

Public Finance & Performance Committee

Wed 20 November 2024, 14:30 - 16:00

Virtual - MS Teams

Agenda

1. Standing Items

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 23.10.2024

John Union

 1.4 Public Finance and Performance Minutes 23.10.2024.pdf (4 pages)

1.5. Actions following the Finance & Performance Committee on 23.10.2024


John Union

1.6. Chairs actions since previous meeting

2. Items for Review & Assurance


2.1. Financial Report - Month 7 Position (including Savings Tracker) (25 MINUTES)


Robert Mahoney

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 7 revised.pdf (14 pages)

2.2. Operational Performance Update (20 MINUTES)

Paul Bostock

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

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

2.3. CVUHB Escalation Framework: Planning Maturity Matrix Initial Assessment (10 MINUTES)

Marie Davies

 2.3 Planning Maturity Initial Assessment.pdf (7 pages)

 2.3a Planning Maturity- Appendix A.pdf (16 pages)

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20/11/2024 11:47:17

3. Items for Approval / Ratification

3.1. 2024/25 Additional Capital Funding (5 MINUTES)

Catherine Phillips

- 📄 3.1 Additional Funding 2024-25 - F&P 20.11.2024.pdf (10 pages)

3.2. Research & Development Grant from NIHR (10 MINUTES)

Catherine Phillips

- 📄 3.2 2024-25 V2 Excise grant (1).pdf (3 pages)
- 📄 3.2a CEO Briefing Memo n.pdf (7 pages)

3.3. JCC Major Trauma Case (5 MINUTES)

Paul Bostock

- 📄 3.3 Major Trauma Services Cover Report.pdf (4 pages)
- 📄 3.3a MTC Business Case October 2024 FINAL.pdf (41 pages)

3.4. 2024-25 Strategic Cash Request Submission (5 MINUTES)

Catherine Phillips

- 📄 3.4 WG Strategic Cash Support Request Report 1.pdf (4 pages)

4. Items for Information & Noting

4.1. Mortuary Refurbishment Project Update

Catherine Phillips

- 📄 4.1 Mortuary Refurbishment Update 20.11.2024.pdf (4 pages)

4.2. Monthly Monitoring Return - Month 6

Catherine Phillips

- 📄 4.2 WG 2024 _25 month 6 MMR Covering Report.pdf (2 pages)
- 📄 4.2a CV Financial Monitoring Returns 2024-25 - Month 6.pdf (11 pages)
- 📄 4.2b 2024-25 MMR Template - Cardiff Vale UHB Month 6.pdf (5 pages)

4.3. RPB Quarterly Update

Meredith Gardiner

- 📄 4.3 RPB Funding Stream Q2 Report 2024-25.pdf (8 pages)

5. Any Other Business

John Union

6. Private Agenda

6.1. Financial Update (including tracker)

7. Review & Final Closure

Regen Nikki
20/11/2024 11:24:17

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

John Union

7.2. To note the next committee meeting: Wednesday 22nd January 2025

Regan Nikki
20/11/2024 11:24:17

Minutes of the Public Finance & Performance Committee Meeting

23 October 2024

Via MS Teams

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

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
Paul Bostock	PB	Chief Operating Officer
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Melanie Wilkey	MW	Deputy Director of Commissioning
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member - Digital
Marie Davies	MD	Interim Executive Director of Strategic Planning
Jason Roberts	JR	Executive Nurse Director

Ref:	Agenda Item:	Action:
FPC 23/10/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 23/10/002	Apologies for Absence (click to view) Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 23/10/003	Declarations of Interest (click to view) No Declarations of Interest were noted.	
FPC 23/10/004	Minutes of the Finance and Performance Meeting held on 18th September 2024 (click to view) The minutes of the meeting held on 18th September 2024 were received and confirmed as a true and accurate record. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 18th September 2024, were held as a true and accurate record of the meeting.	
FPC 23/10/005	Actions following the Finance & Performance Meeting on 18th September 2024 The Action log was received. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	

<p>FPC 23/10/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting#</p>	
<p>FPC 23/10/007</p>	<p>Financial Report – Month 6 Position & Savings Plan Progress (including Savings Tracker) – (click to view)</p> <p>The Deputy Director of Finance Operational (DDFO) presented the Financial Report and highlighted the following key points:</p> <ul style="list-style-type: none"> • At month 6 we are £11.461m above what was planned • 3 key areas driving the over spend were: <ul style="list-style-type: none"> - The Health Board had more beds open - Planned care initiatives were costing more - The cost reduction programmes had ambition to deliver more savings than they were able to • The Health Board had a month 4 financial review meeting financial stock takes, and the Finance Team hold deep dive meetings with the Clinical Boards • CAV UHB continued to receive a small amount of COVID allocations from WG • The risk register highlighted the 2 amber categories and whilst the minister was not able to approve a financial plan, they had acknowledged the risk • The Health Board were operating within the reality that it would not have a 3-year rolling balance. <p>The CC questioned one of the graphs received in the report on months 5 & 6 and what expectation was there to improve the outcomes.</p> <p>The DDFO responded that the Health Board had a slight improvement but noted that there was a declining trend and this was driving a forecast of a £11m deficit.</p> <p>He added that Clinical Board Colleagues had been asked to present new schemes to the Sustainability Programme Board.</p> <p>The DDFO outlined further points which included:</p> <ul style="list-style-type: none"> • The Health Board had £12m of unidentified schemes and whilst there was a small improvement, it was not enough to cover the shortfall of £12m • The underlying deficit would impact the next financial year • Whilst the planned deficit remained the same, a lot of the schemes were non-recurrent • Backpay payments would be going out in November 2024 and the Health Board needed to ensure it had the appropriate cash in order to make those payments • Public sector payments remained high and the Health Board continued to operate above the minimum level • Table 8 within the report demonstrated some of the key allocations - £45m worth of allocations which were yet to be confirmed • The Health Board was working to minimise the risk and work was ongoing with Welsh Government through those figures • The Financial plan was based on a £15.9m deficit but the Financial Team had a cause for concern due to being £11.461m overspent at the current point of the year <p>The UHB Vice Chair (UHBVC) noted a media report on the Health Inspectorate Wales (HIW) visit to Hafan Y Coed (HYC) and the Health Boards response was to ensure the safety of its patients. He noted that part of the solution was to employ agency staff to cover workforce shortages and temporary pay was an area that was yet to be identified. He questioned how the Health Board planned to deal with that scenario as there seemed to be tension between delivering patient care and the financial target.</p> <p>The DDFO noted that improvements were made to temporary pay and the general consensus was for permanent recruitment to resolve those issues as it would bring stability and a systems benefit.</p> <p>The COO explained that the Health Board had measures in place regarding temporary pay and noted that the Executive Nurse Director and Director of OOH had to approve agency staff and rules were in place around what bands of pay could be brought in over weekends.</p>	

Regan Nikk
20/11/2024 11:24:17

	<p>He added that the Health Board previously had 36 agency doctors and had reduced to 8, which were within Mental Health. This demonstrated how the Health Board was committed to reducing costs.</p> <p>The CEO noted that workforce remained a challenge and that the Health Board had not made as much progress in the workforce reshaping area as it was liked.</p> <p>She added that Clinical Boards and the Management Executive Team needed to work together moving forward.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The reported year to date overspends of £19.411m and the forecast deficit of £15.900m was noted and; The month 6 operational overspend against plan of £4.093m with a further £7.368m savings gap was noted and; The progress against the savings target, with £34.568m (73%) of green and amber schemes identified at Month 6 against the £47.2m target was noted and; That delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income was noted. 	
<p>FPC 23/10/008</p>	<p>Operational Performance Update (click to view)</p> <p>The COO presented the Operational Performance update and highlighted the following key points:</p> <ul style="list-style-type: none"> Urgent & Emergency care continued to be a challenge for the Health Board CAV UHB were the best performing Health Board in emergency care in NHS Wales There were 55 fewer beds open compared to last year and length of stay had improved Cancer was on track for 70% compliance by September 2024 which was only the 2nd time that had been reached. £4m funding was confirmed for Planned Care There was an aim for no more than 1200 patients to be waiting more than 2 years for treatment by end of March 2025 The longest waiting patient in CAV UHB (Orthopaedics) had received treatment Ophthalmology, Urology & spinal patients currently had the longest waits Non-obstetric ultrasound had agreed for additional rates of pay for the Sonographers to undertake additional work and a reduction was seen for the 8 week wait list There was no additional monies for Endoscopy Mental Health remained a challenge but the children's treatments delivered against the trajectory. <p>The CC asked if the diagnostics issues would be sorted if funding was available.</p> <p>The COO explained that there were insourcing / mobile solutions and added that secondary care could be bought in but areas such as Mental Health was an area that would see challenges.</p> <p>The UHBVC noted that CAV UHB had a 95% compliance rate in September 2024 for Children's Mental Health compared to 2% in August and thanked the teams for completing such challenging work.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted. 	
<p>FPC 23/10/009</p>	<p>Winter Plan (click to view)</p> <p>The COO presented the winter plan and highlighted the following key points:</p> <ul style="list-style-type: none"> A winter plan was produced each year and last year the Health Board used the £1.5m resource recurrently There was an ambitious plan for 2024/25 and only now were improvements on length of stay being observed. 	

	<ul style="list-style-type: none"> • Prior to COVID the Health Board were not achieving the A&E standard and patients in assessment units remained there for multiple days • The Majors department saw an 11% increase, but not all were received via an Ambulance • The average lost minutes per arrival of ambulances had reduced • If admissions remained stable the Health Board would need 144 fewer beds but if the Health Board had not improved the length of stay by 10 days it would need an additional 128 beds • Last year the Health Board planned for an additional 90 beds and this year had planned for 58 beds • There was an ability to reopen the ward which was closed in Llandough as a 2nd integrated Assessment Care Unit • The Operational Team planned to open 30 beds in November 2024 and potentially a further 10 beds in January 2025 at a cost of £1.7m • Each clinical board had to ensure enough staff were freed up to open an additional ward • The Winter plan included the keeping well section and encouraging staff to be a part of the winter vaccination plan • The Health Board had seen fewer people take up the COVID vaccine <p>The committee thanked the COO for the comprehensive presentation.</p> <p>The CC asked if the Committee were able to approve or recommend to Board the additional costs outlined within the presentation</p> <p>The EDF confirmed that the recommendation was to go to the Board to note that it would worsen the financial position.</p> <p>The CEO noted that although the plan was being brought forward, this was a mitigation for what was most likely to happen. This money would still be spent in an ineffective way but there was a need to execute a plan around it.</p> <p>She added that she thought this was the best and most cost-effective solution as opposed to doing it “in the moment”.</p> <p>The COO reminded everyone that the original length of stay plan was a 3-year plan and noted that it should have recognised sooner and had things been better across the system the Health Board would have been halfway there on the challenge.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> a) The UHB Winter Plan 24/25 was noted and; b) The operational planning and the financial consequences associated with supporting this plan was noted and agree to recommend to Board for approval 	
<p>FPC 23/10/010</p>	<p><u>Monthly Monitoring Return – Month 5</u></p> <p>The monthly monitoring return for month 5 was noted.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> a) The extracts from the UHBs Monthly Financial Monitoring Returns were noted. 	
<p>FPC 23/10/011</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
<p>Date & time of next Meeting</p>	<p>Wednesday 20th November 2024 at 2.30pm via MS Teams</p>	

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20/11/2024 11:24:17

Report Title:	Finance Report for the Period Ended 31 st October 2024			Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	20 th November 2024	
		Private	<input type="checkbox"/>			
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Executive Director of Finance					
Report Author (Title):	Deputy Director of Finance (Operational)					

Main Report
Background and current situation:

Summary

At Month 7 the UHB is reporting a year to date overspend of £22.244m.

This is comprised of :-

- £7.671m unidentified savings
- £5.298m operational overspend
- £9.275m planned deficit of (seven twelfths of the annual planned deficit of £15.9m)

The recovery profile requiring delivery in the final 5 months of the year represents a significant risk to the achievement of the 2024/25 plan.

Table 1: Month 7 Financial Position 2024/25

	Month 7 Position £m	Forecast Year-End Position £m
Planned deficit	9.275	15.900
Savings Programme	7.671	0.000
Operational position (Surplus) / Deficit	5.298	0.000
Financial Position £m (Surplus) / Deficit £m	22.244	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.

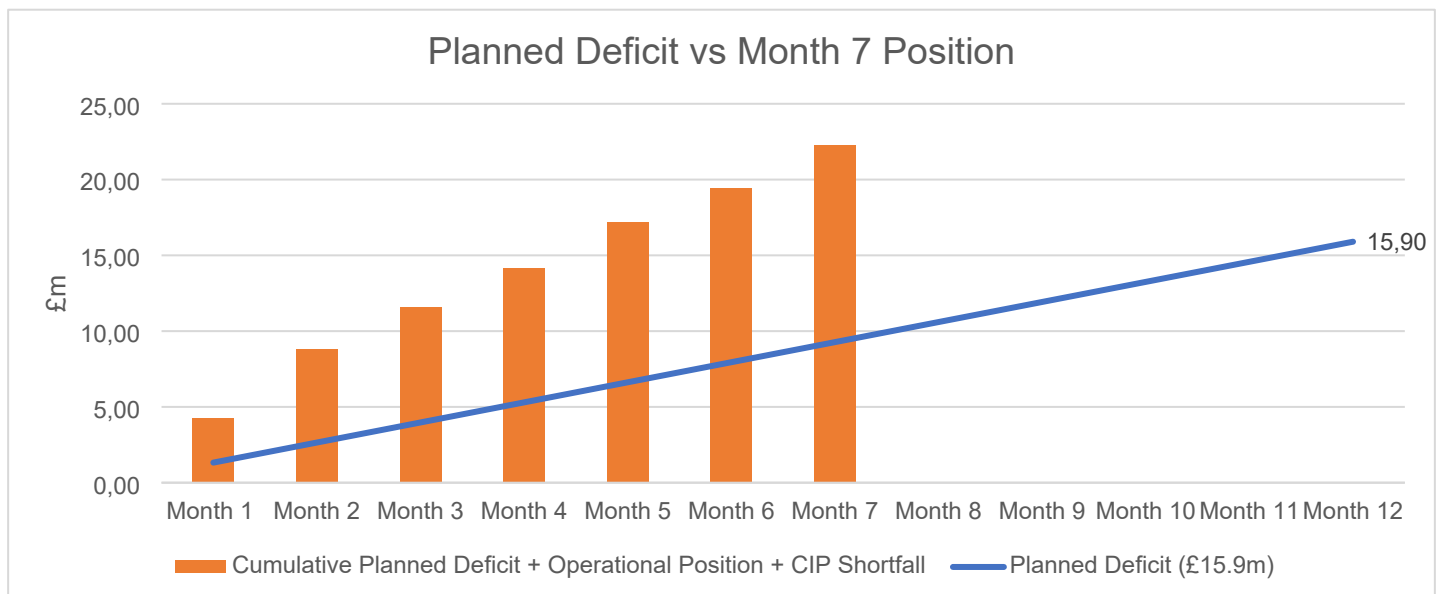
The submitted 2024-25 plan projects a deficit for the financial year and therefore represents a failure of the UHB's statutory requirement to deliver a balanced financial plan over a three-year rolling period. This also prevents approval of the plan by Ministers which is a breach of a second financial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

The projected financial out-turn has been noted by Welsh Government.

Summary Financial Position and Outlook

Graph 1 shows the reported position at Month 7 which is £12.969m above the deficit that was planned at this point in the financial year compared to the planned deficit.

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



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

- 80 beds will be open by the end of March that were not anticipated at the commencement of the financial year (£6m fully year effect).
- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.
- Cost reduction programmes have delivered £11.2m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.

A straight line extrapolation trend based on the Month 7 position would see an out-turn deficit in excess of £38m before the delivery of additional recovery actions.

Given the trend the UHB has explored a number of recovery actions including restricted recruitment and non pay expenditure freezes.

Recovery schemes are discussed and scrutinised at the Sustainability Board (CEO chaired) to support a revised financial trajectory. At this point the UHB does not have the assurance that the approval and delivery of these schemes will fully return the financial outlook to the planned out-turn.

Financial Performance

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

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

Income/Pay/Non Pay	Memorandum	Current	Total
	Annual	Period	Variance
	Budget	Actual	(Fav)/Adv
	£m	£m	£m
In Month			
Income	(1,143.013)	(166.142)	(0.518)
Pay	540.275	78.105	0.786
Non Pay	602.738	89.545	1.240
Sub Total £m	0.000	1.508	1.508
2024/25 Planned Deficit	15.900	1.325	1.325
Variance to Plan £m	15.900	2.833	2.833
Cumulative			
Income	(1,143.013)	(1,144.039)	(1.026)
Pay	540.275	542.855	2.580
Non Pay	602.738	614.153	11.415
Sub Total £m	0.000	12.969	12.969
2024/25 Planned Deficit	15.900	9.275	9.275
Variance to Plan £m	15.900	22.244	22.244

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

Clinical Board	Operational	Savings Position	Total	Prior Month
	Position	(Surplus) / Deficit	(Surplus) / Deficit	(Surplus) / Deficit
	(Surplus) / Deficit			
	Variance	Variance	Variance	Variance
Cumulative	£m	£m	£m	£m
Clinical Diagnostics & Therapeutics	33	592	625	813
Children & Women	1,764	922	2,686	2,153
Capital Estates and Facilities	130	731	862	732
Executives	(1,047)	84	(963)	(900)
Genomics	(26)	0	(26)	(22)
Medicine	3,637	2,611	6,248	5,315
Mental Health	(22)	997	975	829
PCIC	2,493	(99)	2,394	1,876
Specialist	394	37	431	466
Surgery	1,836	2,429	4,266	3,324
Clinical Board budgets to be delegated	(3,090)		(3,090)	(2,649)
Sub-Total Delegated Position	6,102	8,305	14,407	11,936
Central Budgets	(909)	(1,510)	(2,418)	(1,142)
Commissioning	104	875	979	666
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	5,298	7,671	12,969	11,461
Planned Deficit	9,275	0	9,275	7,950
Total Operational (Surplus)/Deficit	14,573	7,671	22,244	19,411

The UHB planned to be £9.275m overspent at Month 7. The Month 7 position is £12.969m greater than this at £22.244m.

The non achievement of savings targets deteriorated from £7.368m to £7.671m in month reflecting both underperformance/slippage against established schemes and remaining annual unidentified savings which improved from £7.553m to £5.701m in month.

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

Further schemes continue to be considered by the Sustainability Board.

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

C&W: Driven by increased variable medical pay spend (£0.785m) combined with additional costs of planned care between April and June. Month 7 has seen increased pressures arising from sickness which has also impacted service delivery and income.

Medicine: Driven by medical staff and registered nursing costs to support the additional bed base within the UHB which has been driven by increased numbers of emergency medical admissions. In addition there are overspends against Drugs and non pay budgets where the Clinical Board is working with the Pharmacy Team and has revised authorisation protocols to exert additional control on expenditure.

Surgery: Significant costs have been incurred in respect of planned care initiatives where costs have exceeded available funding. Theatre consumables pressures have been caused by increased throughput in Month 7.

PCIC: The budgetary position reported an overspend £0.518m in month reflecting the retrospective correction and recognition of an adjustment to national prescribing pricing. The UHB anticipates additional Welsh Government funding, of up to £1.5m, to cover the increased costs arising from implementation of the revised Optometry Contract.

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

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

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

Regen Nikki
20/11/2024 11:24:17

Welsh Government COVID 19 Allocations & Expenditure

Profiled Welsh Government funding at Month 7 is summarised in Table 4 below.

Table 4: Summary of Month 7 COVID 19 Net Expenditure

	Funded by WG £m	Funding to Month 7 £m
Health Protection/Vaccination & PPE	9.040	5.273
Long Covid	1.144	0.667
Sub Total WG Funded Covid Expenditure £m	10.184	5.941

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. The projection of a £15.9m out-turn is at significant risk of being higher.

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20/11/2024 11:24:17

Table 5: Risk Register at October 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	25	The period to Month 7 has reported continuing 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	25	The CIP savings target has been clearly communicated and delegated to budget holders. At Month 6, only £19.8m of Green and Amber schemes against the £47.2m target have been identified as recurrent in nature. A CIP pipeline tracker is in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting include specific focus on CIPs. Further focus is provided in Executive / Clinical Board Performance Reviews, bi weekly Sustainability Boards and weekly Savings meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.
2024-25 LTA framework in NHS Wales.	15	LTAS have now been agreed with Commissioners, generally in line with the guideline 3.67% uplift recommended by Welsh Government. Elements of income will be contingent on improved LTA outturn performance and this remains a risk for the UHB.
Remain within Cash limit	15	The UHB will require cash support from WG for the 24/25 planned deficit of £15.9m alongside working capital for any movements from the 2023/24 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2024-25 may bring forward the point of the year when cash controls will require consideration. Cash controls will include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.

Regan Nikki
20/11/2024 11:24:17

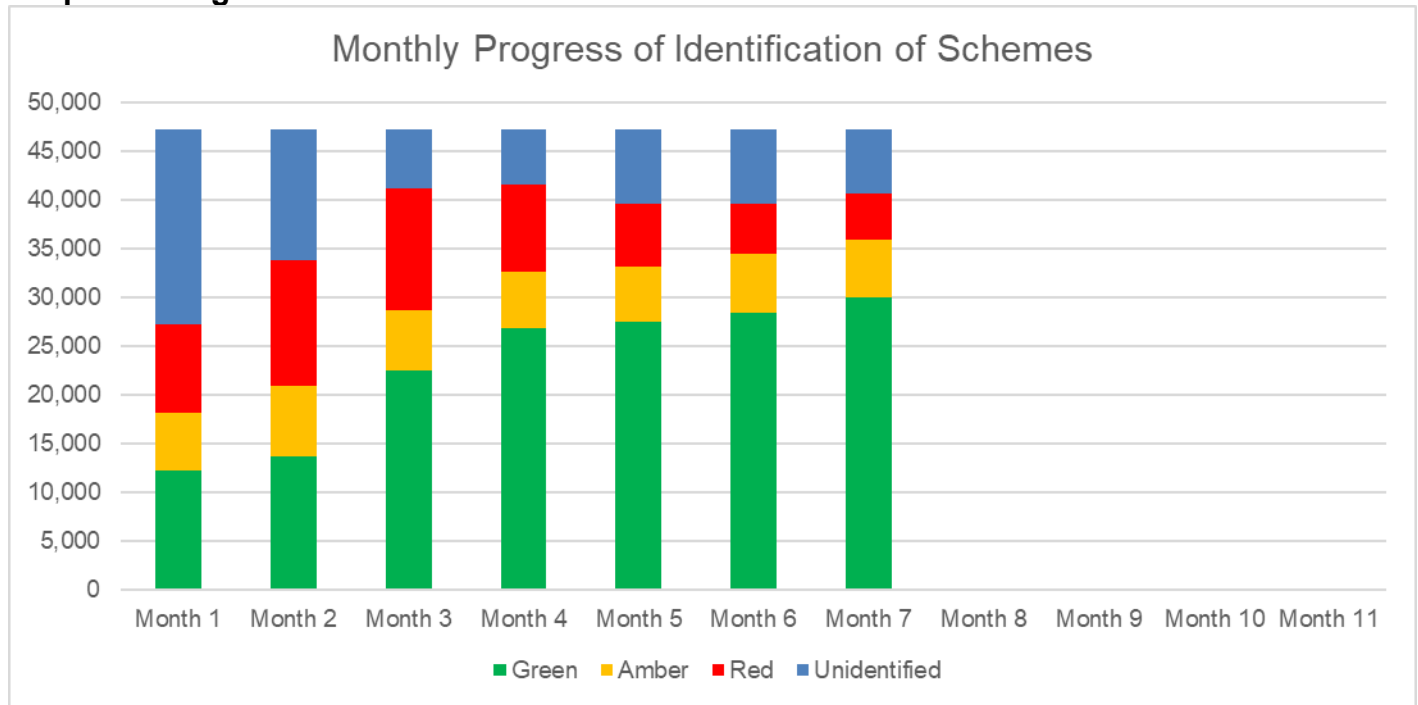
Savings Programme Update

At month 7, £35.944m (76%) of green and amber savings had been identified towards the £47.2m savings target. £19.897m of the schemes are recurrent.

The reported gap of £11.2m in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables.

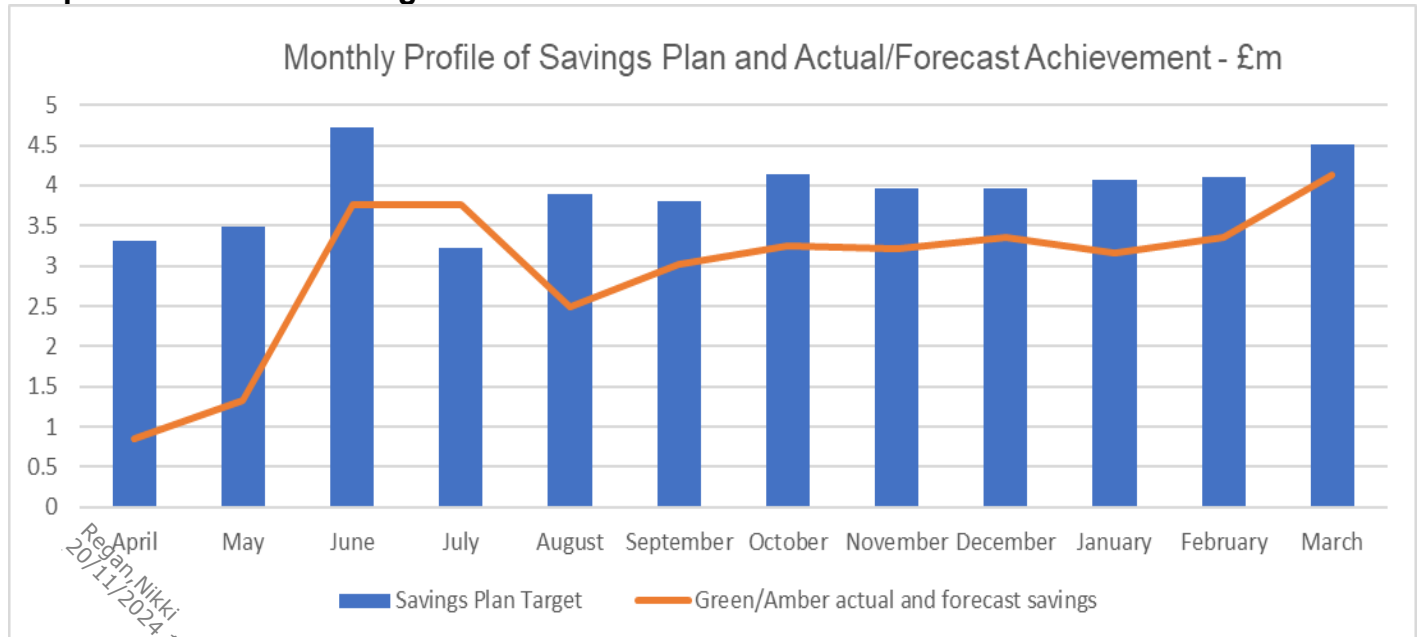
The progress in the identification of schemes during the year is shown in the graph below:

Graph 3 - Progress in Identification of Schemes



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

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



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

Table 6: Savings Schemes

Clinical/Service Board	24-25 Target £'000	Green £'000	Amber £'000	Sub Total Green and Amber £'000
Capital Estates and Facilities	947	1,110	262	1,372
Children and Women	1,304	1,103	64	1,166
Clinical Diagnostics and Therapeutics	1,199	1,320	92	1,412
Corporate Executives	501	987	0	987
Medicine	1,379	134	300	434
Mental Health	1,079	401	0	401
Primary, Community and Intermediate Care	2,423	2,909	260	3,169
Specialist Services	1,482	1,618	176	1,793
Surgical Services	1,689	503	536	1,039
Subtotal - Grip and Control	12,000	10,085	1,689	11,774
Medicines Management	4,530	2,755	1,819	4,573
Reducing Length of Stay	3,500	3,129	0	3,129
Optimising Planned Care	1,000	135	0	135
Income Generation	1,000	851	20	871
Continuing Healthcare	2,500	1,444	818	2,262
Facilities and Estates / Service Reconfiguration	500	400	0	400
Value/Clinical Variation	0	0	0	0
Procurement	5,000	3,398	475	3,873
Recording Patient Care	1,500	0	0	0
Other Digital Benefits	0	0	0	0
Workforce - Temporary Pay	7,403	3,370	777	4,147
Workforce Reshaping	8,268	1,476	303	1,779
Corporate Opportunities	0	3,000	0	3,000
Subtotal Cost Improvement Themes	35,200	19,958	4,212	24,170
Total Savings Position	47,200	30,043	5,901	35,944

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 7, £19.897m of the identified green and amber schemes and £3.031m of red schemes were recurrent.

Regan Nikki
20/11/2024 11:24:17

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

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

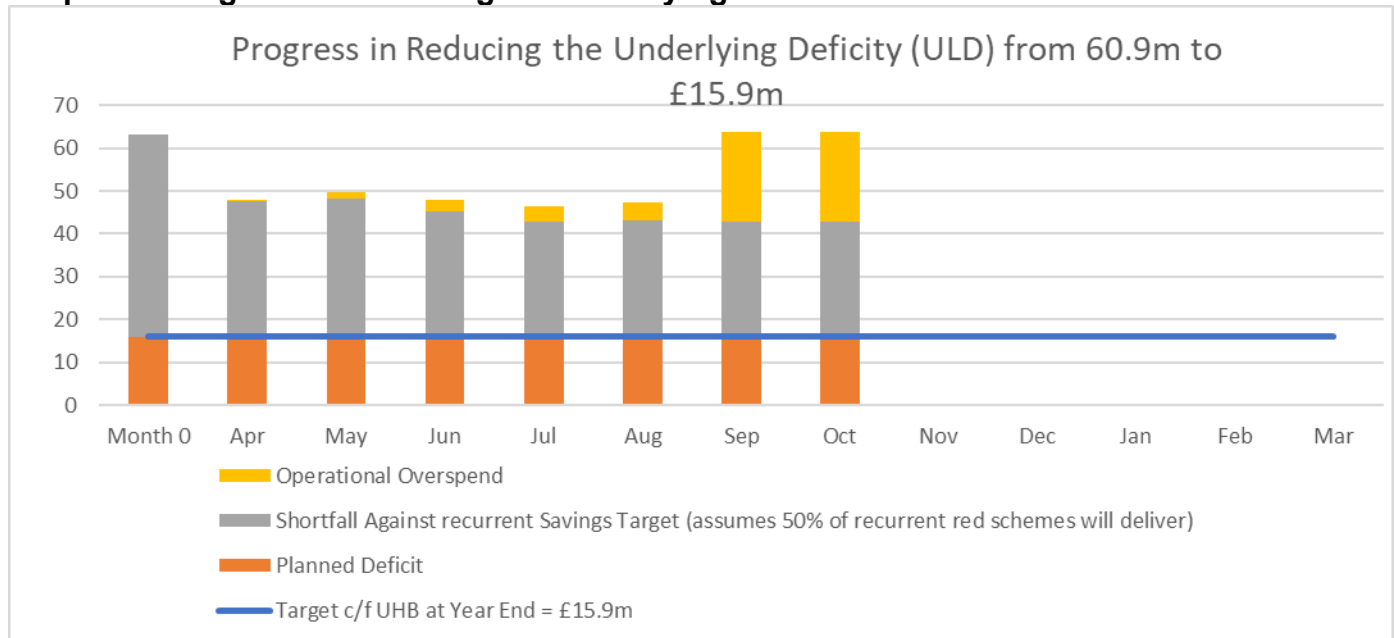
- The planned 2024-25 financial deficit of £15.9m
- Savings made non recurrently in 2024-25
- The full year effect of cost pressures including inflation.
- The full year effect of demand led pressures in 2024-25

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

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

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

Graph 5 – Progress in Reducing the Underlying Deficit



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

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

Table 7 – Initial Assessment of Underlying Deficit

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

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

Cash Flow Forecast

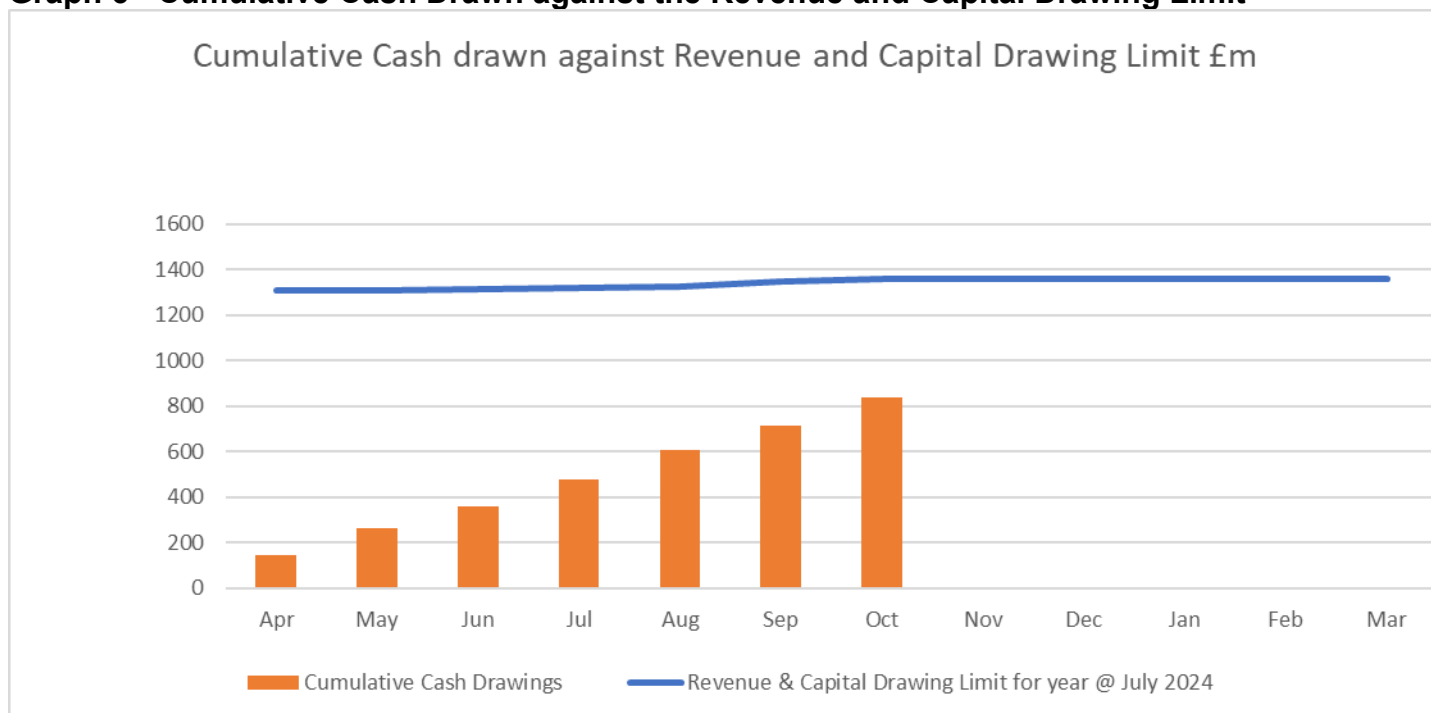
The closing cash balance at the end of October was £8.010m.

The UHB is seeking 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. **If the Month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.**

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

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

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

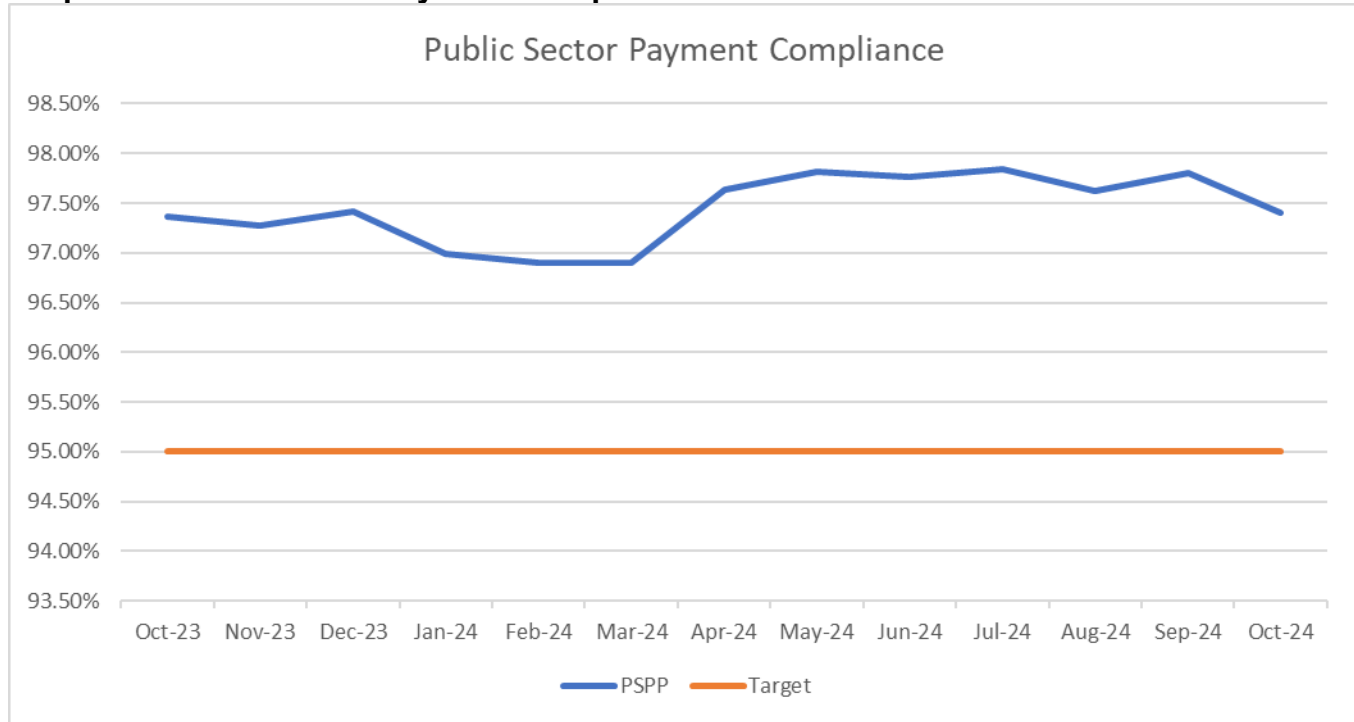


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20/11/2024 11:24:17

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 October was 97.4% for the year to date as illustrated in Graph 7 below.

Graph 7 – Public Sector Payment Compliance



Capital

Planned expenditure for the year reflects the CRL received from Welsh Government dated 5th November 2024 - £41.701m. This reflects the Month 6 scheme review and updated allocations, as well as the transfer of Whitchurch Hospital to Velindre NHS Trust (due to transfer 11th November 2024).

