

Public Finance & Performance Committee Meeting

Wed 16 April 2025, 14:00 - 15:35

Virtual - MS Teams

Agenda

14:00 - 14:05 **1. Standing Items (14:00-14:05)** 5 min

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence

1.3. Declarations of Interest

John Union

1.4. Minutes from the Finance and Performance Committee meeting – 19th March 2025

John Union

 1.4 Public Finance and Performance Minutes 19.03.25.pdf (4 pages)

1.5. Actions following the Finance and Performance Committee meeting held on 19th March 2025

John Union




1.6. Chairs Actions Since Previous Meeting

John Union

14:05 - 15:35 **2. Items for Review & Assurance (14:05 - 15:35)** 90 min


2.1. Financial Report - New Format (10 mins)

Andrew Gough

-  2.1 Financial Report Covering Report.pdf (3 pages)
-  2.1a Month 11 Finance Report - Draft v2.0.pdf (20 pages)
-  2.1b Review of Finance Report - Cardiff Vale Appendix 1.pdf (8 pages)



2.2. Financial Report – Month 12 Position (including Savings Tracker) (30 minutes)

Andrew Gough

 2.2 Public Finance Committee Summary Finance position Report for Month 12.pdf (12 pages)

2.3. Operational Performance Update (20 minutes)

Paul Bostock

-  2.3 Operational Performance report cover paper.pdf (7 pages)
-  2.3a Integrated Performance Report F&P committee April 25.pdf (18 pages)

Regan Nikki
14/04/2025 14:22:58

📄 2.3b Planned Care - F&P Slides.pdf (10 pages)

📄 2.3d Quality Improvement and Efficiency Plan Reporting - F&P 16th April.pdf (10 pages)

2.4. QIEP (20 minutes)

Adam Wright

📄 2.4 QIEP - 2025-26 Cash Releasing Savings Update.pdf (3 pages)

2.5. 2025-2026 Savings Plan (10 minutes)

Andrew Gough

15:35 - 15:35 3. Items for Approval / Ratification (0 minutes)

0 min

3.1. No Business Cases

15:35 - 15:35 4. Items for Information and Noting (0 minutes)

0 min

4.1. Monthly Monitoring Return – Month 12

📄 4.1 WG 2024 _25 month 11 MMR Covering Report.pdf (2 pages)

📄 4.1a CV Financial Monitoring Returns 2024-25 - Month 11.pdf (12 pages)

📄 4.1b 2024-25 MMR Template - Cardiff Vale UHB Month 11.pdf (6 pages)

4.2. Planning, Performance and Finance (PPF) Highlight Report JCC

Matt Phillips

📄 4,2 - PPF Highlight Report.pdf (5 pages)

15:35 - 15:35 5. Any Other Business

0 min

15:35 - 15:35 6. Private Agenda

0 min

6.1. No Items

15:35 - 15:35 7. Review & Final Closure

0 min

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

7.2. To note the date, time and venue of the next committee meeting: Wednesday 21st May 2025 via MS Teams

Regan, Nikki
14/04/2025 14:22:58

**Minutes of the Public Finance & Performance Committee Meeting
19 March 2025
Via MS Teams**

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

| | | |
|-----------------------|----|--|
| Chair: | | |
| John Union | JU | Independent Member – Finance / Committee Chair |
| Present: | | |
| Ceri Phillips | CP | CAV UHB Vice Chair |
| Charles Janczewski | CJ | CAV UHB Chair |
| Sara Moseley | SM | Independent Member – Third Sector |
| Mike Jones | MJ | Independent Member – Trade Union |
| Rachna Upadhya | RU | Independent Member - General |
| In Attendance: | | |
| Andrew Gough | AG | Deputy Director of Finance (Strategic) |
| Catherine Phillips | CP | Executive Director of Finance |
| Matt Phillips | MP | Director of Corporate Governance |
| Matt Temby | MT | Managing Director - UHL |
| Secretariat: | | |
| Nikki Regan | NR | Corporate Governance Officer |
| Apologies: | | |
| Paul Bostock | PB | Chief Operating Officer |
| Steve Riley | SR | Independent Member University |
| Suzanne Rankin | SR | Chief Executive |
| Rhian Thomas | RT | Independent Member – Capital & Estates |

| Ref: | Agenda Item: | Action: |
|------------------|---|---------|
| FPC 19/03/001 | Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting. | |
| FPC 19/03/002 | 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 19/03/003 | Declarations of Interest (click to view) No Declarations of Interest were noted. | |
| FPC 19/03/004 | Minutes of the Finance and Performance Meeting held on 19th February 2025 (click to view) The minutes of the meeting held on 19 th February 2025 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 19 th February 2025 were held as a true and accurate record of the meeting. | |
| FPC 19/03/005 | Actions following the Finance & Performance Meeting on 19th February 2025 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 19/03/006 | Chairs Action since previous meeting (click to view) There were no Chair's Actions taken since the last meeting | |

FPC
19/03/007

[Financial Report – Month 11 Position & Savings Plan Progress \(including Savings Tracker\) – \(click to view\)](#)

The DDFO gave an update on the Financial Report for Month 11 and highlighted the following:

- At Month 11, the UHB reported a deficit of £27.5m, maintaining the position reported at Month 10. This consistency gives confidence in hitting the revised forecast deficit of £27.7m.
- The deficit included an £11.4m shortfall against the £47.2m savings program, largely driven by the non-delivery of key workforce plan components, and a further £7.8m of operational pressures driven by bed capacity demand issues and performance delivery.

The UHB Chair raised concerns about the £7.8m operational overspend, emphasizing the need to learn from this years' experience and implement robust plans to prevent future overspends.

The DDFS continued and highlighted the following points:

- the enhanced controls brought in the last quarter, which supported the improvement and holding of the financial position. These controls include agency, overtime, and bank usage reductions, resulting in a sustained reduction over the past couple of months.
- Non-recurrent funding streams confirmed over the last couple of months have also supported the position, but they will not impact the underlying position, which remains challenging for 2025-26.
- Key components drove our planned care position
- Position broke down and noted the enhanced controls
- We have seen non-recurrent funding streams which have supported this position
- Important to note the enhanced controls we have put in has resulted in a sustained reduction and would see a £3m improvement in the forecast return

The UHB Chair thanked the team for delivering what they have and mentioned the need to nullify operational overspends during the discussion on the financial report. He emphasized the importance of learning from the current year's experiences and implementing robust control measures to prevent operational overspends in the future.

The CC asked about the process used to meet with colleagues where there has been significant overspend against allocated targets to inform the budgeting process for 2025-2026. He inquired about how the operational method of agreeing those budgets works, considering the need to acknowledge demand and allocate resources accordingly.

The DDFS explained the process of assessing clinical boards' underlying positions and cost pressures, and how this has been managed through scrutiny meetings. He also mentioned the proposed changes for the 2025-2026 financial year, emphasizing the need for clinical boards to drive their run rates back to within their budgetary positions. This includes monthly performance review meetings and additional scrutiny meetings with a focus on performance, financial delivery, and workforce plan delivery.

The UHB Chair noted Table 6 in the context of the risk register, highlighting the need for clarity on the financial risks and questioning why certain risks were marked as amber instead of red. He emphasized the importance of being specific about the risks and ensuring the public can understand them.

The DDFS acknowledged the need for a more specific and condensed risk register, stating that the current risks are now realities and will be updated as they move into the new financial year. He highlighted the following points:

- a) There was very limited movement since month seven or eight on the savings plan, resulting in a shortfall of £11m.
- b) The underlying deficit the health board will carry into 2025-2026 is £59.9m
- c) The UHB has a cash balance of £9.1m at the end of February, which included strategic cash assistance to cover the planned deficit position and further revenue work imbalances cash support.

The UHB Chair mentioned the underlying deficit and expressed concern about a potential misunderstanding between Cardiff and Vale UHB and Welsh Government. He emphasized the importance of clarifying any misunderstandings and suggested a meeting with relevant parties to resolve the issue. He noted that this concern should be addressed publicly.

Regan Nikk
14/04/2025 14:32

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| | <p>The EDF discussed the finance reports and mentioned that the organization has been under enhanced monitoring. As part of this process, the Finance, Performance, and Delivery Unit reviewed the contents of the finance report and made recommendations on how to make it clearer for the public. She suggested sharing the draft report before the committee to allow colleagues to test and challenge it if necessary.</p> <p>The Finance and Performance Committee resolved that:</p> <ol style="list-style-type: none"> The Welsh Government control total of a planned deficit of £9.100m was noted and; The month 11 operational overspend of £27.591m comprising an operational deficit of £7.808m, a savings gap of £11.441m and a planned deficit for the year to date of £8.342m was noted and; The forecast out-turn deficit for 2024-25 of £27.7m was noted and; That delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income was noted. | |
| <p>FPC 19/03/008</p> | <p>Operational Performance Update</p> <p>The MDUHL presented the Operational Performance Update and highlighted the following points:</p> <ul style="list-style-type: none"> Urgent and Emergency Care: the intense pressure in the system during January and February, included challenges with infection prevention control (IPNC) due to flu, COVID, and norovirus outbreaks. 801 patients waited longer than 12 hours and 10 patients waited longer than 24 hours in A&E. Stroke Performance: a decrease in the door-to-ward time to 32.9% for the four-hour target in January, attributing this to seasonal challenges. The time to CT improved, and upcoming changes in metrics for time to CT were noted, moving from one hour to 20 minutes. Diagnostics: at the end of January, over 16k patients were waiting more than 8 weeks for diagnostics, but this number improved by over 2k patients in February. Cancer Performance: the compliance rate of 65.6% in January and projected similar figures for February and March. Ongoing work continued to review pathways and improve performance, particularly in urology and GI. Planned Care: 2,414 patients were waiting over two years at the end of February, with a target to reduce this to 1,800 by the end of March. Colonoscopy for Screening: the impact of increased requirements from Bowel Screening Wales and workforce challenges in gastroenterology, resulting in lower compliance with the four-week target for colonoscopy. <p>The Norovirus outbreak had affected the flow of the hospital, which lead to the closure of beds and created challenges in managing patient flow. The MDUHL confirmed the ongoing challenges, noting that the Infection Prevention and Control (IPC) cell was meeting to bring recommendations to the executive team to stabilize the situation.</p> <p>The UHB Chair mentioned that it would be good news if they could reach 1800 patients during the discussion about the planned care metrics. He acknowledged the improvement from the previous figure of around 2000 patients and expressed hope for further progress.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted. | |
| <p>FPC 19/03/009</p> | <p>End of Life Business Case</p> <p>The DDFS provided an update on the end-of-life care business case, explaining the financial model and the associated risks. He mentioned that the UHB has been working with social finance to finalize the approval of a bid against a Macmillan fund to support the financial model of this strategy. The investment aims to reduce the length of stay and overall cost base for the health board. The financial model involves pump priming from Macmillan, with the money being repayable if the KPIs are met, which would require closing bed capacity. The timing of bed closures is crucial, with plans to close beds through the summer of 2627.</p> <p>The MDUHL emphasized the importance of meeting patient choices for end-of-life care and avoiding hospital stays during this period. He highlighted the need for a whole system approach</p> | |

Regan, Nikki
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| | <p>and mentioned that the Medicine Clinical Board was working on mitigating demand growth to ensure the success of the project.</p> <p>The EDF mentioned that the investment group (IG) reviewed the end-of-life care business case and expressed concerns about whether the health board could afford it over the long term, specifically regarding which beds would be released and when.</p> <p>The UHB Chair suggested some rephrasing on the paper to take it to the Board.</p> <p>The EDF confirmed that the model had been tried and tested across a number of other health providers in the UK and Wales has so far been reluctant to join the party. She emphasized that this should help satisfy concerns about the clinical risk model.</p> <p>The CC highlighted it was a great opportunity for CAV UHB to work with Macmillan.</p> <p>The committee supported the business case to the Board for approval, subject to a clear articulation of the alignment to the bed position for the health board to ensure the beds are closed and costs released to pay the Macmillan social bond.</p> <p>The Committee resolved that:</p> <p>a) The Palliative and Supportive Care Business Case was resolved and agreed to recommend to the UHB BOard for approval. This was subject to better clarity in the paper to be brought to Board.</p> | |
| <p>FPC 19/03/009</p> | <p>Monthly Monitoring Return – Month 10</p> <p>The monthly monitoring return was noted.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 10 was noted</p> | |
| <p>FPC 19/03/010</p> | <p>Any Other Business</p> <p>No further business was raised.</p> | |
| <p>FPC 19/03/011</p> | <p>To note the date, time and venue of the next Committee meeting: Wednesday 16th April 2025 via MS Teams</p> | |

Regan Nikki
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|-----------------|---------------------------------|----------|-----------------|---------------|-----------------------------|
| Report Title: | Finance Report – New Format | | Agenda Item no. | 2.1 | |
| Meeting: | Finance & Performance Committee | Public | X | Meeting Date: | 16 th April 2025 |
| | | Private | | | |
| Status: | Assurance | Approval | X | Information | X |
| Lead Executive: | Executive Director of Finance | | | | |
| Report Author: | Deputy Director of Finance | | | | |

Background and current situation:

FP&D carried out an All Wales review of (Public) Health Board Finance Reports, as part of the ongoing Financial Escalation process (Appendix 1) looking at the Financial Governance and Control Environment. The review is intended to promote a best practice approach to Board reporting across Wales.

This review coupled with Committee member observations has supported an updated draft Financial Report as we start the 2025-26 financial year.

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

The finance report has been reviewed against Standing Financial Instruction requirements, best practice as well as stylistics approaches. Key issues raised include:

- Variation from plan and corrective actions being taken
- Statement of performance against savings targets
- Key workforce and other expenditure cost drivers and run rates
- Assessment of risks and opportunities
- Assessment of underlying deficit position and cost drivers
- Risk assessment of plan delivery
- Clear financial performance KPIs
- Capital expenditure and projected outturn

All recommendations have been considered in the new draft finance report (based on the month 11 position 2024/25) aiming to ensure Committee members have sufficient information, at the right level of detail to discharge their responsibilities.



Recommendation:



The Committee (*delete as appropriate*) are requested to:

- a) Note the updated finance report format
- b) Feedback any further recommendations
- c) Approve the updated finance report from month 1 2025/26

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

| | |
|--|---|
|  <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p> |  <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p> |
|--|---|

| | |
|---|--|
|  Delivering in the Right Places |  Acting for the Future |
| 3. | 4. |
| Click the objective above to view more detail. | Click the objective above to view more detail. |

Five Ways of Working (Sustainable Development Principles) considered

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

Quality Impact Assessment Completed?

| | | | | |
|--|--|---|----|------------------|
| Yes – <i>(please provide completed QIA document)</i> | | No – <i>(Please provide reasoning, e.g. not required)</i> | No | Statutory Report |
|--|--|---|----|------------------|

Impact Assessment:

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: No - **Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)**

Equality and Health: No

Decarbonisation: No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- *A focus upon preventing ill health in our population*
- *Saving energy or increasing throughput.*

- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?
- Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.
- Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?
- Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?

Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please note anywhere else this paper has been before):

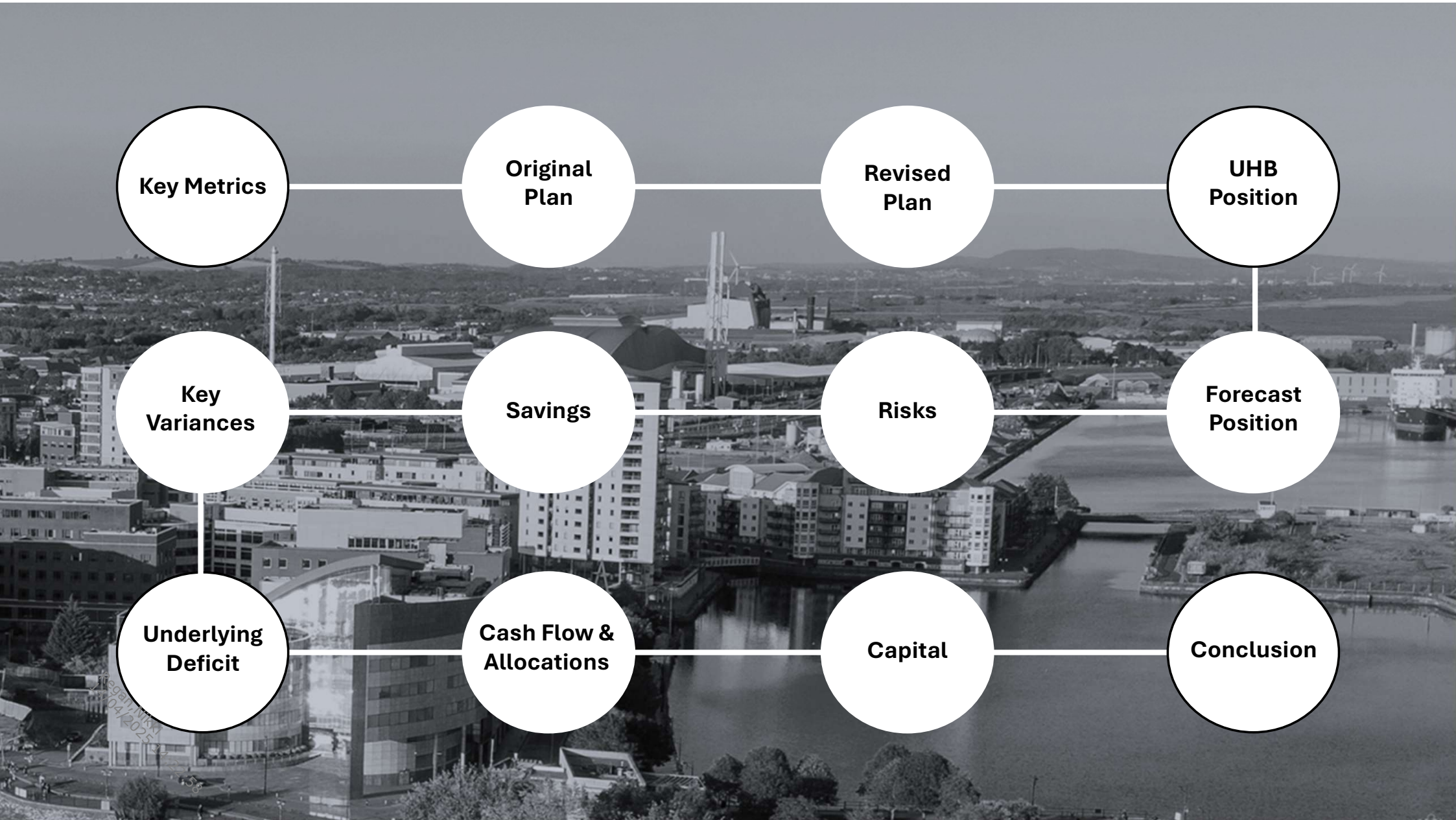
Committee/Group/Exec

Date:

Regan Nikki
14/04/2025 14:22:58

CARDIFF & VALE UHB FINANCE REPORT – MONTH 11 (DRAFT)







Key Metrics

| Measure | November 2024 | RAG | Trend | Target | Time Period |
|--|---|-----|-------|---|-------------|
| Deliver 2024/25 Draft Financial Plan | £27.591m deficit at month 11, being £8.342m forecast deficit, £11.441m savings gap and a £7.808m operational overspend. | R | ↓ | Deliver 2023/24 £9.100m Revised Control Total | M11 2024/25 |
| Return to financial balance and approved IMTP status | Achieve financial sustainability and recurrent financial balance by the end of 2025/26. At month 11, the UHB is reporting a £7.808m operational overspend and a £27.439m shortfall against the £47.2m recurrent savings target. | R | ↓ | Reduce c/f underlying deficit to £15.900m at year end | M11 2024/25 |
| Management of operational budget pressures | The UHB reported a £7.808m operational overspend at month 11. | R | ▢ | Operational Spend to be maintained within Budgets | M11 2024/25 |
| Delivery of recurrent £47.2m savings target | £36.000m Green and Amber schemes identified at month 11, of which £19.761m were recurrent. | R | ▢ | £47.2m | M11 2024/25 |
| Remain within Cash Limit | The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that strategic cash support is provided for the forecast deficit. | G | ▢ | To remain within Cash Limit | M11 2024/25 |



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

| Planning Assumption | (£m) |
|--|----------------|
| Brought Forward Underlying Deficit | 60.900 |
| 2024/25 Demand/Cost Growth/Investments | 45.400 |
| Draft Deficit | 106.300 |

| | |
|------------------------------|---------------|
| Additional Allocations | (37.300) |
| Anticipated LTA Funding | (5.900) |
| Savings Plans | (47.200) |
| Final Planned Deficit | 15.900 |

The resulting planned deficit of £15.9m was approved by the UHB for submission for Welsh Government (WG).

The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

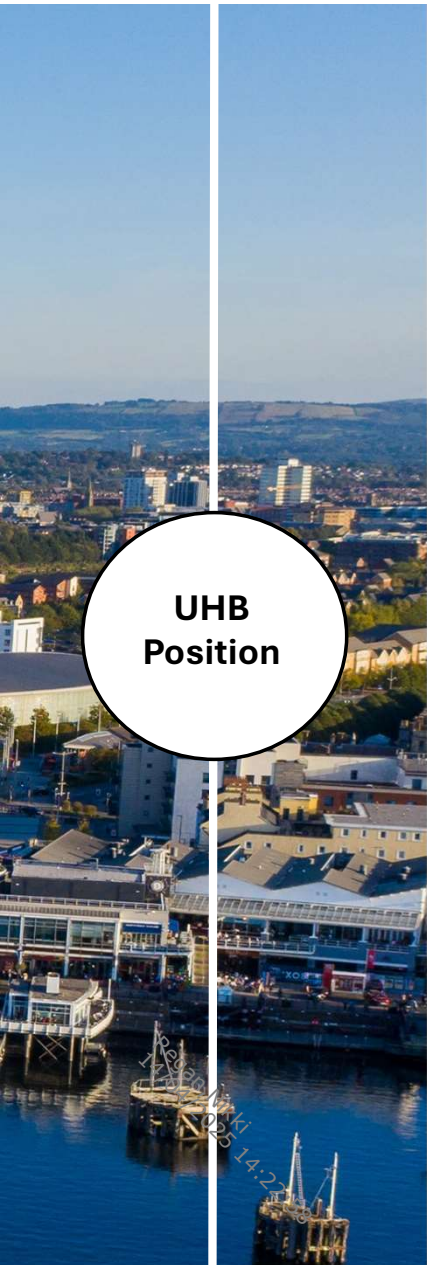


Following a review and recognition of the additional unforeseen cost pressures and demand on services in 2024/25, the UHB relayed an Accountable Officer letter on the 2nd December 2024 to advise Welsh Government of a revised forecast deficit of £34.5m.

Welsh Government issued a revised control target letter of 25th November 2024 outlining a fair-shares basis allocation across NHS Wales. Cardiff & Vale’s allocation was £6.8m – reflect below in the Revised WG Control Target total.

| Planning Assumption | (£m) |
|--------------------------------------|--------------|
| Final Planned Deficit | 15.900 |
| Additional In-Year Recurrent Funding | (6.800) |
| Revised WG Control Target | 9.100 |

| | |
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| Forecast Savings Programme Deficit | 11.200 |
| Forecast Operational Deficit | 9.500 |
| Further Recovery Actions | (2.100) |
| Revised Year-End Forecast | 27.700 |



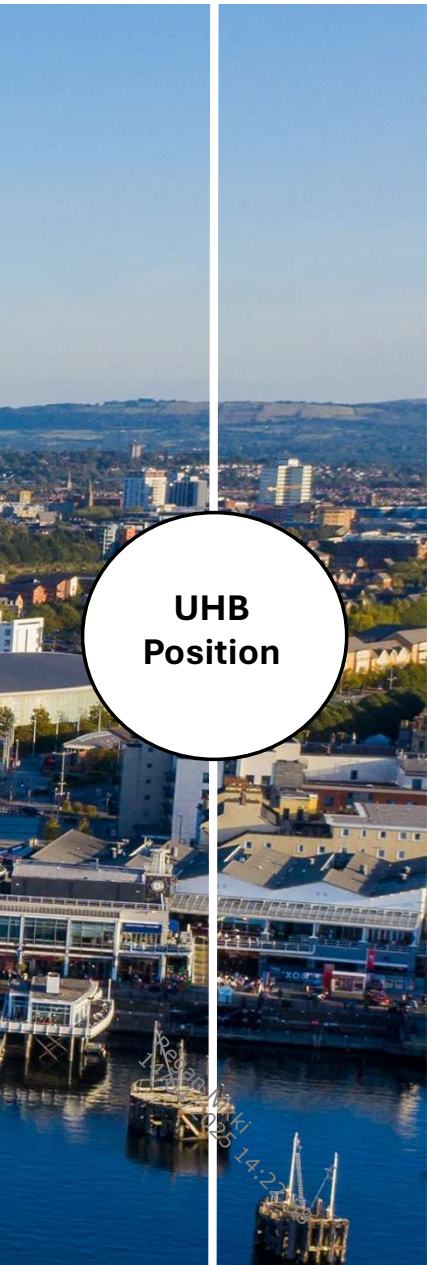
At Month 11, the UHB is reporting a year to date overspend of £27.591m.

| | Month 11 Position (£m) | Forecast Year- End Position (£) |
|---|-----------------------------------|--|
| Revised Planning Control (Surplus)/Deficit | 8.342 | 9.100 |
| Savings Programme (Surplus)/Deficit | 11.441 | 11.200 |
| Operation Position (Surplus)/Deficit | 7.808 | 9.500 |
| Further Recovery Actions (Surplus)/Deficit | 0.000 | (2.100) |
| Financial Position (Surplus)/Deficit | 27.591 | 27.700 |

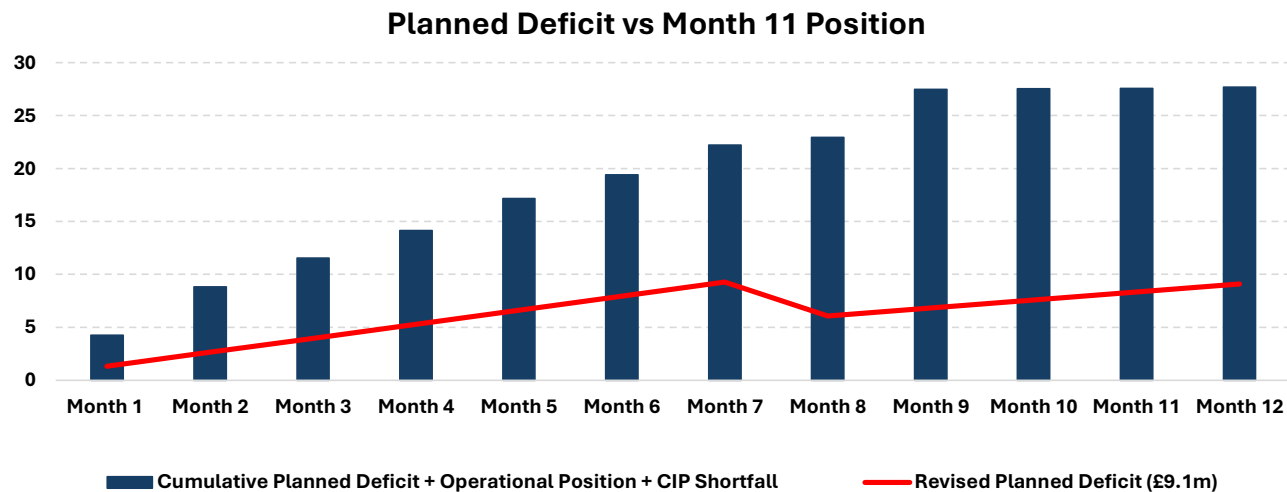
In-month, the following financial plan components moved as follows:

- Revised Planning Control deficit of **£0.759m**
- Savings Programme deficit of **£1.032m**
- Operational Position surplus by **£1.753**.

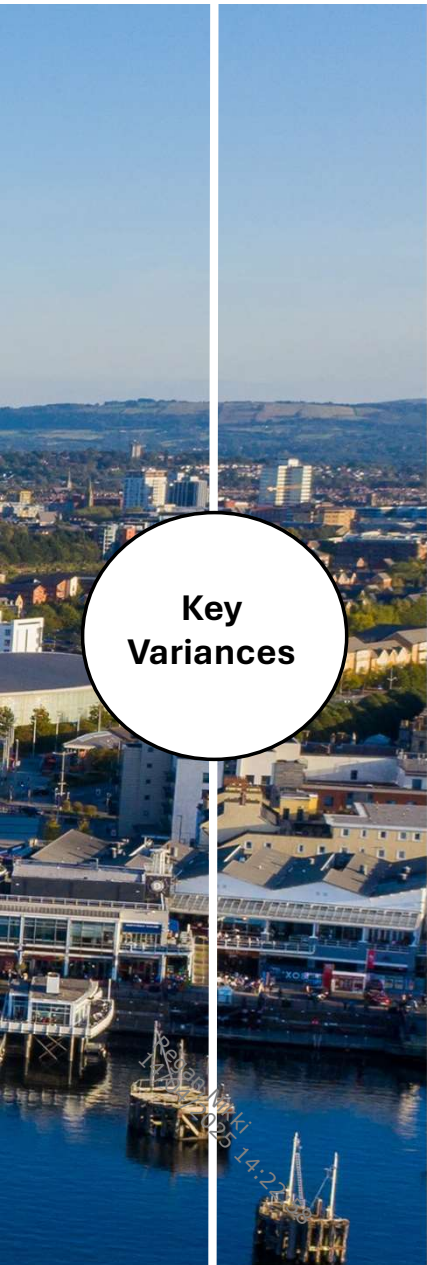
The overall financial position worsened by £0.038m with no change to the forecast year-end position.



The below graph shows the reporting Month 11 position. This is £19.249m above the £8.342m profiled control total set by Welsh Government.



The impact of the enhanced control actions combined with further clarification of final 2024-25 funding has contributed to an improved monthly financial performance with a reported £0.052m deterioration in Month 10 and a £0.037m deterioration in Month 11, giving confidence that the revised year end forecast out-turn of £27.7m will be met.



