

Public Finance & Performance Committee Meeting

Wed 22 January 2025, 15:00 - 16:00

Virtual - MS Teams

Agenda

15:00 - 15:10 **1. Standing Items** 10 min

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence

John Union

1.3. Declarations of Interest

John Union

1.4. Minutes from the Finance & Performance Committee meeting - 20th November 2024

John Union

 1.4 - Public Finance and Performance Minutes 20.11.2024.pdf (7 pages)

1.5. Actions following the Finance & Performance Committee - 20th November 2024

No actions

1.6. Chairs Actions since previous meeting

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

2.1. Financial Report - Month 9 Position (including savings tracker)

Robert Mahoney

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 9 revised.pdf (16 pages)

2.2. Operational Performance Update

Paul Bostock

 2.2 - Operational Performance report cover paper - Finance and Performance Committee JAN.pdf (7 pages)

 2.2a Integrated Performance Report F&P Jan 25.pdf (28 pages)

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

3.1. No items for approval

Regen No: 22/01/2025 08:52:48

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

0 min

4.1. Monthly monitoring return - Month 7 & 8

Catherine Phillips / Robert Mahoney

-  4.1a WG 2024 _25 month 7 & 8 MMR Covering Report.pdf (2 pages)
 -  4.1b CV Financial Monitoring Returns 2024-25 - Month 7.pdf (11 pages)
 -  4.1c 2024-25 MMR Template - Cardiff Vale UHB Month 7.pdf (5 pages)
 -  4.1d CV Financial Monitoring Returns 2024-25 - Month 8.pdf (13 pages)
 -  4.1e 2024-25 MMR Template - Cardiff Vale UHB Month 8.pdf (5 pages)
-

16:00 - 16:00 5. Any Other Business

0 min

16:00 - 16:00 6. Private Agenda

0 min

6.1. Financial Update (including tracker)

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

0 min

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

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

Regen, Nikki
22/01/2025 08:52:48

Minutes of the Public Finance & Performance Committee Meeting

20 November 2024

Via MS Teams

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

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
David Edwards	DE	Independent Member - Digital
In Attendance:		
Marie Davies	MD	Interim Executive Director of Strategic Planning
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Meredith Gardiner	MG	Programme Manager - IHSC
Catherine Wood	CW	Director of Operations – Children & Women
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Ceri Phillips	CP	Independent Member – Vice Chair
Jason Roberts	JR	Executive Nurse Director
Charles Janczewski	CJ	CAV UHB Chair
Paul Bostock	PB	Chief Operating Officer

Ref:	Agenda Item:	Action:
FPC 20/11/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 20/11/002	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 20/11/003	Declarations of Interest (click to view) No Declarations of Interest were noted.	
FPC 20/11/004	Minutes of the Finance and Performance Meeting held on 23rd October 2024 (click to view) The minutes of the meeting held on 23 rd October 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 23 rd October 2024 were held as a true and accurate record of the meeting.	
FPC 20/11/005	Actions following the Finance & Performance Meeting on 23rd October 2024 The Action log had no actions outstanding. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	
FPC	Chairs Action since previous meeting (click to view)	

20/11/006	There were no Chair's Actions taken since the last meeting	
FPC 20/11/007	<p>Financial Report – Month 7 Position & Savings Plan Progress (including Savings Tracker) – (click to view)</p> <p>The DDFO presented the Financial Report for Month 7 and highlighted the following:</p> <ul style="list-style-type: none"> • CAV UHB reported a year to date overspend of £22.4m • The planned deficit for the year was £15.9m with a proportionate year to date planned deficit of £9.275m • The financial plan was approved by the CAV UHB Board • The growth and demand were back to pre-pandemic level • Cost reduction programme delivered £11.2m less than anticipated • Expect a deficit of £38m prior to the delivery of any actions • Children & Women clinical board increased variable medical pay along with additional costs of planned care, along with pressures from sickness within the workforce • Surgery saw higher than expected theatre consumable costs due to increased activity • Primary care was impacted from a previous year's error in payments to Pharmacists, resulting in a non-recurrent payment of approx. £400k • Hafan-y-Coed had ongoing issues with floor defects, leading to out of area patient placements • CAV have a target of £47.2m savings with £36m of savings identified (76%) • The delivery of savings was below the required trajectory which contributed to the overspend • The underlying deficit going into the next Financial year was estimated at £63.9m, including operational pressures, recurrent savings shortfall and the planned deficit • The UHB anticipated pressure on cash flow due to additional pay awards and the need for adequate allocation from WG • CAV UHB was on course to utilise the capital resource limits allocated by WG <p>The IMD questioned regarding the additional demand and how much of that was impacting our ability to achieve some of the savings targets?</p> <p>The DDFO noted this demand hadn't come through evenly and there was a management focus on the schemes and bed management.</p> <p>The DOCW explained there were daily operational pressures and the teams were managing the demands in the best way they can.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> a) The reported year to date overspend of £22.4m and the forecast deficit of %15.900m was noted and; b) The month 7 operational overspend against plan of £5.298m with a further £7.671m savings gap was noted and; c) The progress against the savings target, with £35.944m (76%) of green and amber schemes identified at Month 7 against the £47.2m target was noted and; d) The delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income was noted. 	
FPC 20/11/008	<p>Operational Performance Update (click to view)</p> <p>The DOCW presented the Operational Performance update and highlighted the following key points:</p> <ul style="list-style-type: none"> • Significant pressure on urgent and emergency care, with October seeing increased one and two-hour ambulance delays. Nearly half of the two-hour delays occurred over a 12-hour period. • A robust winter plan was in place, constructed across the healthcare system and partner agencies. • Improvements in the rapid fracture pathway led to decreased median times to get patients to the ward 	

Regan Nikk
22/01/2025 08:52:48

	<ul style="list-style-type: none"> • Performance remained static for the Stroke pathway at 51.9%, above the All Wales average. The SNAP audit grade improved to a level A in 2023 but recently dropped to a Grade B. • Fluctuations in the number of beds occupied by long-stay patients, with delays dropped to their lowest level this year in September and October • Length of stay improvements allowed the closure of approximately 55 beds, but increased demand from EU had mitigated the benefits. • October performance was the highest ever recorded at just under 71%. Backlogs in pathology reduced, supporting this improvement. • Several tumor sites, including haematology, lung, brain, sarcoma, and skin, exceeded the single cancer pathway target • As of August, nearly 4000 patients were waiting two years for treatment, which was an increase but ahead of the forecast trajectory for Welsh Government • The 4-year wait was eliminated since September, with a commitment to eliminate three-year waits by the end of December, though there was some risk in delivering this, particularly within urology • The waiting list position for diagnostics had deteriorated, particularly in radiology and endoscopy • Endoscopy focused on urgent cancer cases and long-waiting surveillance patients, with a robust improvement plan in place. Significant investment was required for core capacity • Plans were in place with locums regarding the non-obstetric ultra sound, which would commence at the end of the month, with solutions expected towards the end of quarter 4 • Performance was low for adult mental health but plans were in place to recover compliance starting in quarter 4 • Part 1A compliance dropped below 80% for Children and young people due to workforce challenges and complex cases but recovered to 91%. Part 1B compliance improved to around 85% • Several GP practices were in high escalation levels which reflected system-wide pressures • Urgent Primary Care Centres saw high utilization, with around 3100 appointments booked per month • Community Teams saw significant activity, with 17,000 district nursing visits in September, supporting patients out of the hospital. <p>The Finance and Performance Committee resolved:</p> <p>a) The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 20/11/009</p>	<p><u>CVUHB Escalation Framework: Planning Maturity Matrix Initial Assessment</u></p> <p>The IDSP presented the CVUHB Escalation Framework and highlighted the following:</p> <ul style="list-style-type: none"> • WG required an assessment against the planning maturity matrix as part of the de-escalation criteria for Finance & Planning, with CAV UHB currently under enhanced monitoring • The matrix included several domains such as strategy development, alignment of strategy and IMTP, dynamic and engaged planning, operational planning and others • CAV UHB achieved a level 3 for strategy & development, which indicated a reasonable level of development • The UHB scored low on the alignment with the IMTP, but planned to address this through the establishment of portfolio arrangements and strategic plans • Good practices were identified regarding operational planning but overall assessed at a basic level 2 • Emphasis on a whole system approach to improve strategic and operational planning along with population health improvement planning • The UHB need to allocate executive leadership across portfolios to ensure collective responsibility for delivery • Challenges in the operational environment were recognised, with a need for a better balance across performance and financial perspectives • An integrated planning group was integrated at deputy executive level, which supported engagement across workforce, operations, planning and finance • CAV UHB was ahead in strategy development but similar or slightly worse in other domains when compared to other HB's in NHS Wales 	

Regen Nikk
22/01/2025 08:52:48

	<p>The IMD was supportive of the ideas of how to take this forward. He was pleased to hear that this was required across the UHB and not just one area. He asked what the plan was for raising maturity across the UHB?</p> <p>The IDSP emphasized that planning is everyone's responsibility, not just the planning teams. She highlighted the risk of people assuming that planning is solely the planning team's job, which can lead to challenges. Marie mentioned that the executive team has worked hard to allocate executive leadership across portfolios to ensure collective responsibility for delivery. This approach aims to strengthen accountability and collaboration in the strategic environment.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The initial baseline assessment against our Planning Maturity Matrix was noted and; The areas of improvement identified were noted and; The recommendation to undertake an annual review against the matrix, the results of which will be reported to Finance and Performance Committee and Board were supported and; The Integrated Planning Group to develop and implement a more detailed action plan to monitor improvement were endorsed. 	
	<p>2024/25 Additional Capital Funding (click to view)</p> <p>The DCEF discussed the 2024/25 additional capital funding and highlighted the following:</p> <ul style="list-style-type: none"> In July 2024 CAV UHB were awarded £4.34m from WG for several schemes, mainly for a backlog of maintenance, with many tendered and in the process of sign off During the review of capital at month six, the overspend totalled at £2.862m were identified across four schemes CAV UHB received an additional £7.4m from WG in October 2024 which allowed for the reallocation of £4.752m back in to the discretionary capital program Part of the funding was planned for enabling works for ITU, Cardiology, which included converting Lakeside Wing from a field hospital to a more compliant inpatient area Over £2m was to be allocated for roof replacements and repairs at UHW & UHL £1m would be used for the closure of old accommodation blocks Approval was sought for awarding a contract to Lorne Stewart for £1m for the replacement of the HSDU ventilation chiller plant Approval was sought for awarding a contract to FP Hurley for £1m for the replacement of the UHB main chiller plant <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The content of the paper and the various sources of additional funding being managed by the Health Board was noted and; 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 was noted and; The recommendation of the CMG Sub Group for the allocation of the £4.752m for schemes to be completed in 2024/25 was supported and; That the BOARD APPROVE the adjustments made to the capital programme, recognising the additional funding provided by WG was recommended and; The committee recommended 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 and; The committee recommended 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. 	
<p>Regan, Nikka 22/01/2025 09:52:48</p>	<p>Research & Development Grant from NIHR (click to view)</p> <p>The DDFS highlighted the following points regarding the research & development grant from NIHR:</p> <ul style="list-style-type: none"> CAV UHB received a grant of £1.513m (over 5 years) from the National Institute for Health and Care Research for a project to examine antibiotics for illustrated skin cancer surgical excisions, which will be led by Dr. Rachel Abbot 	

	<ul style="list-style-type: none"> • The grant will involve collaboration with Cardiff University, Holyoke Medical School, University of York, University of Oxford, University of Nottingham and Swansea University • Although grant funding was exempt from public contract regulations, internal procurement compliance was required due to the value of the outgoing payments exceeding £1m • The recommendation is for the committee to endorse the grant and recommend board approval for the exemption from public contract regulations and the payment to the collaborating organizations <p>The DCG noted this come to the previous Board and it reflected the increase in grant figures.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Committee approved the exemption of PCR and the payment to the organisations involved in the grant scheme</p>	
	<p>JCC Major Trauma Case (click to view)</p> <p>The DOCW highlighted the following points regarding the JCC Major Trauma Case:</p> <ul style="list-style-type: none"> • The major trauma service at Cardiff and Vale UHB went live in 2020. The observed level of activity has significantly exceeded predicted levels • The business case aims to address two main issues: <ol style="list-style-type: none"> 1. Right-sizing the service to match the higher-than-expected activity levels. 2. Addressing gaps identified in peer reviews and NHS Wales Gateway reviews, including areas such as plastics, radiology, paediatric pain, etc. <ul style="list-style-type: none"> • The business case has been ratified through the internal investment group. 1:11:15 • The committee was asked to endorse the business case and recommend board approval for submission to the NHS Wales Joint Commissioning Committee (JCC) for revenue funding support. The JCC has recognized the need for this funding within their prioritization process. <p>The CC noted the money will flow through as part of the major trauma service project.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> • The Committee recommended to endorse the major trauma services business case to NHS Wales JCC for revenue support 	
<p>Regen, Nikka 22/01/2025 08:52:48</p>	<p>2024-25 Strategic Cash Request Submission (click to review)</p> <p>The DDFO highlighted the following points regarding the 2024-25 Strategic Cash Request Submission:</p> <ul style="list-style-type: none"> • CAV UHB needed to notify Welsh Government of any additional cash requirements over and above the confirmed allocations for the year, which was a standard process at this time of year. • The UHB has a planned deficit of £15.9 million for the year, which necessitates a request for an equivalent amount of strategic cash support. • In addition to the planned deficit, there was a working capital movement of approximately £10 million that also needed to be covered. • There were additional risks related to pay-outs from the Welsh risk pool and capital expenditure from the previous year, which may require further cash support. • The initial request to Welsh Government would be for the £15.9 million planned deficit and the £10 million working capital movement. If the financial outlook worsens, an additional request will be submitted. <p>The CC asked if the specific request now is for £15.9 million and whether there will be other requests and another letter at a future date</p>	

	<p>The DDFO clarified that the initial request to Welsh Government will be for the £15.9 million strategic cash support, along with the notification of the £10 million working capital movement. If the financial outlook changes, an additional letter will be submitted.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The UHBs minimum working cash balance requirement of £10.541m was noted and; The ongoing work to assess any requirement working cash associated with the UHBs Capital expenditure programme was noted and; The committee recommended 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 and; The committee noted 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. 	
	<p>Mortuary Refurbishment Project Update</p> <p>The EDF noted this was recognised that it demonstrated an overspend (£930k) and were grateful for WG support by fully funding this project. She commended this to the CAV UHB Board for awareness.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The anticipated construction completion is currently reported at 28th February 2025, which is circa 19 weeks behind the original programme was noted and; 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 was noted and; The additional funding has been provided by Welsh Government as confirmed in their correspondence dated 23rd October 2024 was noted. 	
<p>FPC 20/11/010</p>	<p>Monthly Monitoring Return – Month 6 (click to view)</p> <p>The monthly monitoring return for month 6 was noted.</p> <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> The extracts from the UHBs Monthly Financial Monitoring Returns were noted. 	
	<p>RPB Quarterly Update (click to view)</p> <p>The PMIHSC highlighted the following regarding the RPB Quarterly Update:</p> <ul style="list-style-type: none"> The report provided a quarterly update to Welsh Government on all funding streams managed through the Regional Partnership Board (RPB). The Health Board acts as the banker for the partnership. The total funding amounts to just under £20 million, supporting various established programs. Delays in recruitment for key posts have impacted progress, but recent recruitment has brought the program back on track. A change in contractor for unpaid carers led to initial delays, but new providers are now in place, and progress is improving. A small underspend was predicted for the end of the year, which would be used to manage cost pressures, particularly related to the Welsh Community Care Information System (WCCIS) funding, which was not yet been confirmed by Welsh Government. Plans were being made for the 2025-26 financial year, including a proposal for a slightly over-committed budget to manage anticipated slippage. 53:58 The RPB was yet to receive feedback on the quarter 2 reports. Welsh Government has requested light touch reports for quarter 2 onwards, indicating satisfaction with the current reporting processes <p>The Finance & Performance Committee Resolved:</p> <ol style="list-style-type: none"> The Q2 report for RPB funding in 2024-25 was noted and; The end of year financial forecast for 2024-25 and recommendations for management of an anticipated underspend was noted and; The initial Financial Forecast for 2025-26 was noted. 	
<p>FPC</p>	<p>Any Other Business</p>	

Regan Nikk
22/01/2025 08:52:48

20/11/011	No other business was raised.	
	Date & time of next Meeting Wednesday 22 nd January 2025 at 2.30pm via MS Teams	

Regan Nikki
22/01/2025 08:52:48

Report Title:	Finance Report for the Period Ended 31 st December 2024			Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	22 nd January 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 9 the UHB is reporting a year to date overspend of £27.501m.