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 October 31st was £1,311m with a further £68m of assumed allocations as detailed below:

Regan, Nikki
20/11/2024 11:24:17

Table 8: Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments & IFRS 16	22.265
Real Living Wage Health & Social Care Providers	4.612
Real Living Wage UHB Pay Award	4.000
Consultant & Resident Drs Retrospective 2023/24 Pay Award	17.622
Vertex	4.500
Clinical Excellence & Impact Awards	1.796
Welsh Government Funded New Medical Posts	1.736
Optometry Contract Reform	1.500
Six Goals For Urgent and Emergency Care Programme	1.480
Welsh Risk Pool 2024_25	(4.886)
Planned Care 104 Week Waits Schemes	4.157
Other	9.194
Total Unconfirmed Allocations £m	67.976

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

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

The UHB 2024-25 Financial Plan is based on a forecast deficit of £15.900m. The month 7 position is a reported overspend of £22.244m, which is £12.969m above the £9.275m straight line profile of the planned deficit.

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

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

Recommendation:

At Month 7 the Committee are requested to:

- **NOTE** the reported year to date overspend of £22.244m and the forecast deficit of £15.900m.
- **NOTE** the month 7 operational overspend against plan of £5.298m with a further £7.671m savings gap.
- **NOTE** the progress against the savings target, with £35.944m (76%) of green and amber schemes identified at Month 7 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: 20th November 2024

Regan Nikki
20/11/2024 11:24:17

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 the summer, which has impacted both ambulance handover times and the length of time patients some patients are waiting in the Emergency Unit before admission, transfer or discharge. The challenges posed by these pressures were reflected at the end of June and start of July with three 4-hour ambulance delays, the only such delays in over 15 months. October has seen periods of acute pressure on the EU, which has resulted in an increased number of 1 and 2-hour ambulance delays in month. Nearly half of the 2-hour delays and a high number of 12-hour delays occurred on one day highlighting the impact on waiting times of these periods of extreme pressure.

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

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

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

planning is it likely we will need to consider options to meet the increased demands on our services and to keep patients safe. Our Winter Plan was discussed at the last Board meeting and we will continue to review progress against this through the weekly COO led Delivery Group.

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 and September have seen increases in compliance, our monthly compliance in September was 45.7%, against the national annualized average of 8.7%.

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.

September saw only small changes 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 remained at 51.9% 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.

Our thrombectomy rates has fluctuated and is currently lower than we saw through Q4 last year and the most recent high point of 25% in May 2024. In September the % of patients thrombolysed increased to 12.5% and remains improved from historic performance.

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

Hospital Flow and Discharge

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

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

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

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

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

Cancer

Since recording 70.2% compliance in December 2023, our highest performance since the development of the Single Cancer Pathway, we have seen compliance fluctuate as forecasted but remain above 60%. Through this year we have experienced challenges with Junior Doctor industrial action and delays in pathology which have impacted our compliance with the SCP since January. Despite this many tumour sites have remained compliant, treating >75% of patients within the 62-day standard. The backlogs in pathology have reduced in recent weeks and compliance improved in August to 68.2%. For September, performance was recently signed off as increasing to 70.9%, with Haematology, Lung, Brain/CNS, sarcoma and Skin tumour sites all exceeding the SCP standard of 75%. Improvements were also noted in urology and lower GI.

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	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Original submission	56.6%	64.7%	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%	64.6%	63.1%	68.4%	70.9%
Compliance following quarterly refresh	57.8%	66.3%	62.4%	70.2%	63.5%	60.2%	62.3%						

Planned Care

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

At the end of August there were 3,683 patients waiting 2 years for treatment, which represents 2.4% of patients on a waiting list. This is an increase from August, but lower than our forecast to Welsh Government, and remains an improvement from this time last year, however, there are still too many patients waiting too long for treatment across a number of key services. Our September data shows that we eradicated 4-year waits, with early data from October showing this has been maintained. The number of patients waiting over 3-years continues to reduce - It is our intention to have no patients waiting over 3 years by the end of December 2024.

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

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

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

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 45,155 patients who are past their target date for a follow-up appointment, of these 8 were over 2 years past their target date as shown below:

Regan Nikki
20/11/2024 11:24:17

Overdue Follow-up Outpatients

Clinical Board	Months past target date	07/02/2024	23/09/2024	30/09/2024	07/10/2024	14/10/2024	21/10/2024	28/10/2024	Trend
Total	Total overdue	61658	47972	47377	46994	45899	45537	45155	
	Over 12 months	12351	1665	1596	1627	1596	1633	1578	
	Over 18 months	2948	75	74	77	77	85	86	
	Over 24 months	1271	3	4	7	8	10	8	
Surgery	Total overdue	31552	23058	22930	22765	22502	22429	22347	
	Over 12 months	7610	1515	1478	1474	1463	1482	1454	
	Over 18 months	1523	66	65	66	67	68	70	
	Over 24 months	643	2	3	4	5	6	4	
Children & Women	Total overdue	10114	8320	8162	8086	7574	7430	7442	
	Over 12 months	1597	27	11	11	14	15	9	
	Over 18 months	500	0	1	1	0	3	1	
	Over 24 months	173	0	0	0	0	0	0	
Specialist	Total overdue	10063	8249	8147	8087	7931	7910	7851	
	Over 12 months	1939	99	83	113	84	89	71	
	Over 18 months	464	4	3	4	5	9	8	
	Over 24 months	196	0	0	1	1	2	1	
Medicine	Total overdue	9879	8271	8062	7979	7813	7690	7435	
	Over 12 months	1183	12	12	16	23	35	32	
	Over 18 months	455	0	0	1	0	0	2	
	Over 24 months	257	0	0	1	0	0	1	

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 increased capacity through additional internal capacity was approved at the Senior Leadership Board in July and improvements are expected from mid-August.

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

At the end of September, 17,210 patients had waited 8 weeks or longer for their treatment, equating to 63.2% of patients on a diagnostic waiting list. This is over our commitment to Welsh Government.

Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	15	12	23	0	31	61.3%	38.7%
	Echo Cardiogram	4	0	0	0	0	2	8	1	715	99.7%	0.3%
	Dobutamine Stress Echocardiogram	22	10	25	21	6	17	14	2	53	67.9%	32.1%
	Stress Test	1	3	1	0	0	0	2	0	14	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	0	0	3	1	54	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	0	0	3	0	192	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	56	66	35	10	93	29.0%	71.0%
	Trans Oesophageal Echocardiogram	5	2	0	0	0	3	11	2	23	87.0%	13.0%
	Cardiac CT	151	134	107	36	14	6	33	2	54	88.9%	11.1%
	Cardiac MRI	203	198	214	209	217	215	61	17	272	21.0%	79.0%
Diagnostic Electrophysiology (EP Study)	2	2	2	0	0	0	0	0	0	100.0%	0.0%	
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	94	93	94	4	273	65.9%	34.1%
	Colonoscopy	1536	1565	1626	1712	1788	1892	111	32	2303	17.8%	82.2%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	1246	1271	111	47	1405	9.5%	90.5%
	Gastroscopy	2499	2603	2692	2761	2864	2949	116	46	3256	9.4%	90.6%
	Bronchoscopy	19	25	14	14	11	12	120	30	20	40.0%	60.0%
Imaging	Fluoroscopy	37	30	45	30	30	34	28	3	112	69.6%	30.4%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	1	8	2	70	98.6%	1.4%
	Electromyography	0	1	0	0	0	0	7	0	31	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	57	71	95	6	195	63.6%	36.4%
	Vascular Technology	0	0	0	0	0	2	32	1	161	98.8%	1.2%
Radiology	MRI	1116	1045	892	974	1054	1019	87	5	2808	63.7%	36.3%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	9462	9469	64	15	14053	32.6%	67.4%
	CT	21	26	20	14	24	27	73	1	843	96.8%	3.2%
	Nuclear Medicine	38	53	62	72	78	49	40	3	196	75.0%	25.0%
Total		14835	15245	15938	16324	17016	17210			27227	36.8%	63.2%

The above table shows the scale of the impact that long waits for endoscopy and non-obstetric US are having on performance, while a number of modalities report zero or small numbers of patients waiting over the 8-week standard.

Mental Health




Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults fell in January 2024 and we reported 37.5% compliance with the 28-day standard, while this improved to 90% in February, the team expected this performance to fluctuate in Q1 as the service work through the referrals to recover the position. In March 2024 we reported 54% compliance, with a further reduction in April reported. The May position improved to 19.1% but reduced again in June and July, with increases in August and September, 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 and after a dip in April, has remained over 90% to date. Part 1b has made a strong return to compliance in September, as per our forecast and it is anticipated that compliance against the standard can be maintained. As part of the improvement work we have seen the size of waiting list and average wait reduce.

Primary and Community Care

We continue to see a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system. Our primary care teams continue to support practices as required.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and community care services.

GMS activity		August 2024	Year to date 24/25
	Calls to GP surgeries	332,660	1,884,793
	GP appointments offered	233,517	1,276,548
	Items issued via prescription	680,503	3,755,246

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

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

Our community teams and integrated services continue to support patients out of hospital, including 17,387 District Nursing visits in September – c5800 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	September 2024
District Nursing visits to patients	17,387
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	27
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	82
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	415
Patients supported by Community Nursing to remain at home	3,654
Wound healing service referrals	91
Continence service referrals	199

Regan, Nikki
20/11/2024 11:24:17

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

Regen Mill
20/11/2024 11:24:17

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

Regan Nikki
20/11/2024 11:24:17

Cardiff and Vale Integrated Performance Report

2024/25

November 2024

Regan, Nikki
20/11/2024 11:24:17



Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

Regan, Nikki
20/11/2024 11:24:17

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

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

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

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

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

Regan, Nikki
20/11/2024 11:24:17

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	161 Oct-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	50.5% (Apr-24 to Sept-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	1108 Oct-24	Hyperlink to section
	<p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p>	232	Yes	Dec-24	466 Oct-24	Hyperlink to section

Regan, Nikki
20/11/2024 11:24:17

Performance Key: Meeting standard / trajectory off target/trajjectory

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

Regan, Nikki
20/11/2024 11:24:17

Performance Key: Meeting standard / trajectory off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	<p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>16,004 Sep-24</p> <p>15,925 Mar-25</p>	No		<p>15,983 Sep-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 104 weeks for referral to treatment</p> <p>National standard/ambition: 0 by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>4,447 Dec-24</p>	No		<p>3,683 Sep-24</p>	Hyperlink to section
	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>70% Dec-24</p>	Yes	Dec-24	<p>68.4% Aug-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>14,796 Dec-24</p>	No		<p>17,210 Sep-24</p>	Hyperlink to section

Regan, Nikki
20/11/2024 11:24:17



Performance Key: Meeting standard / trajectory off target/trajectory

Section 2: Cardiff and Vale Performance Report

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

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

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

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

[Return to Main Menu](#)

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

Priority	Performance Summary	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 autumn winter booster campaign is underway, and it has delivered 22,406 vaccines since the 1st of October when the campaign started for a total eligible population of 155,608 in Cardiff and the Vale which includes healthcare staff. The vaccine uptake has therefore been 12.63% which is the lowest uptake of all Health Boards and below the Welsh average of 21.72%. <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 been declining since the third week of October Across Wales, the overall proportion of samples testing positive for Covid-19 decreased to 12% in hospital and non-sentinel GP practices. Confirmed cases in sentinel GP patients decreased. KP.3 remains the most prevalent variant in Wales, a sub-variant of both Omicron and JN.1 There are currently 4 Covid-19 outbreaks and zero incidents in hospitals in C&V UHB; and 1 influenza outbreak and zero incidents. Since the start of April 2024, in C&V UHB there have been 12 influenza incidents or outbreaks, with 7 bed days lost. In the same period there have been 112 Covid-19 incidents or outbreaks, with 451 bed days lost, at an estimated opportunity cost of £225,500 since 1 April 2024 Updated figures for staff sickness due to Covid-19 and flu are awaited RSV is circulating, with activity at high levels in children aged up to 5y 	Week 43	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 ARI summary (new from Nov 2024)</p>

Regan, Nikki
20/11/2024 11:24:17

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



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 83.6% of children are up to date with vaccination at age 4, which although an improvement is below the target of 95% and a Welsh average of 85.7%, uptake of all childhood vaccinations at age 5 is 85.8% which is still below the Welsh average of 87.7%. 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. 	Apr-Jun 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 and has been produced in collaboration with partners across the regional system, seeking views on where the partnership has added value and where there is still the opportunity for further collaborative working. The UHB is undertaking a range of preparedness actions in response to the World Health Organization'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 and members of the regional partnership, including SRS, participated in a national tabletop exercise on 5th September 2024 to test our response. 	Q2 2024/25	On target	n/a

Regan, Nikki
20/11/2024 11:24:17

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

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 an Investment Plan to outline how services will meet the new Ministerial target of a 10% increase in Level 2 and Level 3 end to end services by the end of financial year. Baseline findings are 1,386 patients for Level 2 and 160 patients for Level 3. 	Q4 2023/24	<p>Healthy weight:</p> <p>On target</p> <p>Weight management services:</p> <p>Below target</p>	<table border="1"> <caption>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>72</td><td>70</td><td>71</td><td>70</td></tr> <tr><td>2012/13</td><td>74</td><td>72</td><td>73</td><td>72</td></tr> <tr><td>2013/14</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2014/15</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2015/16</td><td>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	70	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
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																																	
2011/12	72	70	71	70																																																																	
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For areas of underperformance please see cover paper for details on actions being taken

Regan, Nikki
20/11/2024 11:24:17

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

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 1 24/25 (the most up to date data received) 0.5 % of smokers set a firm quit date. This is below target. 33 % of these quit smoking at 4 weeks, CO Validated (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 – 42% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –9% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 61% of Treated Smokers had quit smoking at 4 weeks. CO validation was re introduced for quits in April 24 by Welsh Gov. In Q1 there were an additional 69 self reported quits that have not been included in reporting across all services. For example Pharmacy L3 have reported 42 self reported quits that have not been recorded Client episodes <ul style="list-style-type: none"> When a person who smokes accepts help from our ‘Help Me Quit’ smoking cessation services, a client episode is created. While not a measure of ‘treated smokers’ or ‘4 week quits’ episode data gives us an idea of numbers of people engaging with the service Numbers engaging HMQ are currently consistently higher in 2024 For pregnant smokers, numbers are small but currently consistently lower than in 2024 	Q1 24/25	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Below target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in %'s</p> <p>Client episodes 2024 (2023 figures in brackets for comparison):</p> <ul style="list-style-type: none"> April 173 (151) May 171 (156) June 173 (138) July 163 (143) August 157 (137) September 157 (151)

Regan, Nikki
20/11/2024 11:24:17

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

Smoking and substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	2024/25	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.5% Below target	0.5%			
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.	2024/25	40%	33% Below target	33%			
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	2024/25	4 quarter improvement	32.8% Below Target	32.8%			

Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	2024/25	100%	92% Below target Average for 23/24: 90%	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%	16%			



Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Apr-Jun 24	95%	85.8% Below target	85.8%			
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>	1 January 2024 to 30 June 2024	90%	62.1% Below target	62.1%			
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 Sep 24 to 31 Mar 25	75%	41.6% Below target	41.6%			
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 Sep 24 to 31 Mar 25	75%	12.6% Below target	12.6%			

Regan, Nikki
20/11/2024 11:24:17

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			

Regan, Nikki
20/11/2024 11:24:17



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	Aug-24	90%	17.3% 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>15.38%</td> <td>23.53%</td> <td>17.86%</td> <td>17.30%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	15.38%	23.53%	17.86%	17.30%
May-24	Jun-24	Jul-24	Aug-24										
15.38%	23.53%	17.86%	17.30%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-24	90%	93.9% 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>94.08%</td> <td>97.69%</td> <td>95.43%</td> <td>93.39%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	94.08%	97.69%	95.43%	93.39%
Mar-24	Apr-24	May-24	Jun-24										
94.08%	97.69%	95.43%	93.39%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Aug-24	95%	98.08% Above standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>96.10%</td> <td>97.36%</td> <td>97.17%</td> <td>98.08%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	96.10%	97.36%	97.17%	98.08%
May-24	Jun-24	Jul-24	Aug-24										
96.10%	97.36%	97.17%	98.08%										

Regan, Nikki
20/11/2024 11:24:17

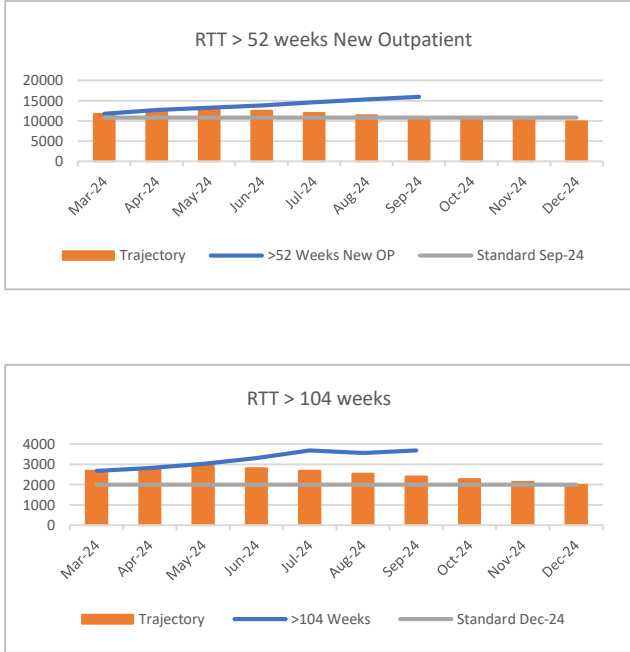
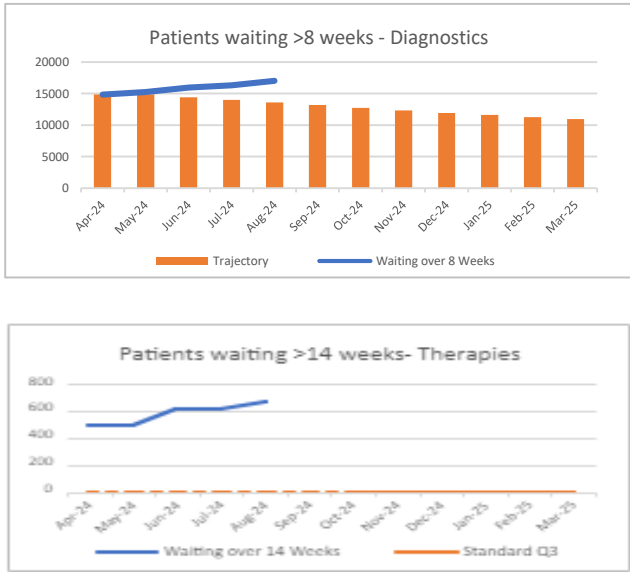
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In September utilisation was 88% , this is below our commitment – work taken to right size the capacity across all clusters is expected to bring utilisation back above 90%</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q2 to date 98% compliance with 8-hour standard</p>	<p>Sep-24</p> <p>Sept-24</p>	<p>88% utilisation Below standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>98% Above standard</p>	
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In October we reported 39 2-hour ambulance delays, above our ambition of 0 In October we reported 466 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In October lost minutes per arrival increased to 26</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 October we reported an increase in patients waiting 12-hours in EU compared to September. This equates to 91.2% of attendances waiting less than 12-hours and below our ambition for Q3</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In September we reported a very small decrease in activity compared to August, however this is slightly above our September 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>Oct-24</p> <p>Sep-24</p>	<p>39 2-hour delays Above standard</p> <p>466 1-hour delays Above standard</p> <p>26 minutes lost/arrival Above standard</p> <p>91.2% patients <12h Below standard</p> <p>1730 SDEC attends Above 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 October 56.3% of patients in acute beds had a LOS of >7 days, 30.3% >21 days – increased from September's snapshot and above out ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In October 2024 the number of POCDs was 161, this below the number of</p>	<p>Sep-24</p> <p>Oct-24</p>	<p>56.3% >7d Above standard</p> <p>30.3% >21d Above standard</p> <p>161 Below standard</p>	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In September 43.8% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In September 12.5% of stroke patients were thrombolysed, an increase from August but below our ambition</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In September 51.9% 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>Sep-24</p>	<p>43.8% CT Below standard</p> <p>12.5% Thrombolysis Below standard</p> <p>51.9% Door-to-ward Below standard</p>	<p>The data section for the stroke pathway includes three line charts:</p> <ul style="list-style-type: none"> CT Scan within 1 hour: Performance starts at ~60% in March 2024, drops to ~50% by April, and remains below the 70% standard through September 2024. Stroke patient thrombolysis rate: Performance fluctuates between 10% and 30% from March to September 2024, consistently below the 20% standard. Direct admission to stroke unit within 4 hours: Performance starts at ~60% in March 2024, drops to ~40% by April, and remains below the 80% standard through September 2024.
<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 September 40.7% 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>Sep-24</p>	<p>40.7% (Annualised) Below standard</p>	<p>The data section for the hip fracture pathway includes one line chart:</p> <ul style="list-style-type: none"> Direct admission to stroke unit within 4 hours: Performance starts at ~60% in March 2024, drops to ~40% by April, and remains below the 80% standard through September 2024.

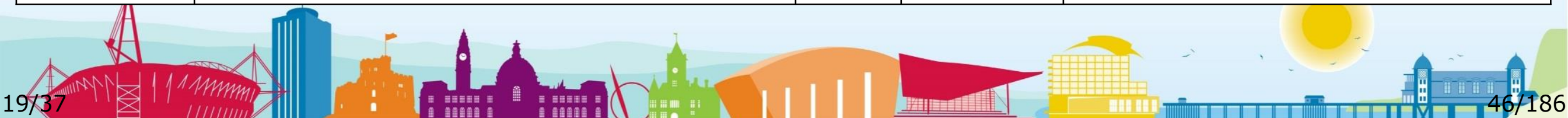
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In August 96% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of September 50.5% 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 September 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>	Aug-24	96% Below standard	
		Sept-24	50.5% At standard (Apr-24 - Sept-24) 100% Above standard 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 August 68.4% of patients received their first definitive treatment within 62 days. This was above our trajectory and we aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	Aug-24	68.4% Below standard	

Regan, Nikki
20/11/2024 11:24:17

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 September there were 15,983 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 September there were 3,683 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>Sep-24</p>	<p>15,983 patients Above standard</p> <p>3,683 patients Above standard</p>	 <p>RTT > 52 weeks New Outpatient</p> <table border="1"> <caption>RTT > 52 weeks New Outpatient Data</caption> <thead> <tr> <th>Month</th> <th>Trajectory</th> <th>>52 Weeks New OP</th> <th>Standard Sep-24</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Apr-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>May-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Jun-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Jul-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Aug-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Sep-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Oct-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Nov-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> <tr><td>Dec-24</td><td>~10000</td><td>~12000</td><td>~10000</td></tr> </tbody> </table> <p>RTT > 104 weeks</p> <table border="1"> <caption>RTT > 104 weeks Data</caption> <thead> <tr> <th>Month</th> <th>Trajectory</th> <th>>104 Weeks</th> <th>Standard Dec-24</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Apr-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>May-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Jun-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Jul-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Aug-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Sep-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Oct-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Nov-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> <tr><td>Dec-24</td><td>~2500</td><td>~2500</td><td>~2500</td></tr> </tbody> </table>	Month	Trajectory	>52 Weeks New OP	Standard Sep-24	Mar-24	~10000	~12000	~10000	Apr-24	~10000	~12000	~10000	May-24	~10000	~12000	~10000	Jun-24	~10000	~12000	~10000	Jul-24	~10000	~12000	~10000	Aug-24	~10000	~12000	~10000	Sep-24	~10000	~12000	~10000	Oct-24	~10000	~12000	~10000	Nov-24	~10000	~12000	~10000	Dec-24	~10000	~12000	~10000	Month	Trajectory	>104 Weeks	Standard Dec-24	Mar-24	~2500	~2500	~2500	Apr-24	~2500	~2500	~2500	May-24	~2500	~2500	~2500	Jun-24	~2500	~2500	~2500	Jul-24	~2500	~2500	~2500	Aug-24	~2500	~2500	~2500	Sep-24	~2500	~2500	~2500	Oct-24	~2500	~2500	~2500	Nov-24	~2500	~2500	~2500	Dec-24	~2500	~2500	~2500
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<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In September 17,210 patients were waiting over 8 weeks for a specified diagnostic, an increase from August and slightly above our trajectory, 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 September 624 patients were waiting over 14 weeks for therapies, a decrease from August but above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance.</p>	<p>Sep-24</p>	<p>17,210 patients Diagnostics Above standard</p> <p>624 patients Therapies Above standard (Q3)</p>	 <p>Patients waiting > 8 weeks - Diagnostics</p> <table border="1"> <caption>Patients waiting > 8 weeks - Diagnostics Data</caption> <thead> <tr> <th>Month</th> <th>Trajectory</th> <th>Waiting over 8 Weeks</th> </tr> </thead> <tbody> <tr><td>Apr-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>May-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Jun-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Jul-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Aug-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Sep-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Oct-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Nov-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Dec-24</td><td>~15000</td><td>~15000</td></tr> <tr><td>Jan-25</td><td>~15000</td><td>~15000</td></tr> <tr><td>Feb-25</td><td>~15000</td><td>~15000</td></tr> <tr><td>Mar-25</td><td>~15000</td><td>~15000</td></tr> </tbody> </table> <p>Patients waiting > 14 weeks- Therapies</p> <table border="1"> <caption>Patients waiting > 14 weeks- Therapies Data</caption> <thead> <tr> <th>Month</th> <th>Waiting over 14 Weeks</th> <th>Standard Q3</th> </tr> </thead> <tbody> <tr><td>Apr-24</td><td>~450</td><td>~450</td></tr> <tr><td>May-24</td><td>~450</td><td>~450</td></tr> <tr><td>Jun-24</td><td>~550</td><td>~450</td></tr> <tr><td>Jul-24</td><td>~550</td><td>~450</td></tr> <tr><td>Aug-24</td><td>~650</td><td>~450</td></tr> <tr><td>Sep-24</td><td>~650</td><td>~450</td></tr> <tr><td>Oct-24</td><td>~650</td><td>~450</td></tr> <tr><td>Nov-24</td><td>~650</td><td>~450</td></tr> <tr><td>Dec-24</td><td>~650</td><td>~450</td></tr> <tr><td>Jan-25</td><td>~650</td><td>~450</td></tr> <tr><td>Feb-25</td><td>~650</td><td>~450</td></tr> <tr><td>Mar-25</td><td>~650</td><td>~450</td></tr> </tbody> </table>	Month	Trajectory	Waiting over 8 Weeks	Apr-24	~15000	~15000	May-24	~15000	~15000	Jun-24	~15000	~15000	Jul-24	~15000	~15000	Aug-24	~15000	~15000	Sep-24	~15000	~15000	Oct-24	~15000	~15000	Nov-24	~15000	~15000	Dec-24	~15000	~15000	Jan-25	~15000	~15000	Feb-25	~15000	~15000	Mar-25	~15000	~15000	Month	Waiting over 14 Weeks	Standard Q3	Apr-24	~450	~450	May-24	~450	~450	Jun-24	~550	~450	Jul-24	~550	~450	Aug-24	~650	~450	Sep-24	~650	~450	Oct-24	~650	~450	Nov-24	~650	~450	Dec-24	~650	~450	Jan-25	~650	~450	Feb-25	~650	~450	Mar-25	~650	~450										
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Regan, Nikki
20/11/2024 11:24:17



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 September there were 33 patients waiting over 16 weeks for a new outpatient appointment and 18 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 September there were 0 patients waiting over 18 weeks for a new outpatient appointment and 7 patients waiting over 40 weeks for surgery</p>	<p>Sep-24</p>	<p>33 Outpatients Above standard (Q2)</p> <p>18 patients Treatment Above standard (Q3)</p> <p>7 patients Treatment Above standard (Q4)</p>	
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 September 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>Sep-24</p>	<p>14.4% Above standard</p>	

Regan, Nikki
 20/11/2024 11:24:17

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In September 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 September there were 191 paediatric patients waiting over 14 weeks for Therapies (82 in Dietetics and 109 in Occupational Therapy)</p>	Sep-24	<p>0 Meeting standard</p> <p>191 Above standard (Q3)</p>	<p>Paediatric patients waiting >14 weeks for therapies</p>
Emotional Health and Wellbeing	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1 In September 95% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In September 95% of interventions were started within 28 days, this is below the standard for Q3 but in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In September 92% of patients had a valid Care and Treatment Plan, above our ambition</p>	Sept-24	<p>95% Part 1a Above standard</p> <p>95% Part 1b Above standard</p> <p>92% Part 2 Above standard</p>	<p>LPMHSS assessments started 28 days < 18 years</p> <p>Therapeutic interventions started 28 days < 18 years</p> <p>Valid Treatment Plan < 18 Years</p>
Neurodevelopment	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In September the longest wait for a neurodevelopment assessment was 178 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	Sep-24	<p>178 Above standard (Q4)</p>	<p>Neurodevelopment assessment weeks wait</p>

Registered Nurse
5/20/2024 11:24:17

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 September 21% 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>	Sep-24	21% Part 1a Below standard (Q2)	
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 September 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Sep-24	100% Part 1b Above standard	
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 September 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 Liaison Committee to support longer term improvements in compliance</p>	Sep-24	61% Part 2 Below standard (Q3)	

Report Nikki
20/21/2024 11:24:17



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	98.2% Below standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jul-24	Improvement compared to the same month in the previous year	47.3% Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>47.50%</td> <td>47.60%</td> <td>47.30%</td> <td>47.30%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	47.50%	47.60%	47.30%	47.30%
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47.50%	47.60%	47.30%	47.30%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Sep-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	50.5% Above standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>13.70%</td> <td>22.90%</td> <td>32.70%</td> <td>41.70%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	13.70%	22.90%	32.70%	41.70%
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13.70%	22.90%	32.70%	41.70%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-24	Increase compared to the same month in the previous year	1,877 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>1628</td> <td>1795</td> <td>1531</td> <td>1877</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	1628	1795	1531	1877
Apr-24	May-24	Jun-24	Jul-24										
1628	1795	1531	1877										
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Sept-24	80%	95% Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>94%</td> <td>94%</td> <td>99%</td> <td>95%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	94%	94%	99%	95%
Jun-24	Jul-24	Aug-24	Sep-24										
94%	94%	99%	95%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Sept-24	80%	95% Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>5%</td> <td>8%</td> <td>2%</td> <td>95%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	5%	8%	2%	95%
Jun-24	Jul-24	Aug-24	Sep-24										
5%	8%	2%	95%										
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Sep-24	80%	21% Below standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>16.0%</td> <td>11.8%</td> <td>18.0%</td> <td>20.9%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	16.0%	11.8%	18.0%	20.9%
Jun-24	Jul-24	Aug-24	Sep-24										
16.0%	11.8%	18.0%	20.9%										
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Sep-24	80%	100% Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>99.6%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	100.0%	100.0%	100.0%	99.6%
Jun-24	Jul-24	Aug-24	Sep-24										
100.0%	100.0%	100.0%	99.6%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Oct-24	65%	50% Below standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>56%</td> <td>55%</td> <td>48%</td> <td>50%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	56%	55%	48%	50%
Jul-24	Aug-24	Sep-24	Oct-24										
56%	55%	48%	50%										
20.	Median emergency response time to amber calls	Aug-24	12 month reduction trend	01:07:42 Above standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>01:19:27</td> <td>01:18:06</td> <td>01:23:17</td> <td>01:07:42</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	01:19:27	01:18:06	01:23:17	01:07:42
May-24	Jun-24	Jul-24	Aug-24										
01:19:27	01:18:06	01:23:17	01:07:42										

Regan, Nikki
20/11/2024 11:24:17



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Aug-24	15 minutes or less	9 Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>23</td> <td>9</td> <td>4</td> <td>9</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	23	9	4	9
May-24	Jun-24	Jul-24	Aug-24										
23	9	4	9										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Aug-24	60 minutes or less	72 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>62</td> <td>65</td> <td>73</td> <td>72</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	62	65	73	72
May-24	Jun-24	Jul-24	Aug-24										
62	65	73	72										
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Oct-24	Improvement compared to the same month in the previous year, towards the national target of 95%	61.4% Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>61.9%</td> <td>59.9%</td> <td>60.8%</td> <td>61.4%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	61.9%	59.9%	60.8%	61.4%
Jul-24	Aug-24	Sep-24	Oct-24										
61.9%	59.9%	60.8%	61.4%										
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	Oct-24	Reduction compared to the same month in the previous year, towards the national target of zero	1108 Above standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>876</td> <td>904</td> <td>966</td> <td>1108</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	876	904	966	1108
Jul-24	Aug-24	Sep-24	Oct-24										
876	904	966	1108										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Aug-24	12 month improvement trend towards a national target of 80% by 31 March 2026	68.4% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>62.1%</td> <td>64.6%</td> <td>63.0%</td> <td>68.4%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	62.1%	64.6%	63.0%	68.4%
May-24	Jun-24	Jul-24	Aug-24										
62.1%	64.6%	63.0%	68.4%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Sep-24	0	17,210 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>15938</td> <td>16324</td> <td>17016</td> <td>17210</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	15938	16324	17016	17210
Jun-24	Jul-24	Aug-24	Sep-24										
15938	16324	17016	17210										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Sep-24	100%	85.6% Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>82.12%</td> <td>84.29%</td> <td>82.67%</td> <td>85.60%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	82.12%	84.29%	82.67%	85.60%
Jun-24	Jul-24	Aug-24	Sep-24										
82.12%	84.29%	82.67%	85.60%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sep-24	0	624 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>604</td> <td>611</td> <td>659</td> <td>639</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	604	611	659	639
Jun-24	Jul-24	Aug-24	Sep-24										
604	611	659	639										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Sep-24	0	15 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>63</td> <td>64</td> <td>59</td> <td>15</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	63	64	59	15
Jun-24	Jul-24	Aug-24	Sep-24										
63	64	59	15										

Regan, Nikki
28/11/2024 11:24:17



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	Sep-24	0	15,983 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>13831</td> <td>14607</td> <td>15280</td> <td>15983</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	13831	14607	15280	15983
Jun-24	Jul-24	Aug-24	Sep-24										
13831	14607	15280	15983										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Sep-24	Reduction compared to the same month in the previous year	20,806 Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>24915</td> <td>22763</td> <td>21500</td> <td>20806</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	24915	22763	21500	20806
Jun-24	Jul-24	Aug-24	Sep-24										
24915	22763	21500	20806										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Sep-24	0	3,683 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>3301</td> <td>3687</td> <td>3561</td> <td>3683</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	3301	3687	3561	3683
Jun-24	Jul-24	Aug-24	Sep-24										
3301	3687	3561	3683										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Sep-24	Month on month reduction towards the national target of zero by 30 June 2025	36,738 Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>34148</td> <td>35473</td> <td>36204</td> <td>36738</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	34148	35473	36204	36738
Jun-24	Jul-24	Aug-24	Sep-24										
34148	35473	36204	36738										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Sep-24	80%	16% Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>16%</td> <td>17%</td> <td>17%</td> <td>16%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	16%	17%	17%	16%
Jun-24	Jul-24	Aug-24	Sep-24										
16%	17%	17%	16%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-24	80%	67% Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>65%</td> <td>68%</td> <td>68%</td> <td>67%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	65%	68%	68%	67%
Jun-24	Jul-24	Aug-24	Sep-24										
65%	68%	68%	67%										

Regan, Nikki
20/11/2024 11:24:17



[Return to Main Menu](#)

Productivity and Efficiency measures

[Return to Section Menu](#)

Measure		Internal standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Outpatients	% DNAs - New appointments	5%	10.0%	11.0%	10.6%	10.4%	10.1%	10.1%	9.9%	10.9%	9.6%	9.3%	9.8%	9.8%	10.2%	10.3%	
	% DNAs - Follow-up appointments	5%	11.7%	11.8%	11.7%	11.6%	12.7%	12.3%	11.7%	13.0%	12.3%	12.3%	12.5%	12.2%	12.9%	12.6%	
Endoscopy	% room utilisation	90%	91%	95%	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	
	% utilisation (activity points available)	95%											84%	81%	80%	83%	
Theatres	Average turnaround time (minutes)	10	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.0	18.9	
	% of theatre session utilisation	95%	81%	83%	84%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	
	% in session utilisation	85%	78%	78%	80%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	
	<24 hour elective cancellations		219	197	257	285	269	239	226	212	243	289	247	309	249	190	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset															
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset															
Waiting list	Total RTT waiting list volume	N/A	135686	136185	140725	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	155063	
Inpatient	Delayed pathways of Care - Mental Health	217	36	36	31	41	36	37	38	41	38	39	34	29	36	26	
	Delayed Pathways of Care - non-Mental Health		140	124	142	150	114	173	200	170	145	140	160	142	138	144	
	7 day LOS on Acute Wards (snapshot)	<40%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	
	21 day LOS on Acute Wards (snapshot)	<20%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	

Regan, Nikki
20/11/2024 11:24:17

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Nov-23; the rates have fallen from 11.74% at Nov-23 to 9.54% in Oct-24 UHB wide. This is a net 2.20% decrease, which represents 313 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 – Promotion' and Voluntary Resignation - Work Life Balance'.</p>	October 2024	<p>The chart shows the percentage of turnover over time. A solid blue line represents the actual % Turnover, and a dotted blue line represents the Linear % Turnover. Both show a steady decline from approximately 11.74% in November 2023 to 9.54% in October 2024.</p>
Sickness Absence	<p>Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Oct-24 was 6.16%. The 12-month cumulative rate has settled over the past 6 months, and is 6.25% at Oct-24 (by comparison with Oct-23, which was 6.47%).</p>	October 2024	<p>The chart displays monthly sickness rates as orange bars. A blue dashed line represents the In-Month rate, and a green horizontal line represents the Target rate. The YTD rate is indicated by a red horizontal line. The monthly rates fluctuate around the target, with the YTD rate being slightly above the target.</p>
Statutory and Mandatory Training	<p>The overall compliance rates fell again for Oct-24 to 81.30%, 3.70% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target; Corporate Executives, Children & Women's and are above 80% compliance.</p> <p>The compliance with Fire training has fallen to 70.06% for Oct-24 . All Wales Genomics Service have reached 87.76%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	October 2024	<p>The top chart shows the Statutory & Mandatory e-Learning Compliance Rate. A green line represents the % Target (85%) and a red line represents the % Compliance. The compliance rate is consistently below the target, ending at 81.30% in Oct-24. The bottom chart shows the Fire e-Learning Compliance Rate, with a green line for the % Target (85%) and a red line for the % Compliance, which is significantly lower at 70.06%.</p>
Values Based Appraisal	<p>VBA compliance has risen marginally for Oct-24 to 79.52%. Capital, Estates & Facilities and All-Wales Genomics Services are the only Clinical Boards to exceed the 85% target. Children & Women's and Clinical Diagnostics & Therapeutics are above 80%.</p>	October 2024	<p>The chart shows the VBA Compliance Rate over time. A green horizontal line represents the % Target (85%) and a red line represents the % Compliance. The compliance rate fluctuates around the target, ending at 79.52% in Oct-24.</p>
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	October 2024	<p>The chart tracks various employee relations cases. A blue line represents Disciplinary cases, which has risen above the green Target line. A red line represents Respect and Resolution cases, and a grey line represents Appeals. The total number of cases has increased over the period.</p>

