve the an IMTP due to the lack of financial balance over a three year rolling period. However the 2024-25 Financial plan does require support from Welsh Government even in the absence of Ministerial approval.	15	The UHB has developed a plan which has a deficit of £15.9m in 2024-25 and break even positions in FY 2026 and FY 2027 which the Minister is not able to approve. Support for the one year 2024-25 financial plan will be required. Welsh Government has not confirmed its support at the present time. Enhanced Monitoring meetings with Welsh Government at Executive level continue to discuss this issue.
Due to a planned deficit of £15.9m for 2024/25 the UHB is unable to achieve financial balance over a three year rolling period. This does not allow the Minister to approve the UHB IMTP (Three year plan) and has contributed to the UHB following Enhanced Monitoring arrangements by Welsh Government.	15	The failure to submit a balance plan for 2024-25 means that the UHB cannot achieve its statutory duty to balance over a three year rolling period. The UHB has plans to return the UHB to financial balance in FY 2025 and 2026. Progress is monitored internally through established governance reporting and monitoring arrangements through operational teams, Finance Committee and Board. Internal Audit provides assurance that controls are in place. Enhanced Monitoring meetings and Joint Executive meetings with Welsh Government maintain discussions over progress towards a financially balanced three year IMTP.
Achievement of Capital statutory breakeven duty The Health Board has a capital allocation, which it should not exceed on a three year rolling basis.	8	The current 2024-25 UHB Capital Plan is structured to remain within the Capital Resource Limit. Capital Management Group manages the capital programme and reports into the Management Executive. Governance reporting and monitoring arrangements through the Finance Committee, Board and WG. Internal Audit provides assurance that controls are in place.
Failure to adequately manage budget pressures in line with the submitted £15.9m deficit plan for 2024-25	20	The period to Month 5 has reported financial pressures against the £47.2m savings target and operational pressures within delegated positions. The requirement to manage budget pressures is clearly communicated to primary budget holders. Enhanced monitoring of delegated financial positions is exercised through monthly meetings including Executive Performance Reviews with each Clinical Board; Monthly Finance meetings with all Clinical Boards and COOs Office; weekly Savings meetings of delegated budget holders; and bi weekly multi leadership Sustainability Board meetings chaired by the CEO.
A recurrent Cost Improvement Programme target of £47.2m has been set for 2024/25. Failure to deliver this level of saving in 2024-25 impacts the ability of the UHB to meet its planned 2024/25 deficit of £15.9m. This combined with any savings which are achieved but non recurrently impacts the ability of the UHB to deliver financial balance in future financial years	20	The CIP savings target has been clearly communicated and delegated to budget holders. At Month 5, only £18m of Green and Amber schemes against the £47.2m target have been identified as recurrent in nature. A CIP pipeline tracker is in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting include specific focus on CIPs. Further focus is provided in Executive / Clinical Board Performance Reviews, bi weekly Sustainability Boards and weekly Savings meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.
2024-25 LTA framework in NHS Wales.	15	LTAS have now been agreed with Commissioners, generally in line with the guideline 3.67% uplift recommended by Welsh Government. Elements of income will be contingent on improved LTA outturn performance and this remains a risk for the UHB.
Remain within Cash limit	15	The UHB will require cash support from WG for the 24/25 planned deficit of £15.9m alongside working capital for any movements from the 2023/24 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2024-25 may bring forward the point of the year when cash controls will require consideration. Cash controls will include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.

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Savings Programme Update

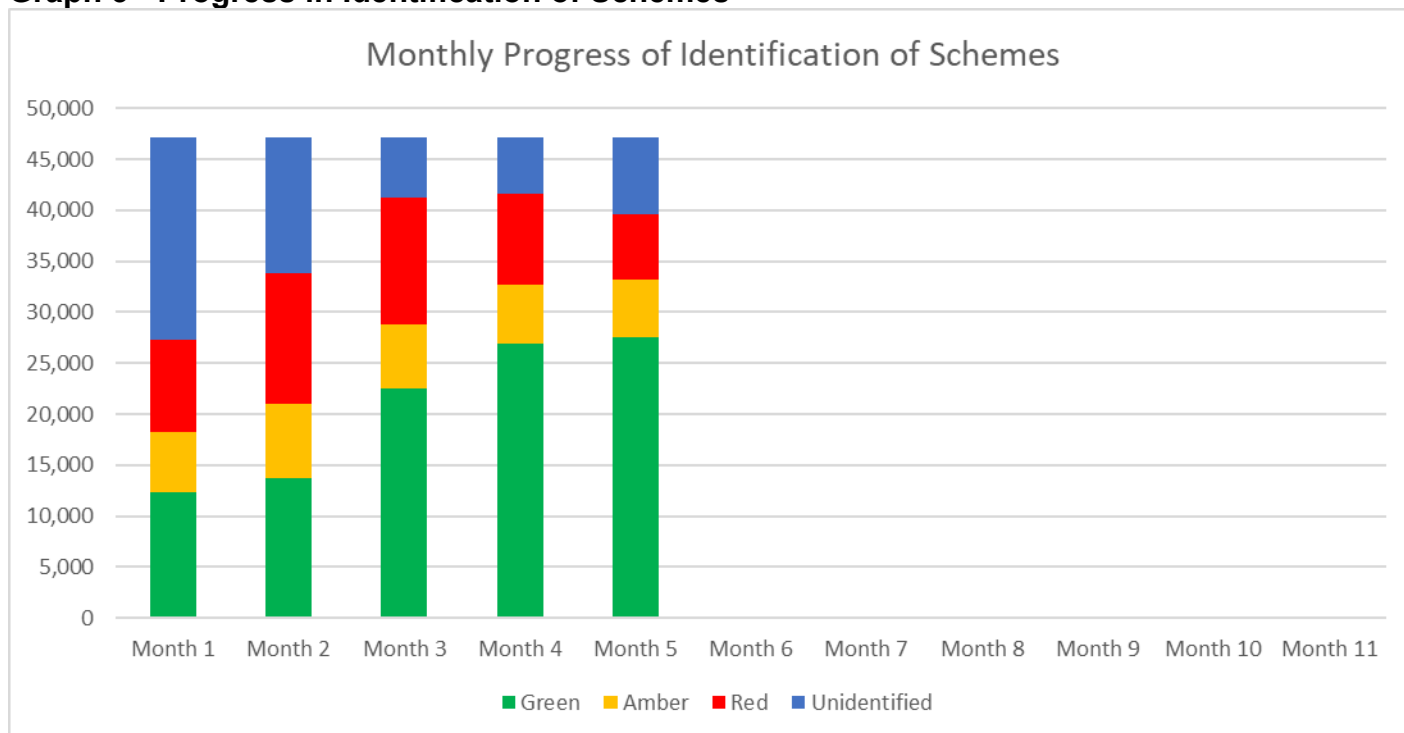
At month 5, £33.232m (70%) of green and amber savings had been identified towards the £47.2m savings target. £17.956m of the schemes are recurrent.

The reported gap in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables. However, a proportion of red schemes are expected to deliver in 2024/25. At a 50% delivery level an additional £3.200m of savings schemes for 2024-25 would be reported as identified at Month 5.

The total of green, amber and red schemes (£39.632m) represents 84% of the annual target.

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

Graph 3 - Progress in Identification of Schemes



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

Regan Nikki
16/09/2024 09:00:16

Table 6: Savings Schemes

Clinical/Service Board	24-25 Target	Green	Amber	Sub Total Green & Amber	Red	Total Savings Identified
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	947	698	262	960	100	1,060
Children and Women	1,304	1,103	64	1,166	137	1,303
Clinical Diagnostics and Therapeutics	1,199	732	92	824	114	938
Corporate Executives	501	1,267	0	1,267	98	1,365
Medicine	1,379	134	300	434	0	434
Mental Health	1,079	401	0	401	56	457
Primary, Community and Intermediate Care	2,423	2,659	260	2,919	0	2,919
Specialist Services	1,482	1,466	176	1,641	50	1,691
Surgical Services	1,689	479	536	1,015	242	1,257
Subtotal - Grip and Control	12,000	8,939	1,689	10,628	797	11,425
Medicines Management	4,530	2,733	1,444	4,177	126	4,303
Reducing Length of Stay	3,500	3,064	0	3,064	1,325	4,389
Optimising Planned Care	1,000	0	0	0	367	367
Income Generation	1,000	695	20	715	181	896
Continuing Healthcare	2,500	1,073	856	1,929	436	2,365
Facilities and Estates / Service Reconfiguration	500	0	0	0	606	606
Value/Clinical Variation	0	0	0	0	0	0
Procurement	5,000	3,349	487	3,836	565	4,401
Recording Patient Care	1,500	0	0	0	150	150
Other Digital Benefits	0	0	0	0	50	50
Workforce - Temporary Pay	7,403	3,370	777	4,147	1,444	5,591
Workforce Reshaping	8,268	1,320	416	1,736	354	2,090
Corporate Opportunities	0	3,000	0	3,000	0	3,000
Subtotal Cost Improvement Themes	35,200	18,604	4,000	22,604	5,604	28,208
Total Savings Position	47,200	27,543	5,689	33,232	6,400	39,632

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 5, £17.956m of the identified green and amber schemes and £4.007m of red schemes were recurrent.

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

The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25.

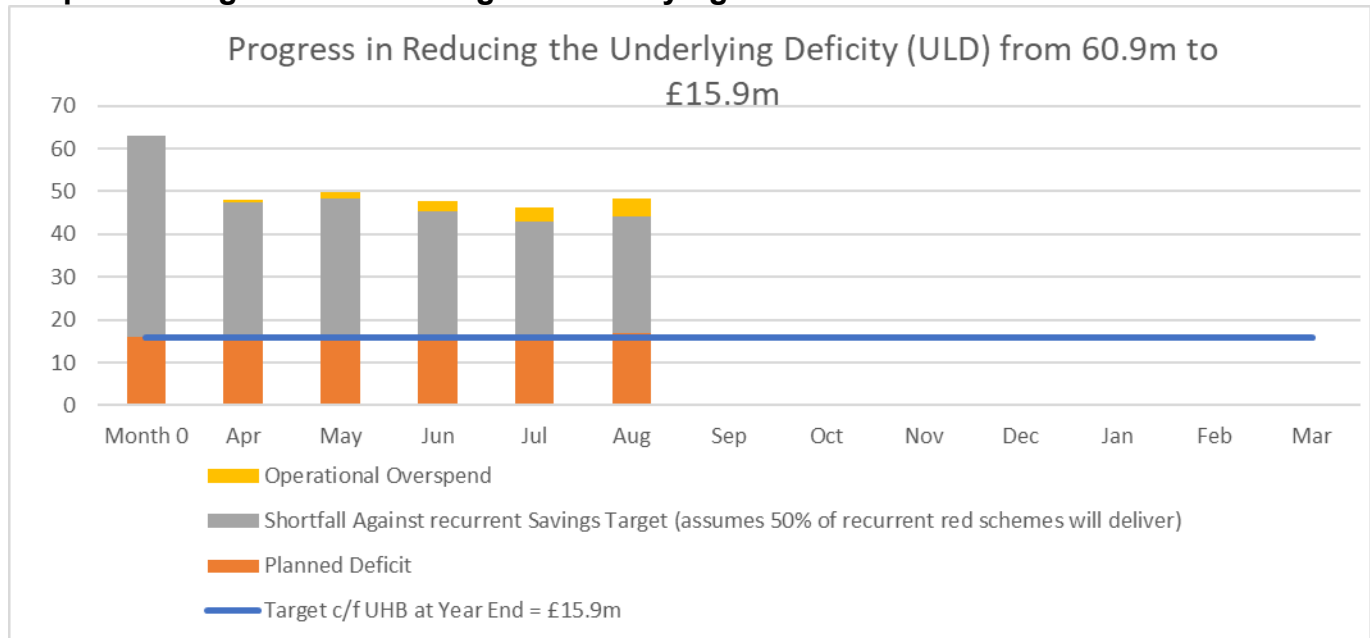
At month 5, the UHB had identified £17.956m of recurrent green and amber savings. In addition, it is assumed that 50% of the £4.007m of red schemes would be achieved recurrently.

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

In summary, a further £27.241m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.

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

Graph 4 – Progress in Reducing the Underlying Deficit



Cash Flow Forecast

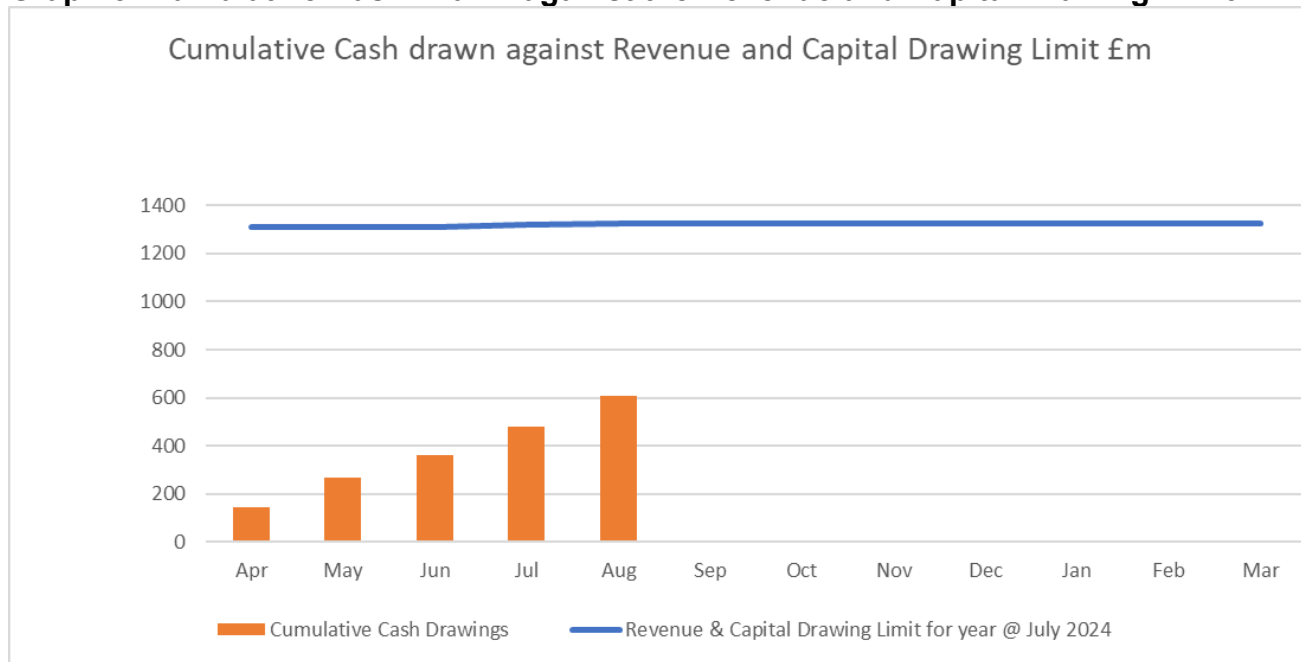
The closing cash balance at the end of August, was £10.602m.