This is comprised of :-

- £9.550m unidentified savings
- £11.126m operational overspend
- £6.825m planned deficit of (nine twelfths of the annual planned deficit of £9.1m)

The recovery profile requiring delivery in the final 3 months of the year represents a significant risk to the achievement of the 2024/25 plan.

Table 1: Month 9 Financial Position 2024/25

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

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.

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

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

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

Table 2 – Forecast Year End Outturn

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

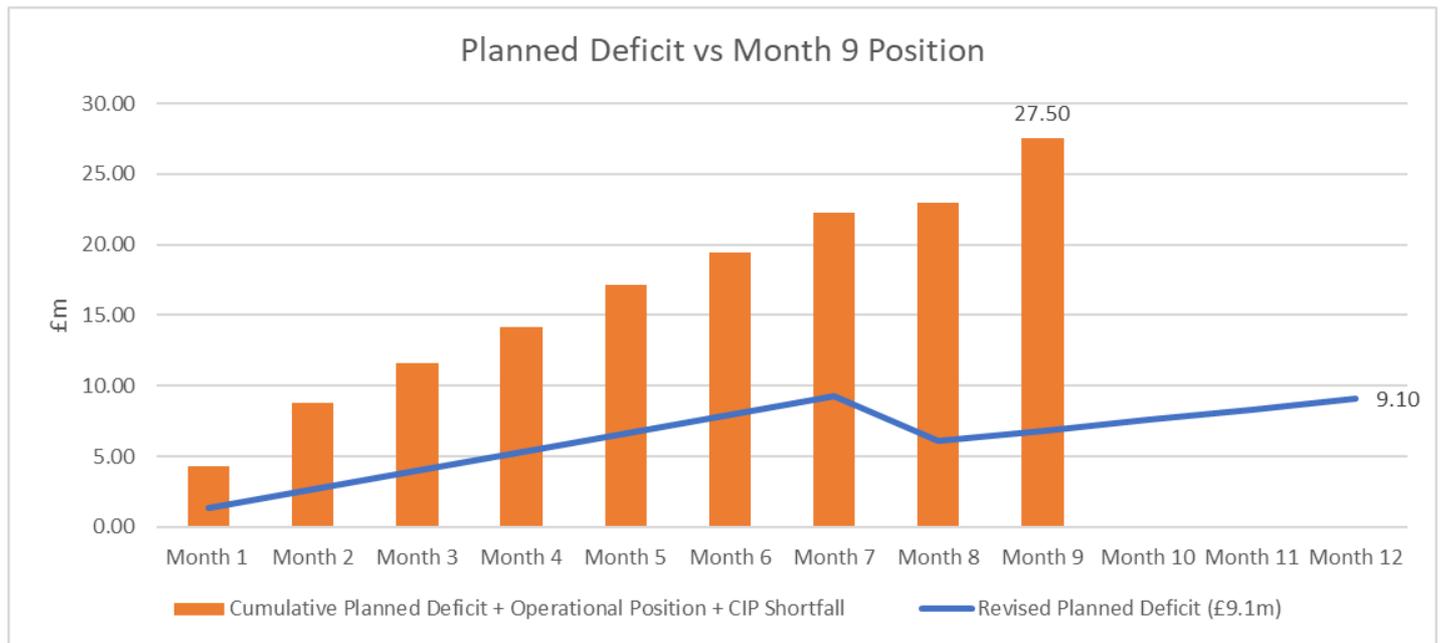
The revised projected financial out-turn has been noted by Welsh Government which still has not been approved with the expectation that the UHB meets its £9.1m control total.

Summary Financial Position and Outlook

Graph 1 shows the reported position at Month 9. This is £20.676m above the £6.825m profiled control total set by Welsh Government (£9.1m Annual).

Regan Nikki
22/01/2025 08:52:48

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 four key factors:

- 80 beds that will continue to be open to the end of March that were not anticipated at the commencement of the financial year (£6m fully year effect).
- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.
- Cost reduction programmes have delivered £11.2m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.
- The UHB anticipated additional pay award funding to meet bank shift costs which are an integral part of the UHB staffing rotas. It has now been confirmed that funding for pay increases relating to bank staff will not be funded through the Welsh Government pay allocation. This has added £1.550m to the UHB pressures for 2024-25 and on a recurrent basis.

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

Recovery schemes are discussed and scrutinised at the Sustainability Board (CEO chaired) to support a revised financial trajectory. At this point the UHB does not have the assurance that the approval and delivery of these schemes will fully return the financial outlook to the revised deficit control of £9.1m issued by Welsh Government in November.

The challenging financial environment means that there is a risk to delivery of the UHB's revised financial forecast out-turn of £27.7m. Additional recovery actions are being implemented to try to ensure that the UHB remains within this forecast value.

Financial Performance

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

Table 3: Summary Financial Position for the period ended 31st December 2024

Income/Pay/Non Pay	Memorandum	Current	Total
	Annual	Period	Variance
	Budget	Actual	(Fav)/Adv
	£m	£m	£m
In Month			
Income	(1,516.685)	(174.716)	0.037
Pay	727.174	83.123	2.026
Non Pay	789.511	95.366	1.711
Sub Total £m	0.000	3.774	3.774
2024/25 Planned Deficit	9.100	0.758	0.758
Variance to Plan £m	9.100	4.532	4.532
Cumulative			
Income	(1,516.685)	(1,518.021)	(1.336)
Pay	727.174	733.471	6.298
Non Pay	789.511	805.226	15.715
Sub Total £m	0.000	20.676	20.676
2024/25 Planned Deficit	9.100	6.825	6.825
Variance to Plan £m	9.100	27.501	27.501

Table 4: Financial Performance for the period ended 31st December 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	(169)	667	498	784
Children & Women	2,628	1,233	3,861	3,374
Capital Estates and Facilities	282	855	1,138	905
Executives	(1,152)	94	(1,058)	(1,011)
Genomics	(46)	0	(46)	(27)
Medicine	5,880	3,500	9,380	7,595
Mental Health	1,445	1,277	2,722	1,597
PCIC	3,730	(128)	3,601	2,893
Specialist	1,395	(1)	1,394	784
Surgery	2,858	3,177	6,036	5,138
Clinical Board budgets to be delegated	(3,973)		(3,973)	(3,531)
Sub-Total Delegated Position	12,879	10,675	23,554	18,501
Central Budgets	(1,796)	(2,250)	(4,046)	(2,615)
Commissioning	42	1,125	1,167	1,016
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	11,126	9,550	20,676	16,902
Planned Deficit	6,825	0	6,825	6,067
Total Operational (Surplus)/Deficit	17,951	9,550	27,501	22,969

The UHBs revised control deficit from Welsh Government is profiled to be £6.825m overspent at Month 9. The Month 9 position is £20.676m greater than this at £27.501m.

The non achievement of savings targets deteriorated from £8.446m to £9.550m in month reflecting both underperformance/slippage against established schemes and the remaining annual unidentified savings of 6.982m.

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 (£2.304m) combined with additional costs of continuing healthcare which are £0.636m above plan.

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

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

PCIC: The budgetary position reported an overspend of £0.545m in month primarily due to pressures against GP prescribing. 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. Further to this, a spike in emergency inpatient demand combined with restricted spare capacity required the Clinical Board to increase the number of patients placed into out of area placements in December.

Central: The budgetary position has improved due to the release of circa £1.3m from the annual leave provision.

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

Regan Nikki
22/01/2025 08:52:48

Welsh Government COVID 19 Allocations & Expenditure

Profiled Welsh Government funding at Month 9 is summarised in Table 5 below.

Table 5: Summary of Month 9 COVID 19 Funding

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

Funding for local response costs is allocated to Clinical Boards through the UHB's Financial Plan. However, local response expenditure is no longer funded directly by Welsh Government and residual costs are reported within delegated clinical board positions and not included in table 5 above.

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

Financial Risks

Table 6 summarises the Finance Department's Risk Register.

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2024-25 year end with a current planned deficit of £15.9m. The projection of a £15.9m out-turn is at significant risk of being higher.

Regan, Nikki
22/01/2025 08:52:48

Table 6: Risk Register at December 2024

Finance Risk	Rating	Comment
<p>The submitted Financial Plan has a planned deficit of £15.9m for 2024/25. This does not allow the Minister to approve the an IMTP due to the lack of financial balance over a three year rolling period. How ever the 2024-25 Financial plan does require support from Welsh Government even in the absence of Ministerial approval. The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8m.</p>	15	<p>The UHB has developed a plan w hich has a deficit of £15.9m in 2024-25 and break even positions in FY 2026 and FY 2027 w hich the Minister is not able to approve. Support for the one year 2024-25 financial plan w ill be required. Welsh Government has not confirmed its support at the present time. Enhanced Monitoring meetings w ith Welsh Government at Executive level continue to discuss this issue.The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8</p>
<p>Due to a planned deficit of £15.9m for 2024/25 the UHB is unable to achieve financial balance over a three year rolling period. This does not allow the Minister to approve the UHB IMTP (Three year plan) and has contributed to the UHB follow ing Enhanced Monitoring arrangements by Welsh Government. The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8m.</p>	15	<p>The failure to submit a balance plan for 2024-25 means that the UHB cannot achieve its statutory duty to balance over a three year rolling period. The UHB has plans to return the UHB to financial balance in FY 2025 and 2026. Progress is monitored internally through established governance reporting and monitoring arrangements through operational teams, Finance Committee and Board Internal Audit provides assurance that controls are in place. Enhanced Monitoring meetings and Joint Executive meetings w ith Welsh Government maintain discussions over progress tow ards a financially balanced three year IMTP .</p>
<p>Achievement of Capital statutory breakeven duty</p> <p>The Health Board has a capital allocation, w hich it should not exceed on a three year rolling basis.</p>	8	<p>The current 2024-25 UHB Capital Plan is structured to remain w ithin the Capital Resource Limit. Capital Management Group manages the capital programme and reports into the Management Executive. Governance reporting and monitoring arrangements through the Finance Committee, Board and WG. Internal Audit provides assurance that controls are in place.</p>
<p>Failure to adequately manage budget pressures in line w ith the submitted £15.9m deficit plan for 2024-25. The planned deficit w as amended to £9.1m at month 8 follow ing confirmation of additional Welsh Government funding of £6.8m.</p>	25	<p>The period to Month 9 has reported continuing financial pressures against the £47.2m savings target and operational pressures w ithin delegated positions. The requirement to manage budget pressures is clearly communicated to primary budget holders. Enhanced monitoring of delegated financial positions is exercised through monthly meetings including Executive Performance Review s w ith each Clinical Board; Monthly Finance meetings w ith all Clinical Boards and COOs Office; w eekly Savings meetings of delegated budget holders; and bi w eekly multi leadership Sustainability Board meetings chaired by the CEO.</p>
<p>A recurrent Cost Improvement Programme target of £47.2m has been set for 2024/25.</p> <p>Failure to deliver this level of saving in 2024-25 impacts the ability of the UHB to meet its planned 2024/25 deficit of £15.9m. This combined w ith any savings w hich are achieved but non recurrently impacts the ability of the UHB to deliver financial balance in future financial years</p>	25	<p>The CIP savings target has been clearly communicated and delegated to budget holders. At Month 9, only £20.4m of Green and Amber schemes against the £47.2m target have been identified as recurrent in nature. A CIP pipeline tracker is in place w ith a w eekly monitoring progress across the organisation. Monthly Financial Clearance Meeting include specific focus on CIPs. Further focus is provided in Executive / Clinical Board Performance Review s, bi w eekly Sustainability Boards and w eekly Savings meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.</p>
<p>2024-25 LTA framew ork in NHS Wales.</p>	15	<p>LTAS have now been agreed w ith Commissioners, generally in line w ith the guideline 3.67% uplift recommended by Welsh Government. Elements of income w ill be contingent on improved LTA outturn performamnce and this remains a risk for the UHB.</p>
<p>Remain w ithin Cash limit</p>	15	<p>The UHB w ill require cash support from WG for the 24/25 revised forecast deficit of £27.7m alongside w orking capital for any movements from the 2023/24 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2024-25 may bring forw ard the point of the year w hen cash controls w ill require consideration. Cash controls w ill include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.</p>

Regan, Nikita
22/01/2025 08:52:48

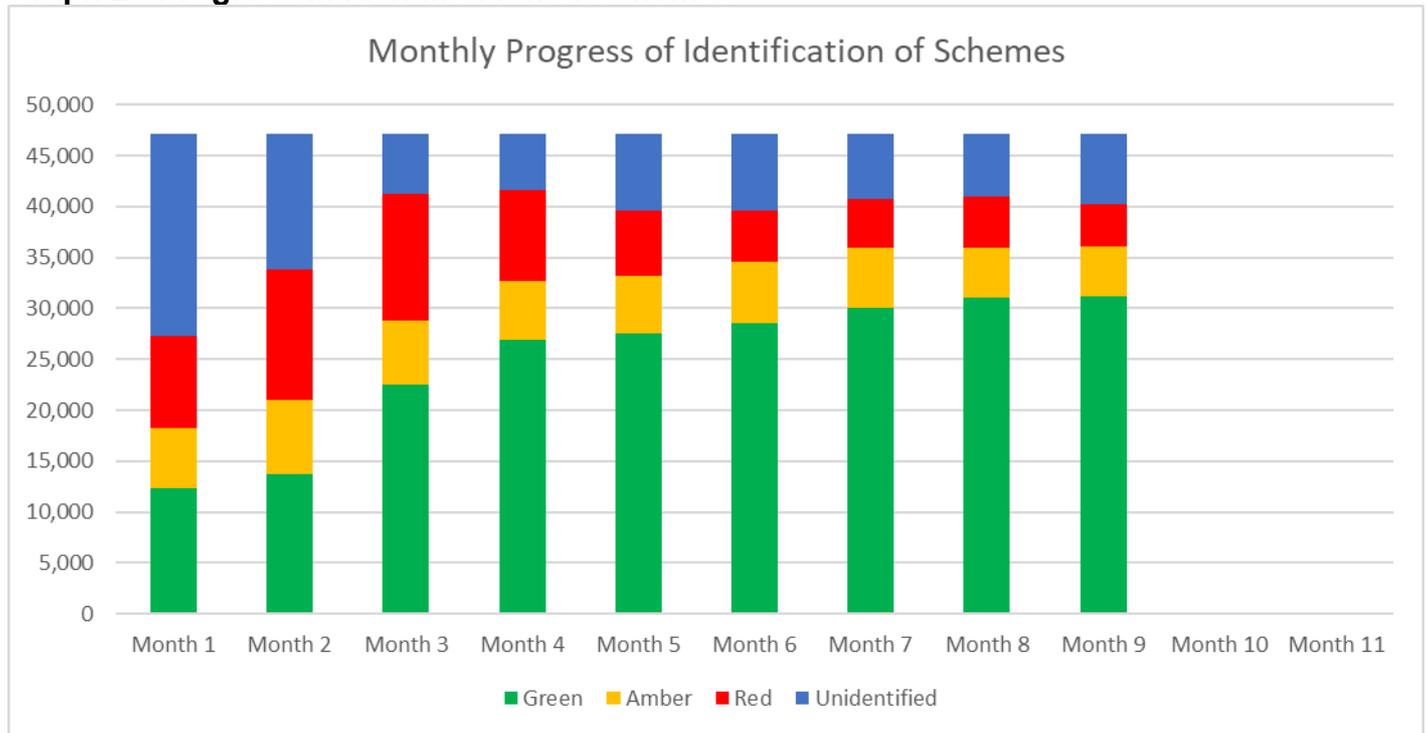
Savings Programme Update

At month 9, £36.062m (76%) of green and amber savings had been identified towards the £47.2m savings target. £20.386m of the schemes are recurrent.