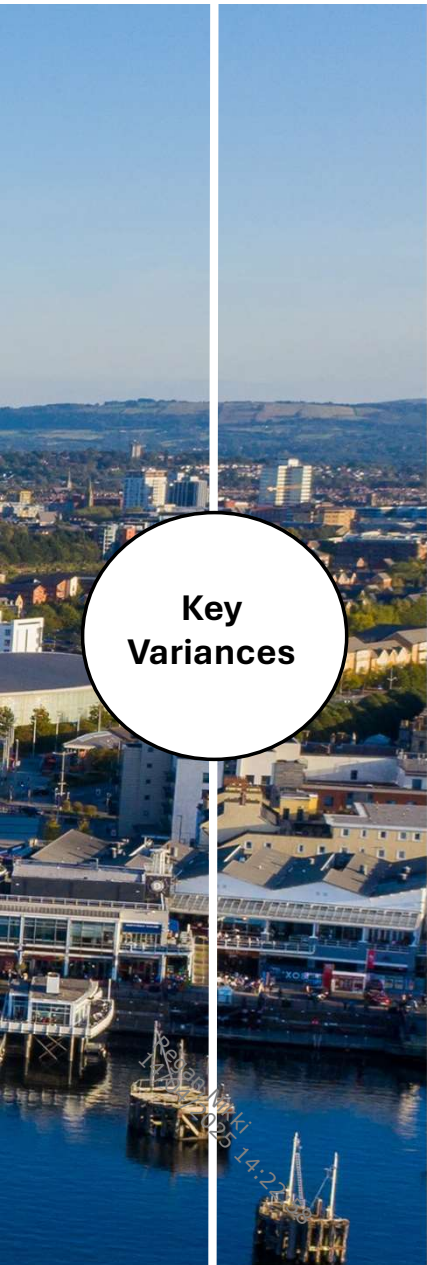
**Key
Variances**

The tables below summarises the in-month and cumulative performance of the UHB by its major expenditure groups:

| | Income | Pay | Non Pay | Total |
|----------------------|----------------|--------------|----------------|----------------|
| In-Month | | | | |
| Budget | (186,165) | 79.841 | 106.324 | 0.000 |
| (Income)/Expenditure | (186,810) | 80.645 | 105.444 | 0.721 |
| Variance | (0.645) | 0.804 | (0.880) | (0.721) |

| | | | | |
|----------------------|----------------|--------------|---------------|---------------|
| Cumulative | | | | |
| Budget (£m) | (1,884,670) | 894.971 | 989.699 | 0.000 |
| (Income)/Expenditure | (1,887,283) | 900.351 | 1,006.181 | 19.249 |
| Variance | (2.613) | 5.380 | 16.482 | 19.249 |

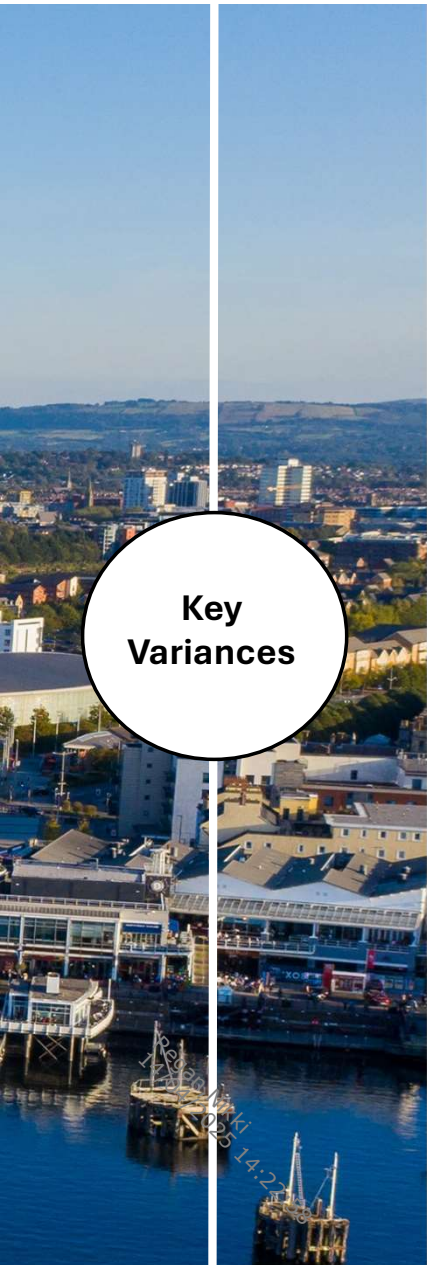
The cumulative variance above of £19.249m combined with the evenly phased year-to-date planned deficit of £9.100m (£8.342m) results in the reported year-to-date deficit of **£27.591m**.



**Key
Variances**

The tables below summarises the cumulative position of the UHB by business unit:

| Business Unit | Operational | Savings | Total |
|---|----------------|----------------|----------------|
| CD&T | (1,542) | 676 | (866) |
| Children & Women | 2,753 | 1,604 | 4,357 |
| Capital, Estates & Facilities | 96 | 855 | 952 |
| Executives | (2,054) | 96 | (1,958) |
| Genomics | (99) | 0 | (99) |
| Medicine | 6,693 | 4,131 | 10,824 |
| Mental Health | 757 | 1,557 | 2,314 |
| PCIC | 2,284 | 14 | 2,297 |
| Specialist | 1,228 | (0) | 1,228 |
| Surgery | 2,919 | 3,882 | 6,801 |
| Budgets To Be Delegated | (4,856) | 0 | (4,856) |
| Sub-Total (Delegated Position) | 8,179 | 12,815 | 20,994 |
| Central Budgets | (28) | (2,750) | (2,778) |
| Commissioning | (343) | 1,375 | 1,032 |
| Cost Improvement Themes | 0 | 0 | 0 |
| Sub Total (Non-Delegated Position) | (371) | (1,375) | (1,746) |
| Sub-Total Surplus/Deficit | 7,808 | 11,441 | 19,249 |
| Planned Deficit | 8,342 | 0 | 8,342 |
| Total (Surplus)/Deficit | 16,150 | 11,441 | 27,591 |



**Key
Variances**

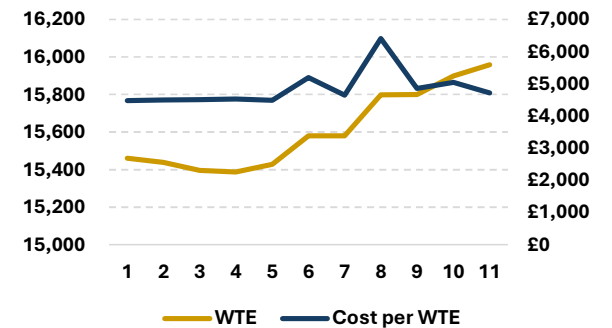
The table/chart below summarise the 2024/25 Pay expenditure run rates for all staffing groups (split by fixed and variable expenditure):

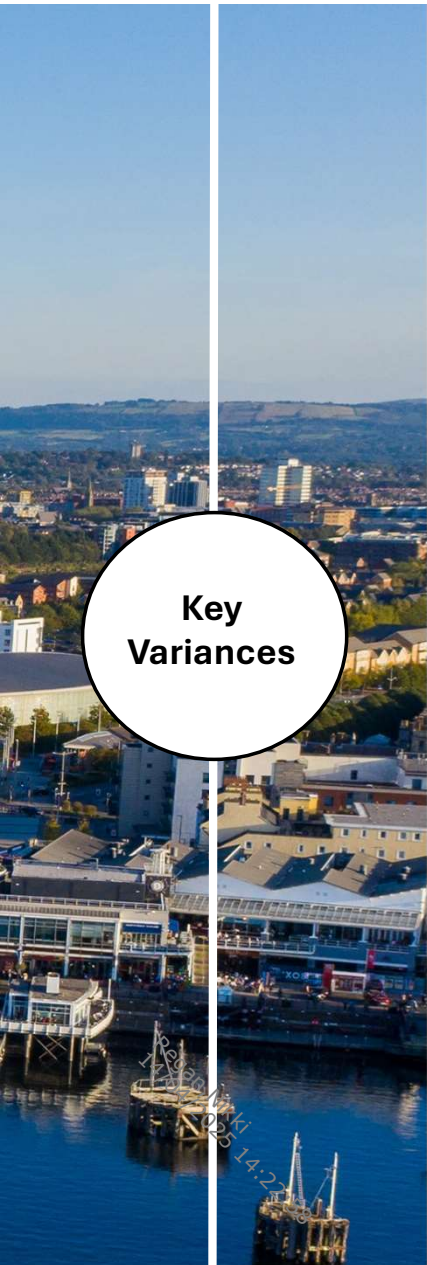
| Staffing Group | 2023/24 (£m) | 2024/25 (£m) | Growth (%) |
|------------------------------|--------------|--------------|------------|
| Admin & Clerical | 105.1 | 108.5 | 3.3 |
| Medical & Dental | 213.7 | 249.8 | 16.9 |
| Nursing & Midwifery | 238.4 | 252.0 | 5.7 |
| Prof, Scientific & Technical | 31.9 | 35.5 | 11.2 |
| Additional Clinical Services | 110.2 | 112.3 | 1.9 |
| Allied Health Professionals | 67.6 | 68.3 | 1.1 |
| Healthcare Scientists | 29.9 | 31.8 | 6.4 |
| Estates & Ancilliary | 40.0 | 41.2 | 2.9 |
| Students | 1.0 | 1.4 | 35.8 |
| Total | 837.9 | 900.8 | 7.5 |

The UHB increasing Pay expenditure is supported by an increase in substantive headcount/WTE.

The chart below reports substantive WTE by month – and indicates a near 500.0 WTE increase across the UHB since April 2024 (to February 2025). In addition, the fixed Pay cost per WTE has slightly increased across the financial year (£4,494 in Q1 vs £4,887 in Q4). Whilst incremental pay rises and annual wage awards will be partly driving this increase, further work is required to understand the split by band, and the impact on Variable Pay expenditure.

Monthly WTE x Fixed Cost per WTE





**Key
Variances**

Non Pay expenditure is identified as a primary driver behind the UHB’s deficit financial position in 2024/25 (Section 2.1). The below tables displays Non Pay run rates in 2024/25 and the table below reports year-to-date growth versus 2023/24.

The UHB has reported a substantial increase in Non Pay expenditure in Month 11.

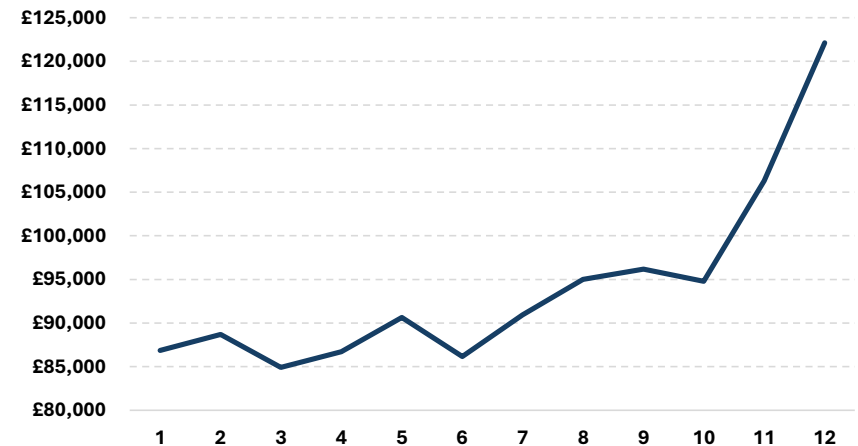
This was driven primarily by XXXX.

Per the table above, the UHB is experiencing pressures in virtually all Non Pay expenditure categories. Within the Miscellaneous Services expenditure category, a c.£16m increase in expenditure from the prior year is attributable to

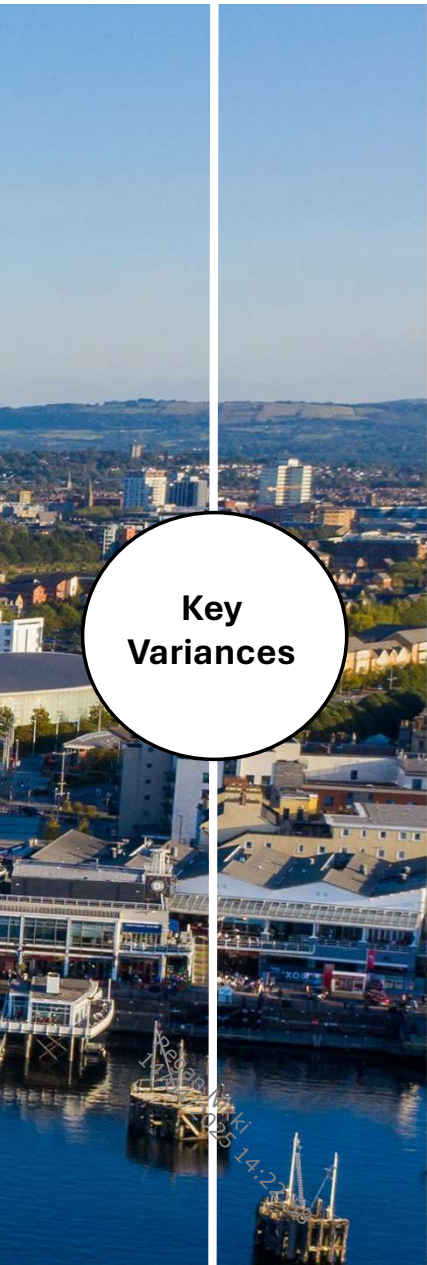
Clinical Services & Supplies growth has been driven by inflationary pressure on consumables, most notably within Theatres.

Within 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.

Monthly Non Pay Expenditure (£m)



| Spend Type | 2023/24 (£m) | 2024/25 (£m) | Growth (%) |
|---|--------------|--------------|------------|
| Primary & Secondary Care | 316.1 | 345.9 | 9.4 |
| Clinical Services & Supplies | 248.7 | 273.4 | 9.9 |
| Services from Other NHS Bodies | 220.4 | 241.0 | 9.3 |
| Premises & Fixed Plant | 50.0 | 51.0 | 1.9 |
| Miscellaneous Services | 5.3 | 8.9 | 65.7 |
| All Other Non Pay | 85.0 | 87.2 | 2.7 |



**Key
Variances**

Drugs expenditure (both Primary & Secondary Care) remain a constant pressure for the UHB.

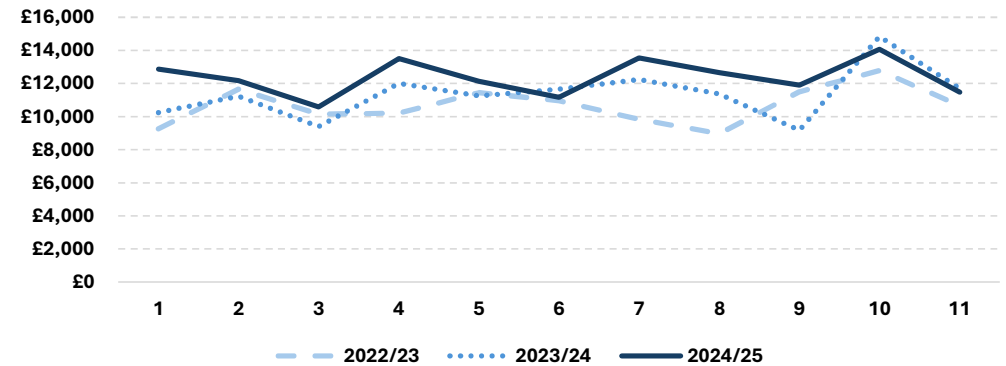
Internal analysis available via the Wellsky Dashboard reports a 9.1% expenditure increase from the prior – primarily driven by volume growth across all business units.

Finance are working closely with Pharmacy following the rollout of the Wellsky dashboard to clearly identify the drivers of growth and find mitigating actions to address them.

Analysis prepared by the NHS Executive on Primary Care Prescribing indicates **3.3% of growth year-to-date after Month 10.**

The analysis reports significant increases (> £500k) in expenditure vs the prior year in the Endocrine System, Appliances, Central Nervous System and Respiratory System BNF chapters.

Wellsky Reported Expenditure - Last 3 Years

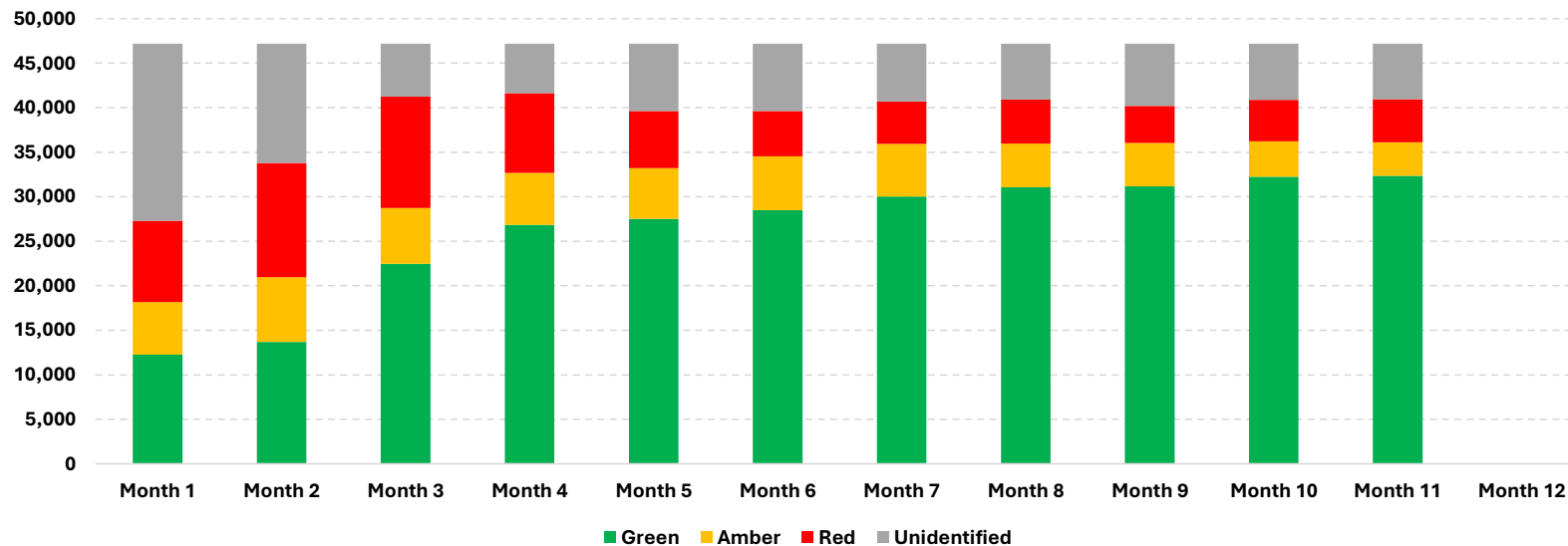


| Primary Care Prescribing Expenditure Growth (Source: NHS Executive) | | | |
|---|--------------|---------------|------------|
| Financial Year | NIC YTD (£m) | vs Prior Year | vs 2019/20 |
| 2019/20 | £68,505 | 0.0% | 0.0% |
| 2020/21 | £72,379 | 5.7% | 5.7% |
| 2021/22 | £73,052 | 0.9% | 6.6% |
| 2022/23 | £77,698 | 6.4% | 13.4% |
| 2023/24 | £81,694 | 5.1% | 19.3% |
| 2024/25 | £84,382 | 3.3% | 23.2% |



At Month 11, the UHB had identified circa £36.0m (76%) of green and amber savings to deliver against the £47.2m savings target. Red schemes of £4.8m are also identified, however these are not expected to deliver in year.

Monthly Progress of Identification of Schemes



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.



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

| Clinical/Service Board | Target (£000k) | Green (£000k) | Amber (£000k) | Total (£000k) |
|--|----------------|---------------|---------------|---------------|
| CEF | 947 | 1,110 | 162 | 1,272 |
| Children & Women | 1,304 | 1,103 | 64 | 1,166 |
| CD&T | 1,199 | 1,546 | 92 | 1,638 |
| Corporate Executives | 501 | 987 | 0 | 987 |
| Medicine | 1,379 | 134 | 300 | 434 |
| Mental Health | 1,079 | 401 | 0 | 401 |
| PCIC | 2,423 | 2,909 | 260 | 3,169 |
| Specialist Services | 1,482 | 1,793 | 0 | 1,793 |
| Surgical Services | 1,689 | 581 | 458 | 1,039 |
| Sub Total – Grip & Control | 12,000 | 10,565 | 1,336 | 11,900 |
| Medicines Management | 4,530 | 3,035 | 1,539 | 4,573 |
| Reducing Length of Stay | 3,500 | 3,129 | 0 | 3,129 |
| Optimising Planned Care | 1,000 | 135 | 0 | 135 |
| Income Generation | 1,000 | 851 | 20 | 871 |
| Continuing Healthcare | 2,500 | 2,262 | 0 | 2,262 |
| Facilities & Estates/Service Reconfiguration | 500 | 400 | 0 | 400 |
| Procurement | 5,000 | 3,648 | 301 | 3,949 |
| Recording Patient Care | 1,500 | 0 | 0 | 0 |
| Workforce – Temporary Pay | 7,403 | 3,770 | 377 | 4,147 |
| Workforce Reshaping | 8,268 | 1,584 | 195 | 1,779 |
| Corporate Opportunities | 0 | 2,855 | 0 | 2,855 |
| Sub Total – Improvement Themes | 35,200 | 21,669 | 2,431 | 24,100 |
| Total Savings Position | 47,200 | 32,233 | 3,767 | 36,000 |



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

Below is a summary of UHB Corporate Risk Register at February 2025. Further information of the risks can be found in the risk register:

| Finance Risk Title | Rating |
|---|--------|
| Failure to deliver breakeven position | 20 |
| Failure to achieve financial balance over three-year period | 20 |
| Failure to achieve capital statutory breakeven duty | 8 |
| Failure to adequately manage budget pressures in line with 2024/25 financial plan | 20 |
| Failure to deliver on recurrent cost improvement programme | 20 |
| 2024/25 NHS Wales LTA framework | 8 |
| Failure to remain within cash limits | 8 |

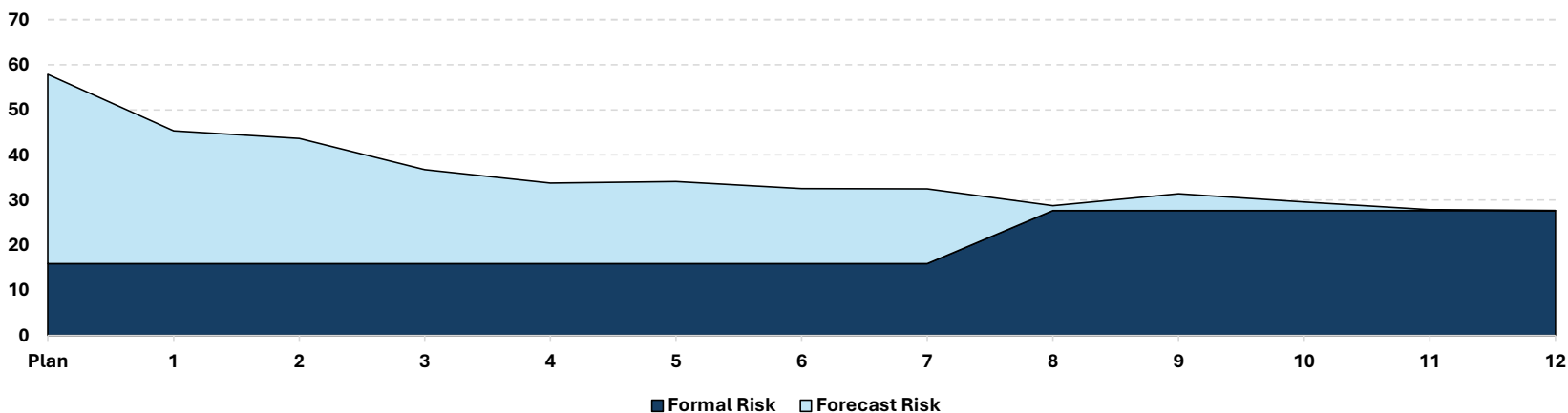


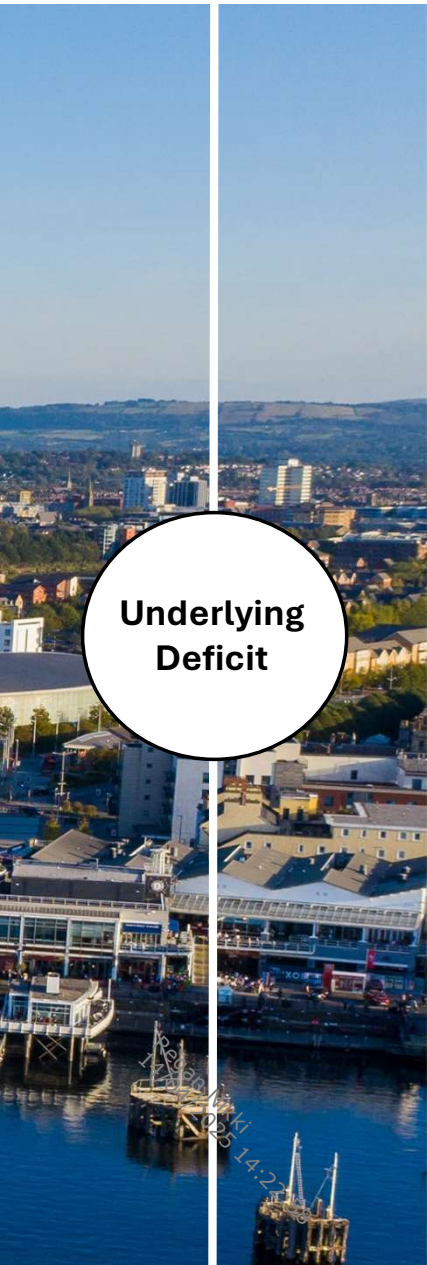
**Forecast
Position**

The UHB is forecasting a £27.7m annual deficit in 2024/25 after Month 11. This is comprised of the following items (reported in £m):

| Item | Plan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Formal Forecast | 15.9 | 15.9 | 15.9 | 15.9 | 15.9 | 15.9 | 15.9 | 15.9 | 27.7 | 27.7 | 27.7 | 27.7 | 27.7 |
| WG Additional Funding | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Annual Savings Shortfall | 47.2 | 29.0 | 26.2 | 18.5 | 14.5 | 14.0 | 12.6 | 11.3 | 11.2 | 11.1 | 11.0 | 11.0 | 9.6 |
| Cumulative Savings Shortfall | 0.0 | 5.4 | 4.6 | 5.2 | 5.5 | 6.3 | 7.6 | 7.7 | 8.4 | 9.6 | 10.4 | 11.4 | 11.4 |
| Cumulative Operational Pressures | 0.0 | 0.5 | 1.6 | 2.4 | 3.4 | 4.2 | 4.1 | 5.3 | 8.5 | 11.1 | 9.6 | 7.8 | 9.0 |
| Agreed Recovery Actions | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.1 | 0.0 | 3.0 | 0.0 | 0.0 |
| Forecast Risk | 42.0 | 29.5 | 27.8 | 20.9 | 17.9 | 18.2 | 16.7 | 16.6 | 1.1 | 3.7 | 1.9 | 0.2 | 0.0 |

2024/25 Financial Plan - Risks & Delivery





The UHB's underlying deficit (UHB) has deteriorated in recent years due to a combination of; and underlying deficit, recurrent cost pressures (including inflation), difficulties delivering recurrent savings and demand-driven pressures in 2024/25.

The UHB has recently re-assessed its planning assumptions for the 2025/26 financial plan. The tables below summarises the projected underlying deficit of £59.8m (up £2.8m from a previously reported £57.1m):

| Planning Assumption | (£m) |
|--------------------------------------|---------------|
| Initial Planned Deficit | 15.900 |
| Operational ULD | 25.400 |
| Savings ULD | 25.400 |
| Additional In-Year Recurrent Funding | (6.800) |
| Total ULD | 59.900 |

The ULD forms the baseline moving into 2025/26, before the assessment of new year cost pressures and any additional funding available.



Cash Flow & Allocations

The closing cash balance at the end of February was £9.096m.

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 £15.9m to £27.7m.

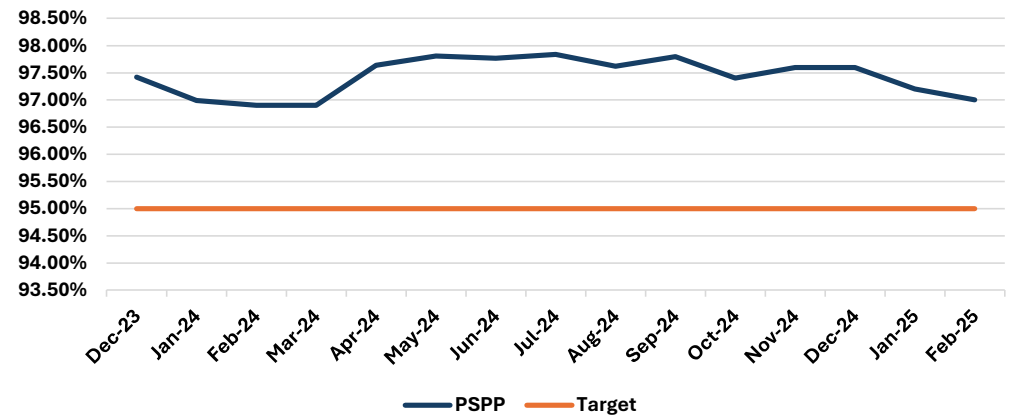
The letter from the Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive dated 10th February 2025 confirms that at this stage Welsh Government will provide a maximum of £9.1m strategic cash only support reflecting the revised Cardiff & Vale UHB control total.