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

Graph 4 below outlines Cumulative Cash Drawn against the Revenue and Capital Drawing Limit

In addition to cash drawn from Welsh Government, the UHB cashflow will depend on the recovery of a circa £610m annual income through LTA and other income agreements separate to Welsh Government funding flows.

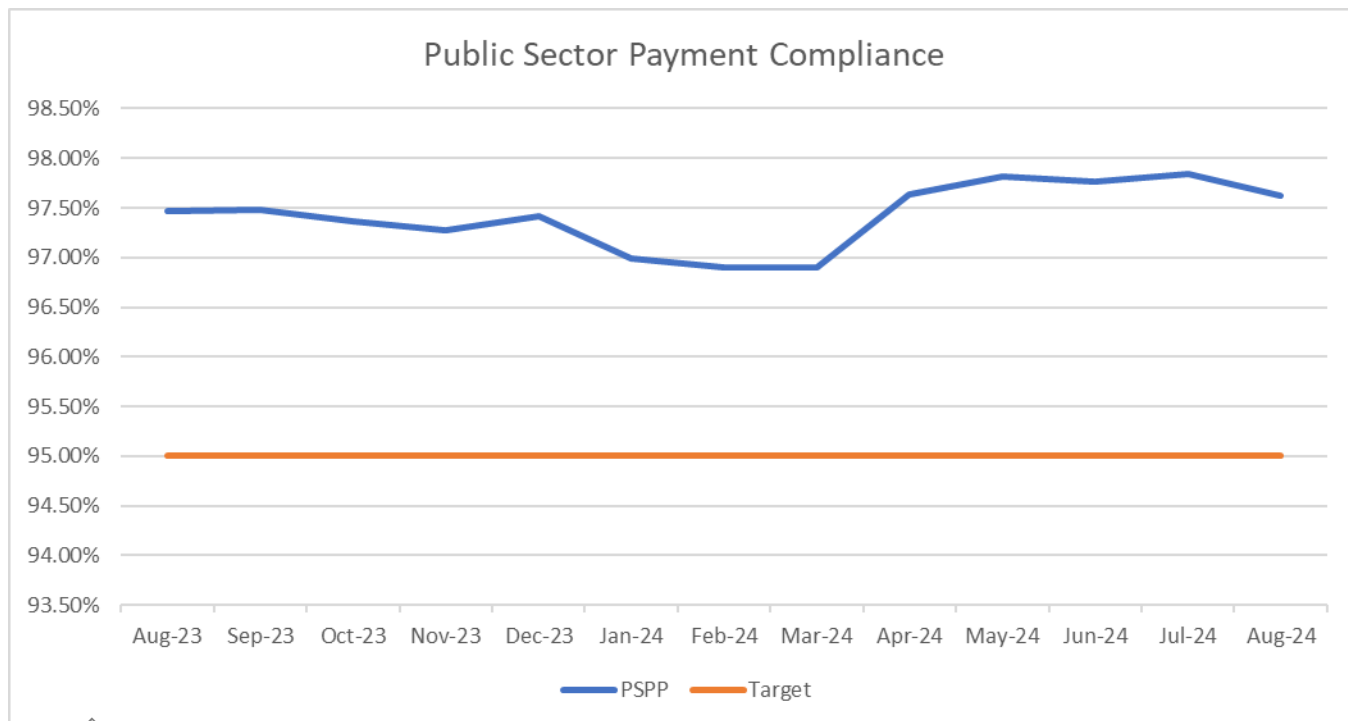
Graph 5 Cumulative Cash Drawn against the Revenue and Capital Drawing Limit



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 August was 97.6% for the year to date as illustrated in Graph 6 below.

Graph 6 – Public Sector Payment Compliance



Capital

The UHBs approved capital resource limit is £41.440m in line with the latest CRL received from Welsh Government on the 19th of July 2024. This comprises of £13.564m discretionary funding and £27.786m towards specific projects (including Efab, Interventional Neuroradiology Equipment, Mortuary, UHW Lift Refurb, Backlog Maintenance, Diagnostic Equipment and Park View Well Being Hub).

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

INCOME ASSUMPTIONS 2024/25 – REVENUE RESOURCE LIMIT

The UHBs Confirmed Revenue Resource Limit as at August 21st 2024 was £1,301m with a further £23m of assumed allocations as detailed below:

Table 7 : Unconfirmed Anticipated Allocations

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

The UHB's financial 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.

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Table 8: Finance - Key Performance Indicator Dashboard at August 2024

Measure	STATUS REPORT				
	August 2024	RAG Rating	Latest Trend	Target	Time Period
Deliver 2024/25 Draft Financial Plan	£17.176m deficit at month 5, being £6.625m forecast deficit, £6.321m savings gap and a £4.230m operational overspend.	R	↓	Deliver 2023/24 £15.900m Revised Planned Deficit	M5 2024-25
Return to Financial Balance and approved IMTP status	Achieve financial sustainability and recurrent financial balance by the end of 2025/26. At month 5, the UHB is reporting a £4.230m operational overspend and a £29.244m shortfall against the £47.2m recurrent savings target.	R	↓	Reduce c/f underlying deficit to £15.900m at year end	M5 2024-25
Management of operational budget pressures	The UHB reported a £4.230m operational overspend at month 5.	R	↓	Operational Spend to be maintained within Budgets	M5 2024-25
Delivery of recurrent £47.2m savings target	£33.232m Green and Amber schemes identified at month 5, of which £17.956m were recurrent.	R	🟡	£47.2m	M5 2024-25
Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that strategic cash support is provided for the forecast deficit.	A	🟡	To remain within Cash Limit	M5 2024-25

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

The UHB 2024-25 Financial Plan is based on a forecast deficit of £15.900m. The month 5 position is a reported overspend of £17.176m, which is £10.551m above the £6.625m straight line profile of the planned deficit.

As at month 5 £33.232m of green and amber savings schemes were identified against the £47.2m savings target. Further work, focus and resolve is required to identify sufficient schemes to deliver this target and is being progressed through enhanced savings meetings and initiatives led at Executive Board level.

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

Recommendation:

At Month 5 the Committee are requested to:

- **NOTE** the reported year to date overspend of £17.176m and the forecast deficit of £15.900m.
- **NOTE** the month 5 operational overspend against plan of £4.230m with a further £6.321m savings gap.
- **NOTE** the progress against the savings target, with £33.232m (70%) of green and amber schemes identified at Month 5 against the £47.2m target.
- **NOTE** that delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered.

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes

No

Safety: Yes/No

No

Financial: Yes

As detailed in the report.

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

Yes, if forecast financial position is not delivered.

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Finance Committee

Date: 18th September 2024

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Cardiff and Vale Integrated Performance Report

2024/25

September 2024

Regan, Nikki
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Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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

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

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

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

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

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	<p>Measure: Number of delayed transfers of care.</p> <p>National standard/ambition: 12 month reduction trend</p> <p>Reporting period: Monthly</p>	Reduction against 23/24	Yes	Mar-25	171 July-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	32.7% (Apr-24 to Jul-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	904 Aug-24	Hyperlink to section
	<p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p>	232	Yes	Dec-25	418 Aug-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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	8% Jul-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% Jul-24	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trjectory

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>10,825 Sep-24</p> <p>9,823 Mar-25</p>	No		<p>14,610 Jul-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>1,989 Dec-25</p>	No		<p>3,687 Jul-24</p>	Hyperlink to section
	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>70% Dec-25</p>	Yes	Dec-25	<p>63.1% Jul-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>11,908 Dec-25</p>	No		<p>16,324 Jul-25</p>	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 2: Cardiff and Vale Performance Report

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

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

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

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

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

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none"> The Covid-19 vaccine spring booster campaign has concluded, and it has delivered 33,684 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the vaccine uptake has therefore been 61.3% which is the third highest uptake of all Health Boards and above the Welsh average of 59.3%. <p>Surveillance</p> <ul style="list-style-type: none"> Influenza activity remains low, between seasonal activity Hospital admissions in C&V for Covid-19 have declined since peaking in the third week of July PCR incidence has decreased in C&V since late June; test positivity across Wales has started to increase again since the third week of August KP.3 is the most prevalent variant in Wales, a sub-variant of both Omicron and JN.1 There is currently 1 Covid-19 outbreak and zero incidents in hospital; and zero influenza incidents or outbreaks. Since the start of April 2024, there have been 10 influenza incidents or outbreaks, with 7 bed days lost. In the same period there have been 81 Covid-19 incidents or outbreaks, with 369 bed days lost, at an estimated opportunity cost of £184,500 since 1 April 2024 17% of C&V UHB staff sickness during July 2024 was due to influenza/COVID-19/respiratory conditions RSV activity in under 5s remains below the seasonal threshold 	Week 34	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p> <p>Source: PHW weekly flu/ARI report</p>

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



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C&V Priorities and Annual Plan Commitments

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

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

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data																																													
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none"> 13% of Cardiff and Vale of Glamorgan smoke. NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually. In Quarter 4 23/24 (the most up to date data received) 0.6 % of smokers set a firm quit date. This is below target. 70 % of these quit smoking at 4 weeks, which is above target (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . This breaks down by service as follows: <ul style="list-style-type: none"> HMQ community – 78% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –53% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 45% of Treated Smokers had quit smoking at 4 weeks. 	Quarter 4 2023/24	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in %'s</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hosp (%)</th> <th>QTR total (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 22/23</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> </tr> <tr> <td>Q2 22/23</td> <td>75</td> <td>35</td> <td>85</td> <td>78</td> </tr> <tr> <td>Q3 22/23</td> <td>72</td> <td>33</td> <td>85</td> <td>65</td> </tr> <tr> <td>Q4 22/23</td> <td>78</td> <td>33</td> <td>85</td> <td>62</td> </tr> <tr> <td>Q1 23/24</td> <td>70</td> <td>25</td> <td>45</td> <td>58</td> </tr> <tr> <td>Q2 23/24</td> <td>75</td> <td>25</td> <td>85</td> <td>68</td> </tr> <tr> <td>Q3 23/24</td> <td>78</td> <td>45</td> <td>75</td> <td>68</td> </tr> <tr> <td>Q4 23/24</td> <td>78</td> <td>50</td> <td>45</td> <td>70</td> </tr> </tbody> </table>	Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)	Q1 22/23	78	30	78	65	Q2 22/23	75	35	85	78	Q3 22/23	72	33	85	65	Q4 22/23	78	33	85	62	Q1 23/24	70	25	45	58	Q2 23/24	75	25	85	68	Q3 23/24	78	45	75	68	Q4 23/24	78	50	45	70
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Smoking and substance misuse

NHS Wales Performance Framework measures

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

Chair's objectives

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

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Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 January 2024 to 31 March 2024	95%	84.1% Below target	Q1	Q2	Q3	Q4
					84.1%	83.5%	85.7%	84.8%
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign) (still awaiting end of campaign data for the 2024 HPV campaign)</i>	April 24	90%	74.4% Below target	Q1	Q2	Q3	Q4
					74.4%			
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below target	01/03/24	26/03/24	27/12/23	16/02/24
					72.8%	72.8%	70.9%	72.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 April 2024 to 30 June 2024	75%	61.8% Below target	25/04/24	04/06/24	27/06/24	4/07/24
					20.8%	51.7%	61.1%	61.8%