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

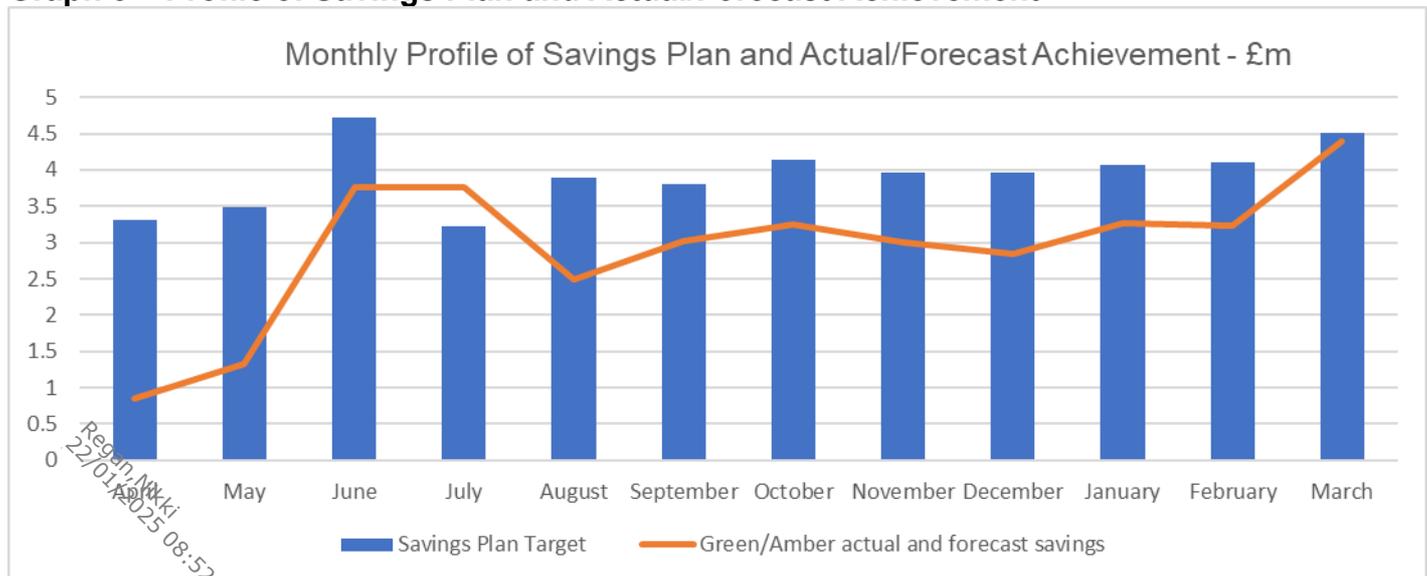
The progress in the identification of schemes during the year is shown in the graph below:

Graph 2 - Progress in Identification of Schemes



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

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



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

Table 7: Savings Schemes

Clinical/Service Board	24-25 Target £'000	Green £'000	Amber £'000	Sub Total Green and Amber £'000
Capital Estates and Facilities	947	1,110	262	1,372
Children and Women	1,304	1,103	64	1,166
Clinical Diagnostics and Therapeutics	1,199	1,394	92	1,486
Corporate Executives	501	987	0	987
Medicine	1,379	134	300	434
Mental Health	1,079	401	0	401
Primary, Community and Intermediate Care	2,423	2,909	260	3,169
Specialist Services	1,482	1,693	100	1,793
Surgical Services	1,689	581	458	1,039
Subtotal - Grip and Control	12,000	10,312	1,536	11,848
Medicines Management	4,530	3,035	1,539	4,573
Reducing Length of Stay	3,500	3,129	0	3,129
Optimising Planned Care	1,000	135	0	135
Income Generation	1,000	851	20	871
Continuing Healthcare	2,500	1,737	525	2,262
Facilities and Estates / Service Reconfiguration	500	400	0	400
Value/Clinical Variation	0	0	0	0
Procurement	5,000	3,619	330	3,949
Recording Patient Care	1,500	0	0	0
Other Digital Benefits	0	0	0	0
Workforce - Temporary Pay	7,403	3,370	777	4,147
Workforce Reshaping	8,268	1,584	195	1,779
Corporate Opportunities	0	2,970	0	2,970
Subtotal Cost Improvement Themes	35,200	20,829	3,386	24,215
Total Savings Position	47,200	31,141	4,921	36,062

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 9, £20.386m of the identified green and amber schemes and £2.561m of red schemes were recurrent.

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

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

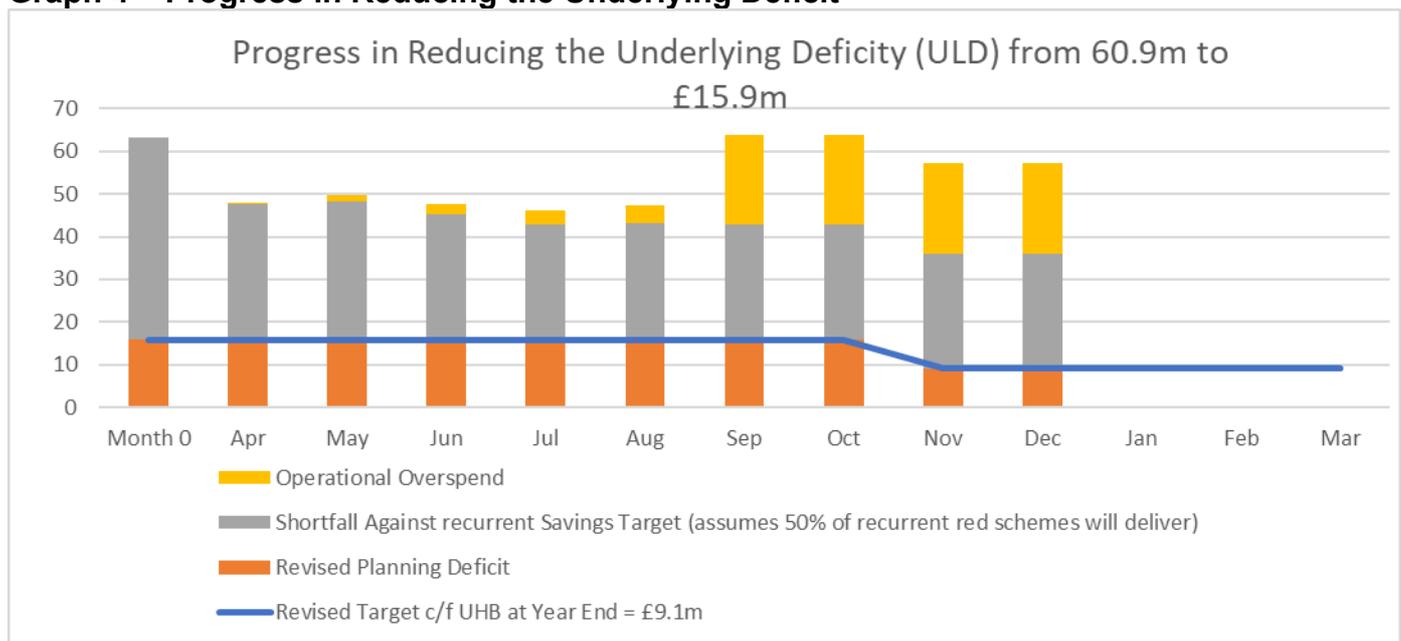
- The revised planning 2024-25 financial deficit of £9.1m
- Savings made non recurrently in 2024-25
- The full year effect of cost pressures including inflation.
- The full year effect of demand led pressures in 2024-25

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

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

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

Graph 4 – Progress in Reducing the Underlying Deficit



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

The current assessment of the underlying deficit (ULD) moving into 2024/25 is £57.1m as summarised below:

Table 8 – Initial Assessment of Underlying Deficit

Reshma Nikki
10/01/2025 08:52:48

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

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

Cash Flow Forecast

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

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

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

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

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

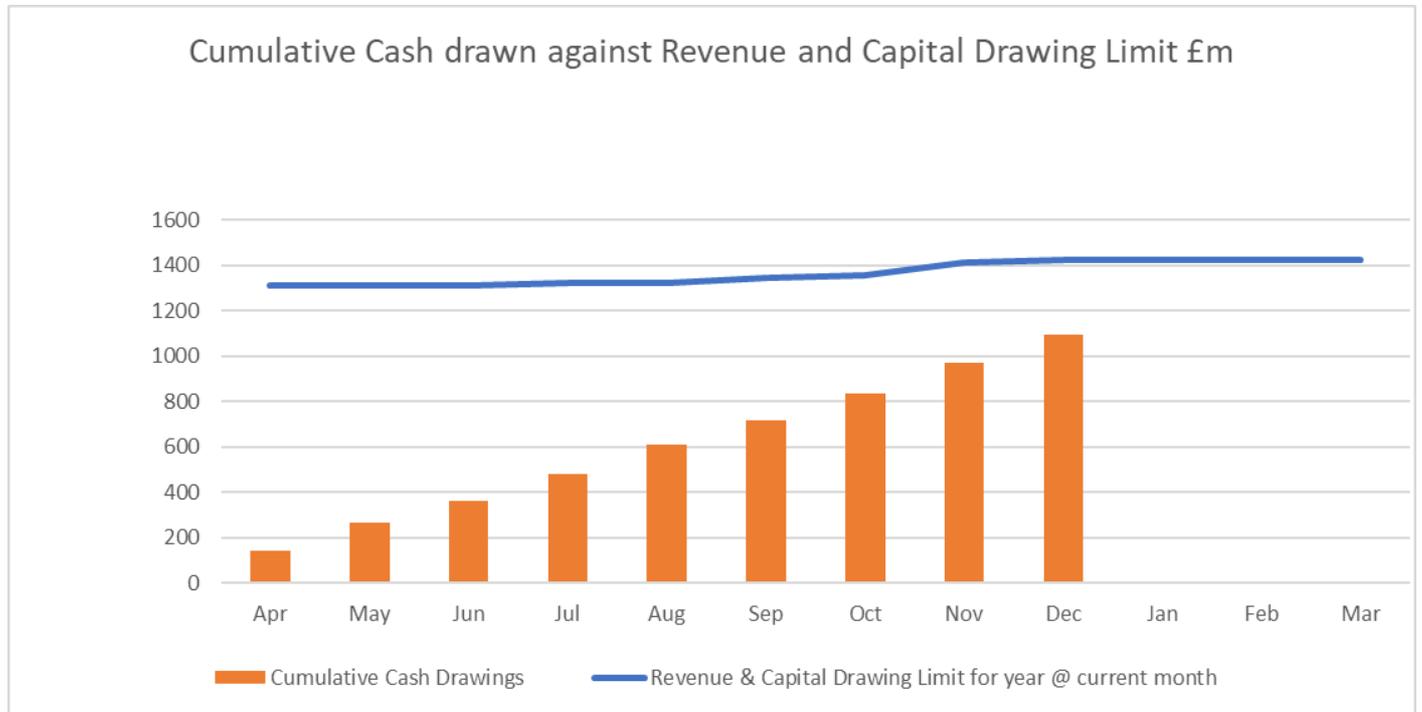
Table 9 – Forecast Cash Support Required and Outstanding Allocations

	Cash Request £m
Strategic Cash Support based on month 7 forecast	15.900
Additional Strategic Cash Support based on revised forecast deficit of £27.7m	11.800
Working Cash Support - Non Cash Backed 2023/24 Resource Limit Allocations	0.151
Working Cash Support - working balances (mainly provisions) based on month 9 forecast	11.390
Working Cash Support - Medical Negligence Settlements where WRP Reimbursement is outstanding	11.000
Working Cash Support - working balances capital based on month 9 forecast	12.000
Forecast Cash Support Request £m	62.241
Unconfirmed anticipated allocations as at Month 9 (drawing Limit only i.e excludes depreciation & impairments)	
Outstanding Pay Award Allocations	44.657
Other Outstanding Cash allocations (drawing limit only)	21.822
Total Unconfirmed Cash as at Month 9 £m	128.720

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

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

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

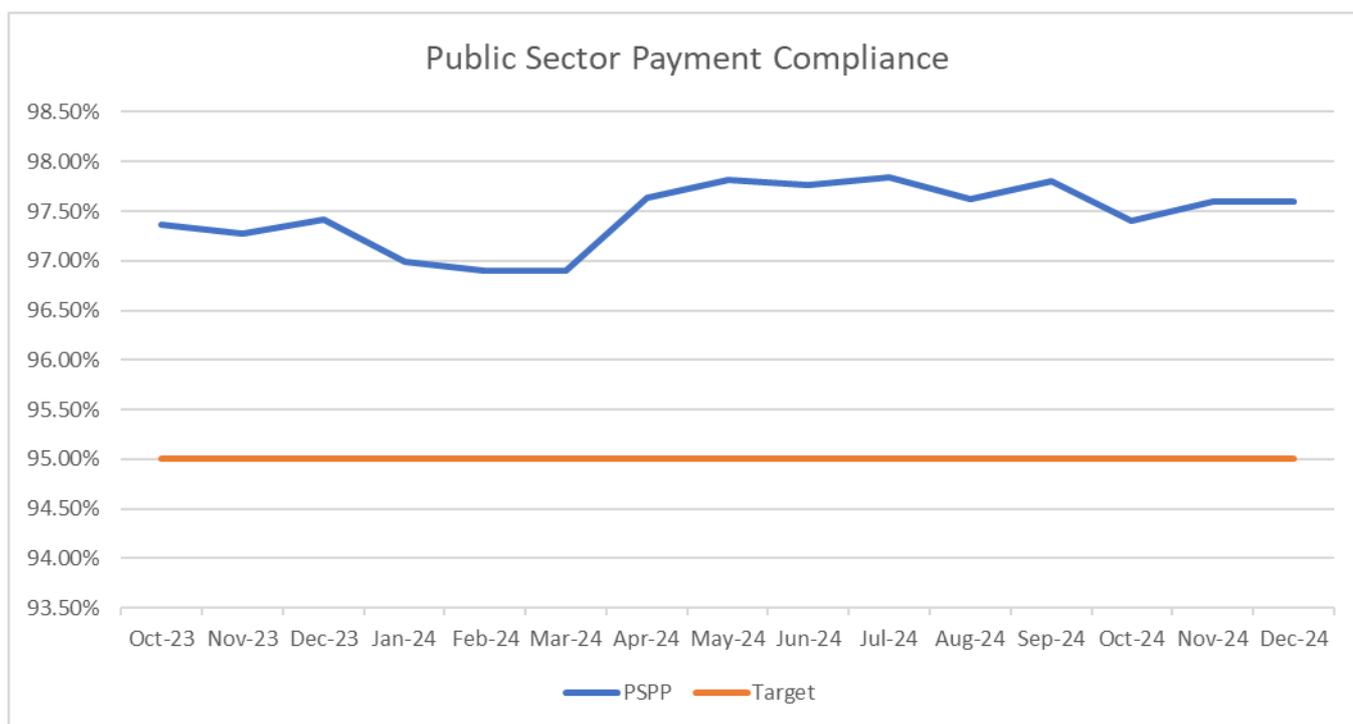


Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of December was 97.6% for the year to date as illustrated in Graph 6 below.

Regen, Nikki
22/01/2025 08:52:48

Graph 6 – Public Sector Payment Compliance



Capital

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

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

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

INCOME ASSUMPTIONS 2024/25 – REVENUE RESOURCE LIMIT

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

Regan Nikki
22/01/2025 08:52:48

Table 10: Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments* see note 1	26.631
IFRS 16 Leases - revenue	(4.488)
Real Living Wage Health & Social Care Providers	4.612
2024/25 Pay Uplifts	26.590
Consultant & Resident Drs Retrospective 2023/24 Pay Award	18.067
Vertex	2.774
Clinical Excellence & Impact Awards	1.796
Welsh Government Funded New Medical Posts	1.736
Optometry Contract Reform	1.500
Six Goals For Urgent and Emergency Care Programme	1.480
Other	7.924
Total Unconfirmed Allocations £m	88.622
Adjustments	
Depreciation, Impairments* see note 1	(26.631)
IFRS 16 Leases - capital	4.488
Total Unconfirmed Allocations (Drawing Limit) £m	66.479

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

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

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

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

The UHB 2024-25 Financial Plan is based on a forecast deficit of £9.1m. The month 9 position is a reported overspend of £27.501m, which is £20.676m above the £6.825m 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.