Regard/Nikki
20/11/2024 11:24:17



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 43.05% have an agreed job plan that has been signed off within the past 12 months. A further 17.18% have an agreed job plan that was last reviewed and signed off before Nov-23.	October 2024	<p>Job Plan Compliance Rate</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Target</th> <th>% Job Plan Agreed</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>85%</td><td>50%</td><td>30%</td></tr> <tr><td>Dec-23</td><td>85%</td><td>50%</td><td>30%</td></tr> <tr><td>Jan-24</td><td>85%</td><td>50%</td><td>30%</td></tr> <tr><td>Feb-24</td><td>85%</td><td>50%</td><td>25%</td></tr> <tr><td>Mar-24</td><td>85%</td><td>50%</td><td>30%</td></tr> <tr><td>Apr-24</td><td>85%</td><td>50%</td><td>25%</td></tr> <tr><td>May-24</td><td>85%</td><td>55%</td><td>30%</td></tr> <tr><td>Jun-24</td><td>85%</td><td>55%</td><td>30%</td></tr> <tr><td>Jul-24</td><td>85%</td><td>55%</td><td>30%</td></tr> <tr><td>Aug-24</td><td>85%</td><td>55%</td><td>45%</td></tr> <tr><td>Sep-24</td><td>85%</td><td>55%</td><td>50%</td></tr> <tr><td>Oct-24</td><td>85%</td><td>55%</td><td>43.05%</td></tr> </tbody> </table>	Month	% Target	% Job Plan Agreed	% Compliance	Nov-23	85%	50%	30%	Dec-23	85%	50%	30%	Jan-24	85%	50%	30%	Feb-24	85%	50%	25%	Mar-24	85%	50%	30%	Apr-24	85%	50%	25%	May-24	85%	55%	30%	Jun-24	85%	55%	30%	Jul-24	85%	55%	30%	Aug-24	85%	55%	45%	Sep-24	85%	55%	50%	Oct-24	85%	55%	43.05%																										
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Medical Appraisals	The rate of compliance with Medical Appraisal continues to fall; to 78.33% for Oct-24, and remains below the 85% target.	October 2024	<p>Medical Appraisal Compliance Rate</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Target</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>85%</td><td>85%</td></tr> <tr><td>Dec-23</td><td>85%</td><td>75%</td></tr> <tr><td>Jan-24</td><td>85%</td><td>75%</td></tr> <tr><td>Feb-24</td><td>85%</td><td>75%</td></tr> <tr><td>Mar-24</td><td>85%</td><td>75%</td></tr> <tr><td>Apr-24</td><td>85%</td><td>75%</td></tr> <tr><td>May-24</td><td>85%</td><td>75%</td></tr> <tr><td>Jun-24</td><td>85%</td><td>75%</td></tr> <tr><td>Jul-24</td><td>85%</td><td>75%</td></tr> <tr><td>Aug-24</td><td>85%</td><td>75%</td></tr> <tr><td>Sep-24</td><td>85%</td><td>75%</td></tr> <tr><td>Oct-24</td><td>85%</td><td>78.33%</td></tr> </tbody> </table>	Month	% Target	% Compliance	Nov-23	85%	85%	Dec-23	85%	75%	Jan-24	85%	75%	Feb-24	85%	75%	Mar-24	85%	75%	Apr-24	85%	75%	May-24	85%	75%	Jun-24	85%	75%	Jul-24	85%	75%	Aug-24	85%	75%	Sep-24	85%	75%	Oct-24	85%	78.33%																																							
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Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 282 WTE, to 15,304.39 WTE at Oct-24. This is the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has fallen in the past 12 months, in part due to validation of the ESR data held for staff contract type.	October 2024	<p>WTE Permanent and Fixed-Term Staff in Post Numbers</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Employed Staffing WTE</th> <th>Permanent (Left Axis)</th> <th>Fixed-Term Temp (Right Axis)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Dec-23</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Jan-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Feb-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Mar-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Apr-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>May-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Jun-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Jul-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Aug-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Sep-24</td><td>13,500</td><td>1,200</td><td>700</td></tr> <tr><td>Oct-24</td><td>15,304.39</td><td>1,700</td><td>450</td></tr> </tbody> </table>	Month	Employed Staffing WTE	Permanent (Left Axis)	Fixed-Term Temp (Right Axis)	Nov-23	13,500	1,200	700	Dec-23	13,500	1,200	700	Jan-24	13,500	1,200	700	Feb-24	13,500	1,200	700	Mar-24	13,500	1,200	700	Apr-24	13,500	1,200	700	May-24	13,500	1,200	700	Jun-24	13,500	1,200	700	Jul-24	13,500	1,200	700	Aug-24	13,500	1,200	700	Sep-24	13,500	1,200	700	Oct-24	15,304.39	1,700	450																										
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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 Nov-23 the percentage was 9.63% of the total spend on pay, but in Oct-24 had fallen to 7.91%. It must however be borne in mind that the total pay bill is increasing.	October 2024	<p>Proportion of Total Pay Bill Attributable to Variable Pay</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Variable Pay</th> <th>Linear (% Variable Pay)</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>9.63%</td><td>9.63%</td></tr> <tr><td>Dec-23</td><td>9.50%</td><td>9.50%</td></tr> <tr><td>Jan-24</td><td>9.50%</td><td>9.50%</td></tr> <tr><td>Feb-24</td><td>9.50%</td><td>9.50%</td></tr> <tr><td>Mar-24</td><td>9.50%</td><td>9.50%</td></tr> <tr><td>Apr-24</td><td>7.50%</td><td>8.50%</td></tr> <tr><td>May-24</td><td>8.50%</td><td>8.50%</td></tr> <tr><td>Jun-24</td><td>8.50%</td><td>8.50%</td></tr> <tr><td>Jul-24</td><td>8.50%</td><td>8.50%</td></tr> <tr><td>Aug-24</td><td>8.50%</td><td>8.50%</td></tr> <tr><td>Sep-24</td><td>8.50%</td><td>8.50%</td></tr> <tr><td>Oct-24</td><td>7.91%</td><td>8.50%</td></tr> </tbody> </table>	Month	% Variable Pay	Linear (% Variable Pay)	Nov-23	9.63%	9.63%	Dec-23	9.50%	9.50%	Jan-24	9.50%	9.50%	Feb-24	9.50%	9.50%	Mar-24	9.50%	9.50%	Apr-24	7.50%	8.50%	May-24	8.50%	8.50%	Jun-24	8.50%	8.50%	Jul-24	8.50%	8.50%	Aug-24	8.50%	8.50%	Sep-24	8.50%	8.50%	Oct-24	7.91%	8.50%																																							
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Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. 24.36% of staff have received the flu vaccine, and 19.35% of staff have received the COVID-19 vaccine.	October 2024	<p>Staff Vaccination Rate</p> <table border="1"> <thead> <tr> <th>Month</th> <th>23-24 Flu</th> <th>23-24 COVID-19</th> <th>24-25 Flu</th> <th>24-25 COVID-20</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Dec-23</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Jan-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Feb-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Mar-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>May-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Jun-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Jul-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Aug-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Sep-24</td><td>40%</td><td>40%</td><td>0%</td><td>0%</td><td>80%</td></tr> <tr><td>Oct-24</td><td>24.36%</td><td>19.35%</td><td>0%</td><td>0%</td><td>80%</td></tr> </tbody> </table>	Month	23-24 Flu	23-24 COVID-19	24-25 Flu	24-25 COVID-20	Target	Nov-23	40%	40%	0%	0%	80%	Dec-23	40%	40%	0%	0%	80%	Jan-24	40%	40%	0%	0%	80%	Feb-24	40%	40%	0%	0%	80%	Mar-24	40%	40%	0%	0%	80%	Apr-24	40%	40%	0%	0%	80%	May-24	40%	40%	0%	0%	80%	Jun-24	40%	40%	0%	0%	80%	Jul-24	40%	40%	0%	0%	80%	Aug-24	40%	40%	0%	0%	80%	Sep-24	40%	40%	0%	0%	80%	Oct-24	24.36%	19.35%	0%	0%	80%
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Agency Spend as % of Total Pay Bill	The overall trend in the proportion of the total pay bill attributed to Agency continues to fall. At Nov-23 the percentage was 1.28% of the total spend on pay, but in Oct-24 had fallen to 0.45%. It must however be borne in mind that the total pay bill is increasing.	October 2024	<p>Agency Spend as % of Total Pay Bill</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Agency Spend as % of Total Pay Bill</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>1.28%</td></tr> <tr><td>Dec-23</td><td>1.28%</td></tr> <tr><td>Jan-24</td><td>1.28%</td></tr> <tr><td>Feb-24</td><td>1.28%</td></tr> <tr><td>Mar-24</td><td>1.28%</td></tr> <tr><td>Apr-24</td><td>0.65%</td></tr> <tr><td>May-24</td><td>0.95%</td></tr> <tr><td>Jun-24</td><td>0.95%</td></tr> <tr><td>Jul-24</td><td>0.75%</td></tr> <tr><td>Aug-24</td><td>0.85%</td></tr> <tr><td>Sep-24</td><td>0.85%</td></tr> <tr><td>Oct-24</td><td>0.45%</td></tr> </tbody> </table>	Month	Agency Spend as % of Total Pay Bill	Nov-23	1.28%	Dec-23	1.28%	Jan-24	1.28%	Feb-24	1.28%	Mar-24	1.28%	Apr-24	0.65%	May-24	0.95%	Jun-24	0.95%	Jul-24	0.75%	Aug-24	0.85%	Sep-24	0.85%	Oct-24	0.45%																																																				
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Regan, Mikki
20/11/2024 11:24:17

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 60.8 days. The figure for Cardiff & Vale uHB for Oct-24 was 87.4 days, but over the past 12 months the trend is downwards.	October 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 6.4 days. The figure for Cardiff & Vale uHB for Oct-24 was 6.1 days.	October 2024	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. At Sep-24 the return rate was 15.00%.	September 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 Oct-24 the rate was -1.53%, by comparison with a nominal 5% target. This indicates that the Health Board is over-established for band 5 & 6 nursing & midwifery staff. 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.	October 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 Oct-24 32.92% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	October 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). 49% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Oct-24 6.44% of staff have identified their Welsh Skills as between level 2 and level 5.	October 2024	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Oct-24	12 month reduction trend (6%)	6.07% Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>6.06%</td> <td>6.05%</td> <td>6.05%</td> <td>6.07%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	6.06%	6.05%	6.05%	6.07%
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37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Oct-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	9.54% Above standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>10.97%</td> <td>10.03%</td> <td>9.68%</td> <td>9.54%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	10.97%	10.03%	9.68%	9.54%
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38.	Agency spend as a percentage of the total pay bill	Oct-24	12 month reduction trend	0.45% Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>0.82%</td> <td>0.89%</td> <td>0.57%</td> <td>0.45%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	0.82%	0.89%	0.57%	0.45%
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39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Oct-24	85%	79.44% Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>79.66%</td> <td>79.78%</td> <td>79.37%</td> <td>79.44%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	79.66%	79.78%	79.37%	79.44%
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Regan, Nikki
20/11/2024 11:24:17



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 September and Oct 24, the Health Board :</p> <ul style="list-style-type: none"> •Received 623 Concerns •Closed 628 concerns •78% closed within 30 working days (including Early Resolution) •35% closed under Early Resolution (within 2 days including day of receipt) •Received 388 Enquiries •Received 63 Compliments •We currently have 277 active concerns <p>Top 3 themes and trends</p> <ul style="list-style-type: none"> •Communication •Concerns around appointments (waiting times/cancellations) •Clinical Treatment and Assessment 	<p>Sep and Oct 2024</p>	<p>78% Exceeding the 75% standard</p>	<p>% of concerns closed within 30 working days including Early Resolution</p> <table border="1"> <caption>% of concerns closed within 30 working days including Early Resolution</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>70</td></tr> <tr><td>Nov-23</td><td>75</td></tr> <tr><td>Dec-23</td><td>75</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>78</td></tr> <tr><td>Mar-24</td><td>80</td></tr> <tr><td>Apr-24</td><td>78</td></tr> <tr><td>May-24</td><td>80</td></tr> <tr><td>Jun-24</td><td>83</td></tr> <tr><td>Jul-24</td><td>83</td></tr> <tr><td>Aug-24</td><td>78</td></tr> <tr><td>Sep-24</td><td>80</td></tr> <tr><td>Oct-24</td><td>75</td></tr> </tbody> </table>	Month	Percentage	Oct-23	70	Nov-23	75	Dec-23	75	Jan-24	80	Feb-24	78	Mar-24	80	Apr-24	78	May-24	80	Jun-24	83	Jul-24	83	Aug-24	78	Sep-24	80	Oct-24	75								
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<p>Duty of Candour</p> <p><i>Regan, Nikki 20/11/2024 11:24:17</i></p>	<ul style="list-style-type: none"> • Since April 1st, 2023, 40, 174 incidents have been reported by staff across the Health Board • We continue to support DOC awareness sessions across Primary and Secondary care • Since April 1st, 2023, we have triggered the DOC on 214 occasions • We have internally audited the process and compliance 	<p>Oct 2024</p>	<p>n/a</p>	<p>Incident grading changed following review</p> <table border="1"> <caption>Incident grading changed following review</caption> <thead> <tr> <th>Service Area</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>Wales Genomics Service</td><td>~100</td><td>~100</td></tr> <tr><td>Surgical Services</td><td>~2000</td><td>~1000</td></tr> <tr><td>Specialist Services</td><td>~3000</td><td>~1000</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>~2500</td><td>~1000</td></tr> <tr><td>Other Organisations</td><td>~100</td><td>~100</td></tr> <tr><td>Mental Health Services</td><td>~2500</td><td>~1000</td></tr> <tr><td>Medicine Services</td><td>~5500</td><td>~2500</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>~1500</td><td>~1000</td></tr> <tr><td>Children and Women's Services</td><td>~2000</td><td>~1000</td></tr> <tr><td>Capital, Estates and Facilities</td><td>~100</td><td>~100</td></tr> </tbody> </table>	Service Area	No	Yes	Wales Genomics Service	~100	~100	Surgical Services	~2000	~1000	Specialist Services	~3000	~1000	Primary, Community and Intermediate Care	~2500	~1000	Other Organisations	~100	~100	Mental Health Services	~2500	~1000	Medicine Services	~5500	~2500	Executive and Corporate Services	~100	~100	Clinical Diagnostics and Therapeutic Services	~1500	~1000	Children and Women's Services	~2000	~1000	Capital, Estates and Facilities	~100	~100
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Patient Feedback – Civica	<ul style="list-style-type: none"> The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent over 172,400 texts and are seeing a response of 16%. In October, we sent 15,472 texts and had 2356 completions (15% response). Of those respondents who were discharged during September/October and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 83% were satisfied with our service. Currently, our response rate overall is 16% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year. 	Sep/Oct 2024		<p>Breakdown of rating question (Random, EU and MH)</p> <table border="1"> <caption>Breakdown of rating question (Random, EU and MH)</caption> <thead> <tr> <th>Rating</th> <th>Respondents (%)</th> </tr> </thead> <tbody> <tr><td>10 - Excellent</td><td>49.26</td></tr> <tr><td>9</td><td>15.49</td></tr> <tr><td>8</td><td>12.72</td></tr> <tr><td>7</td><td>5.79</td></tr> <tr><td>6</td><td>2.57</td></tr> <tr><td>5 - Average</td><td>4.69</td></tr> <tr><td>4</td><td>1.47</td></tr> <tr><td>3</td><td>2.32</td></tr> <tr><td>2</td><td>1.92</td></tr> <tr><td>1</td><td>0.92</td></tr> <tr><td>0 - Very bad</td><td>2.84</td></tr> </tbody> </table>	Rating	Respondents (%)	10 - Excellent	49.26	9	15.49	8	12.72	7	5.79	6	2.57	5 - Average	4.69	4	1.47	3	2.32	2	1.92	1	0.92	0 - Very bad	2.84																																																																																					
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Patient Safety	<p>Cardiff and Vale reported 25 NRIs in October 2024, which equates to a rate of 4.82 per 100 000 population compared with a Wales rate of 3.22.</p> <p>54.2% of NRIs remain open over 90 days.</p> <p>2370 patient safety incidents were reported in October 2024 of these 1870 were reported as having caused no or low harm.</p> <p>Of the 563 that were reported as having caused moderate harm or above, 228 were subsequently recategorized as having resulted in no or low harm once reviewed. 284 are yet to have a managers assessment of harm completed.</p>	October 2024		<p>CVU UHB Never Events occurring (by incident date, Nov-23 to Oct-24) as of 04/11/2024</p> <table border="1"> <thead> <tr> <th rowspan="2">Never Event</th> <th colspan="2">2023</th> <th colspan="10">2024</th> </tr> <tr> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td>Administration of medication by the wrong route</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Misplaced naso- or oro-gastric tubes</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Retained foreign object post procedure</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong implant/prosthesis</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong site surgery</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total Never Events</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> </tr> </tbody> </table> <p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 04/11/2024</p>	Never Event	2023		2024										Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Administration of medication by the wrong route	0	1	0	0	0	0	0	0	0	0	0	1	0	Misplaced naso- or oro-gastric tubes	0	0	0	0	0	0	0	0	0	0	1	0	0	Retained foreign object post procedure	0	0	0	0	1	1	0	0	0	0	0	0	0	Wrong implant/prosthesis	0	0	0	0	0	0	0	0	0	1	0	0	0	Wrong site surgery	0	1	0	0	0	0	0	0	0	0	0	0	0	Total Never Events	0	2	0	0	1	1	0	0	0	1	1	1	0
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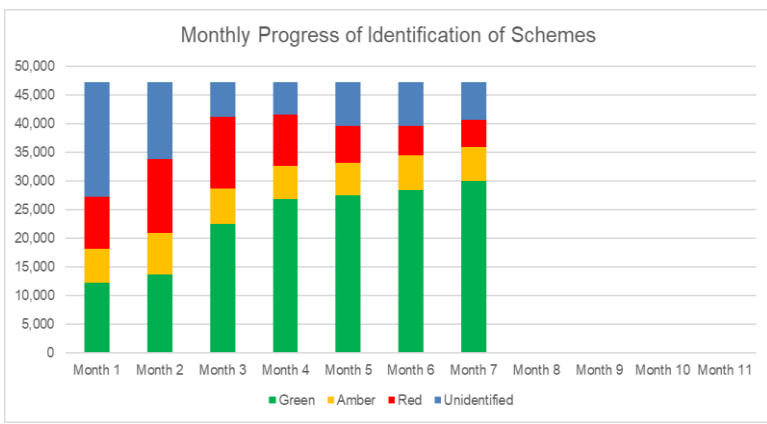
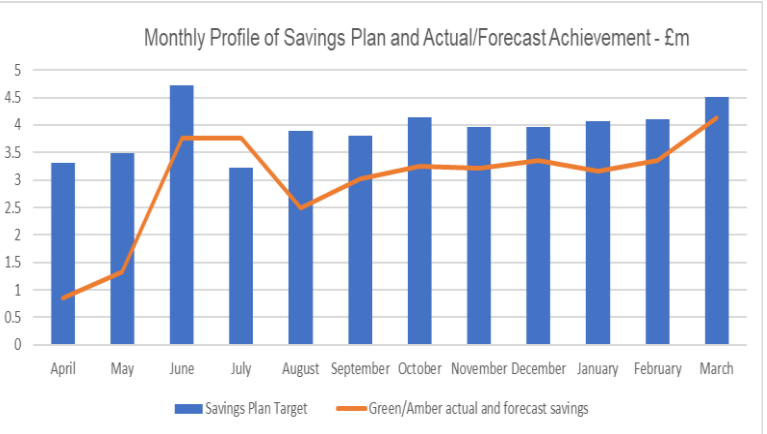
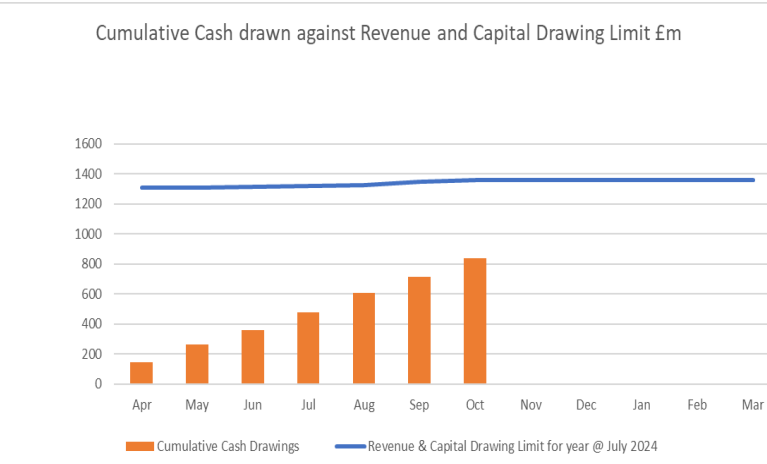
Regan, Nikki
20/11/2024 11:24:17




Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>Inpatient Mortality Crude Mortality remains in line with the five year average.</p> <p>Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking</p> <p>All Cause Mortality Excess deaths in line with the five year average for the past two months. Excess mortality rates have been observed across the UK including Wales since late 2022.</p>	<p>August 2024</p>		
<p>Infection Control</p>	<p>Covid -19 continues to casue disruption with outbreaks on a number of wards across the UHB</p> <p>C. Difficile 112 cases reported to date compared with 58 in the previous year. The majority of cases are in Medicine Clinical Board and PCIC</p> <p>Klebsiella Spp. Bacteraemia The UHB has reported 67 cases to date this year compared with 58 reported at this point in 2023/24</p> <ul style="list-style-type: none"> • <p>E. Coli Bacteraemia CAV continues to reduce the number of E.coli bacteraemia. Cumulative cases are below the same period last year with 147 cases to date and 174 at the same point last year. Majority of cases diagnosed in the community</p> <p>MRSA Bacteraemia Four MRSA case was reported during to date this year, compared with 7 at this point in 2022/23</p> <ul style="list-style-type: none"> • <p>MSSA Bacteraemia The UHB has reported 89 cases to date, 13 more than during the same period in 2023 with the majority diagnosed in the community</p> <ul style="list-style-type: none"> • <p>P. Aeruginosa Bacteraemia 18 cases reported to date in 2024/25 compared to 13 at the same point in the previous year, with all cases diagnosed in Medicine, Specialist clinical boards or the community</p>	<p>Apr-September 24</p>		

Regan, NIKKI
20/11/2024 11:24 AM

	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 7 the UHB is reporting an overspend of £22.244m. This is comprised of £7.671m unidentified savings, £5.298m of operational overspend and the planned deficit of £9.275m (seven twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government).</p> <p>The UHB is working to recover the month 7 operational and savings overspend to remain within the £15.900m planned deficit.</p>	Oct. 24	<table border="1"> <thead> <tr> <th></th> <th>Month 7 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>9.275</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>7.671</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>5.298</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>22.244</td> <td>15.900</td> </tr> </tbody> </table>		Month 7 Position £m	Forecast Year-End Position £m	Planned deficit	9.275	15.900	Savings Programme	7.671	0.000	Operational position (Surplus) / Deficit	5.298	0.000	Financial Position £m (Surplus) / Deficit £m	22.244	15.900
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Financial Position £m (Surplus) / Deficit £m	22.244	15.900																	
Achieve financial sustainability and recurrent financial balance by the end of 2025/26	<p>The planned deficit for 2024-25 is £15.9m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :-</p> <ul style="list-style-type: none"> The planned 2024-25 financial deficit of £15.9m Savings made non recurrently in 2024-25 The full year effect of cost pressures including inflation. The full year effect of demand led pressures in 2024-25 <p>Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £26.913m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1m. This projects an underlying deficit for 2025-26 of £63.9m before the assessment of new year cost pressures and any additional funding available. The increase in operational overspend at month 6 follows a re-assessment of pressures at month 6 which incorporates the full year effect of current operational pressures, demand growth and inflation.</p>	Sept. 24	<p>Progress in Reducing the Underlying Deficit (ULD) from 60.9m to £15.9m</p>																
Management of operational budget pressures	<p>The UHB reported a £5.298m operational overspend at month 7, which is a deterioration of £1.205m from the £4.093m reported at month 6.</p>	Oct. 24	<p>Planned Operational Position vs Month 7 Position</p>																

	Priority	Performance Summary	Reported Period	Data
	<p>Delivery of recurrent £47.2m savings target</p>	<p>£34.568m Green and Amber schemes identified at month 6 of which £19.592m were recurrent savings. Savings Graph 1 illustrates progress in the identification of savings.</p> <p>The planned profile and actual/forecast delivery of savings is outlined in Savings Graph 2.</p>	<p>Sept. 24</p>	<p>Savings Graph 1- Progress in Identification of Savings Schemes</p>  <p>Savings Graph 2- Profile of Savings Plan and Actual/Forecast Achievement</p> 
	<p>Remain within Cash Limit</p>	<p>The UHB forecasts to remain within its 2024/25 cash limit, on the assumptions that £15.900m of strategic cash support is provided for the forecast deficit, that all anticipated allocations are fully funded and that working capital cash is provided for movement in working balances.</p> <p>If the month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.</p>	<p>Oct. 24</p>	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> 

Regan, Nikki
20/11/2024 11:24:17

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-24	12 month improvement trend	65.1% Below standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>56.90%</td> <td>36.70%</td> <td>60.90%</td> <td>65.10%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	56.90%	36.70%	60.90%	65.10%
Feb-24	Mar-24	Apr-24	May-24										
56.90%	36.70%	60.90%	65.10%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Jun-24	90%	25.4% Below standard	<table border="1"> <tr> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> </tr> <tr> <td>0.70%</td> <td>0.00%</td> <td>38.60%</td> <td>25.40%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	0.70%	0.00%	38.60%	25.40%
Mar-24	Apr-24	May-24	Jun-24										
0.70%	0.00%	38.60%	25.40%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>17.00%</td> <td>15.30%</td> <td>15.00%</td> <td>16.10%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	17.00%	15.30%	15.00%	16.10%
Jan-24	Feb-24	Mar-24	Apr-24										
17.00%	15.30%	15.00%	16.10%										
43.	Number of Pathways of Care delayed discharges	Sep-24	12 month reduction trend	170 Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>194</td> <td>171</td> <td>174</td> <td>170</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	194	171	174	170
Jun-24	Jul-24	Aug-24	Sep-24										
194	171	174	170										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Aug-24	90%	94.6% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>87.8%</td> <td>85.3%</td> <td>97.2%</td> <td>94.6%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	87.8%	85.3%	97.2%	94.6%
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45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Aug-24	90%	60.8% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>59.1%</td> <td>60.3%</td> <td>61.2%</td> <td>60.8%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	59.1%	60.3%	61.2%	60.8%
May-24	Jun-24	Jul-24	Aug-24										
59.1%	60.3%	61.2%	60.8%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Sep/Oct 24	(Some system issues)	 5087	In September we sent 13,265 texts and in October we sent 15,472 texts								

Regan, Nikki
20/11/2024 11:24:17



No.Redu cing trend	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	Sep-24	0	411 Over standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>458</td> <td>395</td> <td>399</td> <td>411</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	458	395	399	411
Jun-24	Jul-24	Aug-24	Sep-24										
458	395	399	411										
53.	Percentage of ambulance patient handovers within 15 minutes	Oct-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	12.80% Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>13.60%</td> <td>10.98%</td> <td>12.43%</td> <td>12.80%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	13.60%	10.98%	12.43%	12.80%
Jul-24	Aug-24	Sep-24	Oct-24										
13.60%	10.98%	12.43%	12.80%										
54.	Number of National Reportable incidents that remain open 90 days or more	Oct-24	12 month reduction trend	↓ 64	Reducing trend 48% of NRI are legitimately given 120 days to review from the outset due to the nature of the incident								



Report Title:	Planning Maturity Matrix: Initial Assessment			Agenda Item no.	2.3
Meeting :	Finance and Performance Committee	Public	X	Meeting Date:	20.11.24
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive Title:	Executive Director of Strategic Planning				
Report Author (Title):	Head of Strategic Planning				
Main Report					
Background and current situation:					
Purpose					
<p>The purpose of this report is to update the Finance and Performance Committee on the results of our initial baseline assessment, using the Welsh Government Planning Maturity Matrix, which forms part of the Health Board’s actions to support de-escalation, as set out in the NHS escalation framework.</p> <p>A report setting out the full internal reporting arrangements in relation to escalation requirements for Finance, Strategy and Planning was submitted to the committee in September.</p> <p>This report focusses upon the specific de-escalation criteria “Welsh Government’s confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.”</p>					
Context					
<p>Every health board in Wales has been asked to submit an initial self-assessment against the Planning Maturity Matrix and to review on a 6-monthly basis.</p> <p>The matrix sets out 6 domains to assess against, using levels 0-5 as below.</p> <ul style="list-style-type: none"> 0- No progress 1- Basic level (principle accepted and commitment to action) 2- Early progress (early progress in development) 3- Results (initial achievements) 4- Maturity (results consistently achieved) 5- Exemplar (others learning from our consistent achievements) 					
Process					
<p>A subgroup of our Integrated Planning Group met on 21st October to undertake an initial assessment against the domains.</p> <p>The group was multi-disciplinary and included:</p>					

- Head of Strategic Planning
- Director of Operational Planning and Performance
- Deputy Director of Finance
- Deputy Director of Workforce
- Director of Digital Transformation
- Assistant Director of Quality and Safety
- Head of Podiatry/Therapies representative

Additional virtual feedback was received from Consultant in Public Health and Assistant Director of Improvement and Implementation.

The initial assessment was further reviewed and validated by:

- Strategy and Planning Senior Leadership Team
- Management Executive Team

Summary of assessment

Domain	Statement	CAVUHB initial assessment
1.Strategy Development	Clear purpose, vision and strategy for the organisation. Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	Level 3: Results- initial achievement
2. Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP):	Evidence of alignment of strategy with components of the plan.	Level 1: Basic Level- Principle accepted and commitment to action
3. Dynamic and engaged planning:	Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	Level 1: Basic Level- Principle accepted and commitment to action
4.Operational Planning	Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation, improved performance and	Level 1: Basic Level- Principle accepted and commitment to action

Regan Nikki
20/11/2024 11:24:17

	outcomes end evaluation of improvements.	
5. Best Practice approach to improvement:	Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	Level 1: Basic Level- Principle accepted and commitment to action
6. Realistic and deliverable	Sensitivity analyses ,risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	Level 1: Basic Level - Principle accepted and commitment to action

Summary of maturity

- We have an agreed strategy with a clear purpose and vision; we have more work to do to translate our strategy to delivery
- We have pockets of good and excellent practice, but our planning approach is not systematically embedded within the organisation
- We do not have the **foundations** in place to enable us to confidently evidence our maturity beyond a level 0/1 across the 5 of the 6 domains.

Areas for improvement

We have identified the following areas for improvement, achievement of which would enable us to achieve strong foundations from which we can achieve more consistent results and higher levels of planning

1. Clinical Services Plan Development

Aim: Clinical services plan and enabling strategic plans approved and guiding tactical and operational plans and programmes.

Current position: We have a robust plan in place to oversee the development of our Clinical Services Plan, which is on track to be launched in Summer 2025. This plan has strong engagement from the Board and our Senior Leadership Team.

2. Data Driven Planning and Decision Making

Aim: Improved organisational business intelligence and analytical capacity and capability and putting dynamic modelling of our medium and long term demand and capacity and assessment of impact on our resources, at the core of our planning processes.

Current position: We undertake a corporate process for demand and capacity for RTT in our planned care specialties which is core to our planning processes and includes triangulation with workforce and finances. Similar work is undertaken within various areas of the organisation but not consistently and systematically. Our approach to demand and capacity in Urgent and Emergency Care is predominantly short term.

Action: A multidisciplinary working group has been established to scope a specification for the functionality required to improve our modelling and analytical capacity and capability through the Data Insights Group. This will be a priority for 2025/2026.

3. Embedding Planning Within the Organisation

Aim: Joined up and integrated planning particularly between workforce, finance and service assumptions.

Current position: Dedicated planning capacity across the organisation is limited; our corporate planning team and operational planning teams are relatively small, workforce and finance planning capacity can often feel focussed on operational requirements. Clinical Board leadership teams are focussed on day to day operational responsibilities. There are dedicated planning roles within clinical boards (PCIC) but this model not consistent across the organisation.

Action: Review model for planning with the organisation including planning capacity across Strategic and Operational Planning, Workforce, Finance, Corporate and Clinical Boards. Benchmark with other organisations in Wales and the UK.

4. Embedding Value Based Healthcare Approach within our Planning Processes

Aim: Value embedded through our business and planning processes

Current position: We have a clear commitment within our strategy to being in the top 25% of comparable healthcare providers for key quality indicators, and to embedding a continuous improvement approach, alongside quality and value, within the organisation.

Our commitment to embedding value based healthcare is highlighted by:

- Exec and Operational SROs for Value and Programme Manager and team in place
- Value Programme set up and making positive progress
- Value Based Healthcare is a key strategic programme within our Shaping Our Future Quality Value and Sustainability Strategic Portfolio

However, a value approach is not yet fully and systematically embedded within our planning processes across the organisation.

Action: Continue to embed Value approach through planning and business process development throughout 2025/2026 including roll out of consistent benefits strategy and framework and a focus on Return on Investment.

Detailed Assessment

The more detailed assessment can be found in Appendix A.

Detailed Action Plan

This paper provides a summary of our initial baseline assessment, themes for improvement and the high level actions we will take.

In 2025/2026 a more detailed underpinning action plan will be developed and tracked through our Integrated Planning Group with annual progress updated through Finance and Performance Committee and through Board.

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

Undertaking this self assessment has been a useful exercise to support our organisation to reflect on our planning maturity, our areas of strength and areas of weakness.

Whilst the scores are lower than we would like, our Integrated Planning Group and Executive Team feel they are an accurate and proportionate reflection of our current position.

It is also important to note that we often had evidence of excellent practice against levels 2 and 3 within some of the domains even though we were unable to fully evidence the criteria within the lower levels- this is demonstrated by the RAG rated tables in appendix A.

Our developing Clinical Services Plan is an excellent example of our maturing planning system; clinically led, underpinned by strategic planning assumptions and baseline assessment and strong public and staff engagement.

We look forward to the opportunity to further reflect on and progress areas of improvement in 2025/2026 before we commence the next planning cycle, recognising our current organisational planning capacity must now be focused during Q3 and Q4 on developing our 2025/2026 plan.

Whilst the Welsh Government recommendation is to undertake a 6 monthly review against this matrix, our teams recommend that an annual review provides the appropriate timescale to enable us to make and embed the relevant improvements.

Recommendation:



The Committee is requested to:

- (a) **Note** the initial baseline assessment against our Planning Maturity Matrix
- (b) **Note** the areas of improvement identified
- (c) **Support** the recommendation to undertake an annual review against the matrix, the results of which will be reported to Finance and Performance Committee and Board
- (d) **Endorse** the Integrated Planning Group to develop and implement a more detailed action plan to monitor improvement

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

<p>Putting People First</p> <p>Click the objective above to view more detail.</p>	<p>X</p>	<p>2.</p> <p>Click the objective above to view more detail.</p>	<p>X</p>
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 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	x	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	x
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Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

P r e v e n t i o n	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?:
Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)	Comment here
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

<p>Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</p> <p><i>The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.</i></p> <p><i>(If this has been addressed in the main body of the report, please confirm)</i></p>	
<p>Equality and Health: Yes/No - Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</p> <p><i>Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.</i></p> <p><i>(If this has been addressed in the main body of the report, please confirm)</i></p>	
<p>Decarbonisation: Yes/No</p> <p><i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:</i></p> <ul style="list-style-type: none"> • <i>A focus upon preventing ill health in our population</i> • <i>Saving energy or increasing throughput.</i> • <i>Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.</i> • <i>Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.</i> • <i>Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</i> • <i>Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</i> <p><i>Does the subject matter of your paper risk any of the above not being achieved?</i></p>	
<p>Welsh Language: Yes/No</p>	
<p>Approval/Scrutiny Route (please note anywhere else this paper has been before):</p>	
<p>Committee/Group/Exec</p>	<p>Date:</p>

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Shaping Our Future
Wellbeing

Planning Maturity Matrix

Initial Assessment

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Maturity Matrix Domains



Strategy development:

Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.



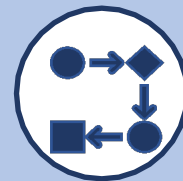
Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP):

Evidence of alignment of strategy with components of the plan.



Dynamic and engaged planning:

Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.



Operational Planning:

Evidence of demand and capacity planning linking to triangulation of operational plans, workforce and finance. Embedding a culture of unwarranted variation, improved performance and outcomes and evaluation of improvements



Best Practice approach to improvement:

Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety



Realistic and deliverable:

Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable..

Results Overview

Domain	Statement	CAVUHB initial assessment
1. Strategy Development:	Clear purpose, vision and strategy for the organisation. Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	Level 3: Results- initial achievement
2. Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP):	Evidence of alignment of strategy with components of the plan.	Level 1: Basic Level- Principle accepted and commitment to action
3. Dynamic and engaged planning:	Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	Level 1: Basic Level- Principle accepted and commitment to action
4.Operational Planning	Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements.	Level 1: Basic Level- Principle accepted and commitment to action
5. Best Practice approach to improvement:	Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	Level 1: Basic Level- Principle accepted and commitment to action
6. Realistic and deliverable:	Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	Level 1: Basic Level - Principle accepted and commitment to action

Themes for improvement

Focusing on improving the below areas would help us achieve those strong foundations from which we can achieve more consistent results:

Area	Aim
Clinical Services Plan Development	Clinical services plan and enabling strategic plans approved and guiding tactical and operational plans and programmes
Data driven planning and decision making	Improved organisational business intelligence and analytical capacity and capability Putting dynamic modelling of our medium and long term demand and capacity, and assessment of impact on our resources, at the core of our planning processes
Model for embedding planning in the organisation	Review model for planning with the organisation including planning capacity across Strategic and Operational Planning, Workforce, Finance, Corporate and Clinical Boards
Embedding Value Based Healthcare Approach within our Planning Processes	Continue the journey of embedding value based health care within the organisation

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Results

Statement 1- Strategy Development: Evidence of clear purpose, vision and strategy for the organisation. Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.

No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	Agreed vision, scope and methodology with clear leadership at a Board and System Programme Board/Service Delivery Group level. An understanding of all Wales, local and partnership priorities.	National, regional and local priorities have been agreed with stakeholders . Purpose and vision is affirmed in public and internal documents	The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health.	Local plans and national policy are aligned showing contribution to the wider economy, impact on health and well-being and effectiveness.	The strategy is responsive to national / local and partnership priorities with clear links to the Regional Plan, Regional Partnership Board and Public Service Boards.
	Establishment of a governance structure to provide oversight and direction.	Development of a co-designed, long term integrated organisational strategy with evidence of strong stakeholder and public engagement and involvement throughout	Board approved organisational strategy with aligned governance processes	Key enablers such as quality, safety, workforce and finance are fully aligned.	At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications.
Regan, Nikki 20/11/2024 11:24:17		The statutory duties of the Well Being of Future Generation Acts 5 ways of working, along with the Health Board's Wellbeing Objectives and the principles of a Healthier Wales are apparent and embedded in the strategy		Regular board debate, at least annually, on organisational purpose, vision and strategy and how in-year achievements or issues impact on this	Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the Swansea Bay population, those with protected characteristic and socio-economically disadvantaged groups.
		.The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and patient / carer experience. The duty of quality and engagement is integral to the strategy		Translation and implementation of the strategy via the development of the clinical services plan	

Results

Statement 2- Strategy alignment and development of a 3 year IMTP : Evidence of alignment of strategy with components of the plan

No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	Alignment is visible between the annual plan or IMTP and the strategy. The organisation plans on a continuous annual cycle.	Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity.	The business case process informs the development of an IMTP.	Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation.	Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.
	Linked to the business case planning process and informed by local, regional and national evidence base	Directly linked to performance and accountability and informed by detailed and future facing modelling.	Prioritisation framework agreed and implemented.		
	The Board sets out commissioning intentions		Agreed governance and accountability framework to underpin development of the IMTP at programme level.		
Regan Nikki 20/11/2024 11:24:17			Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.		