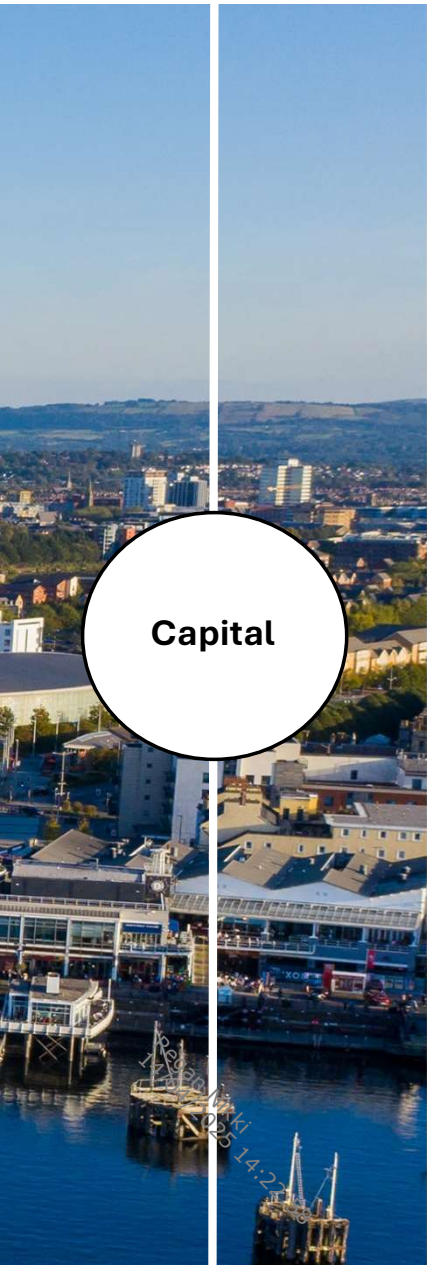
A significant number of outstanding cash allocations were confirmed over the last month and a relatively small number of outstanding revenue allocations with a cash drawing limit value of £4m remain to be confirmed.

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 February was 97.0% for the year to date as illustrated in the chart (right)

Public Sector Payment Compliance (Dec-23 to Present)





Planned expenditure for the year reflects the CRL received from Welsh Government dated 27th February 2025 - £57.990m. 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.

| | Unconfirmed Allocations (£m) |
|---|------------------------------|
| Depreciation/Impairments | 2.087 |
| IFRS 16 Leases - Revenue | (4.541) |
| 2024/25 Pay Uplifts & Retrospective 2023/24 Medical Pay Uplifts | 1.366 |
| Vertex | 1.039 |
| Clinical Excellence & Impact Awards | 0.900 |
| DPIF ePMA | 0.873 |
| Other | (0.219) |
| Total Unconfirmed Allocations | 1.505 |

| Adjustments | |
|---|--------------|
| Depreciation/Impairments | (2.087) |
| IFRS 16 Leases - Capital | 4.541 |
| Total Unconfirmed Allocations (Drawing Limit) £m | 3.959 |



The UHB's financial plan of a £15.9m deficit was approved by the Board but not by Welsh Government due to the failure to meet statutory obligations.

Across 2024/25, the UHB has been impacted by numerous pressures. In addition, savings delivery has not been at the required level and therefore, the UHB forecast as at Month 12 is a deficit of £27.700m.

The position is driven by a planned deficit, non-delivery of savings and an operational deficit. These factors are compounded by new in-year cost pressures anticipated in 2025/26 leading to the projected **£59.9m** underlying deficit.



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Cardiff & Vale UHB

Review of Board Finance Report

Prepared by Nikki
14/04/2025 14:22:58

Financial Planning & Delivery
September 2024

- FP&D carried out an All Wales review of (Public) Health Board Finance Reports, as part of the ongoing Financial Escalation process looking at the Financial Governance and Control Environment.
- The process involved reviewing reports for all seven Health Boards, to understand compliance against a 'checklist' of best-practice guidance and to identify any variation in the approach to reporting across Wales.
- The 'checklist' of best-practice criteria was selected from the following published best-practice guides:
 - HFMA Getting the Basics Right (Section F - Board Reporting)
 - NAO Maturity Matrix
 - Finance Academy Best Practice Guidance
- Each report was reviewed against the selected criteria to provide an overview of compliance and identify any potential areas for further 'technical' development, as well as share observations around the more 'stylistic' approach, in terms of design and layout, for example.
- This report outlines the key feedback and observations to be considered, in discussion with the organisation, to explore/agree potential developments and next steps.
- This report provides feedback on items for the Health Board to review and consider.

Negan, Nikki
14/04/2025 14:22:46

The review/feedback is intended to be...

- ✓ An **objective review** of Board Finance Reports, to support ongoing work around Financial Escalation.
- ✓ A means of **sharing insight** across NHS Wales around current compliance with available best-practice guidance.
- ✓ To **promote a best-practice approach** to Board Reporting across Wales.

The review/feedback is not...

- ✗ A **formal audit** of Board Finance Reports.
- ✗ A list of **'statutory' recommendations** to be implemented by the organisation.
- ✗ A **benchmarking exercise** comparing/critiquing approaches across organisations.

Regan, Nikki
14/04/2025 14:22:58

The SFI identified 14 requirements that should be addressed by the Financial reports. We considered whether the report covered these requirements. This slide summarises the **8 items** which either do not appear to be fully addressed in the C&V report or where there may be areas to consider for further development.

| Ref | SFI Requirement | Seen in Report | Area(s) for Consideration |
|-----|--|---|--|
| 7 | A statement of assets and liabilities (e.g. Balance Sheet), including analysis of cash flow and movements in working capital. | The report does not include the Balance Sheet or movements in the working capital but does make reference to Cash Flow position. | Including a statement of assets and liabilities would address a SFI requirement. The Health Board would need to consider whether this would help improve Board member understanding. |
| 9 | Capital expenditure and projected outturn against plan. | The report makes reference to the CRL and the fact that the forecast remains within the CRL. There is no mention of the projected expenditure and/or YTD spend within the Capital Programme - the report mentions that this is monitored through the Health Board's Capital Management Group (CMG). | The report may benefit from further detail around Capital Programme expenditure. |
| 10 | Investigations and reporting of variances from financial, activity and workforce budgets. Any significant variances should be reported to UHB Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances. | The report provides a breakdown of variances by Clinical Board, with explanation of those with material operational deficits, and notes that Review Meetings are scheduled with each Clinical Board to review positions and robustness of actions to improve the financial outlook. | Further detail on the corrective actions being taken to address the situation may provide the Board with further insight on the likelihood that the actions will mitigate the issues. |
| 12 | Statement of performance against savings targets. | The report provides a clear overview and explanation of overall savings delivery/performance, with a full breakdown of the savings target by Clinical Board, as well as a further breakdown of Green, Amber and Red schemes identified across each. There is no reference to the in-month and/or YTD delivery, or variance to the planned monthly delivery profile. | The report may benefit from additional analysis around in-month and YTD delivery - maybe by area and/or V&S Board category, as well as monthly performance against the monthly planned delivery profile. The report may also benefit from more detail around any corrective actions being taken to close the current savings gap, with clear timelines and delivery milestones. |
| 13 | Key workforce and other cost drivers. | The report does not provide any analysis around key cost drivers such as workforce, agency, prescribing, CHC, etc. | Trend and projection analysis, as well as further commentary around key cost drivers may provide Board Members with insight on the reason and context for the financial position which may help inform decisions. Relevant drivers may include workforce (e.g. variable pay, agency, impact of sickness, etc.), Prescribing (volume and cost growth), CHC (volume and cost growth), etc. This would be particularly helpful for areas where the health board is currently reporting key pressures and/or significant savings. The report may benefit from more triangulated analysis around key activity and performance analysis, where appropriate/relevant. |
| 14 | Income and expenditure run rates, historic trends, extrapolation and explanations. | The report does not any information Income and expenditure run rates, historic trends, extrapolation and explanations. | |
| 16 | Provide a rounded and holistic view of financial and wider organisational performance. | The report is largely finance-focussed and does not consider wider organisational performance. | |
| 15 | Clear assessment of risks and opportunities. | The report includes the Finance Department's Risk Register and a KPI Status Report. It does not include the reported risks and opportunities in the MMR. | The report could benefit from more alignment to risks outlined in the MMR. |

We assessed the reports against 11 best practice elements and considered whether the report was aligned with these elements. This slide summarises the **4 elements** where Cardiff & Vale may wish to consider further development.

| Ref | Requirement Gap (Other Best Practice Guidance) | Seen in Report | Area(s) for Consideration |
|-----|---|--|---|
| 18 | The underlying position of the organisation is one of the most prevalent financial pressure for health organisations. This is an area that requires increased analysis, understanding and action. Information to share with the Board should be in the form of both narrative and tables and should include, as a minimum, a summary of the opening and closing underlying position along with reasons for the changes. | Only reference to the ULD is the opening ULD in the plan breakdown. | The report may benefit from a note on the key drivers ULD and a breakdown and explanation of the movements between the planned and the forecast closing ULD (in-line with Table A breakdown), noting key risks to delivery - e.g. recurrent savings gap, recurrent impact of emerging in-year pressures, etc. |
| 19 | Reserves approved and monitored by the Board. Board Reports should provide clarity on the cumulative total of the in-year-effect and full-year effect of investments or cost pressures that are proceeding at risk or are unfunded. | No reference to existing reserves or further in-year budget allocations. | The report may benefit from further information around any reserves being monitored by the Board, as well as the impact of any investments that are currently proceeding at risk or are unfunded. This should align with the MMR reporting requirements. |
| 20 | In order for the Board to understand the risk involved in the year-to-date plan and forecast position it is recommended that certainty around the WG funding assumptions is made clear. A table is recommended for this with additional narrative, where informative. | Only reference to WG allocations is around COVID 19 Allocations and Expenditure. | The report may benefit from further information around any key anticipated allocations not yet confirmed and the potential impact this could have on the financial position. |
| 21 | NAO states that for a level 4 mature organisation, the organisation produces KPIs which contain both financial and operational elements, e.g., cost per unit of performance. | No additional non-financial KPIs included. | The report may benefit from a number of additional non-financial KPIs to give a more rounded overview of the position in the context of wider organisational performance. |

Regan, Nikki
14/04/2025 14:22:58

The following reflections have come from reviewing the 7 reports of the Health Boards across Wales.

- **Format/Structure** - a PowerPoint/Dashboard format may lend itself to a more visual approach, which is accompanied by more focussed/impactful narrative.
- **Table of Contents** - inclusion of a table of contents may provide the reader with a clear overview of the report structure and aids navigation.
- **Summary Dashboard** - inclusion of a single summary dashboard, providing an overview of the key elements of the position (with visual indicators) may provide the Board with a good overview of the high-level messages contained within the wider report.
- **Explanations of Key Content** - explanations of why certain pieces of analysis (e.g. Pay, Prescribing, CHC, etc.) have been included and why they are key in the context of the current position, may provide the Board with a better understanding of the position being presented to them.
- **Clear Conclusion and Actions** - a clear conclusion, with recommendations and key actions required by the Board may provide more direction and clarity around how the Board can manage the ongoing risks/issues to deliver the forecast position.
- **Length of report** - there was variation in the length and content provided in the reports between organisations. Health Boards are aiming to reach a balance between conveying sufficient information to enable Board Members to discharge their duties and maintaining a concise report that focuses Board Member attention on the most material issues and does not take excessive time to read and understand.

Report, Nikki
14/04/2025 14:22:46

Appendix 1: Best Practice Checklist

| Ref | Checklist |
|---|--|
| Finance Academy High level Best Practice questions | |
| 1 | Does the report allow the reader to understand the financial position? |
| 2 | Does the report enable the reader to evaluate risks and opportunities? |
| 3 | Does the report provide the reader with insight to make informed decisions? |
| Content - SFI requirements | |
| 4 | • Current and forecast year end position on statutory financial duties |
| 5 | • Actual income and expenditure to date compared to budget and showing trends and run rates |
| 6 | • Forecast year end positions |
| 7 | • A statement of assets and liabilities (e.g. Balance Sheet), including analysis of cash flow and movements in working capital |
| 8 | • Explanations of material variances from plan |
| 9 | • Capital expenditure and projected outturn against plan |
| 10 | • Investigations and reporting of variances from financial, activity and workforce budgets. Any significant variances should be reported to LHB Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances. |
| 11 | • Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation. |
| 12 | • Statement of performance against savings targets |
| 13 | • Key workforce and other cost drivers |
| 14 | • Income and expenditure run rates, historic trends, extrapolation and explanations |
| 15 | • Clear assessment of risks and opportunities |
| 16 | • Provide a rounded and holistic view of financial and wider organisational performance. |
| 17 | There must be consistency between the ... budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports. |

| Content - Best Practice | |
|-------------------------|---|
| 18 | <p>Underlying Deficit (Finance Academy)</p> <ul style="list-style-type: none"> The underlying position of the organisation is one of the most prevalent financial pressure for health organisations. <p>This is an area that requires increased analysis, understanding and action; Information to share with the Board should be in the form of both narrative and tables and should include, as a minimum, a summary of the opening and closing underlying position along with reasons for the changes.</p> |
| 19 | <p>Reserves and in year further budget allocations (FPD)</p> <ul style="list-style-type: none"> Reserves approved and monitored by the Board. Board Reports should provide clarity on the cumulative total of in year effect and full-year effect of investments or cost pressures are proceeding at risk or are unfunded. |
| 20 | <p>Welsh Government Allocations (Finance Academy)</p> <p>In order for the Board to understand the risk involved in the year to date plan and forecast position it is recommended that certainty around the WG funding assumptions is made clear. A table is recommended for this with additional narrative where informative.</p> |
| 21 | <p>Measuring Operational Efficiency (NAO)</p> <ul style="list-style-type: none"> NAO states that for a level 4 mature organisation, the organisation produces KPIs which contain both financial and operational elements, e.g., cost per unit of performance. |
| 22 | <p>Conclusion and Implications (Finance Academy)</p> <ul style="list-style-type: none"> The conclusion should be arranged so that the major conclusions come first whilst also identifying major issues relating to the reports context. It should be kept brief and logical and be very clear to which items are to be noted or where actions are required. Consider "What? "So What?" "What next?" Identify leads and responsibilities |
| 23 | <p>Graphs and Visuals (Finance Academy)</p> <ul style="list-style-type: none"> Ensure Graphs and visuals are used correctly with clear purpose. <p>Consider data visualisation techniques, don't use visuals for the sake of it, they must have a clear purpose and message to tell.</p> |

| Delivery / Style - Best Practice | |
|----------------------------------|--|
| 24 | <p>Focus and conciseness (NAO Maturity - Level 3)</p> <ul style="list-style-type: none"> Reports to the Board and Executive Team summarise key, relevant data necessary for decision making avoiding large volumes of unnecessary data. External reports contain transparent information on both over and under performance and include some concise commentary to make the key messages clear to the non-professional reader. |
| 25 | <p>Interactive dashboards (if used) (HFMA)</p> <ul style="list-style-type: none"> Where a scorecard/ dashboard is produced, can board members drill down easily into detail? |

Jan, Nikki
14/04/2025 14:22:58

| Health Board | Report Forums | Month of Report | Link to Report |
|-------------------|--|-------------------|---|
| Aneurin Bevan | <ul style="list-style-type: none"> Public Board Executive Committee Finance & Performance Committee (with additional appendices) TUPF (with additional appendices) | Month 2 - 2024/25 | Finance and Performance Committee - Aneurin Bevan University Health Board (nhs.wales) |
| Betsi Cadwaladr | <ul style="list-style-type: none"> Public Board Performance, Finance and Information Governance Committee | Month 3 - 2024/25 | https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/agenda-bundle-health-board-25724-v40 |
| Cardiff & Vale | <ul style="list-style-type: none"> Finance & Performance Committee (also informs various presentation updates to other forums, including the Board). | Month 2 - 2024/25 | Finance Committee - Cardiff and Vale University Health Board (nhs.wales) |
| Cwm Taf Morgannwg | <ul style="list-style-type: none"> Public Board | Month 3 - 2024/25 | 25 July 2024 - Cwm Taf Morgannwg University Health Board (nhs.wales) |
| Hywel Dda | <ul style="list-style-type: none"> Public Board Sustainable Resources Committee | Month 3 - 2024-24 | Board Agenda and Papers 25 July 2024 - Hywel Dda University Health Board (nhs.wales) |
| Powys | <ul style="list-style-type: none"> Public Board Executive Committee Public Delivery & Performance Committee | Month 2 - 2024/25 | Board Meetings - Powys Teaching Health Board (nhs.wales) |
| Swansea Bay | <ul style="list-style-type: none"> Public Board | Month 3 - 2024/25 | Health Board - July 2024 - Swansea Bay University Health Board (nhs.wales) |

Regan, Nikki
14/04/2025 10:22:58

| | | | | |
|-----------------|--|---------|-----------------|-------------------------------|
| Report Title: | Financial Report – Month 12 Position (including Savings Tracker) | | Agenda Item no. | 2.1 |
| Meeting: | Finance and Performance Committee | Public | x | Meeting Date: 16th April 2025 |
| | | Private | | |
| Status: | Assurance | x | Approval | Information |
| Lead Executive: | Executive Director of Finance | | | |
| Report Author: | Principle Finance Manager | | | |

Background and current situation:

Summary

At month 12 the UHB has reported to Welsh Government that it will meet its control target of a £27.700m deficit for the end of 2024-25 as outlined in table 1 below:

Table 1: Draft Month 12 Financial Position 2024/25

| | Month 12 Position £m | Forecast Year-End Position £m |
|---|-------------------------|----------------------------------|
| Revised Planning Control (Deficit) | 9.100 | 9.100 |
| Savings Operational Position Deficit | 18.525 | 18.600 |
| Financial Position £m (Surplus) / Deficit £m | 27.625 | 27.700 |

The UHB's provisional year end revenue outturn is within its £27.700m revised forecast deficit.

This position is £18.6m over and above the UHB's £9.1m deficit control total.

The UHB is reporting that it stayed within its Capital Resource Limit.

Creditor payment compliance met the 95% target.

The Finance Committee is asked to note that the reported performance is provisional at this stage as the draft accounts have not yet been finalised for submission and will be subject to Audit Wales scrutiny process.

In addition to the external audit, the Annual accounts will be subject to further scrutiny and review at the following meetings:

- Audit Workshop 20th May – Finance Committee
- Board and Audit Committee 26th June.

The Accounts are expected to be signed off on June 30th, 2025

The actual and provisional performance against the 3-year break even duty on revenue is shown in Table 2 below.

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Table 2: Performance against the 3-year financial break even duty

| | Actual / Forecast year end position surplus/(deficit) £m | Rolling 3 year break even duty surplus/(deficit) £m | Pass or fail financial duty |
|---------|--|---|-----------------------------|
| 2014/15 | (21.364) | n/a | n/a |
| 2015/16 | 0.068 | n/a | n/a |
| 2016/17 | (29.243) | (50.539) | Fail |
| 2017/18 | (26.853) | (56.028) | Fail |
| 2018/19 | (9.872) | (65.968) | Fail |
| 2019/20 | 0.058 | (36.667) | Fail |
| 2020/21 | 0.090 | (9.724) | Fail |
| 2021/22 | 0.232 | 0.380 | Pass |
| 2022/23 | (26.789) | (26.467) | Fail |
| 2023/24 | (16.405) | (42.962) | Fail |
| 2024/25 | (27.625) | (70.819) | Fail |

The three year rolling break even duty was introduced in the 2014/15 financial year with the first assessment being in 2016/17. In addition to the UHB's in year deficit of £27.625m (draft) Table 2 also demonstrates that the UHB did not meet its rolling 3-year financial duty in 2023/24. To meet the target the UHB would have needed to have posted a £43.394m surplus in 2024-25. The long term plans to return to a stable and balanced financial position will require three balanced years to re-commence meeting the target.

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.

Revision to Planned Deficit

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

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

Table 2 – Forecast Year End Outturn

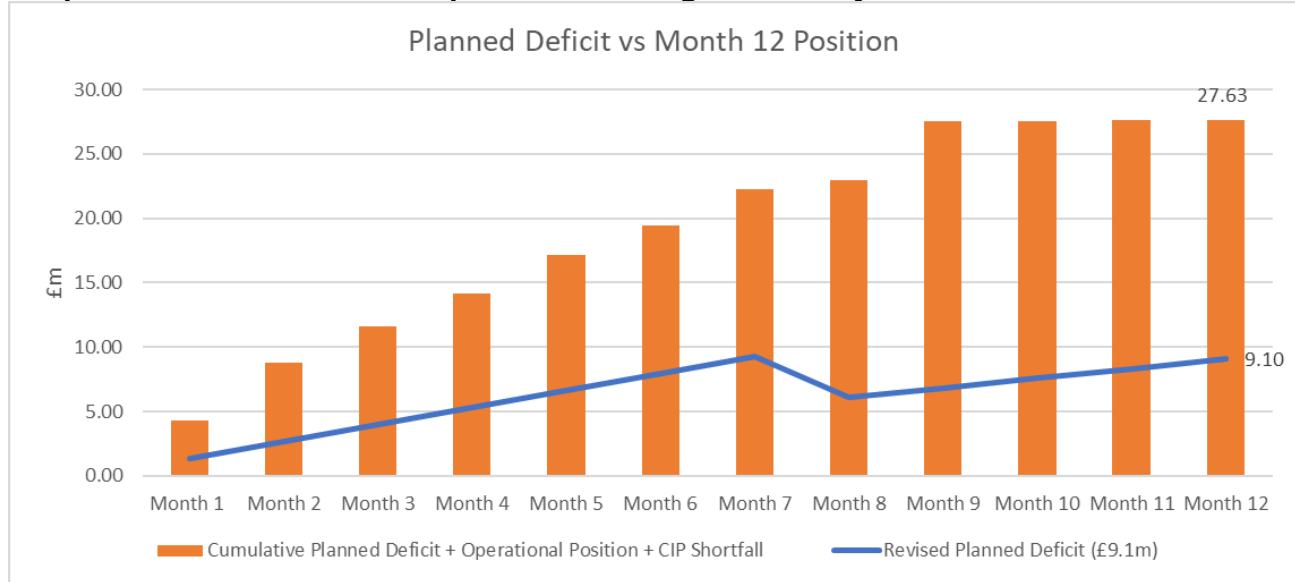
| | 2024/25 £m |
|--|---------------|
| Draft Planned Financial Position - Deficit £m | 15.9 |
| Additional In Year Recurrent Funding | (6.8) |
| Revised WG Control Target - Deficit £m | 9.1 |
| Forecast Savings Programme Deficit | 11.2 |
| Forecast Operational Deficit | 9.5 |
| Further Recovery Actions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

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

Summary Financial Position and Outlook

Graph 1 shows the reported position at Month 12 This is £18.525m above the £9.100m profiled control total set by Welsh Government.

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



Key drivers in failing to meet the UHB’s £9.1m target control total include:

- 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.

A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure. This included a daily Programme Management Office (PMO).

- Authorisation for any necessary remaining agency expenditure

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

The impact of the enhanced control actions combined with further clarification of final 2024-25 funding has contributed to an improved monthly financial performance enabling the UHB to hit the revised deficit forecast of £27.7m

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 March 2025

| Income/Pay/Non Pay | Memorandum | Current | Total |
|-------------------------|-------------|-------------|-----------|
| | Annual | Period | Variance |
| | Budget | Actual | (Fav)/Adv |
| | £m | £m | £m |
| In Month | | | |
| Income | (2,108.764) | (226.779) | (3.444) |
| Pay | 981.432 | 86.208 | (0.252) |
| Non Pay | 1,127.332 | 139.847 | 2.972 |
| Sub Total £m | 0.000 | (0.724) | (0.724) |
| 2024/25 Planned Deficit | 9.100 | 0.758 | 0.758 |
| Variance to Plan £m | 9.100 | 0.034 | 0.034 |
| Cumulative | | | |
| Income | (2,108.764) | (2,114.821) | (6.057) |
| Pay | 981.432 | 986.560 | 5.128 |
| Non Pay | 1,127.332 | 1,146.787 | 19.454 |
| Sub Total £m | 0.000 | 18.525 | 18.525 |
| 2024/25 Planned Deficit | 9.100 | 9.100 | 9.100 |
| Variance to Plan £m | 9.100 | 27.625 | 27.625 |

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

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| Clinical Board | Operational Position (Surplus) / Deficit | Savings Position (Surplus) / Deficit | Total (Surplus) / Deficit | Prior Month (Surplus) / Deficit |
|--|--|--------------------------------------|---------------------------|---------------------------------|
| Cumulative | Variance £m | Variance £m | Variance £m | Variance £m |
| Clinical Diagnostics & Therapeutics | (1,360) | 736 | (624) | (866) |
| Children & Women | 3,354 | 1,506 | 4,860 | 4,357 |
| Capital Estates and Facilities | 92 | 904 | 996 | 952 |
| Executives | (1,804) | 285 | (1,519) | (1,958) |
| Genomics | (51) | 0 | (51) | (99) |
| Medicine | 7,278 | 4,472 | 11,750 | 10,824 |
| Mental Health | 1,263 | 1,681 | 2,944 | 2,314 |
| PCIC | 2,367 | (171) | 2,196 | 2,297 |
| Specialist | 1,579 | 0 | 1,579 | 1,228 |
| Surgery | 3,472 | 4,232 | 7,704 | 6,801 |
| Clinical Board budgets to be delegated | (5,297) | | (5,297) | (4,856) |
| Sub-Total Delegated Position | 10,892 | 13,646 | 24,538 | 20,994 |
| Central Budgets | (4,394) | (2,521) | (6,915) | (2,778) |
| Commissioning | (598) | 1,500 | 902 | 1,032 |
| Cost Improvement Themes | 0 | 0 | 0 | 0 |
| Total (Surplus)/Deficit | 5,900 | 12,625 | 18,525 | 19,249 |
| Planned Deficit | 9,100 | 0 | 9,100 | 8,342 |
| Total Operational (Surplus)/Deficit | 15,000 | 12,625 | 27,625 | 27,591 |

The UHBs revised control deficit from Welsh Government is profiled to be £9.100m overspent at Month 12. The Draft Month 12 position is £18.525m greater than this at £27.625m. The operational deficit against plan improved by £1.908m in month from £7.808m to £5.900m during month 12 primarily due to variable pay improvements and confirmation of the following:

- WEQAS income
- Additional income for the All Wales Digital Eyecare Scheme
- Additional income for the Voluntary scheme for branded medicines Pricing, Access and Growth (VPAG).

At a Clinical Board level these pressures are manifested:

Children & Women: Driven by increased medical pay spend (£2.915m) combined with additional costs of continuing healthcare which are £0.583m above plan.

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

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

PCIC: Pressures remain in respect of GP prescribing.

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

The in month improvement on the CD & T Clinical Board is driven by confirmation of additional WEQAS and VPAG funding.

Welsh Government COVID 19 Allocations & Expenditure

Profiled Welsh Government funding at Month 12 is summarised in Table 5 below.

Table 5: Summary of Month 12 COVID 19 Funding

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

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

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

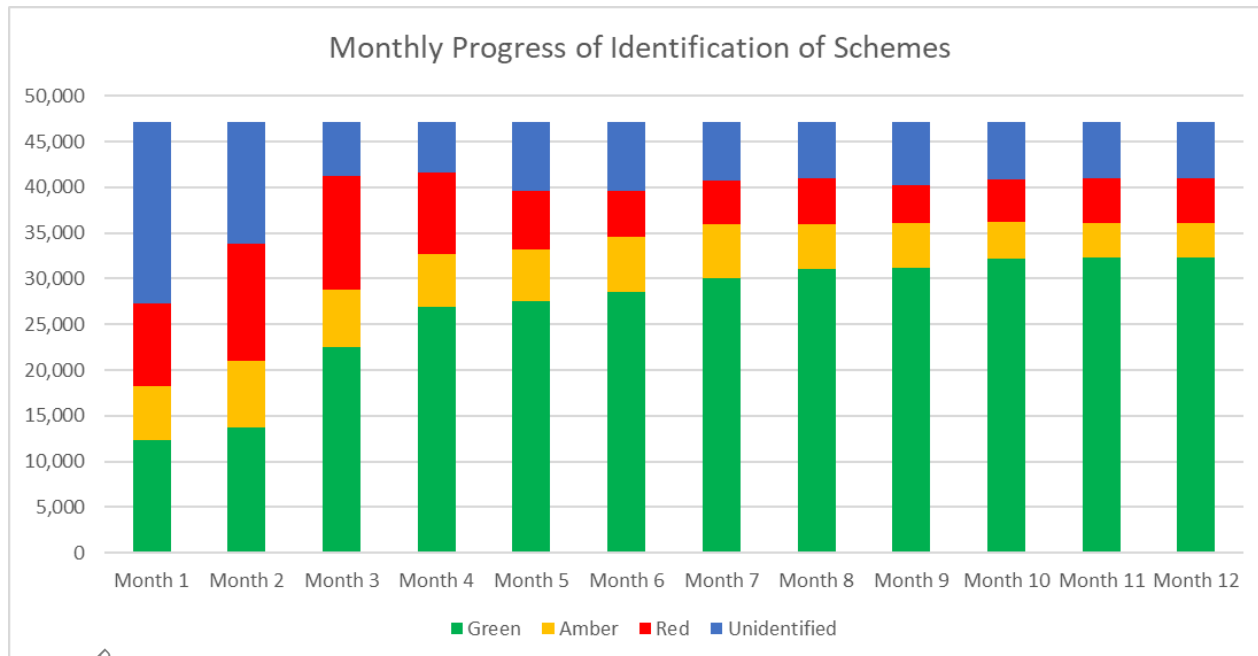
Savings Programme Update

At month 12, the UHB has delivered £34.575m (73%) of savings to deliver against the £47.2m savings target.