Regan Nikki
22/01/2025 08:52:48

Recommendation:

At Month 9 the Committee are requested to:

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

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: 22 nd January 2025

Regan Nikki
22/01/2025 08:52:48

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

Main Report

Background and current situation:

Background and current situation:

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

The sections of the full report covering Operation Performance, which are pertinent to the Finance and Performance Committee are:

Section 1: Ministerial Priorities

Section 2: Quadruple Aim 2

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

Urgent and Emergency Care

As we moved through Q3 and into the winter period, the Health Board has seen periods of intense operational pressures, following unseasonal pressure through Q2. As a result, we have seen recent increases in the number of 1-hour ambulance handover delays and the numbers of patients waiting 12 hours in the Emergency Unit. The severity of the challenge posed by the pressures has been evidenced by the recent increase in 2- and 3-hour ambulance delays and patients waiting 24 hours in the EU. The recent increase in Flu and Covid in the community and health care settings has impacted both the patients presenting to hospital and the number of inpatient beds closed due to IP&C controls. The prevalence of and bed closures associated with Flu and Covid are monitored closely and have been added to the daily 'hot' reports to ensure the information is relayed throughout the organization.

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

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

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown improvement against our historic trends. However, the improvements are not necessarily reflected by the annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward – this reduction has been maintained through this year. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the 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 and November have seen increases in compliance, our monthly compliance in November was 43.5%, against the national annualized average of 8.7%.

Using the annualised NHFD data, the UHB are at or above the UK national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from March last year and improvements through Q1 and 2 November's compliance return to in excess of the national average. The team are also reviewing our data capture and documentation to ensure that our true level of compliance is recorded and thus reflected in the national data.

From October 2024 the SSNAP dataset and measures has changed – the new dataset has an increased focus on imaging and hyperacute stroke management, changes to the measurement of rehabilitation and an extension to the community dataset and the ongoing rehabilitation of patients. Continue to measure our performance of against the acute stroke pathway on a daily and weekly basis, through the hot report and COO led operational meetings. The UHB will be holding a further stroke summit to continue our focus on the stroke pathway and understand the impact of the changes to the 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. Our performance data for the first 2 months has now been made available and a fuller update will brought to the summit and subsequent committee meetings.

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 December dropped to their lowest level this year. Since the end of December we have seen an increase in operational pressure which have impacted discharges and flow through the acute hospitals.

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% 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 and compliance improved in August to 68.2%. For September and October our compliance returned to over 70% with 70.9% and 72.5% reported respectively. In October the SCP 62-day standard was met in Brain/CNS, Haematology, Lung and Skin tumour sites.

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 Q4:

SCP compliance	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Original submission	64.7%	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%	64.6%	63.1%	68.4%	70.9%	72.5%
Compliance following quarterly refresh	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 reduced this month. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

At the end of December there were 3,754 patients waiting 2 years for treatment. This is a reduction from November and a small 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 and we have maintained this position through Q3. The number of patients waiting over 3-years continues to reduce but we were not able to eliminate 3 year waits from four surgical specialties at the end of December. As discussed in the last Board Development session we have received additional, non-recurrent, financial resource to further improve our 2-year wait position. We submitted a trajectory to reduce to 1326 2-year waits by the end of March 2025, through funding additional activity; in-house and through insourcing/outsourcing. Our activity and breach numbers are monitored weekly with Welsh Government and weekly updates provided to the Chair, CEO and COO.

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

We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. 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 Q3. 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.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments over the last year. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. This year we are tracking the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 48,998 patients who are past their target date for a follow-up appointment, of these 10 were over 2 years past their target date as shown below:

		Overdue Follow-up Outpatients								
Clinical Board	Months past target date	07/02/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	Trend	
Total	Total overdue	61658	44584	44340	44889	44848	45106	48998		
	Over 12 months	12351	1632	1707	1722	1731	1696	2389		
	Over 18 months	2948	100	97	87	76	87	92		
	Over 24 months	1271	13	11	9	7	8	10		
Surgery	Total overdue	31552	22310	22316	22490	22647	22691	24866		
	Over 12 months	7610	1531	1627	1629	1635	1595	2192		
	Over 18 months	1523	86	86	76	67	72	76		
	Over 24 months	643	10	9	7	7	4	5		
Children & Women	Total overdue	10114	7416	7446	7625	7517	7556	7751		
	Over 12 months	1597	9	7	9	12	13	15		
	Over 18 months	500	0	0	1	1	1	1		
	Over 24 months	173	0	0	0	0	0	0		
Specialist	Total overdue	10063	7631	7624	7640	7523	7642	8748		
	Over 12 months	1939	44	41	43	50	58	146		
	Over 18 months	464	8	7	6	7	10	11		
	Over 24 months	196	1	0	0	0	2	3		
Medicine	Total overdue	9879	7153	6902	7076	7100	7153	7558		
	Over 12 months	1183	35	26	34	27	23	30		
	Over 18 months	455	0	3	3	0	3	3		
	Over 24 months	257	0	2	2	0	2	2		

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments and the impact of the focused work on the longest delays. There remains a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists.

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

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has an improvement plan, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait. The number of 8-week waits increased through the first half of the year, albeit at a slower rate than last year. November saw the first reduction in the number of 8-week waits for the first time since February 2023. To clear the backlog of patients and create enough core capacity is going to require significant investment and support from Welsh Government. A proposal has been drafted that will be discussed with the Executive team to agree how to proceed.

At the end of November, 16,556 patients had waited 8 weeks or longer for their treatment, equating to 62% of patients on a diagnostic waiting list. This is over our commitment to Welsh Government but is an improvement from September and October.

Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	15	12	5	3	9	2	7	57.1%	42.9%
	Echo Cardiogram	4	0	0	0	0	2	1	0	5	1	551	100.0%	0.0%
	Dobutamine Stress Echocardiogram	22	10	25	21	6	17	0	1	9	1	25	96.0%	4.0%
	Stress Test	1	3	1	0	0	0	0	1	8	1	32	96.9%	3.1%
	Blood Pressure Monitoring	0	0	0	0	0	0	0	0	6	1	51	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	0	0	0	0	5	1	167	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	56	66	55	55	25	12	80	31.3%	68.8%
	Trans Oesophageal Echocardiogram	5	2	0	0	0	3	0	0	7	1	18	100.0%	0.0%
	Cardiac CT	151	134	107	36	14	6	3	6	42	3	65	90.8%	9.2%
	Cardiac MRI	203	198	214	209	217	215	186	184	67	20	269	31.6%	68.4%
Diagnostic Electrophysiology (EP Study)	2	2	2	0	0	0	0	0	0	0	0	100.0%	0.0%	
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	94	93	100	100	167	5	271	63.1%	36.9%
	Colonoscopy	1536	1565	1626	1712	1788	1892	1949	1995	120	33	2469	19.2%	80.8%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	1246	1271	1320	1319	120	49	1488	11.4%	88.6%
	Gastroscopy	2499	2603	2692	2761	2864	2949	2979	2845	125	43	3280	13.3%	86.7%
	Bronchoscopy	19	25	14	14	11	12	12	13	129	6	29	55.2%	44.8%
Imaging	Fluoroscopy	37	30	45	30	30	34	26	15	38	4	38	60.5%	39.5%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	1	0	0	7	2	123	100.0%	0.0%
	Electromyography	0	1	0	0	0	0	0	0	6	1	70	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	57	71	69	88	42	10	157	43.9%	56.1%
	Vascular Technology	0	0	0	0	0	2	2	0	7	2	114	100.0%	0.0%
Radiology	MRI	1116	1045	892	974	1054	1019	865	716	96	5	2624	72.7%	27.3%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	9462	9469	9114	9153	64	15	13814	33.7%	66.3%
	CT	21	26	20	14	24	27	14	8	50	1	774	99.0%	1.0%
	Nuclear Medicine	38	53	62	72	78	49	44	54	39	4	182	70.3%	29.7%
Total		14835	15245	15938	16324	17016	17210	16744	16556			26698	38.0%	62.0%

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 has, as forecast, remained low throughout this year as a result of capacity issues within the team. An additional WTE has been in post since October and two further WTE positions have been appointed to, we expect the increase in capacity to show improved performance as we move through Q4. Our Part 1b compliance remains strong with >99% of patients receiving interventions within 28 days on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.

For children and young people, Part 1a compliance dropped below the 80% standard at 78% in January as a result of a number of factors including workforce challenges and the number of complex cases. Part 1a compliance improved to 91% in February and after a dip in April, has remained over 90% to date. Part 1b has made a strong return to compliance in September, as per our forecast and 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		October 2024	Year to date 24/25
	Calls to GP surgeries	398,119	2,731,823
	GP appointments offered	333,974	1,865,976
	Items issued via prescription	715,478	5,190,984

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 has improved, with total utilisation across all 6 sites at 96% in November, with c4300 appointments booked in month.

Our community teams and integrated services continue to support patients out of hospital, including 17,762 District Nursing visits in December – c6300 more than our reported attendances to EU in the same period. These services continue to provide vital support to patients in the community allowing them to remain at home and reducing the demand for secondary cares services.

Community and Integrated Service teams	December 2024
District Nursing visits to patients	17,762
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	45
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	81
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	393
Patients supported by Community Nursing to remain at home	3,668
Wound healing service referrals	119
Continence service referrals	184

Recommendation:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
------------	--	-----------	---	-------------	---	---------------	--	-------------	--

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Cardiff and Vale Integrated Performance Report

2024/25

January 2024

Regan, Nikki
22/01/2025 08:52:48



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
22/01/2025 08:52:48

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
22/01/2025 08:52:48

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	154 Nov-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	61% (Apr-24 to Oct-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	953 Dec-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	493 Dec-24	Hyperlink to section

Regan, Nikki
22/01/2025 08:52:48

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	99% Nov-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% Nov-24	Hyperlink to section

Regan, Nikki
22/01/2025 08:52:48

Performance Key: Meeting standard / trajectory off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	<p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>16,004 Sep-24</p> <p>15,925 Mar-25</p>	No		<p>16,598 Nov-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>3,866 Nov-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>72.5% Oct-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>14,796 Dec-24</p>	No		<p>16,556 Nov-24</p>	Hyperlink to section

Regan, Nikki
22/01/2025 08:52:48



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.

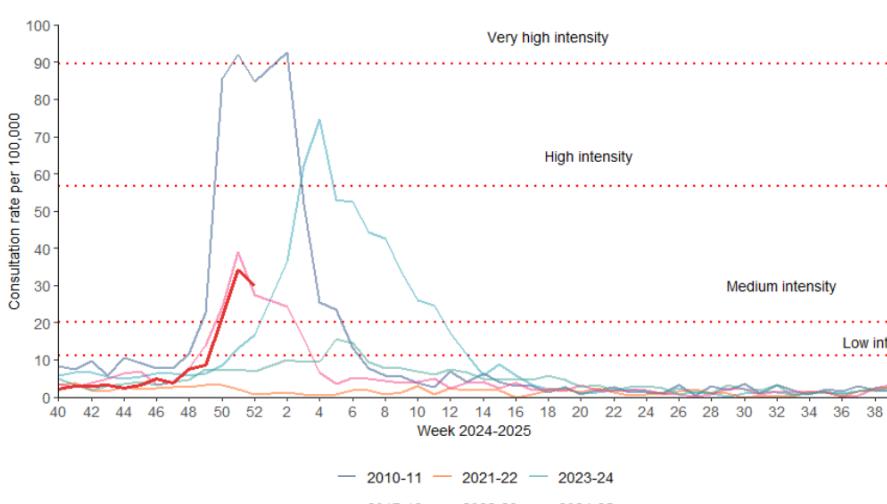
Detail on what is included under each quadruple aim is provided below.

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, with vaccine uptake among the eligible population in Cardiff and Vale of 43.0% at 2 January, compared with 43.2% for all Wales. Influenza vaccine uptake is 66.9% for eligible over 65s (67.9% all Wales) and 31.1% for at-risk individuals (33.8% all Wales). Staff uptake is 29% (27.6% all Wales) <p>Surveillance</p> <ul style="list-style-type: none"> Influenza is circulating with activity now at “medium” intensity levels and the peak of the season likely imminent The number of confirmed cases of community acquired Covid-19 admitted to hospital across Wales decreased to 27 in the most recent week. The overall proportion of samples testing positive decreased to 2.8% in hospital and non-sentinel GP practices. Confirmed cases of Covid-19 in sentinel GP patients are decreasing KP.3, a sub-variant of both Omicron and JN.1, remains the most prevalent variant in Wales. XEC, another derivative of JN.1, is increasing in prevalence There are currently 3 Covid-19 outbreaks and 1 incident in hospitals in C&V UHB; and 1 influenza outbreak and 6 incidents. Since the start of April 2024, in C&V UHB there have been 49 influenza incidents or outbreaks, with 138 bed days lost. In the same period there have been 143 Covid-19 incidents or outbreaks, with 625 bed days lost. Combined, influenza and Covid-19 incidents and outbreaks represent an estimated opportunity cost of £381,500 to the UHB since 1 April 2024 Updated figures for staff sickness due to Covid-19 and flu are awaited Respiratory Syncytial Virus (RSV) is circulating, activity has decreased in the most recent week and is now at Medium intensity levels. 	Week 52	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/cf7a9a9adcd8bb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>  <p>Source: PHW weekly ARI summary (new from Nov 2024)</p>

Regan, Nikki
22/01/2025 08:52:48

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 85.2% which is still below the Welsh average of 87.8% 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. 	Jul-Sep 2024	Below target	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024) An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach 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. 	Q3 2024/25	On target	n/a

Regan, Nikki
22/01/2025 08:52:48

[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 have developed an Investment Plan to outline how the 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																																																																	
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																																																																	

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

Regan, Nikki
22/01/2025 08:52:48

[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 2- 24/25 (the most up to date data received) 0.5 % of smokers set a firm quit date. This is below target. 37 % 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) . Although still below target, this is an improvement from the previous quarter. This breaks down by service as follows: <ul style="list-style-type: none"> HMQ community – 41% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –18% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 49% of Treated Smokers had quit smoking at 4 weeks. CO validation was re introduced for quits in April 24 by Welsh Gov. This has resulted in a drop in recorded 4 week quits. In Q2 there were an additional 31 self reported quits that have not been included in reporting across all services. For example Pharmacy L3 have reported 16 self reported quits that have not been recorded. Communications have been shared with all services to publicise this change, and CO monitors supplied where necessary. 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 have been higher in 2024 with a decrease towards the end of the year For pregnant smokers, numbers are small but currently consistently lower than in 2024 Once they commence in post, it is anticipated that the dedicated maternity smoking cessation advisor will lead to numbers increasing. 	Q2 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) October 94 (114) November 93 (105)

Regan, Nikki
22/01/2025 08:52:48

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%	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%	37%		
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%	94% Below target Average for 23/24: 90%	92%	94%		
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	15% Below target Average for 23/24: 46%	16%	15%		



Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
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	84.1%	85.8%	85.2%	
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%	66.9% Below target	41.6%	61.2%	66.9%	
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%	43.0% Below target	12.63%	30.89%	43.0%	

Regan, Nikki
22/01/2025 08:52:48

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	Q2		
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	Q1	Q2		
					1440	1680		
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	Q2	Q2		
					160	160		

Regan, Nikki
22/01/2025 08:52:48

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	Oct-24	90%	23.7% 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>17.86%</td> <td>17.30%</td> <td>19.00%</td> <td>23.70%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	17.86%	17.30%	19.00%	23.70%
Jul-24	Aug-24	Sep-24	Oct-24										
17.86%	17.30%	19.00%	23.70%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Sep-24	90%	99.2% 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>93.39%</td> <td>97.90%</td> <td>98.20%</td> <td>99.20%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	93.39%	97.90%	98.20%	99.20%
Jun-24	Jul-24	Aug-24	Sep-24										
93.39%	97.90%	98.20%	99.20%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Nov-24	95%	96.7% Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>98.08%</td> <td>95.70%</td> <td>95.50%</td> <td>96.70%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	98.08%	95.70%	95.50%	96.70%
Aug-24	Sep-24	Oct-24	Nov-24										
98.08%	95.70%	95.50%	96.70%										