High Level Action Plan

Domain	Level	Initial Assessment October 2024	Evidence	Next steps and actions
<p>2.Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP)</p>	<p>1</p>	<p>Our IMTP is set out in the context of delivering our Shaping Our Future Wellbeing Strategy.</p> <p>We have board approved commissioning intentions.</p> <p>Business case planning process is aligned to the IMTP process and Investment Group acts as gateway review to ensure alignment with priorities and plan assumptions prior to implementation and monitors delivery of benefits post implementation.</p> <p>Prioritisation framework is in development.</p> <p>Demand and capacity projections are focused on RTT specialties for planned care only and we currently do not have organisational capacity or capability for systematic medium or long-term forecasting and modelling to inform our planning processes.</p> <p>We have some evidence of triangulation through the corporate minimum data set and clinical board minimum data set but this could be strengthened. We have minimal evidence of testing IMTP for cost impact and supporting schemes that require longer term funding models</p>	<ul style="list-style-type: none"> • Board approved commissioning intentions • Internal Planning Guidance 2025/2026 • IG reports, benefits implementation review process • Annual planning process coordinated through Integrated Planning Group and reported through Senior Leadership Board (TORs, minutes of meetings) • LTAs for neighbouring Health Boards/ Collective commissioning • JCC planning process • Minimum Data Set 	<p>To get to levels 2 and 3</p> <ul style="list-style-type: none"> • Develop, resource and implement organisational approach to modelling and forecasting and alignment with medium and long term resource planning (workforce and finance) • Further develop and implement prioritisation process • Strengthen approach to testing cost impact of IMTP and supporting schemes that require longer term funding models

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Results

Statement 3- Dynamic and engaged planning: Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.

No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
No evidence that-Organisational Vision/ Clinical Service Plan/ IMTP is owned across the organisation and within the community.	Staff and partners are aware of, and engaged in Organisational Vision/ Clinical Service Plan// IMTP development.	Stakeholders are engaged in and co-design priority setting using or 'continuous engagement' model and a patient led approach.	Joint development and communication of Organisational Vision/ Clinical Service Plan/ IMTP with key partners including other health boards, local authorities, third sector, patients, carers and members of the public.	The strategy/plans benefits patients, carers, the public, partners and health communities	Feedback and learning from continuous engagement activities including protected characteristic groups and socio economic disadvantaged groups informs local priority setting and the development of the Clinical Services Plan/ IMTP.
	Organisational staff respond to corporate requirements but may not 'own' the process.	Engagement at individual, team and organisational level is improving.	Organisational engagement is evident in practice and reflected in Organisational Vision/ Clinical Service Plan/- IMTP.	Planning is embedded co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan.	
	Sufficient capability and capacity within the planning team to embed planning throughout the organisation	Strengthened partnership working arrangements.	Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	Track record of continuous engagement with stakeholders	
		Development of a co-designed clinical services plan with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident.	Board approved person-centred clinical services plan that delivers sustainable health and wellbeing outcomes for the local population	Has robust plans in place to address/mitigate risks and proposals in place for more robust service models eg via regional solutions, consolidation of services etc	

Regan, Nikki
26/11/2024 11:24:17

High Level Action Plan

Domain	Level	Initial Assessment October 2024	Evidence	Next steps and actions
3.Dynamic and engaged planning	1	<p>Engagement is improving throughout the planning cycle; strong stakeholder engagement evidenced through our strategy and clinical services plan development.</p> <p>We are beginning to take a more systematic approach to engagement and have a board approved engagement framework and training packages.</p> <p>Planning framework is routinely embedded in our plan.</p> <p>We have a clear process and programme to get to a Board approved CSP by Summer 2025.</p> <p>Dedicated planning capacity across the organisation is limited; our corporate planning team and operational planning teams are relatively small, workforce and finance planning capacity can often feel focussed on operational requirements. Clinical Board leadership teams are focussed on day to day operational responsibilities. There are dedicated planning roles within clinical boards (PCIC) but model not consistent across the organisation.</p>	<ul style="list-style-type: none"> • Communication and engagement framework • Engagement and communication plans for Clinical Services Plan and Strategy 	<p>To get to level 2/ 3</p> <ul style="list-style-type: none"> • Board approved Clinical Services Plan in Summer 2025 • Review of organisational planning capacity and capability • Strengthen engagement with EqIA process

Regan, Nikki
20/11/2024 11:24:17

Results

Statement 4- Operational Planning: Evidence of demand and capacity planning linking to triangulation or operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation and outcomes and evaluation of improvements

No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
No evidence that operational plans are informed by demand and capacity and triangulated with operational plans, workforce and finance	Operational plans, basic demand and capacity work is undertaken at an appropriate level of detail to support service delivery	Operational plans are regularly reviewed and remedial action undertaken	Demonstrable improvement in the triangulation of plans based on clear and consistent approach to demand and capacity modelling	Coherent aligned plans, including, with staff owning, adapting, acting on and learning from variation and inequity	Demand and capacity modelling is at the core of planning processes across the health board
	Sufficient capability and capacity within the planning team to embed planning throughout the organisation	Demand and capacity planning undertaken at a specialty level	Ensuring there is a clear monitoring and tracking process for operational plans.		Data driven decision making processes underpinning all operational pathways
		Evidence of triangulation between operational services, activity, workforce and finance	Robust clinical leadership and engagement in operational planning with teams contributing to future direction in line with clinical services plan		A demonstrable correlation associated with the shifting of resources, predicated on the increased equitable deliverability or the non-fulfilment of the original resource allocation
		The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity are used to inform the development of the IMTP	Proactive approach to reducing unwarranted variation and improved outcomes		

Regan, Nikki
20/11/2024 11:24:17

High Level Action Plan

Domain	Level	Initial Assessment October 2024	Evidence	Next steps and actions
4.Operational Planning	1	<p>We fulfil elements of level 1, 2 and 3 and have examples of good practice, but are unable to fully evidence a systematic approach to demand and capacity modelling. We undertake a corporate process for demand and capacity for RTT in our planned care specialities which is core to our planning processes and includes triangulation with workforce and finances. The robustness of this process could be improved. Similar work is undertaken within various areas of the organisation but not consistently and systematically. Our approach to demand and capacity in Urgent and Emergency Care is predominantly short term.</p> <p>We were unable to confidentially assess that we have sufficient planning capacity and capability within the organisation to effectively embed planning (as per domain 3).</p> <p>However, operational plans are tracked and improvement monitored through our clinical boards, programmes (urgent and emergency care and planned care), executive reviews, performance meetings and through our Integrated Performance Report to Board.</p>	<ul style="list-style-type: none"> • Demand and capacity profiles for RTT • Integrated Performance Report 	<p>To get to level 2</p> <ul style="list-style-type: none"> • Improved processes to triangulate workforce, service and finance data and assumptions • Improved medium and long term modelling and forecasting (as per action plan for domain 2) • Review of organisational planning capacity and capability (as per domain 3)

Regan, Nikki
20/11/2024 11:24:17

Results

Statement 5- Best Practice approach to improvement: Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.

No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
One year Annual Plan developed but limited evidence that it is credible and deliverable.	Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	Utilises a value-based healthcare approach to planning.	Demonstratable improvements that can be evidenced and delivered	Maintain the value based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience.	Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
		Undertakes benchmarking with other NHS to help deliver improvements.			

Regan, Nikki
20/11/2024 11:24:17

High Level Action Plan

Domain	Level	Initial Assessment October 2024	Evidence	Next steps and actions
<p>5. Best Practice approach to improvement</p> <p><small>Regan, Nikki 20/11/2024 11:24:17</small></p>	1	<p>We have a clear commitment within our strategy to being in the top 25% of comparable healthcare providers for key quality indicators, and to embedding a continuous improvement approach, alongside quality and value, within the organisation.</p> <p>Our commitment to embedding value based healthcare is highlighted by:</p> <ul style="list-style-type: none"> • Exec and Operational SROs for Value and Programme Manager and team in place • Value Programme set up and making positive progress • Value Based Healthcare is a key strategic programme within our Shaping Our Future Quality Value and Sustainability Strategic Portfolio <p>However, value is not yet fully and systematically embedded within our planning approach across the organisation.</p>	<ul style="list-style-type: none"> • Shaping of Future Quality Value and Sustainability Portfolio Initiation • Shaping Our Future Quality Excellence Programme Plans • Value in Healthcare Programme Plans 	<p>To get to level 2</p> <ul style="list-style-type: none"> • Continue to implement the Value Based Healthcare Programme and in particular intention to embed principles within our planning processes • Implementation of a Quality Management System (2026/2027) will support more robust and systematic baselining and benchmarking against quality indicators and identification of 'what good looks like'.

Results

Statement 6- Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability and reference to track record of delivery

No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
One year Annual Plan developed but limited evidence that it is credible and deliverable.	Development of a robust annual plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	Development of an approvable outcomes focused IMTP that reflects the Organisational Vision/ Clinical Service Plan/ priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls.	Evidence of plans for delivery and implementation.	Forward look risk assessments anticipate problems to assure resilience.	Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.
			Track record and current performance illustrates achievement on a wide range of issues and themes		
Regan, Nikki 20/11/2024 11:24:17					

High Level Action Plan

Domain	Level	Initial Assessment October 2024	Evidence	Next steps and actions
6. Realistic and Deliverable	1	<p>Our organisational IMTP is built up from Clinical Board Plans and aligned to our Corporate Strategic Direction.</p> <p>We have a track record of delivering on priorities within our plan and we have a systematic approach to plan development on an annual planning cycle.</p> <p>We have pockets of mature planning; a good example is our specialised and tertiary services process which has developed a baseline assessment to help target plans, and the development of our Clinical Services Plan. This however is not embedded across the organisation.</p>	<ul style="list-style-type: none"> • Annual Plan Process Audit 2024/2025 • Plan process and timelines 	<p>To get to level 2</p> <ul style="list-style-type: none"> • Data driven planning- demand and capacity and finance and workforce modelling and triangulation to become core • Review of planning capacity and capability in the organisation • Shift to outcomes focus strategic framework(aligned to Strategic Portfolios)

Regan, Nikki
20/11/2024 11:24:17

Report Title:	2024/25 Additional Capital Funding		Agenda Item no.	3.1
Meeting:	Finance & Performance Committee	Public	√	Meeting Date: 20 November 2024
		Private		
Status (please tick one only):	Assurance	Approval	√	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Director of Capital, Estates and Facilities			

Main Report

Background and current situation:

The purpose of this report is to advise the Finance & Performance Committee (the Committee) of the additional capital funding that has been awarded to the UHB, by Welsh Government, for expenditure within the current financial year and recommend that the Board approves the adjustments and contract awards. The report provides the schedule of schemes submitted for consideration by WG and, confirms those for which we have received WG funding support.

The Committee, at their meeting held on the 17th July 2024, were informed that the UHB had submitted a schedule of prioritised Backlog Maintenance schemes which could be delivered within the financial year, if funding was made available. The full schedule is included in Appendix 1, for information. Of the £11.084m the UHB received £4.434m for the schemes, indicated below (Fig.1), which was subsequently reported to the UHB Board at their July 2024 meeting.

(Fig.1)

Description	Site	Value £m
UHW Main Chiller Plant	UHW	0.709
HSDU Ventilation & Chiller	UHW	0.700
UHW Continuation of Foul Drainage system replacement	UHW	0.500
CAVOC Chillers	UHL	0.500
UHW Water Mains	UHW	0.750
UHW AVSU Replacement	UHW	0.300
UHW Hot Water Valve Replacement	UHW	0.075
UHW Roof Upgrades (Lift Plant Rooms)	UHW	0.150
UHW Secondary Hot water Plate Heat Exchanger	UHW	0.250
UHL AVSU and Oxygen Transfer over to new oxygen line	UHL	0.200
UHB Fire Doors	UHB Wide	0.200
Fire Doors		0.100
Total		4.434

The UHB received a request from WG on the 13th September 2024 to 'identify a prioritised list of backlog maintenance, infrastructure risks & equipment funding requests for consideration which need to be deliverable in-year. The intention is to re-allocate the slippage on schemes already returned to the Welsh Government'

Appendix 2, indicates the schemes submitted for consideration by WG. In addition, the UHB identified financial underspends and a request to reallocate the associated funding, as shown in the table below (Fig.2)

(Fig.2)**Major Capital Scheme Underspend**

Scheme	£m
Rockwood Re provision at Llandough	0.750
Electronic Switchgear, UHW	0.718
Replacement Boiler, University Hospital Llandough	0.364
Urgent Replacement of Interventional Neuroradiology Equipment at UHW	1.030
	2.862

Opportunities

Scheme	£m
<p>Mortuary Refurbishment, UHW</p> <p>The design team, at the design stage, had not been given access to the mortuary areas to allow for intrusive surveys during the pre construction period which may have informed the design in greater detail. However it was unlikely to have identified the significant depth of concrete that has been identified during the construction works. Further the inability to undertake the intrusive surveys resulted in certain assumptions being made in respect of structural walls, above the ceiling services, as the ceilings were solid in construction, or the construction of the floor areas etc, due to the fact that the area was a licensed operational mortuary facility. Therefore, no physical intrusive site surveys were completed. The assumptions and the "risk" levels of potential unknowns were costed in the form of contingencies and provisional sums A paper presented to the CMG is embedded in this submission for information .</p>	0.930
<p>Estate Rationalisation</p> <p>The UHB Have developed an Estate Rationalisation programme which will allow the closure and demolition of what were originally staff accommodation blocks at UHW. The first phase of the programme will allow support the closure of Denbeigh Hosue with alternative accommodation identified across other sites including UHW and Woodland House. This initial phase will realise a cost saving of circa £150k per annum and will reduce the back log maintenance liability. The capital required to deliver this phase allows for the refurbishment including the IT installation etc of areas of UHW that have been occupied by Cardiff University. It also allows for the relocation of Occupational Health to WH and the creation of the associated consulting examination and counselling rooms required. This element of the programme will ensure more efficient us of the space at WH which has been affected by the introduction of more hybrid working. In addition it will remove staff from UHW and reduce a small element of traffic from the site.</p>	1.161
<p>Roofs UHW</p> <p>There a number of urgent roof replacement projects that have been tendered and ready to progress as soon as a funding become available. Whilst this funding will allow us to progress the highest risk areas there will remain a number that need funding which have been included on our submission against possible slippage that WG requested. Due to the age of the roofs at UHW water ingress has become more prevalent and require a complete roof replacement, this will reduce backlog maintenance.</p>	0.116
<p>Aroma Concourse UHW</p> <p>As part of the UHB on-going review of cost savings whilst maintaining or improving the services we provide to patients, staff and visitors we have undertaken a review of the operating model of our retail outlets and in particular how we can reduce our cost base in our canteen, Y Gegin, which is currently open from 7.00am until midnight to provide hot food offerings to our staff. The attached paper describes two options both of which would be of benefit to patients, staff and visitor and provide significant revenue savings with the consolidation of the food offering being focussed in the concourse after the completion of the lunch service in Y Gegin. The two options are very similar with option one being the preferred at this stage as it would provide a service 24/7 and would be run initially on a 9 month trial period to monitor income between 00.00 to 07.00 to ensure viability. If this was not generating the projected income then option 2 would be implemented, which will reduce the hours to operate only when demand is evident. The capital investment for both options is the same at £655k inclusive of VAT with option 1 providing a saving of the current revenue of £564.5k per annum. Payback in 15 months approximately. Whilst option 2 shows a greater saving in revenue the forecasted surplus is less than option 1.</p>	0.655
	2.862

Following discussions with WG, with regards to UHB priorities, the following were approved by the Cabinet Secretary, which took into consideration, both the slippage funding identified by WG and the underspend funding identified by the UHB. Consequently, the UHB received the award of funding letter, for £7.401m inclusive of VAT, dated 23rd October 2024 which has been accepted by the relevant officers. The allocation of funding is shown in the table below, (Fig.3):

(Fig.3)

Description	Value £m
Enabling Works for the provision of ITU Services UHW	3.040
Roofs, UHW and UHL	2.270
Mortuary Refurbishment, UHW	0.930
Estate Rationalisation	1.161
Total	7.401

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20/11/2024 11:24:17

Enabling Works for the provision of ITU Services UHW / Cardiology Scheme

As part of the UHB plan to provide additional space for ITU Services on the third floor (C3) the Director of Operational Planning and Performance, presented a paper at SLB on the 3rd October 2024 which detailed the enabling works, to be undertaken in phases, which are required to make C3 available. This includes works to Lakeside Wing (LSW) to make it suitable for medical beds, B2 Link to enable the transfer of Gynaecology Services from C1 and the refurbishment of C1 to accommodate Cardiology from C3.

Budget cost estimates have been prepared for each for the phases and are shown below:

- LSW – £2.97m
- B2 Link - £70k
- C1 - £3.5m

No costs have been developed for any works to C3 as this will form part of the Business Justification Case being developed for the Critical Care Expansion, the project mandate of which was approved by SLB at their meeting of 21st March 2024

The confirmation of capital funding support, identified above, will allow the UHB to progress with the LSW and B2 Link works within the 2024/25 capital programme. However, the work to C1 will need to be planned as part of the 2025/26 capital programme.

Roofs UHW & UHL

Areas across the main hospital sites have experienced significant water ingress in recent months, which has impacted on the ability to deliver services in a number of areas. Remedial works have been identified and undertaken across a number of areas as a temporary measure. However, the condition of many of the roofs does require replacement at the earliest opportunity.

CEF have a schedule of roof replacement projects which they have prioritised with a number being tendered and ready to progress. Whilst this funding will allow the team to progress the highest risk areas there will remain a number that will remain outstanding.

A full schedule of roofs that require replacement is included in Appendix 3, of which there are 12 in total, with the table below (Fig.4) identifying those which are considered a priority and which were approved at Capital Management Sub Group at their meeting held on the 29th October 2024.

(Fig.4)

Asset Number	Scheme	Scheme Description	Site	Consiq	Likelihood	Risk Register Rating	Estimated Cost £m	Priority	Consequences if not progressed	Comments
							2024-25			
1	11b	UHW Lift Shaft roof B Block	UHW	4	4	16	110,000.000	1	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
2	24	UHW Lift Shaft roof C Block	UHW	4	4	16	110,000.000	2	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
3	17	Pharmacy Roof UHW	UHW	4	5	20	300,000.00	3	Currently has temporary tarpoling to prevent ingress of water into department below.	Writing specification
4	11a	Physio Roof UHL	UHL	4	4	16	280,000.000	4	Disruption to service, continual leaks occurring	Retender through Procurement
5	18	Pot Wash Roof	UHL	4	4	16	120,000.000	5	Disruption to service, continual leaks occurring	Add to Physio tender
6	25	Heulwen Ward	UHW	4	4	16	120,000.000	6	Disruption to service, continual leaks occurring	Survey to furnish tender complete
7	30	UHW Concourse Gutters	UHW	4	4	16	90,000.000	7	Re-lining of box section gutters	Survey to furnish tender complete
8	18	UHW Pembroke House	UHW	4	4	16	120,000.000	8	Disruption to service, continual leaks occurring	Survey to furnish tender complete
9	10	UHW Ward Block A	UHW	4	4	16	600,000.000	9	Pitched roof showing signs of deterioration, replacement required.	Survey to furnish tender complete
10	16	Maternity 2 nd floor Roof	UHW	4	4	16	20,000.000	10	Flat roof single ply passed it's useful life, replacement required.	Minor works required. Cost reduced from original estimate
11	17	CHFW Octopus - Xra	UHW	4	4	16	150,000.000	11	Flat roof single ply passed it's useful life, replacement required.	Survey to furnish tender complete
12	22	Suite 16	UHW	4	4	16	250,000.000	12	Flat roof single ply passed it's useful life, replacement required.	Survey to furnish tender complete
							2,270,000.000			

Estate Rationalisation

The UHB have developed an Estate Rationalisation programme which will allow the closure and demolition of what were originally staff accommodation blocks at UHW.

The first phase of the programme will support the closure of Denbeigh House and the enabling works required to make the alternative accommodation identified across other sites including UHW and Woodland House (WH) fit for purpose. This initial phase will realise a cost saving of circa £150k per annum and will reduce the backlog maintenance liability.

The capital funding received to deliver this phase allows for the refurbishment including the IT installation etc. of areas of UHW that have been occupied by Cardiff University. It also allows for the relocation of Occupational Health to WH and the creation of the associated consulting examination and counselling rooms required. This element of the programme will ensure more efficient use of the space at WH.

A proposal presented to Management Executives on Monday 28th October 2024 was approved, subject to a number of minor observations and clarifications with individual departments. The proposals are included in Appendix 4 for information.

Mortuary Refurbishment

A separate paper is included on the Committee agenda (20.11.2024) to provide detailed background of the issues identified with the scheme which has resulted in programme delay and cost pressures with an anticipated overspend position of £924k of the original approved budget.

The current programme, Revision.9b is reporting construction completion in February 2025.

Discretionary Capital Slippage 2024/25

As a result of additional funding received from WG, and VAT recovery, the UHB has identified £4.752m of available discretionary capital funding for allocation for CEF schemes, Medical Equipment and Digital Health & Intelligence Schemes.

All areas submitted a prioritised schedule for consideration by the Capital Management Group which met on the 29th October 2024 to agree a schedule of schemes / equipment to progress. Whilst it was recognised that a large allocation was provided to CEF, it was also noted that further slippage provided by WG would be prioritised for Medical Equipment and DH&I as construction / estates projects would not be able to be delivered, the later funding is released. The prioritised list is as below. (Fig.5) However, it can be seen that there remains a predicted over commitment at this point, which will require management to ensure that the UHB remain within the Capital Resource Limit at the end of the financial year. Consequently, on receipt of tenders and quotations, further evaluation of the commitment will be required.

(Fig.5)

Department	£m
CEF	2.749
Digital	1.280
Medical Equipment	0.427
Revenue to Capital	0.332
Project Initiation Enquires	0.000
	4.788
Available Funding	4.752
+ Overspend / (Underspend)	0.036

Regan Nikki
20/11/2024 11:24:17

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

- The UHB has been awarded with £7.401m additional capital funding to deliver priority schemes within the current financial year
- Capital Management Group held an interim meeting on Tuesday 29th October 2024 to agree the priority schemes for Infrastructure, Medical Equipment and Digital.
- Appendix 3 identifies the number of roof replacements that are required across the UHB, with Fig.4 confirming the priority works to be undertaken in 2024/25, funded by WG.

Recommendation:

Finance and Performance Committee are requested to:

1. **NOTE:** the content of the paper and the various sources of additional funding being managed by the Health Board
2. **NOTE:** the confirmation of the additional funding of £7.4m approved by Welsh Government for the ringfenced schemes shown in Fig.3 and the Estate Rationalisation
3. **SUPPORT** the recommendation of the CMG Sub Group for the allocation of the £4.752m for schemes to be completed in 2024/25
4. **RECOMMEND** that the **BOARD APPROVE** the adjustments made to the capital programme, recognising the additional funding provided by WG
5. **RECOMMEND** that the **BOARD APPROVE** the awarding of the contract to Lorne Stewart at the value of £1,015,029 inclusive of VAT for the Replacement of the HSDU Ventilation and Chiller Plant, to be delivered within the current financial year
6. **RECOMMEND** that the **BOARD APPROVE** the awarding of the contract to FP Hurley at the value of £1,091,115 inclusive of VAT for the Replacement of the UHW Main Chiller Plant which is to be delivered in the current financial year

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	Long term	√	Integration	Collaboration	Involvement
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Impact Assessment:

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

Risk: Yes
Delivery of the schemes within the financial year, subject to the timing of the approval and entering into contracts
Safety: Yes
All construction work will be managed within recognised H&S methodology
Financial: Yes
Delivery within the CRL

Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: Yes	
Although not been specifically outlined, new equipment installed will be more energy efficient.	
Approval/Scrutiny Route:	
Senior Leadership Board	Date: 7 th November 2024
Finance & Performance Committee	Date: 20 th November 2024
Board	Date: 28 th November 2024

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APPENDIX 1 - SCHEDULE OF PRIORITY BACKLOG MAINTENANCE SCHEMES								
Scheme	Scheme Description	Site	Consiq	Likelihood	Risk Register Rating	Estimated Cost £m	Priority	Consequences if not progressed
						2024-25		
UHW Main Chiller Plant	The main Chiller on the UHW site feeds all of the Operating Theatre Block. The Chiller is approximately 25 years old, parts are obsolete and extremely difficult to source. The Chiller regularly suffers with breakdowns and is in need of full replacement. Failure of the Chiller will result in delays in Operating Theatre procedures during periods of extreme heat.	UHW	4	5	20	0.709	1	Cancellation of Operating Theatre procedures
HSDU Ventilation & Chiller	The HSDU Ventilation system is non compliant and in need of replacement, the Chiller was installed circa 1998 and is also in urgent need of replacement. Failures of the systems delay service provision that has a knock on impact on various clinical procedures Health Board wide.	UHW	4	5	20	0.700	2	Cancellation of clinical procedures throughout the Health Board.
UHW Continuation of Foul Drainage system replacement	Each UHW Ward blocks is served via 16No. 4" drainage systems rising through the seven story block. The internal diameter has reduced over the years due to build up. Internal diameter is in region of 2" causing constant major blockages. The proposal is to replace 2No. of the existing drainage risers in each of the ward blocks.	UHW	4	5	20	0.500	3	Constant blockages cause major disruption to wards with toilet facilities being out of operation for several days. Major disruption to service, many man hours used for clean up and disinfection of areas prior to occupation being feasible.
CAVOC Chillers	The CAVOC Chiller is circa twenty years old and in need of urgent replacement, the existing pipework has corroded leading to leaks with the system. Spare parts are obsolete making it difficult to maintain. Failure of the chiller affects patient services for five operating theatres.	UHL	4	5	20	0.500	4	Cancellation of Operating Theatre procedures within the 5No. CAVOC Operating suites.
UHW Water Mains	The water main throughout the UHW site has suffered failures on a number of occasions resulting in a full water shutdowns throughout the UHW site. It has been reviewed and agreed the system is in need of full replacement to ensure security of water supply to the Patient Wards and Clinical departments onsite.	UHW	4	5	20	0.750	5	Major affect on Patient facing Clinical Services with loss of Water throughout the site.
UHW AVSU Replacement	The Ward AVSU's are original to the Wards and are obsolete, safe operation and isolation methods cannot be adapted. No warning alarms are installed with the current systems to provide advance notice of an issue with the systems.	UHW	4	5	20	0.300	6	None compliance with WHTM, patient safety issues associated with loss of Medical Gasses.
UHW Hot Water Valve Replacement	There have been a number of failures of the valves on the Domestic Hot water system throughout the UHW site. A number of valves have been identified as in need of replacement due to imminent failure resulting in loss of local hot water affecting patients care.	UHW	4	5	20	0.075	7	Affects on Patient care due to loss of local Hot Water.
UHW Physio Roof Replacement	The roof covering system has failed and needs constant patch repairs to stop water ingress into the departments below. The area of roof covers Physio and all of the UHL X-Ray department. There have been a number of leaks into the X-Ray rooms that have stopped patient scanning and affected the clinical services within the departments. Certain sections of the roof can no longer be patched and need full replacement.	UHW	4	5	20	0.850	8	Patient care issue and delays and cancellation of X-Ray scans. Possible water damage to departments and X-Ray equipment.
UHW Roof Upgrades (Lift Plant Rooms)	The existing Tower Block and Lift Motor Room Roofs are failing due to their age. The Tower Block roof is made up of a profile steel sheet roofing system, the lift plant rooms (3No.) are a single ply membrane system. Following water ingress within A Block roof a section is in need of replacement. The Lift Motor Rooms will be fully replaced with a new warrantied flat roof system.	UHW	4	5	20	0.150	9	Leaks within the main roof causes considerable issues with water ingress into the Ward area below. A number of lifts have to be taken out of service for safety with later ingress into the main Lift drive and control systems. Both issues have a considerable affect on patient care.
UHW Outpatients ENT	The current ventilation system within the ENT Outpatients is undersized and original to the space. The departments suffers with a lack of fresh air and cooling issues during the summer resulting in patients feeling ill and appointments having to be cancelled due to the conditions. The patient issues are exacerbated by the nature of the ENT examinations and procedures being carried out within the department.	UHW	4	5	20	0.500	10	Cancellation of Patient appointments and delay to Clinical Procedures.
UHW Secondary Hot water Plate Heat Exchanger	The Plate Heat Exchanger is beyond the age of its working life, parts of the system have already failed and the system requires constant repairs to keep it running. The system is critical for maintaining domestic hot water temperatures.	UHW	4	5	20	0.250	11	Potential loss of Hot water services throughout the UHW Site. Legionella issues with low temperatures being generated.
UHL AVSU and Oxygen Transfer over to new oxygen line	The Ward AVSU's are original to the Wards and are obsolete, safe operation and isolation methods cannot be adapted. No warning alarms are installed with the current systems to provide advance notice of an issue with the systems.	UHL	4	5	20	0.200	12	None compliance with WHTM, patient safety issues associated with loss of Medical Gasses.
UHW Fire Alarms	The fire alarm system throughout the University Hospital of Wales site is predominantly the existing system that was installed over twenty five years ago. Fire panels are obsolete and it is increasingly difficult to locate spare parts for the panels and detection devices.	UHW	4	5	20	0.500	13	Faults on the system leading to false alarms causing unnecessary Fire Service callouts and site evacuations.
House 54/56 Internals	Dry Rot and Wet Rot has been identified within the Building. Remedial works are required to treat this issue including replacing the main staircase, replacing plaster work and ceilings.	CRI	4	5	20	0.200	14	This problem has rendered parts of the Building unsafe for the Community users resulting in Clinical service issue.
UHB Roads & Paths	Following a number of difficult Winters the Tarmac Roads have started to breakup, minor repairs and infills have been carried out however we are now at the stage where a full replacement covering is needed. A number of Paths and walkways throughout the Health Board are now in the same condition and in need of full replacement.	UHB Wide	4	5	20	1.000	15	Damage to Health Board Staff, Visitors and Ambulance service vehicles while driving on Health Board sites. Substantial falls risks to Staff, Patients and Visitors associated with damaged paving and pot holes.
UHB Fire Doors	Fire Doors within the UHW have been identified as being in need of replacement. The Fire doors are often damage due to high volume of traffic such as for food distribution, transfer of linen and waste, etc. The fire doors require a robust door solution to cope with the nature of the usage.	UHB Wide	4	5	20	0.200	16	Non compliance with WHTM and Fire Regulations.
Transfer of Roath Clinic	Roath Clinic is not currently suitable for the services being run from the Building and affects patient care in the Community. A substantial amount of Estates time is taken up with repairs due to the age of the Building. Transfer of the service would benefit Community Patients and relieve pressure on the Estates Team in maintaining backlog of maintenance issues with the building.	Community	4	5	20	1.900	17	Pressure on Estates team maintaining Clinical Services within a Building not Fit for Purpose.
Condense Line Replacement	The Condense line on a number of critical plants have corroded, replacing these lines with stainless steel in a controlled manner would eliminate this issue resulting in reduced maintenance and breakdowns.	UHW	4	5	20	0.100	18	Breakdowns and down time on repairing condense lines for critical services
Estate Rationalisation	The UHB are targetting building stock to vacate and demolish. This will reduce the back log maintenance associated with these buildings. To facilitate this, costs are required to improve and make ready the areas to facilitate the potential moves to accommodate the displaced services.	UHB Wide	4	5	20	0.500	19	Additional monies spent on buildings that could be prioritised elsewhere.
Demolition of Brecknock & Denbigh House	To support the UHB to vacate and demolish buildings that have been targetted as part of the Estate Rationalisation.	UHW	4	5	20	1.200	20	Additional monies spent on buildings that could be prioritised elsewhere.
						11.084		

APPENDIX 2 – FURTHER PRIORITY SCHEMES SUBMITTED TO WG FOR CONSIDERATION IN SEPTEMBER 2024

Ref	Category	Number	Estimated Cost	Comments (see tabs for details)	Lead Time	Procurement Route
1	Air Conditioning Units	71	£497,000	End of life units. Priority based on Based on age / Area served / Energy/Decarb	8 weeks	C&V Estates Framework
2	Boilers	28	£805,000	Boiler poor or very poor condition with numerous breakdowns / repairs. The Childrens Hospital for Wales Phase1 are obsolete with parts no longer available to repair. Recommended for replacement from servicing reports	12 weeks	C&V Estates Framework
3	UPS	12	£220,800	Replacement UPS now nine years old	12 weeks	C&V Estates Framework
4	Fire Compartmentation	8	£60,000	Fire compartmentation of theatres has been surveyed and identified breaches in fire compartmentation. Continuation of works that have commenced	6 weeks	C&V Estates Framework
5	Roofs	12	£2,270,000	Single ply roofs, across a number of areas are beyond reasonable repair and the increasing heavy rain and storms sees an increased number of leaks often resulting in the closure of clinical areas, including inpatient areas in Maternity, Paediatric Fracture Clinic and also the main bank of lifts within B Block.	12 weeks	C&V Estates Framework
6	Various Estates issues as described on workbook 6.	9	£635,000	This bid requests support for highway and public footpath resurfacing, upgrading of patient and visitor WC facilities, upgrade of ward kitchen to meet the current EHO requirements.	12 weeks	C&V Estates Framework
7	Fire Alarm Upgrade	6	£377,950	Further Fire Alarm Panel Upgrades to UHW Site. Part of the Health Boards 5 year plan to solve unwanted fire alarm activations.	8 weeks	C&V Estates Framework
8	Ward Drainage Upgrade	4	£165,000	Drainage failures within ward blocks. Part of the Health Board 5 year programme to replace all ward block drainage	4 weeks	C&V Estates Framework
9	Ward Kitchens	9	£431,000	Many of the kitchen require upgrading, refurbishment to ensure compliance with EHO inspections	12 weeks	C&V Estates Framework
10	Enabling Works for the provision of ITU Services UHW		£3,040,000	To facilitate the provision of an enhanced ITU service within the UHW there is a need to provide facilities to allow the movement of patients currently in Cardiology. Cardiology Services are currently being delivered within the proposed footprint of the future ITU ward area. There is therefore a requirement to provide these services in another area of the hospital. It is felt that the development and improvement of the LSW, removing elements of the Nightingale wards, in to smaller 4 / 6 bed bays, and single ensuite facilities will provide better use of this space by medical departments thus allowing the decant of some of the wards in the existing main hospital into LSW without compromising patient care. The development of LSW is phase 1 of the proposed decanting of the future footprint of the ITU facilities.	23 weeks	C&V Estates Framework
11	Production Server Storage		£300,000	To facilitate the continued removal of legacy and spinning disk storage with HPE Alletra SSD storage within CAVUHB.		
12	Core Networking Upgrades		£250,000	Replace aging and out of support Core Networking switches within CAVUHB, UHW and UHL. Additionally allow the removal of Huawei switches and line cards.		
13	Wi-Fi Improvements		£180,000	Allow for the procurement of a number high powered Cisco Wi-Fi specialist switches to provide improved connectivity and Wi-Fi coverage in Clinical Ward areas.		
14	Disaster Recovery Upgrades		£100,000	AirCon and additional UPS capacity within Woodland House and UHL Disaster Recovery Rooms		
15	Digital Operations Consolidation		£80,000	Funding for building work to allow the Digital Operations teams to be consolidated within the SAC Building, UHW		
			£9,411,750			

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20/11/2024 11:24:17

APPENDIX 3 – SCHEDULE OF ROOFS IN PRIORITY ORDER

Asset Number	Scheme	Scheme Description	Site	Consiq	Likelihood	Risk Register Rating	Estimated Cost £m	Priority	Consequences if not progressed	Comments	
							2024-25				
1	11b	UHW Lift Shaft roof B Block	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	110,000.000	1	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
2	24	UHW Lift Shaft roof C Block	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	110,000.000	2	Disruption to lifts due to water getting into lift plantroom. Temporary fix unrealistic due to location on top of seven story ward block.	Award in process
3	17	Pharmacy Roof UHW	Flat roof single ply passed it's useful life, replacement required.	UHW	4	5	20	300,000.00	3	Currently has temporary tarpoling to prevent ingress of water into department below.	Writing specification
4	11a	Physio Roof UHL	Flat roof single ply passed it's useful life, replacement required.	UHL	4	4	16	280,000.000	4	Disruption to service, continual leaks occurring	Retender through Procurement
5	18	Pot Wash Roof	Flat roof single ply passed it's useful life, replacement required.	UHL	4	4	16	120,000.000	5	Disruption to service, continual leaks occurring	Add to Physio tender
6	25	Heulwen Ward	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	120,000.000	6	Disruption to service, continual leaks occurring	Survey to furnish tender complete
7	30	UHW Concourse Gutters	Re-lining of box section gutters	UHW	4	4	16	90,000.000	7		Survey to furnish tender complete
8	18	UHW Pembroke House	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	120,000.000	8	Disruption to service, continual leaks occurring	Survey to furnish tender complete
9	10	UHW Ward Block A	Pitched roof showing signs of deterioration, replacement required.	UHW	4	4	16	600,000.000	9	Temporary repair will eventually fail	Survey to furnish tender complete
10	16	Maternity 2nd floor Roof	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	20,000.000	10	Damage to internal area and loss of clinical service.	Minor works required. Cost reduced from original estimate
11	17	CHFW Octopus - Xra	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	150,000.000	11	Damage to internal area and loss of clinical service.	Survey to furnish tender complete
12	22	Suite 16	Flat roof single ply passed it's useful life, replacement required	UHW	4	4	16	250,000.000	12	Damage to internal area and loss of clinical service.	Survey to furnish tender complete
13	39	East 8 Ward Roof	Replacement of felt and battens, re-use existing tiles.	UHL	3	4	16	120,000.000			
14	24	Bethan Ward	Replacement of felt and battens, re-use existing tiles.	UHL	3	4	16	160,000.000			
15	17	Mechanical Workshop Flat Roof	Flat roof single ply passed it's useful life, replacement required	UHL	3	4	12	50,000.000			
16	17	Flat Roof above old Plant Room / Sub corridor 17	Replacement of roof covering	UHL	3	4	12	50,000.000			
17	5	Dental Theatre Corridor Roof	Replacement of roof covering	UHW	3	4	12	75,000.000			
18	26	Monthouth House	Flat roof single ply passed it's useful life, replacement required	UHL	3	4	12	120,000.000			

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APPENDIX 4 – ESTATE RATIONALISATION



Estate
Rationalisation Prop

Regan Nikki
20/11/2024 11:24:17

Report Title:	Examining antibiotics for Ulcerated skin cancer Surgical Excision (EXCISE)		Agenda Item no.	3.2
Meeting:	Finance & Performance Committee	Public	X	Meeting Date: 20 th November 2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information
Lead Executive (Title):	Catherine Phillips, Director of Finance			
Report Author (Title):	Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead for C&V			

Main Report

Background and current situation:

Cardiff and Vale University Health Board (CAVUHB) have been awarded a National Institute for Health and Care Research (NIHR) grant to conduct the following project;

- 'Examining antibiotics for Ulcerated skin cancer Surgical Excision'.