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Weight Management Services

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

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

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Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Jun-24	90%	23.5% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>44.70%</td> <td>2.10%</td> <td>51.40%</td> <td>23.50%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	44.70%	2.10%	51.40%	23.50%
Mar-24	Apr-24	May-24	Jun-24										
44.70%	2.10%	51.40%	23.50%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-24	90%	93.4% Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Jun-24</th> </tr> <tr> <td>94.10%</td> <td>97.70%</td> <td>95.40%</td> <td>93.40%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Jun-24	94.10%	97.70%	95.40%	93.40%
Jan-24	Feb-24	Mar-24	Jun-24										
94.10%	97.70%	95.40%	93.40%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jul-24	95%	97.2% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>95.70%</td> <td>96.10%</td> <td>97.40%</td> <td>97.20%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	95.70%	96.10%	97.40%	97.20%
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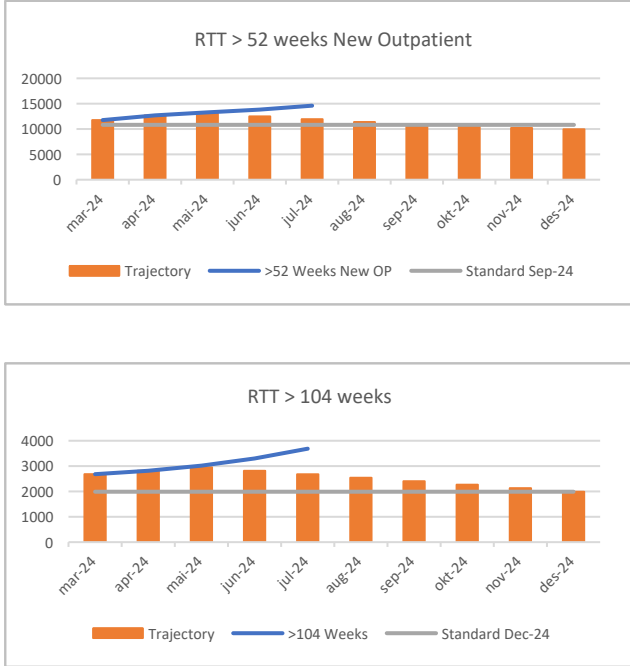
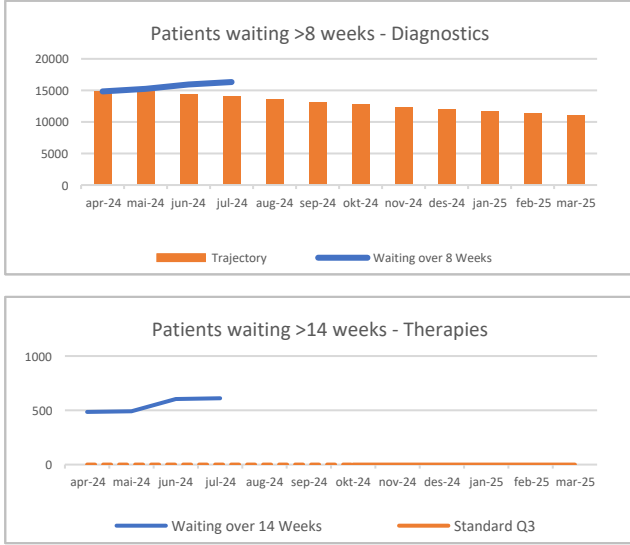
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In July utilisation was 91% and remains above our commitment</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 96% compliance with 8-hour standard</p>	<p>Jul-24</p> <p>Jun-24</p>	<p>91% utilisation Above standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>96% Above standard</p>	
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In August we reported 13 2-hour ambulance delays, above our ambition of 0 In August we reported 418 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In August we reported lost minutes per arrival had decreased to 23</p> <p>ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In August we reported a small increase in patients waiting 12-hours in EU compared to July. This equates to 91.7% of attendances waiting less than 12-hours and below our ambition for Q2</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In August we reported an increase in activity compared to July, however this is slightly below our August 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase</p>	<p>Aug-24</p> <p>Aug-24</p>	<p>13 2-hour delays Above standard</p> <p>418 1-hour delays Above standard</p> <p>23 minutes lost/arrival Above standard</p> <p>91.7% patients <12h Below standard</p> <p>1736 SDEC attends Below standard</p>	
<p>Reducing time in hospital and Continuity of Care</p>	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end off August 58.0% of patients in acute beds had a LOS of >7 days, 32.6% >21 days – increased from July's snapshot but above out ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In August 2024 the number of POCDs was 174 – this slightly above the number of delays reported in August 2024 and our improvement actions are described in the cover paper</p>	<p>Jul-24</p> <p>Aug-24</p>	<p>58.0% >7d Above standard</p> <p>32.6% >21d Above standard</p> <p>174 Above 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 July 48.3% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In July 18.4% of stroke patients were thrombolysed, an increase from June but below our ambition</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In July 42.2% 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>Jul-24</p>	<p>48.3% CT Below standard</p> <p>18.4% Thrombolysis Below standard</p> <p>42.2% Door-to-ward Below standard</p>	<p>CT Scan within 1 hour</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>60</td><td>70</td></tr> <tr><td>Apr-24</td><td>50</td><td>70</td></tr> <tr><td>May-24</td><td>55</td><td>70</td></tr> <tr><td>Jun-24</td><td>48</td><td>70</td></tr> <tr><td>Jul-24</td><td>48.3</td><td>70</td></tr> </tbody> </table> <p>Stroke patient thrombolysis rate</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>20</td><td>20</td></tr> <tr><td>Apr-24</td><td>15</td><td>20</td></tr> <tr><td>May-24</td><td>25</td><td>20</td></tr> <tr><td>Jun-24</td><td>18</td><td>20</td></tr> <tr><td>Jul-24</td><td>18.4</td><td>20</td></tr> </tbody> </table> <p>Direct admission to stroke unit within 4 hours</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>60</td><td>80</td></tr> <tr><td>Apr-24</td><td>45</td><td>80</td></tr> <tr><td>May-24</td><td>50</td><td>80</td></tr> <tr><td>Jun-24</td><td>45</td><td>80</td></tr> <tr><td>Jul-24</td><td>42.2</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Mar-24	60	70	Apr-24	50	70	May-24	55	70	Jun-24	48	70	Jul-24	48.3	70	Month	Performance (%)	Standard (%)	Mar-24	20	20	Apr-24	15	20	May-24	25	20	Jun-24	18	20	Jul-24	18.4	20	Month	Performance (%)	Standard (%)	Mar-24	60	80	Apr-24	45	80	May-24	50	80	Jun-24	45	80	Jul-24	42.2	80
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<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In July 40.6% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.</p>	<p>Jul-24</p>	<p>40.6% (Annualised) Below standard</p>	<p>Admitted within 4 hours</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>40</td><td>60</td></tr> <tr><td>Apr-24</td><td>42</td><td>60</td></tr> <tr><td>May-24</td><td>45</td><td>60</td></tr> <tr><td>Jun-24</td><td>40</td><td>60</td></tr> <tr><td>Jul-24</td><td>40.6</td><td>60</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Mar-24	40	60	Apr-24	42	60	May-24	45	60	Jun-24	40	60	Jul-24	40.6	60																																				
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Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In July 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 July 32.7% 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 July 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>	Apr-24	98.2% Below standard	<p>GDS contract value fulfillment</p> <table border="1"> <caption>GDS contract value fulfillment</caption> <thead> <tr> <th>Month</th> <th>% GDS contract</th> <th>Standard</th> </tr> </thead> <tbody> <tr><td>Apr-24</td><td>~5%</td><td>0%</td></tr> <tr><td>May-24</td><td>~10%</td><td>0%</td></tr> <tr><td>Jun-24</td><td>~20%</td><td>~15%</td></tr> <tr><td>Jul-24</td><td>~32.7%</td><td>0%</td></tr> <tr><td>Aug-24</td><td>~35%</td><td>0%</td></tr> <tr><td>Sep-24</td><td>~40%</td><td>~45%</td></tr> <tr><td>Oct-24</td><td>~45%</td><td>0%</td></tr> <tr><td>Nov-24</td><td>~50%</td><td>0%</td></tr> <tr><td>Dec-24</td><td>~55%</td><td>~75%</td></tr> <tr><td>Jan-25</td><td>~60%</td><td>0%</td></tr> <tr><td>Feb-25</td><td>~65%</td><td>0%</td></tr> <tr><td>Mar-25</td><td>~70%</td><td>100%</td></tr> </tbody> </table>	Month	% GDS contract	Standard	Apr-24	~5%	0%	May-24	~10%	0%	Jun-24	~20%	~15%	Jul-24	~32.7%	0%	Aug-24	~35%	0%	Sep-24	~40%	~45%	Oct-24	~45%	0%	Nov-24	~50%	0%	Dec-24	~55%	~75%	Jan-25	~60%	0%	Feb-25	~65%	0%	Mar-25	~70%	100%			
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Jul-24	32.7% Below standard (Apr-24 - Jul-24)	100% Above standard																																												
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 July 63.1% of patients received their first definitive treatment within 62 days. This was above our trajectory and we aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	Jul-24	63.1% Below standard	<p>% cancer patients starting treatment withing 62 days</p> <table border="1"> <caption>% cancer patients starting treatment withing 62 days</caption> <thead> <tr> <th>Month</th> <th>Trajectory</th> <th>SCP performance</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>~60%</td><td>~62%</td></tr> <tr><td>Apr-24</td><td>~65%</td><td>~62%</td></tr> <tr><td>May-24</td><td>~55%</td><td>~62%</td></tr> <tr><td>Jun-24</td><td>~60%</td><td>~65%</td></tr> <tr><td>Jul-24</td><td>~62%</td><td>~63.1%</td></tr> <tr><td>Aug-24</td><td>~65%</td><td>~65%</td></tr> <tr><td>Sep-24</td><td>~65%</td><td>~65%</td></tr> <tr><td>Oct-24</td><td>~68%</td><td>~68%</td></tr> <tr><td>Nov-24</td><td>~68%</td><td>~68%</td></tr> <tr><td>Dec-24</td><td>~70%</td><td>~68%</td></tr> <tr><td>Jan-25</td><td>~65%</td><td>~68%</td></tr> <tr><td>Feb-25</td><td>~70%</td><td>~68%</td></tr> <tr><td>Mar-25</td><td>~70%</td><td>~68%</td></tr> </tbody> </table>	Month	Trajectory	SCP performance	Mar-24	~60%	~62%	Apr-24	~65%	~62%	May-24	~55%	~62%	Jun-24	~60%	~65%	Jul-24	~62%	~63.1%	Aug-24	~65%	~65%	Sep-24	~65%	~65%	Oct-24	~68%	~68%	Nov-24	~68%	~68%	Dec-24	~70%	~68%	Jan-25	~65%	~68%	Feb-25	~70%	~68%	Mar-25	~70%	~68%
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In July there were 14,610 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In August there were 3,687 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition.</p> <p>We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work</p>	<p>Jul-24</p>	<p>14,610 patients Above standard</p> <p>3,687 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. Orange bars represent the trajectory, a blue line represents the '>52 Weeks New OP' target, and a grey line represents the 'Standard Sep-24' at approximately 10,000. The second chart, 'RTT > 104 weeks', shows monthly data from March 2024 to December 2024. The y-axis ranges from 0 to 4,000. Orange bars represent the trajectory, a blue line represents the '>104 Weeks' target, and a grey line represents the 'Standard Dec-24' at approximately 2,000.</p>
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In July 16,324 patients were waiting over 8 weeks for a specified diagnostic, an increase from June and Welsh Government's ambition. A diagnostic update was brought to the most recent Board development session.</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In July 611 patients were waiting over 14 weeks for therapies, a small increase from June and above our commitment for Q3. Breaches are concentrated in OT and Physiotherapy and team are working to bring the specific services back into balance.</p>	<p>Jul-24</p>	<p>16,324 patients Diagnostics Above standard</p> <p>611 patients Therapies Above standard (Q3)</p>	 <p>The first chart, 'Patients waiting >8 weeks - Diagnostics', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 20,000. Orange bars represent the trajectory, a blue line represents 'Waiting over 8 Weeks', and a grey line represents the 'Standard Q3' at approximately 15,000. The second chart, 'Patients waiting >14 weeks - Therapies', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 1,000. Orange bars represent the trajectory, a blue line represents 'Waiting over 14 Weeks', and a grey line represents the 'Standard Q3' at approximately 100.</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Waiting times</p>	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In July there were 19 patients waiting over 16 weeks for a new outpatient appointment and 13 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 July there were 3 patients waiting over 18 weeks for a new outpatient appointment and 5 patients waiting over 40 weeks for surgery</p>	<p>Jul-24</p>	<p>19 Patients Above standard (Q2)</p> <p>13 patients Outpatients 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 dashed line for 'Standard Q2'. The blue line fluctuates around the standard, with a notable peak in July 2024. The second chart, 'Outpatient and treatment waits - Neurosurgery', shows a blue line for '>18 week new OP waits' and a green line for '>40 week treatment', both compared against an orange dashed 'Standard' line. Both lines are generally below the standard, with a peak in July 2024.</p>
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 July saw an increase in ITU DTOCs compared to previous months and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Jul-24</p>	<p>9.3% 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 approximately 15% in March 2024, drops to around 5% by April 2024, and then fluctuates between 5% and 10% through the rest of the period, generally staying above the standard line.</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In July 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 July there were 233 paediatric patients waiting over 14 weeks for Therapies (101 in Dietetics , 131 in Occupational Therapy and 1 in Speech and Language)</p>	<p>Jul-24</p>	<p>0 Meeting standard</p> <p>233 Above standard (Q3)</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 July 94% 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 July 8% 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 July 97% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Jul-24</p>	<p>94% Part 1a Above standard</p> <p>8% Part 1b Below standard</p> <p>97% Part 2 Above standard</p>	
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In July the longest wait for a neurodevelopment assessment was 182 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Jul-24</p>	<p>182 Above standard (Q4)</p>	