Regan, Nikki
22/01/2025 08:52:48

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In November utilisation was 96% , 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>Nov-24</p> <p>Q1</p> <p>Nov-24</p>	<p>96% utilisation Below standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>97% Above standard</p>	
Emergency Department and Same Day Emergency Care	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In December we reported 49 2-hour ambulance delays, above our ambition of 0 In December we reported 493 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In December lost minutes per arrival increased to 27</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 November we reported an increase in patients waiting 12-hours in EU compared to October. This equates to 91.4% 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 November we reported a decrease in activity compared to October, and slightly below our November 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>Dec-24</p> <p>Dec-24</p> <p>Nov-24</p>	<p>49 2-hour delays Above standard</p> <p>456 1-hour delays Above standard</p> <p>27 minutes lost/arrival Above standard</p> <p>91.7% patients <12h Below standard</p> <p>1716 SDEC attends Below standard</p>	
Reducing time in hospital and Continuity of Care	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end off December 62.3% of patients in acute beds had a LOS of >7 days, 35.5% >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 November 2024 the number of POCDs was 154 – this below the number of</p>	<p>Dec-24</p> <p>Nov-24</p>	<p>62.3% >7d Above standard</p> <p>35.5% >21d Above standard</p> <p>154 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>The SSNAP dataset has been updated and will be presented here when the data has been validated and released for October and November</p>	<p>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 comparing monthly performance (blue line) against a standard (orange line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between 40% and 60%, consistently below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows performance between 10% and 30%, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows performance between 40% and 60%, below the 80% standard.</p>
<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In October our annualised compliance showed 39.5% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.</p>	<p>Oct-24</p>	<p>39.5% (Annualised) Below standard</p>	<p>The data section for the hip fracture pathway includes one line chart titled 'Admitted within 4 hours'. It compares monthly performance (blue line) against a standard (orange line) from March 2024 to March 2025. Performance is consistently below the standard, starting around 40% in March 2024 and rising to approximately 75% by March 2025, while the standard is set at 60%.</p>

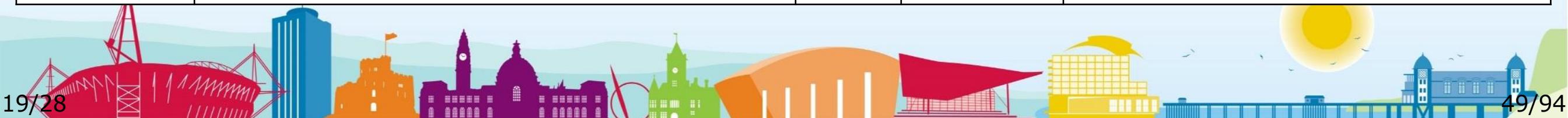
Regan, Nikki
22/01/2025 08:52:48

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In September 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of 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>	Sept-24	100% At standard	<p>GDS contract value fulfillment</p>
		Sept-24	61% At standard (Apr-24 - Oct-24)	
Cancer	<p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In October 72.5% 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>	Sep-24	72.5% At standard, but below SCP standard of 75%	<p>% cancer patients starting treatment withing 62 days</p>

Regan, Nikki
22/01/2025 08:52:48

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 November there were 16,598 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 November there were 3,866 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition.</p> <p>We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work and additional funding released by Welsh Government to further reduce the number of patients waiting over 104 weeks</p>	<p>Nov-24</p>	<p>16,598 patients Above standard</p> <p>3,866 patients Above standard</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In November 16,556 patients were waiting over 8 weeks for a specified diagnostic, A decrease from October but above our trajectory, A diagnostic update was brought to the most recent Board development session and the key specialties and actions are outlined in the cover paper</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In November 292 patients were waiting over 14 weeks for therapies, a decrease from October but above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits over the past two months</p>	<p>Nov-24</p>	<p>16,556 patients Diagnostics Above standard</p> <p>292 patients Therapies Above standard (Q3)</p>	

Regan, Nikki
22/01/2025 08:52:48



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Waiting times</p>	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In November there were 38 patients waiting over 16 weeks for a new outpatient appointment and 26 patients waiting over 52 weeks for surgery</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In November there were 4 patients waiting over 18 weeks for a new outpatient appointment and 4 patients waiting over 40 weeks for surgery</p>	<p>Nov-24</p>	<p>38 Outpatients Above standard (Q2)</p> <p>26 patients Treatment Above standard (Q3)</p> <p>4 patients Treatment Above standard (Q4)</p>	<p>The top chart, '16 week Outpatient waits - Cardiothoracics', shows a blue line for '>16 week new OP waits' fluctuating between 0 and 50, with an orange horizontal line for 'Standard Q2' at 0. The bottom chart, 'Outpatient and treatment waits - Neurosurgery', shows a blue line for '>18 week new OP waits' and a green line for '>40 week treatment' both fluctuating between 0 and 20, with an orange horizontal line for 'Standard' at 0.</p>
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Oct-24</p>	<p>12.0% Above standard</p>	<p>The chart, 'ITU - Delayed Transfers of Care', shows a blue line for '% DTOCs 24/25' fluctuating between 5% and 20%, with an orange horizontal line for 'Standard 23/24' at approximately 5%.</p>

Regan, Nikki
 22/01/2025 08:52:48

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In November there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In November there were 144 paediatric patients waiting over 14 weeks for Therapies (45 in Dietetics and 99 in Occupational Therapy)</p>	<p>Nov-24</p>	<p>0 Meeting standard</p> <p>144 Above standard (Q3)</p>	
<p>Emotional Health and Wellbeing</p>	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1 In November 99% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In November 84% 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 November 89% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Nov-24</p>	<p>99% Part 1a Above standard</p> <p>84% Part 1b Above standard</p> <p>89% Part 2 Above standard</p>	
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In November the longest wait for a neurodevelopment assessment was 186 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Nov-24</p>	<p>186 Above standard (Q4)</p>	

Reported by Nikki 22/11/2025 08:52:48

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 November 22% 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>	Nov-24	22% Part 1a Below standard (Q2)	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Performance vs Standard Q2 (Part 1a)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>55</td><td>80</td></tr> <tr><td>Apr-24</td><td>18</td><td>80</td></tr> <tr><td>May-24</td><td>20</td><td>80</td></tr> <tr><td>Jun-24</td><td>18</td><td>80</td></tr> <tr><td>Jul-24</td><td>15</td><td>80</td></tr> <tr><td>Aug-24</td><td>18</td><td>80</td></tr> <tr><td>Sep-24</td><td>22</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>22</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Mar-24	55	80	Apr-24	18	80	May-24	20	80	Jun-24	18	80	Jul-24	15	80	Aug-24	18	80	Sep-24	22	80	Oct-24	20	80	Nov-24	22	80			
Month	Performance (%)	Standard Q2 (%)																																			
Mar-24	55	80																																			
Apr-24	18	80																																			
May-24	20	80																																			
Jun-24	18	80																																			
Jul-24	15	80																																			
Aug-24	18	80																																			
Sep-24	22	80																																			
Oct-24	20	80																																			
Nov-24	22	80																																			
Mental Health Measures – Part 1b	<p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1</p> <p>In November 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>	Nov-24	100% Part 1b Above standard	<p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Performance vs Trajectory (Part 1b)</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>98</td><td>100</td></tr> <tr><td>Apr-24</td><td>98</td><td>100</td></tr> <tr><td>May-24</td><td>98</td><td>100</td></tr> <tr><td>Jun-24</td><td>98</td><td>100</td></tr> <tr><td>Jul-24</td><td>98</td><td>100</td></tr> <tr><td>Aug-24</td><td>98</td><td>100</td></tr> <tr><td>Sep-24</td><td>98</td><td>100</td></tr> <tr><td>Oct-24</td><td>98</td><td>100</td></tr> <tr><td>Nov-24</td><td>98</td><td>100</td></tr> <tr><td>Dec-24</td><td>98</td><td>100</td></tr> </tbody> </table>	Month	Trajectory (%)	Performance (%)	Mar-24	98	100	Apr-24	98	100	May-24	98	100	Jun-24	98	100	Jul-24	98	100	Aug-24	98	100	Sep-24	98	100	Oct-24	98	100	Nov-24	98	100	Dec-24	98	100
Month	Trajectory (%)	Performance (%)																																			
Mar-24	98	100																																			
Apr-24	98	100																																			
May-24	98	100																																			
Jun-24	98	100																																			
Jul-24	98	100																																			
Aug-24	98	100																																			
Sep-24	98	100																																			
Oct-24	98	100																																			
Nov-24	98	100																																			
Dec-24	98	100																																			
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 November 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>	Nov-24	61% Part 2 Below standard (Q3)	<p>Valid Treatment Plan - Adults</p> <table border="1"> <caption>Performance vs Standard Q3 (Part 2)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q3 (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>55</td><td>80</td></tr> <tr><td>Apr-24</td><td>58</td><td>80</td></tr> <tr><td>May-24</td><td>58</td><td>80</td></tr> <tr><td>Jun-24</td><td>58</td><td>80</td></tr> <tr><td>Jul-24</td><td>60</td><td>80</td></tr> <tr><td>Aug-24</td><td>60</td><td>80</td></tr> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>61</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q3 (%)	Mar-24	55	80	Apr-24	58	80	May-24	58	80	Jun-24	58	80	Jul-24	60	80	Aug-24	60	80	Sep-24	60	80	Oct-24	60	80	Nov-24	61	80			
Month	Performance (%)	Standard Q3 (%)																																			
Mar-24	55	80																																			
Apr-24	58	80																																			
May-24	58	80																																			
Jun-24	58	80																																			
Jul-24	60	80																																			
Aug-24	60	80																																			
Sep-24	60	80																																			
Oct-24	60	80																																			
Nov-24	61	80																																			

Report Nikki
22/01/2025 08:52:48



[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	2023/24	100%	100% Above standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Sep-24	Improvement compared to the same month in the previous year	46.9% 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>47.30%</td> <td>47.30%</td> <td>47.10%</td> <td>46.90%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	47.30%	47.30%	47.10%	46.90%
Jun-24	Jul-24	Aug-24	Sep-24										
47.30%	47.30%	47.10%	46.90%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Oct-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	61% Above standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>32.70%</td> <td>41.70%</td> <td>50.50%</td> <td>61.00%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	32.70%	41.70%	50.50%	61.00%
Jul-24	Aug-24	Sep-24	Oct-24										
32.70%	41.70%	50.50%	61.00%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Oct-24	Increase compared to the same month in the previous year	2,070 Above standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>1877</td> <td>1803</td> <td>1777</td> <td>2070</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	1877	1803	1777	2070
Jul-24	Aug-24	Sep-24	Oct-24										
1877	1803	1777	2070										
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	Nov-24	80%	99% Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>99%</td> <td>95%</td> <td>96%</td> <td>99%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	99%	95%	96%	99%
Aug-24	Sep-24	Oct-24	Nov-24										
99%	95%	96%	99%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Nov-24	80%	84% Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>2%</td> <td>95%</td> <td>88%</td> <td>84%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	2%	95%	88%	84%
Aug-24	Sep-24	Oct-24	Nov-24										
2%	95%	88%	84%										
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	Nov-24	80%	19% Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>18.0%</td> <td>20.9%</td> <td>19.1%</td> <td>18.6%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	18.0%	20.9%	19.1%	18.6%
Aug-24	Sep-24	Oct-24	Nov-24										
18.0%	20.9%	19.1%	18.6%										
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	Nov-24	80%	100% Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>100.0%</td> <td>99.6%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	100.0%	99.6%	100.0%	100.0%
Aug-24	Sep-24	Oct-24	Nov-24										
100.0%	99.6%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Dec-24	65%	49% Below standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>48%</td> <td>50%</td> <td>43%</td> <td>49%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	48%	50%	43%	49%
Sep-24	Oct-24	Nov-24	Dec-24										
48%	50%	43%	49%										
20.	Median emergency response time to amber calls	Oct-24	12 month reduction trend	01:54:59 Above standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>01:23:17</td> <td>01:07:42</td> <td>01:50:05</td> <td>01:54:59</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	01:23:17	01:07:42	01:50:05	01:54:59
Jul-24	Aug-24	Sep-24	Oct-24										
01:23:17	01:07:42	01:50:05	01:54:59										

Regan, Nikki
22/01/2025 08:52:48



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	Oct-24	15 minutes or less	9 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>4</td> <td>9</td> <td>15</td> <td>9</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	4	9	15	9
Jul-24	Aug-24	Sep-24	Oct-24										
4	9	15	9										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Oct-24	60 minutes or less	71 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>73</td> <td>72</td> <td>75</td> <td>71</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	73	72	75	71
Jul-24	Aug-24	Sep-24	Oct-24										
73	72	75	71										
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	Dec-24	Improvement compared to the same month in the previous year, towards the national target of 95%	60.1% Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>60.8%</td> <td>61.4%</td> <td>58.9%</td> <td>60.1%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	60.8%	61.4%	58.9%	60.1%
Sep-24	Oct-24	Nov-24	Dec-24										
60.8%	61.4%	58.9%	60.1%										
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	Dec-24	Reduction compared to the same month in the previous year, towards the national target of zero	953 Above standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>966</td> <td>1108</td> <td>1022</td> <td>953</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	966	1108	1022	953
Sep-24	Oct-24	Nov-24	Dec-24										
966	1108	1022	953										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Oct-24	12 month improvement trend towards a national target of 80% by 31 March 2026	72.5% 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>64.6%</td> <td>57.1%</td> <td>68.4%</td> <td>70.9%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	64.6%	57.1%	68.4%	70.9%
Jun-24	Jul-24	Aug-24	Sep-24										
64.6%	57.1%	68.4%	70.9%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-24	0	16,556 Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>17016</td> <td>17210</td> <td>16744</td> <td>16556</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	17016	17210	16744	16556
Aug-24	Sep-24	Oct-24	Nov-24										
17016	17210	16744	16556										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Nov-24	100%	87.97% Below standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>82.67%</td> <td>85.60%</td> <td>85.90%</td> <td>87.97%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	82.67%	85.60%	85.90%	87.97%
Aug-24	Sep-24	Oct-24	Nov-24										
82.67%	85.60%	85.90%	87.97%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-24	0	292 Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>659</td> <td>624</td> <td>452</td> <td>292</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	659	624	452	292
Aug-24	Sep-24	Oct-24	Nov-24										
659	624	452	292										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Nov-24	0	52 Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>59</td> <td>15</td> <td>48</td> <td>52</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	59	15	48	52
Aug-24	Sep-24	Oct-24	Nov-24										
59	15	48	52										

Regan, Nikki
22/01/2025 08:52:48



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

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	Nov-24	0	16,598 Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>15280</td> <td>15983</td> <td>16757</td> <td>16598</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	15280	15983	16757	16598
Aug-24	Sep-24	Oct-24	Nov-24										
15280	15983	16757	16598										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-24	Reduction compared to the same month in the previous year	18,940 Below standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>21500</td> <td>20806</td> <td>19526</td> <td>18940</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	21500	20806	19526	18940
Aug-24	Sep-24	Oct-24	Nov-24										
21500	20806	19526	18940										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Nov-24	0	3,866 Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>3561</td> <td>3683</td> <td>3776</td> <td>3866</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	3561	3683	3776	3866
Aug-24	Sep-24	Oct-24	Nov-24										
3561	3683	3776	3866										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Nov-24	Month on month reduction towards the national target of zero by 30 June 2025	36,377 Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>36204</td> <td>36738</td> <td>37078</td> <td>36377</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	36204	36738	37078	36377
Aug-24	Sep-24	Oct-24	Nov-24										
36204	36738	37078	36377										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Oct-24	80%	15% 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>17%</td> <td>17%</td> <td>16%</td> <td>15%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	17%	17%	16%	15%
Jul-24	Aug-24	Sep-24	Oct-24										
17%	17%	16%	15%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Oct-24	80%	71% 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>68%</td> <td>68%</td> <td>67%</td> <td>71%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	68%	68%	67%	71%
Jul-24	Aug-24	Sep-24	Oct-24										
68%	68%	67%	71%										

Regan, Nikki
22/01/2025 08:52:48



[Return to Main Menu](#)

Productivity and Efficiency measures

[Return to Section Menu](#)