The reported savings deficit of £12.625m consisted of a gap of £11.2m in identified savings and slippage of £1.425m against identified schemes

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

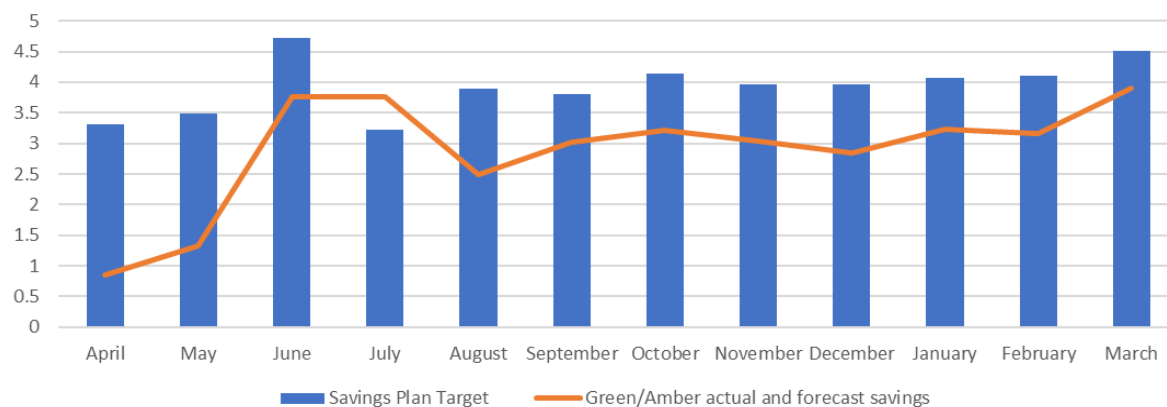
Graph 2 - Progress in Identification of Schemes



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

Monthly Profile of Savings Plan and Actual/Forecast Achievement - £m



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

Table 7: Savings Schemes - Green and Amber Planned Savings

| Clinical/Service Board | 24-25 Target | Green | Amber | Sub Total Green and Amber |
|--|---------------|---------------|--------------|---------------------------|
| | £'000 | £'000 | £'000 | £'000 |
| Capital Estates and Facilities | 947 | 1,110 | 162 | 1,272 |
| Children and Women | 1,304 | 1,103 | 64 | 1,166 |
| Clinical Diagnostics and Therapeutics | 1,199 | 1,546 | 92 | 1,638 |
| Corporate Executives | 501 | 987 | 0 | 987 |
| Medicine | 1,379 | 134 | 300 | 434 |
| Mental Health | 1,079 | 401 | 0 | 401 |
| Primary, Community and Intermediate Care | 2,423 | 2,909 | 260 | 3,169 |
| Specialist Services | 1,482 | 1,793 | 0 | 1,793 |
| Surgical Services | 1,689 | 581 | 458 | 1,039 |
| Subtotal - Grip and Control | 12,000 | 10,565 | 1,336 | 11,900 |
| Medicines Management | 4,530 | 3,035 | 1,539 | 4,573 |
| Reducing Length of Stay | 3,500 | 3,129 | 0 | 3,129 |
| Optimising Planned Care | 1,000 | 135 | 0 | 135 |
| Income Generation | 1,000 | 851 | 20 | 871 |
| Continuing Healthcare | 2,500 | 2,262 | 0 | 2,262 |
| Facilities and Estates / Service Reconfiguration | 500 | 400 | 0 | 400 |
| Value/Clinical Variation | 0 | 0 | 0 | 0 |
| Procurement | 5,000 | 3,648 | 301 | 3,949 |
| Recording Patient Care | 1,500 | 0 | 0 | 0 |
| Other Digital Benefits | 0 | 0 | 0 | 0 |
| Workforce - Temporary Pay | 7,403 | 3,770 | 377 | 4,147 |
| Workforce Reshaping | 8,268 | 1,584 | 195 | 1,779 |
| Corporate Opportunities | 0 | 2,855 | 0 | 2,855 |
| Subtotal Cost Improvement Themes | 35,200 | 21,669 | 2,431 | 24,100 |
| Total Savings Position | 47,200 | 32,233 | 3,767 | 36,000 |

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 12, £19.761m of the identified green and amber schemes and £2.381m 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:

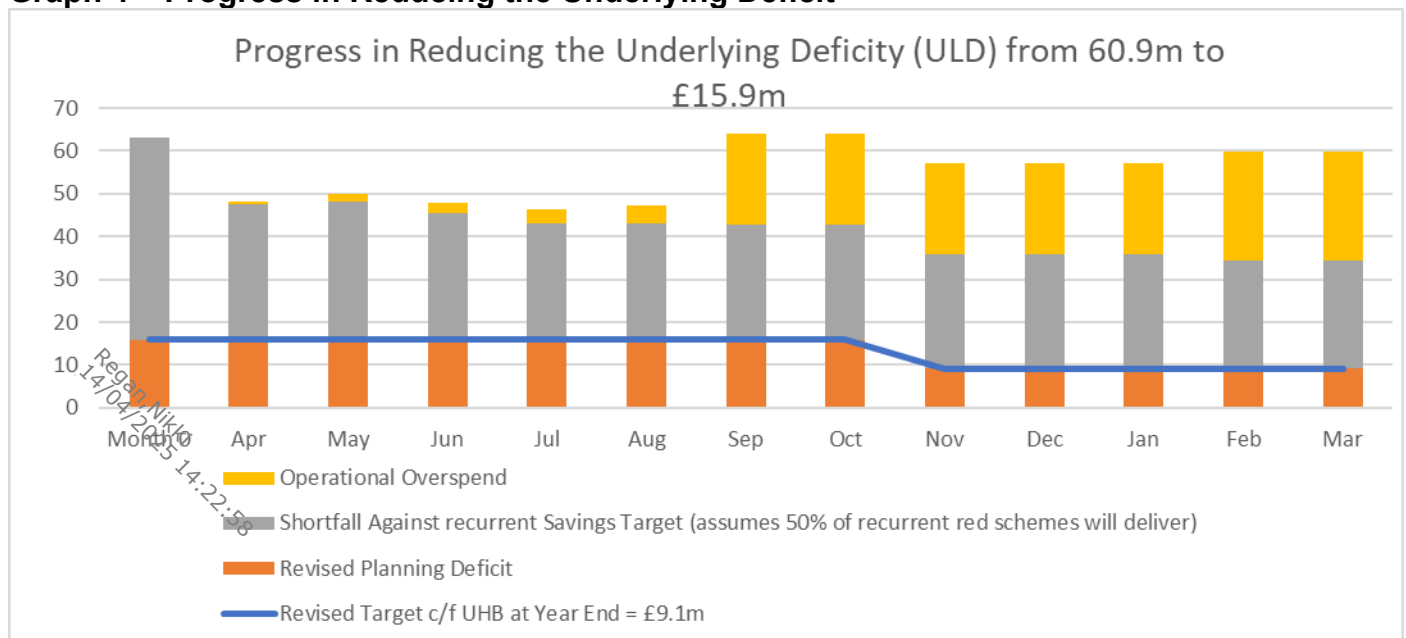
- The revised planning 2024-25 financial deficit of £9.1m
- Savings made non recurrently in 2024-25
- The full year effect of cost pressures including inflation.
- The full year effect of demand led pressures in 2024-25

The UHB has re-assessed its planning assumptions for the 2025/26 financial plan and this includes a review of its Underlying Deficit. Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £25.4m to the underlying deficit. The full year effect of demand and inflation pressures is assessed at £25.4m. The additional costs are abated by the additional £6.8m recurrent funding provided in 2024/25.

This projects an underlying deficit (ULD) for 2025-26 of £59.9m which is an increase of £2.8m from the 57.1m previously identified. The ULD forms the baseline moving into 2025/26, before the assessment of new year cost pressures and any additional funding available.

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

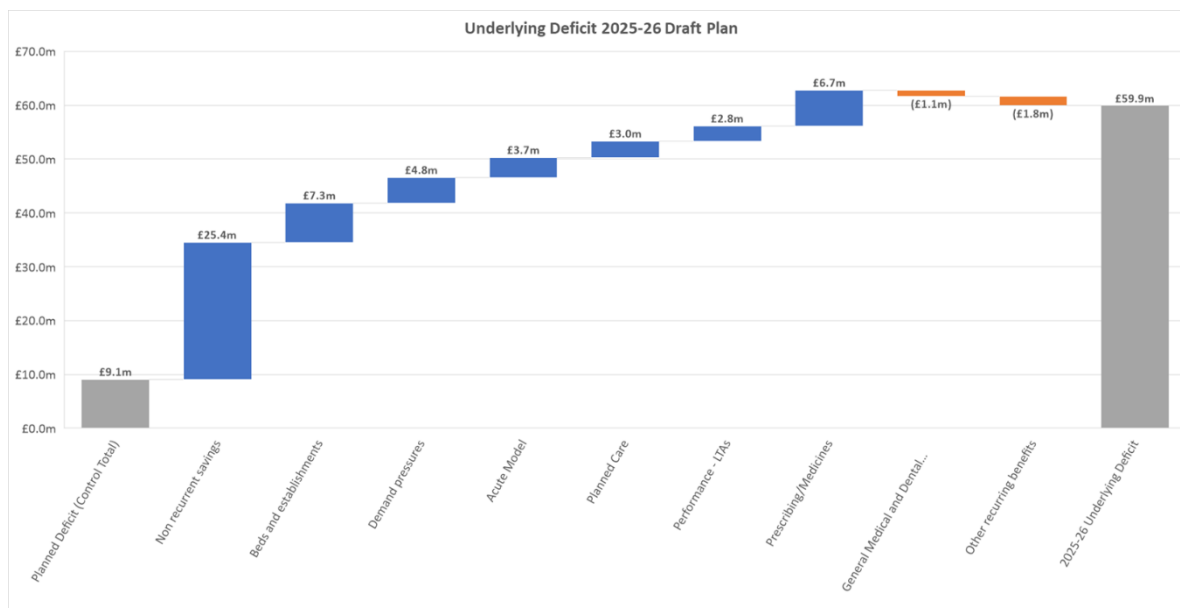
Graph 4 – Progress in Reducing the Underlying Deficit



The current assessment of the £59.9m underlying deficit (ULD) moving into 2024/25 is summarised below:

Table 8 – Initial Assessment of Underlying Deficit

| | UHB £m |
|--------------------------------------|-------------------|
| Operational ULD | 25.4 |
| Savings ULD | 25.4 |
| Initial Planned Deficit | 15.9 |
| Additional In Year Recurrent Funding | (6.8) |
| Total ULD £m | 59.9 |



Cash Flow Forecast

The closing cash balance at the end of 2024/25 was £1.633m.

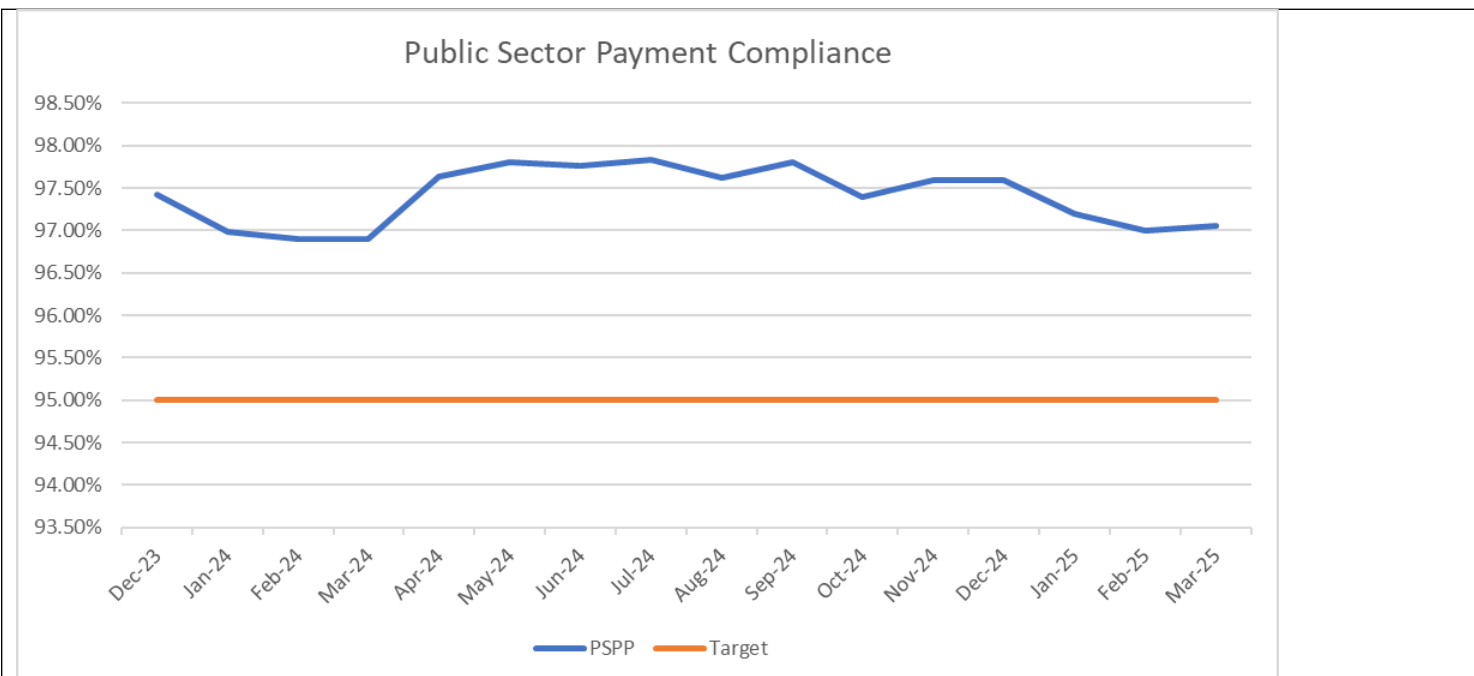
£9.100m strategic cash support was provided by Welsh Government to cover the cash shortfall arising from the UHBs control total issued by Welsh Government

In addition, revenue working cash support of £11.541m was drawn down in respect of movements on the UHB balance sheet.

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 March was 97.1% for the year to date as illustrated in Graph 6 below.

Graph 6 – Public Sector Payment Compliance



Capital

The UHBs approved capital resource limit is £58.481m in line with the latest CRL received from Welsh Government

The UHB is reporting that it operated within its Capital Resource limit with a draft underspend of £0.244m.

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

The UHBs draft financial outturn is consistent with the revised forecast deficit of £27.700m. The UHBs revised control deficit issued by Welsh Government is a £9.100m overspend for 2024/25. The Draft Month 12 position is £18.525m greater than this at £27.625m

The revised forecast deficit was based on the receipt of an additional £6.8m funding from Welsh Government and recognition of in year underperformance of 18.6m against operational budgets and savings targets.

Delivery of the core financial plan included a £47.2m recurrent savings requirement. At Month 12, £34.575m green and amber savings were delivered, representing 73% of the target. There was a £25.4m shortfall against the recurrent savings target.




The UHB's provisional year end revenue outturn is within its 27.700m forecast deficit. The UHB is reporting that it stayed within its Capital Resource Limit. Creditor payment compliance met the 95% target.

Recommendation:

At Month 12 the Committee are requested to:

- **NOTE** that the draft reported year end deficit of £27.625m which is £18.525m more than the £9.100m control total.
- **NOTE** that the UHB has met the annual public sector payment compliance performance target of 95%.
- **NOTE** that the UHB has remained within its capital resource limit with a draft underspend of £0.244m against an allocation of £58.481m.

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

| | | | | | | | |
|------------|--|-----------|-------------|---------------|--|-------------|--|
| Prevention | | Long term | Integration | Collaboration | | Involvement | |
|------------|--|-----------|-------------|---------------|--|-------------|--|

Quality Impact Assessment Completed?

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

Impact Assessment:

| |
|-------------------------|
| Risk: No |
| Safety: No |
| Financial: Yes |
| Workforce: No |
| Legal: No |
| Reputational: No |
| Socio Economic: No |
| Equality and Health: No |
| Decarbonisation: No |

Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*

Finance and
Performance
Committee

Date: 16th April 2025

Regan Nikki
14/04/2025 14:22:58

| | | | | |
|-----------------|--------------------------------|-------------------------------------|-----------------|-------------|
| Report Title: | Operational Performance Update | | Agenda Item no. | 2.3 |
| Meeting: | Name of Committee | Public | Meeting Date: | 16.4.25 |
| | | Private | | |
| Status: | Assurance | <input checked="" type="checkbox"/> | Approval | Information |
| Lead Executive: | Chief Operating Officer | | | |
| Report Author: | Head of Performance | | | |

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

February saw reductions in the number of 1-hour ambulance handovers and 12-hour EU waits. The most recent data from March shows a slight deterioration in ambulance performance with a small increase in the number of 2-hour waits reported, but average handover time remained similar to the previous month. We did see an increase in the number of 12-hour waits in March.

Following increased bed closures in January due to the prevalence of both Flu and Covid-19 in the community and healthcare settings, March has seen an increase in bed closures resulting from Norovirus. This has impacted flow through the hospital, ultimately resulting in an increase in long waits in the Emergency Unit. We have reported up to 260 beds closed across the acute sites, with up to 40 empty beds within the closed areas. Part of the response led through our IP&C cell was the decision to restrict patient visiting for a period of time. At the time of writing the visiting restrictions have been lifted but we still have c100 beds closed. Bed closures on the acute sites continues to be monitored and reported to the organization daily through the 'hot reports'.

Despite these challenges, the UHB is still the best performing Health Board in Wales regarding ambulance handover delays and we continue to make ambulance handovers an operational priority.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown improvement against our historic trends. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Time to specialist beds for hip fracture and stroke patients remain an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways. We have seen improvements in compliance with the 4-hour standard for admission to a specialist ward

through the year and performance remains improved from Q1 where it dipped below 30%. Compliance has suffered though the seasonal pressures in the EU, despite this, monthly compliance in February improved to 42.9%, against the national annualized average of 9%.

We continue to measure our performance of against the acute stroke pathway on a daily and weekly basis, through the hot report and COO led operational meetings. The UHB has held a further stroke summit continuing our focus on the stroke pathway. We are also working with colleagues in the NHS Executive around what KPIs will be the focus in Wales. We will continue to update Finance & Performance Committee and Board on the impact of the changes. Our analysis of the latest data has shown that our door-to-ward performance improved in February, while the percentage of patients receiving their CT scan within 1 hour improved. Time to CT scan is one of the metrics which has been revised in the new SSNAP dataset, and performance against the new 20-minute standard has varied from 17.7% - 8.5% since October 2024, with 14.6% of patients scanned within 20 minutes in February, an improvement from January's performance. February also saw an increase in our Thrombolysis rate.

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 pathway of care delays (POCD) remains a national focus and has reduced since the high point in February 2024. In December 2024 we reported our lowest position of 144 delays, but seasonal pressures and associated operational challenges in January and February saw the number of delays increase although not to the volume seen last year. The February and March census showed 163 delays across all patient groups. We are currently delivering our commitment to reduce against the same period in 23/24.

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.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly 'hot' reporting and end of month snapshots are provided in the IPR. We have seen a fluctuating picture as we moved through the year, but the seasonal pressures through January have seen an increase in the length of time many patients are spending in hospital. The number on long length of stay patients continues to fluctuate, but is currently reduced from the levels seen in January. At the time of writing there are c400 patients with a length of stay over 21 days across our acute wards.

Cancer

Our Single Cancer Pathways compliance has remained above 60% since September 2023 and we reported compliance of over 70% for August, September and October 2024. In February, our most recently reported position 64.4% of patients with Cancer received their first definitive treatment within 62 days. The SCP standard of 75% was met for Brain/CNS, Breast, Sarcoma and Skin tumour sites. October 2024 saw the highest recorded number of referrals received, accommodating this increase in demand has contributed to the recent reduction in performance and increase in the backlog through subsequent months. The cancer PTL is tracked daily through Cancer services and operational teams, with weekly oversight of KPIs by the Cancer Delivery Group. We recently held the first 'stocktake' session for teams to share their actions plans to consistently deliver the capacity required to meet the

outpatient, diagnostic and treatment standards. Further sessions are planned in Q1 as we continue to support teams to right size their cancer capacity.

Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh:

| SCP compliance | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Original submission | 64.4% | 60.8% | 62.3% | 63.7% | 62.1% | 64.6% | 63.1% | 68.4% | 70.9% | 72.5% | 66.8% | 66.7% | 65.6% | 64.4% |
| Compliance following quarterly refresh | 63.5% | 60.2% | 62.3% | 66.0% | 64.4% | 63.6% | 64.8% | 70.2% | 73.1% | | | | | |

Planned Care

The numbers of patients waiting on an RTT waiting list has reduced during Q4. 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 March there were 1,632 patients waiting 2 years for treatment. This is a significant reduction from the previous month and is the lowest number of 2-year waits reported since July 2021 as long waits increased following the Covid-19 pandemic. We are clear that there are still too many patients waiting too long for treatment across a number of key services and continue to work to reduce the length of time patients are waiting for treatment. Four- year waits were eradicated in September 2024, and we have maintained this position. The number of patients waiting over 3-years reduced to 38 in March, with the number of specialties with 3-year waits remaining reduced to two (Ophthalmology and Spines). As discussed in previous Board sessions we have received additional, non-recurrent, financial resource to further improve our 2-year wait position. We submitted an initial trajectory to reduce to 1,326 2-year waits by the end of March 2025, through funding additional activity; in-house and through insourcing/outsourcing. This was reforecast in December to 1800, when the volume of available capacity was clearer, and we have therefore delivered against this revised position with our March performance of 1,632. We will be meeting with colleagues from NHS Wales to discuss further improvements to our position through 25/26.

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. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work with specialties, particularly in Paediatrics, Medicine and Specialised services, to reduce to or maintain their outpatient waits below 52 weeks.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments over the last year. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. This year we are tracking the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 48,715 patients who are past their target date for a follow-up appointment, of these 9 were over 2 years past their target date as shown below:

| Overdue Follow-up Outpatients | | | | | | | | | |
|-------------------------------|-------------------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Clinical Board | Months past target date | 07/02/2024 | 03/03/2025 | 10/03/2025 | 17/03/2025 | 24/03/2025 | 31/03/2025 | 07/04/2025 | Trend |
| Total | Total overdue | 61658 | 48749 | 47871 | 47841 | 48209 | 48216 | 48715 | |
| | Over 12 months | 12351 | 2136 | 2131 | 2137 | 2158 | 2339 | 2358 | |
| | Over 18 months | 2948 | 90 | 87 | 83 | 86 | 105 | 83 | |
| | Over 24 months | 1271 | 10 | 8 | 8 | 11 | 11 | 9 | |
| Surgery | Total overdue | 31552 | 24017 | 23180 | 23283 | 23660 | 23794 | 23864 | |
| | Over 12 months | 7610 | 1776 | 1757 | 1782 | 1822 | 1902 | 1896 | |
| | Over 18 months | 1523 | 65 | 73 | 68 | 72 | 88 | 69 | |
| | Over 24 months | 643 | 3 | 3 | 4 | 7 | 6 | 5 | |
| Children & Women | Total overdue | 10114 | 7863 | 7791 | 7736 | 7696 | 7622 | 7818 | |
| | Over 12 months | 1597 | 44 | 82 | 63 | 93 | 169 | 186 | |
| | Over 18 months | 500 | 2 | 0 | 1 | 2 | 3 | 2 | |
| | Over 24 months | 173 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Specialist | Total overdue | 10063 | 8722 | 8821 | 8799 | 8795 | 8740 | 8797 | |
| | Over 12 months | 1939 | 230 | 252 | 248 | 197 | 211 | 228 | |
| | Over 18 months | 464 | 9 | 10 | 9 | 6 | 8 | 8 | |
| | Over 24 months | 196 | 1 | 3 | 1 | 1 | 3 | 2 | |
| Medicine | Total overdue | 9879 | 8064 | 8001 | 7947 | 7981 | 7986 | 8160 | |
| | Over 12 months | 1183 | 80 | 34 | 39 | 41 | 52 | 43 | |
| | Over 18 months | 455 | 13 | 3 | 4 | 5 | 5 | 2 | |
| | Over 24 months | 257 | 6 | 2 | 3 | 3 | 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 are over 18 months who have been given appointments and others who require validation or have had their follow-up target extended following clinical validation and notes reviews. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists.

Our Planned Care Programme is revising its approach Outpatient Transformation, this includes the appointment of a Clinical Lead for Outpatients and alignment with the national Clinical Implementation Networks (CINs) to drive best practice. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways. SOS, PIFU and utilization of outpatient clinics will be an area of significant focus as we move in to 25/26.

Diagnostics

The waiting list position for Diagnostics deteriorated through Q1 and Q2, with particular challenges in Radiology and Endoscopy. As part of the £2.8m community diagnostic hub investment to improve imaging waiting times we will continue to use mobile solutions. Since September, we have seen a small improvement in the 8-week position with reductions in Endoscopy and non-obstetric ultrasound during Q3, continued into Q4.

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has an improvement plan, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait. The number of 8-week waits increased through the first half of the year, albeit at a slower rate than last year. November saw the first reduction in the number of 8-week waits for the first time since February 2023. To clear the backlog of patients and create enough core capacity is going to require significant investment and support from Welsh Government. Looking forwards, consideration is being given to scale of the opportunity that might be available through the Llantrisant Health Park regional proposals.

At the end of February, 14,086 patients had waited 8 weeks or longer for their treatment, equating to 55.8% of patients on a diagnostic waiting list. This is a significant reduction from January, driven largely by reductions in Endoscopy and non-obstetric ultrasound over. Our February position is in line with our commitment to Welsh Government and we are forecasting to deliver our commitment with our end of March position.

| Diagnostic | | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Longest wait (weeks) | Median wait (weeks) | Total waiting list | % under 8w | % over 8w |
|---|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|---------------------|--------------------|------------|-----------|
| Cardiology | Myocardial Perfusion Scanning | 15 | 20 | 23 | 15 | 15 | 12 | 5 | 3 | 0 | 1 | 0 | 2 | 0 | 6 | 100.0% | 0.0% |
| | Echo Cardiogram | 4 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 6 | 1 | 701 | 100.0% | 0.0% |
| | Dobutamine Stress Echocardiogram | 22 | 10 | 25 | 21 | 6 | 17 | 0 | 1 | 0 | 0 | 0 | 6 | 2 | 46 | 100.0% | 0.0% |
| | Stress Test | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5 | 1 | 34 | 100.0% | 0.0% |
| | Blood Pressure Monitoring | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 2 | 57 | 100.0% | 0.0% |
| | Heart Rhythm Recording | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 1 | 201 | 100.0% | 0.0% |
| | Diagnostic Angiography | 78 | 71 | 33 | 30 | 56 | 66 | 55 | 55 | 52 | 48 | 40 | 38 | 12 | 59 | 32.2% | 67.8% |
| | Trans Oesophageal Echocardiogram | 5 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 6 | 1 | 14 | 100.0% | 0.0% |
| | Cardiac CT | 151 | 134 | 107 | 36 | 14 | 6 | 3 | 6 | 8 | 7 | 3 | 55 | 2 | 62 | 95.2% | 4.8% |
| Cardiac MRI | 203 | 198 | 214 | 209 | 217 | 215 | 186 | 184 | 195 | 183 | 163 | 80 | 13 | 266 | 38.7% | 61.3% | |
| Diagnostic Electrophysiology (EP Study) | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10 | 10 | 1 | 0.0% | 100.0% | |
| Diagnostic Endoscopy | Cystoscopy | 160 | 119 | 122 | 147 | 94 | 93 | 100 | 100 | 128 | 158 | 166 | 29 | 7 | 355 | 53.2% | 46.8% |
| | Colonoscopy | 1536 | 1565 | 1626 | 1712 | 1788 | 1892 | 1949 | 1995 | 1992 | 1992 | 1735 | 131 | 33 | 2248 | 22.8% | 77.2% |
| | Flexible Sigmoidoscopy | 1120 | 1131 | 1176 | 1195 | 1246 | 1271 | 1320 | 1319 | 1302 | 1280 | 1142 | 120 | 47 | 1315 | 13.2% | 86.8% |
| | Gastroscopy | 2499 | 2603 | 2692 | 2761 | 2864 | 2949 | 2979 | 2845 | 2748 | 2565 | 2234 | 134 | 37 | 2745 | 18.6% | 81.4% |
| | Bronchoscopy | 19 | 25 | 14 | 14 | 11 | 12 | 12 | 13 | 17 | 14 | 13 | 142 | 19 | 24 | 45.8% | 54.2% |
| Imaging | Fluoroscopy | 37 | 30 | 45 | 30 | 30 | 34 | 26 | 15 | 6 | 9 | 4 | 13 | 2 | 98 | 95.9% | 4.1% |
| Neurophysiology | Nerve Conduction Studies | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 116 | 100.0% | 0.0% |
| | Electromyography | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 70 | 100.0% | 0.0% |
| Physiological Measurement | Urodynamic Tests | 35 | 74 | 76 | 58 | 57 | 71 | 69 | 88 | 74 | 95 | 74 | 56 | 6 | 194 | 61.9% | 38.1% |
| | Vascular Technology | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 6 | 3 | 201 | 100.0% | 0.0% |
| Radiology | MRI | 1116 | 1045 | 892 | 974 | 1054 | 1019 | 865 | 716 | 882 | 944 | 662 | 109 | 4 | 2555 | 74.1% | 25.9% |
| | Non-Obstetric Ultrasound | 7773 | 8130 | 8808 | 9036 | 9462 | 9469 | 9114 | 9153 | 9315 | 8711 | 7808 | 59 | 15 | 12276 | 36.4% | 63.6% |
| | CT | 21 | 26 | 20 | 14 | 24 | 27 | 14 | 8 | 24 | 48 | 22 | 62 | 4 | 1455 | 98.5% | 1.5% |
| | Nuclear Medicine | 38 | 53 | 62 | 72 | 78 | 49 | 44 | 54 | 27 | 33 | 19 | 32 | 2 | 147 | 87.1% | 12.9% |
| Total | | 14835 | 15245 | 15938 | 16324 | 17016 | 17210 | 16744 | 16556 | 16770 | 16088 | 14086 | | | 25246 | 44.2% | 55.8% |

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

Mental Health

Demand for adult and children's Mental Health services remains high, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults has, as forecast, remained low throughout this year as a result of capacity issues within the team. An additional WTE has been in post since October and two further WTE positions have been appointed to, we have seen the increased in capacity leading to improved performance as we moved 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 remains compliant, our latest information from February 2025 shows 99% of assessments were completed within 28 days. Part 1b has made a strong return to compliance in September, as per our forecast and compliance with the 80% standard has since been maintained. As part of the improvement work we have seen the size of waiting list and average wait reduce.

Primary and Community Care

We continue to see a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system, although this has reduced from the exceptionally high levels seen through last year. Our primary care teams continue to support practices as required.