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 July 11.8% 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>	Jul-24	11.8% Part 1a Below standard (Q2)	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Performance vs Standard Q2 (Part 1a)</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>15</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>11.8</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Mar-24	55	80	Apr-24	15	80	May-24	20	80	Jun-24	18	80	Jul-24	11.8	80																		
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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 July 99.7% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Jul-24	100% Part 1b Above standard	<p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Performance vs Trajectory (Part 1b)</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> </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
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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 July 61% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liason Committee to support longer term improvements in compliance</p>	Jul-24	61% Part 2 Below standard (Q3)	<p>Valid Treatment Plan - Adults</p> <table border="1"> <caption>Performance vs Standard Q3 (Part 2)</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>58</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>61</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q3 (%)	Mar-24	55	80	Apr-24	58	80	May-24	58	80	Jun-24	58	80	Jul-24	61	80																		
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	98.2% Below standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jun-24	Improvement compared to the same month in the previous year	47.3% Above standard	<table border="1"> <tr> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> </tr> <tr> <td>46.90%</td> <td>47.50%</td> <td>47.60%</td> <td>47.30%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	46.90%	47.50%	47.60%	47.30%
Mar-24	Apr-24	May-24	Jun-24										
46.90%	47.50%	47.60%	47.30%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Jul 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	32.7% Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>4.9%</td> <td>13.7%</td> <td>22.9%</td> <td>32.7%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	4.9%	13.7%	22.9%	32.7%
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14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	May-24	Increase compared to the same month in the previous year	1,795 Above standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>1724</td> <td>1649</td> <td>1628</td> <td>1795</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	1724	1649	1628	1795
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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	Jul-24	80%	8% Below standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>16%</td> <td>14%</td> <td>5%</td> <td>8%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	16%	14%	5%	8%
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19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Aug-24	65%	55% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>52%</td> <td>48%</td> <td>56%</td> <td>55%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	52%	48%	56%	55%
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20.	Median emergency response time to amber calls	Jul-24	12 month reduction trend	01:23:17 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>01:07:22</td> <td>01:19:27</td> <td>01:18:06</td> <td>01:23:17</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	01:07:22	01:19:27	01:18:06	01:23:17
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Jun-24	15 minutes or less	19 Above standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>20</td> <td>20</td> <td>23</td> <td>19</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	20	20	23	19
Mar-24	Apr-24	May-24	Jun-24										
20	20	23	19										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jun-24	60 minutes or less	65 Above standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>63</td> <td>64</td> <td>62</td> <td>65</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	63	64	62	65
Mar-24	Apr-24	May-24	Jun-24										
63	64	62	65										
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	Aug-24	Improvement compared to the same month in the previous year, towards the national target of 95%	59.9% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>63.7%</td> <td>62.8%</td> <td>61.9%</td> <td>59.9%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	63.7%	62.8%	61.9%	59.9%
May-24	Jun-24	Jul-24	Aug-24										
63.7%	62.8%	61.9%	59.9%										
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	Aug-24	Reduction compared to the same month in the previous year, towards the national target of zero	904 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>898</td> <td>915</td> <td>876</td> <td>904</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	898	915	876	904
May-24	Jun-24	Jul-24	Aug-24										
898	915	876	904										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jun-24	12 month improvement trend towards a national target of 80% by 31 March 2026	64.6% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>62.3%</td> <td>63.7%</td> <td>62.1%</td> <td>64.6%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	62.3%	63.7%	62.1%	64.6%
Mar-24	Apr-24	May-24	Jun-24										
62.3%	63.7%	62.1%	64.6%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jul-24	0	16,324 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>14835</td> <td>15245</td> <td>15938</td> <td>16324</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	14835	15245	15938	16324
Apr-24	May-24	Jun-24	Jul-24										
14835	15245	15938	16324										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jul-24	100%	84.29% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>81.45%</td> <td>83.88%</td> <td>82.12%</td> <td>84.29%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	81.45%	83.88%	82.12%	84.29%
Apr-24	May-24	Jun-24	Jul-24										
81.45%	83.88%	82.12%	84.29%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jul-24	0	611 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>485</td> <td>491</td> <td>604</td> <td>611</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	485	491	604	611
Apr-24	May-24	Jun-24	Jul-24										
485	491	604	611										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jul-24	0	64 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>13</td> <td>50</td> <td>63</td> <td>64</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	13	50	63	64
Apr-24	May-24	Jun-24	Jul-24										
13	50	63	64										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jul-24	0	14,610 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>12695</td> <td>13285</td> <td>13831</td> <td>14610</td> </tr> </table>	Apr-24	May-24	Jun-23	Jul-23	12695	13285	13831	14610
Apr-24	May-24	Jun-23	Jul-23										
12695	13285	13831	14610										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jul-24	Reduction compared to the same month in the previous year	22,763 Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>26338</td> <td>27686</td> <td>24915</td> <td>22763</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	26338	27686	24915	22763
Apr-24	May-24	Jun-24	Jul-24										
26338	27686	24915	22763										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jul-24	0	3,687 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>2816</td> <td>3018</td> <td>3301</td> <td>3687</td> </tr> </table>	Apr-24	May-24	Jun-23	Jul-23	2816	3018	3301	3687
Apr-24	May-24	Jun-23	Jul-23										
2816	3018	3301	3687										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jul-24	Month on month reduction towards the national target of zero by 30 June 2025	35,473 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>32436</td> <td>33241</td> <td>34148</td> <td>35473</td> </tr> </table>	Apr-24	May-24	Jun-23	Jul-23	32436	33241	34148	35473
Apr-24	May-24	Jun-23	Jul-23										
32436	33241	34148	35473										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jul-24	80%	17% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>20%</td> <td>17%</td> <td>16%</td> <td>17%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	20%	17%	16%	17%
Apr-24	May-24	Jun-24	Jul-24										
20%	17%	16%	17%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-24	80%	65% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>56%</td> <td>62%</td> <td>65%</td> <td>65%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	56%	62%	65%	65%
Mar-24	Apr-24	May-24	Jun-24										
56%	62%	65%	65%										

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Aug-23; the rates have fallen from 12.81% at Aug-23 to 10.97% in Jul-24 UHB wide. This is a net 1.84% decrease, which represents 263 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation – Promotion'.</p>	July 2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Jul-24 was 5.88%. The 12-month cumulative rate has settled over the past 6 months, and is 6.26% at Jul-24 (by comparison with Jul-23, which was 6.53%).</p>	July 2024	
Statutory and Mandatory Training	<p>The overall compliance rates fell marginally for Jul-24 to 83.34%, 1.66% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics and Children & Women's are above the 85% target, and Corporate Executives are above 80% compliance.</p> <p>The compliance with Fire training was 72.99% for Jul-24. All Wales Genomics Service have reached 86.29%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	July 2024	
Values Based Appraisal	<p>VBA compliance has fallen again during Jul-24 to 79.61%, the 3rd successive monthly fall in the compliance rate. Capital, Estates & Facilities are the only Clinical Board that continues to exceed the 85% target. Children & Women's, Surgical Services, All-Wales Genomics Service and PCIC are above 80%.</p>	July 2024	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases is just below the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	July 2024	

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.31% have an agreed job plan that has been signed off within the past 12 months. A further 25.96% have an agreed job plan that was last reviewed and signed off before Aug-23.	July 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for Jul-24, to 80.45%, and remains below the 85% target.	July 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 326 WTE, to 14,961.84 WTE at Jul-24. It is worth noting that the numbers have actually fallen slightly in the past 5 months, from a high of 15,114.10 WTE in Feb-24. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	July 2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Aug-23 the percentage was 10.12% of the total spend on pay, but in Jul-24 had fallen to 8.04%. It must however be borne in mind that the total pay bill is increasing.	July 2024	
Staff Winter Vaccination Programme	The 2023-24 winter vaccination programme closed at the end of Mar-24. The programme for 2024-25 will commence in Sept-24.		
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency continues to fall. At Aug-23 the percentage was 2.42% of the total spend on pay, but in Jul-24 had fallen to 0.82%. It must however be borne in mind that the total pay bill is increasing.	July 2024	

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Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 59 days. The figure for Cardiff & Vale uHB for Jul-24 was 78 days, but over the past 12 months the trend is downwards.	July 2024	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 6.8 days. The figure for Cardiff & Vale uHB for Jul-24 was 5.6 days.	July 2024	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. During the intervening 9 months the return rate has risen, to 29.50% at Jun-24.	June 2024	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Jul-24 the rate was 4.17%, by comparison with a nominal 5% target. It is worth bearing in mind that there is a project running to validate the funded establishment WTE, so some future changes might be driven by improvements in accuracy of recording the funded establishment WTE rather than any changes in staff recruitment and/or retention.	July 2024	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Jul-24 31.75% have recorded all of their EDI data. Country of Birth has the poorest compliance rate; if this is excluded from calculations the compliance increases to 72.29%	July 2024	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). Approximately 60% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Jul-24 4.99% of staff have recorded their Welsh Skills between level 2 and level 5.	July 2024	

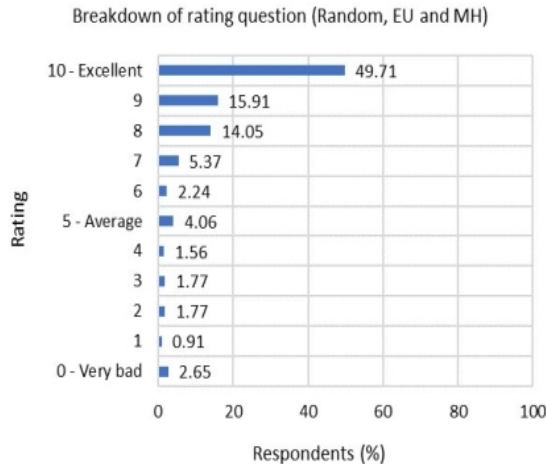
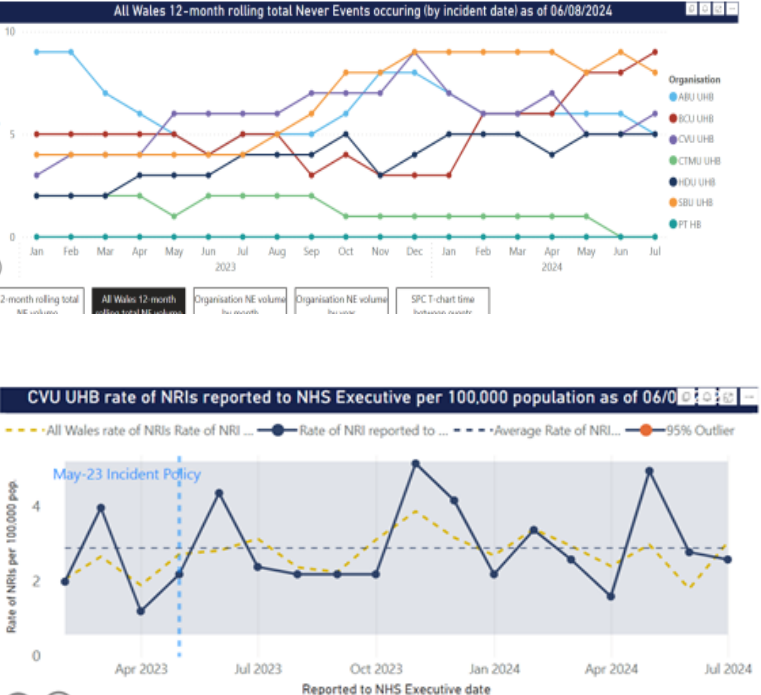
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Jul-24	12 month reduction trend (6%)	5.88% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>5.87%</td> <td>5.78%</td> <td>5.88%</td> <td>5.88%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	5.87%	5.78%	5.88%	5.88%
Apr-24	May-24	Jun-24	Jul-24										
5.87%	5.78%	5.88%	5.88%										
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jul-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	10.97% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>11.39%</td> <td>11.26%</td> <td>11.12%</td> <td>10.97%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	11.39%	11.26%	11.12%	10.97%
Apr-24	May-24	Jun-24	Jul-24										
11.39%	11.26%	11.12%	10.97%										
38.	Agency spend as a percentage of the total pay bill	Jul-24	12 month reduction trend	0.82% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>0.91%</td> <td>0.93%</td> <td>0.68%</td> <td>0.82%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	0.91%	0.93%	0.68%	0.82%
Apr-24	May-24	Jun-24	Jul-24										
0.91%	0.93%	0.68%	0.82%										
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Jul-24	85%	79.66% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>81.98%</td> <td>81.80%</td> <td>80.03%</td> <td>79.66%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	81.98%	81.80%	80.03%	79.66%
Apr-24	May-24	Jun-24	Jul-24										
81.98%	81.80%	80.03%	79.66%										