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

Regan, Nikki
22/01/2025 08:52:48

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	Sep-24	12 month improvement trend	67.9% 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>68.80%</td> <td>67.20%</td> <td>66.40%</td> <td>67.90%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	68.80%	67.20%	66.40%	67.90%
Jun-24	Jul-24	Aug-24	Sep-24										
68.80%	67.20%	66.40%	67.90%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Oct-24	90%	59.6% 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>70.30%</td> <td>14.30%</td> <td>71.60%</td> <td>59.60%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	70.30%	14.30%	71.60%	59.60%
Jul-24	Aug-24	Sep-24	Oct-24										
70.30%	14.30%	71.60%	59.60%										
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	Nov-24	12 month reduction trend	154 Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>174</td> <td>170</td> <td>161</td> <td>154</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	174	170	161	154
Aug-24	Sep-24	Oct-24	Nov-24										
174	170	161	154										
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	Nov-24	90%	89.2% Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>94.6%</td> <td>92.1%</td> <td>91.4%</td> <td>89.2%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	94.6%	92.1%	91.4%	89.2%
Aug-24	Sep-24	Oct-24	Nov-24										
94.6%	92.1%	91.4%	89.2%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Nov-24	90%	61.0% Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>60.8%</td> <td>60.6%</td> <td>61.2%</td> <td>61.0%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	60.8%	60.6%	61.2%	61.0%
Aug-24	Sep-24	Oct-24	Nov-24										
60.8%	60.6%	61.2%	61.0%										
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
22/01/2025 08:52:48



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)	Nov-24	Reduction compared to the same month in the previous year	30.3% On standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>35.00%</td> <td>31.70%</td> <td>25.60%</td> <td>30.30%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	35.00%	31.70%	25.60%	30.30%
Aug-24	Sep-24	Oct-24	Nov-24										
35.00%	31.70%	25.60%	30.30%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-24	12 month improvement trend towards national target of 95%	67.0% Below standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>63.00%</td> <td>63.00%</td> <td>66.00%</td> <td>67.00%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	63.00%	63.00%	66.00%	67.00%
Aug-24	Sep-24	Oct-24	Nov-24										
63.00%	63.00%	66.00%	67.00%										
52.	Number of ambulance patient handovers over one hour	Dec-24	0	493 Over standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>411</td> <td>466</td> <td>456</td> <td>493</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	411	466	456	493
Sep-24	Oct-24	Nov-24	Dec-24										
411	466	456	493										
53.	Percentage of ambulance patient handovers within 15 minutes	Dec-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	12.10% Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>12.43%</td> <td>12.80%</td> <td>13.45%</td> <td>12.10%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	12.43%	12.80%	13.45%	12.10%
Sep-24	Oct-24	Nov-24	Dec-24										
12.43%	12.80%	13.45%	12.10%										
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:	2024-25 Month 7 & 8 Monthly Financial Monitoring Return			Agenda Item no.	4.1
Meeting:	Finance Committee	Public	X	Meeting Date:	22nd January 2025
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>Copies of the October & November 2024/25 MMR are 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: 22 nd January 2025

Regan Nikki
22/01/2025 08:52:48

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE SEVEN MONTH PERIOD ENDED 31st OCTOBER 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 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).

The UHB is working to recover the month 7 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 £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

BACKGROUND

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

Table 1: 2024/25 Draft Plan

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

This represents the draft financial plan of the Health Board.

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

A full commentary has been provided to cover the tables requested for the month 7 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 7 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 7, the UHB had identified £19.897m of recurrent green and amber savings. In addition, it is assumed that 50% of the £3.031m of red schemes would be achieved recurrently.

A £5.298m operational overspend was reported at month 7 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 forecast ULD continues to be reviewed and 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 7. 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 care initiatives described above which have driven additional medical and nursing costs.

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 7.

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 7 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 £22.244m which is an in month deterioration of £2.833m. 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 31st October 2024

	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

The month 7 deficit of £22.244m comprised of the following:

- £9.275m planned deficit
- £7.671m unachieved CRP gap
- £5.298m adverse variance against plan.

The UHB is working to recover the operational variance of £5.298m and unachieved CRP gap of £7.671m at month 7 and deliver its planned deficit position of £15.900m. The recovery profile required in the final 5 months of the year represents a significant and increasing 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 specialing and sickness pressures in nursing and a retrospective correction and recognition of an adjustment to national prescribing pricing.

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 £0.350m in month primarily due to nursing pressures, which is £0.265m less than the average for the year to month 6. £0.319m of the costs recorded in October related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 7, 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 7, the UHB had identified £35.944m (76%) of green and amber savings to deliver against the £47.2m savings target. With red schemes of £4.764m 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 £1.376m in green and amber schemes from Month 6.

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	40.708	(6.492)

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 £7.671m 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 to mitigate the current position.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

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

INCOME ASSUMPTIONS 2024/25 (TABLE E)

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

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the

accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this cost, which was assessed at £0.222m in the previous financial year.

The UHBs confirmed Revenue Resource Limit as at October 31st 2024 was £1,311m with a further £68m of assumed allocations as detailed below:

Table 7: 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

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 future months. The adjustment will include the retrospective uplift to medical and dental waiting list initiative rates announced via pay circulars over the last week. 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 CASHFLOW FORECAST (TABLE G)

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

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

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 its Board to submit a further application to Welsh Government for supplementary strategic cash support.

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 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

Table 8 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	

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 October was 97.4 %.

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

Of the UHB’s approved Capital Resource Limit, 12.6% has been expended to date.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 5th November 2024 - £41.701m. This reflects the M6 scheme review and updated allocations, as well as the transfer of Whitchurch Hospital to Velindre NHS Trust (due to transfer 12th November 2024).

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

AGED WELSH NHS DEBTORS (TABLE M)

On the 31st October 2024 there were 3 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. The other remaining two relate to Cwm Taf. one of which has now been paid and the other validated for payment.

Regan Nili
22/01/2025 08:52:48



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 seven months is a reported overspend of £22.244m which is £12.969m above the £9.275m straight line profile of the planned deficit.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

13th November 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

13th November 2024

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-60,900	0	-60,900	-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	20,271	8,928	11,343	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	-15,901	7,220	-23,121	-15,900
15 Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-26,211	0	-26,211	-31,215
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	141	48	94	117
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,339	-300	-1,040	-279
20 Additional In Year Identified Savings - Forecast	15,486	9,896	5,589	7,063
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)	400	400	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 Savings Gap	506	506		
28 Operational Overspend	-5,298	-5,298		
29 Savings Gap Recovery - identification of Schemes at pace	11,018	11,018		
30 Operational Overspend - Actions to reduce expenditure	5,298	5,298		
31	0	0		
32 Full Year Effect of Operational Pressures, Demand & inflation	0	0		-23,686
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-15,900	28,788	-44,688	-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	-35,525	-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	-26,483	-45,400
3	-822	-822	-848	-837	-837	-837	-837	-882	-882	-882	-849	-850	-5,839	-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	21,758	37,300
5	822	822	848	837	837	837	837	882	882	882	849	850	5,839	10,184
6	492	492	492	492	492	492	492	492	492	492	492	492	3,442	5,900
7	821	336	-125	194	-398	-126	-185	-49	-51	-50	-75	-291	517	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	11,137	20,271
9	38	65	71	71	71	71	204	25	25	25	25	25	590	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	15,290	26,211
14	-1,326	-1,326	-1,324	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-9,275	-15,901
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	-15,290	-26,211
16													0	0
17													0	0
18	0	-57	200	8	3	7	-135	30	30	19	19	19	25	141
19	52	-389	72	375	-471	-220	-152	-121	-117	-101	-112	-155	-733	-1,339
20	0	0	1,771	1,888	719	1,329	1,713	1,410	1,400	1,572	1,559	2,124	7,421	15,486
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	300	0	0	0	0	0	400	400
26													0	0
27	-90	239	-397	-428	1,005	21	156						506	506
28	-719	-838	-881	-932	-860	137	-1,205						-5,298	-5,298
29								2,400	2,406	2,228	2,253	1,731	0	11,018
30								1,060	1,060	1,060	1,060	1,060	0	5,298
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	-2,833	1,269	1,269	1,269	1,269	1,269	-22,244	-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	-2,833	1,269	1,269	1,269	1,269	1,269	-22,244	-15,900

P. Nikki
 01/2025 08:52:48

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	4,659	8,678		0	65			
2	Pay	497	399	911	913	996	1,003	1,108	1,159	1,120	1,088	1,100	1,320	5,827	11,613	50.18%	11,548	65	5,991	5,622	6,958
3	Variance	30	(186)	329	261	173	226	336	343	330	299	286	507	1,169	2,935	25.08%	11,548	0			
4	Budget/Plan	259	479	810	508	727	594	601	629	629	629	845	3,978	7,310			6,938	372			
5	Non-Pay	287	259	2,184	1,483	934	1,314	1,306	1,143	1,168	1,388	1,383	1,921	7,768	14,773	52.58%	13,682	1,091	11,158	3,615	4,996
6	Variance	28	(219)	1,374	975	207	720	706	542	539	759	754	1,077	3,791	7,463	95.30%	6,744	719			
7	Budget/Plan	105	106	106	106	106	106	106	106	106	106	106	106	739	1,268		1,268	0			
8	Primary Care - Drugs & Appliances	105	170	174	197	107	155	337	212	212	212	212	212	1,244	2,304	54.01%	2,304	0	0	2,304	2,922
9	Variance	(0)	64	69	91	1	49	231	106	106	106	106	106	505	1,036	68.29%	1,036	0			
10	Budget/Plan	14	133	260	171	161	238	161	161	161	161	161	161	1,136	1,940		1,940	0			
11	Secondary Care Drugs	8	85	326	146	133	215	186	254	264	264	257	237	1,099	2,375	46.29%	2,375	0	282	2,093	3,199
12	Variance	(6)	(48)	66	(25)	(28)	(23)	25	94	103	103	97	76	(37)	435	(3.26%)	435	0			
13	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	625	1,075		1,075	0			
14	CHC/FNC	45	45	52	989	155	226	353	267	267	267	267	267	1,865	3,202	58.25%	3,046	156	943	2,259	2,259
15	Variance	0	0	5	942	(105)	136	263	177	177	177	177	177	1,240	2,127	198.44%	1,971	156			
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	26	26	26	26	26	0	130	0.00%	130	0	130	0	0
21	Variance	0	0	0	0	0	0	0	26	26	26	26	26	0	130		130	0			
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23	Non-healthcare Services Provided by Other Healthboards	0	0	0	20	0	0	0	0	0	0	0	0	20	21	98.13%	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	11,137	20,271		11,220	0			
35	Total	942	959	3,648	3,748	2,324	2,914	3,290	3,062	3,057	3,245	3,246	3,983	17,825	34,418	0.00%	33,105	1,312	18,525	15,893	20,334
36	Variance	52	(389)	1,843	2,264	248	1,109	1,561	1,289	1,282	1,471	1,447	1,969	6,688	14,147		21,885	1,312			
37	Variance in month	5.89%	(28.85%)	102.13%	152.46%	11.94%	61.46%	90.23%	72.71%	72.26%	82.96%	80.44%	97.77%	60.05%							
38	In month achievement against FY forecast	2.74%	2.79%	10.60%	10.89%	6.75%	8.47%	9.56%	8.90%	8.88%	9.43%	9.43%	11.57%								

Regan, Nikki
22/01/2025 08:52:48

Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1		Budget/Plan	167	230	227	233	404	404	399	442	416	415	440	440	2,064	4,216	0	65			
2	Pay - General & Substantive	Actual/F'cast	167	211	498	316	405	524	633	583	556	580	605	838	2,754	5,915	5,850	65	1,782	4,133	5,400
3		Variance	0	(19)	271	83	1	121	234	141	140	165	165	398	690	1,699	5850.145519	0			
4		Budget/Plan	299	355	355	419	419	373	373	373	373	373	373	373	2,595	4,462	0	0			
5	Pay - Variable	Actual/F'cast	330	188	413	592	585	473	469	570	557	508	495	482	3,049	5,662	5,662	0	4,173	1,489	1,558
6		Variance	30	(167)	58	172	165	99	95	197	184	135	122	109	454	1,199	5,662	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Pay - Agency	Actual/F'cast	0	0	0	0	6	6	6	6	6	6	0	0	0	24	36	0	36	0	0
9		Variance	0	0	0	6	6	6	6	6	6	0	0	0	24	36	36	0			
10		Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	4,659	8,678	0	65			
11	Total	Actual/F'cast	497	399	911	913	996	1,003	1,108	1,159	1,120	1,088	1,100	1,320	5,827	11,613	11,548	65	5,991	5,622	6,958
12		Variance	30	(186)	329	261	173	226	336	343	330	299	286	507	1,169	2,935	11,548	0			

Table C2- V&S Saving Categories

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1		Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	4,659	8,678
2	Workforce	Actual/F'cast	497	399	911	913	996	1,003	1,108	1,159	1,120	1,088	1,100	1,320	5,827	11,613
3		Variance	30	(186)	329	261	173	226	336	343	330	299	286	507	1,169	2,935
4		Budget/Plan	119	239	365	276	266	343	266	266	266	266	266	266	1,876	3,207
5	Medicines Management	Actual/F'cast	113	255	500	342	240	370	480	445	454	454	448	427	2,301	4,529
6		Variance	(6)	16	135	66	(27)	27	214	179	188	188	181	161	425	1,321
7		Budget/Plan	259	479	810	508	727	594	601	629	629	629	629	845	3,978	7,310
8	Procurement & Non-pay	Actual/F'cast	287	259	2,184	1,503	934	1,314	1,308	1,143	1,169	1,389	1,384	1,922	7,789	14,794
9		Variance	28	(219)	1,374	995	207	720	708	542	540	760	754	1,077	3,811	7,484
10		Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	625	1,075
11	CHC	Actual/F'cast	45	45	52	989	155	226	353	267	267	267	267	267	1,865	3,202
12		Variance	0	0	5	942	(105)	136	263	177	177	177	177	177	1,240	2,127
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Pathway	Actual/F'cast	0	0	0	0	0	0	0	26	26	26	26	26	0	130
15		Variance	0	0	0	0	0	0	0	26	26	26	26	26	0	130
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Other - Commissioning	Actual/F'cast	0	0	0	0	0	0	43	21	21	21	21	21	43	150
18		Variance	0	0	0	0	0	0	43	21	21	21	21	21	43	150
19		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Other - Primary Care	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		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	11,137	20,271
23	Total	Actual/F'cast	942	959	3,648	3,748	2,324	2,914	3,290	3,062	3,057	3,245	3,246	3,983	17,825	34,418
24		Variance	52	(389)	1,843	2,264	248	1,109	1,561	1,289	1,282	1,471	1,447	1,969	6,688	14,147