This is a 5-year project led by Dr Rachel Abbott, Consultant Dermatologist, CVUHB in collaboration with Cardiff University, Hull York Medical School, University of York, University of Oxford, University of Nottingham and Swansea University. Cardiff and Vale will be acting as the sponsor organisation for the study and therefore will have overall legal responsibility for the project delivery and administration of the grant.

The costs included in the grant were provided by the finance department within CAV and the relevant finance department from each of the collaborators. These cost are based on NHS pay scales and includes all uplifts for the duration of the grant. The grant includes costs for R&D oversight and contract support to fund the infrastructure costs.

To date the Health Board has signed an agreement with Department of Health and Social Care to receive the £1,513,794.52 grant funding for this project. The grant funding contract was approved by Andrew Gough (In Catherine Philips' absence) in July 2024. As per this agreement the health board is required to distribute the funds to the above mentioned collaborators as per the funding application. Total value of outward payments to all collaborators exceeds £1m and therefore requires board approval in line with the UHB Scheme of Delegation.

The purpose of this board paper is to facilitate the study delivery by ensuring compliance with internal procurement processes and contractual sign off.

Procurement

Grant funding is exempt from Public Contracts Regulations 2015 (PCR) therefore the purpose of this Board Paper is for internal procurement compliance due to the value and the outgoing payments from CAVUHB to the organisations involved in the research project.

Agreements

Numerous agreements with our collaborators will be developed and will require sign off by relevant level of sign off as per the UHB Scheme of Delegation. These agreements are in the process of being developed and will include;

Agreement	Contracting Organisation	Value
Clinical Trial Unit Agreement	Cardiff University	£945,381
Collaboration Agreement	Hull York Medical School, University of York, University of Oxford,	£103,769

	University of Nottingham and Swansea University	
Investigational Medicinal Product (IMP) Manufacture	Simbec-Orion*	£116,645

*This is subject to confirmation from medicines procurement that it does not conflict with any existing health board agreement

The agreement will be drafted by CVUHB R&D Contracts team using standard national templates that have been drafted by a consortium of NHS organisations, universities and government bodies and are in common usage. They will be reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.

More information regarding the process and oversight of NIHR grants, grant development and submission, Sponsorship review and decision making can be found on the briefing paper which is can be found u the supporting documents folder.

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

No objection.

NIHR HTA program grants are prestigious, and to be awarded one is a testament to the high-quality research our researchers are able to develop and deliver within the health board.

Recommendation:

The Committee is requested to:

- a) **APPROVE** the exemption of PCR and the payment to the organisations involved in the Grant scheme

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.  Putting People First Click the objective above to view more detail.	2.  Providing Outstanding Quality Click the objective above to view more detail.	X
3.  Delivering in the Right Places Click the objective above to view more detail.	4.  Acting for the Future Click the objective above to view more detail.	X

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration	X	Involvement	
------------	--	-----------	--	-------------	--	---------------	---	-------------	--

Quality Impact Assessment Completed?

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Comment here
---	--	--	--	--------------

Impact Assessment:

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

Risk: Yes/No

No

Safety: Yes/No	
No	
Financial: Yes	
Funding has been issued from Department of Health and Social Care which will be paid to CAV as lead organisations to pass on funding to collaborators as per the approved grant. As lead organisations we are required to report annually to the funding body to demonstrate that the funding has been spent appropriately.	
Workforce: Yes/No	
No	
Legal: Yes/No	
As referenced above the agreement has been drafted by CVUHB R&D Contracts team using standard national templates that have been drafted by a consortium of NHS organisations, universities and government bodies and are in common usage. All agreements drafted by CVUHB have been reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.	
Reputational: Yes/No	
If we are unable to sign off the collaboration agreement there would be reputational risk to CAVUHB with the NIHR and our ability as an organisations to secure future funding awards.	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Welsh Language: Yes/No	
No	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

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Briefing Memo

To: Suzanne Rankin, Chief Executive/Catherine Phillips, Executive Director of Finance

Via: Francesca Thomas, Head of Corporate Governance

From: Mital Patel, Contracts/Trials Manager, CVUHB R&D

Date: 15/07/24

Re: Exec sign off on CVUHB grant application submission NIHR160872, Rachel Abbott–
EXCISE

Dear Ms Phillips,

I would be most grateful for your assistance in approving and signing-off on a grant award for a study that will be sponsored by CVUHB. The agreement for signature will come to you via email through NIHR's REALMS system. I am sending this briefing via Francesca Thomas, so that you are apprised of the project and so that she can make the necessary arrangements for approval within CVUHB.

Background

The NIHR grant application system has, like most large funding schemes, two or more rounds of application, as funding bids are refined, project design is developed and funder queries and recommendations are addressed whilst the project evolves, up to the point of the final confirmation of the award. Dr Abbott's bid has been successful at stage 1 and stage 2 and now requires sign off the funder letter and Head of Terms. Since the total sum being applied for is large, the request for sign off at this stage has come to you for approval at executive level.

General information about NIHR's HTA funding scheme is available here: <https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-technology-assessment.htm>

Summary of study see plain English summary in Appendix A of this briefing.

Project title: Examining antibiotics for Ulcerated skin cancer Surgical Excision (EXCISE)

Lead grant applicant: Dr Rachel Abbott, Consultant Dermatologist, CVUHB

Sponsor: CVUHB

Chief Investigator: Dr Rachel Abbott, CVUHB

Total value of funding payable to CVUHB (see also costing summary at Appendix B of this briefing):
£1,513,794.52.

There will be outgoing payments from CVUHB to other organisations for this project and these will be outlined in the funding award.

CVUHB reviews and approvals

The costings have been worked up by Pat Tamplin in the R&D Grants Team and with the Finance Team, approving on behalf of the department/directorate. Colin Dayan has formally approved the application as JRO Director, in line with our usual processes for review, approval and submission of grant bids.

The R&D Dept has followed the relevant national frameworks, local policies and Standard Operating Procedures in reviewing, risk-assessing and approving CVUHB's involvement in this project.

National:

[UK Policy Framework for Health and Social Care Research - Health Research Authority \(hra.nhs.uk\)](https://hra.nhs.uk)

[Homepage | Health Care Research Wales \(healthandcareresearchwales.org\)](https://healthandcareresearchwales.org)

Local:

For grants/costing:

[Attributing the costs of health and social care research - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[R&D Resources - Cardiff and Vale University Health Board \(nhs.wales\)](https://nhs.wales)

For CVUHB-sponsored studies:

Please see Appendix C of this Briefing Memo for more details on R&D processes.

Our Joint Research Office Director, Prof Colin Dayan, has signed this Briefing Memo to indicate his approval to proceed.

Contracts

The overarching funding agreement (Head Terms) from NIHR will take the standard national form that we are already familiar with and have signed on multiple occasions. It will not be possible to vary the terms of this agreement if we wish to accept the funding. The standard terms are acceptable to us and pose no issues.

A detailed collaboration agreement will be needed with Cardiff University for their CTU services. A collaboration agreement, or several separate agreements, will be needed with the co-applicant/collaborating organisations, to disseminate the funding and formalise the terms of the collaboration. CVUHB R&D Contracts team will draft these, using standard national templates that have been drafted by a consortium of NHS organisations, universities and government bodies and are in common usage. All agreements drafted by CVUHB will need to be reviewed and approved by the funder, NIHR, as a condition of the funding Head Terms.

There will be several Participating Sites in the project, recruiting participants in their areas and delivering the project in accordance with the protocol. CVUHB R&D Contracts team will use the standard national template for site agreements (mNCA). The template has been prepared by a consortium of Dept of Health, NHS and university contributors and is in common usage.


Please do not hesitate to contact me if you have any problems or queries.

Kind regards

Mital Patel
Contracts/Trials Manager, Research & Development
Research & Development Dept
Cardiff & Vale University Health Board
Mital.Patel@wales.nhs.uk

FAO Prof Colin Dayan:

Please sign below to indicate that you have reviewed this project and grant award and are happy to proceed.

Signed: Prof Colin Dayan, Director Cardiff Joint Research Office CVUHB	Date
	15/07/2024

Regan, Nikki
20/11/2024 11:24:17

Appendix A: Plain English Summary

RESEARCH QUESTION: Is oral flucloxacillin effective in preventing surgical site infection (SSI) in adults who have undergone surgical excision of an ulcerated skin cancer under local anaesthesia?

BACKGROUND: Skin cancers are common with a lifetime risk of 1 in 5 in the UK. Surgical removal is the first line treatment for skin cancers and SSI is a complication of surgery. Oral antibiotics are often prescribed for skin cancer surgery – particularly if the skin cancer is ulcerated – to reduce the risk of SSI. However, to date there is no robust evidence to guide the need for oral antibiotics.

AIMS: To compare the clinical and cost effectiveness of oral flucloxacillin versus no antibiotic (placebo) in adults undergoing ulcerated skin cancer excision under local anaesthetic with planned wound closure.

METHODS: Randomised, double-blind, superiority placebo-controlled trial (with internal pilot). 380 adult patients undergoing surgical excision of ulcerated skin cancer in UK NHS hospitals will be individually randomised to oral flucloxacillin 1g (500mg x 2) pre-operatively. Patients will be followed up by telephone at 5-10 days, 15-20 days and at 30 days. All participants will be asked to monitor their wounds for infection, and should they develop any symptoms suggestive of infection then they will be asked to contact their local recruiting centre to arrange an in-person clinical assessment.

OUTCOMES: The primary outcome will be SSI (using Centers for Disease Control and Prevention criteria) within 30 days. Clinical assessors will be trained in the diagnosis of wound infections and be blinded to the randomised allocation. Secondary outcomes are: adverse events within 30 days; antibiotic resistance in wounds at diagnosis of SSI and after 7 days if no response to treatment; quality of life measured by EQ-5D-5L at 30 days and 3 months; time to return to normal activity/work at 30 days and 3 months, resource use (related to wound complications including SSI); cost of hospital visits/stays and feasibility of 'Selfi-wound' photos. We will also explore patient wound burden as a tertiary outcome. A qualitative process evaluation of acceptability, facilitators and barriers will be conducted with patients and healthcare professionals.

TIMELINES: informed by our feasibility trial: Month 1-9: Study set-up, contracts, regulatory approvals, Investigational Medicinal Product manufacture. Month 10-15: Internal pilot, site set-up and recruitment. Month 16: Review of internal pilot. Month 16-24: Complete recruitment. Month 30: Last participant last follow-up. Month 31-36: Data cleaning, analysis, prepare papers and report; stakeholder event.

ANTICIPATED IMPACT AND DISSEMINATION: We anticipate EXCISE will provide high-quality evidence for the clinical and cost effectiveness of perioperative oral flucloxacillin before surgery for ulcerated skin cancers, helping to inform patients, carers and clinicians, mitigate inappropriate prescribing and standardise clinical practice. We will hold a multistakeholder event to ensure findings are widely disseminated and translated into NHS clinical practice. Patient-facing documents will be circulated via charities and other national organisations e.g, UK Dermatology Clinical Trials Network. Results will inform national and international guidelines for skin surgery.

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Appendix B: costings summary

Research costs required from funder

	Direct costs	Indirect costs	Total costs	% costs paid by NIHR	Amount requested
Total Higher Education Institution costs	720,567.20	590,871.43	1,311,438.63	80%	1,049,150.92
Total NHS costs			320,803.31	320,803.31	320,803.31
Total commercial costs				100%	
Total other partnership organisation costs	116,645.00		116,645.00	100%	116,645.00
Total research costs required from funder					1,486,597.90

Total support & treatment costs/(savings)

	Total costs
NHS support costs required from networks	25,460.01
NHS Treatment costs requested from NHS	1,736.61
Non-NHS treatment costs	0.00
Total support & treatment cost/(savings)	27,196.62

Total funding required

	Amount requested
Total research costs requested (not including support & treatment costs)	1,460,582.18
Support & treatment costs/(savings)	27,196.62
Total cost of research (research support costs)	1,513,794.52

Regan, Nikki
20/11/2024 11:24:17

Appendix C: CVUHB R&D evaluation, risk assessment and approval processes for new projects

To demonstrate the due diligence and all governance issues are covered when applying for research grant monies and thereafter when grants are awarded to the JRO Cardiff and Vale Local University Health Board, the processes and procedures below are followed.

Grant awards can vary in size from £5k to £2-3 million. At the early application stages, we determine the appropriate sponsor for the research study or clinical trial.

A sponsor is an organisation (or group of organisations) that accepts responsibility for ensuring that there are proper arrangements to initiate, manage, monitor and finance the research. The UK Policy Framework for Health & Social Care Research requires that all research taking place in an NHS or social care context must have sponsor.

The sponsor has responsibility for overall oversight of the research. The role of the Sponsor is to ensure the study/trial is run safely and effectively by requiring the following:

- Proportionate peer review
 - Provision of all appropriate, valid supporting documentation at the point of application
 - Clear definition of roles and responsibilities of organisations and individuals, signed off prior to the study commencing
 - Appropriate level of monitoring and audit
 - A risk assessment process to identify any potential risks to the organisation or the health, safety, and well-being of researchers and research participants
 - Involvement of patients and/or the public in study design, where appropriate
 - The Chief Investigator's suitability to fulfil their role, through relevant experience and appropriate training
 - Dissemination of study findings in an appropriate manner
- The Sponsor, through their Research and Development department, has a veto on overall approval for the study.

The funder's role is to finance the study and to receive a study report.

Firstly we follow the

[UK Policy Framework for Health and Social Care Research - Health Research Authority \(hra.nhs.uk\)](https://hra.nhs.uk)

[Homepage | Health Care Research Wales \(healthandcareresearchwales.org\)](https://healthandcareresearchwales.org)

From those two we then follow the

Research Governance Policy and Procedure Cardiff and Vale as well as the R&D Strategy

Regan, Nikki
20/11/2024 11:24:17

In relation to applying for funding we follow due diligence by ensuring research activities within NHS premises are costed accordingly and all risks have been reviewed and mitigations/ solutions identified.

[Attributing the costs of health and social care research - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[R&D Resources - Cardiff and Vale University Health Board \(nhs.wales\)](https://nhs.wales)

Internally to ensure grant applications are processed correctly researcher and JRO staff follow the terms & conditions of the specific grant funder. Often these are funding streams from the Department of health, Health and Care research Wales, Welsh Government or occasionally a private sponsor organisation.

Again. a risk profile is created during the application and award process to ensure we can deliver the research proposal once it has been funded.

There are numerous documents used, this process is our Sponsorship process which has a specific SOP and numerous forms for the researchers to complete and for the relevant member of JRO staff to review to ensure fit for purpose and that all risks have been reviewed and resolved or mitigated before research activities commence.

Below are all the titles of all the documents used in this process and if you wish to view any of these, please contact the Research & Development Team (research.governance@wales.nhs.uk)

SOP-001-04 UHB453 Applying for CV UHB Sponsorship SOP v2

FRM-001-05 Cardiff Risk Assessment Form (RAF) v3

FRM-001-06 Assessment of External Subcontractors Service Providers (V3)

FRM-001-13 JRO Sponsorship Request Form (v2)

FRM-001-10 SAM REVIEW TEMPLATE (V5)

FRM-001-11 Setting up new studies where CV UHB are the Sponsor (V3)

FRM-001-12 HRA HCRW Checklist (V4)

Regan, Nikki
20/11/2024 11:24:17

Report Title:	Major Trauma Services Business Case			Agenda Item no.	3.3
Meeting:	Finance & Performance Committee	Public	X	Meeting Date:	20 th November 2024
		Private			
Status (please tick one only):	Assurance	Approval	✓	Information	
Lead Executive (Title):	Chief Operating Officer				
Report Author (Title):	Director of Operations, Specialist Services Clinical Board				
Main Report					
Background and current situation:					
<p>The Major Trauma Centre (MTC) became operational on 14th September 2020. The MTC at the University Hospital of Wales (UHW) plays a significant role within the South Wales Major Trauma Network (SWTN) providing highly specialised services for seriously injured patients from across the region of South, South East, West Wales and South Powys.</p> <p>Analysis of activity data and feedback, external peer review and Welsh Government Gateway reviews have highlighted a number of key areas in the service that require investment.</p> <p>Major Trauma Service</p> <p>The service specification for major trauma defines a requirement for the provision of a dedicated team in each MTC with the responsibility to facilitate and coordinate the management of on-going patient care. This includes trauma and rehabilitation co-ordinators focusing on supporting patients through the patient pathway, especially as they reach the stage of rehabilitation and discharge planning, either to home or repatriation to other appropriate facilities. Investment in staffing is required to provide support for a greater than predicted number of both adult and paediatric major trauma patients since operationalisation of the MTC.</p> <p>Plastic Surgery</p> <p>Timely and local access to follow up for patients requiring complex wound management is essential. The ability to offer this service closer to home for patients supports this and helps to reduce the associated carbon footprint due to reduced travelling. In order continue to deliver the Plastics Dressing Clinic (PDC) at the MTC an uplift in nursing establishment is required.</p> <p>Acute Pain Service</p> <p>Demand for this service has increased considerably since the MTC became operational. MTC workload currently accounts for a quarter of the Acute Pain Service (APS) daily activity. An uplift in Clinical Nurse Specialist (CNS) establishment is required to meet the increased demand and to ensure patient safety. Investment will allow the APS to continue to deliver the appropriate level of service to Adult and Paediatric major trauma population to meet the required standards.</p> <p>Emergency Unit</p> <p>The care provided by the Paediatric Emergency Unit (EU) does not meet standards required in relation to the number of trained nurses and there is a subsequent impact of this inadequate resource on the rest of the Paediatric EU patient cohort. Additional resourcing</p>					

in Nursing and Healthcare Support Workers (HCSW) will support with maintaining appropriate staffing levels across the department. An uplift in establishment for the Paediatric EU team will require increasing resources in education and training for staff to meet the educational and competence standards outlined by the National Major Trauma Nursing Group (NMTNG).

Radiology

Radiology provides a 24/7 service for multiple critical services in Cardiff and Vale University Health board (CAVUHB). It was recognised that all specialties involved in the delivery of trauma care in the MTC needed to respond to increasing activity with immediacy and that it required appropriate resourcing to do so effectively.

Demand for imaging services has increased considerably since the MTC became operational. An uplift in establishment across all professional groups is required to meet the increased demand and to ensure patient safety. Due to the urgent nature this work has been accommodated by the radiology service to the detriment of elective and non-urgent inpatient workload.

This business case seeks additional investment across the Adult and Paediatric pathways of care to address critical gaps in service provision, compliance with national standards and, to ensure capacity & demand are aligned as the Network progresses towards its fully mature phase (typically entered in year 5).

Annual Revenue Requirement	Current Year (£)	Recurrent (£)
	587,848	2,366,401
Capital Requirement (£)	Nil for this case	

Investment into the Major Trauma services has been prioritised as part of the JCC commissioning process and included in the Integrated Medium Term Plan. The investment sought is greater than that indicated on the original CIAG proforma, the primary differences reflecting subsequent wage awards and the inclusion of overheads in the case. The CAV commissioner share of the investment is £0.407m and is reflected in the UHB's financial plan.

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

Since the MTC went live in September 2020, several service gaps requiring redesign or additional expenditure have been identified. The principal driver of this under resourcing being that the actual observed activity data has substantially exceeded the numbers predicted. The MTC underwent the National Peer Review process in early 2022 which highlighted these gaps. A service review was conducted following the peer review in response to concerns raised and it was recognised that there was a need to develop the current Major Trauma resource. The Joint Commissioning Committee, via its clinical prioritisation process, invited the UHB to submit a business case to address the highlighted gaps.

Recommendation:

At the time of writing the report, the Major Trauma Service Business Case had been approved by: **Investment Group on 6th November 2024**

The Finance and Performance Committee are asked to:

ENDORSE the Major Trauma Service Business Case to be presented with a **recommendation** to **BOARD** to:
APPROVE the submission of the Major Trauma Service Business Case to NHS Wales Joint Commissioning Committee for revenue funding support.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	x	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	x
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	x	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	x

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Quality Impact Assessment Completed?

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Comment here
---	--	--	--	--------------

Impact Assessment:

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

Risk: Yes
Yes this has been addressed within the BC
Safety: Yes
This is evidenced and supported within the BC
Financial: Yes
Yes staffing and resource is fully costed within the BC
Workforce: Yes
Yes staffing and costings are within the BC

Legal: No	
Reputational: Yes	
Yes addressed within the BC	
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>	
Equality and Health: No - <i>Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</i>	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:
Investment Group	6 th November 2024

Regen, Nikki
20/11/2024 11:24:17

Cardiff and Vale University Health Board Business Case
 For revenue investment proposals greater than £75,000
 All business cases must be submitted in line with the timescales outlined in Annex d

Title	<i>Major Trauma Services</i>
Clinical /Service Board or Department	<i>Major Trauma Directorate/ Specialist Services Clinical Board</i>

Expected funding source (highlight/delete as appropriate)	Joint Commissioning Committee
Where a business case is in regards to external funding sources this template must be used unless the source of funding requires their own template to be used.	

Approval and scrutiny route	
Has this case been signed off by the Clinical Board / Corporate Departments senior team?	Clinical Board Business and Governance Meeting - 23/10/24
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	Yes James Leaves, Assistant Director of Finance Terrie Waites, Head of People & Culture
Clinical Boards: Has the COOs office signed off this document? Corporate Departments: Has the relevant Executive sponsor signed off this document?	Yes Paul Bostock, COO

Regen, Nikki
20/11/2024 11:24:17

Contents

1.	Executive Summary	1
2.	Introduction and Background	3
3.	Strategic Context – Alignment to UHB strategic direction.....	4
4.	Summary current service provision and case for change	5
5.	Case of change - <i>The evidence</i>	11
6.	Option Appraisal	27
7.	The Preferred option	28
7.1	Benefits.....	30
7.1.1	Benefits tracker	32
7.2	Risk.....	34
7.3	Total Cost - Resource Implications and Affordability.....	36
	Annex a: Workforce implications	36
	Annex b: Non-pay, support service, infrastructure	38
	Annex c: Capital requirements	39
	Annex d: IG submission deadlines.....	39

Regen, Nikki
20/11/2024 11:24:17

1. Executive Summary

The Major Trauma Centre (MTC) became operational on 14th September 2020. The MTC at the University Hospital of Wales (UHW) plays a significant role within the South Wales Major Trauma Network (SWTN) providing highly specialised services for seriously injured patients from across the region of South, South East, West Wales and South Powys.

Analysis of activity data and feedback, external peer review and Welsh Government Gateway reviews have highlighted a number of key areas in the service that require investment.

Major Trauma Service

The service specification for major trauma defines a requirement for the provision of a dedicated team in each MTC with the responsibility to facilitate and coordinate the management of on-going patient care. This includes trauma and rehabilitation co-ordinators focusing on supporting patients through the patient pathway, especially as they reach the stage of rehabilitation and discharge planning, either to home or repatriation to other appropriate facilities. Investment in staffing is required to provide support for a greater than predicted number of both adult and paediatric major trauma patients since operationalisation of the MTC.

Plastic Surgery

Timely and local access to follow up for patients requiring complex wound management is essential. The ability to offer this service closer to home for patients supports this and helps to reduce the associated carbon footprint due to reduced travelling. In order continue to deliver the Plastics Dressing Clinic (PDC) at the MTC an uplift in nursing establishment is required.

Acute Pain Service

Demand for this service has increased considerably since the MTC became operational. MTC workload currently accounts for a quarter of the Acute Pain Service (APS) daily activity. An uplift in Clinical Nurse Specialist (CNS) establishment is required to meet the increased demand and to ensure patient safety. Investment will allow the APS to continue to deliver the appropriate level of service to Adult and Paediatric major trauma population to meet the required standards.

Emergency Unit

The care provided by the Paediatric Emergency Unit (EU) does not meet standards required in relation to the number of trained nurses and there is a subsequent impact of this inadequate resource on the rest of the Paediatric EU patient cohort. Additional resourcing in Nursing and Healthcare Support Workers (HCSW) will support with maintaining appropriate staffing levels across the department. An uplift in establishment for the Paediatric EU team will require increasing resources in education and training for staff to meet the educational and competence standards outlined by the National Major Trauma Nursing Group (NMTNG).

Radiology

Radiology provides a 24/7 service for multiple critical services in Cardiff and Vale University Health board (CAVUHB). It was recognised that all specialties

Regan Nikki
20/11/2024 11:52

involved in the delivery of trauma care in the MTC needed to respond to increasing activity with immediacy and that it required appropriate resourcing to do so effectively.

Demand for imaging services has increased considerably since the MTC became operational. An uplift in establishment across all professional groups is required to meet the increased demand and to ensure patient safety. Due to the urgent nature this work has been accommodated by the radiology service to the detriment of elective and non-urgent inpatient workload.

This business case seeks additional investment across the Adult and Paediatric pathways of care to address critical gaps in service provision, compliance with national standards and, to ensure capacity & demand are aligned as the Network progresses towards its fully mature phase (typically entered in year 5).

Annual Revenue Requirement	Current Year (£)	Recurrent (£)
	587,848	2,366,401
Capital Requirement (£)	Nil for this case	

Investment into the Major Trauma services has been prioritised as part of the JCC commissioning process and included in the Integrated Medium Term Plan. The investment sought is greater than that indicated on the original CIAG proforma, the primary differences reflecting subsequent wage awards and the inclusion of overheads in the case. The CAV commissioner share of the investment is £0.407m and is reflected in the UHB's financial plan.5

2. Introduction and Background

The MTC became operational on 14th September 2020. The MTC at the UHW plays a significant role within the SWTN providing highly specialised services for seriously injured patients from across the region of South, South East, West Wales and South Powys.




The MTC is commissioned to deliver care in line with the NHS England national service specification for major trauma, with the overall aim of improving mortality and reducing the risk of long-term disability following major trauma, for both adult and paediatric populations.

The principal purpose of this business case is to address key gaps in service provision identified by the Major Trauma Directorate following analysis of activity data and feedback following external peer review and Welsh Government Gateway reviews.


It is anticipated that any subsequent increase in resource will be available from quarter 4, 2024/25.

Regen Nikki
20/11/2024 11:24:17

3. Strategic Context – Alignment to UHB strategic direction

Objectives	How does this proposal support any of these objectives
 <p>Putting People First</p> <ul style="list-style-type: none"> ❖ People will feel valued, developed, supported and engaged. ❖ We will have an inclusive culture, where the diversity of the health board's people will be representative of the Health Board's local populations ❖ Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health 	<p>The South Wales Trauma Network Quality Statement states 'Major Trauma workforce is supported and developed, to address staff retention and ensure it is sustainable, equitably distributed, grown to meet increased demand with focus on key areas such as radiology and rehabilitation to meet the exponential increase in demand'.</p> <p>The service will ensure care closer to home, as described in the UHB's Shaping our Future Wellbeing Strategy.</p> <p>The model will be sustainable and ensure equity of access across the South Wales Trauma Network with patients receiving the most appropriate care.</p> <p>Investment will strengthen our ability to provide services that matter to patients, utilising a whole system approach including specialities such as Orthoplastics for specialised wound care.</p>
 <p>Providing Outstanding Quality</p> <ul style="list-style-type: none"> ❖ Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the health board's communities ❖ Deliver outstanding quality of care every time - care that is personalised, timely, safe, accessible and effective. Achieve the best outcomes for patients in line with what matters most to them, their families and carers ❖ Develop the Health Board's approach to continuous quality to improvement and make the best use of the health board's resources – people, assets (buildings and equipment) and money 	<p>The service will continue to reduce deaths and disabilities in people with serious injuries by improving the quality and timeliness of their care in line with professional and national standards.</p> <p>This investment will continue to provide consistency in standards of care across the pathway, support equity of access and address variation.</p> <p>The service will be able to address the serious concerns noted in the recent peer review and recommendations that reflect the quality of care and outcomes.</p>
 <p>Delivering in the Right Places</p> <ul style="list-style-type: none"> ❖ To achieve digital maturity enabling the Health Board's workforce, partners, patients and public to connect and communicate, supporting shared decision making in the planning and delivery of health care services. ❖ Refresh and deliver the Health Board's programme (Shaping Our Future Wellbeing in the Community) for creating integrated health and care facilities in our 	<p>Have an emergency care system that provides the right care, in the right place, first time.</p> <p>Improved patient experience.</p> <p>Compliance with Major Trauma National Standards.</p>

Regen, Nikki
20/11/2024 11:24:11

<p>local communities where people can access the information and support they need under one roof</p> <ul style="list-style-type: none"> ❖ With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future (Shaping Our Future Hospitals). Develop more shared infrastructure with public and private sector partners to get best value for the health board's investment 	<p>Aligns with the South Wales Trauma Networks Quality Statement to deliver equity of access, consistency in standards of care and addressing unwarranted variation.</p>
<p> Acting for the Future</p> <ul style="list-style-type: none"> ❖ Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners ❖ Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value ❖ Maximise the Health Board's contribution to the foundational economy ❖ Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement 	<p>The model will be sustainable and ensure equity of access across the South Wales Trauma Network with patients able to access a range of appropriate treatment options.</p> <p>Aligns with the South Wales Trauma Network Quality Statement.</p> <p>The service will ensure care closer to home, as described in the UHB's Shaping our Future Wellbeing Strategy.</p>

4. Summary current service provision and case for change

Since the MTC went live in September 2020, several service gaps requiring redesign or additional expenditure have been identified. The principal driver of this under resourcing being that the actual observed activity data has substantially exceeded the numbers predicted. The first formal peer review process has reinforced the prioritisation of these gaps.

The SWTN undertook its inaugural external peer review over the period of one week in March 2022. The purpose of the peer review visit was to provide an opportunity for a team of major trauma network peers to meet with members of the SWTN and explore the quality of service in more detail. The process encouraged discussion and questioning with the aim of determining compliance against the quality indicators that were derived from the national service specification.

The case for change outlined in this business case therefore focuses upon aspects of the service where shortfalls in compliance with the national major trauma standards were identified in the peer review feedback, and particularly the serious concerns raised by the panel.

Benchmarking against the experience of established trauma networks across the UK, and consideration of activity assumptions based on limited historical Welsh trauma activity data, were used to configure the uplift in MTC workforce, as this was the best available resource.

Regen, Nikka
20/11/2024 11:28:17

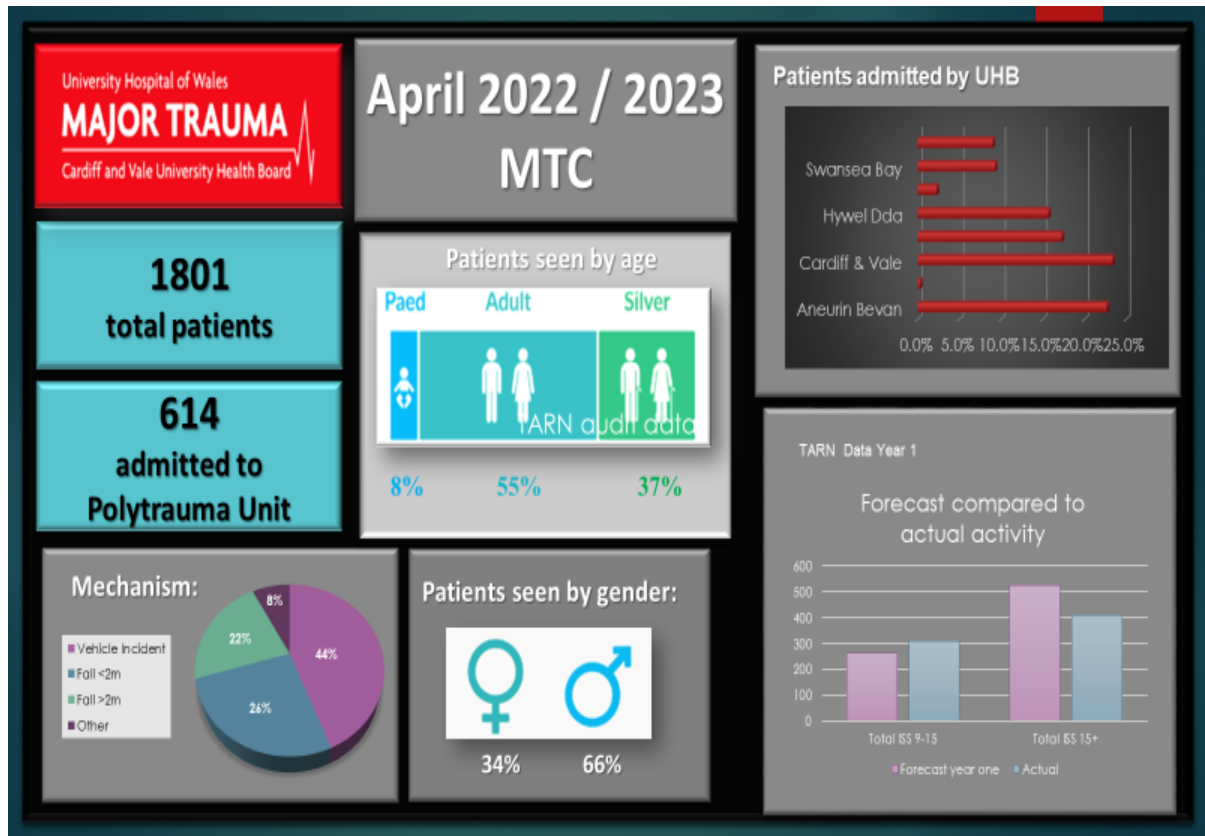


Figure 1: Snapshot activity information

Major Trauma Service

The service specification for major trauma defines a requirement for the provision of a dedicated team in each MTC with the responsibility to facilitate and coordinate the management of on-going patient care. This includes trauma and rehabilitation co-ordinators focusing on supporting patients through the patient pathway, especially as they reach the stage of rehabilitation and discharge planning, either to home or repatriation to other appropriate facilities. The Major Trauma Service (MTS) was established to deliver a 7-day co-ordinator service with 4.2 WTE Band 7 Major Trauma Practitioners (MTPs) and 1.0 WTE Rehabilitation Coordinator (RC) whose role is to coordinate care for the whole major trauma patient cohort (both adult and paediatric patients).

Since the launch of the service in September 2020, service gaps or areas requiring redesign or additional expenditure have been identified. Several of the original design assumptions are contradicted by accurate activity data, and the first formal peer review process has reinforced the prioritisation of these factors.

Plastic Surgery

Patients who initially present with suspected major trauma are primarily taken to the MTC. Polytrauma patients with orthopaedic injuries are brought to theatre for primary debridement following assessment in the Emergency Unit (EU). Classification of their injury and decision regarding definitive management is made following debridement. There are national standards, British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST), which outline

Regan, Nikk
20/11/2024 14:24

the timeframe in which these surgical interventions should occur to optimise patient outcomes and minimise risk of infective complications.

Cases requiring free tissue transfer to optimally manage their injuries should be transferred to Morriston Hospital, as the Trauma Unit with Specialist Services (TUSS) for the SWTN, to achieve soft tissue coverage within 72hrs. The remaining cases (local or regional flaps, skin graft reconstruction or direct closure) are managed wholly within the MTC by a team of 5 Plastic Surgeons who provide a plastic surgery service from 8am-8pm, weekdays only.

There was no provision made in the original business case for a Plastics Dressing Clinic (PDC) at the MTC to provide follow up for these patients, but it quickly became evident that there was an unmet need for this clinic to support the ongoing outpatient complex wound management of MTC patients. During Year 1 the MTS, in partnership with the Plastics team at CAVUHB, introduced the PDC to sit alongside the weekly MTC Complex Orthoplastic clinic. *Figure 11* sets out the level of activity undertaken in the MTC PDC which would otherwise have required outpatient follow up in Morriston Hospital. This represents improved patient experience in providing a service closer to home for patients in the eastern region of the SWTN and reducing demand on services in the West to better meet the needs of their local population. The clinic has been supported by nursing staff from the Polytrauma Unit (PTU) establishment.

Acute Pain Service

Prior to the establishment of the MTC, the Acute Pain Service (APS) provided cover to all adult clinical areas at UHW and Llandough (UHL), plus surgical areas within the Children's Hospital for Wales (CHW). The APS is nurse led, with a team of CNSs with shared clinical, educational and governance responsibilities. The team comprises 8.52 WTE Clinical Nurse Specialists (2.0 WTE Band 6s and 6.52 WTE Band 7s). All the Band 7 CNSs are either non-medical independent prescribers or working towards the qualification and all have an MSc. educational qualification. The Band 6 CNSs are trainee posts, and the nurses are working towards their qualifications, developing the knowledge and skills to practice autonomously. Service provision in UHW is 7 days a week (08.00-20:00 Monday to Friday, 08.00-18:00 Sat and Sun).

Historically there has been no dedicated anaesthetic sessional time, however, this has recently changed with 2 Consultant Anaesthetist sessions/per week supporting either adults or paediatrics. This time is usually spent providing regional blocks for major trauma patients and undertaking ward rounds of complex patients. The focus of these sessions is on those patients with difficult to manage pain, which frequently involves major trauma patients. Outside of these sessions the service is supported when required, and it can be facilitated, by either the duty Obstetric, MTC or CEPOD Consultant Anaesthetist. The original programme business case provided funding for 3.8 WTE Consultant Anaesthetists. This resource was used to establish an additional MTC / CEPOD theatre Monday – Friday 8:00 – 20:00 as well as an additional ortho-plastic list despite concerns regarding a considerable anticipated uplift in complex pain caseload.

Regen, Nikki
20/11/2024 11:24:17

Emergency Unit (EU)

Pre-implementation modelling carried out by the SWTN predicted no significant increase in the number of children attending following major trauma because, as the tertiary referral centre with the only PICU in Wales, there was an assumption that these children would already be managed in UHW (82 predicted cases in Year 1, see *Figure 2* below).

	<u>Assumed current position</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
ISS 9-15	22	27	30	33
ISS >15	53	55	56	60

Figure 2. Pre-implementation modelling of paediatric major trauma cases

However, more than 140 children attended the MTC with major trauma in Year 1 as set out in *Figure 3* below.