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																				
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During July and August 24, the Health Board :</p> <ul style="list-style-type: none"> Received 731 Concerns Closed 683 concerns 78% closed within 30 working days (including Early Resolution) 38 % closed under Early Resolution (within 2 days including day of receipt) Received 226 Enquiries Received 84 Compliments We currently have 291 active concerns <p>Top 3 themes and trends</p> <ul style="list-style-type: none"> Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>July/Aug 2024</p>	<p>78% Exceeding the 75% standard</p>	<p style="text-align: center;">% of concerns closed within 30 working days (including Early Resolution)</p> <table border="1"> <caption>Monthly Performance Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>% of concerns closed</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>75</td></tr> <tr><td>Aug-23</td><td>78</td></tr> <tr><td>Sep-23</td><td>74</td></tr> <tr><td>Oct-23</td><td>69</td></tr> <tr><td>Nov-23</td><td>76</td></tr> <tr><td>Dec-23</td><td>76</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>79</td></tr> <tr><td>Mar-24</td><td>81</td></tr> <tr><td>Apr-24</td><td>79</td></tr> <tr><td>May-24</td><td>81</td></tr> <tr><td>Jun-24</td><td>84</td></tr> <tr><td>Jul-24</td><td>84</td></tr> <tr><td>Aug-24</td><td>78</td></tr> </tbody> </table>	Month	% of concerns closed	Jul-23	75	Aug-23	78	Sep-23	74	Oct-23	69	Nov-23	76	Dec-23	76	Jan-24	80	Feb-24	79	Mar-24	81	Apr-24	79	May-24	81	Jun-24	84	Jul-24	84	Aug-24	78						
Month	% of concerns closed																																							
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Aug-24	78																																							
<p>Duty of Candour</p>	<ul style="list-style-type: none"> Since April 1st, 2023, 37, 730 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded with clinical input and feedback to the reporter We continue to support DOC awareness sessions across Primary and Secondary care Since April 1st, 2023, we have triggered the DOC on 198 occasions We have internally audited the process and compliance 	<p>Sep 2024</p>	<p>n/a</p>	<p style="text-align: center;">Incident grading changed following review</p> <table border="1"> <caption>Incident Grading Data (Estimated)</caption> <thead> <tr> <th>Service</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Wales Genomics Service</td><td>100</td><td>100</td></tr> <tr><td>Surgical Services</td><td>1000</td><td>2500</td></tr> <tr><td>Specialist Services</td><td>1000</td><td>3500</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>1000</td><td>3000</td></tr> <tr><td>Other Organisations</td><td>100</td><td>100</td></tr> <tr><td>Mental Health Services</td><td>1000</td><td>3000</td></tr> <tr><td>Medicine Services</td><td>2500</td><td>4500</td></tr> <tr><td>Executive and Corporate Services</td><td>100</td><td>100</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>1000</td><td>1500</td></tr> <tr><td>Children and Women's Services</td><td>1000</td><td>2500</td></tr> <tr><td>Capital, Estates and Facilities</td><td>100</td><td>100</td></tr> </tbody> </table>	Service	Yes	No	Wales Genomics Service	100	100	Surgical Services	1000	2500	Specialist Services	1000	3500	Primary, Community and Intermediate Care	1000	3000	Other Organisations	100	100	Mental Health Services	1000	3000	Medicine Services	2500	4500	Executive and Corporate Services	100	100	Clinical Diagnostics and Therapeutic Services	1000	1500	Children and Women's Services	1000	2500	Capital, Estates and Facilities	100	100
Service	Yes	No																																						
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Priority	Performance Summary	Reporting Period	Performance against standard	Data																								
<p>Patient Feedback – Civica</p>	<ul style="list-style-type: none"> The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent over 170,000 texts and are seeing a response of 17%. In August, we sent 15,517 texts and had 2419 completions (16% response). Of those respondents who were discharged during July/August and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 85% were satisfied with our service. Currently, our response rate overall is 17% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year. 	<p>July/ August 2024</p>		 <p>Breakdown of rating question (Random, EU and MH)</p> <table border="1"> <thead> <tr> <th>Rating</th> <th>Respondents (%)</th> </tr> </thead> <tbody> <tr><td>10 - Excellent</td><td>49.71</td></tr> <tr><td>9</td><td>15.91</td></tr> <tr><td>8</td><td>14.05</td></tr> <tr><td>7</td><td>5.37</td></tr> <tr><td>6</td><td>2.24</td></tr> <tr><td>5 - Average</td><td>4.06</td></tr> <tr><td>4</td><td>1.56</td></tr> <tr><td>3</td><td>1.77</td></tr> <tr><td>2</td><td>1.77</td></tr> <tr><td>1</td><td>0.91</td></tr> <tr><td>0 - Very bad</td><td>2.65</td></tr> </tbody> </table>	Rating	Respondents (%)	10 - Excellent	49.71	9	15.91	8	14.05	7	5.37	6	2.24	5 - Average	4.06	4	1.56	3	1.77	2	1.77	1	0.91	0 - Very bad	2.65
Rating	Respondents (%)																											
10 - Excellent	49.71																											
9	15.91																											
8	14.05																											
7	5.37																											
6	2.24																											
5 - Average	4.06																											
4	1.56																											
3	1.77																											
2	1.77																											
1	0.91																											
0 - Very bad	2.65																											
<p>Patient Safety</p>	<p>Cardiff and Vale reported seven NRIs in July 2024, which is a rate of 2.57 per 100 000 population in line with the national rate of 3.03</p> <p>The management of Never Events remain a priority with six incidents reported in the past twelve months.</p> <p>59.95% of NRI reviews remain open over 90 days which reflects the number of cases under review in Mental Health Clinical Board, where there is a 120 days time frame for review and closure.</p> <p>2377 patient safety incidents were reported in July 2024 of these 1780 were reported as having caused no or low harm.</p> <p>Of those that were reported as having caused moderate harm or above 293 were subsequently downgraded to no or low harm once reviewed. However 240 incidents have not yet had a management review.</p> <p>The timely oversight and management of patient safety incidents is a priority and the clinical boards will be supported in reducing their numbers of incidents that remain open over 90 days over the next three months.</p>	<p>July 2024</p>		 <p>All Wales 12-month rolling total Never Events occurring (by incident date) as of 06/08/2024</p> <p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 06/08/2024</p>																								

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>Inpatient Mortality Crude Mortality remains in line with the five year average.</p> <p>Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking</p> <p>All Cause Mortality Excess deaths in line with the five year average for the past two months. Excess mortality rates have been observed across the UK including Wales since late 2022.</p>	<p>May 2020-19 July 2024</p>		
<p>Infection Control</p>	<p>Covid -19 continues to casue disruption with outbreaks on a number of wards across the UHB</p> <p>C. Difficile 74 cases reported to date compared with 39 in the previous year. The majority of caess are in Medicine Clinical Board</p> <p>Klebsiella Spp Bacteraemia The UHB has reported 44 cases to date this year the same as was reported at this point in 2023/24</p> <p>E. Coli Bacteraemia CAV continues to reduce the number of E.coli bacteraemia. Cumulative cases are below the same period last year with 95 cases to date and 114 at the same point last year. Majority of cases diagnosed in the community</p> <p>MRSA Bacteraemia Two MRSA case was reported during to date this year, compared with 3 at this point in 2022/23</p> <p>MSSA Bacteraemia The UHB has reported 59 cases to date, 5 more than during the same period in 2023 and 2022 with the majority diagnosed in the community</p> <p>P. Aeruginosa Bacteraemia 10 cases reported to date in 2023/24 compared to 9 at the same point in the previous year, with all cases diagnosed in Medicine clinical board or the community</p>	<p>Apr- July 24</p>		

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	Priority	Performance Summary	Reported Period	Data															
Financial Performance	Deliver 2024/25 Draft Financial Plan	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At month 5, the UHB is reporting an overspend of £17.176m. This is comprised of £4.230m operational overspend, a savings gap of £6.321m and the planned deficit of £6.625m (5 twelfths of the planned forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 5 operational & savings overspend to deliver the £15.900m planned deficit.</p>	August 24	<table border="1"> <thead> <tr> <th></th> <th>Month 5 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>6.625</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>6.321</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>4.230</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>17.176</td> <td>15.900</td> </tr> </tbody> </table>		Month 5 Position £m	Forecast Year-End Position £m	Planned deficit	6.625	15.900	Savings Programme	6.321	0.000	Operational position (Surplus) / Deficit	4.230	0.000	Financial Position £m (Surplus) / Deficit £m	17.176	15.900
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Financial Position £m (Surplus) / Deficit £m	17.176	15.900																	
Achieve financial sustainability and recurrent financial balance by the end of 2025/26	<p>The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25.</p> <p>At month 5, the UHB had identified £17.956m of recurrent green and amber savings. In addition, it is assumed that 50% of the £4.007m red schemes are recurrent.</p> <p>A £4.230m operational overspend was reported at month 5 and this will also need to be managed to a balanced position at year end to meet the target ULD.</p> <p>In summary, a further £27.241m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.</p>	August.24	<p>Progress in Reducing the Underlying Deficity (ULD) from 60.9m to £15.9m</p>																
Management of operational budget pressures	<p>The UHB reported a £4.230m operational overspend at month 5, which is a deterioration of £0.860m from the £3.370m reported at month 4.</p>	August 24	<p>Planned Operational Position vs Month 5 Position</p>																


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	Priority	Performance Summary	Reported Period	Data																														
	Delivery of recurrent £47.2m savings target	£33.232m Green and Amber schemes identified at month 5 of which £17.956m were recurrent.	August 24	<p>Progress in Identification of Savings Schemes</p> <p>Monthly Progress of Identification of Schemes</p> <table border="1"> <caption>Estimated data for Monthly Progress of Identification of Schemes</caption> <thead> <tr> <th>Month</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td>12,000</td> <td>5,000</td> <td>10,000</td> <td>15,000</td> </tr> <tr> <td>Month 2</td> <td>13,000</td> <td>7,000</td> <td>13,000</td> <td>14,000</td> </tr> <tr> <td>Month 3</td> <td>23,000</td> <td>6,000</td> <td>13,000</td> <td>11,000</td> </tr> <tr> <td>Month 4</td> <td>27,000</td> <td>6,000</td> <td>9,000</td> <td>11,000</td> </tr> <tr> <td>Month 5</td> <td>28,000</td> <td>6,000</td> <td>5,000</td> <td>8,000</td> </tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	12,000	5,000	10,000	15,000	Month 2	13,000	7,000	13,000	14,000	Month 3	23,000	6,000	13,000	11,000	Month 4	27,000	6,000	9,000	11,000	Month 5	28,000	6,000	5,000	8,000
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Month 5	28,000	6,000	5,000	8,000																														
	Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that £15.900m of strategic cash support is provided for the forecast deficit.	August 24	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> <p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> <table border="1"> <caption>Estimated data for Cumulative Cash drawn against Revenue and Capital Drawing Limit</caption> <thead> <tr> <th>Month</th> <th>Cumulative Cash Drawings (£m)</th> <th>Revenue & Capital Drawing Limit (£m)</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>120</td> <td>1300</td> </tr> <tr> <td>May</td> <td>250</td> <td>1300</td> </tr> <tr> <td>Jun</td> <td>350</td> <td>1300</td> </tr> <tr> <td>Jul</td> <td>480</td> <td>1300</td> </tr> <tr> <td>Aug</td> <td>600</td> <td>1300</td> </tr> </tbody> </table>	Month	Cumulative Cash Drawings (£m)	Revenue & Capital Drawing Limit (£m)	Apr	120	1300	May	250	1300	Jun	350	1300	Jul	480	1300	Aug	600	1300												
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	May-23	12 month improvement trend	65.1% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>56.90%</td> <td>36.70%</td> <td>60.90%</td> <td>65.10%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	56.90%	36.70%	60.90%	65.10%
Feb-24	Mar-24	Apr-24	May-24										
56.90%	36.70%	60.90%	65.10%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Jun-24	90%	25.4% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>0.70%</td> <td>0.00%</td> <td>38.60%</td> <td>25.40%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	0.70%	0.00%	38.60%	25.40%
Mar-24	Apr-24	May-24	Jun-24										
0.70%	0.00%	38.60%	25.40%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>17.00%</td> <td>15.30%</td> <td>15.00%</td> <td>16.10%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	17.00%	15.30%	15.00%	16.10%
Jan-24	Feb-24	Mar-24	Apr-24										
17.00%	15.30%	15.00%	16.10%										
43.	Number of Pathways of Care delayed discharges	Jul-24	12 month reduction trend	171 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>183</td> <td>179</td> <td>194</td> <td>171</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	183	179	194	171
Apr-24	May-24	Jun-24	Jul-24										
183	179	194	171										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-24	90%	97.2% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>81.7%</td> <td>87.8%</td> <td>85.3%</td> <td>97.2%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	81.7%	87.8%	85.3%	97.2%
Apr-24	May-24	Jun-24	Jul-24										
81.7%	87.8%	85.3%	97.2%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-24	90%	61.2% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>58.5%</td> <td>59.1%</td> <td>60.3%</td> <td>61.2%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	58.5%	59.1%	60.3%	61.2%
Apr-24	May-24	Jun-24	Jul-24										
58.5%	59.1%	60.3%	61.2%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA	July/August 24	Month on month improvement	↑ 6343	In July we sent 14,800 SMS and in August 15,517								

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Jul-24	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	43 11 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Jul-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	56.22 cases per 100,000 population 36.69 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Jul-24	25 cases per 100,000 population	43.79 cases per 100,000 population Above standard	Not on trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Jul-24	Reduction compared to the same month in the previous year	26.2% On standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>30.00%</td> <td>40.00%</td> <td>27.50%</td> <td>26.20%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	30.00%	40.00%	27.50%	26.20%
Apr-24	May-24	Jun-24	Jul-24										
30.00%	40.00%	27.50%	26.20%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jun-24	12 month improvement trend towards national target of 95%	61.5% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>58.40%</td> <td>62.20%</td> <td>64.90%</td> <td>61.50%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	58.40%	62.20%	64.90%	61.50%
Mar-24	Apr-24	May-24	Jun-24										
58.40%	62.20%	64.90%	61.50%										
52.	Number of ambulance patient handovers over one hour	Aug-24	0	399 Over standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>343</td> <td>458</td> <td>395</td> <td>399</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	343	458	395	399
May-24	Jun-24	Jul-24	Aug-24										
343	458	395	399										
53.	Percentage of ambulance patient handovers within 15 minutes	Aug-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	10.98% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>16.25%</td> <td>13.90%</td> <td>13.60%</td> <td>10.98%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	16.25%	13.90%	13.60%	10.98%
May-24	Jun-24	Jul-24	Aug-24										
16.25%	13.90%	13.60%	10.98%										
54.	Number of National Reportable incidents that remain open 90 days or more	August-24	12 month reduction trend	 69	36% of these NRI's are not overdue as assessment timeframe was 90 or 120 days.								

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Report Title:	Operational Performance Report			Agenda Item no.	2.2
Meeting:	Finance and Performance Committee		Public	a	Meeting Date:
			Private		
Status <i>(please tick one only):</i>	Assurance	a	Approval	Information	
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Head of Performance				

Main Report
Background and current situation:

Background and current situation:

The Operations and Information Teams have redesigned the Integrated Performance Report to better meet the requirements of the Board, it's Committees and improve performance reporting for the Health Board as a whole, both internally and externally. This updated report incorporates progress against the Cabinet Secretary's priorities and our performance ambitions/IMTP priorities. It also includes performance against the updated NHS Performance Framework for 24/25.

The sections of the full report covering Operation Performance, which are pertinent to the Finance and Performance Committee are:
Section 1: Ministerial Priorities
Section 2: Quadruple Aim 2

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

Urgent and Emergency Care

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

Initial analysis suggests that there is a 12% increase in patients presenting to EU as 'majors' compared with the same period last year. This equates to an increase of more than 550 extra patients attending EU a month in the category most likely to need extended stay or admission. We continue to review our EU and inpatient data, with deep dives at the COO led Operational Delivery Group following periods of exceptional escalation.

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

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

has begun operational planning for winter, including engagement with our partners. Through this planning is it likely we will need to consider options to meet the increased demands on our services and to keep patients safe. Any proposals will be taken through the Health Board governance process in October. This will include Senior Leadership Board on 3rd October. Finance and Performance Committee on 23rd October and Board on 30th October.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown improvement against our historic trends. However, the improvements are not necessarily reflected by the annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward – this reduction has been maintained though some very challenging weeks through the whole winter period and beyond. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. We have seen lower compliance though Q1 against the door-to-ward KPI and our own internal operational standards. Time to specialist beds for hip fracture and stroke patients remain operational an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways. Following reduced compliance in Q1, July saw an improvement in of 7.5% from June's performance.