Regan, Nikki
22/01/2025 08:52:48

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustme nt	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	890	1,348	1,805	1,485	2,076	1,805	1,730	1,773	1,775	1,774	1,799	2,014	11,137	20,271	8,928	11,343	2,206	13,549
	Month 1 - Actual/Forecast	942	959	1,876	1,860	1,605	1,584	1,578	1,651	1,657	1,673	1,687	1,859	10,404	18,932	8,629	10,303	2,967	13,270
	Variance	52	(389)	72	375	(471)	(220)	(152)	(121)	(117)	(101)	(112)	(155)	(733)	(1,339)	(300)	(1,040)	761	(279)
	In Year - Plan	0	0	1,776	1,942	843	1,372	1,359	1,247	1,258	1,430	1,417	1,734	7,292	14,379	8,753	5,626	1,437	7,063
	In Year - Actual/Forecast	0	0	1,771	1,888	719	1,329	1,713	1,410	1,400	1,572	1,559	2,124	7,421	15,486	9,896	5,589	1,474	7,063
	Variance	0	0	(5)	(54)	(124)	(43)	353	163	142	142	142	390	128	1,107	1,144	(37)	37	0
	Total Plan	890	1,348	3,581	3,426	2,919	3,177	3,089	3,019	3,033	3,204	3,216	3,748	18,430	34,650	17,681	16,969	3,643	20,612
	Total Actual/Forecast	942	959	3,648	3,748	2,324	2,914	3,290	3,062	3,057	3,245	3,246	3,983	17,825	34,418	18,525	15,893	4,441	20,334
Total Variance	52	(389)	67	322	(595)	(263)	201	42	25	41	30	235	(605)	(232)	844	(1,076)	798	(278)	
Net Income Generation	Month 1 - Plan	38	65	71	71	71	71	204	25	25	25	25	25	590	717	492	226	10	236
	Month 1 - Actual/Forecast	38	8	271	66	66	66	41	27	27	27	27	27	556	692	489	203	33	236
	Variance	0	(57)	200	(5)	(5)	(5)	(163)	2	2	2	2	2	(34)	(25)	(3)	(23)	23	0
	In Year - Plan	0	0	0	29	7	12	30	30	30	13	13	13	77	177	50	127	(10)	117
	In Year - Actual/Forecast	0	0	0	12	7	12	28	28	28	17	17	17	59	167	50	117	0	117
	Variance	0	0	0	(17)	0	0	(2)	(2)	(2)	4	4	4	(18)	(10)	0	(10)	10	0
	Total Plan	38	65	71	100	78	82	234	55	55	39	39	39	667	894	542	353	0	353
	Total Actual/Forecast	38	8	271	78	73	78	69	55	55	44	44	44	615	859	539	320	33	353
Total Variance	0	(57)	200	(21)	(5)	(5)	(165)	0	0	6	6	6	(52)	(35)	(3)	(33)	33	0	
Accountancy Gains	In Year - Plan	0	0	0	0	100	0	300	0	0	0	0	0	400	400	400	0	0	0
	In Year - Actual/Forecast	0	0	0	0	100	0	300	0	0	0	0	0	400	400	400	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	928	1,413	1,875	1,555	2,147	1,875	1,934	1,798	1,800	1,799	1,824	2,040	11,727	20,988	9,420	11,569	2,216	13,785
	Month 1 - Actual/Forecast	980	967	2,147	1,926	1,671	1,650	1,619	1,679	1,685	1,700	1,714	1,887	10,960	19,624	9,118	10,506	3,000	13,506
	Variance	52	(446)	271	371	(475)	(225)	(315)	(120)	(116)	(99)	(111)	(153)	(767)	(1,365)	(302)	(1,063)	784	(279)
	In Year - Plan	0	0	1,776	1,971	950	1,384	1,689	1,277	1,288	1,444	1,430	1,747	7,770	14,955	9,203	5,753	1,427	7,180
	In Year - Actual/Forecast	0	0	1,771	1,900	826	1,341	2,041	1,438	1,428	1,589	1,576	2,141	7,880	16,053	10,346	5,706	1,474	7,180
	Variance	0	0	(5)	(70)	(124)	(43)	352	162	140	146	146	394	110	1,097	1,144	(47)	47	0
	Total Plan	928	1,413	3,652	3,526	3,097	3,259	3,623	3,075	3,088	3,243	3,255	3,787	19,497	35,944	18,623	17,321	3,643	20,965
	Total Actual/Forecast	980	967	3,918	3,827	2,497	2,991	3,660	3,117	3,112	3,289	3,290	4,028	18,840	35,676	19,464	16,212	4,474	20,686
Total Variance	52	(446)	266	300	(600)	(268)	37	42	25	47	35	241	(657)	(268)	841	(1,109)	831	(278)	

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
All Service Areas	10,274	17,753	377	28,404	809	400
Scheduled Care	0	971	0	971	0	0
Unscheduled Care	0	1,196	0	1,196	0	0
Mental Health	0	0	0	0	0	0
Community Services	0	0	0	0	0	0
Primary Care	1,171	2,356	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	0	0	0	0	0	0
Executive / Corporate Areas	168	0	0	168	50	0
Total	11,613	22,428	377	34,418	859	400

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
RECEIPTS														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	132,945	118,770	92,640	117,835	126,005	106,110	110,275	139,950	120,165	98,681	92,621	57,559	1,313,556
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,180	1,180	420	995	2,005	1,430	1,120	1,895	555	1,200	1,200	1,200	14,380
3	WG Revenue Funding - Other (e.g. invoices)	3,185	1,319	1,307	1,371	1,369	3,080	1,333	1,298	1,298	1,298	2,957	4,490	24,305
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	4,000	2,000	2,080	2,000	1,000	3,000	1,500	(3,800)	4,000	4,000	16,456	46,236
5	Income from other Welsh NHS Organisations	40,964	47,167	44,602	44,107	40,652	40,817	53,103	38,136	39,833	39,982	50,537	52,457	532,357
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets					0	0	0	7,800	0	0	0	0	7,800
10	Other - (Specify in narrative)	4,368	12,334	6,857	6,463	9,417	5,952	10,390	21,065	7,459	19,274	7,358	9,215	120,151
11	TOTAL RECEIPTS	192,642	184,770	147,825	172,850	181,447	158,389	179,221	211,644	165,511	164,435	158,673	141,376	2,058,784
PAYMENTS														
12	Primary Care Services : General Medical Services	6,787	6,329	7,770	6,161	6,282	6,539	6,196	6,345	7,347	6,342	6,342	7,347	79,786
13	Primary Care Services : Pharmacy Services	215	140	125	124	122	118	133	123	280	560	280	280	2,500
14	Primary Care Services : Prescribed Drugs & Appliances	8,718	18,833	0	9,099	19,250	0	9,593	18,741	0	9,360	9,360	9,360	112,314
15	Primary Care Services : General Dental Services	2,354	2,429	2,380	2,368	2,444	2,373	2,395	2,201	2,370	2,370	2,370	2,370	28,425
16	Non Cash Limited Payments	2,112	2,077	2,270	2,136	2,007	2,097	2,159	2,189	2,120	2,120	2,120	2,120	25,528
17	Salaries and Wages	70,344	70,347	70,084	70,092	68,975	72,076	73,656	88,843	85,910	72,061	72,627	72,459	887,474
18	Non Pay Expenditure	80,837	87,303	68,961	80,183	73,557	77,378	83,009	85,408	70,285	67,623	61,573	50,958	887,075
19	Short Term Loan Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
21	Capital Payment	12,675	1,730	1,015	1,347	1,729	912	1,569	4,000	5,000	4,000	4,000	16,384	54,361
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	184,043	189,188	152,605	171,509	174,366	161,492	178,711	207,849	173,312	164,436	158,672	161,278	2,077,464
24	Net cash inflow/outflow	8,599	(4,418)	(4,780)	1,341	7,081	(3,103)	510	3,795	(7,802)	(1)	1	(19,902)	
25	Balance b/f	2,780	11,379	6,961	2,181	3,522	10,603	7,500	8,010	11,804	4,003	4,001	4,002	
26	Balance c/f	11,379	6,961	2,181	3,522	10,603	7,500	8,010	11,804	4,003	4,001	4,002	(15,900)	

Prepared by: Nikki
01/2025 08:52:48

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE EIGHT MONTH PERIOD ENDED 30th NOVEMBER 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 resulted in an initial 2024/25 planning deficit of £15.9m.

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

Revision to Planned Deficit

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

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

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m

would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this resulted in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. In light of this and the additional in year pressures, the UHB has revised its year end forecast to a deficit of £27.7m as follows:

Table 1 – Forecast Year End Outturn

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

The Month 8 Monitoring Return now incorporates a revised forecast deficit of £27.7m as recognised by the UHB’s governance structure.

At Month 8 the UHB is reporting an overspend of £22.969m.

This is comprised of £8.446m unidentified savings, £8.456m of operational overspend and the revised planned deficit of £6.067m (8 twelfths of the revised original planning control deficit of £9.100m).

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

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

- 80 beds will be open by the end of March that were not anticipated at the commencement of the financial year (£6m fully year effect).
- Planned Care initiatives to achieve target waiting times by the end of the financial year have cost £3m more than anticipated in plan.
- Cost reduction programmes have delivered £11.2m less than anticipated mainly reflecting the lack of progress the UHB has been able to make in workforce reshaping initiatives as a result of increasing service pressures.
- The UHB anticipated additional pay award funding to meet bank shift costs which are an integral part of the UHB staffing rotas. It has now

been confirmed that funding for pay increases relating to bank staff will not be funded through the Welsh Government pay allocation. This has added £1.5m to the UHB pressures for 2024-25 and on a recurrent basis.

A straight-line extrapolation trend based on the Month 8 position would see an out-turn deficit of £34.5m before the delivery of additional recovery actions.

Recovery schemes are discussed and scrutinised at the Sustainability Board (CEO chaired) to support a revised financial trajectory. At this point the UHB does not have the assurance that the approval and delivery of these schemes will fully return the financial outlook to the revised deficit control of £9.1m issued by Welsh Government in November.

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

BACKGROUND

The Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2024. A summary of the draft financial plan submitted is provided in Table 2.

Table 2: 2024/25 Draft Plan

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

This represented the initial financial plan of the Health Board.

Welsh Government issued a revised control target letter dated the 25th of November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares

basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of a £9.1m deficit.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, and the revised target control total of a £9.1m deficit for 2024-25. This report details the financial position of the UHB for the period ended 30th November 2024.

A full commentary has been provided to cover the tables requested for the month 8 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 8 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 8, the UHB had identified £20.322m of recurrent green and amber savings and a further £2.561 of red schemes

A £8.456m operational overspend was reported at month 8 and this also needs to be managed to a balanced position at year end to meet the target ULD.

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

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

Table 3 – Initial Assessment of Underlying Deficit

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

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

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

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

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

As a result of the slowdown in progress made in the identification of savings and the continuing operational pressures the month 8 report recognises risks previously outlined in a revised year end forecast deficit of £27.7m

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

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

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

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

Risks and opportunities at month 8 have been re-assessed and are summarised in table 4 below:

Table 4 – Summary of Risk and Opportunities

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

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year-to-date deficit of £22.969m which is an in month deterioration of £3.933m above the revised control total.

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

Table 5: Summary Financial Position for the period ended 30th November 2024

	Month 8 Position £m	Forecast Year-End Position £m
Revised Planning Control (Deficit)	6.067	9.100
Savings Programme Deficit	8.446	11.200
Operational position (Surplus) / Deficit	8.456	9.500
Further Recovery actions		(2.100)
Financial Position £m (Surplus) / Deficit £m	22.969	27.700

The month 8 deficit of £22.969m comprised of the following:

- £6.067m revised planning control deficit
- £8.446m unachieved CRP gap
- £8.456m operational deficit against plan.

The operational deficit against plan increased by £3.158m to £8.456m during month 8 due to pressures in clinical areas.

Circa £1m of the overspend was directly linked to the implementation of the 2024/25 pay uplift to bank staff in month 8, where Welsh Government has indicated that no additional wage award funding will be provided but had been anticipated by the UHB. This included bank staff who received a pay uplift due

to the implementation of the Real Living Wage uplift in April. The full year effect of the unfunded uplift for bank staff is estimated at £1.5m. Pressures reported in month were primarily against medical staff budgets, sickness pressures in nursing and primary care prescribing pressures and out of area mental placements whilst structural remedial work is being carried out at the Hafan Y Coed unit.

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

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

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

SOCNE / SOCNI Movement (TABLE B1)

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

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £0.413m in month primarily due to nursing pressures, which is £0.164m less than the average for the year to month 7. £0.360m of the costs recorded in November related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 8, Table B3 reports forecast outturn expenditure due to COVID-19 to be in line with the Welsh Government funding of £10.184m. This includes expenditure related to the Covid funding for Health Protection and PPE (£9.040m) and Long Covid (£1.144m) allocations.

Welsh Government funding and forecast Covid Expenditure is summarised in Table 6 below.

Table 6: 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 8, the UHB had identified £36.000m (76%) of green and amber savings to deliver against the £47.2m savings target. With red schemes of £4.947m also identified, but with less certain delivery assurance, Table 7 summarises that £40.947m of savings have been identified for 2024-25 with £6.527m currently not identified.

This represents an increase of £0.056m in green and amber schemes from Month 7.

Table 7: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total Identified Savings (green, amber & red) £m	47.200	40.947	(6.253)

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 £8.446m on a straight-line Month 1-12 phasing basis.

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

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The UHB has completed discussions to agree and sign contracts (Long Term Agreements (LTA) and Service Level Agreements with other Welsh NHS

organisations, without the need to resort to arbitration. Most LTAs were uplifted in line with the Welsh Government guidelines with a general funding uplift of 3.67%. Some settlements are expected to recover the necessary income to support the anticipated plan position with improved output and productivity.

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

INCOME ASSUMPTIONS 2024/25 (TABLE E)

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

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

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

The UHBs confirmed Revenue Resource Limit as of November 30st 2024 was £1,314m with a further £117m of assumed allocations as detailed below:

Table 8: Unconfirmed Anticipated Allocations

	Unconfirmed Allocations £m
Depreciation, Impairments & IFRS 16	22.143
Real Living Wage Health & Social Care Providers	4.612
2024/25 Pay Uplifts	47.782
Consultant & Resident Drs Retrospective 2023/24 Pay Award	17.622
Vertex	2.774
Clinical Excellence & Impact Awards	1.796
Welsh Government Funded New Medical Posts	1.736
Optometry Contract Reform	1.500
Six Goals For Urgent and Emergency Care Programme	1.480
Additional Funding Control Total	6.800
Planned Care 104 Week Waits Schemes	0.000
Other	8.635
Total Unconfirmed Allocations £m	116.880

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 future months. The adjustment will include the retrospective uplift to medical and dental waiting list initiative rates announced via pay circulars over the last week. 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. It is estimated that the additional costs of the pay award made to Cardiff University Staff is circa £0.4m

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

BALANCE SHEET (TABLE F)

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

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

The carrying values of Trade and Other receivables have remained consistent with the previous months reported figures.

The carrying values of both Trade and Other Payables and Provisions have remained consistent with the previous months reported figures.

There is a movement of c£15m between Current and Non-Current Liabilities in respect of Provisions due to a change in payment profile. This is also reflected in Trade and Other Receivables.

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

MONTHLY CASHFLOW FORECAST (TABLE G)

The closing cash balance at the end of November, was £10.928m.

A large part of the balance related to the receipts from the sale of Whitchurch where further advice is awaited in respect the treatment of the associated cash.

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

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

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 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 November 2024 was circa £40m.

Table 8 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 8 forecast	27.700
Strategic Cash Support based on risk of not delivering Month 8 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 8 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 8 forecast	tbc
Forecast Cash Support Request £m	

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 November was 97.6 %.

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

Of the UHB's approved Capital Resource Limit, 21.8% has been expended to date.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 8th November 2024 - £41.704m. This reflects the transfer of Whitchurch Hospital to Velindre NHS Trust which completed on the 12th November 2024.

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

IFRS16 figures have been updated to reflect the December return.

AGED WELSH NHS DEBTORS (TABLE M)

On the 30th November 2024 there was 1 invoice raised by the UHB against other Welsh NHS organisations (Powys) which had been outstanding for more than 17 weeks. This has now been paid.

RING FENCED ALLOCATIONS (TABLE P)

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

GMS & GDS (TABLE Q)

The submissions for GDS and GMS include the plan at Quarter 2 and forecast outturn which reflects the Welsh Government allocation amended for UHB budgetary decisions. The UHB expects to fully utilise the ring fenced budgets in an appropriate manner by the end of the year.

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

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

IFRS 16 (TABLE Q)

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

OTHER ISSUES

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

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2024 which included a savings target of £47.2m and aimed to deliver financial stability, a deficit of £15.9m and ensure that the underlying position was reduced.