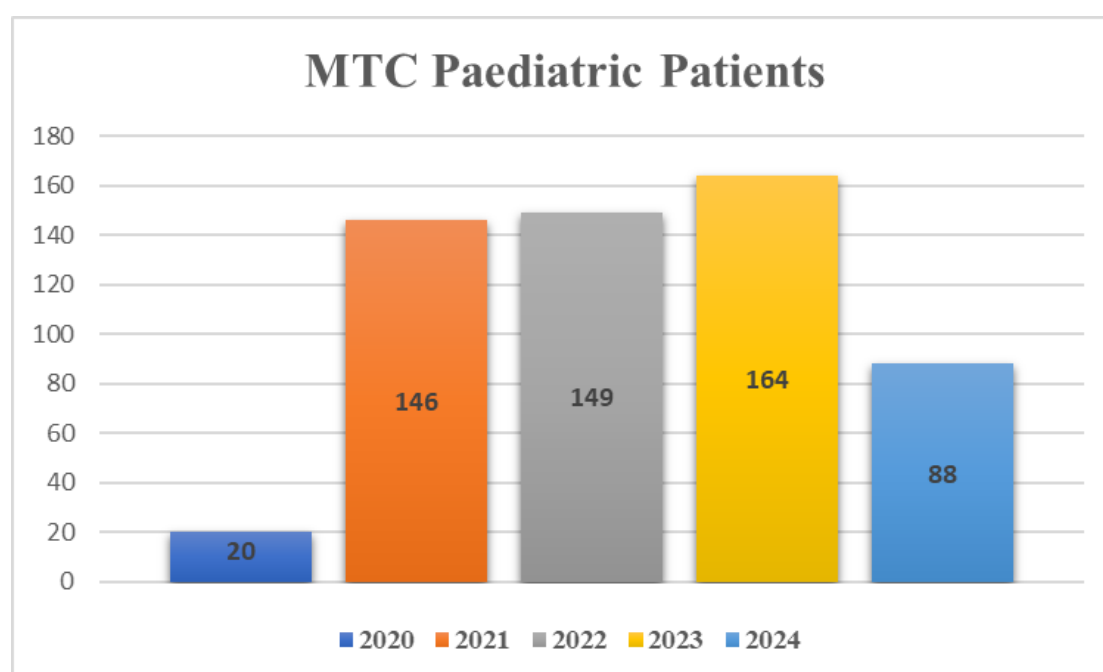


Figure 3. Actual paediatric major trauma activity at the MTC 2020 to 2024 to date

As can be seen in *Figures 2 and 3*, the predicted paediatric major trauma activity was grossly underestimated similarly to the adult patient cohort.

When managing cases of paediatric major trauma, each patient initially requires a minimum of 1:1 nursing care to receive them in the EU, whilst a proportion of more severe cases, require 2:1 nurse: patient ratio. An uplift in EU paediatric nursing establishment for MTC was not supported in the original business case submission due to the modelling predictions, and thus the additional uplift in activity since MTC 'go-live', has resulted in additional demands on the existing nursing workforce model. The outcome is often a reduced standard of nursing care being deliverable not only to the major trauma patients, but also impacts on non-trauma patients. When paediatric nurses are needed to provide support with a major trauma case in the EU Resuscitation room, the consequential

Regan, Nikita
20/11/2024 11:28:17

reduction in nursing establishment in the paediatric assessment area of EU leads to increased demand on limited resources and delays in treatment. In addition to increased patient complexity and activity associated with MTC status, there has also been a gradual increase in the number of general paediatric attendances to the EU in UHW since 2016, in line with the increase in local population.

As outlined, the original workforce plan for the MTC programme business case was based on current activity at that time, alongside the predicted increase in number of major trauma patients. A phased approach to implementation was described with an aim of auditing activity and performance data against the national quality indicators during the first year of MTC establishment, with a plan to reassess the requirement for uplift in nursing staff over the first 4 years. As the initial operationalisation of the MTC and SWTN was disrupted by the unforeseen Covid19 pandemic and then further impacted by the ongoing situation during the first 2 years, challenges with data collection and financial resource meant that this planned uplift in nursing workforce was not supported but has now been reassessed and highlighted.

Radiology

Radiology provides a 24/7 service for multiple critical services in CAVUHB. This includes Major Trauma, since UHW became an MTC in September 2020. It was recognised that all specialties involved in the delivery of trauma care in the MTC needed to respond to increasing activity with immediacy and that it required appropriate resourcing to do so effectively. The original case acknowledged minimal investment had been proposed for radiology services, and that this would be audited at the end of year one.

Revenue costs (original allocation)

Workforce/Profession	Band	WTE	Cost (£k)
Medical	Consultant	1.1	143
Radiographer	7	0	0
Radiographer (CT)	6	2	82
Radiographer	5	3	135
Radiology Assistant	2	0	0
Total		6.1	360

Relevant MTC indicators

As described above Radiology services are vital in the ability to provide critically ill patients with appropriate diagnosis and treatment. This is reflected in the national MTC standards and our compliance with these are summarised in the table below.

Regen Nikki
20/11/2024 11:24:17

MTC Indicators	Status	Comments
T16-2B -106 -There should be CT scanning located in the emergency department and available 24/7.	MET	
There should be an on-site radiographer available 24/7 to prepare the CT scanner for use	MET	Increased radiographer support to improve scanner safety and efficiency
T16-2B -107 - There should be a protocol for trauma CT reporting that specifies: There should be a 'hot' report documented within 5 minutes; There should be detailed radiological report documented within 1 hour from the start of scan; Scans should be reported by a consultant radiologist within 24 hours	Not Fully Met	Unable to fully comply with hot report requirement due to limited medical capacity (Further details below)
T16-2B -108 - MRI scanning should be available 24/7	MET	Scanners staffed via on site (daytime) or off site on call (overnight) 24/7
T16-2B -109 - Interventional radiology should be available 24/7 within 30 minutes of a request Interventional radiology should be located within operating theatres or resuscitation areas	MET	
T16-2B -113 - A radiologist should be available to attend an emergency case within 30 minutes	MET	

Almost every candidate major trauma patient will require CT pan-scanning and often multiple plain radiographs during their initial admission and ongoing care pathway. This represents a significant increase in demand, and the requirement of a multi-disciplinary resource from within the radiology service to support.

The table below captures CT imaging demand (examinations not patients) in EU across the same month each year. RADIS does not include a data field that would allow activity to be filtered by patients admitted under the major trauma pathway, however this clearly demonstrates a sharp and continued rise following launch of the MTC service.

Aggregated Year (Based on Monthly Sample)	2019	2021	2022	2023
MTC activity	127	357	499	530
Follow up activity	32	91	126	135

Reporting Capacity

The increase of out of hours reporting has far exceeded expectations prior to the establishment of the MTC service.

Case 1 awarded 0.5 sessions for 23 consultants (body and MSK) to capture the additional consultant input out of hours. The body and MSK consultant group has increased to 24 body and 9 MSK consultants. Body, MSK and Neuro consultant groups have all completed diary exercises which clearly demonstrated an increase in volume and complexity of imaging requirements for MTC patients both in hours and out of hours. The job plans have changed for 42 consultants to recognise the additional workload.

Furthermore, CAVUHB have engaged with an ISP to support delivery of OOH imaging on an outsourcing basis. Collectively, these arrangements to support the major trauma pathways far exceeds the initial allocation for medical staffing. These changes have mitigated some risk associated with the radiology medical service out of hours, however further review of this is in progress to ensure patient care and staff safety are maintained. Recent HEIW reviews have reported that the current workforce establishments do not meet the

Regan, Nikka
20/11/2024 13:17

requirements of the out of hours workload and mandated these areas be addressed. Additionally, whilst MTC service demands are more manageable in hours, it is acknowledged that this has had a corresponding impact on other Radiology services.

It is acknowledged that alongside the MTC development there has been growth in secondary care demand. This is not unique to CAVUHB and is a UK wide phenomenon. This case seeks funding to address the growth directly related to the MTC pathways. The Health Board is addressing secondary care growth separately.

Radiographer support

Due to demand increase, the delivery of safe, efficient throughput of cases via the EU CT scanner has necessitated an increase of 1 band 6 radiographer for each shift. Additionally, other imaging modalities, including ward-based imaging and imaging for ventilated patients for MTC has increased. Due to the urgent nature of this work, this demand has been accommodated by the radiology service to the detriment of other inpatients (on a risk assessed basis), as well as elective and non-urgent patient cohorts. Solutions to address the medical workforce challenges detailed above (e.g. additional outsourcing) also impacts on the Radiographer workforce who are required to facilitate the outsourcing of imaging during out of hours periods, where their workforce is reduced.

'Hot reporting' compliance

Radiology reports frequently provide vital diagnostic information to guide immediate management and surgical intervention in critically injured patients, and as such this is reflected in important national standards around time to reporting of imaging in both adult and paediatric trauma.

As indicated in previous sections, additional workload has been reflected by increased remuneration (via consultant diary exercises) and utilisation of outsourcing during periods where there is a lone Radiologist on site (12am-9am). Despite these changes, this still does not provide protected capacity for the Emergency Radiology Department and the assurance of full compliance with the standard for completion of primary survey or 'hot reports' within 5 minutes. These MTC requirements will be prioritised appropriately based on the clinical demands but compliance with this standard cannot be certain.

5. Case for change - *The evidence*

Major Trauma Service (MTS)

The MTC underwent the National Peer Review process in early 2022. A service review was conducted following the peer review in response to concerns raised and it was recognised that there was a need to develop the current MTS resource.

The purpose of this is to provide support for a greater than predicted number of both adult and paediatric major trauma patients since operationalisation of the MTC.

Regan Nikki
20/11/2024 11:53

Original establishment planning for the MTP's and RC posts for the MTS was partially based on the activity assumptions as illustrated in *Figure 4 below*.

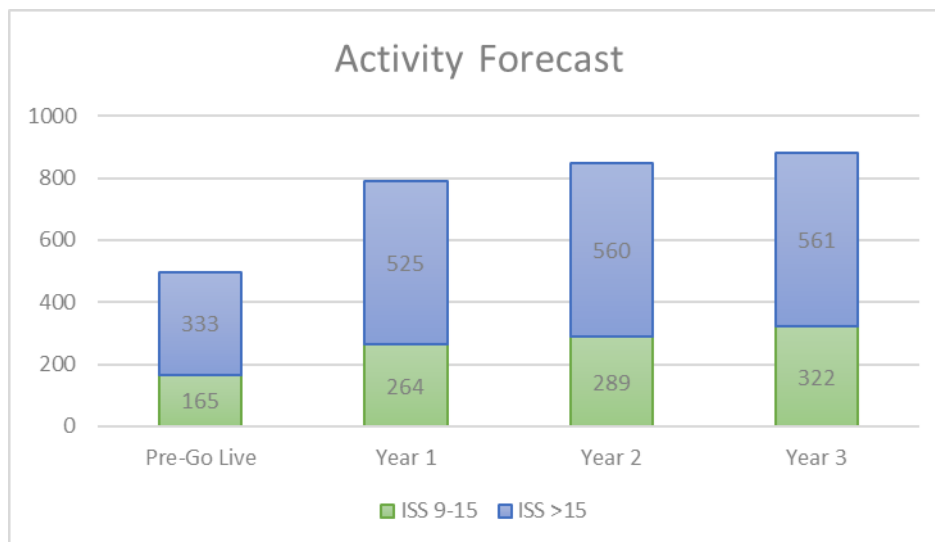


Figure 4. Original activity forecasting

Improved data collection has since demonstrated that the original activity assumptions were significantly under-estimated as shown in *Figure 5*.

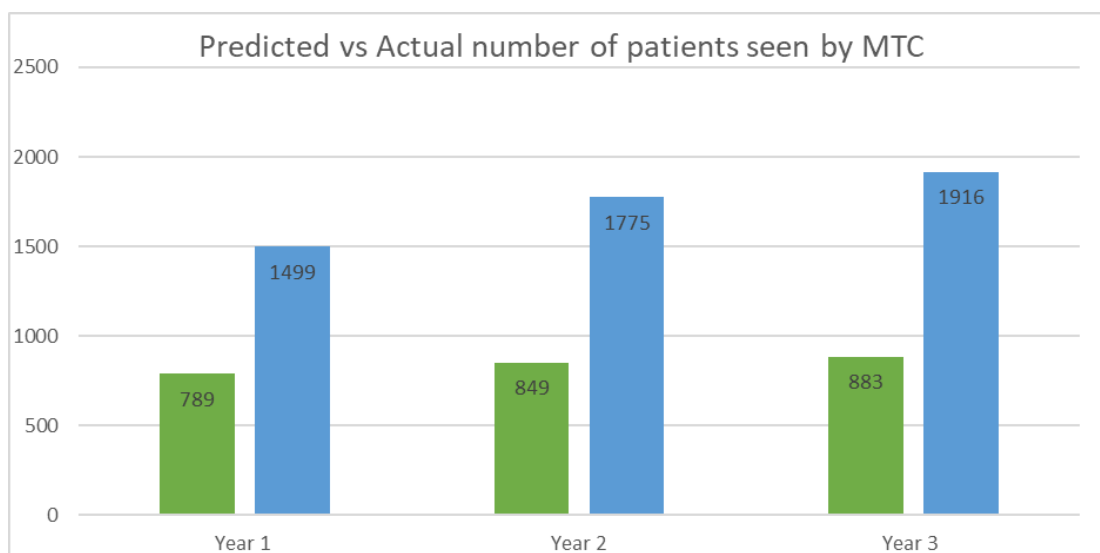


Figure 5. Predicted v actual number of patients seen in first 3 years of operationalisation of MTC

Data shows trauma call activity peaks over the weekend period into the early part of the week and as such service planning, which allowed for one MTP to be rostered over the weekend period, is now inadequate to meet the demand (see *Figure 6*).

Regen, Nikki
20/11/2024 11:24:17

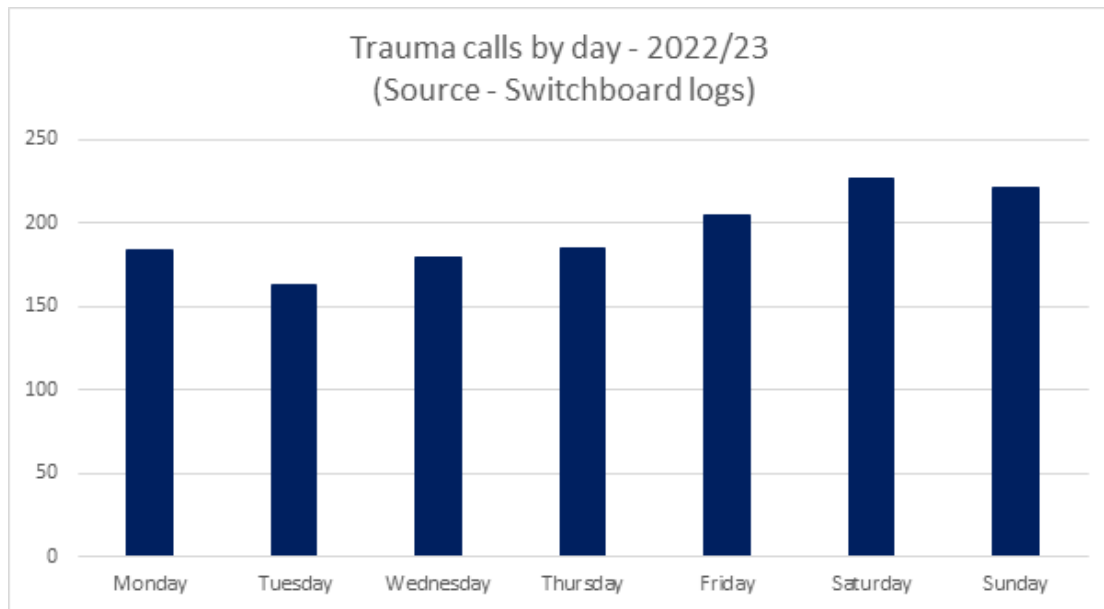


Figure 6. Number of Trauma calls by day of week

Given that the MTC and thus the MTS have provided care to a far greater number of patients than expected, an increase in the establishment is critical to support the flow of patients and delivery of care to meet the national major trauma quality standards and key performance indicators (KPI). In addition, the team recognises the importance of patient experience which will be captured in the National Major Trauma Registry (NMTR) Patient Reported Outcome Measures (PROMS).

With rising activity and injury complexity, the major trauma co-ordinator service needs investment to improve service delivery to the whole patient cohort.

The national major trauma standards necessitate:

- **T16-2C-103 /202 7-day Major Trauma Coordinator Service** - *There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above.*
- **T16-2D-105/205 Keyworker** - *All patients requiring rehabilitation should have an identified key worker to be a point of contact for them, their carer/s or family doctor. The key worker should be a health care professional. The name of the patient's key worker should be recorded in the patient's notes and on their rehabilitation prescription*

As the MTC also provides a Trauma Unit (TU) function for Cardiff and Vale UHB patients the following quality standards also applies:

- **T16-2C-303 Major Trauma Coordinator Service** – *There should be a trauma coordinator service available Monday to Friday for the coordination of patients. The coordinator service should be provided by nurse or allied health professionals.*

Regen, Nikki
20/11/2024 11:24:17

The aim of the MTS is to provide high standards of clinical co-ordination for major trauma patients across the MTC and TU elements within Cardiff and Vale University Health Board (CVUHB).

An increase in the establishment of the MTS will facilitate rostering of two MTP's for a 7-day service from the hours of 08:00 – 18:00. This will allow the MTP's to deliver a more robust service to a larger than predicted and increasingly complex cohort of patients and meet standards of care. An establishment review has calculated this as an uplift of 1.5 WTE band 7 MTP's.

The uplift will enable the MTS to achieve NHS England trauma service standards, including provision of key-working to all major trauma patients and the provision of a patient centred rehabilitation prescription for all patients. It will enable the MTS to provide equity of service to all major trauma patients across the MTC footprint; maintain levels of repatriation to ensure continued capacity in the MTC and patient flow across the SWTN; deliver service improvements such as implementing a telephone follow-up clinic for major trauma patients; and maintain service delivery in the face of increased patient activity.

The peer review process identified a serious concern regarding the co-ordination of care specifically for paediatric patients. In addition to the uplift for adult trained MTP's, the MTS require an uplift in band 7 co-ordinator posts for the paediatric patient cohort.

A dedicated paediatric MTP with specific paediatric qualifications and knowledge was not established as part of the original service planning. Following the peer review findings and subsequent service review, it has been recognised as a gap in service provision that is essential to provide appropriate levels of paediatric co-ordination.

The current MTP's are experienced band 7 practitioners from Adult Nursing and Adult Allied Health Professional backgrounds. A dedicated paediatric post will facilitate the delivery of high standards of major trauma care for paediatric major trauma patients in a comparable and proportional way to the adult patient cohort. This model will also support the increased activity in the EU; support the trauma team (as is already provided for adult patients) and provide coordinated care across the entire patient pathway.

Financial support for this post would support the MTC to meet the following trauma quality standard:

- **T16-2C-20 Major Trauma Coordinator Service** - *There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above with experience in paediatric trauma*

An establishment review has calculated this as an uplift of 1.0 WTE band 7 paediatric trained post. Whilst there is no evidence that paediatric major trauma is under-recognised, the peer review recommendations noted that lack of a dedicated paediatric MTP may risk under recognition of paediatric major

Regen Nikki
20/11/2024 11:44 AM

trauma. Thus, the funding for this post would provide assurance that this does not occur.

We propose that the ideal model to support across the entire paediatric patient pathway would be to divide the Band 7 co-ordinator role into 0.5 WTE MTP and a 0.5 WTE RC to ensure resilience across therapies/rehabilitation and the coordination service. As described in the adult model, these roles can have overlapping features further providing resilience.

Paediatric Lead AHP

Following peer review in 2022 it was recognised that the paediatric MTC service does not have an equivalent to the adult therapy lead and it was noted this reduces the resilience of the therapy service within CHfW and also at a network and a strategic level. Due to the number of paediatric patients and their level of complexity a 0.4 WTE of an 8A paediatric Lead AHP would provide this resilience, and this would enable this role to work across the major trauma cohort who are accepted into the paediatric neurorehabilitation service. This also aligns with the NICE guidelines for rehabilitation following major trauma and UKABIF's Welsh report.

This is a vital role for the Paediatric MTC along with that of the RC. Support for these roles would help to deliver against the quality standard:

- **T16-2C-103 /202 7-day Major Trauma Coordinator Service** - *There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above.*
- **T16-2D-202 Specialist Rehabilitation Team** - *There should be a multidisciplinary specialist rehabilitation team which should include:*
 - *lead clinician for rehabilitation*
 - *rehabilitation co-ordinator*
 - *paediatrician representation from safeguarding team*
 - *representation from family support services*

Where relevant:

- *play therapist*
- *youth worker*
- *music therapist*
- *Physiotherapist*
- *speech and language therapist*
- *dietitian*
- *clinical psychologist / neuropsychologist*
- *Neuropsychologist*

The team should meet at least weekly to discuss and update rehabilitation management plans and rehabilitation prescriptions.

There should be specified contacts for the following:

- *pain management specialist*
- *Pharmacist*
- *surgical appliance services*
- *orthotic services*
- *prosthetic services*

Regan, Nikki
20/11/2024 11:24:17

- *wheelchair services*
- **T16-2D-203 Rehabilitation Coordinator Post** - *There should be a rehabilitation coordinator who is responsible for coordination and communication regarding the patient's current and future rehabilitation available 7 days a week. This rehabilitation coordinator should be a nurse or allied health professional at AFC Band 7 or above.*
- **T16-2D-205 Key worker** - *Each patient should have an identified key worker to be a point of contact for them, their carer/s or family doctor. The key worker should be a health care professional The name of the patient's key worker should be recorded in the patient's notes and in the rehabilitation prescription.*

Support for the roles of MTP and RC with dedicated paediatric expertise is key to ensuring that paediatric major trauma patients receive the same high standards of co-ordinated major trauma care as adult patients.

A further vital component of the co-ordinator roles and the Lead AHP for Paediatric MTC is to consistently refine and define the complexity of rehabilitation needs of each patient and to work with the MTC and SWTN Lead AHP and rehabilitation medicine consultant. These assessments are vital to support the delivery of the following quality standard:

- **T16-2D-106 Rehabilitation Prescription** - *All patients should have a RP initiated within 2 calendar days of admission and first comprehensive RP completed at 4 calendar days following admission. The RP should be updated weekly, and a copy given to the patient*

The MTS adopted a phased implementation approach to provide individualised, patient centred Rehabilitation Prescriptions (RPs) to patients, commencing with patients on PTU. This has been substantially achieved whereby 70% (n=65) of patients received a copy of their RP during Q1/2 2024. This is significantly higher when compared to pre-implementation audit in July 2023 (Figure 7).

Regen, Nikki
20/11/2024 11:24:17

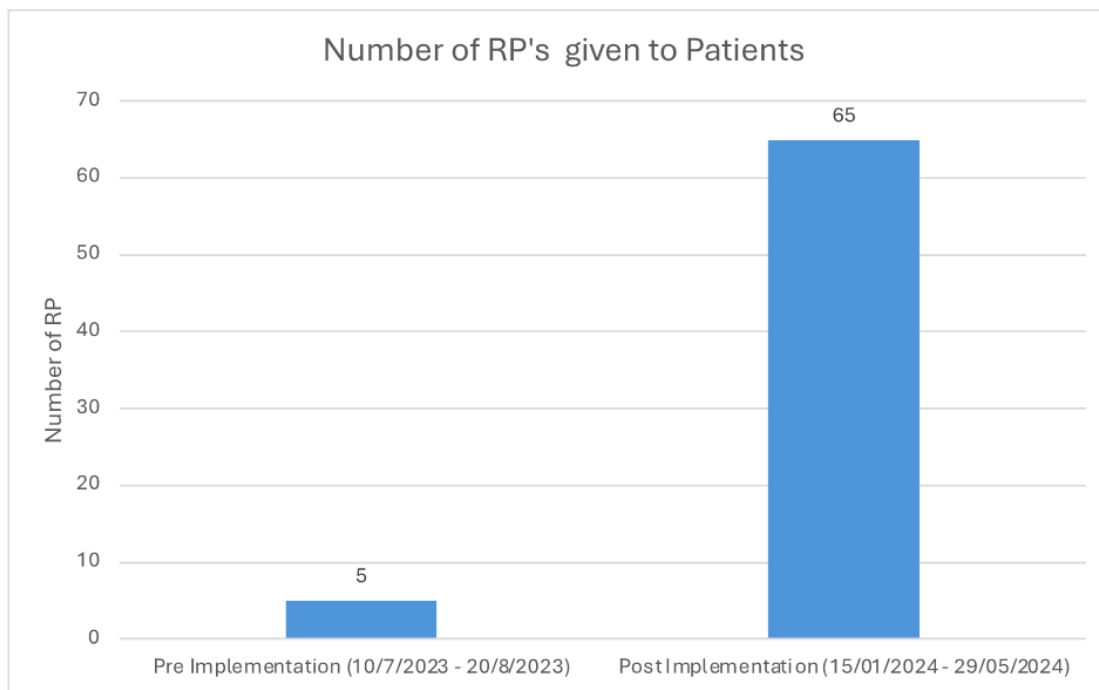


Figure 7. Number of RP's given to patients on PTU. 2023 v 2024

The PTU patient numbers represents approximately a third of the total number of patients eligible for an RP at the MTC. Despite improvements, as demonstrated in Figure 8, this remains lower than the 90%-100% recommended target set by TARN. It is expected that the new National Major Trauma Registry (NMTR) KPI's will align to the original TARN targets.

Figures 8 and 9 illustrate the variance in provision of RPs which is influenced by organisational constraints and which impact upon the teams' ability to provide comprehensive RPs.

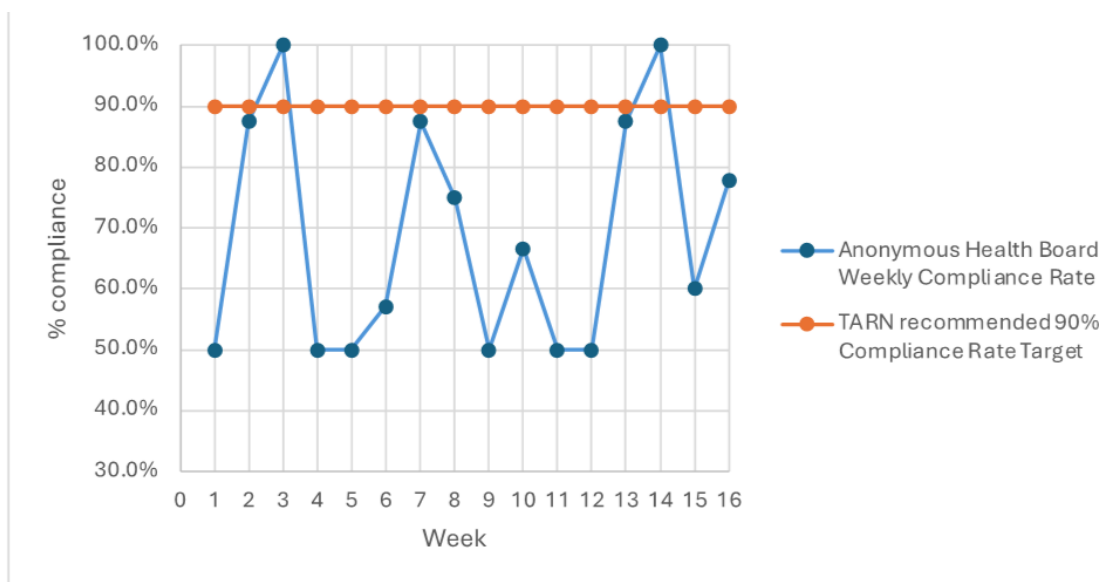


Figure 8. Variance of RP compliance over weeks of project implementation

Regen, Nikki
20/11/2024 11:24:17

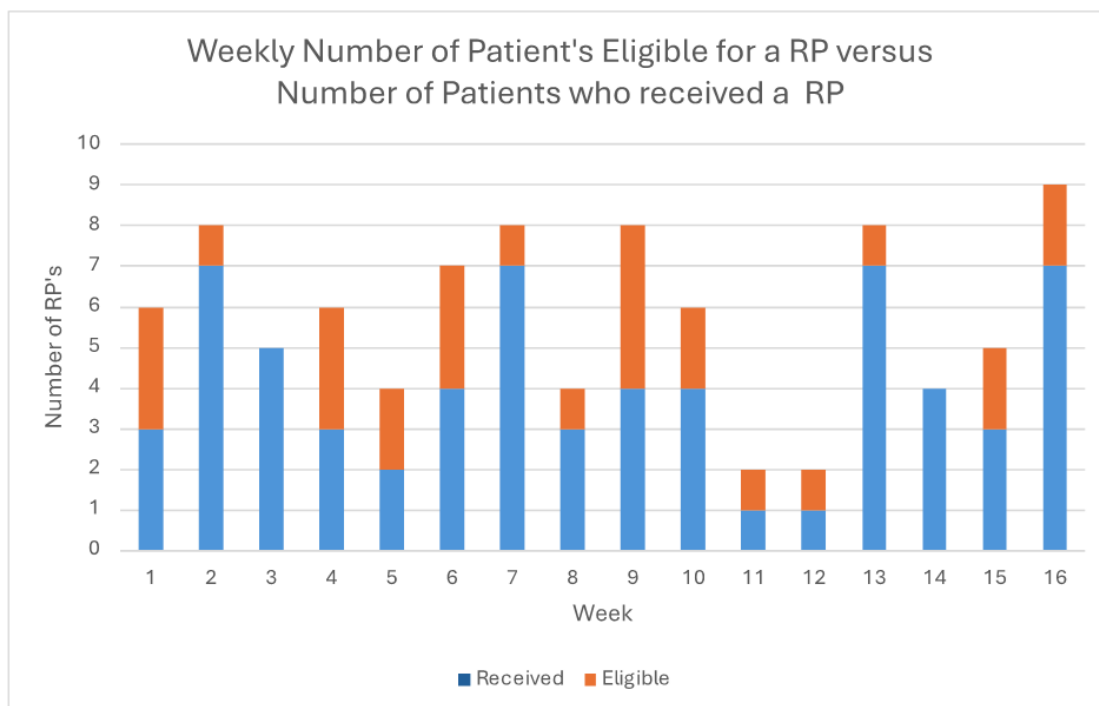


Figure 9. Number of patients eligible for an RP v number of patients who received an RP

These contextual factors include competing priorities, reduced staffing on a weekend, and high patient numbers. Phase 2 of the project involves expanding the provision of RPs beyond PTU to include patients admitted to other clinical areas of the MTC such as the trauma and spinal wards. Phase 3 will involve capturing all patients admitted under the MTS.

The achievement so far against this KPI has been in part successful due the temporary support of an uplift in co-ordinator resource in the MTS. To sustain and improve compliance against this KPI, permanent funding for this uplift is now required.

Plastic Surgery

To meet the National Major Trauma quality indicators regarding Orthoplastic management, the SWTN and MTC were required to ensure:

- **T16-2C -110 - Management of Musculoskeletal Trauma -** *The MTC should provide a comprehensive musculoskeletal trauma service and facilities to support all definitive fracture care and allow joint emergency Orthoplastic management of severe open fractures as specified in BOAST 4 guidelines.*

Thereafter a plan was made for the development of work streams, to be informed by evidence, which would enable the SWTN to move towards a more robust Orthoplastic delivery model, as part of the 5-year SWTN strategic plan.

During Year 1, the MTS, in partnership with the Plastics team at CVUHB, introduced a PDC to treat patients with complex wounds following their discharge from the MTC. Even though this clinic was not included in the original business case, it was developed to run concurrently with the intended complex ortho-plastic review clinic, thereby effectively utilising the specialist Consultant

Regen Nikka
20/11/2024 11:15:17

resource. This model of delivering follow up in the MTC is in alignment with the SWTN 'CWTC Policy' which promotes delivery of patient care closer to home wherever possible.

Two nurses from the PTU were allocated 7.5 hours each to support the development and subsequent delivery of this clinic (0.4 WTE).

Since the MTC went live up to May 2023 the PDC has seen and followed up over 500 patients from all health boards across the SWTN. The feedback from patients has been very positive, reducing travelling times for many and providing care closer to their home. However, providing this service continues to be challenging with the increasing demand.

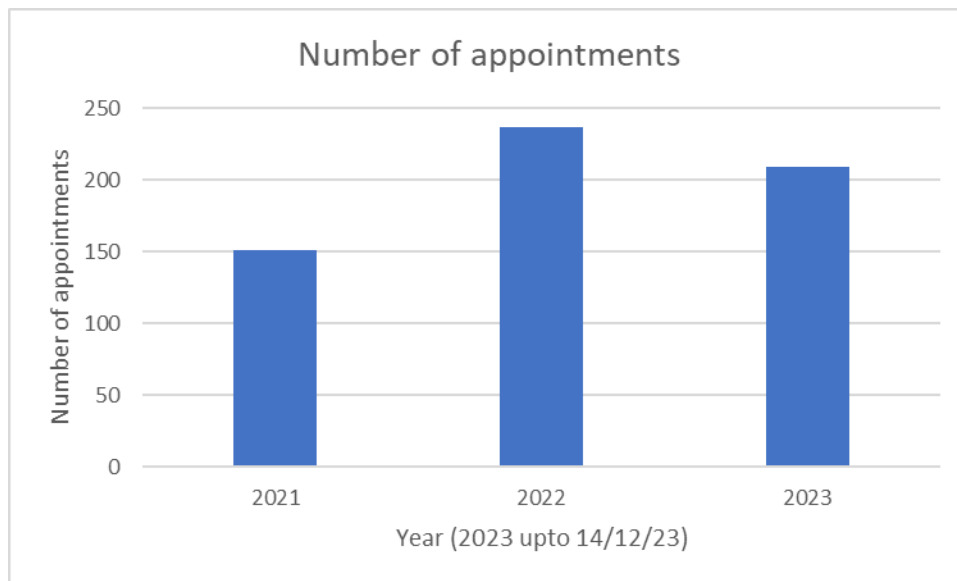


Figure 10. Number of Plastics Dressing Clinic appointments over the past 3 years

Data collected provides evidence of the importance of supporting the continuation and development of the clinic as key service now. Over the past 3 years the feedback from patients has been very positive despite the challenges of providing the level of service as demand steadily increases, as evidenced in Figure 10.

In addition, the MTS in the MTC is aware of the operational pressures upon colleagues in Swansea Bay University Health Board (SBUHB) and recognise that to cease supporting an outpatient clinic in the MTC would consequently result in additional demand on services in the TUSS at Morriston Hospital.

The numbers of patients requiring or requesting follow up in the Plastics dressing clinic in the MTC has steadily increased over the last 3 years. According to the SWTN CWTC policy some of the free tissue transfer patients who have their surgery in Swansea are also followed up in the MTC as it is closer to home and they also attend the complex orthoplastic clinic in MTC for their other injuries. Dressings can often be complex and timely and as a result the weekly plastics dressings clinics are often overbooked. This has caused challenges as there is no capacity to overrun in the current location of the clinic. To better support the demand and capacity of the PDC future developments would ideally increase frequency to twice weekly. This would support the increasing patient numbers and allow sufficient clinic appointment time for

Regan Nikk
20/11/2024 14:24

complex dressing changes. There are also plans to start a virtual clinic allowing more patients to be supported in the community.

Plastics dressings expertise in UHW is minimal outside of PTU and therefore the presence of a Plastics specialist nurse within the MTC would be a valuable point of contact and support for both inpatients (outlying PTU) and outpatients of the MTS.

The Plastic surgery team currently spend approximately 2 hours a week undertaking dressing changes on the ward and the PDC is supported by a Plastic Surgery Consultant.

To maintain the ongoing delivery of this vital service in the MTC and for future development plans, support for a dedicated Plastic nursing post is required.

This role will be key to providing consistent nursing support for the PDC and allow for expansion and development work to be undertaken while at the same time addressing the current impact on the PTU nursing establishment. In addition, a dedicated Plastics nursing role will (alongside the Plastic Surgery team) provide a service to the wider cohort of patients managed under the care of the Plastics team.

Funding to support the implementation of 1.0 WTE band 6 Plastics Nurse post will facilitate the development of nursing with plastic surgery expertise in the MTC, allowing for cross site collaboration with nursing expertise in SBUHB. There will be greater potential to develop the support for coordination of patient transfers between MTC and SBUHB to meet BOAST standards. This will deliver a more resilient nursing resource for the delivery of the PDC and clinical management of orthoplastic patients in the MTC. Furthermore, support will improve data collection to reflect service delivery in TARN and other key audits.

Regen Nikki
20/11/2024 11:24:17

Acute Pain Service (APS)

Since 'go-live' the caseload of the APS has risen considerably (as shown in *Figure 11*), and this has significantly impacted the daily workload of the CNSs adversely affecting the ability of the service to deliver comprehensively across the UHB.

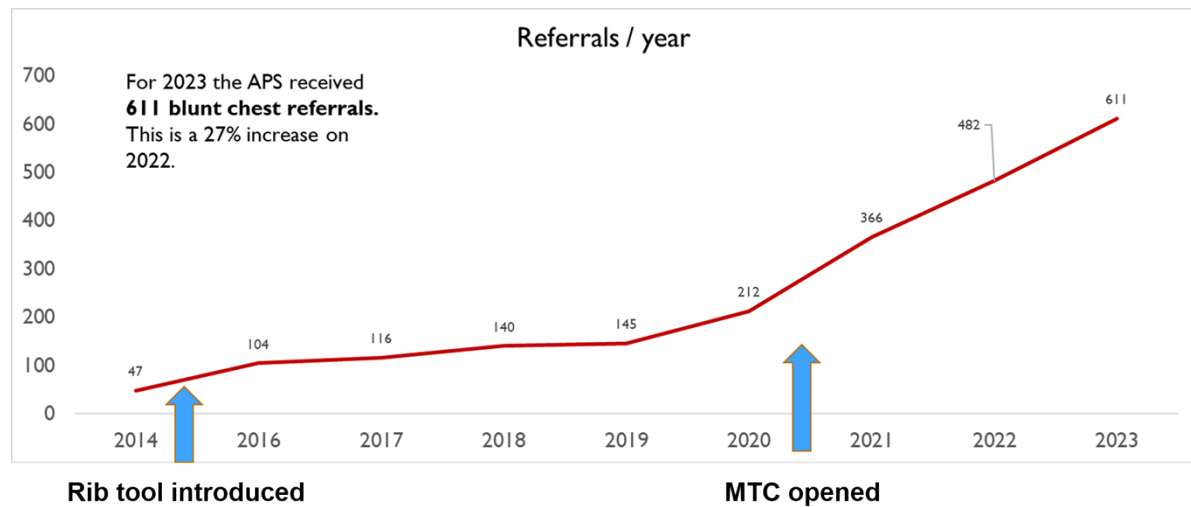


Figure 11. Referrals to APS before and after MTC operationalisation.

MTC workload currently accounts for a quarter of the APS daily workload. In April 2022 Surgery Clinical Board appointed a Band 7 MTC Pain CNS and a Band 6 MTC Pain CNS. Funding for these posts was provided at risk for 18 months. The Major Trauma Directorate (MTD) took over funding of the Band 7 in July 2022. The total establishment for the team is now 10.52 WTE Clinical Nurse Specialists (3.0 WTE Band 6s and 7.52 WTE Band 7s).

Funding for the band 6 ceases in August 2024 (funded at risk by Surgery Clinical Board for past 2 years) resulting in the establishment reducing to 9.52 WTE.