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

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

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

Our SSNAP grade improved to A for the period July-September 2023, this was a significant improvement from the previous quarters and a reflection of the work undertaken by the teams. Our most recent review saw a drop to Grade B but performance remains improved from last year. The challenges in delivering consistent performance in Stroke pathways have been well documented, particularly out of hours. A plan for investing in the front end of our stroke pathway has received endorsement at this Committee and was approved at Board. From October 2024 the SSNAP dataset and measure will be changing – a summary of these changes and implications for the Health Board's compliance will be brought to the next committee meeting.

Hospital Flow and Discharge

The proportion of beds occupied by long length-of-stay patients has fluctuated in recent months as additional beds have been opened and closed in line with our operational plan. The number of delayed pathways of care reduced between March and May and in July following a small increase in June. August saw a small increase from July.

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

We continue to work with colleagues across the health and social care system to reduce delays in patient’s care pathways. Reducing the time patients spend in hospital is a current operational focus. The ongoing work focusses on patients and family, our clinicians, integrated discharge service, hub and flow teams. It is anticipated that this work will result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow, taking some pressure out of the Emergency Unit.

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

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

Cancer

Our compliance with the 62-day Single Cancer Pathway standard improved in December 2023 to 70.2%, our highest performance since the development of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January and 60.8% in February, with continued Junior Doctor industrial action a factor through Q4. In March our SCP performance improved to 62.3%, with a further increase to 63.7% in April. The pathology delays experienced in March mean than our May performance reduced as forecast, as patients treated in May were potentially impacted by delays in this part of their pathway although our performance remained above 60%. We have continued to experience challenges in pathology though Q2 which has continued to impact overall SCP compliance. In June we reported 64.6% compliance with the SCP with improvements noted in Gynecology and Haematology, with a total of 5 tumour groups achieving the 75% SCP standard. Compliance fell only slightly in July with 63.1% of patients treated within 62 days, with 5 tumour groups achieving the 75% SCP standard.

Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q3 where we have seen improvements in the monthly compliance for October and November.

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

Planned Care

The numbers of patients waiting on an RTT waiting list has increased this month. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

At the end of July there were 3,687 patients waiting 2 years for treatment, which represents 2.4% of patients on a waiting list. This is an increase from June but remains a considerable improvement from last year, however, there are still too many patients waiting too long for treatment across a number of key services. We continue to focus on the small number of spinal patients who are waiting over 4-years for treatment (one patient at the end of July), in addition to continuing to reduce the number of patients waiting over 3-years, c100 which are concentrated in spines, urology and ophthalmology. It is our intention to have no patients waiting over 3 years by the end of December 2024. Provisional data for August has seen the number of 3-year waits reduced to <100 patients for the first time since March 2022.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9000. Our work to eliminate 3-year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway.

We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. June saw an increase in the number of patients waiting over 52 weeks for their first outpatient appointment, with the number of breaches forecast to increase as we move through Q2. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.

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

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments over the last year. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. From April 2024 we are only reporting the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 48,848 patients who are past their target date for a follow-up appointment, of these 2 were over 2 years past their target date as shown below:

Overdue Follow-up Outpatients								
Clinical Board	Months past target date	07/02/2024	28/07/2024	04/08/2024	11/08/2024	19/08/2024	26/08/2024	02/09/2024
Total	Total overdue	61658	50812	50781	50523	49503	48800	48848
	Over 18 months	2948	67	61	62	56	60	70
	Over 24 months	1271	5	5	6	4	3	2
Surgery	Over 18 months	1523	49	44	44	43	47	61
	Over 24 months	643	1	1	2	1	0	1
Children & Women	Over 18 months	500	1	1	1	0	2	0
	Over 24 months	173	0	0	1	0	1	0
Specialist	Over 18 months	464	9	6	8	6	5	5
	Over 24 months	196	1	1	1	0	0	1
Medicine	Over 18 months	455	2	4	3	2	1	0
	Over 24 months	257	1	1	0	1	0	0

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments

and the impact of the focused work on the longest delays. There remains a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists.

Our Planned Care Programme is revising its approach Outpatient Transformation, this includes the appointment of a Clinical Lead for Outpatients and alignment with the national Clinical Implementation Networks (CINs) to drive best practice. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways. The number of patients overdue for follow-up appointments will be an area of significant focus through this year.

Diagnostics

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

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

At the end of July, 16,324 patients had waited 8 weeks or longer for their treatment, equating to 61.3% of patients on a diagnostic waiting list.

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Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	24	15	23	34.8%	65.2%
	Echo Cardiogram	4	0	0	0	6	1	676	100.0%	0.0%
	Dobutamine Stress Echocardiogram	22	10	25	21	16	6	59	64.4%	35.6%
	Stress Test	1	3	1	0	6	1	46	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	4	0	39	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	6	0	129	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	29	6	76	60.5%	39.5%
	Trans Oesophageal Echocardiogram	5	2	0	0	5	2	13	100.0%	0.0%
	Cardiac CT	151	134	107	36	24	4	140	74.3%	25.7%
	Cardiac MRI	203	198	214	209	67	13	317	34.1%	65.9%
	Diagnostic Electrophysiology (EP Study)	2	2	2	0	3	3	1	100.0%	0.0%
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	150	8	282	47.9%	52.1%
	Colonoscopy	1536	1565	1626	1712	103	27	2254	24.0%	76.0%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	102	42	1373	13.0%	87.0%
	Gastroscopy	2499	2603	2692	2761	107	40	3238	14.7%	85.3%
	Bronchoscopy	19	25	14	14	111	11	27	48.1%	51.9%
Imaging	Fluoroscopy	37	30	45	30	71	3	127	76.4%	23.6%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	6	3	57	100.0%	0.0%
	Electromyography	0	1	0	0	6	2	55	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	86	5	164	64.6%	35.4%
	Vascular Technology	0	0	0	0	6	1	103	100.0%	0.0%
Radiology	MRI	1116	1045	892	974	78	5	3077	68.3%	31.7%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	56	18	13386	32.5%	67.5%
	CT	21	26	20	14	64	1	226	93.8%	6.2%
	Nuclear Medicine	38	53	62	72	35	5	720	90.0%	10.0%
Total		14835	15245	15938	16324			26608	38.7%	61.3%

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

Mental Health

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults fell in January 2024 and we reported 37.5% compliance with the 28-day standard, while this improved to 90% in February, the team expected this performance to fluctuate in Q1 as the service work through the referrals to recover the position. In March 2024 we reported 54% compliance, with a further reduction in April reported. The May position improved to 19.1% but has reduced again in June and July, in line with our forecast. Performance is expected to remain low through this year and recover to compliance in Q4. Part 1b compliance remains strong with >99% of patients receiving interventions within 28 days on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.




For children and young people, Part 1a compliance dropped below the 80% standard at 78% in January as a result of a number of factors including workforce challenges and the number of complex cases. Part 1a compliance improved to 91% in February, remaining high into June (94%). Part 1b remains challenged as the team work through the backlog, further impacted by an increased in referrals through the summer months. A full demand and capacity review has taken place which acknowledges the services reduced capacity to deliver interventions within 28 days due to vacancies

and sickness. The team are developing a psychoeducation resource and looking to recruit additional support workers to deliver this. A recovery plan was presented as part of the Executive led Clinical Board Review sessions which sees recovery of compliance by the end of Q2.

Primary and Community Care

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

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

GMS activity		June 2024	Year to date 24/25
	Calls to GP surgeries	369,077	1,557,139
	GP appointments offered	242,037	990,453
	Items issued via prescription	727,004	3,024,784

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

We continue to see high utilisation of our Urgent Primary Care Centers across Cardiff and the Vale. Overall utilisation remained above 90% in July 2024, with total utilisation across all 6 sites at 91%, with c3515 appointments booked in month.

Our community teams and integrated services continue to support patients out of hospital, including 17,725 District Nursing visits in July – c6000 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	July 2024
District Nursing visits to patients	17,725
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	42
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	115
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	504
Patients supported by Community Nursing to remain at home	3,596
Wound healing service referrals	78
Continence service referrals	225

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Recommendation:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	a
2. Deliver outcomes that matter to people	a	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	a
4. Offer services that deliver the population health our citizens are entitled to expect	a	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	a	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	a	Integration	a	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

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

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**Health, Social Care and Early Years
Group**

Cardiff and Vale University Health Board

Escalation Framework

March 2024



Llywodraeth Cymru
Welsh Government

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Section A: Introduction

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

NHS bodies can be escalated for any or all of the domains highlighted below:



Finance, strategy and planning

In October 2022, planning and finance were escalated to enhanced monitoring as the health board had been unable to produce an approvable balanced three-year plan.

In January 2024, the health board received confirmation that they would remain in enhanced monitoring for finance, strategy and planning.

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A1 Welsh Government approach to oversight and escalation

Information on the escalation and intervention approach can be found in the [NHS oversight and escalation framework](#).

To optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. Value in health care is realised when the best possible health care outcomes is achieved for our population with the resources that we have.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Assessment and monitoring

Escalation will result in additional scrutiny being applied to those areas of concern.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- IQPDs in April and September 2024 and the JET meetings in June and October 2024 will serve as formal enhanced monitoring review points. These will sign off delivery of key products and agreed objectives.
- Welsh Government will agree with the health board whether a monthly progress report on the key areas in escalation will be required. For areas such as finance, this will include extant reporting arrangements such as the monthly monitoring return to Welsh Government.

Escalation Touchpoints

- Frequency of the finance and planning touchpoint meetings will be agreed with the NHS Executive - these will examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.

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A2 Cardiff and Vale University Health Board - Escalation

The health board is escalated to enhanced monitoring for one domain within the escalation framework.

Expected outcomes

The escalation and related interventions are designed to help support the health board to:

Finance

- Demonstrate financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness,
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes and opportunities.
- Demonstrate and evidence an integrated planning approach and strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- Submit a balanced three-year medium-term plan in line with the current planning framework.

Strategy and Planning

- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, providing a route map towards the UHB's longer-term ambition.
- Clearly agreed clinical strategy and development of a clinical plan to lead future planning and investment decisions.

Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on developed products.
5. Undertake and share relevant analysis and deep dives of national data.
6. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.
7. Direct the NHS Executive to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
8. Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

Cardiff and Vale University Health Board

1. Appoint an SRO(s) for all areas of escalation.
2. Have Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. To produce an enhanced monitoring plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide monthly progress reports and evidence against the escalation plan to Welsh Government.
5. Give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements.

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Section B Enhanced Monitoring

Enhanced monitoring (Level 3) occurs when Welsh Government has identified serious concerns related to the NHS organisation - this may include ongoing performance challenges, a growing financial deficit, inability to produce an integrated medium-term plan.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

The health board is in enhanced monitoring for finance, strategy and planning.

In October 2022, Cardiff and Vale University Health Board was escalated to enhanced monitoring for finance, strategy and planning as the health board was unable to produce an approvable balanced three-year plan in accordance with the direction given by Welsh Ministers and the NHS Planning Framework, which could be considered for approval under section 175(2A) of the NHS (Wales) Act 2006 (“the 2006 Act”). On 22 January 2024, the Minister for Health and Social Services confirmed the escalation status of Cardiff and Vale University Health Board would remain in enhanced monitoring for finance, strategy and planning.

B1 Finance, Strategy and planning

The finance, strategy and planning domain within the oversight and escalation framework gives consideration to the following:

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there a significant underlying deficit and/or significant gap to the financial plan?

Finance Intervention

The finance intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

1. Financial governance and control environment
 - Financial reports include the analysis and narrative explanation required to enable management and board to discharge their duties, for example through feedback or self-assessment approaches.
 - Integrated performance reports clearly identify and monitor metrics against a comprehensive selection of key workforce and activity cost drivers.

- Internal Audit work programme continually encompasses and reports on control environment and financial governance arrangements.
2. Understanding the existing deficit and key drivers
 - There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
 - It has reviewed prior year investments to assess whether the planned benefits have been delivered.
 - Has a robust process for challenging underlying deficits reported at local divisional levels.
 - The cost drivers and investment decisions responsible for the growth in specific areas are well understood; to include particular focus on workforce costs, secondary care drugs, the new Lakeside wing.
 - As a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.
 3. Development and realisation of opportunities
 - Is translating national opportunities identified through the Value and Sustainability Board into local savings schemes.
 - Has a clear process for the development and delivery of strategic opportunities to support the Health Boards sustainability.
 4. Clear financial plan and strategy
 - An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
 5. Delivery of Plan
 - Delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total as a minimum), including further progress around identification and delivery of recurring opportunities to support a balanced three-year plan.

Strategy and Planning Intervention

The strategy and planning intervention and focus whilst in enhanced monitoring covers the following areas and the health board will be required to action and demonstrate:

1. Submission and delivery of an approvable plan
 - Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
 - Make good progress in delivering the ministerial targets, accountability criteria and the enhanced monitoring requirements.
2. Clinical strategy
 - Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

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De-escalation Criteria

Finance

1. Sustained improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings.
2. The development and approval of a deliverable and balanced three-year medium-term plan.
3. Delivery of financial balance.

Strategy and Planning

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.
2. Evidence of a clear roadmap and implementation of the health board's clinical services plan.
3. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.
4. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.

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Section C: Document Rendition

Date Created	Updated	Review date
12 March 2024		
22 March 2024	Sent to CVUHB	
23 April 2024	Amended following Judith comments	
17 May 2024	Amended to reflect format changes to escalation frameworks and also remove the requirements in relation to regional planning.	

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Report Title:	Cardiff and Vale University Health Board Escalation Framework		Agenda Item no.	2.3
Meeting:	Finance and Performance Committee		Meeting Date:	18.09.24
Status (please tick one only):	Assurance		Approval	
			Information	x
Lead Executive:	Executive Director of Finance and Executive Director of Strategic Planning			
Report Author (Title):	Deputy Director of Finance and Head of Strategic Planning			

Main Report
Background and current situation:

Purpose

This report provides a summary of the key points within the Cardiff and Vale University Health Board Escalation Framework, of which a final version was issued by Welsh Government in July 2024 and is attached to this report as Appendix A.

This report also sets out our approach to demonstrating the actions set out as part of the enhanced monitoring interventions within the framework.