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

The Month 8 forecast is based revised target control total of £9.1m, plus operational and savings pressures that have emerged in the financial year of £20.7m less £2.1m of recovery actions. This leaves a revised forecast deficit of £27.7m

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

The reported financial position for the first eight months is a reported overspend of £22.969m which is £16.902m above the £6.067m straight line profile of the revised control deficit.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

12th December 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

12th December 2024

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-60,900	0	-60,900	-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	20,271	8,928	11,343	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	-15,901	7,220	-23,121	-15,900
15 Reversal of Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	-26,211	0	-26,211	-31,215
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	603	519	84	117
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1,357	-334	-1,023	-279
20 Additional In Year Identified Savings - Forecast	15,366	9,865	5,500	7,071
21 Variance to Planned RRL & Other Income	0	0		
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	6,800	6,800		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0		
25 In Year Accountancy Gains (Positive Value)	400	400	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 Savings Gap	0	0		
28 Operational Overspend	-7,400	-7,400		
29 Savings Gap Recovery - identification of Schemes at pace	0	0		
30 Operational Overspend - Actions to reduce expenditure	0	0		
31	0	0		
32 Full Year Effect of Operational Pressures, Demand & inflation	0	0		-16,894
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)	-27,700	17,070	-44,770	-57,100
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-27,700			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-5,075	-40,600	-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	-30,267	-45,400
3	-822	-822	-848	-837	-837	-837	-837	-882	-882	-882	-849	-850	-6,721	-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	24,867	37,300
5	822	822	848	837	837	837	837	882	882	882	849	850	6,721	10,184
6	492	492	492	492	492	492	492	492	492	492	492	492	3,933	5,900
7	821	336	-125	194	-398	-126	-185	-49	-51	-50	-75	-291	468	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	12,910	20,271
9	38	65	71	71	71	71	204	25	25	25	25	25	615	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	17,474	26,211
14	-1,326	-1,326	-1,324	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-1,325	-10,600	-15,901
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	-17,474	-26,211
16													0	0
17													0	0
18	0	-57	200	8	3	7	-135	70	135	124	124	124	95	603
19	52	-389	72	375	-471	-220	-152	-166	-109	-102	-106	-141	-998	-1,357
20	0	0	1,771	1,888	719	1,329	1,713	1,084	1,435	1,628	1,615	2,183	8,504	15,366
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23								4,533	567	567	567	567	4,533	6,800
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	100	0	300	0	0	0	0	0	400	400
26													0	0
27	-90	239	-397	-428	1,005	21	156	421	-232	-232	-232	-232	927	0
28	-719	-838	-881	-932	-860	137	-1,205	-3,158	530	342	358	-173	-8,456	-7,400
29													0	0
30													0	0
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	-2,832	-725	-1,183	-1,183	-1,183	-1,183	-22,969	-27,700
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-4,267	-4,554	-2,743	-2,599	-3,013	-2,235	-2,832	-725	-1,183	-1,183	-1,183	-1,183	-22,969	-27,700

APPROVED BY: 08:52:48

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

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total_YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	5,474	8,678			0	65			
2	Pay	497	399	911	913	996	1,003	1,108	1,157	1,126	1,084	1,096	1,316	6,984	11,607	60.17%	11,542	65	5,958	5,649		6,958
3	Variance	30	(186)	329	261	173	226	336	341	337	296	283	503	1,510	2,929	27.58%	11,542	0				
4	Budget/Plan	259	479	810	508	727	594	601	601	629	629	629	845	4,579	7,310			7,039	272			
5	Non-Pay	287	259	2,184	1,483	934	1,314	1,307	1,032	1,199	1,419	1,419	1,963	8,800	14,800	59.46%	13,811	989	11,156	3,644		5,003
6	Variance	28	(219)	1,374	975	207	720	706	431	570	790	789	1,119	4,222	7,489	92.21%	6,772	718				
7	Budget/Plan	105	106	106	106	106	106	106	106	106	106	106	106	845	1,268		1,268	0				
8	Primary Care - Drugs & Appliances	105	170	174	197	107	155	337	129	233	233	233	233	1,373	2,304	59.59%	2,304	0	0	2,304		2,922
9	Variance	(0)	64	69	91	1	49	231	23	127	127	127	127	528	1,036	62.47%	1,036	0				
10	Budget/Plan	14	133	260	171	161	238	161	161	161	161	161	161	1,297	1,940		1,940	0				
11	Secondary Care Drugs	8	85	326	146	133	215	186	120	210	271	267	249	1,219	2,217	55.01%	2,217	0	252	1,965		3,199
12	Variance	(6)	(48)	66	(25)	(28)	(23)	25	(40)	50	110	106	89	(77)	277	(5.97%)	277	0				
13	Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	715	1,075		1,075	0				
14	CHC/FNC	45	45	52	989	155	226	353	227	307	267	267	267	2,093	3,202	65.35%	3,202	0	943	2,259		2,259
15	Variance	0	0	5	942	(105)	136	263	137	217	177	177	177	1,378	2,127	192.68%	2,127	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	26	26	26	26	26	26	130	20.00%	130	0	130	0		0
21	Variance	0	0	0	0	0	0	0	26	26	26	26	26	130			130	0				
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23	Non-healthcare Services Provided by Other Healthboards	0	0	0	20	0	0	0	0	0	0	0	0	20	21	98.51%	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	12,910	20,271		11,321	0				
35	Total	942	959	3,648	3,748	2,324	2,914	3,291	2,691	3,101	3,300	3,308	4,055	20,516	34,280	20.00%	33,226	1,054	18,460	15,820		20,341
36	Variance	52	(389)	1,843	2,264	248	1,109	1,561	918	1,327	1,526	1,509	2,041	7,606	14,009		21,905	1,054				
37	Variance in month	5.89%	(28.85%)	102.13%	152.46%	11.94%	61.46%	90.24%	51.80%	74.75%	86.04%	83.91%	101.34%	58.92%								
38	In month achievement against FY forecast	2.75%	2.80%	10.64%	10.93%	6.78%	8.50%	9.60%	7.85%	9.05%	9.63%	9.65%	11.83%									

Regan Nikki
22/01/2025 08:52:48

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	
1		Budget/Plan	167	230	227	233	404	404	399	442	416	415	440	440	2,506	4,216	0	65			
2	Pay - General & Substantive	Actual/F'cast	167	211	498	316	405	524	633	550	569	582	607	840	3,304	5,902	5,837		1,742	4,160	5,400
3		Variance	0	(19)	271	83	1	121	234	108	153	167	167	400	798	1,686	5837.257722	0			
4		Budget/Plan	299	355	355	419	419	373	373	373	373	373	373	373	2,968	4,462	0	0			
5	Pay - Variable	Actual/F'cast	330	188	413	592	585	473	469	600	551	502	489	476	3,649	5,668	5,668	0	4,179	1,489	1,558
6		Variance	30	(167)	58	172	165	99	95	227	178	129	116	103	681	1,206	5,668	0			
7		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Pay - Agency	Actual/F'cast	0	0	0	0	6	6	6	6	6	6	6	6	0	30	36	36	0	36	0
9		Variance	0	0	0	6	6	6	6	6	6	6	6	6	30	36	36	0			
10		Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	5,474	8,678	0	65			
11	Total	Actual/F'cast	497	399	911	913	996	1,003	1,108	1,157	1,126	1,084	1,096	1,316	6,984	11,607	11,542	65	5,958	5,649	6,958
12		Variance	30	(186)	329	261	173	226	336	341	337	296	283	503	1,510	2,929	11,542	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		Budget/Plan	466	585	582	652	823	777	773	815	789	788	813	813	5,474	8,678
2	Workforce	Actual/F'cast	497	399	911	913	996	1,003	1,108	1,157	1,126	1,084	1,096	1,316	6,984	11,607
3		Variance	30	(186)	329	261	173	226	336	341	337	296	283	503	1,510	2,929
4		Budget/Plan	119	239	365	276	266	343	266	266	266	266	266	266	2,142	3,207
5	Medicines Management	Actual/F'cast	113	255	500	342	240	370	480	292	413	473	470	452	2,592	4,401
6		Variance	(6)	16	135	66	(27)	27	214	25	147	207	204	186	450	1,193
7		Budget/Plan	259	479	810	508	727	594	601	601	629	629	629	845	4,579	7,310
8	Procurement & Non-pay	Actual/F'cast	287	259	2,184	1,503	934	1,314	1,307	1,032	1,199	1,419	1,419	1,983	8,821	14,820
9		Variance	28	(219)	1,374	995	207	720	706	431	570	790	790	1,119	4,242	7,510
10		Budget/Plan	45	45	48	48	260	90	90	90	90	90	90	90	715	1,075
11	CHC	Actual/F'cast	45	45	52	989	155	226	353	227	307	267	267	267	2,093	3,202
12		Variance	0	0	5	942	(105)	136	263	137	217	177	177	177	1,378	2,127
13		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Pathway	Actual/F'cast	0	0	0	0	0	0	0	26	26	26	26	26	26	130
15		Variance	0	0	0	0	0	0	0	26	26	26	26	26	26	130
16		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Other - Commissioning	Actual/F'cast	0	0	0	0	0	0	43	(43)	30	30	30	30	0	120
18		Variance	0	0	0	0	0	0	43	(43)	30	30	30	30	0	120
19		Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Other - Primary Care	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		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	12,910	20,271
23	Total	Actual/F'cast	942	959	3,648	3,748	2,324	2,914	3,291	2,691	3,101	3,300	3,308	4,055	20,516	34,280
24		Variance	52	(389)	1,843	2,264	248	1,109	1,561	918	1,327	1,526	1,509	2,041	7,606	14,009

Regan, Nikki
22/01/2025 08:52:48

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	12,910	20,271	8,928	11,343	2,206	13,549
	Month 1 - Actual/Forecast	942	959	1,876	1,860	1,605	1,584	1,578	1,607	1,666	1,671	1,693	1,873	12,012	18,915	8,595	10,320	2,950	13,270
	Variance	52	(389)	72	375	(471)	(220)	(152)	(166)	(109)	(102)	(106)	(141)	(898)	(1,357)	(334)	(1,023)	744	(279)
	In Year - Plan	0	0	1,776	1,942	843	1,372	1,319	1,247	1,298	1,431	1,418	1,735	8,500	14,382	8,753	5,629	1,441	7,070
	In Year - Actual/Forecast	0	0	1,771	1,888	719	1,329	1,713	1,084	1,435	1,628	1,615	2,183	8,504	15,366	9,865	5,500	1,570	7,071
	Variance	0	0	(5)	(54)	(124)	(43)	393	(163)	137	197	197	448	4	984	1,113	(129)	129	0
	Total Plan	890	1,348	3,581	3,426	2,919	3,177	3,049	3,020	3,073	3,205	3,217	3,749	21,410	34,653	17,681	16,972	3,647	20,619
	Total Actual/Forecast	942	959	3,648	3,748	2,324	3,291	3,291	2,691	3,101	3,300	3,308	4,055	20,516	34,280	18,460	15,820	4,521	20,341
	Total Variance	52	(389)	67	322	(595)	(263)	241	(329)	28	95	91	306	(894)	(373)	779	(1,152)	873	(278)
Net Income Generation	Month 1 - Plan	38	65	71	71	71	71	204	25	25	25	25	25	615	717	492	226	10	236
	Month 1 - Actual/Forecast	38	8	271	66	66	66	41	15	27	27	27	27	571	680	487	193	43	236
	Variance	0	(57)	200	(5)	(5)	(5)	(163)	(10)	2	2	2	2	(44)	(38)	(5)	(33)	33	0
	In Year - Plan	0	0	0	29	7	12	30	82	30	13	13	13	160	229	103	127	(10)	117
	In Year - Actual/Forecast	0	0	0	12	7	12	28	81	133	122	122	122	140	640	524	117	0	117
	Variance	0	0	0	(17)	0	0	(2)	(2)	104	109	109	109	(20)	411	421	(10)	10	0
	Total Plan	38	65	71	100	78	82	234	108	55	39	39	39	775	947	594	353	0	353
Total Actual/Forecast	38	8	271	78	73	78	69	96	161	150	149	149	711	1,320	1,010	310	43	353	
Total Variance	0	(57)	200	(21)	(5)	(5)	(165)	(12)	105	111	111	111	(64)	373	416	(43)	43	0	
Accountancy Gains	In Year - Plan	0	0	0	0	100	0	300	0	0	0	0	0	400	400	400	0	0	0
	In Year - Actual/Forecast	0	0	0	0	100	0	300	0	0	0	0	0	400	400	400	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	928	1,413	1,875	1,555	2,147	1,875	1,934	1,798	1,800	1,799	1,824	2,040	13,525	20,988	9,420	11,569	2,216	13,785
	Month 1 - Actual/Forecast	980	967	2,147	1,926	1,671	1,650	1,619	1,622	1,693	1,698	1,720	1,900	12,583	19,594	9,081	10,513	2,993	13,506
	Variance	52	(446)	271	371	(475)	(225)	(315)	(176)	(107)	(101)	(104)	(140)	(943)	(1,394)	(339)	(1,056)	777	(279)
	In Year - Plan	0	0	1,776	1,971	950	1,384	1,649	1,330	1,328	1,444	1,431	1,748	9,060	15,011	9,255	5,756	1,431	7,187
	In Year - Actual/Forecast	0	0	1,771	1,900	826	1,341	2,041	1,165	1,569	1,751	1,738	2,305	9,044	16,406	10,789	5,617	1,570	7,187
	Variance	0	0	(5)	(70)	(124)	(43)	391	(165)	241	306	307	557	(16)	1,395	1,534	(139)	139	0
	Total Plan	928	1,413	3,652	3,526	3,097	3,259	3,583	3,128	3,129	3,243	3,255	3,788	22,585	36,000	18,675	17,325	3,647	20,972
	Total Actual/Forecast	980	967	3,918	3,827	2,497	2,991	3,660	2,787	3,262	3,449	3,458	4,205	21,627	36,000	19,870	16,130	4,563	20,694
Total Variance	52	(446)	266	300	(600)	(268)	77	(341)	133	206	202	417	(958)	1	1,195	(1,194)	916	(278)	

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	10,268	17,750	377	28,394	1,270	400
Scheduled Care	0	971	0	971	0	0
Unscheduled Care	0	1,068	0	1,068	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	0	0	0	0	0	0
Executive / Corporate Areas	168	0	0	168	50	0
Total	11,607	22,296	377	34,280	1,320	400

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
RECEIPTS														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	132,945	118,770	92,640	117,835	126,005	106,110	110,275	141,950	116,780	114,025	98,839	90125.174	1,366,299
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,180	1,180	420	995	2,005	1,430	1,120	1,895	555	1,200	1,200	1,200	14,380
3	WG Revenue Funding - Other (e.g. invoices)	3,185	1,319	1,307	1,371	1,369	3,080	1,333	3,473	1,298	1,298	1,298	4,490	24,821
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	4,000	2,000	2,080	2,000	1,000	3,000	1,500	(3,800)	5,000	5,000	14,412	46,192
5	Income from other Welsh NHS Organisations	40,964	47,167	44,602	44,107	40,652	40,817	53,103	41,780	47,810	38,572	52,196	53,441	545,209
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets					0	0	0	7,800	0	0	0	0	7,800
10	Other - (Specify in narrative)	4,368	12,334	6,857	6,463	9,417	5,952	10,390	17,702	7,400	14,411	10,317	9,926	115,537
11	TOTAL RECEIPTS	192,642	184,770	147,825	172,850	181,447	158,389	179,221	216,099	170,043	174,507	168,851	173,594	2,120,239
PAYMENTS														
12	Primary Care Services : General Medical Services	6,787	6,329	7,770	6,161	6,282	6,539	6,196	6,683	7,158	6,401	6,401	7,301	80,009
13	Primary Care Services : Pharmacy Services	215	140	125	124	122	118	133	123	141	390	260	260	2,151
14	Primary Care Services : Prescribed Drugs & Appliances	8,718	18,833	0	9,099	19,250	0	9,593	19,854	0	9,485	9,485	9,485	113,802
15	Primary Care Services : General Dental Services	2,354	2,429	2,380	2,368	2,444	2,373	2,395	2,201	2,247	2,355	2,355	2,355	28,258
16	Non Cash Limited Payments	2,112	2,077	2,270	2,136	2,007	2,097	2,159	2,189	2,318	2,150	2,150	2,150	25,816
17	Salaries and Wages	70,344	70,347	70,084	70,092	68,975	72,076	73,656	84,007	86,390	72,252	72,782	72,620	883,625
18	Non Pay Expenditure	80,837	87,303	68,961	80,183	73,557	77,378	83,009	95,049	73,716	76,470	70,420	95,857	962,740
19	Short Term Loan Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only				0	0	0	0	0	0	0	0	0	0
21	Capital Payment	12,675	1,730	1,015	1,347	1,729	912	1,569	3,074	5,000	5,000	5,000	15,266	54,317
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	184,043	189,188	152,605	171,509	174,366	161,492	178,711	213,181	176,971	174,504	168,854	205,295	2,150,718
24	Net cash inflow/outflow	8,599	(4,418)	(4,780)	1,341	7,081	(3,103)	510	2,919	(6,927)	3	(3)	(31,701)	
25	Balance b/f	2,780	11,379	6,961	2,181	3,522	10,603	7,500	8,010	10,929	4,001	4,004	4,001	
26	Balance c/f	11,379	6,961	2,181	3,522	10,603	7,500	8,010	10,929	4,001	4,004	4,001	(27,700)	

Prepared by: Nikki
01/2025 08:52:48