Since the implementation of these two additional CNS posts there have been important service developments. The APS has managed to introduce Band 7 CNS patient listing on the CEPOD list for regional local anaesthetic blocks and the introduction of nurse led consenting for these procedures. The purpose of these interventions is to reduce the length of time patients are waiting for blocks to be inserted and to improve standards of care delivered to these patients. Additionally, we have also been able to facilitate the introduction of more regional anaesthetic blocks for more patients as evidenced in the table in *Figure 12* below:

Regen, Nikki
20/11/2024 11:24:17

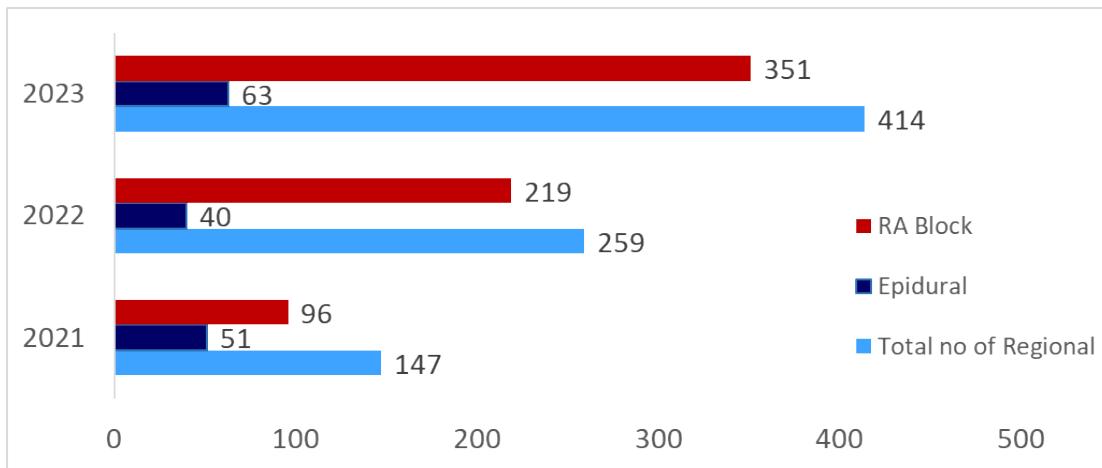


Figure 12. Increase in delivery of regional anaesthetic blocks since introduction of Band 7 CNS listing and consent procedures.

112 more regional anaesthetic techniques were utilised in 2022 than in 2021 (an increase of 76% above 2021 numbers) and this further increased almost threefold from 2021 to 2023 with a total number of 414 patients receiving regional blocks (an increase of 182% above 2021 numbers). This undoubtedly led to improved outcomes for patients, and audit data demonstrates that there has been a reduction in hospital length of stay since the utilisation of more regional techniques from 15.3 days in 2022 to 13 days in 2023.

In 2022 the mortality rate for patients presenting to the MTC with blunt chest trauma was 2.4%, far below the quoted figures within the literature which range from 4% to a staggering 60% (Roy et al 2017, Dogrul et al 2020). Additionally, in 2021, 7% of patients with blunt chest trauma were transferred from PTU to critical care because of deterioration in their clinical status. In 2022 this has been reduced to 3%, partially due to the efforts to increase the number of regional blocks provided and the utilisation of early and aggressive pain management techniques by the APS. This represents a significant amount of critical care bed days and a value-based cost saving.

To continue to provide this level of service to patients presenting with major trauma, it is essential to secure permanent funding for a 1.0 WTE band 7 CNS. The band 6 CNS was employed 15 months ago with a view to progress into a band 7. This post now requires to be uplifted to band 7 to support the development of this role. Funding for 2.0 WTE band 7 APS CNS posts would allow the MTC to meet the standard:

- T16-2B-118 - 24/7 Specialist Acute Pain Service** - *There should be a 24/7 specialist acute pain service available for major trauma patients. The MTC should have pain management pathways for patients with severe chest injury and rib fractures; early access to epidural pain management (within 6 hours). The MTC should audit the pain management of major trauma patients including patients with severe chest injuries (AIS3+), who were not ventilated and who received epidural analgesia*

Data collected by the APS demonstrates improvements towards the time standard:

Regen, Nikk
20/11/2024 11:24:17

- In 2021 average time to wait for a regional block was 23.2hrs. Zero patients had a block within 6hrs.
- January - December 2022 following introduction of additional measures such as CNS listing on MTC/CEPOD lists & introduction of new booking forms has resulted in 12% of patients now meeting the <6hr national standard.
- Increasing activity is a constant challenge as demand is high for APS CNS time and CEPOD activity
- Further improvements are expected following introduction of CNS training to develop competencies to consent patients – getting consent signed by a competent Anaesthetist has been identified as a significant time constraint factor. This service improvement will significantly reduce time to block performance.
- Other service improvements benefiting patients include a collaborative approach to provide 'one shot' blocks for patients in the EU.

The peer review process in 2022 highlighted paediatric pain service as a serious concern. They highlighted “a lack of a bespoke paediatric focused acute pain service to assess and treat children with a reliance on the adult anaesthetic team. This could lead to a delay in the provision of an effective pain control strategy in this group”.

Funding the APS CNS posts will also allow the APS to continue to deliver the appropriate level of service to the paediatric major trauma population to meet the standard as below, as one of the band 7 posts would be advertised as a Paediatric / dual trained Pain CNS in order to ensure that we are delivering the best quality care to our paediatric patients:

- **T16-2B-216 - 24/7 Specialist Acute Pain Service** - *There should be a 24/7 specialist paediatric acute pain service for major trauma patients.*

The MTD also acknowledge that it is a current priority of the SWTN to establish a regional pathway for rib fracture fixation. At present there is inequity of access to thoracic surgery for patients with isolated chest trauma who would benefit from rib fixation but who do not meet the criteria for automatic acceptance to the MTC.

Establishing a pathway for admission (within 72hrs of presentation) will result in a significant uplift in patients with chest trauma, further impacting upon the APS activity.

Emergency Unit (EU)

The national major trauma standard for an MTC EU which receives paediatric patients is:

- **T16-2B-203 Emergency Nurse/AHP** - *There should be a paediatric registered nurse/AHP of band 7 or above available for major trauma 24/7 who has successfully attained the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.*

Regen, Nikki
20/11/2024 11:24:17

The MTC does not currently meet this standard with the existing Paediatric Emergency Nursing establishment. Major trauma patients are complex and require intensive nursing resources in the EU. This results in prolonged depletion of the nursing team in other areas of the Paediatric EU when delivering major trauma care and a reduction in the standard of care to other patients. Currently the care provided by the Paediatric EU does not meet standards in relation to the number of band 7 trained nurses and there is a subsequent impact of this inadequate resource on the rest of the Paediatric EU patient cohort.

Additional resourcing of 5.56 WTE band 7 Nurses will support maintaining appropriate staffing levels across the department; will enable improved standards of care and efficiency when a major trauma call is activated; ensure resilience in our teams to sustainably run our services and provide clinical nursing leadership.

Healthcare Support Workers (HCSW) also play a significant role within the trauma team. Primarily they take on the role of the Scribe, which is a key role that ensures accurate collection of TARN/ NMTR data, in addition to supporting the clinical team with time critical treatments or transfers of the trauma patients. The addition of 5.56 WTE HCSW's will have a significant positive impact on our services by ensuring there is Scribe and HCSW support available for trauma calls. This will reinforce appropriate data collection which will subsequently be used for audit and quality improvement purposes as well as supporting with patient care and transfer of those patients.

The uplift in establishment for the Paediatric EU team will require investment in education and training for staff to meet the educational and competence standards outlined by the National Major Trauma Nursing Group (NMTNG). A minimum of two nurses on each shift must possess recognisable post-registration trauma and emergency training. The uplift in HCSW establishment will also require education and training support to develop the necessary skills to support the trauma teams.

The UK national trauma standards state that 100% of paediatric major trauma cases should be supported by a Band 7 nurse trained in paediatric emergency and trauma care. Currently only 15.9% of paediatric emergency nursing shifts in UHW include a Band 7 nurse. An audit of 32 paediatric major trauma cases conducted in 2022 highlighted that a Band 7 paediatric nurse was present in only 6% of cases. This situation will not have improved in the intervening time as there has been no change to the Band 7 nursing workforce. Currently only 53% of shifts have a level 2 trained nurse, which is largely covered with Band 6 nurses to mitigate the lack of Band 7 nurses available.

There are Nursing workforce standards for Type 1 Emergency Departments (RCN, 2020) that require a Practice Educator for staff numbers of greater than 75 to support education. There is currently 1 WTE Practice Educator in post to cover the whole Emergency and Acute Medicine Directorate which means there are significant challenges to the delivery of trauma training. There is currently no paediatric educator at all.

As such the Paediatric MTC does not meet the standard and there are funding issues around the provision of this essential training. A dedicated post for both

Regen, Nikki
20/11/2024 11:44:11

Adult and Paediatric trained Clinical Educators would allow us to provide enhanced training within the Directorate.

The priority for Year 1 for SWTN and the MTC was to ensure that all nurses working in the EU received training at the standard of level 1 as per the quality standard.

Over the course of Year 1 despite significant challenges relating to the pandemic, the EU education team successfully delivered the educational component of the Level 1 nursing package to EU nurses. Since this time there has been staff attrition and turnover, particularly following the challenges of the pandemic. In addition, limitations in study leave allocation for the nursing workforce, combined with challenges of lack of funding to support the necessary backfill of posts to enable release of staff and limited availability of relevant courses, all combine to undermine the ability to deliver adequate skills training. With only one Band 7 Paediatric nurse and no formal Clinical Educator for Paediatric EU there is little opportunity to reliably deliver regular training to meet national standards.

To continue to meet the NMTNG standards for education and competence, an investment in dedicated education posts is essential. Clinical Educators will ensure that programmes of education are delivered to that all staff meet the Level 1 training requirement, and that additional education and training is provided to support the necessary staff to reach Level 2 and 3 standards.

A significant investment is required to develop and provide network education with approximately 250 nurses in EU at different levels of experience and skill requiring education, clinical support and achievement of competencies. We propose that this requires the uplift of 1.5 WTE band 7 Clinical Educators with 1.0 WTE dedicated for adult-trained EU staff and 0.5 WTE for Paediatric trained ED staff. The postholders would provide nursing staff with Level 1 training to ensure an understanding of how trauma team works in EU, encompassing the use of specialised equipment and delivery of adult and paediatric trauma care. Training would be available promptly for new team members, with regular refresher updates available within the department. This would address the current training deficit and result in a direct improvement in quality of care and clinical outcomes for patients.

The Royal College of Nursing (RCN) workforce standards for Type 1 Emergency Departments (2020) recommend that there is a band 7/8a WTE dedicated Practice Development Lead and additional Practice Educators (band 6/7) to support the Practice Development Lead where there are greater than 75 individuals in the nursing workforce.

As such the uplift for 1.5 WTE in Practice Educator roles is required to support the 250 strong nursing workforces to achieve the major trauma educational standards which will facilitate the delivery of high-quality major trauma care.

Radiology

The national major trauma standard for an MTC states that:

Regen, Nikkita
20/11/2024 11:24:17

T162B-107 CT reporting - There should be a protocol for trauma CT reporting that specifies:

- There should be a 'hot' report documented within 5 mins,
- There should be a detailed radiological report documented within 1 hours from the start of scan, and
- Scans should be reported by a consultant radiologist within 24 hours.

The resource allocated from the original MTC business case assumed 24/7 provision of Radiology reporting. However, with widespread increased demand for Radiology services out of hours, the requirement for hot reporting within 5 minutes cannot be guaranteed. This is a key standard that is not currently compliant, as a lone registrar is responsible for all CAVUHB radiological reporting provision from midnight until the next morning.

An internal audit of performance suggested that currently only 25% of MTC CT reports are provisionally reported within 5 minutes and the Peer Review report for the Major Trauma Centre on April 5th, 2022, also highlighted a non-compliance with regards to CT Reporting:

'There was evidence that there are times when there are delays in the production of a rapid primary survey CT report within 5 minutes of the scan commencing. The impact of this could cause potential delays and impact upon patient care. Whilst it was suggested that this may reflect a data capture issue, an audit should be undertaken to ensure the availability of reports is available within the required timescale.'

In line with the peer review panel recommendation the radiology department undertook an audit to evaluate CT reporting. Contrary to suggestion during the Peer Review interview, the observation delays were not reflective of a data capture issue. Having a lone Radiologist out of hours means that they are called upon to perform numerous clinical tasks, which makes them unavailable to immediately report on a CT. This, as highlighted by the Peer Review team, could present a clinical risk through delayed reporting and may negatively impact a patient's treatment or recovery. Without investment, there is no prospect of meeting this standard, therefore falling into Criteria 2 in the table below.

The Major Trauma demand has significantly exceeded what was originally anticipated and therefore there is a requirement to bolster the reporting capacity.

The value of £269k is calculated on 60% of current demand (minus baseline), being outsourced. Given the turnaround time for Major Trauma scans to be reported, this would be kept in house and routine daytime work would need to be displaced and therefore outsourced.

The additional burden of administrative and clerical work associated with this also incurs a cost of £12K (0.4 WTE band 3).

Regen Nikki
20/11/2024 11:24:17

Demand volumes audited include:

Year (Month Sample)	2019	2021	2022	2023
MTC activity	127	357	499	*530
Follow up activity	32	91	126	*135

Figure 13. 2023 is an estimated figure as data is not validated

The workload has increased significantly beyond what was expected and the previous business case is not sufficient to deliver the service. This demand has been supported by the Health Board at the detriment of other acute and secondary care Radiology capacity.

As part of the Out of Hours Taskforce, the service has considered options to increase out of hours consultant and registrar cover to address the requirements of MTC - specifically the hot reporting turnaround time - in addition to the current demand profile of secondary care. Limiting factors are not solely financial, as any increase of medical workforce to cover out of hours services will require a regional solution and engagement with other UHBs, HEIW and other stakeholders. There is no assurance that this option is deliverable and certainly not in the short-medium term. Currently the most credible option would include an increase in outsourcing. Current considerations have included the outsourcing of all radiology demand excluding the most acute work i.e. MTC, RESUS, Stroke and the provision of on-site inpatient demand (e.g. US) but this is cost prohibitive, with likely costs exceeding £2m.

An increase to outsourcing and clinical workforce is required to provide maximum cover within resource to maintain, and where possible increase, compliance against all MTC standards whilst longer term sustainable solutions are developed.

6. Option Appraisal

Option 1: Do Nothing – The service is unsustainable as demand is higher than anticipated in the original programme business case.

The lack of action is considered to be unacceptable both operationally and politically. A clear strategic direction has been recommended in the Welsh Government recent Gateway 5 review (2024). The review acknowledged there is still a business need for investment and that action is undertaken to ensure capacity and demand are aligned as the Network progresses towards its fully mature phase (typically entered in year 5).

There was recognition of the impact the increased demand is having on services/workforce at the Major Trauma Centre, specifically in relation to:

- The case for investment to support Radiology, and
- Further resource requirements relating to Orthoplastics, Rehabilitation and Childrens MTC.

Regen, Nikki
20/11/2024 11:24:17

Option 2: The Preferred Commissioning Intention – As described in the CIAG proposal, this investment will enable the Major Trauma Service to support the increased activity of trauma patients in the MTC, manage increasing complexity in a safe and effective manner to deliver high standards of specialised care and flow of patients across the South Wales Trauma Network. Investment will also allow the service to address the serious concerns noted in the recent peer review and close demand/capacity gaps as described above.

7. The Preferred option

Based on the above options, the preferred and recommended way forward is Option 2. This will close the demand/capacity gap, address the serious concern noted in the recent peer reviews and commission a plastics dressing service for patients closer to home.

Additional Workforce Requirements

Area of Investment	Band	WTE	2024/25 PYE	2025/26 FYE	Comments
Nursing - Plastics	6	1.00	13,602	54,407	To deliver the Plastics Services at C&VUHB
Nursing – Clinical Educator	7	1.5	24,046	96,184	1.00 wte adults plus 0.50 wte in paediatrics
Nursing – Paediatric Emergency Department	7	5.56	108,739	434,957	Maintain appropriate staffing levels
HCSW – Paeds ED	3	5.56	53,045	212,180	To maintain availability of Scribes
Paediatric Major Trauma Practitioner	7	1.00	19,557	78,230	To address peer review concern and equity of service
Adult Major Trauma Practitioner	7	1.5	29,336	117,344	
AHP - Lead Allied Health Professional (uplift)	8A	1.00	18,412	73,649	
Nursing – Adult Pain Service	7	2.00	39,114	156,460	
Radiology – Medical staffing				188,000	A range of solutions to strengthen reporting arrangements
Radiographers to support CT and Emergency Department	6	6.52	108,194	432,778	Additional radiographer for EU CT scanner 24/7

Regen, Nikki
20/11/2024 11:24:17

Increased Radiology Capacity

Additional CT Reporting Capacity	<p>The Major Trauma demand has significantly exceeded what was originally anticipated and therefore there is a requirement to bolster the reporting capacity.</p> <p>The value of £257k is calculated on 60% of current demand (minus baseline), being outsourced. This assumes scheme 1 approved.</p>	£269,000
Staff-related non-pay and other costs		£26,000
	Total Cost	£295,000

Regen, Nikki
20/11/2024 11:24:17

7.1 Benefits

Quantifiable benefits	Non-quantifiable benefits
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> Maintain compliance against the trauma quality standards. <p>Patient outcome benefits:</p> <ul style="list-style-type: none"> Improved patient survival, outcomes and experience. Increase enhanced training provision to improve the quality of care and clinical outcomes for patients. Provide an immediate turnaround on imaging reports which will enable treating clinicians to make the most accurate clinical decisions for Major Trauma patients. This could contribute to saving a life or saving limbs or preserving function in otherwise compromised patients. <p>Patient benefits:</p> <ul style="list-style-type: none"> Improve the availability of scribes, this will reinforce appropriate data collection which will subsequently be used for audit and QIP purposes as well as supporting with patient care and transfer of those patients. Maintaining appropriate staffing levels across the Emergency Department when a major trauma call is activated and ensure resilience in our teams to sustainably run our services. 	<ul style="list-style-type: none"> Improved patient experience Less patient travel Improved staff training and retention Improved nursing and AHP provision and career progression opportunities Improved staff morale Reduction in reputational risk Reduce staff burnout Reduced carbon footprint

- Both adult and paediatric major trauma patients have complex care needs requiring expert knowledge and skill to effectively co-ordinate the delivery of specialised care of a large multi-disciplinary team. Every individual major trauma patient should receive a high standard of co-ordinated care and key working. This is essential for ensuring that patients receive care as described by the trauma quality standards to improve patient survival, outcomes and experiences.

Regen Nikki
20/11/2024 11:24:17

- Without further support for the APS there is a risk that major trauma patients will not receive the current level of service which has clearly demonstrated improvement in outcome measures of LOS, reduced admission to critical care and improved compliance against the standard of time to regional anaesthesia.
- Without supporting funding for an uplift of a band 6 nurse to support the Plastics service within the MTC there will be a risk that the dressings clinic will not be deliverable. This will impact on patient care, outcomes and experiences. There will be difficulty developing the service for plastics patients within the MTC and difficulty developing specialist clinical knowledge within the nursing team.
- A dedicated 1.5 WTE Band 7 Clinical Educator (1.0 WTE for adult and 0.5WTE for Paediatric) would enable the delivery of enhanced training within the Directorate. The postholder would provide nursing staff with Level 1 training to ensure an understanding of how trauma team works in EU, encompassing the use of specialised equipment and delivery of paediatric trauma care. Training would be available promptly for new team members, with regular refresher updates available within the department. This would address the current training deficit and result in a direct improvement in quality of care and clinical outcomes for patients.
- Major Trauma patients are complex and require intensive nursing resources. This results in prolonged depletion of the nursing team in the paediatric emergency unit when delivering major trauma care and a reduction in the standard of care to other patients. Additional resourcing in the form of 5.56 WTE band 7 Nursing will support with maintaining appropriate staffing levels across the department when a major trauma call is activated and ensure resilience in our teams to sustainably run our services.
- The addition of 5.56 WTE Health Care Support Workers will have a significantly positive impact on our services by ensuring there are scribes available, this will reinforce appropriate data collection which will subsequently be used for audit and QIP purposes as well as supporting with patient care and transfer of those patients.
- The ability to provide an immediate turnaround on imaging reports will enable treating clinicians to make the most accurate clinical decisions for Major Trauma patients. This could contribute to saving a life or saving limbs or preserving function in otherwise compromised patients. As well as the immediately evident benefit to the patient, this also has longer term benefit to the health economy.

In summary, recruiting these posts will have a positive impact on activity and performance measures. This represents the necessary service improvement in line with associated learning from Year 1-4 period, as an operational MTC with accurate activity and patient experience data.

Regen Nikki
20/11/2024 11:24:17

7.1.1 Benefits tracker

Benefit	Metric	Baseline	Target	Timeline / Ambition
Comply with major trauma standard - T16-2B-107 CT Reporting	Number of hot reports produced within five minutes of the scan commencing	TARN data for quarter two 2020/2021 identifies the median time to provisional report is 52 minutes (34 – 76 minutes), which is slightly below the national average of 54 minutes. The median time to final report is 362 minutes (143 – 685), which is above the national average of 260 minutes. (TARN data quality issues)	100%	Within 6-12 months of investment
Comply with major trauma standard - T16-2B-203 Emergency Nurse/AHP	There should be a paediatric registered nurse/AHP of band 7 or above available for major trauma 24/7 who has successfully attained the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.	6%	100%	Within 6 – 9 months of investment
Enable patients to be treated closer to home by commissioning a plastics dressing clinic in the MTC	Number of patients treated closer to home.	The PDC at the MTC is a non-commissioned clinic which currently enables patients from South East Wales to be seen closer to home. Inability to offer this service at UHW will increase travel and carbon footprint. Since go live approximately 500 patients from C&V UHB, CTM UHB and AB UHB have not needed to travel to Morrision for their follow up. Inability to deliver the clinic at UHW will therefore impact hugely on our current baseline of minimal travel for patients.	Reduce travel and environmental impact.	Immediately following investment. Formally commission this service.
Comply with major trauma standard – T16-2B-118 24/7 Specialist Acute Pain Service	Early access to regional or epidural analgesia should they require it within six hours	0 - Regional technique is 23.2 hours, far exceeding the required 6-hour standard. No patient since March 2021 has received a block within this six-hour timeframe.	100%	Within 6 months of investment

Comply with major trauma standard - T16-2D-106 Rehabilitation Prescription	All patients should have a RP initiated within 2 calendar days of admission and first comprehensive RP completed at 4 calendar days following admission. The RP should be updated weekly, and a copy given to the patient	70%	TARN 90%- 100%	Within 6-9 months of investment
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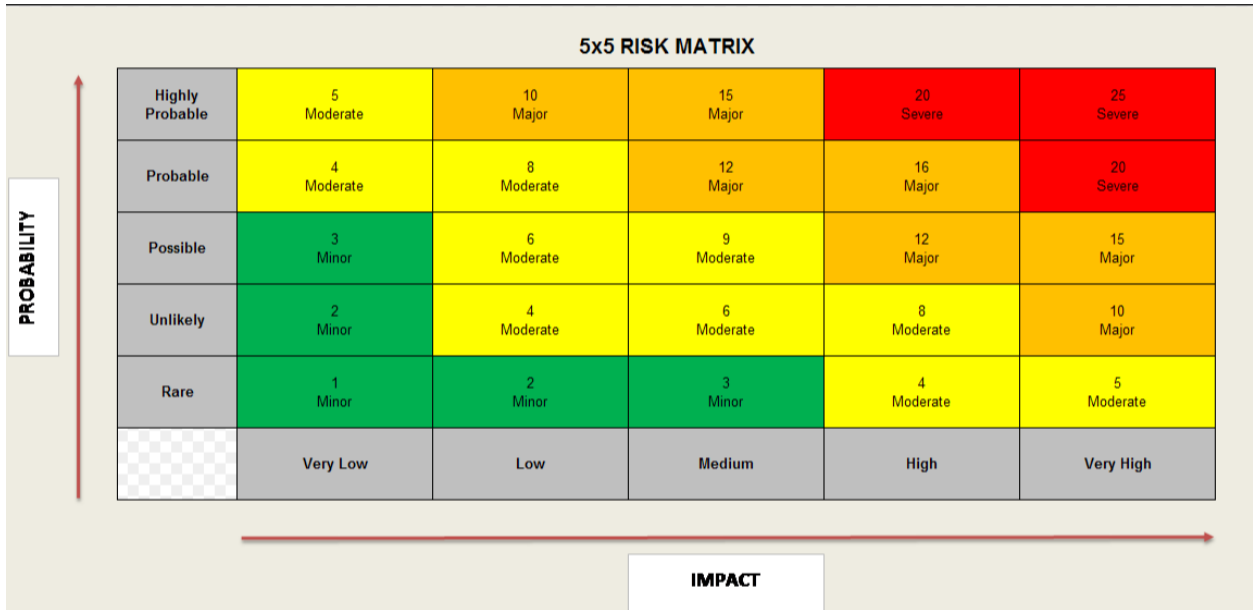
Regan, Nikki
20/11/2024 11:24:17

7.2 Risk

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score (Pxl)	Mitigating Action	Owner
Affordability	There is significant revenue requirements which requires a timely release of funding to ensure sufficient workforce can be recruited.	5	4	20	Continue to seek investment	DMT
Affordability	Potential delayed investment with no solution to address the serious concerns ahead of the next peer review and WG Gateway 5 review in Year 5.	5	4	20	Continue to seek investment	DMT
Delayed Nursing Recruitment	Given the proposed WTE required there maybe delays with the nursing recruitment.	3	3	9	Continuous recruitment campaign.	Directorates
Delayed AHP Recruitment	Given the proposed WTE required there maybe delays with the AHP recruitment.	3	3	9	Continuous recruitment campaign.	Directorates
Delay in the implementation of a regional solution for CT reporting	There is significant revenue requirements to fund an regional solution for CT reporting and delivery of peer review standard.	5	4	20	Ongoing regional discussions re the establishment of the rota	Radiology

Revised by Nikki
20/11/2024 11:24:17

Key: 5x5 risk matrix



Regen Nikki
20/11/2024 11:24:17

7.3 Total Cost - Resource Implications and Affordability

	Year 1 £	Year 2 £	Year 3 £
TOTAL RECURRENT (not formula driven - complete)	587,848	2,366,401	2,366,401
TOTAL NON-RECURRENT (not formula driven - complete)	0	0	0

Assumed start date	01/01/2025
Funding Source Revenue:	JCC
Funding Source Capital:	N/A

Regen, Nikki
20/11/2024 11:24:17

Annex a: Workforce implications

REVENUE	WTE	Band/ Scale	Recurrent/ Non Rec	Cost Year 1 Part Year	Cost Year 2	Cost Year 3
Direct Pay Costs - Staff Type	WTE		R / NR	£	£	£
Nursing - Plastics	1.00	B6	R	13,602	54,407	54,407
Nursing – Clinical Educator	1.50	B7	R	24,046	96,184	96,184
Nursing – Paediatric ED	5.56	B7	R	108,739	434,957	434,957
HCSW – Paediatric ED	5.56	B3	R	53,045	212,180	212,180
Paediatric Major Trauma Practitioner	1.00	B7	R	19,557	78,230	78,230
Adult Major Trauma Practitioner	1.50	B7	R	29,336	117,344	117,344
Lead Allied Health Professional (Uplift)	1.00	B8A	R	18,412	73,649	73,649
Radiology Registrar (Rota)		SpR	R	47,000	188,000	188,000
Radiographers to support CT & ED	6.52	B6	R	108,194	432,778	432,778
Nursing Adult Pain Service	2.00	B7	R	39,114	156,460	156,460
A&C Co-ordinator in Radiology	0.4	B3	R	3,053	12,212	12,212
TOTAL PAY				464,098	1,856,401	1,856,401

Regen Nikki
20/11/2024 11:24:17

Annex b: Non-pay, support service, infrastructure

REVENUE	WTE	Band/ Scale	Recurrent/ Non Rec	Cost Year 1 Part Year	Cost Year 2	Cost Year 3
Direct Non Pay	WTE		R / NR	£	£	£
Drugs						
Medical & surgical/clinical supplies						
Equipment						
Maintenance						
Staff related non-pay - Radiology			R	6,500	26,000	26,000
Other (specify)						
xx						
Impact on Support Departments						
Pharmacy						
Therapies						
Outpatients/Medical Records						
Radiology – additional reporting capacity at 60%			R	64,250	269,000	269,000
Medical Physics						
Laboratory Medicine						
Theatres						
Anaesthetics						
Facilities - catering, domestics, waste, linen						
xx						
Other - specify including overheads (inc finance/HR etc.)			R	53,000	215,000	215,000
xx						
Infrastructure						
Estates Maintenance/Premises						
Utilities						
Rates						
Information Technology/Telecoms						
Revenue Consequence of Capital spend below						
TOTAL				123,750	510,000	510,000

Regen Nikki
20/11/2024 11:24:17

Annex c: Capital requirements

CAPITAL	Year 1	Year 2	Year 3
	£	£	£
XX			
XX			
XX			
TOTAL	0	0	0

Regen, Nikki
20/11/2024 11:24:17

IG meets on the first Wednesday of every month. In order for cases to be considered at a meeting they must be with the secretariat in Strategy and Planning **by close of play two weeks beforehand.**

For 2024-25 this means:

Business Case Submission Deadline	Circulation of Papers to Investment Group	Date of Investment Group Meeting
20 March 2024	27 March 2024	03 April 2024
24 April 2024	01 May 2024	08 May 2024
29 May 2024	05 June 2024	12 June 2024
19 June 2024	26 June 2024	03 July 2024
24 July 2024	31 July 2024	07 August 2024
21 August 2024	28 August 2024	04 September 2024
18 September 2024	25 September 2024	02 October 2024
23 October 2024	30 October 2024	06 November 2024
20 November 2024	27 November 2024	04 December 2024
13 December 2024	02 January 2025	08 January 2025
22 January 2025	29 January 2025	05 February 2025
19 February 2025	26 February 2025	05 March 2025

There is no flexibility without the express permission of the Director of Finance

Regen, Nikki
20/11/2024 11:24:17

Report Title:	2024-25 Strategic Cash Request Submission			Agenda Item no.	3.4
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	20 th November 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:

SITUATION

2024-25 Technical Update 4 issued by the Finance Directorate, Health Social Care and Early Years Group, Welsh Government on the 6th November 2024 re-confirmed that the cash implications of the UHBs operational deficit are a separate issue to the annual movement of working balances cash exercise.

Health Boards are required to submit an Accountable Officer letter (once requirements are established) in support of a request for Strategic Cash Support in 2024/25. Application requests must be submitted by close of play Thursday 5th December 2024.

The following application requirements are in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:

- All applications for Strategic Cash Support are required to be made to the Chief Executive NHS Wales
- All applications are to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the LHB and the actions management are taking to mitigate the cash support requirement;
- All applications to be made by the Accountable Officer of the LHB.

The UHB has highlighted its 2024/25 year end cash deficit arising from its forecast deficit within the monthly monitoring return provided to Welsh Government on a monthly basis. In addition, the Finance Committee has been advised that 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.

At month 7, the UHB is reporting an overspend of £22.244m and is working to recover the month 7 operational and savings overspend to deliver the £15.900m planned deficit.

The request for strategic cash support in 2024/25 currently totals £15.900m, in recognition of the forecast financial deficit at month 7. **If the month 7 financial forecast is not delivered, the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.** The UHB received strategic cash support of £26.900m in 2022/23 and £16.460m in 2023/24, therefore the cumulative cash support position of the LHB will stand at £59.260m if a 2024/25 request for £15.900m is approved.

The UHB is managing a number of risks and progressing additional remedial actions to recover the year to date operational & CRP deficit so that the revised forecast deficit can be met and the requirement for strategic cash support mitigated.

Further to the Strategic Cash Support required in respect of the UHB's forecast 2024/25 deficit, the Health Board also forecasts that it will require an additional increase in its cash limit due to in year movement in working balances brought forward to the balance sheet. As a minimum this is expected to be £0.151m in respect of the 2023/24 Welsh Government Revenue Resource Limit where funding was not backed by cash due to confirmation after financial year end and a further £10.390m in respect of movements in working balances (mainly provisions). Further cash assistance may be required in respect of medical negligence settlements, where associated cash support from the Welsh Risk Pool is provided after the initial payment by the UHB. The cash deficit due to the timing of Welsh Risk Pool settlements as at the end of October 2024 was £39.4m

Work is also ongoing to assess any working capital requirement in respect of Capital expenditure. Circa, £12m of Capital payments were made in April 2024 in respect of the previous year's capital programme. At this stage it is unclear whether this will be managed through year end capital working capital or whether further cash support will be required.

The UHB's working capital requirements outlined above are based on confirmation of all unconfirmed allocations including support for 2024/25 pay awards. In addition to cash drawn from Welsh Government, the UHB cashflow is dependent on the recovery of circa £620m annual income through LTA and other income agreements with Welsh commissioners, separate to Welsh Government funding flows.

SUMMARY

Table 1 summarises the forecast request to Welsh Government for strategic cash and working cash support.

Table 1: Summary of forecast request to Welsh Government for strategic cash and working cash support.

	Forecast Cash Support Request £m
Strategic Cash Support based on month 7 forecast	15.900
Strategic Cash Support based on risk of not delivering Month 7 Year end forecast	tbc
Working Cash Support - Non Cash Backed 2023/24 Resource Limit Allocations	0.151
Working Cash Support - working balances (mainly provisions) based on month 7 forecast	10.390
Working Cash Support - Medical Negligence Settlements where WRP Reimbursement is outstanding	tbc
Working Cash Support - working balances (mainly provisions) based on month 7 forecast	tbc
Forecast Cash Support Request £m	

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

The UHB request for Strategic Cash Support in 2024/25 is consistent with the forecast deficit reported through the UHBs Finance Committee.

Recommendation:

The Board / Committee are requested to:

NOTE the UHBs minimum working cash balance requirement of £10.541m.

NOTE the ongoing work to assess any requirement working cash associated with the UHBs Capital expenditure programme.

Recommend that the UHB's Board approves the UHB's application to Welsh Government for £15.900m Strategic Cash Support in support of its revised 2024/25 forecast deficit.

NOTE that If the month 7 financial forecast is not delivered the UHB will need to seek additional approval from Board to submit a further application to Welsh Government for supplementary strategic cash support.

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: 20 th November 2024

Regen, Nikki
20/11/2024 11:24:17

Report Title:	Mortuary Refurbishment Project Update		Agenda Item no.	4.1
Meeting:	Finance & Performance Committee	Public	√	Meeting Date: 20 November 2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	√
Lead Executive:	EXECUTIVE DIRECTOR OF FINANCE			
Report Author (Title):	DIRECTOR OF CAPITAL, ESTATES AND FACILITIES			

Main Report

Background and current situation:

The purpose of the paper is to provide an update to the Finance & Performance Committee on the current cost pressures and time delays associated with the delivery of the Mortuary Refurbishment Scheme at UHW and confirm that additional funding has been received to support the anticipated overspend.

In November 2023, following Welsh Government scrutiny of the Business Justification Case, the UHB received an award of funding of up to £3,385,000 over two financial years, with delivery in 2024-25.

Capital Management Group, at their meeting held 20th May 2024, considered and approved a request for additional funding of £330,000 from the discretionary capital programme. The Director of Capital Estates and Facilities continued liaising with WG on the opportunity to transfer funding from another scheme to support the funding shortfall. The report presented to the group described the unforeseen works and design changes due to the assumptions that had been made in relation to the structure and services being identified within the area during the course of construction and to extend the hire period for the temporary body store areas at the Rookwood site and UHW site.

The design team had not been given access to the mortuary areas to allow for intrusive surveys to assess the structural walls, above the ceilings, as the ceilings were solid in construction, or the construction of the floor areas etc, due to the fact that the area was a licensed operational mortuary facility. Therefore, no physical intrusive site surveys were completed. The assumptions and the “risk” levels of potential unknowns were costed in the form of contingencies and provisional sums.

The report stated that the additional request for costs was based upon information known at the time of the report and no additional contingency for further issues had been included.

Unfortunately, since the last request the project has encountered additional issues, with an anticipated additional cost pressure of £595k and potential 12-week delay to the programme; the issues are:

Existing Services

The position of the existing services has led to a re-design of the proposed locations of the new services being installed. The addition of a new heat exchange unit has had to be considered to reduce the amount of ductwork running through an already restricted area, and reduce the fire compartmentalisation issues.

Fire Proofing

As a result of the level of services running within the area, the number of existing penetrations through fire walls, and the difficulty there is in installing new services in accordance with WHTM-05-20 Fire code, within the restricted void areas, a new fire strategy has had to be developed for the mortuary area. The new fire strategy has been agreed in consultation with the UHB Fire Advisor, NWSSP Shared Services Fire Advisor and the UHB Building Control officer, supporting the mortuary refurbishment. The new proposal satisfies all of the above individuals and will be compliant to Building Regulations Approved Document B

This agreement of the new strategy has meant a redesign of the fire proofing and delays in surveying and agreeing a way forward.

Drainage

The drainage supporting the new post mortem tables was to run through and under the existing floor slab. The floor slab was estimated to be circa 150mm thick which could easily be core drilled and cut to allow the installation of the new drainage system from the outlet point under each of the tables to the nearest existing man hole. On commencement of the drainage works it became apparent that the concrete slab was, in fact, circa 500mm thick with reinforced bars at the top and lower level of the slab. There was a further 250mm layer of bitumen underneath the slab with what is anticipated a further concrete slab beneath this. The cutting of the slab had to be completed using specialist cutting equipment. The drainage required a complete redesign with drainage routes being changed to reduce drainage runs where possible and falls of the drainage to ensure they stayed within the slab construction. The cutting of the slab to accommodate the installation has taken a considerable amount of time and labour to complete.

Due to the construction of the slab the drainage had to avoid where possible clashes with the reinforcement bars, which led to further design changes. The Structural Engineers have also specified that upon re-instatement of the slab, new reinforcement bars should be added in the drainage trenches and tied into the existing structure.

Design Changes

The implications of the aforementioned challenges have resulted in a number of design changes on the scheme to that originally tendered. This has led to delays, due to the limited time the design team has had to fully assess the implications of the changes, update and issue the relevant information.

The impact of the mitigating works and necessary design changes, have led to an overall delay of the project of circa 19 weeks. As a result of the changes and additional works, the contractor has issued a revised programme, indicating a completion date of 19th March 2025. At the time of preparing this paper the Project Manager had not approved the programme submitted.

The current cash flow projection is showing that the contingency, a large proportion of the provisional sums and the additional funding approved in May 2024 has been absorbed. Not all costs have been incurred, many of the costs have been risk assessed as to their potential outcome with further detail awaited.

The overall estimated cost of the above has resulted in an estimated short fall of circa £594,000 (inclusive of VAT), of the risk allowances made within the contract and the contingency sum allowance. The figure makes allowance for a further contingency sum, of £140,000 to allow for any additional changes.

The figures in this report are based on known items at the time of writing the report, 6 September 2024.

The project has already completed a value engineering exercise to see if future expenditure can be removed. However, the service needs to remain compliant with the HTA requirements and little opportunities appear to exist within the remaining scope.

In addition to the above, the failure of the project to complete within the revised project timescales will put additional pressure on the Mortuary services who will need to extend their additional storage capacity requirements further into the winter months and therefore increased winter pressures. A cost allowance of £110k was included in the additional funding approved in May 2024, but it is estimated that a further £65k will be required, which has been included in the £594k

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

- CMG previously approved additional funding of £330k in May 2024 and a further £594k in September 2024

- The anticipated revised additional overspend for the project is £924,024.62 including VAT. This is 33% above the original approved budget of £3.385m
- The increased costs are associated with the inability to undertake comprehensive intrusive surveys of the area of refurbishment to inform the design. However, it should be noted that it would have been unlikely that a core sample of the slab would have been undertaken to determine the depth of concrete and substructure design.
- The UHB has received written confirmation from Welsh Government on the 23rd October 2024 that the Cabinet Secretary has approved the additional £930k to support the Mortuary Refurbishment scheme funding shortfall which releases the funding back into the discretionary capital budget.