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

undertaken through primacy and community care services. The latest available data shows over two million GP appointments have been offered so far this year in Cardiff and the Vale.

| GMS activity | | January 2025 | Year to date 24/25 |
|---|-------------------------------|--------------|--------------------|
|  | Calls to GP surgeries | 385,400 | 3,820,863 |
|  | GP appointments offered | 267,797 | 2,639,839 |
|  | Items issued via prescription | 739,866 | 7,357,656 |

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

We continue to see high utilisation of our Urgent Primary Care Centers across Cardiff and the Vale. Total utilization across all 6 sites was 91% in February, with 3,743 consultations in month.

Our community teams and integrated services continue to support patients out of hospital, including 16,066 District Nursing visits in February – c5,800 more than our reported attendances to the 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 | February 2025 | Year to date 24/25 |
|--|---------------|--------------------|
| District Nursing visits to patients | 16,066 | 192,768 |
| Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission | 42 | 492 |
| Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital | 94 | 1,076 |
| Cardiff CRT and Vale CRS - Patients supported with Therapy in the community | 436 | 4,806 |
| Patients supported by Community Nursing to remain at home | 3,571 | 39,000 |
| Wound healing service referrals | 72 | 871 |
| Continence service referrals | 227 | 1,923 |

Recommendation:



The Board/Committee (*delete as appropriate*) are requested 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:

<https://shapingyourfuturewellbeing.com/>

| | | |
|--|---|---|
|  Putting People First 1. |  Providing Outstanding Quality 2. | X |
|--|---|---|

| | | | |
|---|---|--|--|
| Click the objective above to view more detail. | | Click the objective above to view more detail. | |
|  Delivering in the Right Places 3. Click the objective above to view more detail. | X |  Acting for the Future 4. Click the objective above to view more detail. | |

Five Ways of Working (Sustainable Development Principles) considered

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

Quality Impact Assessment Completed?

| | | | | |
|--|--|---|---|--------------|
| Yes – <i>(please provide completed QIA document)</i> | | No – <i>(Please provide reasoning, e.g. not required)</i> | x | Not required |
|--|--|---|---|--------------|

Impact Assessment:

| | |
|---|-------|
| Risk: No | |
| Safety: No | |
| Financial: No | |
| Workforce: No | |
| Legal: No | |
| Reputational: No | |
| Socio Economic: No | |
| Equality and Health: No | |
| Decarbonisation: No | |
| Welsh Language: No | |
| Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i> | |
| Committee/Group/Exec | Date: |
| | |

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Cardiff and Vale Integrated Performance Report

2024/25

April 2025

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Report Contents

1. [Cabinet Secretary Priorities](#)

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

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

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

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

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

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

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| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|---------------------------------------|--|--------------------------------------|---------------------------------------|---------|---|--------------------------------------|
| Enhanced Care in the Community | <p>Measure: Number of delayed transfers of care.</p> <p>National standard/ambition: 12 month reduction trend</p> <p>Reporting period: Monthly</p> | Reduction against 23/24 | Yes | Mar-25 | 163 Mar-25 | 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 | 84.5% (Apr-24 to Jan-25) | 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 | 901 Mar-25 | Hyperlink to section |
| | <p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p> | 232 | Yes | Dec-24 | 381 Mar-25 | Hyperlink to section |

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| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|---------------|--|----------------|---------------------------------------|---------|---|--------------------------------------|
| 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% Feb-25 | 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% Feb-25 | Hyperlink to section |

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Performance Key: Meeting standard / trajectory off target/trajectory

| Priority | Aim | C&V Commitment | Commitment to meet national standard? | By When | In Month Performance against C&V commitment | Link in Performance Report |
|-------------------------|---|---|---------------------------------------|---------|---|--------------------------------------|
| Planned Care and Cancer | <p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p> | <p>16,004 Sep-24</p> <p>15,925 Mar-25</p> | No | | <p>15,725 Feb-25</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>2,414 Feb-25</p> | Hyperlink to section |
| | <p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p> | <p>70% Mar-25</p> | Yes | Dec-24 | <p>65.6% Jan-25</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>13,825 Mar-25</p> | Hyperlink to section |

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 2: Cardiff and Vale Performance Report

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

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

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

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

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

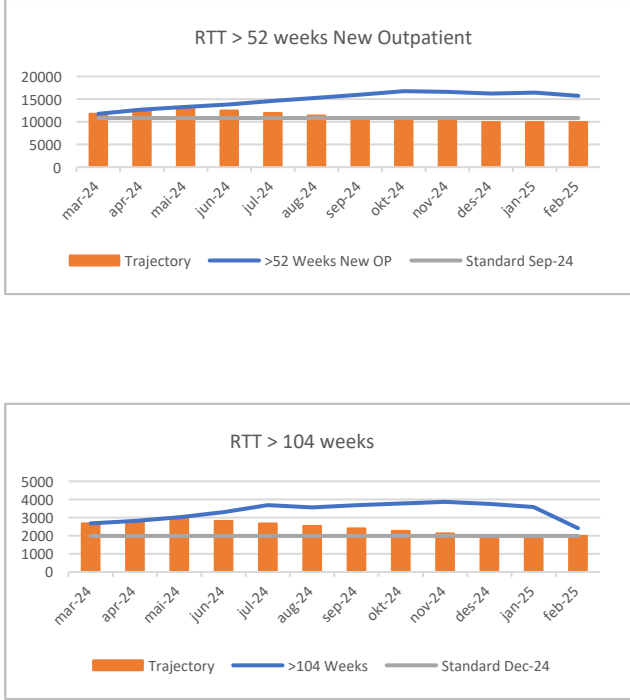
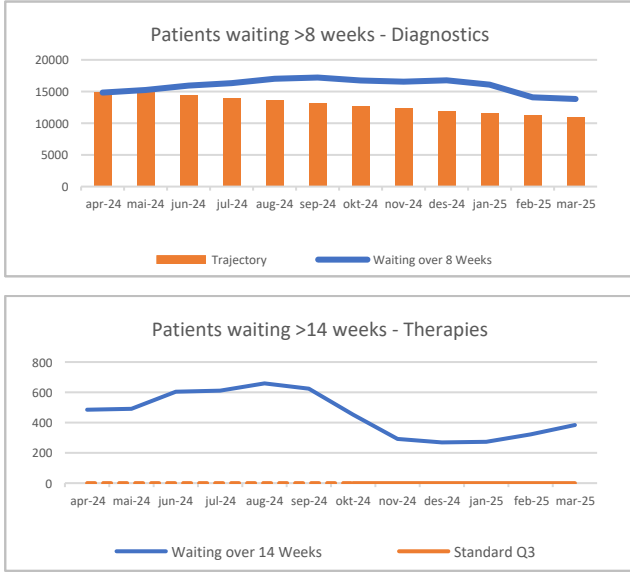
| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|---|---|--|---|
| <p>Primary, Community and Out of Hospital Care</p> | <p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In March utilisation was 91%, this is above our commitment</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024. Next update end of Q4</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q2 to date 92% compliance with 8-hour standard</p> | <p>Mar-25</p> <p>Q1</p> <p>Jan-25</p> | <p>91% utilisation Above standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>92% Above standard</p> | <p>UPCC Utilisation</p> |
| <p>Emergency Department and Same Day Emergency Care</p> | <p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In March we reported 19 2-hour ambulance delays, above our ambition of 0 In March we reported 381 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In March lost minutes per arrival increased to 28</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 March we reported an increase in patients waiting 12-hours in EU compared to February. This equates to 92.6% of attendances waiting less than 12-hours and below our ambition for Q4</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In February we reported a decrease in activity compared to January, and below our February 2024 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>Mar-25</p> <p>Mar-25</p> <p>Feb-25</p> | <p>19 2-hour delays Above standard</p> <p>381 1-hour delays Above standard</p> <p>28 minutes lost/arrival Above standard</p> <p>92.6% patients <12h Below standard</p> <p>1609 SDEC attends Below standard</p> | <p>Ambulance handover >1 hour</p> <p>EU more than 12 hours</p> <p>Number of patients seen in SDECs</p> |
| <p>Reducing time in hospital and Continuity of Care</p> | <p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of March 59.7% of patients in acute beds had a LOS of >7 days, 34.4% >21 days – a small increase from February’s snapshot but above our ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In March2025 the number of POCDs was 163 – this is the same number of delays reported in February 2025</p> | <p>Feb-25</p> <p>Mar-25</p> | <p>59.7% >7d Above standard</p> <p>34.4% >21d Above standard</p> <p>163 Below standard</p> | <p>Delayed Pathways of Care</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 February 52.1% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In February 10.4 % of stroke patients were thrombolysed, an increase from preevious months but below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In February 41.9% 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, but February's performance is improved from January</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. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR</p> | <p>Feb-25</p> | <p>52.1% CT Below standard</p> <p>10.4% Thrombolysis Below standard</p> <p>41.9% Door-to-ward Below standard</p> | <p>The data charts show performance trends from March 2024 to March 2025. The 'CT Scan within 1 hour' chart shows performance fluctuating around 50%, consistently below the 70% standard. The 'Stroke patient thrombolysis rate' chart shows performance fluctuating between 10% and 30%, below the 20% standard. The 'Direct admission to stroke unit within 4 hours' chart shows performance fluctuating 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 February our annualised compliance showed 39% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 8.8%. 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>Feb-25</p> | <p>38.8% (Annualised) Below standard</p> | <p>The 'Admitted within 4 hours' chart shows performance fluctuating between 40% and 50%, consistently below the 60-70% standard.</p> |

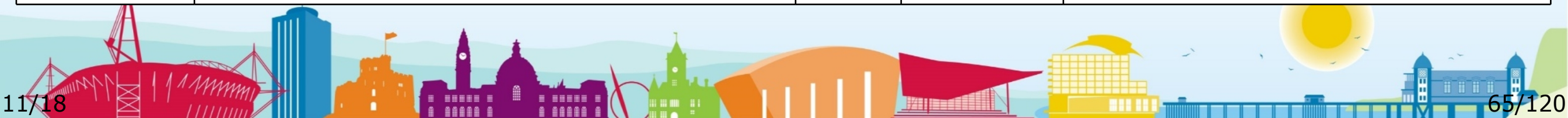
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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|----------------------------|--|------------------|---|--|
| Primary and Community Care | <p>GMS access – 100% of practices achieving core access standards In January 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 January 84.5% of the contract value had been delivered.</p> | Jan-25 | <p>100% At standard</p> | <p>GDS contract value fulfillment</p> |
| | <p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In January 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> | Jan-25 | <p>84.5% At standard (Apr-24 - Jan-25)</p> <p>100% Above standard</p> <p>100% Above standard</p> | |
| 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 January 65.6% of patients received their first definitive treatment within 62 days. This was below our trajectory and ambition of 70% by December and we will aim to remain on trajectory to meet 70% by March 2025.</p> | Jan-25 | <p>65.6% At standard, but below SCP standard of 75%</p> | <p>% cancer patients starting treatment within 62 days</p> |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|--|------------------|---|--|
| <p>Outpatient and Treatment waiting times</p> | <p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In February there were 15,725 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 February there were 2,414 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>Feb-25</p> | <p>15,725 patients Above standard</p> <p>2,414 patients Above standard</p> |  <p>The first chart, 'RTT > 52 weeks New Outpatient', shows monthly data from March 2024 to February 2025. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and '>52 Weeks New OP' (blue line) both show an upward trend, with the latter reaching approximately 15,725 in February 2025. The 'Standard Sep-24' (grey line) is constant at around 10,000.</p> <p>The second chart, 'RTT > 104 weeks', shows monthly data from March 2024 to February 2025. The y-axis ranges from 0 to 5,000. The 'Trajectory' (orange bars) and '>104 Weeks' (blue line) both show an upward trend, with the latter reaching approximately 2,414 in February 2025. The 'Standard Dec-24' (grey line) is constant at around 2,000.</p> |
| <p>Diagnostics and Therapies</p> | <p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In March 13,825 patients were waiting over 8 weeks for a specified diagnostic, A decrease from February 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 March 384 patients were waiting over 14 weeks for therapies, a increase from February and above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits over the past two months</p> | <p>Mar-25</p> | <p>13,825 patients Diagnostics Above standard</p> <p>384 patients Therapies Above standard (Q3)</p> |  <p>The first chart, 'Patients waiting >8 weeks - Diagnostics', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and 'Waiting over 8 Weeks' (blue line) both show a slight downward trend, with the latter reaching approximately 13,825 in March 2025. The 'Standard' (grey line) is constant at around 15,000.</p> <p>The second chart, 'Patients waiting >14 weeks - Therapies', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 800. The 'Waiting over 14 Weeks' (blue line) shows a peak in August 2024, followed by a significant drop to around 300 in November 2024, and then a slight increase to 384 in March 2025. The 'Standard Q3' (orange line) is constant at 0.</p> |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|-----------------------------------|---|------------------|---|------|
| <p>Waiting times</p> | <p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In February there were 42 patients waiting over 16 weeks for a new outpatient appointment and 23 patients waiting over 52 weeks for surgery. Both improved from January 2025</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In February there were 23 patients waiting over 18 weeks for a new outpatient appointment and 10 patients waiting over 40 weeks for surgery</p> | <p>Feb-25</p> | <p>42 Outpatients Above standard</p> <p>19 patients Treatment Above standard (Q3)</p> <p>12 patients Treatment Above standard (Q4)</p> | |
| <p>Intensive Care Unit</p> | <p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 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. Data for Q4 is currently unavailable, the service are working to provide this dataset</p> | <p>Oct-24</p> | <p>12.0% Above standard</p> | |

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| Priority | Performance Summary | Reporting Period | Performance against standard | Data |
|--|---|------------------|--|------|
| <p>Paediatric waiting times</p> | <p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In March 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 March there were 314 paediatric patients waiting over 14 weeks for Therapies (85 in Dietetics and 120 in Occupational Therapy)</p> | <p>Mar-25</p> | <p>0 Meeting standard</p> <p>314 Above standard</p> | |
| <p>Emotional Health and Wellbeing</p> | <p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1 In February 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 February 90% of interventions were started within 28 days, this is above the standard for Q3 and 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 February 93% of patients had a valid Care and Treatment Plan, above our ambition</p> | <p>Feb-25</p> | <p>93% Part 1a Above standard</p> <p>90% Part 1b Above standard</p> <p>93% Part 2 Above standard</p> | |
| <p>Neurodevelopment</p> | <p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In February the longest wait for a neurodevelopment assessment was 199 weeks, this is above our ambition for delivery in Q4</p> | <p>Feb-25</p> | <p>199 Above standard (Q4)</p> | |

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| 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 February 98% of patients received their assessment within 28 days – this is above the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.</p> | Feb-25 | 98% Part 1a Above 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>20</td><td>80</td></tr> <tr><td>Sep-24</td><td>22</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>28</td><td>80</td></tr> <tr><td>Jan-25</td><td>40</td><td>80</td></tr> <tr><td>Feb-25</td><td>98</td><td>80</td></tr> <tr><td>Mar-25</td><td>100</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard Q2 (%) | Mar-24 | 55 | 80 | Apr-24 | 18 | 80 | May-24 | 20 | 80 | Jun-24 | 18 | 80 | Jul-24 | 15 | 80 | Aug-24 | 20 | 80 | Sep-24 | 22 | 80 | Oct-24 | 20 | 80 | Nov-24 | 25 | 80 | Dec-24 | 28 | 80 | Jan-25 | 40 | 80 | Feb-25 | 98 | 80 | Mar-25 | 100 | 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 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 22 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-24 | 20 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-24 | 25 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-24 | 28 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-25 | 40 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-25 | 98 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-25 | 100 | 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 February 99% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p> | Feb-25 | 99% Part 1b Above standard | <p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Performance vs Trajectory (Part 1b)</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>98</td><td>99</td></tr> <tr><td>Nov-23</td><td>98</td><td>99</td></tr> <tr><td>Dec-23</td><td>98</td><td>99</td></tr> <tr><td>Jan-24</td><td>98</td><td>99</td></tr> <tr><td>Feb-24</td><td>98</td><td>99</td></tr> <tr><td>Mar-24</td><td>98</td><td>99</td></tr> <tr><td>Apr-24</td><td>98</td><td>99</td></tr> <tr><td>May-24</td><td>98</td><td>99</td></tr> <tr><td>Jun-24</td><td>98</td><td>99</td></tr> <tr><td>Jul-24</td><td>98</td><td>99</td></tr> <tr><td>Aug-24</td><td>98</td><td>99</td></tr> <tr><td>Sep-24</td><td>98</td><td>99</td></tr> <tr><td>Oct-24</td><td>98</td><td>99</td></tr> <tr><td>Nov-24</td><td>98</td><td>99</td></tr> <tr><td>Dec-24</td><td>98</td><td>99</td></tr> <tr><td>Jan-25</td><td>98</td><td>99</td></tr> </tbody> </table> | Month | Trajectory (%) | Performance (%) | Oct-23 | 98 | 99 | Nov-23 | 98 | 99 | Dec-23 | 98 | 99 | Jan-24 | 98 | 99 | Feb-24 | 98 | 99 | Mar-24 | 98 | 99 | Apr-24 | 98 | 99 | May-24 | 98 | 99 | Jun-24 | 98 | 99 | Jul-24 | 98 | 99 | Aug-24 | 98 | 99 | Sep-24 | 98 | 99 | Oct-24 | 98 | 99 | Nov-24 | 98 | 99 | Dec-24 | 98 | 99 | Jan-25 | 98 | 99 |
| Month | Trajectory (%) | Performance (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-23 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-23 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-23 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-24 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-25 | 98 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 February 57% 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> | Feb-25 | 57% 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>57</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>58</td><td>80</td></tr> <tr><td>Dec-24</td><td>57</td><td>80</td></tr> <tr><td>Jan-25</td><td>57</td><td>80</td></tr> <tr><td>Feb-25</td><td>57</td><td>80</td></tr> <tr><td>Mar-25</td><td>57</td><td>80</td></tr> </tbody> </table> | Month | Performance (%) | Standard Q3 (%) | Mar-24 | 55 | 80 | Apr-24 | 58 | 80 | May-24 | 57 | 80 | Jun-24 | 58 | 80 | Jul-24 | 60 | 80 | Aug-24 | 60 | 80 | Sep-24 | 60 | 80 | Oct-24 | 60 | 80 | Nov-24 | 58 | 80 | Dec-24 | 57 | 80 | Jan-25 | 57 | 80 | Feb-25 | 57 | 80 | Mar-25 | 57 | 80 | | | | | | | | | |
| Month | Performance (%) | Standard Q3 (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-24 | 55 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-24 | 57 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-24 | 60 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-24 | 58 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-24 | 57 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-25 | 57 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-25 | 57 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-25 | 57 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|----------|--|-----------------|--|-----------------------------------|---|--------|--------|--------|--------|----------|----------|----------|----------|
| 11. | Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours | 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 | Jan-25 | Improvement compared to the same month in the previous year | 45.3% Above standard | <table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>46.30%</td> <td>46.20%</td> <td>45.40%</td> <td>45.30%</td> </tr> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | 46.30% | 46.20% | 45.40% | 45.30% |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | | | | | | | | | | |
| 46.30% | 46.20% | 45.40% | 45.30% | | | | | | | | | | |
| 13. | Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) | Apr-24/Feb-25 | A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025 | 90.2% Above standard | <table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>69.70%</td> <td>77.60%</td> <td>84.50%</td> <td>90.20%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 69.70% | 77.60% | 84.50% | 90.20% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 69.70% | 77.60% | 84.50% | 90.20% | | | | | | | | | | |
| 14. | Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS) | Jan-25 | Increase compared to the same month in the previous year | 2,329 Above standard | <table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>2070</td> <td>2085</td> <td>2390</td> <td>2329</td> </tr> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | 2070 | 2085 | 2390 | 2329 |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | | | | | | | | | | |
| 2070 | 2085 | 2390 | 2329 | | | | | | | | | | |
| 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 | Feb-25 | 80% | 99% Above standard | <table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>99%</td> <td>99%</td> <td>93%</td> <td>99%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 99% | 99% | 93% | 99% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 99% | 99% | 93% | 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 | Feb-25 | 80% | 90% Above standard | <table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>84%</td> <td>80%</td> <td>92%</td> <td>90%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 84% | 80% | 92% | 90% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 84% | 80% | 92% | 90% | | | | | | | | | | |
| 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 | Feb-25 | 80% | 97.9% Above standard | <table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>23.0%</td> <td>26.0%</td> <td>40.6%</td> <td>97.9%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 23.0% | 26.0% | 40.6% | 97.9% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 23.0% | 26.0% | 40.6% | 97.9% | | | | | | | | | | |
| 18. | Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over | Feb-25 | 80% | 100% Above standard | <table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>99.4%</td> <td>100.0%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 100.0% | 100.0% | 99.4% | 100.0% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 100.0% | 100.0% | 99.4% | 100.0% | | | | | | | | | | |
| 19. | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | Feb-25 | 65% | 50% Below standard | <table border="1"> <tr> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> </tr> <tr> <td>49%</td> <td>49%</td> <td>62%</td> <td>50%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 49% | 49% | 62% | 50% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 49% | 49% | 62% | 50% | | | | | | | | | | |
| 20. | Median emergency response time to amber calls | Feb-25 | 12 month reduction trend | 01:50:49 Above standard | <table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>01:57:37</td> <td>02:39:41</td> <td>02:04:11</td> <td>01:50:49</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 01:57:37 | 02:39:41 | 02:04:11 | 01:50:49 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 01:57:37 | 02:39:41 | 02:04:11 | 01:50:49 | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|--|-----------------|---|---------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|
| 21. | Median time from arrival at an emergency department to triage by a clinician | Feb-25 | 15 minutes or less | 10 Below standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>12</td> <td>10</td> <td>8</td> <td>10</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 12 | 10 | 8 | 10 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 12 | 10 | 8 | 10 | | | | | | | | | | |
| 22. | Median time from arrival at an emergency department to assessment by a clinical decision maker | Feb-25 | 60 minutes or less | 68 Above standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>83</td> <td>78</td> <td>62</td> <td>68</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 83 | 78 | 62 | 68 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 83 | 78 | 62 | 68 | | | | | | | | | | |
| 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 | Mar-25 | Improvement compared to the same month in the previous year, towards the national target of 95% | 66.2% Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>60.1%</td> <td>63.2%</td> <td>62.5%</td> <td>66.2%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 60.1% | 63.2% | 62.5% | 66.2% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 60.1% | 63.2% | 62.5% | 66.2% | | | | | | | | | | |
| 24. | Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge | Mar-25 | Reduction compared to the same month in the previous year, towards the national target of zero | 901 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>953</td> <td>1054</td> <td>801</td> <td>901</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 953 | 1054 | 801 | 901 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 953 | 1054 | 801 | 901 | | | | | | | | | | |
| 25. | Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | Jan-25 | 12 month improvement trend towards a national target of 80% by 31 March 2026 | 65.6% Below standard | <table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>72.5%</td> <td>66.8%</td> <td>66.7%</td> <td>65.6%</td> </tr> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | 72.5% | 66.8% | 66.7% | 65.6% |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | | | | | | | | | | |
| 72.5% | 66.8% | 66.7% | 65.6% | | | | | | | | | | |
| 26. | Number of patients waiting more than 8 weeks for a specified diagnostic | Mar-25 | 0 | 13,825 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>16770</td> <td>16088</td> <td>14086</td> <td>13825</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 16770 | 16088 | 14086 | 13825 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 16770 | 16088 | 14086 | 13825 | | | | | | | | | | |
| 27. | Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy | Mar-25 | 100% | 72% Below standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>86.24%</td> <td>82.00%</td> <td>76.66%</td> <td>71.58%</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 86.24% | 82.00% | 76.66% | 71.58% |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 86.24% | 82.00% | 76.66% | 71.58% | | | | | | | | | | |
| 28. | Number of patients (all ages) waiting more than 14 weeks for a specified therapy | Mar-25 | 0 | 384 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>269</td> <td>273</td> <td>322</td> <td>384</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 269 | 273 | 322 | 384 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 269 | 273 | 322 | 384 | | | | | | | | | | |
| 29. | Number of patients (all ages) waiting more than 14 weeks for audiology | Mar-25 | 0 | 308 Above standard | <table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>117</td> <td>195</td> <td>248</td> <td>308</td> </tr> </table> | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 117 | 195 | 248 | 308 |
| Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | |
| 117 | 195 | 248 | 308 | | | | | | | | | | |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | |
|--------|--|-----------------|--|---------------------------------|---|--------|--------|--------|--------|-------|-------|-------|-------|
| 30. | Number of patients waiting more than 52 weeks for a new outpatient appointment | Feb-25 | 0 | 15,725 Above standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>16598</td> <td>16227</td> <td>16439</td> <td>15725</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 16598 | 16227 | 16439 | 15725 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 16598 | 16227 | 16439 | 15725 | | | | | | | | | | |
| 31. | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Feb-25 | Reduction compared to the same month in the previous year | 19,694 Below standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>18940</td> <td>20232</td> <td>20017</td> <td>19694</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 18940 | 20232 | 20017 | 19694 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 18940 | 20232 | 20017 | 19694 | | | | | | | | | | |
| 32. | Number of patients waiting more than 104 weeks for referral to treatment | Feb-25 | 0 | 2,414 Above standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>3866</td> <td>3754</td> <td>3581</td> <td>2414</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 3866 | 3754 | 3581 | 2414 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 3866 | 3754 | 3581 | 2414 | | | | | | | | | | |
| 33. | Number of patients waiting more than 52 weeks for referral to treatment | Feb-25 | Month on month reduction towards the national target of zero by 30 June 2025 | 33,246 Above standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>36377</td> <td>35712</td> <td>35008</td> <td>33246</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 36377 | 35712 | 35008 | 33246 |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 36377 | 35712 | 35008 | 33246 | | | | | | | | | | |
| 34. | Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment | Feb-25 | 80% | 10% Below standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>13%</td> <td>10%</td> <td>9%</td> <td>10%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 13% | 10% | 9% | 10% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 13% | 10% | 9% | 10% | | | | | | | | | | |
| 35. | Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | Feb-25 | 80% | 73% Below standard | <table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>72%</td> <td>69%</td> <td>71%</td> <td>73%</td> </tr> </table> | Nov-24 | Dec-24 | Jan-25 | Feb-25 | 72% | 69% | 71% | 73% |
| Nov-24 | Dec-24 | Jan-25 | Feb-25 | | | | | | | | | | |
| 72% | 69% | 71% | 73% | | | | | | | | | | |

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Productivity and Efficiency measures

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| Measure | | Internal standard | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Trend | |
|--------------|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--|
| Outpatients | % DNAs - New appointments | 5% | 9.5% | 9.1% | 9.7% | 9.7% | 10.0% | 9.9% | 9.9% | 10.1% | 10.3% | 9.6% | 9.7% | | |
| | % DNAs - Follow-up appointments | 5% | 11.6% | 11.8% | 11.9% | 11.4% | 11.8% | 11.9% | 11.6% | 11.8% | 12.0% | 12.1% | 12.3% | | |
| Endoscopy | % room utilisation | 90% | 78% | 79% | 89% | 81% | 74% | 74% | 68% | 78% | 75% | 83% | 82% | | |
| | % utilisation (activity points available) | 95% | | | 84% | 81% | 80% | 83% | 85% | 87% | 85% | 84% | 81% | | |
| Theatres | Average turnaround time (minutes) | 10 | 17.1 | 18.6 | 16.3 | 17.0 | 16.0 | 18.9 | 19.9 | 15.9 | 16.2 | 15.9 | 16.0 | | |
| | % of theatre session utilisation | 95% | 84% | 84% | 81% | 80% | 75% | 79% | 83% | 84% | 75% | 88% | 85% | | |
| | % in session utilisation | 85% | 79% | 78% | 78% | 77% | 77% | 80% | 80% | 82% | 78% | 79% | 79% | | |
| | <24 hour elective cancellations | | 243 | 289 | 247 | 309 | 249 | 190 | 363 | 198 | 217 | 315 | 295 | | |
| | % 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 | 149805 | 150199 | 151888 | 153560 | 153673 | 155063 | 156194 | 154994 | 154605 | 153519 | 151069 | | |
| Inpatient | Delayed pathways of Care - Mental Health | 217 | 38 | 39 | 34 | 29 | 36 | 26 | 26 | 32 | 29 | 30 | 30 | | |
| | Delayed Pathways of Care - non-Mental Health | | 145 | 140 | 160 | 142 | 138 | 144 | 135 | 130 | 115 | 146 | 133 | | |
| | 7 day LOS on Acute Wards (snapshot) | <40% | 56.8% | 55.2% | 55.2% | 55.5% | 58.0% | 58.5% | 59.4% | 57.3% | 62.3% | 60.5% | 59.4% | | |
| | 21 day LOS on Acute Wards (snapshot) | <20% | 32.0% | 29.3% | 29.4% | 30.9% | 32.6% | 31.8% | 31.4% | 30.9% | 35.5% | 37.3% | 34.0% | | |