Enhanced Monitoring

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed. NHS bodies can be escalated for any or all of the following domains:



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In October 2022, planning and finance were escalated to enhanced monitoring as the health board had been unable to produce an approvable balanced three-year plan. In January 2024, the health

board received confirmation that we would remain in enhanced monitoring for finance, strategy and planning.

Monitoring arrangements

The framework sets out that, whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings
- IQPDs in April and September 2024 and the JET meetings in June and October 2024 will serve as formal enhanced monitoring review points. These will sign off delivery of key products and agreed objectives.
- Welsh Government will agree with the health board where a monthly progress report on key areas of escalation will be required. For areas such as finance, this will include extant reporting arrangements such as monthly monitoring returns to Welsh Government.

Interventions and Actions

The framework sets out interventions against which the health is required to action and demonstrate. These are outlined in the table below alongside the CAVUHB proposed actions and approach.

Finance Intervention

Regular meeting with Financial Planning & Delivery Directorate at Welsh Government providing evidence on the interventions detailed below. All evidence has now been provided and will be discussed and reviewed through September.

Intervention	Action and Approach
<p>1. Financial governance and control environment</p> <ul style="list-style-type: none"> • Financial reports include the analysis and explanation required to enable management and board to discharge their duties, for example through feedback or self-assessment approaches • Integrated performance reports clearly identify and monitor metrics against a comprehensive selection of key workforce and activity cost drivers • Internal Audit work programme continually encompasses and reports on control environment and financial governance arrangements 	<p>Provide evidence of existing governance and control environment including Clinical Board, Committee and Board reporting.</p> <p>Provide audit plan and structured assessment report for 2023/24 and 2024/25.</p>
<p>2. Understanding the existing deficit and key drivers</p> <ul style="list-style-type: none"> • There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an 	<p>Provide schedule of cost drivers, including investment decisions and make up of underlying deficit.</p>

<p>explicit breakdown by key service area and cost driver.</p> <ul style="list-style-type: none"> • It has reviewed prior year investments to assess whether the planned benefits have been delivered. • Has a robust process for challenging underlying deficits reported at local divisional levels. • The cost drivers and investment decisions responsible for the growth in specific areas are well understood; to include particular focus on workforce costs, secondary care drugs, the new Lakeside wing. • As a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources 	<p>Provide budget setting principles and process for challenging both underlying position and operational pressures.</p> <p>Provide Terms of Reference for Investment Group demonstrating post investment reviews.</p> <p>Provide separate schedule identifying costs of LSW and plans over the medium term.</p>
<p>3. Development and realisation of opportunities</p> <ul style="list-style-type: none"> • Is translating national opportunities identified through the Value and Sustainability Board into local savings schemes. • Has a clear process for the development and delivery of strategic opportunities to support the Health Boards sustainability. 	<p>Provide detail of all saving schemes being taken forward including those identified through the National Value & Sustainability Group.</p> <p>Provide evidence of savings opportunities pipeline</p>
<p>4. Clear financial plan and strategy</p> <ul style="list-style-type: none"> • An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery 	<p>Provide high level financial sustainability picture demonstrating route to a recurrent breakeven position.</p>
<p>5. Delivery of Plan</p> <ul style="list-style-type: none"> • Delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total as a minimum), including further progress around identification and delivery of recurring opportunities to support a balanced three-year plan 	<p>Provide 2024/25 Financial plan improving on 2023/24 deficit control total.</p>

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Strategy and Planning Intervention

Intervention	Action and Approach
<p>1. Submission and deliverable of an approvable plan</p> <ul style="list-style-type: none"> • Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP • Make good progress in delivering the ministerial targets, accountability criteria and the enhanced monitoring requirements 	<p>Integrated planning approach (joined up planning between service, workforce, finance, digital and estates) commenced in July for 2025/2026 plan development with clear ownership of process and key planning decision points at Senior Leadership Board.</p> <p>Prioritisation process planned for November to enable difficult choices to be made in a transparent and collective way, aligned to strategy delivery, quality and risk and ministerial/national imperatives.</p> <p>Visibility of process and engagement of Board through Board Development sessions.</p> <p>Progress of ministerial targets led by clinical boards and operational teams and assurance received through several forums- internally through clinical board reviews, planned care programme, 6 goals for urgent and emergency care programmes and through our Integrated Performance Report. Committees and Board receive the Integrated Performance Reports and discussions are held on all areas of performance. Externally assurance is provided through national programmes, IPQD and JET.</p>

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2. Clinical strategy

- Demonstrate how the clinical strategy and plan are driving decision making across the organisation

Strategic Portfolios Framework agreed by Executives and Board as the mechanism to deliver our strategy through strategic (portfolio management approach), tactical (IMTP) and operational planning.

Delivery of our strategy will therefore be hard wired in to our clinical board and corporate/committee structures.

Portfolios will be established by end of Q4 2024/2025.

Clinical Services Plan is just one of a suite of Strategic Plans that will set the milestones for strategic programmes and IMTP development and delivery.

We have a clear timeline, owned by SLB and the Board, to launch the Clinical Services Plan by Q2 2025/2026.

De-escalation criteria

The de-escalation criteria are set out as follows:

Finance

Criteria	Actions
1.Sustained improvement in minimising the underlying deficit, controlling identified key cost drivers and realising saving	Deliver 2024/25 financial plan recurrently
2.The development and approval of a deliverable and balanced three-year medium-term plan.	Deliver 2024/25 financial plan recurrently aiming for financial sustainability and recurrent balance entering the 2026/27 financial year.
3.Delivery of financial balance	Deliver 2024/25 financial plan recurrently aiming for financial sustainability and recurrent balance entering the 2026/27 financial year.

Strategy and Planning

Criteria	Actions
1.Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.	As outlined in the interventions section above a
2.Evidence of a clear roadmap and implementation of the health board's clinical services plan.	As outlined in the interventions section above

3. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant	<p>Planning Maturity Matrix was issued via letter from WG head of Performance, Escalation and Intervention and WG Planning Director on 28th August.</p> <p>We will undertake a self-assessment through our Integrated Planning Group which we will validate through Management Executives before submitting to Finance and Performance Committee and Board in November alongside an action plan.</p>
4. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities	As outlined in the interventions section above

The framework outlines the role of Cardiff and the Vale University Health Board as follows:

Responsibility within the framework	CAVUHB response
Appoint an SRO (Senior Responsible Officer) (s) for all areas of escalation	Finance: Executive Director of Finance Strategy and Planning: Executive Director of Planning
Have Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates on progress against de-escalation criteria	The Board will gain assurance through the Finance and Performance Committee following the formal enhanced monitoring review points (IQPDs in April and September 2024 and the JET meetings in June and October 2024)
To produce an enhanced monitoring plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved	Actions will be monitored and assured through our existing governance structures (Finance and Performance Committee)
Provide monthly progress reports and evidence against the escalation plan to Welsh Government	
Give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements	Monitored through Finance and Performance Committee

Accountability Conditions

Whilst issued separately from the Escalation Framework, it is important to note that a letter was sent from the Director General Health, Social Care & Early Years Group/NHS Wales Chief Executive to the Cardiff and Vale University Health Board Chief Executive on the 26th of July 2024 which set out the Annual Plan 2024-2025- Accountability Conditions as follows:

- Deliver the plan within the £15.9m deficit declared and continue to explore opportunities to improve on that position
- Further derisk your plan to ensure that the £47.2m declared savings are delivered in-year
- Continue to adopt the Value and Sustainability Board programmes, maximise opportunities for efficiency and productivity
- Progress regional solutions for endoscopy and other clinical challenges as appropriate

In addition, the Cabinet Secretary for Health and Social Care set some additional in- year Key Performance Indicators (KPIs)

The letter asked that a copy of Board updates setting out progress of the plan during the year should be forwarded on a quarterly basis to the Welsh Government Planning team; the monthly Integrated Performance Report will be sent each quarter to fulfil this following Board approval.

It is also requested that a refreshed Minimum Data Set (MDS) is submitted to Welsh Government each quarter.

We will continue to monitor progress against our accountability conditions through Finance and Performance Committee in line with formal touchpoints ((IQPDs in April and September 2024 and the JET meetings in June and October 2024).

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

Developing a credible, integrated plan that delivers upon our quality ambitions whilst achieving financial balance is a core objective that we strive to as an organisation; it is important that the interventions, actions and improvement activities outlined above are hard wired in to our existing ways of working and reporting wherever possible.

Recommendation:

The Committee is requested to:

NOTE the contents of the Escalation Framework and the Accountability Conditions Letter

NOTE the approach to monitoring and delivering against this framework through Finance and Performance Committee

Regan, Nikki
16/09/2024 09:00:16

Report Title:	2024-25 Month 4 Monthly Financial Monitoring Return			Agenda Item no.	4.1
Meeting:	Finance Committee	Public	X	Meeting Date:	21st August 2024
		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 July 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: 21 st August 2024

Regan Nikki
16/09/2024 09:00:16

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE FOUR MONTH PERIOD ENDED 31st JULY 2024

INTRODUCTION

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

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

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

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

At Month 4 the UHB is reporting an overspend of £14.163m.

This is comprised of £5.493m unidentified savings, £3.370m of operational overspend and the planned deficit of £5.300m (four twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government).

BACKGROUND

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

Table 1: 2024/25 Draft Plan

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

This represents the draft financial plan of the Health Board.

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

A full commentary has been provided to cover the tables requested for the month 4 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 4 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 identification and delivery of the £47.2m recurrent savings target is key to delivery of the planned in year and underlying position.

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

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

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

The UHB is reporting under-performance against Long Term Agreement (LTA) arrangements funded by other Welsh Health Boards at month 4. Activity delivery has not returned to pre Covid levels and interim financial protection arrangements agreed by Directors of Finance have ceased in the 2024-25 financial year. The forecast risk is quantified at £1m at month 4.

The UHB's exposure to additional operational pressures has decreased in month from £4m to £3m following recent discussions with Welsh Government Optometry Policy Advisors. The remaining risk reflects the following:

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

THE UHB reported a circa £4m of identified green and amber savings in month. As a result of progress made in the identification of savings, the UHB has reduced the risk associated from non delivery of the in year savings programme from £9.400m (20%) to £7.080m (15%) in month 4.

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

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £14.163m which is an in month deterioration of £2.598m. The year to date deficit and the forecast deficit of £15.900m is shown in Table 2.

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

	Month 4 Position £m	Forecast Year- End Position £m
Planned deficit	5.300	15.900
Savings Programme	5.493	0.000
Operational position (Surplus) / Deficit	3.370	0.000
Financial Position £m (Surplus) / Deficit £m	14.163	15.900

The month 4 deficit of £14.163m comprised of the following:

- £5.300m planned deficit
- £5.493m unachieved CRP gap
- £3.370m adverse variance against plan.

It is anticipated that the adverse operational variance of £3.370m and unachieved CRP gap at month 4 can be recovered as the year progresses and that the UHB will deliver its planned deficit position of £15.900m.

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

The UHB plan provides funding to cover both inflationary pressures incurred in 2023/24 and COVID consequential costs predominately relating to an increased bed base including Lakeside Wing. Operational pressures were reported against medical staff budgets, specialising costs, continuing healthcare and wastage due to equipment and estate failures. Progress in managing these costs will be closely monitored as the year progresses.

SOCNE / SOCNI Movement (Table B1)

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

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.618m in month primarily due to nursing pressures. £0.585m of the costs recorded in July related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 4, Table B3 reports forecast outturn expenditure due to COVID-19 to in line with the Welsh Government funding of £10.184m. This includes expenditure related to the Covid funding for Health Protection and PPE (£9.040m) and Long Covid (£1.144m) allocations.

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

Table 3: Summary of Forecast COVID 19 Net Expenditure

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

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

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

At month 4, the UHB had identified £32.708m (61%) of green and amber savings to deliver against the £47.2m savings target. With red schemes of £8.948m also identified, but with less certain delivery assurance, Table 4 summarises that £41.656m of savings have been identified for 2024-25 with £5.544 currently not identified.

This represents an increase of £3.958m in green and amber schemes from Month 3.

Table 4: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total Identified Savings (green, amber & red) £m	47.200	41.656	(5.544)

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 £5.493m on a straight line Month 1-12 phasing basis.

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

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

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The UHB has completed discussions to agree and sign contracts (Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS organisations, without the need to resort to arbitration. Most LTAs were uplifted in line with the Welsh Government guidelines with a general funding uplift of 3.67%. Some settlements are expected to recover the necessary income to support the anticipated plan position with improved output and productivity.

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

INCOME ASSUMPTIONS 2024/25 (TABLE E)

Table E outlines the UHB's 2024/25 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this cost, which was assessed at £0.222m in the previous financial year.

The UHBs Confirmed Revenue Resource Limit as at August 6 2024 was £1,297m with a further £29m of assumed allocations as detailed below:

Table 5 : Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments & IFRS 16	7.105
Real Living Wage Health & Social Care Providers	4.612
Real Living Wage UHB Pay Award	4.000
Substance Misuse	2.916
Clinical Excellence & Impact Awards	2.121
Optometry Contract Reform	2.000
Welsh Government Funded New Medical Posts	1.736
Memory Assessment Service	1.500
Welsh Risk Pool 2024_25	(4.886)
Other	7.492
Total Unconfirmed Allocations £m	28.596

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 2024 reflect the closing balances in the 2023/24 Draft Accounts.

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

Overall Trade and Other receivables have remained stable with a small increase of c£3m.

The carrying value of Trade and Other Payables have remained stable with a small decrease of c£3k.

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

MONTHLY CASFLOW FORECAST (TABLE G)

The closing cash balance at the end of July, was £3.522m.

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

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

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

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of July was 97.8 %.

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

Of the UHB's approved Capital Resource Limit, 8% has been expended to date.

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

Planned expenditure for the year reflects the CRL received from Welsh Government dated 19th July 2024 - £41.440m.

AGED WELSH NHS DEBTORS (TABLE M)

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

RING FENCED ALLOCATIONS (TABLE P)

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

IFRS 16 (TABLE Q)

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

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns will be taken to next available meeting of the Finance Committee for information.