Recommendation:

The Finance & Performance are requested to;

- **NOTE:** The anticipated construction completion is currently reported at 28th February 2025, which is circa 19 weeks behind the original programme.
- **NOTE** The additional £924k of funding which is required to address the unforeseen issues identified throughout the scheme, recognising the significant difficulties the original construction detail has impacted on the buildability of the scheme
- **NOTE:** The additional funding has been provided by Welsh Government as confirmed in their correspondence dated 23rd October 2024.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	√	Long term	√	Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

The scheme has an anticipated overspend of £924k, however, this has been offset by the approval of 2024/25 Year-End Funding from Welsh Government.

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
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Capital Management Group	16/09/2024
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Senior Leadership Board	07/11/2024
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Finance & Performance Committee	20/11/2024
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Board	28/11/2024
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Regen, Nikki
20/11/2024 11:24:17

Report Title:	2024-25 Month 6 Monthly Financial Monitoring Return			Agenda Item no.	4.1
Meeting:	Finance Committee	Public	X	Meeting Date:	20th November 2024
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				
Main Report					
Background and current situation:					
SITUATION					
<p>WHC (2024) 026 - Welsh Government 2024/25 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C3), to provide the Committee with transparency on the submission made to the Welsh Government.</p> <p>A copy of the September 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: 20 th November 2024

Regen, Nikki
20/11/2024 11:24:17

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE SIX MONTH PERIOD ENDED 30th SEPTEMBER 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 6 the UHB is reporting an overspend of £19.411m.

This is comprised of £7.368m unidentified savings, £4.093m of operational overspend and the planned deficit of £7.950m (six twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government).

The UHB is working to recover the month 6 operational and savings overspend to remain within the £15.900m planned deficit.

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

- 80 beds will be open by the end of March that were not anticipated at the commencement of the financial year (£6m fully year effect).
- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.

- Cost reduction programmes have delivered £9.5m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.

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

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 30th September 2024.

A full commentary has been provided to cover the tables requested for the month 6 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 6 for which the following should be noted:

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

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

At month 6, the UHB had identified £19.592m of recurrent green and amber savings. In addition, it is assumed that 50% of the £3.390m of red schemes would be achieved recurrently.

A £4.093m operational overspend was reported at month 6 and this will also need to be managed to a balanced position at year end to meet the target ULD.

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

The UHB is in the process of re-assessing its planning assumptions for the 2025/26 financial plan and this includes a review of its Underlying Deficit. The initial draft assessment is an ULD of £63.9m as described by Table 2 below:

Table 2 – Initial Assessment of Underlying Deficit

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

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

The forecast carry forward underlying deficit at year end 2024/25 has been amended to £63.900m in Tables A & A1 to reflect the current assessment.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

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

The UHB is reporting under-performance against Long Term Agreement (LTA) arrangements funded by other Welsh Health Boards at month 6. Activity delivery has not returned to pre Covid levels and interim financial protection arrangements agreed by Directors of Finance ceased in the 2024-25 financial year.

The UHB's exposure to operational pressures reflects the additional capacity and planned acute initiatives described above which have driven additional medical and nursing costs.

Limited progress was made on the identification of additional green and amber savings in month. As a result of the slowdown in progress made in the identification of savings and in year underperformance, the risk associated from non delivery of savings remains at £13.200m at month 6.

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

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

Risks and opportunities at month 6 are summarised in table 3 below:

Table 3 – Summary of Risk and Opportunities

	£m
Planned Deficit	15.9
Risks	
Failure to recover Operational Position	10.8
Failure to deliver savings target	13.2
Opportunities	
Amber Recovery Actions	(2.3)
Red Recovery Actions	(1.3)
Further Corporate Opportunities	(6.4)

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £19.411m which is an in month deterioration of £2.235m. The year to date deficit and the forecast deficit of £15.900m is shown in Table 4.

Table 4: Summary Financial Position for the period ended 30th September 2024

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

The month 6 deficit of £19.411m comprised of the following:

- £7.950m planned deficit
- £7.368m unachieved CRP gap
- £4.093m adverse variance against plan.

The UHB is working to recover the operational variance of £4.093m and unachieved CRP gap of £7.368m at month 6 and deliver its planned deficit position of £15.900m. The recovery profile required in the final 6 months of the year represents a significant risk to the achievement of the 2024/25 plan.

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. Pressures reported in month were primarily against medical staff budgets due to agency/locum expenditure and the impact of additional commitment award costs folding into the new contract; additional specialising and sickness pressures in nursing and planned care commitments.

SOCNE / SOCNI Movement (TABLE B1)

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

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.495m in month primarily due to nursing pressures, which is £0.144m less than the average for the year to month 5. £0.364m of the costs recorded in September related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 6, 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 5 below.

Table 5: 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 6, the UHB had identified £34.568m (73%) of green and amber savings to deliver against the £47.2m savings target. With red schemes of £5.079m also identified, but with less certain delivery assurance, Table 4 summarises that £39.647m of savings have been identified for 2024-25 with £7.553m currently not identified.

This represents an increase of £1.336m in green and amber schemes from Month 5.

Table 6: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total Identified Savings (green, amber & red) £m	47.200	39.647	(7.553)

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 £7.368m on a straight line Month 1-12 phasing basis.

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

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

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

INCOME ASSUMPTIONS 2024/25 (TABLE E)

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

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

The UHBs confirmed Revenue Resource Limit as at September 30th 2024 was £1,304m with a further £44m of assumed allocations as detailed below:

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Table 7 : Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments & IFRS 16	5.873
Real Living Wage Health & Social Care Providers	4.612
Real Living Wage UHB Pay Award	4.000
Consultant & Resident Drs Retrospective 2023/24 Pay Award	17.501
Vertex	4.500
Clinical Excellence & Impact Awards	1.796
Welsh Government Funded New Medical Posts	1.736
Optometry Contract Reform	1.500
Six Goals For Urgent and Emergency Care Programme	1.480
Welsh Risk Pool 2024_25	(4.886)
Other	5.863
Total Unconfirmed Allocations £m	43.975

It is assumed that the retrospective 2023/24 pay awards actioned against consultant and resident doctors pay in month will be covered in full by additional Welsh Government funding. The UHB expects to refine its estimate of the cost of the award, pending confirmation of the awards applied to each pay element and any further adjustments made in month 7. It should be noted that the UHB also has an obligation to meet the additional costs of medical staff on the Cardiff University payroll, where a cross charge is made to the LHB.

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

BALANCE SHEET (TABLE F)

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

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

The carrying values of Trade and Other receivables have increased by c£8m and this is predominately due to an increase in the WRP Debtor netted off by a reduction in NHS Prepayments.

The carrying values of Trade and Other Payables have increased by c£6m as a result in an increase in Trade payables.

The carrying value of Provisions has increased by c£11m as a result of an increase in the Clinical Negligence provision which is reflected in the WRP debtor.

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 September, was £7.499m.

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 September was 97.8 %.

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

Of the UHB's approved Capital Resource Limit, 12.7% has been expended to date.

The Mortuary scheme is behind forecast year to date due to additional survey requirements and subsequent additional works and fees being identified. Additional costs of £0.930m have been identified to enable delivery of the Mortuary scheme, these are being funded through the discretionary programme. The Mortuary Scheme is still expected to deliver within year as are all other schemes.

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

AGED WELSH NHS DEBTORS (TABLE M)

On the 30th of September 2024 there were 6 invoices raised by the UHB against other Welsh NHS organisations which had been outstanding for more than 17 weeks. One invoice relates to Betsi Cadwallader ULHB where the UHB has notified Welsh Government in respect of the arbitration process. Three invoices have since been paid and two await payment in Month 7 (not disputed).

GMS & DENTAL (TABLES N & O)

GMS and Dental expenditure is reported on tables N & O.

RING FENCED ALLOCATIONS (TABLE P)

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

IFRS 16 (TABLE Q)

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

OTHER ISSUES

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

CONCLUSION

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

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

The reported financial position for the first six months is a reported overspend of £19.411m which is £11.461m above the £7.950m straight line profile of the planned deficit.



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SUZANNE RANKIN
CHIEF EXECUTIVE

11th October 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

11th October 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	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-60,900	0	-60,900	-60,900
2 Cost Pressures (Non Covid-19) (Negative Value)	-45,400	-45,400		
3 Planned Expenditure For Covid-19 (Negative Value)	-10,184	-10,184		
4 Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	37,300	37,300		
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	10,184	10,184		
6 Other Income Uplift / (Reduction)	5,900	5,900		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Green and Amber Savings Plan	20,272	8,928	11,344	13,549
9 Planned (Finalised) Net Income Generation	717	492	226	236
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	26,211	0	26,211	31,215
14 Opening IMTP / Annual Operating Plan	-15,900	7,220	-23,120	-15,900
15 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-26,211	0	-26,211	-31,215
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17 Additional Profit / & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	154	50	104	117
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,456	-415	-1,041	-277
20 Additional In Year Identified Savings - Forecast	13,258	7,994	5,264	6,299
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	350	350		
28 Operational Ovespend	-4,093	-4,093		
29 Savings Gap Recovery - identification of Schemes at pace	13,804	13,804		
30 Operational Ovespend - Actions to reduce expenditure	4,093	4,093		
31	0	0		
32 Full Year Effect of Operational Pressures, Demand & inflation	0	0		-22,923
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit /+ Surplus)	-15,900	29,103	-45,003	-63,900
41 Covid-19 - Forecast Outturn (- Deficit /+ Surplus)	0			
42 Operational - Forecast Outturn (- Deficit /+ Surplus)	-15,900			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'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	-30,450	-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	-22,700	-45,400
3	-822	-822	-848	-837	-837	-837	-837	-882	-882	-882	-849	-850	-5,002	-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	18,650	37,300
5	822	822	848	837	837	837	837	882	882	882	849	850	5,002	10,184
6	492	492	492	492	492	492	492	492	492	492	492	492	2,950	5,900
7	821	336	-125	194	-398	-126	-185	-49	-51	-50	-75	-291	701	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	9,407	20,272
9	38	65	71	71	71	71	204	25	25	25	25	25	386	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	13,105	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	-7,950	-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	-13,105	-26,211
16													0	0
17													0	0
18	0	-57	200	8	3	7	-106	27	27	15	15	15	160	154
19	52	-389	72	375	-471	-220	-42	-151	-152	-155	-167	-209	-581	-1,456
20	0	0	1,771	1,888	719	1,329	1,285	1,176	1,166	1,249	1,236	1,438	5,708	13,258
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	100	0	0	0	0	0	0	0	100	100
26													0	0
27	-90	239	-397	-428	1,005	21							350	350
28	-719	-838	-881	-932	-860	137							-4,093	-4,093
29							2,273	2,362	2,369	2,301	2,334	2,166	0	13,804
30							682	682	682	682	682	682	0	4,093
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	-4,267	-4,554	-2,743	-2,599	-3,014	-2,235	583	586	583	583	592	583	-19,411	-15,900
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-4,267	-4,554	-2,743	-2,599	-3,013	-2,235	583	586	583	583	592	583	-19,411	-15,900

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

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		1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	3,886	8,678		0	65			
2	Pay	497	399	911	913	996	1,003	1,114	1,126	1,082	1,024	1,036	1,256	4,719	11,358	41.55%	11,293	65	5,788	5,570	6,915
3	Variance	30	(186)	329	261	173	226	342	311	293	236	223	443	833	2,680	21.43%	11,293	0			
4	Budget/Plan	259	479	810	508	727	594	601	601	629	629	629	845	3,377	7,311		6,938	374			
5	Non-Pay	287	259	2,184	1,483	934	1,314	1,060	979	1,005	1,142	1,137	1,311	6,462	13,095	49.34%	12,738	358	9,513	3,582	4,569
6	Variance	28	(219)	1,374	975	207	720	459	378	376	513	507	467	3,085	5,784	91.36%	5,800	-16			
7	Budget/Plan	105	106	106	106	106	106	106	106	106	106	106	106	634	1,268		1,268	0			
8	Primary Care - Drugs & Appliances	105	170	174	197	107	155	337	212	212	212	212	212	907	2,304	39.39%	2,304	0	0	2,304	2,922
9	Variance	(0)	64	69	91	1	49	231	106	106	106	106	106	274	1,036	43.18%	1,036	0			
10	Budget/Plan	14	133	260	171	161	238	161	161	161	161	161	161	975	1,940		1,940	0			
11	Secondary Care Drugs	8	85	326	146	133	215	236	255	264	264	258	237	913	2,428	37.62%	2,053	375	282	2,145	3,199
12	Variance	(6)	(48)	66	(25)	(28)	(23)	75	94	103	103	97	77	(62)	488	(6.37%)	113	375			
13	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	535	1,075		1,075	0			
14	CHC/FNC	45	45	52	989	155	226	226	226	226	226	226	226	1,512	2,869	52.70%	2,869	0	903	1,966	1,966
15	Variance	0	0	5	942	(105)	136	136	136	136	136	136	136	977	1,794	182.65%	1,794	0			
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17	Primary Care Contractor	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	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	0	0	0	20	0	0	0	0	0	0	0	0	20	21	97.76%	21	0	21	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	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	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	9,407	20,272		11,220	0			
35	Total	942	959	3,648	3,748	2,324	2,914	2,973	2,798	2,789	2,868	2,869	3,243	14,534	32,075		31,278	797	16,507	15,567	19,570
36	Variance	52	(389)	1,843	2,264	248	1,109	1,243	1,025	1,014	1,094	1,070	1,229	5,127	11,803		20,058	797			
37	Variance in month	5.89%	(28.85%)	102.13%	152.46%	11.94%	61.46%	71.88%	57.82%	57.16%	61.69%	59.47%	61.00%	54.50%							
38	In month achievement against FY forecast	2.94%	2.99%	11.37%	11.69%	7.25%	9.08%	9.27%	8.72%	8.70%	8.94%	8.94%	10.11%								

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Table C1- Savings Schemes Pay Analysis

1	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	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	1,665	4,216	0	65				
2		Actual/F'cast	167	211	498	316	405	524	570	588	557	554	579	812	2,121	5,781	5,716		65	1,700	4,081	5,357
3		Variance	0	(19)	271	83	1	121	171	146	141	139	139	372	456	1,565	5715.984525	0				
4	Pay - Variable	Budget/Plan	299	355	355	419	419	373	373	373	373	373	373	373	2,222	4,462	0	0				
5		Actual/F'cast	330	188	413	592	585	473	538	532	519	470	457	444	2,580	5,541	5,541	0	0	4,052	1,489	1,558
6		Variance	30	(167)	58	172	165	99	164	159	146	97	84	71	359	1,078	5,541	0				
7	Pay - Agency	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8		Actual/F'cast	0	0	0	0	6	6	6	6	6	6	6	6	0	18	36	36	0	0	36	0
9		Variance	0	0	0	6	6	6	6	6	6	6	6	6	0	18	36	36	0			
10	Total	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	3,886	8,678	0	65				
11		Actual/F'cast	497	399	911	913	996	1,003	1,114	1,126	1,082	1,024	1,036	1,256	4,719	11,358	11,293	65	5,788		5,570	6,915
12		Variance	30	(186)	329	261	173	226	342	311	293	236	223	443	833	2,680	11,293	0				

Table C2- V&S Saving Categories

1	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Workforce	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	3,886	8,678
2		Actual/F'cast	497	399	911	913	996	1,003	1,114	1,126	1,082	1,024	1,036	1,256	4,719	11,358
3		Variance	30	(186)	329	261	173	226	342	311	293	236	223	443	833	2,680
4	Medicines Management	Budget/Plan	119	239	365	276	266	343	266	266	266	266	266	266	1,609	3,207
5		Actual/F'cast	113	255	500	342	240	370	530	446	455	455	448	428	1,821	4,581
6		Variance	(6)	16	135	66	(27)	27	263	179	188	188	182	161	211	1,374
7	Procurement & Non-pay	Budget/Plan	259	479	810	508	727	594	601	629	629	629	629	845	3,377	7,311
8		Actual/F'cast	287	259	2,184	1,503	934	1,314	1,060	979	1,005	1,142	1,137	1,311	6,482	13,116
9		Variance	28	(219)	1,374	995	207	720	459	378	376	513	507	467	3,105	5,805
10	CHC	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	535	1,075
11		Actual/F'cast	45	45	52	989	155	226	226	226	226	226	226	226	1,512	2,869
12		Variance	0	0	5	942	(105)	136	136	136	136	136	136	136	977	1,794
13	Pathway	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other - Commissioning	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17		Actual/F'cast	0	0	0	0	0	0	43	21	21	21	21	21	0	150
18		Variance	0	0	0	0	0	0	43	21	21	21	21	21	0	150
19	Other - Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Total	Budget/Plan	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	9,407	20,272
23		Actual/F'cast	942	959	3,648	3,748	2,324	2,914	2,973	2,798	2,789	2,868	2,869	3,243	14,534	32,075
24		Variance	52	(389)	1,843	2,264	248	1,109	1,243	1,025	1,014	1,094	1,070	1,229	5,127	11,803

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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	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	9,407	20,272	8,928	11,344	2,205	13,549
	Month 1 - Actual/Forecast	942	959	1,876	1,860	1,605	1,584	1,688	1,622	1,623	1,619	1,632	1,805	8,827	18,817	8,514	10,303	2,969	13,272
	Variance	52	(389)	72	375	(471)	(220)	(42)	(151)	(152)	(155)	(167)	(209)	(581)	(1,456)	(415)	(1,041)	764	(277)
	In Year - Plan	0	0	1,776	1,942	843	1,372	1,131	1,184	1,174	1,257	1,245	1,442	5,933	13,367	7,994	5,373	925	6,298
	In Year - Actual/Forecast	0	0	1,771	1,888	719	1,329	1,285	1,176	1,166	1,249	1,236	1,438	5,708	13,258	7,994	5,264	1,034	6,299
	Variance	0	0	(5)	(54)	(124)	(43)	154	(8)	(8)	(8)	(8)	(4)	(225)	(109)	0	(109)	109	0
	Total Plan	890	1,348	3,581	3,426	2,919	3,177	2,861	2,957	2,949	3,031	3,044	3,457	15,341	33,639	16,922	16,717	3,130	19,847
Total Actual/Forecast	942	959	3,648	3,748	2,324	2,914	2,973	2,798	2,789	2,868	2,869	3,243	14,534	32,075	16,507	15,567	4,003	19,570	
Total Variance	52	(389)	67	322	(595)	(263)	112	(159)	(160)	(163)	(175)	(214)	(806)	(1,564)	(414)	(1,150)	873	(277)	
Net Income Generation	Month 1 - Plan	38	65	71	71	71	71	204	25	25	25	25	25	386	717	492	226	10	236
	Month 1 - Actual/Forecast	38	8	271	66	66	66	70	24	24	24	24	24	515	704	492	213	23	236
	Variance	0	(57)	200	(5)	(5)	(5)	(134)	(2)	(2)	(2)	(2)	(2)	129	(13)	0	(13)	13	0
	In Year - Plan	0	0	0	29	7	12	30	30	30	13	13	13	48	177	50	127	(10)	117
	In Year - Actual/Forecast	0	0	0	12	7	12	28	28	28	17	17	17	31	167	50	117	0	117
	Variance	0	0	0	(17)	0	0	(2)	(2)	(2)	4	4	4	(17)	(10)	0	(10)	10	0
	Total Plan	38	65	71	100	78	82	234	55	55	39	39	39	433	894	542	353	0	353
Total Actual/Forecast	38	8	271	78	73	78	98	52	52	41	41	41	546	871	542	329	23	353	
Total Variance	0	(57)	200	(21)	(5)	(5)	(136)	(3)	(3)	2	2	2	113	(23)	0	(23)	23	0	
Accountancy Gains	In Year - Plan	0	0	0	0	100	0	0	0	0	0	0	0	100	100	100	0	0	0
	In Year - Actual/Forecast	0	0	0	0	100	0	0	0	0	0	0	0	100	100	100	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	928	1,413	1,875	1,555	2,147	1,875	1,934	1,798	1,800	1,799	1,825	2,040	9,793	20,989	9,420	11,570	2,215	13,785
	Month 1 - Actual/Forecast	980	967	2,147	1,926	1,671	1,650	1,758	1,646	1,647	1,643	1,656	1,829	9,342	19,521	9,005	10,515	2,992	13,508
	Variance	52	(446)	271	371	(475)	(225)	(176)	(152)	(153)	(157)	(168)	(211)	(452)	(1,469)	(415)	(1,054)	777	(277)
	In Year - Plan	0	0	1,776	1,971	950	1,384	1,161	1,214	1,204	1,271	1,258	1,455	6,081	13,643	8,144	5,500	915	6,415
	In Year - Actual/Forecast	0	0	1,771	1,900	826	1,341	1,313	1,204	1,194	1,266	1,253	1,455	5,839	13,525	8,144	5,381	1,034	6,415
	Variance	0	0	(5)	(70)	(124)	(43)	152	(10)	(10)	(4)	(4)	(1)	(242)	(118)	0	(119)	119	0
	Total Plan	928	1,413	3,652	3,526	3,097	3,259	3,095	3,012	3,004	3,070	3,082	3,495	15,874	34,633	17,563	17,069	3,131	20,200
Total Actual/Forecast	980	967	3,918	3,827	2,497	2,991	3,071	2,850	2,841	2,909	2,910	3,284	15,180	33,046	17,149	15,897	4,027	19,923	
Total Variance	52	(446)	266	300	(600)	(268)	(24)	(162)	(163)	(161)	(172)	(211)	(694)	(1,587)	(414)	(1,173)	896	(277)	

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	10,001	15,232	377	25,611	821	100
Scheduled Care	0	978	0	978	0	0
Unscheduled Care	0	1,211	0	1,211	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	152	0	152	0	0
Other Commissioned Services	0	0	0	0	0	0
Clinical Support	0	0	0	0	0	0
Non Clinical Support	18	410	0	428	0	0
Executive / Corporate Areas	168	0	0	168	50	0
Total	11,358	20,340	377	32,075	871	100

Cardiff & Vale ULHB

Period : Sep 24

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
RECEIPTS														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	132,945	118,770	92,640	117,835	126,005	106,110	90,275	137,635	97,330	103,185	103,825	72,951	1,299,506
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,180	1,180	420	995	2,005	1,430	1,120	1,895	1,270	1,270	1,270	1,270	15,305
3	WG Revenue Funding - Other (e.g. invoices)	3,185	1,319	1,307	1,371	1,369	3,080	1,298	1,298	1,298	1,298	2,957	4,490	24,270
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	4,000	2,000	2,080	2,000	1,000	3,000	1,500	3,900	3,900	3,900	16,035	53,315
5	Income from other Welsh NHS Organisations	40,964	47,167	44,602	44,107	40,652	40,817	53,261	39,912	40,288	40,000	40,192	46,012	517,972
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets					0	0	7,800	0	0	0	0	0	7,800
10	Other - (Specify in narrative)	4,368	12,334	6,857	6,463	9,417	5,952	11,331	20,115	10,440	15,291	7,028	8,868	118,464
11	TOTAL RECEIPTS	192,642	184,770	147,825	172,850	181,447	158,389	168,085	202,355	154,526	164,943	159,172	149,627	2,036,632
PAYMENTS														
12	Primary Care Services : General Medical Services	6,787	6,329	7,770	6,161	6,282	6,539	6,424	6,387	7,347	6,387	6,387	7,347	80,145
13	Primary Care Services : Pharmacy Services	215	140	125	124	122	118	133	140	280	560	280	280	2,517
14	Primary Care Services : Prescribed Drugs & Appliances	8,718	18,833	0	9,099	19,250	0	9,593	18,710	0	9,355	9,355	9,355	112,268
15	Primary Care Services : General Dental Services	2,354	2,429	2,380	2,368	2,444	2,373	2,395	2,390	2,390	2,390	2,390	2,390	28,694
16	Non Cash Limited Payments	2,112	2,077	2,270	2,136	2,007	2,097	2,159	2,120	2,120	2,120	2,120	2,120	25,459
17	Salaries and Wages	70,344	70,347	70,084	70,092	68,975	72,076	73,135	84,802	75,704	71,395	71,959	71,782	870,694
18	Non Pay Expenditure	80,837	87,303	68,961	80,183	73,557	77,378	75,242	84,808	62,785	68,835	62,785	51,421	874,094
19	Short Term Loan Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
21	Capital Payment	12,675	1,730	1,015	1,347	1,729	912	2,500	3,000	3,900	3,900	3,900	24,832	61,440
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	184,043	189,188	152,605	171,509	174,366	161,492	171,581	202,357	154,525	164,942	159,175	169,527	2,055,312
24	Net cash inflow/outflow	8,599	(4,418)	(4,780)	1,341	7,081	(3,103)	(3,496)	(2)	1	2	(3)	(19,901)	
25	Balance b/f	2,780	11,379	6,961	2,181	3,522	10,603	7,500	4,003	4,002	4,003	4,004	4,001	
26	Balance c/f	11,379	6,961	2,181	3,522	10,603	7,500	4,003	4,002	4,003	4,004	4,001	(15,900)	

Report Title:	Regional Partnership Board Funding Stream Q2 reports 2024-25 and Financial Plans for 2025-26		Agenda Item no.	4.2
Meeting:	Finance and Performance Committee	Public	X	Meeting Date: 20.10.2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X
Lead Executive:	Executive Director of Strategic Planning			
Report Author (Title):	Head of Partnerships and Assurance			

Main Report

Background and current situation:

Regional Partnership Board Funding Stream Q2 reports 2024-25

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population. Cardiff and Vale UHB plays the role of 'banker' for RPB funding streams on behalf of the region.

The Regional Partnership Board receives a number of funding streams to deliver its programmes of change:

- Regional Integration Fund (£19,462,904) [*incl. £100k additional Dementia allocation*]
- WCCIS (£190,000) [*unconfirmed, remains a risk*]
- Neurodiversity (£635,232)
- RIC Hub (£250,000).

The region is required to report on the financial performance of the funds to Welsh Government on a quarterly basis, whilst performance and activity reports are required on a six-monthly basis. A Strategic Leadership Group (SLG) including representatives from across the partners has delegated oversight of all quarterly RPB funding streams and reports to the Regional Partnership Board.

An overview of the 2024-25 Q2 performance reports is provided in Table A below whilst the full reports can be reviewed in detail [via this hyperlink](#) and inserting the password: RPBPrivate2024.

Table A

Funding Stream	Programme	Overall Performance Rating	Comment
Regional Integration Fund	Infrastructure	Green	Majority of projects progressing to plan.
	@Home	Green	Majority of projects progressing to plan.
	Dementia	Green	Majority of projects progressing to plan.
	Starting Well	Green	Majority of projects progressing to plan.
	Neurodiversity	Green	Majority of projects progressing to plan.
	Learning Disabilities	Yellow	Limited performance in at least one project but actions in place to address.
	Unpaid Carers	Yellow	Limited performance in at least one project but actions in place to address.
	Mental Health	Green	Majority of projects progressing to plan.
	RIC	Green	Majority of projects progressing to plan.

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Emerging End of Year Financial Position 2024-25

Over the last year, all RPB funding streams were reviewed to facilitate ease, clarity and accuracy of reporting. As part of the financial planning for 2024/25, a small over-commitment against RPB funds was agreed by SLG, and ratified by the RPB, in anticipation of slippage occurring against the total budget during the year. The RPB supported the SLG's recommendation that SROs would manage their budgets to ensure that the overcommitment was brought back in line with the original allocations by the end of the financial year 2024/25.

Table B provides an overview of the forecast end of year position which is based upon Q2 returns and reports by partners.

Table B

Actuals 24/25 - Partner Expenditure Plan		Programme Expenditure 2024/25 £					Total	Variance
Programme	Allocation £	UHB	Cardiff LA	Vale LA	Third Sector			
RPB Infrastructure	750,000	710,000	20,000	20,000	0	750,000	0	
At Home	9,263,731	1,984,289	5,173,217	1,546,957	382,527	9,086,991	(176,740)	
emPower	4,125,354	1,028,764	2,181,543	622,121	200,100	4,032,528	(92,826)	
Complex Health and Learning Disability	820,328	468,429	174,938	157,659	0	801,026	(19,302)	
Learning Disabilities	1,774,484	80,052	1,006,340	512,719	140,000	1,739,110	(35,374)	
Unpaid Carers	479,042	13,004	98,124	0	367,876	479,004	(38)	
ICF Autism	397,728	397,728	0	0	0	397,728	0	
RIF Dementia	1,600,000	1,150,885	226,115	88,000	135,000	1,600,000	0	
Short breaks	172,237	0	0	0	172,237	172,237	0	
Social Value	45,000	45,000	0	0	0	45,000	0	
Digital	35,000	0	0	0	0	0	(35,000)	
Total	19,462,904	5,878,152	8,880,276	2,947,456	1,397,740	19,103,624	(359,280)	
Actuals 24/25 - Partner Expenditure Plan		Programme Expenditure 2024/25 £					Total	Variance
Programme	Allocation £	UHB	Cardiff LA	Vale LA	Third Sector			
WCCIS	190,000	90,000		100,000		190,000	0	
Neurodiversity	635,232	603,153	25,000			628,153	(7,079)	
RIC Hub	250,000	250,000				250,000	0	
Total	1,075,232	943,153	25,000	100,000	0	1,068,153	(7,079)	
							(366,359)	
							WCCIS Risk	190,000
							RISS Risk	50,000
							Social Prescribing Cost Pressure	308,000
							181,641	

Key points to note include:

- A *provisional* core forecast underspend of (£359k) for the Regional Integration Fund because of forecast slippage / underspends including @Home and emPOWER programmes.
- An anticipated marginal underspend of (£7k) for the Neurodiversity fund.

However, the following risks and cost pressures require consideration alongside this emergent underspend associated with RPB agreed priorities:

- The anticipated allocation of £190k for WCCIS remains to be confirmed by Welsh Government for 24/25, and so is a risk to the reported position. It is proposed that provision is therefore maintained to cover this off from slippage, whilst the RPB team continue to pursue this.

The cost pressure will fall as follows:

- £100k Vale of Glamorgan Council (WCCIS implementation support)
- £90k split between Cardiff Council, CVUHB and Vale of Glamorgan Council for Digital Care Region programme costs.

NOTE: the successor to the national WCCIS programme and associated funding is currently unknown. However, it appears unlikely that there will be continuity of historic funding arrangements. The RPB will need to reconsider the future priorities and funding of the Digital Care Region programme once the national position is known.

- b. The RPB has continued to support the Regional Information Sharing Site (RISS), given the recognition of existing and potential benefits. A £50k pressure to sustain arrangements through to year-end could be managed from slippage pending SLG and RPB endorsement in their November 24 meetings.
- c. Remaining non-recurrent underspends could support in-part pressures within third sector Social Prescribing contracts as part of the @home programme and supporting MDT cluster working. This would be noting current shortfalls with ACD ACE funding which fall to C&V UHB as a cost pressure from WG Planned Care monies that were supporting spread & scale of the model in Cardiff North & East, alongside the RIF. This approach would in parallel support the ambition to continue to target third sector support and social value from slippage and is therefore proposed for SLG endorsement.

These recommendations were considered and approved by the SLG on 5th November pending ratification by the RPB. Partners will also continue to re-enforce communication within individual organisations regarding the consistent reporting of financial positions, as agreed at the beginning of this year:

- Expected underspends are to be reflected within profiles and discussed with the relevant RPB team representative and finance lead.
- In general, any forecast overspends against allocation must be managed back, in line with original plans.
- SROs and finance leads to ensure reporting is consistent and reflective of performance and delivery discussions, with any residual budgetary realignments to be discussed transparently and agreed.
- Significant programme slippage to be managed centrally to enable anticipated overspends to be offset and risks managed.

It is important that these arrangements are upheld to ensure an accurate forecast and so that final plans can be made to achieve a balanced position at the end of March 2025.

Initial Financial Forecast for 2025-26

For 2025/26, there are a number of pressures relating to RPB funding streams which will need to be carefully managed. These include:

- **Full year effect:** the funding profile for 2024/25 included several new projects which would only have a part year effect. For 2025/26, these projects will require a full year funding commitment.
- **Flat cash budget:** existing funding flows into the RPB from Welsh Government remain at the same fixed budget for 2025-26 at c.£19.4m. RPB funding streams are increasingly contributory and do not cover the full cost of service delivery.
- **Cost increases:** inflationary, pay awards and incremental drift cost pressures fall to the relevant employing organisation.
- **Unforeseen budget cuts:** whilst tapering is suspended, any subsequent cuts / changes implemented by Welsh Government nationally or locally by partner organisations would compromise RPB funding priorities.

Partners will need to work closely to understand financial pressures and mitigating actions which may have an impact on RPB priorities and funding streams.

Table 3 sets out the current 2025/26 high-level outlook based on existing expenditure profiles and commitments. The forecast represents a FYE over commitment of £330k, including the WCCIS funding shortfall. In line with agreed principles, this assumes inflation and incremental drift are managed by respective partner organisations directly.

Phase	Forecast Expenditure 2025-26	Allocation 2025-26	Variance
	£	£	£
Infrastructure	794,541	750,000	44,541
Ageing Well	9,263,731	9,263,731	0
Starting Well	4,945,682	4,945,682	0
Living Well	2,521,441	2,425,763	95,678
Social Value	45,000	45,000	0
Digital	35,000	35,000	0
National Priorities - IAS	397,728	397,728	0
National Priorities - Dementia	1,600,000	1,600,000	0
WCCIS	190,000	0	190,000
Total	19,793,123	19,462,904	330,218

In line with the approach in 2024/25, the over commitment is considered a risk that can be materially managed across organisations rather than re-prioritising schemes or cutting allocations. However, this would need to be endorsed and supported on the basis of anticipated slippage and / or non-recurrent opportunities (NROs) to manage the position to breakeven in year.

This initial Financial Forecast for 2025-26 will be considered in detail by the SLG and RPB in anticipation of notification on the final agreed allocations to all SROs in December 2024.

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

Regional Partnership Board Funding Stream Q2 reports 2024-25

The RPB has delegated responsibility for the assurance and performance management of its revenue funding streams to the Strategic Leadership Group (SLG). SLG considered a high-level overview of the emerging financial and performance status provided within the reports for each funding stream together with an indication of the key leads from across the region who had been asked to verify their content.

Following this review, the SLG approved all reports for submission to Welsh Government on 5th November 2024 in line with reporting requirements.

Financial Plans for 2024-25

Plans to ensure full spend of all RPB-related funds are provided above.

Initial Financial Forecast for 2025-26

Whilst final approval of the RIF budget is awaited there will be a requirement for all partners, including the UHB to address inflationary, pay awards and incremental drift cost pressures. Detailed information is provided to all relevant budget holders within the UHB for planning purposes.

Recommendation:

The Finance and Performance Committee is requested to **note for information:**

- the Q2 report for RPB funding in 2024-25;
- the end of year financial forecast for 2024-25 and recommendations for management of an anticipated underspend;
- the initial Financial Forecast for 2025-26.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	✓
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Impact Assessment:

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

Risk: Yes

Risk assessments covering data quality, financial activity and actual performance for each priority continue to be reviewed and updated regularly as part of quarterly performance reporting.

Safety: Yes

Safety is a consideration at specific project level where appropriate.

Financial: Yes

The match funding requirement contained within the original RIF guidelines has now been cancelled by the Minister. However, the over-commitment referenced within the main report is a risk which will be closely managed throughout the year to ensure a return within allocation by the end of the year.

In addition, as the RIF is a flat cash grant the UHB, as with all regional partners, is required to address inflationary, pay awards and incremental drift cost pressures. Detailed information is provided to all relevant budget holders within the UHB for planning purposes.

Workforce: Yes

The capacity and development of our workforce will be fundamental to ensuring delivery of each project within the RIF. Workforce considerations are included within delivery plans for each project.

Legal: Yes

Any legal implications from delivery of specific commitments will be addressed within the delivery plans for each project area.

Reputational: Yes

The RIF contains a series of challenging commitments for focused work over the next 4 years. It will be important for the UHB to be seen to demonstrate ongoing commitment and support to enabling delivery.

Socio Economic: Yes

The RIF has been developed in direct response to WG guidance which outlines the specific needs of key population groups across our region including those with various socio-economic disadvantages e.g. older people, children, people with learning disabilities, etc. The delivery plans for each project include an overview of engagement intentions and the outcomes to be achieved as a result.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: No

Given the broad nature of the RIF, Equality Health Impact Assessments (EHIA) will be undertaken for each project where necessary.

Decarbonisation: Yes

Decarbonisation is a shared commitment for all partners within the RPB and project delivery plans will be required to take this into account where appropriate.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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20/11/2024 11:24:17

Appendix 1: End of Year Overview – Emerging End of Year Position as of 18.04.24

Programme	Amount (£k) 2023-24	Cumulative Q4 Total Spend (£k)	Description	Status @Q3	Status @Q4	Overview of Risk Assessment	Approval process
Regional Integration Fund	16,714	16,747	Starting Well emPOWER	Green	Green	Project performance in line with stated objectives.	Becci Ingram, CAV UHB, by email and meeting on 25.4.24.
			Starting Well Complex Health & Learning Disabilities	Green	Green	Project performance in line with stated objectives.	Becci Ingram, CAV UHB, by email and meeting on 25.4.24.
			Learning Disabilities	Green	Green	Project performance in line with stated objectives.	Jane Thomas, Cardiff LA 22.4.24.
			Unpaid Carers	Amber	Red	Issues with delivery due to closure of 3 rd sector organisation affected performance and spend. Action plan in place for delivery from April onwards.	Unpaid Carers Board 19.04.24
			@Home	Green	Green	Project performance in line with stated objectives.	@Home engine room 30.04.24
	397	397	Integrated Autism Service	Green	Green	Project performance in line with stated objectives.	Dan Crossland and Cath Wood, CAV UHB 22.4.24.
	1,500	1,444	Dementia	Green	Green	Project performance in line with stated objectives.	Dementia Delivery Group 14.05.24
750	773	Infrastructure	Green	Green	Project performance in line with stated objectives.	Cath Doman	
Total	19,361	19,361					

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20/11/2024 11:24:17

Programme	Amount (£k) 2023-24	Cumulative Q4 Total Spend (£k)	Description	Status RAG @Q3	Status RAG @Q4	Overview of Risk Assessment	Approval process
WCCIS	190	190	Regional data collation for WG. No associated funding.	Green	Green	Project performance in line with stated objectives.	Cath Doman
Short Breaks	172	172	3 rd sector grants for unpaid carer short breaks	Green	Green	Project performance in line with stated objectives.	Unpaid Carers Board 19.04.24
Neuro-diversity	501	501	Regional Neurodivergence Improvement Programme	Green	Green	Project performance in line with stated objectives.	Dan Crossland and Cath Wood, CAV UHB by email w/c 22.4.24.
Regional Innovation Co-ordination Hub	250	250	Regional Innovation Co-ordination Hub	Green	Green	Project performance in line with stated objectives.	Cath Doman approved on 19.04.24
Early Years	1,016	1,016	Early Years Integration Transformation Programme	Green	Green	Project performance in line with stated objectives.	Avril Hooper-Williams, by email w/c 22.4.24 - Q4 and programme closure 31.3.24 - report
IRCF	700	700	Revenue support for capital programmes	Green	Green	Project performance in line with stated objectives.	Cath Doman

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20/11/2024 11:24:17