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GIG
CYMRU
NHS
WALES

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

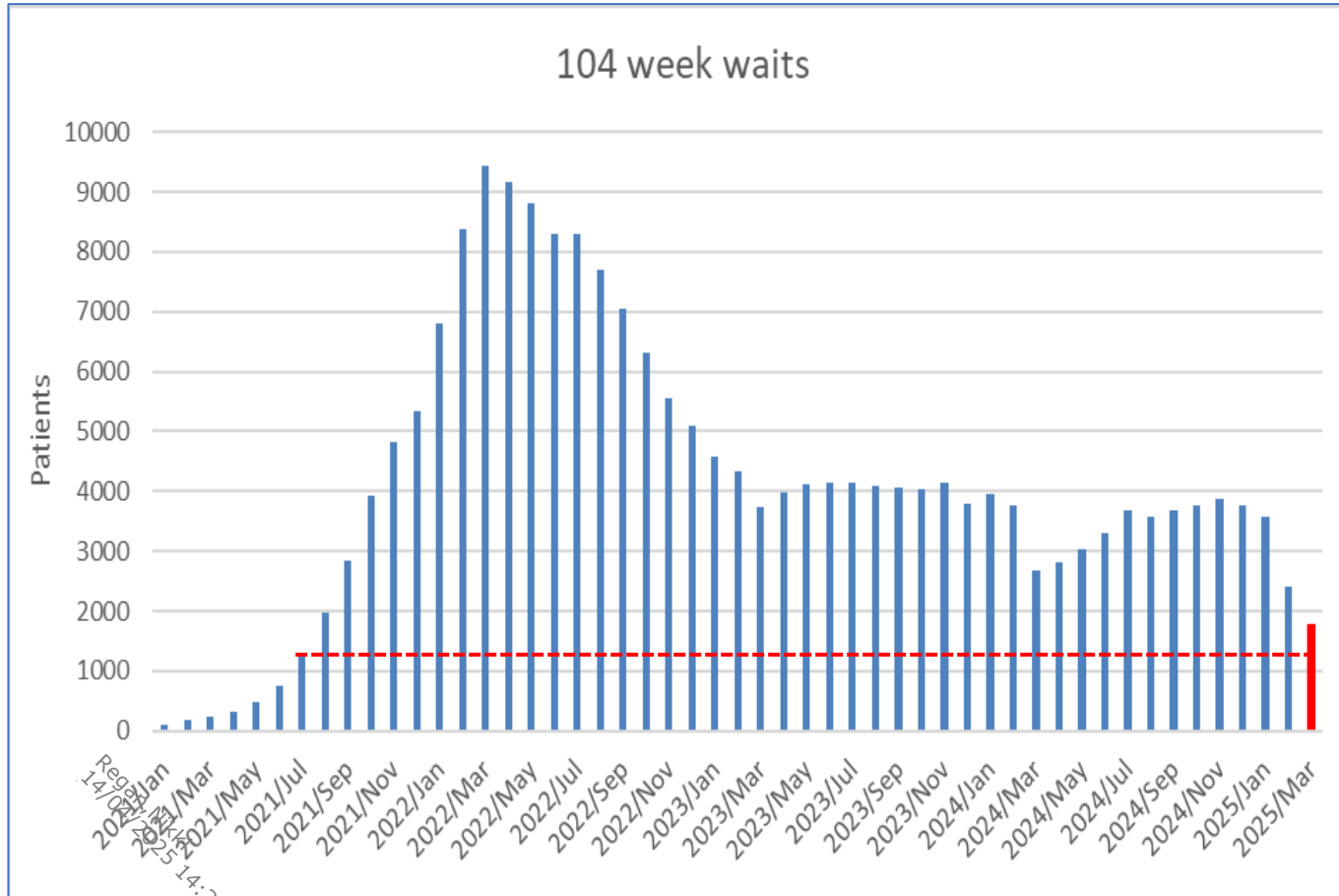
Planned Care Improvement Update

Finance and Performance Committee – 16th April 2025



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24/25 Delivery – 104 week waits



Original plan – 1326 patients
 Revised plan – 1800 patients (December 2024)
 End of year delivery – 1615 patients

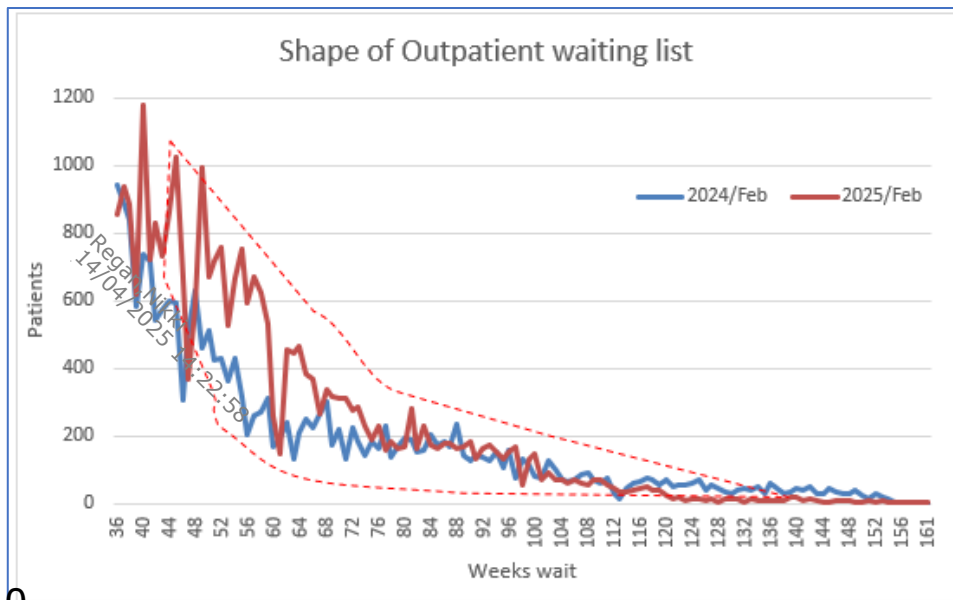
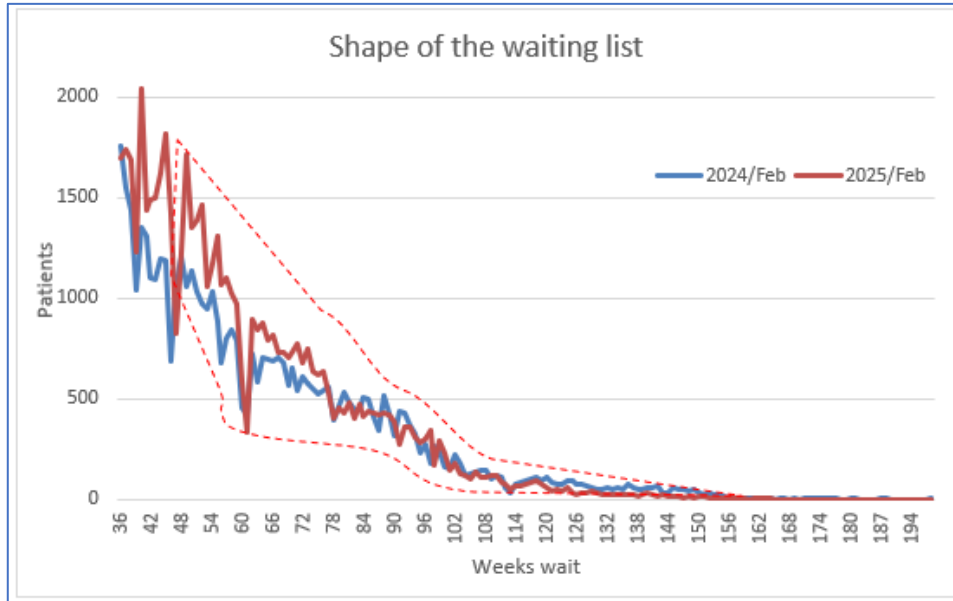
Lowest level since July 2021 as waits increased following the pandemic

The volume of patients in the cohort at the start of the year was significantly increased from 23/24:

| Year | Start of year cohort |
|-------|----------------------|
| 23/24 | 22,664 |
| 24/25 | 31,124 |



25/26 Cohort – 104 week waits



Overall the cohort of 104w waits for 25/26 is 7% larger than at the start of this year - currently c33,000 patients will require care

The makeup of the cohort by pathway stage has changed – there are significantly more patients at new outpatient stage this year, representing a larger proportion of the waiting list

| | Cohort | OP stage | IP/DC stage |
|-------|------------------|----------|-------------|
| 24/25 | Patients waiting | 11,759 | 8,762 |
| | % of cohort | 37.8% | 28.2% |
| 25/26 | Patients waiting | 15,124 | 10,045 |
| | % of cohort | 45.5% | 30.2% |

Q1 trajectory – 104 week waits

- Backlog = 1615
 - Q1 Cohort = 3643
 - Conversions = ~612
- Total closed clocks required to stay still = 4255

- Q1 core capacity = 1465
 - Q1 validation gain = ~1089
 - Q1 additional activity = 1719
- 4273

Forecast position at end of Q1 = 1598

- Risk – trajectory is calculated on 1st April start date.

Forecast position (no additional schemes) = 3020

| 104 Q1 Cohort | Q4 Backlog | Q1 Cohort | Conversions | Total 104 Cohort | Validation | Core Capacity | WLI | Outsourcing / Insourcing | Community | Locum | INNU | Additional Scheme Capacity | Final 104 Position |
|--|-------------------|------------------|--------------------|-------------------------|-------------------|----------------------|------------|---------------------------------|------------------|--------------|-------------|-----------------------------------|---------------------------|
| 3. Outpatient Waiting List | | | | | | | | | | | | | |
| ALLERGY | | 272 | | 272 | 27 | 117 | | 128 | | | | 128 | 0 |
| BREAST | | | | 0 | | | | | | | | | 0 |
| BRONCHIECTASIS | 2 | 1 | | 3 | | 3 | | | | | | | 0 |
| CARDIOLOGY | | | | 0 | | | | | | | | | 0 |
| CATARACT | | 7 | | 7 | | 7 | | | | | | | 0 |
| CLINICAL PHARMACOLOGY | | | | 0 | | | | | | | | | 0 |
| DENTAL | | | | 0 | | | | | | | | | 0 |
| DERM | 1 | 1 | | 2 | | 2 | | | | | | | 0 |
| GASTRO/ ENDOSCOPY | | 71 | | 71 | 7 | 15 | | | | 49 | | | 49 |
| ENT | | | | 0 | | | | | | | | | 0 |
| GENERAL SURGERY | | | | 0 | | | | | | | | | 0 |
| GYNAE | | | | 0 | | | | | | | | | 0 |
| HAEM | | | | 0 | | | | | | | | | 0 |
| NEURO | | | | 0 | | | | | | | | | 0 |
| OPHTHALMOLOGY | 419 | 657 | | 1,076 | 66 | 351 | 100 | 60 | 230 | | | 390 | 269 |
| ORTHOPAEDICS | | 2 | | 2 | | 2 | | | | | | | 0 |
| PEDI | | | | 0 | | | | | | | | | 0 |
| PAIN | | | | 0 | | | | | | | | | 0 |
| RHEUM | | | | 0 | | | | | | | | | 0 |
| SPIRES | 72 | 180 | | 252 | 18 | 117 | 84 | | | | | | 84 |
| THORACIC | | | | 0 | | | | | | | | | 0 |
| UROLOGY | 229 | 322 | | 551 | 32 | 91 | 40 | 80 | | 144 | | 264 | 164 |
| Summary | 723 | 1,513 | 0 | 2,236 | 150 | 705 | 224 | 268 | 230 | 193 | 0 | 915 | 456 |
| 5. In Follow Up Cycle | | | | | | | | | | | | | |
| ALLERGY | | 4 | | 4 | 4 | | | | | | | | 0 |
| BREAST | | | | 0 | | | | | | | | | 0 |
| BRONCHIECTASIS | | 4 | | 4 | | 4 | | | | | | | 0 |
| CARDIOLOGY | | 4 | | 4 | | 4 | | | | | | | 0 |
| CATARACT | | 14 | | 14 | | 14 | | | | | | | 0 |
| CLINICAL PHARMACOLOGY | | | | 0 | | | | | | | | | 0 |
| DENTAL | 3 | 1 | | 4 | | 4 | | | | | | | 0 |
| DERM | | 1 | | 1 | | 1 | | | | | | | 0 |
| GASTRO/ ENDOSCOPY | 2 | 226 | | 228 | 228 | | | | | | | | 0 |
| ENT | | | | 0 | | | | | | | | | 0 |
| GENERAL SURGERY | 1 | 187 | | 188 | 188 | | | | | | | | 0 |
| GYNAE | | 1 | | 1 | | 1 | | | | | | | 0 |
| HAEM | | | | 0 | | | | | | | | | 0 |
| NEURO | | | | 0 | | | | | | | | | 0 |
| OPHTHALMOLOGY | 27 | 53 | | 80 | 80 | | | | | | | | 0 |
| ORTHOPAEDICS | 2 | 36 | | 38 | 38 | | | | | | | | 0 |
| PEDI | | | | 0 | | | | | | | | | 0 |
| PAIN | | | | 0 | | | | | | | | | 0 |
| RHEUM | | | | 0 | | | | | | | | | 0 |
| SPIRES | 159 | 34 | 101 | 294 | 39 | | 84 | | | | | | 84 |
| THORACIC | | | | 0 | | | | | | | | | 0 |
| UROLOGY | | 1 | | 1 | | 1 | | | | | | | 0 |
| Summary | 194 | 565 | 101 | 860 | 605 | 0 | 84 | 0 | 0 | 0 | 0 | 84 | 171 |
| 1. Inpatient Daycase Waiting List | | | | | | | | | | | | | |
| ALLERGY | | 2 | | 2 | | 2 | | | | | | | 0 |
| BREAST | | | | 0 | | | | | | | | | 0 |
| BRONCHIECTASIS | | 10 | | 10 | | 10 | | | | | | | 0 |
| CARDIOLOGY | 2 | 71 | 11 | 84 | 4 | 81 | | | | | | | 0 |
| CATARACT | | | | 0 | | | | | | | | | 0 |
| CLINICAL PHARMACOLOGY | 7 | 7 | | 14 | 1 | 6 | | | | | | | 7 |
| DENTAL | | 11 | | 11 | | 11 | | | | | | | 0 |
| DERM | | | | 0 | | | | | | | | | 0 |
| GASTRO/ ENDOSCOPY | 20 | 359 | 94 | 473 | 240 | 51 | | 182 | | | | 182 | 0 |
| ENT | | 74 | | 74 | | 74 | | | | | | | 10 |
| GENERAL SURGERY | 265 | 588 | 52 | 875 | 41 | 182 | 96 | 40 | | 96 | | | 232 |
| GYNAE | 52 | 80 | | 132 | 7 | 13 | 46 | 33 | | | | | 79 |
| HAEM | | | | 0 | | | | | | | | | 0 |
| NEURO | | | | 0 | | | | | | | | | 0 |
| OPHTHALMOLOGY | 65 | 49 | 156 | 270 | 6 | 65 | 0 | | | | | | 200 |
| ORTHOPAEDICS | 73 | 261 | 8 | 342 | 17 | 130 | 20 | 60 | | | | | 90 |
| PEDI | 34 | 28 | | 62 | 3 | 6 | | | | | | | 0 |
| PAIN | | | | 0 | | | | | | | | | 0 |
| RHEUM | | | | 0 | | | | | | | | | 0 |
| SPIRES | 116 | 42 | 49 | 207 | 8 | 104 | 25 | | | | | | 25 |
| THORACIC | | | | 0 | | | | | | | | | 0 |
| UROLOGY | 64 | 13 | 142 | 219 | 4 | 39 | 40 | 32 | 40 | | | 112 | 64 |
| Summary | 698 | 1,565 | 512 | 2,775 | 333 | 759 | 237 | 317 | 40 | 96 | 0 | 1,719 | 962 |
| Number of RTT 104 wks breaches | Q4 Backlog | Q1 Cohort | Conversions | Total 104 Cohort | Validation | Core Capacity | WLI | Outsourcing / Insourcing | Community | Locum | INNU | Additional Scheme Capacity | Final 104 Position |
| | 1,615 | 3,643 | 612 | 5,870 | 1,089 | 1,465 | 545 | 615 | 270 | 289 | 0 | 1,719 | 1,598 |

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Outpatients and Middle Stage = ~£0.32m
 Treatments = ~£2.42m
 Validation and Support Services = ~£0.21m
 Total = ~£2.95m (approx.)

Diagnosics – 8-week waits

| Diagnostic | | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Longest wait (weeks) | Median wait (weeks) | Total waiting list | % under 8w | % over 8w |
|---|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|---------------------|--------------------|------------|-----------|
| Cardiology | Myocardial Perfusion Scanning | 15 | 20 | 23 | 15 | 15 | 12 | 5 | 3 | 0 | 1 | 0 | 2 | 0 | 6 | 100.0% | 0.0% |
| | Echo Cardiogram | 4 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 6 | 1 | 701 | 100.0% | 0.0% |
| | Dobutamine Stress Echocardiogram | 22 | 10 | 25 | 21 | 6 | 17 | 0 | 1 | 0 | 0 | 0 | 6 | 2 | 46 | 100.0% | 0.0% |
| | Stress Test | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5 | 1 | 34 | 100.0% | 0.0% |
| | Blood Pressure Monitoring | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 2 | 57 | 100.0% | 0.0% |
| | Heart Rhythm Recording | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 1 | 201 | 100.0% | 0.0% |
| | Diagnostic Angiography | 78 | 71 | 33 | 30 | 56 | 66 | 55 | 55 | 52 | 48 | 40 | 38 | 12 | 59 | 32.2% | 67.8% |
| | Trans Oesophageal Echocardiogram | 5 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 6 | 1 | 14 | 100.0% | 0.0% |
| | Cardiac CT | 151 | 134 | 107 | 36 | 14 | 6 | 3 | 6 | 8 | 7 | 3 | 55 | 2 | 62 | 95.2% | 4.8% |
| | Cardiac MRI | 203 | 198 | 214 | 209 | 217 | 215 | 186 | 184 | 195 | 183 | 163 | 80 | 13 | 266 | 38.7% | 61.3% |
| Diagnostic Electrophysiology (EP Study) | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10 | 10 | 1 | 0.0% | 100.0% | |
| Diagnostic Endoscopy | Cystoscopy | 160 | 119 | 122 | 147 | 94 | 93 | 100 | 100 | 128 | 158 | 166 | 29 | 7 | 355 | 53.2% | 46.8% |
| | Colonoscopy | 1536 | 1565 | 1626 | 1712 | 1788 | 1892 | 1949 | 1995 | 1992 | 1992 | 1735 | 131 | 33 | 2248 | 22.8% | 77.2% |
| | Flexible Sigmoidoscopy | 1120 | 1131 | 1176 | 1195 | 1246 | 1271 | 1320 | 1319 | 1302 | 1280 | 1142 | 120 | 47 | 1315 | 13.2% | 86.8% |
| | Gastroscopy | 2499 | 2603 | 2692 | 2761 | 2864 | 2949 | 2979 | 2845 | 2748 | 2565 | 2234 | 134 | 37 | 2745 | 18.6% | 81.4% |
| | Bronchoscopy | 19 | 25 | 14 | 14 | 11 | 12 | 12 | 13 | 17 | 14 | 13 | 142 | 19 | 24 | 45.8% | 54.2% |
| Imaging | Fluoroscopy | 37 | 30 | 45 | 30 | 30 | 34 | 26 | 15 | 6 | 9 | 4 | 13 | 2 | 98 | 95.9% | 4.1% |
| Neurophysiology | Nerve Conduction Studies | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 116 | 100.0% | 0.0% |
| | Electromyography | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 70 | 100.0% | 0.0% |
| Physiological Measurement | Urodynamic Tests | 35 | 74 | 76 | 58 | 57 | 71 | 69 | 88 | 74 | 95 | 74 | 56 | 6 | 194 | 61.9% | 38.1% |
| | Vascular Technology | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 6 | 3 | 201 | 100.0% | 0.0% |
| Radiology | MRI | 1116 | 1045 | 892 | 974 | 1054 | 1019 | 865 | 716 | 882 | 944 | 662 | 109 | 4 | 2555 | 74.1% | 25.9% |
| | Non-Obstetric Ultrasound | 7773 | 8130 | 8808 | 9036 | 9462 | 9469 | 9114 | 9153 | 9315 | 8711 | 7808 | 59 | 15 | 12276 | 36.4% | 63.6% |
| | CT | 21 | 26 | 20 | 14 | 24 | 27 | 14 | 8 | 24 | 48 | 22 | 62 | 4 | 1455 | 98.5% | 1.5% |
| | Nuclear Medicine | 38 | 53 | 62 | 72 | 78 | 49 | 44 | 54 | 27 | 33 | 19 | 32 | 2 | 147 | 87.1% | 12.9% |
| Total | | 14835 | 15245 | 15938 | 16324 | 17016 | 17210 | 16744 | 16556 | 16770 | 16088 | 14086 | | | 25246 | 44.2% | 55.8% |

March position

13825 (lowest position since November 2023)

Improvement in month driven by non-obstetric ultrasound.

2025/26 – plans in place to continue to reduce through year. Awaiting confirmation of additional WG funding for endoscopy.





- No patient waiting greater than 104 weeks referral to treatment
- 12 month improvement trend in the percentage of patients starting first definitive cancer treatment from point of suspicion (regardless of referral route) building toward a National Target of 80% by March 2026
- No patient waiting greater than 8 weeks for a specified diagnostic

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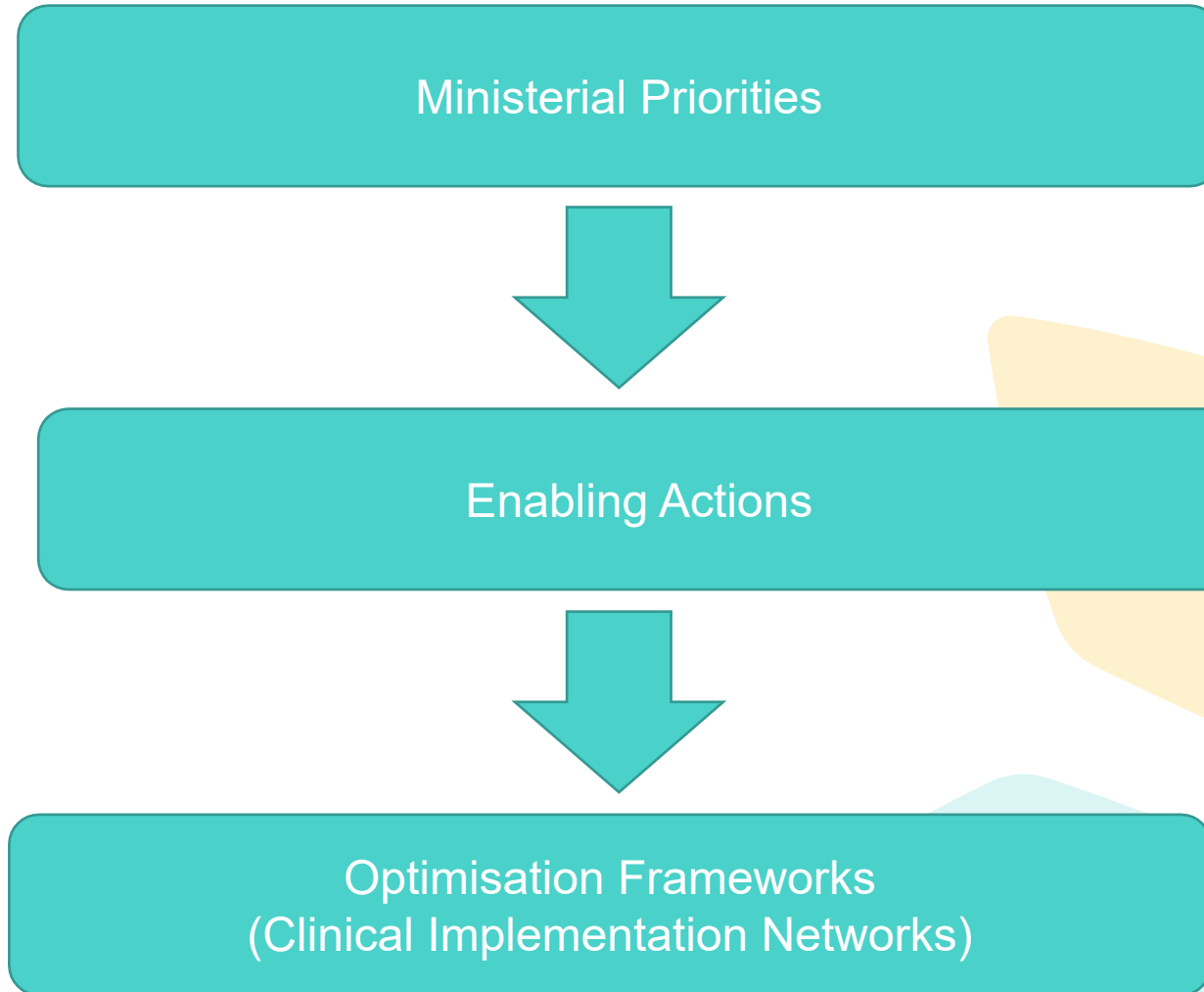


Delivering the priorities



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Enabling Actions

| | current performance? | planned performance a | What quantifiable gains will this yield (| RAG |
|--|--|---|--|-----|
| Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025 | 4% - SOS and PIFU. | 20% (March 2026) | Up to 50,000 slots could be redirected from face to face to SOS/PIFU. Potential gains and scale of reutilisation of this capacity at speciality level will be developed through 25/26. | |
| All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2 | Directing listing not yet in place | Direct listing in place for all cataracts | Capacity released to be quantified. | Q4 |
| Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored. | 11% DNA rate | 5% (March 2026) | Up to 36,000 patient appointments (across all specialities not just RTT). The majority of RTT are already accounted for in the demand and capacity analysis as being achieved. | |
| Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists. | As above | As above | As above | |
| On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1. | 97.1% (protected elective capacity is in place) | 97% | No gain | |
| Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026. | Utilisation of planned time = 79% | 85% (March 2026) | Estimated gain over approximately 674 patients | |
| Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: | | | | |
| - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; | 3.7 per list | 4 (March 2026) | | |
| - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 | 4.7 per list | 7 per list | Expected gain of 608 operations (304 sessions with 2 additional booked per session) | |
| - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2. | TBC - this is not currently how general surgery lists are organised. Further consideration required in Q1. | See supporting comments | | |
| Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025 | 67.20% | 80% (March 2026) | Estimated gain of 564 patients through Surgical HUB at Llandough | |
| Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact. | Monthly clerical validation in place | BAU validation process embedded | | |

Workstreams



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| Workstreams | Theatres | Outpatients | Validation | Diagnostics | Cancer |
|--------------------------|--|---|---|---|---|
| Key Performance Measures | <ul style="list-style-type: none"> Utilisation Day case Rates Deliver increase in core activity | <ul style="list-style-type: none"> DNA rate 5% SOS/PIFU 20% Deliver increase in core activity | | | <ul style="list-style-type: none"> 80% compliance with SCP 1st contact Diagnosis in 28 days 31 day treatment Path + rad TAT Screening performance Velindre Rx times |
| WG Enabling Actions | <ul style="list-style-type: none"> Direct Listing of Cataracts by Q2 Protected elective capacity on 90% of days Q1 Late starts to <20% Early finishes to <10% Utilisation to 85% Q4 80% BADS day case rate end of Q4 | <ul style="list-style-type: none"> CIN SOS/PIFU pathways implemented end Q1 Overbooking of clinics with combined CAN/DNA rate greater than 5% | <ul style="list-style-type: none"> Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly | <ul style="list-style-type: none"> Treat in Turn / Cohort Booking Validation rates DNAs/Cx Inpatient/Outpatient Split Points per list (endoscopy) Utilisation rates | <ul style="list-style-type: none"> Ensure full implementation of the nationally optimised pathways in the cancer recovery programme Ensure fill compliance with straight to test guidance |
| Optimisation Frameworks | <ul style="list-style-type: none"> Golden patient Auto send policy | <ul style="list-style-type: none"> Time allocated to follow up below 25% 4 Megaclinics per year One stop clinics | <ul style="list-style-type: none"> Validation of stage 1 pathway for all 12+ weeks Clinical validations 26+ weeks | N/A | N/A |
| Focused Programmes | Lost to Follow Up | Elective Optimisation – listing to recovery | Centralised Booking Function | Ophthalmology Rightsizing | |

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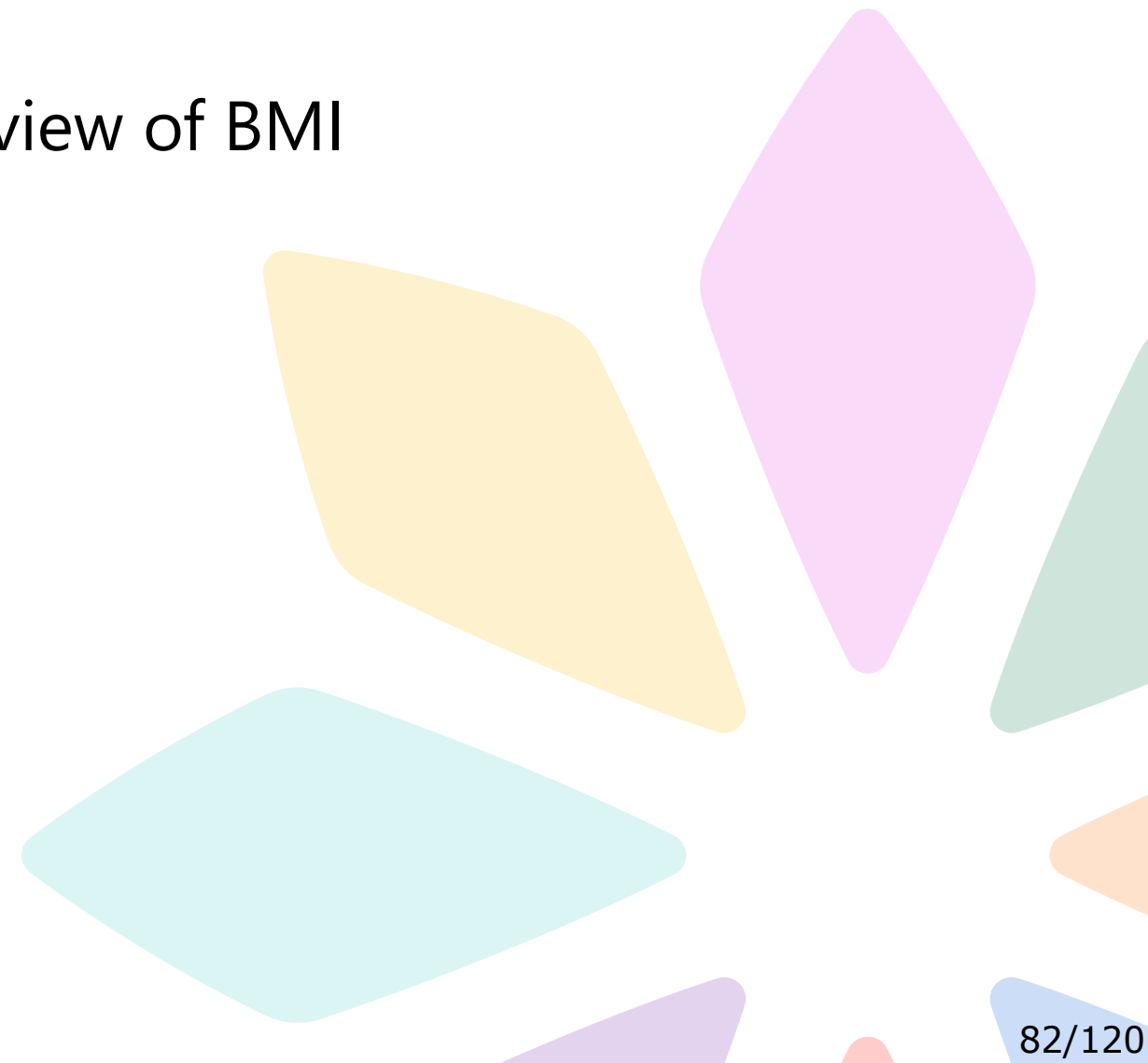
Key Opportunities



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- Surgical Hub @ Llandough
- Patients must be fit for Surgery – review of BMI
- Treat in Turn



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Quality Improvement and Efficiency Plan Reporting

Finance and Performance Committee – 16th April

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What is the QIEP?