CONCLUSION

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

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

The reported financial position for the first four months is a reported overspend of £14.163m which is £8.863m above the £5.300m straight line profile of the planned deficit.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

13th August 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

13th August 2024

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-60,900	0		-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	122	0	122	127
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-388	-360	-28	-271
20 Additional In Year Identified Savings - Forecast	11,547	7,100	4,446	4,756
21 Variance to Planned RRL & Other Income	0	0		
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0		
25 In Year Accountancy Gains (Positive Value)	100	100	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 Savings Gap	-676	-676		
28 Operational Overspend	-3,370	-3,370		
29 Savings Gap Recovery - identification of Schemes at pace	15,507	15,507		26,603
30 Operational Overspend - Actions to reduce expenditure	3,370	3,370		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-15,900	28,890	-44,790	-15,900
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-15,900			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-20,300	-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	-15,133	-45,400
3	-822	-822	-848	-837	-837	-837	-837	-882	-882	-882	-849	-850	-3,329	-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	12,433	37,300
5	822	822	848	837	837	837	837	882	882	882	849	850	3,329	10,184
6	492	492	492	492	492	492	492	492	492	492	492	492	1,967	5,900
7	821	336	-125	194	-398	-126	-185	-49	-51	-50	-75	-291	1,225	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	5,527	20,272
9	38	65	71	71	71	71	204	25	25	25	25	25	244	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	8,737	26,211
14	-1,326	-1,325	-1,324	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-5,300	-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	-8,737	-26,211
16													0	0
17													0	0
18	0	-57	200	8	25	16	-142	11	11	17	17	16	151	127
19	52	-389	72	375	387	-82	-92	-135	-111	-115	-154	-196	110	-388
20	0	0	1,771	1,888	863	976	1,010	1,019	1,010	945	933	1,131	3,660	11,547
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	100	0	0	0	0	0	0	0	100
26													0	0
27	-90	239	-397	-428									-676	-676
28	-719	-838	-881	-932									-3,370	-3,370
29					1,596	1,860	2,095	1,976	1,962	2,024	2,076	1,920	0	15,507
30					421	421	421	421	421	421	421	421	0	3,370
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	-4,267	-4,554	-2,743	-2,599	-217	-217	-217	-217	-217	-217	-217	-217	-14,163	-15,900
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-4,267	-4,554	-2,743	-2,599	-217	-217	-217	-217	-217	-217	-217	-217	-14,163	-15,900

Regan, Nikki
 16/09/2024 09:00:16

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	2,286	8,678			0	65			
2	Pay	Actual/F'cast	497	399	911	913	1,471	1,083	1,080	1,080	1,061	993	980	1,200	2,720	11,668	23.32%	11,030	638	5,792	5,875	6,767
3	Variance	30	(186)	329	261	648	305	308	264	272	204	166	387	434	2,989	19.00%	11,030	573				
4	Budget/Plan	259	479	810	508	727	594	601	601	629	629	629	845	2,056	7,311		6,739	572				
5	Non-Pay	Actual/F'cast	287	259	2,184	1,483	1,282	933	946	946	972	972	967	1,136	4,214	12,368	34.07%	11,666	702	8,612	3,756	4,101
6	Variance	28	(219)	1,374	975	555	340	345	345	343	343	337	291	2,158	5,057	104.94%	4,927	130				
7	Budget/Plan	105	106	106	106	106	106	106	106	106	106	106	106	423	1,268		1,268	0				
8	Primary Care - Drugs & Appliances	Actual/F'cast	105	170	174	197	197	197	212	212	212	212	212	646	2,311	27.96%	2,219	92	0	2,311	2,928	
9	Variance	(0)	64	69	91	91	91	106	106	106	106	106	106	223	1,043	52.88%	951	92				
10	Budget/Plan	14	133	260	171	161	238	161	161	161	161	161	161	577	1,940		1,940	0				
11	Secondary Care Drugs	Actual/F'cast	8	85	326	146	222	260	183	193	202	202	193	175	565	2,194	25.75%	2,194	0	341	1,853	2,271
12	Variance	(6)	(48)	66	(25)	61	22	22	32	41	41	32	14	(12)	255	(2.06%)	255	0				
13	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	185	1,075		1,075	0				
14	CHC/FNC	Actual/F'cast	45	45	52	989	155	226	226	226	226	226	226	1,131	2,869	39.43%	2,238	631	903	1,966	1,966	
15	Variance	0	0	5	942	(105)	136	136	136	136	136	136	136	946	1,794	511.51%	1,163	631				
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	0				
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20	Healthcare Services Provided by Other Healthboards	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	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	97.01%	21	0	21	0	0	0
24	Variance	0	0	0	20	0	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	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	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	5,527	20,272		11,022	0				
35	Total	Actual/F'cast	942	959	3,648	3,748	3,326	2,699	2,648	2,657	2,673	2,604	2,577	2,949	9,297	31,431		29,368	2,063	15,668	15,762	18,034
36	Variance	52	(389)	1,843	2,264	1,250	894	918	884	898	831	778	935	3,770	11,158		18,346	2,063				
37	Variance in month	5.89%	(28.85%)	102.13%	152.46%	60.22%	49.57%	53.06%	49.88%	50.61%	46.82%	43.26%	46.40%	68.22%								
38	In month achievement against FY forecast	3.00%	3.05%	11.61%	11.93%	10.58%	8.59%	8.42%	8.45%	8.50%	8.29%	8.20%	9.38%									

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Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000
1 Pay - General & Substantive	Budget/Plan		167	230	227	233	404	404	399	442	416	415	440	440	857	4,216	0	65				
	Actual/F'cast		167	211	498	316	945	530	512	508	503	489	489	722	1,192	5,890	5,629	261	1,503	4,387	5,209	
	Variance		0	(19)	271	83	541	126	113	66	87	74	49	283	334	1,674	5628.997389	196				
4 Pay - Variable	Budget/Plan		299	355	355	419	419	373	373	373	373	373	373	373	1,429	4,462	0	0				
	Actual/F'cast		330	188	413	592	520	547	562	565	552	503	490	478	1,523	5,741	5,364	377	4,252	1,489	1,558	
	Variance		30	(167)	58	172	101	173	189	192	179	130	117	104	94	1,279	5,364	377				
7 Pay - Agency	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Actual/F'cast		0	0	0	0	6	6	6	6	6	6	0	0	0	6	36	36	0	36	0	0
	Variance		0	0	0	6	6	6	6	6	6	6	0	0	6	36	36	0				
10 Total	Budget/Plan		466	585	582	652	823	777	773	815	789	788	813	813	2,286	8,678	0	65				
	Actual/F'cast		497	399	911	913	1,471	1,083	1,080	1,080	1,061	993	980	1,200	2,720	11,668	11,030	638	5,792	5,875	6,767	
	Variance		30	(186)	329	261	648	305	308	264	272	204	166	387	434	2,989	11,030	573				

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	2,286	8,678
	Actual/F'cast		497	399	911	913	1,471	1,083	1,080	1,080	1,061	993	980	1,200	2,720	11,668
	Variance		30	(186)	329	261	648	305	308	264	272	204	166	387	434	2,989
4 Medicines Management	Budget/Plan		119	239	365	276	266	343	266	266	266	266	266	266	999	3,207
	Actual/F'cast		113	255	500	342	400	438	376	376	385	385	376	358	1,211	4,305
	Variance		(6)	16	135	66	133	95	110	110	119	118	109	92	212	1,098
7 Procurement & Non-pay	Budget/Plan		259	479	810	508	727	594	601	601	629	629	629	845	2,056	7,311
	Actual/F'cast		287	259	2,184	1,503	1,282	934	948	946	972	972	967	1,136	4,234	12,389
	Variance		28	(219)	1,374	995	555	340	345	345	343	343	337	291	2,178	5,077
10 CHC	Budget/Plan		45	45	48	48	260	90	90	90	90	90	90	90	185	1,075
	Actual/F'cast		45	45	52	989	155	226	226	226	226	226	226	226	1,131	2,869
	Variance		0	0	5	942	(105)	136	136	136	136	136	136	136	946	1,794
13 Pathway	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Other - Commissioning	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast		0	0	0	0	19	19	19	29	29	29	29	29	0	200
	Variance		0	0	0	0	19	19	19	29	29	29	29	29	0	200
19 Other - Primary Care	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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	5,527	20,272
	Actual/F'cast		942	959	3,648	3,748	3,326	2,699	2,648	2,657	2,673	2,604	2,577	2,949	9,297	31,431
	Variance		52	(389)	1,843	2,264	1,250	894	918	884	898	831	778	935	3,770	11,158

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Table C3 - Tracker

	£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full year forecast	Non Recurring	Recurring	FYE Adjustment	Fullyear Effect	
Savings (Cost Reduction) & Cost Avoidance	Month 1 - Plan	804	1,340	1,805	1,488	2,076	1,800	1,730	1,772	1,772	1,772	1,790	2,014	5,507	20,272	8,504	11,348	2,228	13,548	
	Month 1 - Actual/Forecast	864	960	1,426	1,480	3,465	1,720	1,620	1,620	1,620	1,640	1,640	1,640	1,640	5,627	13,846	8,664	11,348	1,560	13,376
	Variance	(60)	(380)	(620)	(992)	(1,390)	(920)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(2,319)	(2,319)	(2,319)	(2,319)	(2,319)
	10 Year - Plan	0	0	1,776	1,940	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	17,776	17,776	0	17,776	0	17,776
	10 Year - Actual/Forecast	0	0	1,776	1,938	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	17,776	17,776	0	17,776	0	17,776
Net Income Generation	Month 1 - Plan	34	64	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71
	Month 1 - Actual/Forecast	34	64	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10 Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10 Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10 Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10 Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	302	1,413	1,876	1,558	2,147	1,870	1,730	1,772	1,772	1,772	1,820	2,044	5,571	20,298	8,424	11,570	2,228	13,795	
	Month 1 - Actual/Forecast	364	960	1,426	1,480	3,465	1,720	1,620	1,620	1,620	1,640	1,640	1,640	1,640	5,627	13,846	8,664	11,570	1,560	13,316
	Variance	(60)	(380)	(620)	(992)	(1,390)	(920)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(110)	(2,319)	(2,319)	(2,319)	(2,319)	(2,319)
	10 Year - Plan	0	0	1,776	1,940	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	17,776	17,776	0	17,776	0	17,776
	10 Year - Actual/Forecast	0	0	1,776	1,938	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	17,776	17,776	0	17,776	0	17,776

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	10,329	15,136	377	25,842	789	100
Scheduled Care	0	1,041	0	1,041	0	0
Unscheduled Care	0	853	0	853	0	0
Mental Health	0	0	0	0	0	0
Community Services	0	0	0	0	0	0
Primary Care	1,171	2,356	0	3,527	0	0
Commissioned Services - CHC	0	0	0	0	0	0
Commissioned Services - Specialised Services	0	0	0	0	0	0
Other Commissioned Services	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support	0	0	0	0	0	0
Executive / Corporate Areas	168	0	0	168	50	0
Total	11,668	19,386	377	31,431	839	100

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Cardiff & Vale ULHB

Period : Jul 24

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Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	132,945	118,770	92,640	117,835	126,005	104,805	96,286	113,761	96,256	103,486	99,326	72,725	1,274,840
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,180	1,180	420	995	2,005	1,160	1,160	1,160	1,160	1,160	1,160	1,160	13,900
3	WG Revenue Funding - Other (e.g. invoices)	3,185	1,319	1,307	1,371	1,298	1,298	1,298	1,298	1,298	1,298	4,490	4,490	23,951
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	4,000	2,000	2,080	2,000	1,000	3,400	3,400	3,400	3,400	3,400	8,143	46,223
5	Income from other Welsh NHS Organisations	40,964	47,167	44,602	44,107	38,451	40,057	40,228	38,241	39,243	38,040	41,287	42,922	495,308
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets					7,800								7,800
10	Other - (Specify in narrative)	4,368	12,334	6,857	6,463	17,037	8,109	19,527	6,867	6,624	14,735	6,624	8,442	117,987
11	TOTAL RECEIPTS	192,642	184,770	147,825	172,850	194,595	156,429	161,900	164,727	147,981	162,118	156,288	137,883	1,980,009
PAYMENTS														
12	Primary Care Services : General Medical Services	6,787	6,329	7,770	6,161	6,395	8,089	6,424	6,424	8,089	6,424	6,424	8,089	83,402
13	Primary Care Services : Pharmacy Services	215	140	125	124	122	145	145	145	290	580	290	290	2,611
14	Primary Care Services : Prescribed Drugs & Appliances	8,718	18,833	0	9,099	18,472	0	9,225	18,450	0	9,225	9,225	9,225	110,472
15	Primary Care Services : General Dental Services	2,354	2,429	2,380	2,368	2,444	2,395	2,395	2,395	2,395	2,395	2,395	2,395	28,741
16	Non Cash Limited Payments	2,112	2,077	2,270	2,136	2,007	2,120	2,120	2,120	2,120	2,120	2,120	2,120	25,442
17	Salaries and Wages	70,344	70,347	70,084	70,092	68,370	70,025	70,402	70,055	69,949	70,186	70,694	70,528	841,077
18	Non Pay Expenditure	80,837	87,303	68,961	80,183	87,303	70,655	75,589	61,739	61,739	67,789	61,739	56,557	860,394
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	1,200	3,000	3,400	3,400	3,400	3,400	3,400	8,582	46,549
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	184,043	189,188	152,605	171,509	186,314	156,429	169,700	164,728	147,982	162,118	156,287	157,785	1,998,688
24	Net cash inflow/outflow	8,599	(4,418)	(4,780)	1,341	8,282	(0)	(7,800)	(1)	(0)	(0)	1	(19,903)	
25	Balance b/f	2,780	11,379	6,961	2,181	3,522	11,804	11,803	4,004	4,003	4,002	4,002	4,003	
26	Balance c/f	11,379	6,961	2,181	3,522	11,804	11,803	4,004	4,003	4,002	4,002	4,003	(15,900)	

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