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- The Quality Improvement and Efficiency Plan combines our traditional savings plan with our key productivity and efficiency ambitions for 2025/26
- The QIEP will give us a view on our progress against a number of our planned improvements
- Where improvements are cash releasing these will be monitored and reported as part of our financial position (plan = £30m)
- Where improvements are not cash releasing there will be productivity and efficiency equivalent benefits that will be recorded and, where possible, financially quantified (plan = £15m)



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Why is the QIEP important?



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- The development of the QIEP was one of the key recommendations from the engagement with leaders during our December 2024 Rapid Planning Event.
- As an organisation we are focused on quality as the driver for change with our mission to Eradicate Avoidable Harm. Our approach to delivering financial savings must be fully congruent with this.
- Developing a QIEP aims to improve ownership and engagement of our plan.
- There is recognition that not all productivity and efficiency improvements will lead to cash releasing savings.

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Who owns the QIEP?

- Each Clinical Board will have it's own QIEP
- The actions needed to drive improvements will be owned within the Clinical Boards and, where appropriate, corporate programmes (e.g. planned care -theatre delivery group)
- There are some overarching Health Board wide standards that will feature as part of each QIEP – where appropriate these will align with national standards and benchmarking

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How will QIEP be reported and monitored?



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- QIEP Reports will collate the key indicators and assign productivity and efficiency values to the improvements
- To begin with there will be two levels of the QIEP report:
 - Health Board – reported and monitored to F&P and Board
 - Clinical Board – reported and monitored to Executive Reviews
- The Health Board QIEP report is envisioned to be part of and/or an addition to Integrated Performance Report, but this will take time to develop and iterate
 - The IPR is about performance
 - The QIEP is about the productivity and efficiency that has contributed to that performance

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What are the QIEP themes?

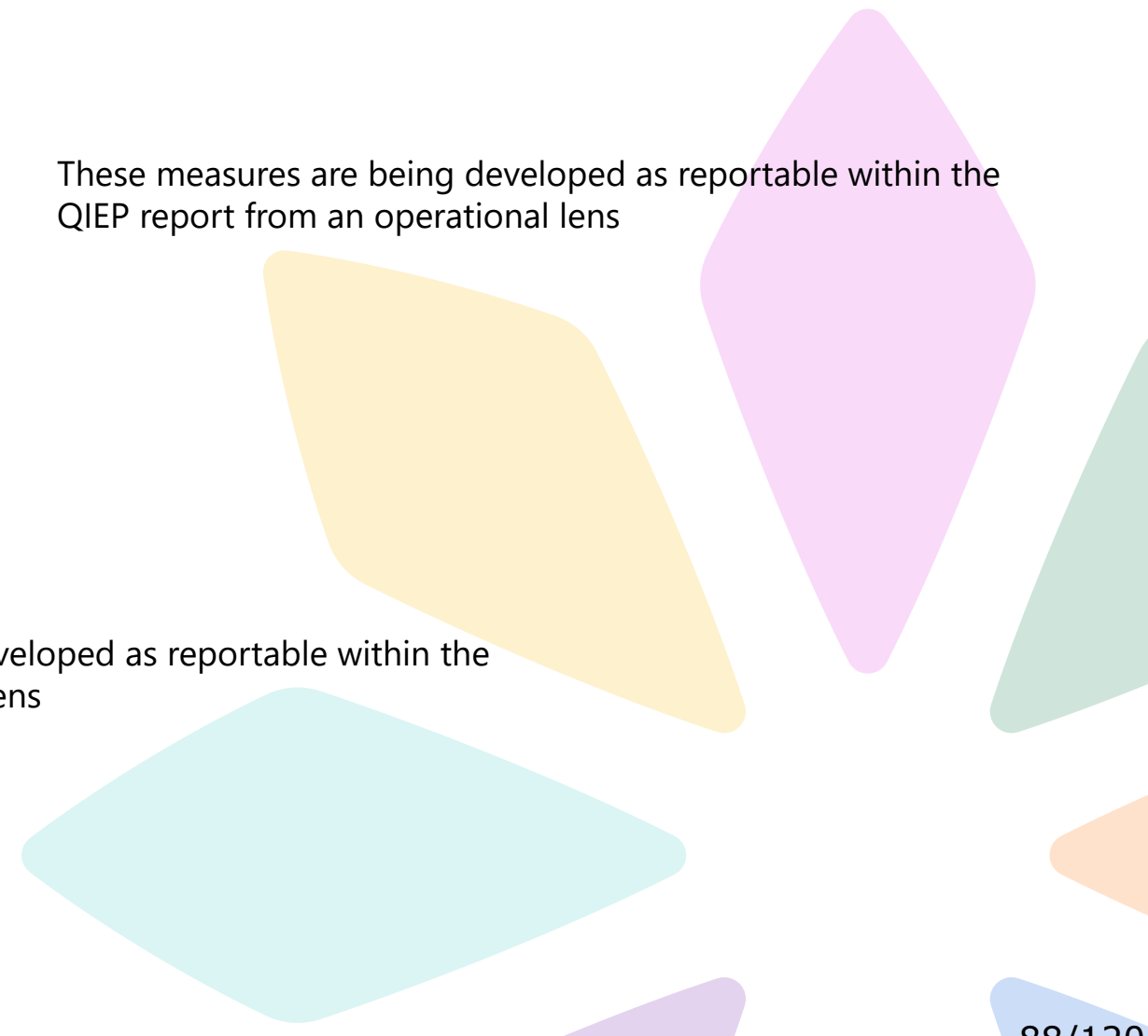


- Urgent and Emergency Care Demand
- Optimising time spent in hospital (length of stay)
- Theatres and Endoscopy productivity
- Outpatients efficiency
- Mental Health
- Workforce
- Quality and Value
- Public Health and Environmental Sustainability

These measures are being developed as reportable within the QIEP report from an operational lens

- Medicines management
- Continuing Healthcare
- Income generation
- Facilities and Estates
- Procurement
- Commissioning

These measures are being developed as reportable within the QIEP report from a financial lens



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Operational QIEP Measures



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| Measure | Month | | | | | | | | | | | | Expected Standard | In month change | Latest month vs. 24/25 ave | Indicative Productivity and Efficiency £m | |
|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------|-----------------|----------------------------|---|--|
| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | |
| Urgent and Emergency Care Demand | EU attendances (p/m) | 11484 | 12102 | 11930 | 11773 | 10926 | 11567 | 12628 | 11922 | 11468 | 10756 | 10237 | 11645 | | 1408 | 118 | |
| | SDEC activity (p/m) | 1625 | 1700 | 1638 | 1699 | 1736 | 1730 | 1847 | 1716 | 1601 | 1786 | 1609 | | | -1609 | -1708 | |
| | Non-elective admissions (p/m) | 4339 | 4382 | 4209 | 4239 | 3860 | 4097 | 4501 | 4369 | 4204 | 4121 | 3797 | 4259 | | 462 | 66 | |
| | EU admission rates (p/m) | 16.7% | 15.1% | 15.5% | 15.8% | 16.3% | 15.3% | 14.4% | 15.4% | 15.9% | 15.5% | 14.6% | 14.2% | | -0.4% | 0 | |
| | UPCC attendances (p/w) | 5540 | 5790 | 4564 | 3515 | 3656 | 3181 | 4977 | 4298 | 3599 | 4227 | 3579 | | | -648 | -4266 | |
| | OOH activity | 15091 | 11856 | 10830 | 10632 | 10710 | 10731 | 11719 | 11522 | 12686 | 12950 | 11911 | 12868 | | 957 | 909 | |
| | 111p2 activity | 881 | 884 | 835 | 756 | 655 | 799 | 913 | 871 | 951 | 969 | 893 | 925 | | 32 | 64 | |
| Optimising Time Spent In Hospital | Average non-elective LOS | | | | | | | | | | | | | | 0 | 0 | |
| | Average elective LOS | | | | | | | | | | | | | | 0 | 0 | |
| | No. patients >21 day-LOS in acute wards | 405 | 353 | 355 | 354 | 399 | 375 | 381 | 395 | 445 | 474 | 416 | 417 | | 1 | 19 | |
| | Medicine Outliers | 21 | 21 | 29 | 26 | 26 | 30 | 22 | 29 | 36 | 51 | 33 | 22 | | -11 | -7 | |
| Average occupied bed | | | | | | | | | | | | | | 0 | 0 | | |
| Outpatients | New OP attends | 21582 | 21952 | 20540 | 22015 | 18740 | 20432 | 22947 | 21995 | 18599 | 23270 | 20004 | | | -20004 | -21098 | |
| | % NOP DNA | 9.5% | 9.1% | 9.7% | 9.7% | 10.0% | 9.9% | 9.9% | 10.1% | 10.4% | 9.7% | | | 5% | 0 | 0 | |
| | FU OP attends | 43273 | 43593 | 41254 | 45440 | 39689 | 41936 | 47561 | 44307 | 37355 | 46510 | | | 5% | 0 | -42863 | |
| | % FUOP DNA | 11.6% | 11.8% | 11.9% | 11.4% | 11.8% | 11.9% | 11.6% | 11.7% | 12.0% | 12.1% | | | | 0 | 0 | |
| | Total FUOP delays | 55475 | 54153 | 53065 | 50812 | 48800 | 47377 | 45155 | 44854 | 48998 | 49760 | 48203 | 41715 | | -6488 | -8231 | |
| | SOS and PIFU % | | | | | | | | | | | | | 20% | 0 | 0 | |
| | OP Treat in Cohort | | | | | | | | | | | | | | 0 | 0 | |
| Uncashed patients per month | | | | | | | | | | | | | | 0 | 0 | | |
| New:FU ratio | 1.9 | 1.9 | 1.9 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.9 | 1.9 | 1.9 | 2.0 | | 0 | 0 | | |
| Inpatients and Day Case | Elective IP/DC admissions | 6318 | 6598 | 6152 | 6514 | 6078 | 5790 | 6319 | 6425 | 5617 | 6857 | 6447 | | | -6447 | -6283 | |
| | Elective theatre activity | 1946 | 2012 | 1777 | 2067 | 1838 | 1622 | 1806 | 1753 | 1502 | 1934 | 1727 | | | -1727 | -1817 | |
| | Non-elective theatre activity | 876 | 875 | 846 | 952 | 829 | 841 | 924 | 858 | 788 | 898 | 848 | | | -848 | -867 | |
| | In Theatre Utilisation (elective) | 79% | 78% | 78% | 77% | 77% | 80% | 82% | 82% | 78% | 79% | | | 85% | 0 | -1 | |
| | Of Theatre utilisation (elective) | 84% | 84% | 81% | 80% | 75% | 79% | 83% | 84% | 75% | 88% | | | 90% | 0 | -1 | |
| | <24h cancellations (elective) | 243 | 289 | 247 | 309 | 249 | 190 | 363 | 198 | 217 | 315 | | | | 0 | -265 | |
| | Endoscopy room utilisation | 78% | 79% | 89% | 81% | 74% | 74% | 68% | 78% | 75% | 83% | 82% | | | -1 | -1 | |
| | Endoscopy points utilisation | | | | 81% | 80% | 83% | 85% | 87% | 85% | 84% | 81% | | | -1 | -1 | |
| | % activity as daycase (elective admissions) | 65.8% | 66.5% | 67.2% | 70.2% | 71.5% | 67.7% | 70.8% | 72.0% | 74.4% | 76.3% | 77.3% | 77.7% | | 0 | 0 | |
| | IP/DC treat in cohort | | | | | | | | | | | | | | 0 | 0 | |
| Mental Health | OOA placements | 4 | 11 | 4 | 2 | 2 | 4 | 5 | 15 | 14 | 14 | 13 | 13 | | 0 | 5 | |
| | Caseload numbers (PMHSS) | | | | | | | | | | | | | | | | |
| | Psych liason (nursing) activity | | | | | | | | | | | | | | | | |
| | Average LOS (acute) | | | | | | | | | | | | | | 0 | 0 | |
| | Average LOS (rehab) | | | | | | | | | | | | | | 0 | 0 | |
| | Mind Housing Throughput | | | | | | | | | | | | | | 0 | 0 | |
| Quality and Value | % incidents resulting in serious harm | | | | | | | | | | | | | | | 0 | |
| | % incidents resulting in moderate harm | | | | | | | | | | | | | | | 0 | |
| | Overall patient experience score | | | | | | | | | | | | | | | 0 | |
| | Crude inpatient mortality per/1000 bed days | | | | | | | | | | | | | | | 0 | |
| | IP&C bacteremia rate (TBC) | | | | | | | | | | | | | | | 0 | |
| | Inpatient cardiac arrests per/1000 bed days (TBC) | | | | | | | | | | | | | | | 0 | |
| | Readmission rates within 28 (730) days | | | | | | | | | | | | | | | 0 | |
| Workforce | Turnover | | | | | | | | | | | | | <9% | 0 | 0 | |
| | Engagement Score | | | | | | | | | | | | | 74% | 0 | 0 | |
| | PADR % | | | | | | | | | | | | | 85% | 0 | 0 | |
| | Medical Job Planning | | | | | | | | | | | | | >90% | 0 | 0 | |
| | Sickness rates | | | | | | | | | | | | | <5.5% | 0 | 0 | |
| | Agency Usage | | | | | | | | | | | | | 4.05m | 0 | 0 | |
| | Staff in post | | | | | | | | | | | | | <70 | 0 | 0 | |
| Public Health and Environmental Sustainability | | | | | | | | | | | | | | | 0 | 0 | |
| | | | | | | | | | | | | | | | 0 | 0 | |
| | | | | | | | | | | | | | | | 0 | 0 | |
| | | | | | | | | | | | | | | | 0 | 0 | |
| | | | | | | | | | | | | | | | 0 | 0 | |

Financial Reporting



GIG
CYMRU
NHS
WALES

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

| Performance Review Dashboard - Finance | | | | | | | | | | | | | | | |
|--|------------------------|---------------|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-------|-----------|--|
| CAV UHB | | | | | | | | | | | | | | | |
| Finance | Target / Control Total | 2025/26 | | | | | | | | | | | | 2026/27 | |
| | | April | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | March | Recurrent | |
| £000' | | | | | | | | | | | | | | | |
| Total Financial variance in month | | | | | | | | | | | | | | | |
| - Operational variance | | | | | | | | | | | | | | | |
| - Savings variance | | | | | | | | | | | | | | | |
| Financial variance cumulative | | | | | | | | | | | | | | | |
| UHB Forecast | 58,200 | 80,462 | | | | | | | | | | | | | |
| CRP profiled target | 30,000 | | | | | | | | | | | | | | |
| CRP green identified | | 3,436 | | | | | | | | | | | | | |
| CRP amber | | 4,302 | | | | | | | | | | | | | |
| CRP Total green and amber | | 7,738 | | | | | | | | | | | | | |
| CRP unidentified gap | | 7,891 | | | | | | | | | | | | | |
| CRP red pipeline | | 14,371 | | | | | | | | | | | | | |
| Themes (Green and Amber) | | | | | | | | | | | | | | | |
| Housekeeping - grip and control | | 2,253 | | | | | | | | | | | | | |
| Medicines Management | | 1,485 | | | | | | | | | | | | | |
| Income generation | | 312 | | | | | | | | | | | | | |
| Continuing Healthcare | | 461 | | | | | | | | | | | | | |
| Facilities and Estates | | 15 | | | | | | | | | | | | | |
| Value/Clinical Variation | | 24 | | | | | | | | | | | | | |
| Procurement | | 1,459 | | | | | | | | | | | | | |
| Workforce - Agency/OT/Bank | | 1,191 | | | | | | | | | | | | | |
| Workforce restructuring | | 538 | | | | | | | | | | | | | |
| Total | | 7738 | | | | | | | | | | | | | |



Tracking Savings Progress



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WALES

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

| 2025-26 Cash Releasing In-Year Plans | | | | | | |
|--|---------------|--------------|--------------|---------------------|--------------------------|---------------|
| Clinical/Service Board | 25-26 Target | Green | Amber | Total Green & Amber | Shortfall against Target | Red |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Capital Estates and Facilities | 2,100 | 216 | 0 | 216 | 1,885 | 2,576 |
| Children and Women | 3,400 | 419 | 286 | 705 | 2,695 | 1,933 |
| Clinical Diagnostics and Therapeutics | 3,600 | 626 | 491 | 1,117 | 2,483 | 634 |
| Corporate Executives | 1,600 | 0 | 280 | 280 | 1,320 | 250 |
| Medicine | 4,000 | 45 | 811 | 856 | 3,144 | 2,712 |
| Mental Health | 1,100 | 0 | 641 | 641 | 459 | 2,123 |
| Primary, Community and Intermediate Care | 3,800 | 321 | 1,069 | 1,390 | 2,410 | 2,353 |
| Specialist Services | 5,700 | 1,107 | 813 | 1,920 | 3,780 | 960 |
| Surgical Services | 4,700 | 702 | 24 | 726 | 3,974 | 831 |
| Total Savings Position | 30,000 | 3,436 | 4,415 | 7,851 | 22,149 | 14,371 |
| Progress to w/e 28th March | 30,000 | 2,605 | 4,652 | 7,257 | 22,743 | 14,451 |
| Progress to w/e 21st March | 30,000 | 2,362 | 3,654 | 6,016 | 23,984 | 14,549 |

| 2025-26 Cash Releasing In-Year Plans | | | | | | |
|--|--|--------------|--------------|---------------------|--------------------------|---------------|
| Clinical/Service Board | 25-26 Indicative Cash Releasing Target | Green | Amber | Total Green & Amber | Shortfall Against Target | Red |
| | £'000 | £'000 | £'000 | £000' | £'000 | £'000 |
| Capital Estates and Facilities | | 201 | 0 | 201 | | 272 |
| Children and Women | | 302 | 145 | 447 | | 113 |
| Clinical Diagnostics and Therapeutics | | 40 | 300 | 340 | | 213 |
| Corporate Executives | | 0 | 280 | 280 | | 0 |
| Medicine | | 0 | 113 | 113 | | 800 |
| Mental Health | | 0 | 0 | 0 | | 100 |
| Primary, Community and Intermediate Care | | 21 | 250 | 271 | | 367 |
| Specialist Services | | 350 | 305 | 655 | | 280 |
| Surgical Services | | 59 | 0 | 59 | | 13 |
| Subtotal - Grip and Control | 8,000 | 973 | 1,393 | 2,366 | 5,634 | 2,157 |
| Medicines Management | 3,500 | 333 | 1,152 | 1,485 | 2,015 | 1,210 |
| Reducing Length of Stay | | 0 | 0 | 0 | 0 | 140 |
| Optimising Planned Care | | 0 | 0 | 0 | 0 | 0 |
| Income Generation | 1,000 | 156 | 156 | 312 | 688 | 2,347 |
| Continuing Healthcare | 2,000 | 0 | 461 | 461 | 1,539 | 1,384 |
| Facilities and Estates / Service Reconfiguration | 1,000 | 15 | 0 | 15 | 985 | 584 |
| Value/Clinical Variation | | 16 | 8 | 24 | (24) | 307 |
| Procurement | 3,500 | 1,079 | 380 | 1,459 | 2,041 | 2,710 |
| Workforce - Temporary Pay | 5,500 | 488 | 703 | 1,190 | 4,310 | 1,557 |
| Workforce Restructuring | 5,500 | 376 | 162 | 538 | 4,962 | 1,976 |
| Subtotal Cost Improvement Themes | 22,000 | 2,463 | 3,022 | 5,485 | 16,515 | 12,214 |
| Total Savings Position | 30,000 | 3,436 | 4,415 | 7,851 | 22,149 | 14,371 |

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Considerations

- Currently a very manual and time consuming approach – Excel based
- The QIEP shouldn't try to measure everything
- Important to keep reviewing how the QIEP aligns with our overall approach to information and reporting – avoid duplication and provide valuable insight
- This is an approach unique to C&V and will take time to develop
- Escalation status – targeted intervention

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Cardiff & Vale UHB

QIEP Cash Releasing Savings Update

16th April 2025

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Progress to date

| 2025-26 Cash Releasing In-Year Plans | | | | | | |
|--|---------------|--------------|--------------|---------------------|--------------------------|---------------|
| Clinical/Service Board | 25-26 Target | Green | Amber | Total Green & Amber | Shortfall against Target | Red |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Capital Estates and Facilities | 2,100 | 216 | 0 | 216 | 1,885 | 2,576 |
| Children and Women | 3,400 | 419 | 286 | 705 | 2,695 | 1,933 |
| Clinical Diagnostics and Therapeutics | 3,600 | 626 | 491 | 1,117 | 2,483 | 634 |
| Corporate Executives | 1,600 | 0 | 280 | 280 | 1,320 | 250 |
| Medicine | 4,000 | 45 | 811 | 856 | 3,144 | 2,712 |
| Mental Health | 1,100 | 0 | 641 | 641 | 459 | 2,123 |
| Primary, Community and Intermediate Care | 3,800 | 321 | 1,069 | 1,390 | 2,410 | 2,353 |
| Specialist Services | 5,700 | 1,107 | 813 | 1,920 | 3,780 | 960 |
| Surgical Services | 4,700 | 702 | 24 | 726 | 3,974 | 831 |
| Total Savings Position | 30,000 | 3,436 | 4,415 | 7,851 | 22,149 | 14,371 |
| Progress to w/e 28th March | 30,000 | 2,605 | 4,652 | 7,257 | 22,743 | 14,451 |
| Progress to w/e 21st March | 30,000 | 2,362 | 3,654 | 6,016 | 23,984 | 14,549 |

£30m Cash releasing savings target

£7.851m planned in year green and amber schemes

Only £1.952m of the is recurrent

£22.149m gap in the plan

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Progress to date

| 2025-26 Cash Releasing In-Year Plans | | | | | | |
|--|---|----------------|----------------|------------------------------|-----------------------------------|---------------|
| Clinical/Service Board | 25-26 Indicative Cash Releasing Target £'000 | Green £'000 | Amber £'000 | Total Green & Amber £000' | Shortfall Against Target £'000 | Red £'000 |
| Capital Estates and Facilities | | 201 | 0 | 201 | | 272 |
| Children and Women | | 302 | 145 | 447 | | 113 |
| Clinical Diagnostics and Therapeutics | | 40 | 300 | 340 | | 213 |
| Corporate Executives | | 0 | 280 | 280 | | 0 |
| Medicine | | 0 | 113 | 113 | | 800 |
| Mental Health | | 0 | 0 | 0 | | 100 |
| Primary, Community and Intermediate Care | | 21 | 250 | 271 | | 367 |
| Specialist Services | | 350 | 305 | 655 | | 280 |
| Surgical Services | | 59 | 0 | 59 | | 13 |
| Subtotal - Grip and Control | 8,000 | 973 | 1,393 | 2,366 | 5,634 | 2,157 |
| Medicines Management | 3,500 | 333 | 1,152 | 1,485 | 2,015 | 1,210 |
| Reducing Length of Stay | | 0 | 0 | 0 | 0 | 140 |
| Optimising Planned Care | | 0 | 0 | 0 | 0 | 0 |
| Income Generation | 1,000 | 156 | 156 | 312 | 688 | 2,347 |
| Continuing Healthcare | 2,000 | 0 | 461 | 461 | 1,539 | 1,384 |
| Facilities and Estates / Service Reconfiguration | 1,000 | 15 | 0 | 15 | 985 | 584 |
| Value/Clinical Variation | | 16 | 8 | 24 | (24) | 307 |
| Procurement | 3,500 | 1,079 | 380 | 1,459 | 2,041 | 2,710 |
| Workforce - Temporary Pay | 5,500 | 488 | 703 | 1,190 | 4,310 | 1,557 |
| Workforce Restructuring | 5,500 | 376 | 162 | 538 | 4,962 | 1,976 |
| Subtotal Cost Improvement Themes | 22,000 | 2,463 | 3,022 | 5,485 | 16,515 | 12,214 |
| Total Savings Position | 30,000 | 3,436 | 4,415 | 7,851 | 22,149 | 14,371 |

| | | | |
|-----------------|--------------------------------------|-----------------|----------|
| Report Title: | Monthly Monitoring Return – Month 12 | Agenda Item no. | 4.1 |
| Meeting: | Finance and Performance Committee | Public | X |
| | | Private | |
| Status: | Assurance | X | Approval |
| Lead Executive: | Executive Director of Finance | | |
| Report Author: | Deputy Director of Finance | | |

Background and current situation:

SITUATION

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.

A copy of the February 2024/25 MMR is attached.

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 are requested to:

- a) .NOTE the extracts from the UHBs Monthly Financial Monitoring Returns.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

| | | | | |
|------------|-----------|-------------|---------------|-------------|
| Prevention | Long term | Integration | Collaboration | Involvement |
|------------|-----------|-------------|---------------|-------------|

Quality Impact Assessment Completed?

| | | | | |
|---|--|---|--|--|
| Yes – <i>(please provide completed QIA document)</i> | | No – <i>(Please provide reasoning, e.g. not required)</i> | | |
| Impact Assessment: | | | | |
| Risk: No | | | | |
| | | | | |
| Safety: No | | | | |
| | | | | |
| Financial: Yes | | | | |
| | | | | |
| Workforce: No | | | | |
| | | | | |
| Legal: No | | | | |
| | | | | |
| Reputational: No | | | | |
| | | | | |
| Socio Economic: No | | | | |
| | | | | |
| Equality and Health: No | | | | |
| | | | | |
| Decarbonisation: No | | | | |
| | | | | |
| Welsh Language: Yes/No | | | | |
| | | | | |
| Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i> | | | | |
| Finance and Performance Committee | | Date: 16 th April 2025 | | |
| | | | | |

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THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE ELEVEN MONTH PERIOD ENDED 28th FEBRUARY 2025

INTRODUCTION

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

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

This resulted in an initial 2024/25 planning deficit of £15.9m.

Revision to Planned Deficit

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

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

Table 1 – Forecast Year End Outturn

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

The Month 11 Monitoring Return now incorporates a revised forecast deficit of £27.7m as recognised by the UHB's governance structure.

At Month 11 the UHB is reporting an overspend of £27.591m.

This is comprised of £11.441m unidentified savings, £7.808m of operational overspend and the revised planned deficit of £8.342m (11 twelfths of the revised planning control deficit of £9.100m).

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

The main drivers of the forecast deficit include:-

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

A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure. This includes a daily Programme Management Office (PMO) which meets twice a day and a daily joint Executive/PMO meeting which convenes at the end of each weekday. The PMO has overseen:-

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

The impact of the enhanced control actions combined with further clarification of final 2024-25 funding has contributed to an improved monthly financial performance with a reported £0.052m deterioration in Month 10 and a £0.037m deterioration in Month 11, giving confidence that the revised year end forecast out-turn of £27.7m can be met.

BACKGROUND

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

Table 2: 2024/25 Draft Plan

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

This represented the initial financial plan of the Health Board.

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

These financial monitoring returns have been prepared within the framework of the UHB's submitted Draft Financial Plan, and the revised target control total of a £9.1m deficit for 2024-25. This report details the financial position of the UHB for the period ended 28th February 2025.

A full commentary has been provided to cover the tables requested for the month 11 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 11 for which the following should be noted:

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

The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £6.8m (revised from 1£5.9m to £9.1m after additional in year recurrent funding of £6.8m) at the end of 2024/25.

At month 11, the UHB had identified £19.761m of recurrent green and amber savings and a further £2.531m of red schemes.

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 £59.9m as described by Table 3 below:

Table 3 – Initial Assessment of Underlying Deficit

| | UHB £m |
|--------------------------------------|-------------------|
| Operational ULD | 25.4 |
| Savings ULD | 25.4 |
| Initial Planned Deficit | 15.9 |
| Additional In Year Recurrent Funding | (6.8) |
| Total ULD £m | 59.9 |

The £59.9m ULD identified above is the current assessed baseline for the 2025-26 Financial Plan before the application of assessed additional funding, demand and cost pressures and savings plans.

The forecast carry forward underlying deficit at year end 2024/25 has been amended to £59.900m 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.

Following the continuing improvement in the operational position at month 11 the level of risk reported has been reduced to nil barring any exceptional or extraordinary issues in the remainder of the year.

In addition to the in year risk there is a risk in respect of the recurrent allocation for the 2024/25 Pay Award. The UHB is working with Welsh

Government to agree the recurrent affect pay uplift arrears actioned in 2024/25. The risk to the UHB is currently quantified at circa £2m.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year-to-date deficit of £27.591m which is a relatively small in month deterioration of £0.037m above the revised control total.

The year-to-date deficit and the revised control deficit of £9.100m is shown in Table 4.

Table 4: Summary Financial Position for the period ended 28th February 2025

| | Month 11 Position £m | Forecast Year-End Position £m |
|---|-------------------------|----------------------------------|
| Revised Planning Control (Deficit) | 8.342 | 9.100 |
| Savings Programme Deficit | 11.441 | 11.200 |
| Operational position (Surplus) / Deficit | 7.808 | 9.500 |
| Further Recovery actions | | (2.100) |
| Financial Position £m (Surplus) / Deficit £m | 27.591 | 27.700 |

The month 11 deficit of £27.553m comprised of the following:

- £8.342m revised planning control deficit
- £11.441m unachieved CRP gap
- £7.808m operational deficit against plan.

The operational deficit against plan improved by £1.753m in month from £9.561m to £7.808m during month 11 primarily due to variable pay improvements and confirmation of the following.

- Capitalisation of Fees for Rookwood
- Additional funding from NHS Executive
- Rebate of NWSSP fees
- VPAG funding for AWTCC

Pressures remain in month, primarily against medical staff budgets; nursing due to sickness levels and the provision of further capacity to cover additional demand; primary care prescribing where pressures have increased in month ; and out of area mental placements driven by both demand and a fall in capacity while structural remedial work is carried out at the Hafan Y Coed unit. Some of the continuing pressures are mitigated by slippage which has emerged against specific budgets towards year end.

The UHB continues to work 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.

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 £0.512m in month primarily due to nursing pressures, which is £0.021m less than the average for the year to month 10. £0.141m of the costs recorded in February related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 11, Table B3 reports forecast outturn expenditure due to COVID-19 to be in line with the Welsh Government funding of £10.184m. This includes expenditure related to the Covid funding for Health Protection and PPE (£9.040m) and Long Covid (£1.144m) allocations.

The Business Plan for the continuing Covid Programmes remains subject to review. Forecast expenditure will be reviewed at month 11 and this is expected to reveal a forecast underspend which will lead to a revised profile of expenditure in Table B3. The UHB plan assumes that any underspends against Covid funding will be retained by the UHB.

Welsh Government funding is summarised in Table 5 below.

Table 5: Summary of Forecast COVID 19 Net Expenditure

| | Funded by WG £m | Funding to Month 11 £m |
|---|--------------------|---------------------------|
| Health Protection/Vaccination & PPE | 9.040 | 8.287 |
| Long Covid | 1.144 | 1.049 |
| Sub Total WG Funded Covid Expenditure £m | 10.184 | 9.335 |

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

At month 11, the UHB had identified circa £36.000m (76%) of green and amber savings to deliver against the £47.2m savings target. Red schemes of £4.8m are also identified, however these are not expected to deliver in year. Table 6 summarises that £36.000m of savings are expected to deliver in year leaving a shortfall of £11.200m.

Table 6: Savings Schemes

| | Total Savings Target £m | Forecast Savings Delivery £m | Forecast Savings Shortfall £m |
|---|----------------------------|---------------------------------|----------------------------------|
| Total Identified Savings (green & amber) £m | 47.200 | 36.000 | (11.200) |

The Monthly Monitoring Returns savings tables report shortfalls in the delivery of identified green and amber schemes. This results in a deficit to date of £11.441m on a straight-line Month 1-12 phasing basis. The UHB continues to maximise the benefit of savings opportunities and this position is expected to recover to the £11.200m forecast deficit in month 12.

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.

It is noted that further consideration will be given to additional pay uplift payments actioned by the UHB in month 10 in respect of Medical Staff locum, intensity, waiting list initiative and industrial action cover payments. The UHBs anticipated allocations at month 11 assumes that these additional costs will be funded.

The UHB also acknowledges that further detail in relation to the recurrent cost of the 2024/25 and retrospective 2023/24 medical pay awards is to be shared with Welsh Government to support the UHBs assessment of the recurrent

impact of the of pay awards actioned in 2024/25. This will include the additional costs of medical staff on the Cardiff University payroll, where a cross charge is made to the LHB and the estimated costs of pay uplifts actioned in 2024/25 are assessed at circa £0.4m.

The UHBs confirmed /Revenue Resource Limit as of February 28th 2025 was £1,440m with a further £1.5m of assumed allocations as detailed at Table 7 below:

Table 7: Unconfirmed Anticipated Allocations

| | Unconfirmed Allocations £m |
|---|---------------------------------------|
| Depreciation, Impairments* see note 1 | 2.087 |
| IFRS 16 Leases - revenue | (4.541) |
| 2024/25 Pay Uplifts & Retrospective 2023/24 Medical Pay Uplifts | 1.366 |
| Vertex | 1.039 |
| Clinical Excellence & Impact Awards | 0.900 |
| DPIF ePMA | 0.873 |
| Other | (0.219) |
| Total Unconfirmed Allocations £m | 1.505 |
| Adjustments | |
| Depreciation, Impairments* see note 1 | (2.087) |
| IFRS 16 Leases - capital | 4.541 |
| Total Unconfirmed Allocations (Drawing Limit) £m | 3.959 |

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

BALANCE SHEET (TABLE F)

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

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

There has been a decrease in the carrying values of Trade and Other receivables and this is predominantly due to a reduction in the carrying value of the WRP debtor. During the month c£20m of cash reimbursement had been received and two cases valuing c£32m were transferred to the WRP to

directly manage due to a court approval for periodical payment orders. The transfer of cases has impacted on the carrying value of the Provisions.

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

The variances between actual and forecast have been reviewed and whilst there have been movements as described above the overall forecast figures are in line with our expectations.

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 February, was £9.096m.

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

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

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

Further cash assistance is required in respect of medical negligence settlements, where associated cash support from the Welsh Risk Pool is provided after the initial payment by the UHB.

Welsh Government has now confirmed the of £9.1m strategic cash only support and a further £11.541m of revenue working balances cash support.

The UHB notes that if strategic cash assistance or working capital cash needs to be drawn prior to March 2025, that the type of assistance must be detailed on UHB FIS forms and clearly identified as cash only support.

The UHB acknowledges that a significant number of outstanding cash allocations have confirmed over the last month and a relatively small number of outstanding revenue allocations that are included in table E.

The combination of strategic/working cash support and outstanding allocations not confirmed is circa £39m as outlined by table 8 below:

Table 8: Summary of forecast request to Welsh Government for strategic cash and working cash support.

| | Cash Request £m |
|--|--------------------|
| Additional Strategic Cash Support based on revised forecast deficit of £27.7m | 11.800 |
| 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 | 34.800 |
| Unconfirmed anticipated allocations as at Month 9 (drawing Limit only i.e excludes depreciation & impairments) | |
| Outstanding Pay Award Allocations | 1.366 |
| Other Outstanding Cash allocations (drawing limit only) | 2.593 |
| Total Unconfirmed Cash as at Month 9 £m | 38.759 |

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 February was 97.0%.

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

Of the UHB's approved Capital Resource Limit, 39.2% has been expended to date. This relatively low percentage reflects the level of CRL funding received by C&V during M10 and M11. However, all schemes are expected to deliver in line with the revised allocations.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 27th February 2024 - £57.990m. This reflects the transfer of Whitchurch Hospital to Velindre NHS Trust which completed on the 12th of November 2024.

IFRS16 figures have been updated to reflect the December return.

AGED WELSH NHS DEBTORS (TABLE M)

On the 28th of February 2025 there were 4 invoices raised by the UHB against other Welsh NHS organisations which were outstanding for more than 17 weeks. All four invoices have since been paid.

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 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 11 forecast is based on the revised target control total of £9.1m, plus operational and savings pressures that have emerged in the financial year of £18.6m. This leaves a revised forecast deficit of £27.7m

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

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

The reported financial position for the first nine months is an overspend of £27.591m which is £19.249m above the £8.342m straight line profile of the revised control deficit.



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

13th March 2025



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

13th March 2025



Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

| | In Year Effect £'000 | Non Recurring £'000 | Recurring £'000 | FYE of Recurring £'000 |
|--|-------------------------|---------------------------|--------------------|------------------------------|
| 1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | -60,900 | 0 | -60,900 | -60,900 |
| 2 Cost Pressures (Non Covid-19) (Negative Value) | -45,400 | -45,400 | | |
| 3 Planned Expenditure For Covid-19 (Negative Value) | -10,184 | -10,184 | | |
| 4 Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid) | 37,300 | 37,300 | | |
| 5 Planned Welsh Government Funding for Covid-19 (Positive Value) | 10,184 | 10,184 | | |
| 6 Other Income Uplift / (Reduction) | 5,900 | 5,900 | | |
| 7 RRL Profile - phasing only (In Year Effect / Column C must be nil) | 0 | 0 | 0 | 0 |
| 8 Planned (Finalised) Green and Amber Savings Plan | 20,272 | 8,928 | 11,344 | 13,091 |
| 9 Planned (Finalised) Net Income Generation | 717 | 492 | 226 | 236 |
| 10 Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | | |
| 12 | 0 | 0 | | |
| 13 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1 | 26,211 | 0 | 26,211 | 31,215 |
| 14 Opening IMTP / Annual Operating Plan | -15,900 | 7,220 | -23,120 | -16,358 |
| 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 | 143 | 90 | 53 | 117 |
| 19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | -1,887 | -508 | -1,379 | -492 |
| 20 Additional In Year Identified Savings - Forecast | 14,467 | 9,137 | 5,329 | 6,290 |
| 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 | 0 | 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 | 1,062 | 1,062 | | |
| 28 Operational Overspend | -524 | 0 | -524 | -19,400 |
| 29 Savings Gap Recovery - Identification of Schemes at pace | 0 | 0 | | |
| 30 Operational Overspend - Mitigating Actions to reduce expenditure Grip & Control & slippage | 0 | 0 | | |
| 31 Pay Award Funding Bank Staff | 1,550 | 0 | 1,550 | 1,550 |
| 32 Full Year Effect of Operational Pressures, Demand & inflation (other issues) | 0 | 0 | | |
| 33 80 beds will be open by the end of March £6m | -6,000 | 0 | -6,000 | -6,000 |
| 34 Planned care initiatives above original plan | -3,000 | -3,000 | | |
| 35 2024/25 Pay Award Funding applied to Bank Staff (including RLW staff) | -1,550 | 0 | -1,550 | -1,550 |
| 36 2024/25 Pay Award Funding applied to Bank Staff (including RLW staff) | 0 | 0 | | |
| 37 Mitigating actions to reduce expenditure - Planned Care Recovery | 550 | 550 | | |
| 38 Mitigating actions to reduce expenditure - Variable Pay Reduction | 2,400 | 2,042 | 358 | 358 |
| 39 | 0 | 0 | | |
| 40 Forecast Outturn (- Deficit / + Surplus) | -27,700 | 16,993 | -44,693 | -59,900 |
| 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 | -55,825 | -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 | -41,617 | -45,400 |
| 3 | -822 | -822 | -848 | -837 | -837 | -837 | -837 | -882 | -882 | -882 | -849 | -850 | -9,335 | -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 | 34,192 | 37,300 |
| 5 | 822 | 822 | 848 | 837 | 837 | 837 | 837 | 882 | 882 | 882 | 849 | 850 | 9,335 | 10,184 |
| 6 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 492 | 5,408 | 5,900 |
| 7 | 821 | 336 | -125 | 194 | -398 | -126 | -185 | -49 | -51 | -50 | -75 | -291 | 291 | 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 | 18,258 | 20,272 |
| 9 | 38 | 65 | 71 | 71 | 71 | 71 | 204 | 25 | 25 | 25 | 25 | 25 | 692 | 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 | 24,027 | 26,211 |
| 14 | -1,326 | -1,325 | -1,324 | -1,325 | -1,325 | -1,325 | -1,325 | -1,325 | -1,325 | -1,325 | -1,325 | -1,325 | -14,575 | -15,900 |
| 15 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -2,184 | -24,027 | -26,211 |
| 16 | | | | | | | | | | | | | 0 | 0 |
| 17 | | | | | | | | | | | | | 0 | 0 |
| 18 | 0 | -57 | 200 | 8 | 3 | 7 | -135 | 70 | 18 | 7 | 7 | 17 | 126 | 143 |
| 19 | 52 | -389 | 72 | 375 | -471 | -220 | -152 | -166 | -200 | -88 | -554 | -147 | -1,741 | -1,887 |
| 20 | 0 | 0 | 1,771 | 1,888 | 719 | 1,329 | 1,713 | 1,084 | 1,359 | 1,652 | 1,173 | 1,779 | 12,688 | 14,467 |
| 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 | 6,233 | 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 | -96 | -246 | 253 | 224 | 838 | 1,062 |
| 28 | -719 | -838 | -881 | -932 | -860 | 137 | -1,205 | -3,158 | 5,243 | | 1,980 | 710 | -1,234 | -524 |
| 29 | | | | | | | | | | | | | 0 | 0 |
| 30 | | | | | | | | | | 74 | -74 | | 0 | 0 |
| 31 | | | | | | | | | | 1,292 | 129 | 129 | 1,421 | 1,550 |
| 32 | | | | | | | | | | | | | 0 | 0 |
| 33 | | | | | | | | | -4,500 | -600 | -500 | -500 | -5,500 | -6,000 |
| 34 | | | | | | | | | -2,250 | -250 | -250 | -250 | -2,750 | -3,000 |
| 35 | | | | | | | | | -1,163 | | -258 | -129 | -1,421 | -1,550 |
| 36 | | | | | | | | | | | | | 0 | 0 |
| 37 | | | | | | | | | | 150 | 200 | 200 | 350 | 550 |
| 38 | | | | | | | | | | 800 | 800 | 800 | 1,600 | 2,400 |
| 39 | | | | | | | | | | | | | 0 | 0 |
| 40 | -4,267 | -4,554 | -2,743 | -2,599 | -3,014 | -2,235 | -2,832 | -725 | -4,532 | -51 | -38 | -110 | -27,590 | -27,700 |
| 41 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42 | -4,267 | -4,554 | -2,743 | -2,599 | -3,013 | -2,235 | -2,832 | -725 | -4,532 | -51 | -38 | -110 | -27,590 | -27,700 |

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

This Table is currently showing 0 errors

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY YTD variance as %age of YTD | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings £'000 | |
|----|--|-------|----------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--|------------|-------|-----------------------|-----------|--|---|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | Green | Amber | non recurring | recurring | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | | |
| 1 | Budget/Plan | 466 | 585 | 582 | 652 | 823 | 777 | 773 | 815 | 789 | 788 | 813 | 813 | 7,865 | 8,678 | | 0 | 65 | | | | |
| 2 | Pay | 497 | 399 | 911 | 913 | 996 | 1,003 | 1,106 | 1,157 | 924 | 1,104 | 1,097 | 1,337 | 10,109 | 11,446 | 88.32% | 11,381 | 65 | 5,764 | 5,683 | 6,976 | |
| 3 | Variance | 30 | (186) | 329 | 261 | 173 | 226 | 336 | 341 | 135 | 316 | 284 | 524 | 2,244 | 2,768 | 28.53% | 11,381 | 0 | | | | |
| 4 | Budget/Plan | 259 | 479 | 810 | 508 | 727 | 594 | 601 | 601 | 629 | 629 | 629 | 845 | 6,466 | 7,311 | | 7,311 | 0 | | | | |
| 5 | Non-Pay | 287 | 259 | 2,184 | 1,483 | 934 | 1,314 | 1,307 | 1,032 | 1,285 | 1,532 | 761 | 1,586 | 12,378 | 13,964 | 88.64% | 13,964 | 0 | 10,408 | 3,556 | 4,256 | |
| 6 | Variance | 28 | (219) | 1,374 | 975 | 207 | 720 | 706 | 431 | 656 | 903 | 131 | 741 | 5,911 | 6,653 | 91.42% | 6,653 | 0 | | | | |
| 7 | Budget/Plan | 105 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 1,162 | 1,268 | | 1,268 | 0 | | | | |
| 8 | Primary Care - Drugs & Appliances | 105 | 170 | 174 | 197 | 107 | 155 | 337 | 129 | 233 | 233 | 232 | 233 | 2,070 | 2,303 | 89.89% | 2,303 | 0 | 0 | 2,303 | 2,922 | |
| 9 | Variance | (0) | 64 | 69 | 91 | 1 | 49 | 231 | 23 | 127 | 127 | 126 | 127 | 908 | 1,036 | 78.19% | 1,036 | 0 | | | | |
| 10 | Budget/Plan | 14 | 133 | 260 | 171 | 161 | 238 | 161 | 161 | 161 | 161 | 161 | 161 | 1,779 | 1,940 | | 1,940 | 0 | | | | |
| 11 | Secondary Care Drugs | 8 | 85 | 326 | 146 | 133 | 215 | 186 | 120 | 198 | 176 | 14 | 177 | 1,608 | 1,785 | 90.09% | 1,785 | 0 | 292 | 1,493 | 2,477 | |
| 12 | Variance | (6) | (48) | 66 | (25) | (28) | (23) | 25 | (40) | 37 | 15 | (146) | 16 | (171) | (155) | (9.61%) | -155 | 0 | | | | |
| 13 | Budget/Plan | 45 | 45 | 48 | 48 | 260 | 90 | 90 | 90 | 90 | 90 | 90 | 90 | 985 | 1,075 | | 1,075 | 0 | | | | |
| 14 | CHC/FNC | 45 | 45 | 52 | 989 | 155 | 226 | 353 | 227 | 267 | 267 | 287 | 287 | 2,915 | 3,202 | 91.03% | 3,202 | 0 | 943 | 2,259 | 2,259 | |
| 15 | Variance | 0 | 0 | 5 | 942 | (105) | 136 | 263 | 137 | 177 | 177 | 197 | 197 | 1,930 | 2,127 | 195.92% | 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 | 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 | 104 | 130 | 80.00% | 130 | 0 | 130 | 0 | 0 | |
| 21 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 104 | 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 | 21 | 21 | 99.63% | 21 | 0 | 21 | 0 | 0 | |
| 24 | Variance | 0 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 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 | 18,258 | 20,272 | | 11,593 | 0 | | | | |
| 35 | Total | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 3,646 | 29,205 | 32,851 | 80.00% | 32,786 | 65 | 17,558 | 15,294 | 18,889 | |
| 36 | Variance | 52 | (389) | 1,843 | 2,264 | 248 | 1,109 | 1,561 | 918 | 1,158 | 1,565 | 619 | 1,632 | 10,947 | 12,579 | | 21,193 | 65 | | | | |
| 37 | Variance in month | 5.89% | (28.85%) | 102.13% | 152.46% | 11.94% | 61.46% | 90.23% | 51.79% | 65.26% | 88.22% | 34.39% | 81.02% | 59.96% | | | | | | | | |
| 38 | In month achievement against FY forecast | 2.87% | 2.92% | 11.10% | 11.41% | 7.07% | 8.87% | 10.02% | 8.19% | 8.93% | 10.16% | 7.36% | 11.10% | | | | | | | | | |

Regan, Nikki
14/04/2025 14:22:58

Table C1- Savings Schemes Pay Analysis

| Month | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings | |
|-------|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|-------------|-------|-----------------------|-----------|---------------------------------------|-------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | Green | Amber | non recurring | recurring | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | £'000 | £'000 | £'000 | | £'000 |
| 1 | Budget/Plan | 167 | 230 | 227 | 233 | 404 | 404 | 399 | 442 | 416 | 415 | 440 | 440 | 3,776 | 4,216 | 0 | 65 | | | | |
| 2 | Pay - General & Substantive | 167 | 211 | 498 | 316 | 405 | 524 | 633 | 550 | 554 | 562 | 572 | 854 | 4,992 | 5,846 | 5,781 | 65 | 1,652 | 4,194 | 5,418 | |
| 3 | Variance | 0 | (19) | 271 | 83 | 1 | 121 | 234 | 108 | 138 | 147 | 132 | 415 | 1,215 | 1,630 | 5781.222073 | 0 | | | | |
| 4 | Budget/Plan | 299 | 355 | 355 | 419 | 419 | 373 | 373 | 373 | 373 | 373 | 373 | 373 | 4,089 | 4,462 | 0 | 0 | | | | |
| 5 | Pay - Variable | 330 | 188 | 413 | 592 | 585 | 473 | 469 | 600 | 364 | 542 | 525 | 483 | 5,081 | 5,564 | 5,564 | 0 | 4,075 | 1,489 | 1,558 | |
| 6 | Variance | 30 | (167) | 58 | 172 | 165 | 99 | 95 | 227 | (10) | 169 | 152 | 109 | 992 | 1,102 | 5,564 | 0 | | | | |
| 7 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 8 | Pay - Agency | 0 | 0 | 0 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 36 | 36 | 36 | 0 | 36 | 0 | 0 |
| 9 | Variance | 0 | 0 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 36 | 36 | 36 | 0 | | | |
| 10 | Budget/Plan | 466 | 585 | 582 | 652 | 823 | 777 | 773 | 815 | 789 | 788 | 813 | 813 | 7,865 | 8,678 | 0 | 65 | | | | |
| 11 | Total | 497 | 399 | 911 | 913 | 996 | 1,003 | 1,108 | 1,157 | 924 | 1,104 | 1,097 | 1,337 | 10,109 | 11,446 | 11,381 | 65 | 5,764 | 5,683 | 6,976 | |
| 12 | Variance | 30 | (186) | 329 | 261 | 173 | 226 | 336 | 341 | 135 | 316 | 284 | 524 | 2,244 | 2,768 | 11,381 | 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 £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | |
| 1 | Budget/Plan | 466 | 585 | 582 | 652 | 823 | 777 | 773 | 815 | 789 | 788 | 813 | 813 | 7,865 | 8,678 |
| 2 | Workforce | 497 | 399 | 911 | 913 | 996 | 1,003 | 1,108 | 1,157 | 924 | 1,104 | 1,097 | 1,337 | 10,109 | 11,446 |
| 3 | Variance | 30 | (186) | 329 | 261 | 173 | 226 | 336 | 341 | 135 | 316 | 284 | 524 | 2,244 | 2,768 |
| 4 | Budget/Plan | 119 | 239 | 365 | 276 | 266 | 343 | 266 | 266 | 266 | 266 | 266 | 266 | 2,941 | 3,207 |
| 5 | Medicines Management | 113 | 255 | 500 | 342 | 240 | 370 | 480 | 292 | 431 | 409 | 246 | 410 | 3,678 | 4,088 |
| 6 | Variance | (6) | 16 | 135 | 66 | (27) | 27 | 214 | 25 | 165 | 143 | (20) | 143 | 737 | 881 |
| 7 | Budget/Plan | 259 | 479 | 810 | 508 | 727 | 594 | 601 | 601 | 629 | 629 | 629 | 845 | 6,466 | 7,311 |
| 8 | Procurement & Non-pay | 287 | 259 | 2,184 | 1,503 | 934 | 1,314 | 1,307 | 1,032 | 1,285 | 1,532 | 761 | 1,586 | 12,999 | 13,985 |
| 9 | Variance | 28 | (219) | 1,374 | 995 | 207 | 720 | 706 | 431 | 656 | 903 | 132 | 741 | 5,932 | 6,673 |
| 10 | Budget/Plan | 45 | 45 | 48 | 48 | 260 | 90 | 90 | 90 | 90 | 90 | 90 | 90 | 985 | 1,075 |
| 11 | CHC | 45 | 45 | 52 | 989 | 155 | 226 | 353 | 227 | 267 | 267 | 287 | 287 | 2,915 | 3,202 |
| 12 | Variance | 0 | 0 | 5 | 942 | (105) | 136 | 263 | 137 | 177 | 177 | 197 | 197 | 1,930 | 2,127 |
| 13 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Pathway | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 104 | 130 |
| 15 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 26 | 26 | 26 | 26 | 104 | 130 |
| 16 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Other - Commissioning | 0 | 0 | 0 | 0 | 0 | 0 | 43 | (43) | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 43 | (43) | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Other - Primary Care | 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 | 18,258 | 20,272 |
| 23 | Total | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 3,646 | 29,205 | 32,851 |
| 24 | Variance | 52 | (389) | 1,843 | 2,264 | 248 | 1,109 | 1,561 | 918 | 1,158 | 1,565 | 619 | 1,632 | 10,947 | 12,579 |

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Table C3 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustme nt | Full-year Effect |
|---|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-----------|--------------------|---------------|-----------|-----------------|------------------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 890 | 1,348 | 1,805 | 1,485 | 2,076 | 1,805 | 1,730 | 1,773 | 1,775 | 1,774 | 1,799 | 2,014 | 18,258 | 20,272 | 8,928 | 11,344 | 1,747 | 13,091 |
| | Month 1 - Actual/Forecast | 942 | 959 | 1,876 | 1,860 | 1,605 | 1,584 | 1,578 | 1,607 | 1,575 | 1,686 | 1,245 | 1,867 | 16,517 | 18,385 | 8,420 | 9,964 | 2,635 | 12,599 |
| | Variance | 52 | (389) | 72 | 375 | (471) | (220) | (152) | (166) | (200) | (88) | (554) | (147) | (1,741) | (1,887) | (508) | (1,379) | 887 | (492) |
| | In Year - Plan | 0 | 0 | 1,776 | 1,942 | 843 | 1,372 | 1,319 | 1,247 | 1,371 | 1,591 | 1,425 | 1,741 | 12,886 | 14,627 | 8,973 | 5,654 | 1,480 | 7,134 |
| | In Year - Actual/Forecast | 0 | 0 | 1,771 | 1,888 | 719 | 1,329 | 1,713 | 1,084 | 1,359 | 1,652 | 1,173 | 1,779 | 12,688 | 14,467 | 9,137 | 5,329 | 961 | 6,290 |
| | Variance | 0 | 0 | (5) | (54) | (124) | (43) | 393 | (163) | (12) | 62 | (252) | 38 | (198) | (160) | 164 | (324) | (519) | (843) |
| | Total Plan | 890 | 1,348 | 3,581 | 3,426 | 2,919 | 3,177 | 3,049 | 3,020 | 3,146 | 3,364 | 3,224 | 3,755 | 31,144 | 34,899 | 17,902 | 16,997 | 3,227 | 20,225 |
| | Total Actual/Forecast | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 3,646 | 29,205 | 32,851 | 17,558 | 15,294 | 3,595 | 18,889 |
| Total Variance | 52 | (389) | 67 | 322 | (595) | (263) | 241 | (329) | (213) | (26) | (806) | (109) | (1,939) | (2,047) | (344) | (1,704) | 368 | (1,335) | |
| Net Income Generation | Month 1 - Plan | 38 | 65 | 71 | 71 | 71 | 71 | 204 | 25 | 25 | 25 | 25 | 25 | 692 | 717 | 492 | 226 | 10 | 236 |
| | Month 1 - Actual/Forecast | 38 | 8 | 271 | 66 | 66 | 66 | 41 | 15 | 15 | 15 | 15 | 25 | 616 | 642 | 479 | 163 | 74 | 236 |
| | Variance | 0 | (57) | 200 | (5) | (5) | (5) | (163) | (10) | (10) | (10) | (11) | 0 | (76) | (76) | (13) | (63) | 63 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 29 | 7 | 12 | 30 | 82 | 30 | 13 | 13 | 13 | 216 | 229 | 103 | 127 | (10) | 117 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 12 | 7 | 12 | 28 | 81 | 28 | 17 | 17 | 17 | 202 | 219 | 103 | 117 | 0 | 117 |
| | Variance | 0 | 0 | 0 | (17) | 0 | 0 | (2) | (2) | (2) | 4 | 4 | 4 | (14) | (10) | 0 | (10) | 10 | 0 |
| | Total Plan | 38 | 65 | 71 | 100 | 78 | 82 | 234 | 108 | 55 | 39 | 39 | 39 | 908 | 947 | 594 | 353 | 0 | 353 |
| | Total Actual/Forecast | 38 | 8 | 271 | 78 | 73 | 78 | 69 | 96 | 43 | 32 | 32 | 42 | 818 | 861 | 582 | 279 | 74 | 353 |
| Total Variance | 0 | (57) | 200 | (21) | (5) | (5) | (165) | (12) | (12) | (7) | (7) | 4 | (90) | (86) | (13) | (73) | 73 | 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 | 18,949 | 20,989 | 9,420 | 11,569 | 1,757 | 13,327 |
| | Month 1 - Actual/Forecast | 980 | 967 | 2,147 | 1,926 | 1,671 | 1,650 | 1,619 | 1,622 | 1,590 | 1,701 | 1,260 | 1,893 | 17,133 | 19,026 | 8,899 | 10,127 | 2,708 | 12,835 |
| | Variance | 52 | (446) | 271 | 371 | (475) | (225) | (315) | (176) | (211) | (98) | (565) | (147) | (1,816) | (1,963) | (520) | (1,443) | 951 | (492) |
| | In Year - Plan | 0 | 0 | 1,776 | 1,971 | 950 | 1,384 | 1,649 | 1,330 | 1,401 | 1,604 | 1,438 | 1,754 | 13,502 | 15,256 | 9,476 | 5,780 | 1,470 | 7,250 |
| | In Year - Actual/Forecast | 0 | 0 | 1,771 | 1,900 | 826 | 1,341 | 2,041 | 1,165 | 1,387 | 1,669 | 1,190 | 1,796 | 13,290 | 15,086 | 9,640 | 5,446 | 961 | 6,407 |
| | Variance | 0 | 0 | (5) | (70) | (124) | (43) | 391 | (165) | (14) | 66 | (248) | 42 | (212) | (170) | 164 | (334) | (509) | (843) |
| | Total Plan | 928 | 1,413 | 3,652 | 3,526 | 3,097 | 3,259 | 3,583 | 3,128 | 3,201 | 3,403 | 3,262 | 3,794 | 32,452 | 36,245 | 18,896 | 17,350 | 3,227 | 20,577 |
| | Total Actual/Forecast | 980 | 967 | 3,918 | 3,827 | 2,497 | 2,991 | 3,660 | 2,787 | 2,976 | 3,371 | 2,450 | 3,689 | 30,423 | 34,112 | 18,539 | 15,573 | 3,669 | 19,242 |
| Total Variance | 52 | (446) | 266 | 300 | (600) | (268) | 77 | (342) | (225) | (32) | (813) | (105) | (2,028) | (2,133) | (356) | (1,777) | 442 | (1,335) | |

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Table C3 - Tracker

| | £'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustment | Full-year Effect |
|---|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-----------|--------------------|---------------|-----------|----------------|------------------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 890 | 1,348 | 1,805 | 1,485 | 2,076 | 1,805 | 1,730 | 1,773 | 1,775 | 1,774 | 1,799 | 2,014 | 18,258 | 20,272 | 8,928 | 11,344 | 1,747 | 13,091 |
| | Month 1 - Actual/Forecast | 942 | 959 | 1,876 | 1,860 | 1,605 | 1,584 | 1,578 | 1,607 | 1,575 | 1,686 | 1,245 | 1,867 | 16,517 | 18,385 | 8,420 | 9,964 | 2,635 | 12,599 |
| | Variance | 52 | (389) | 72 | 375 | (471) | (220) | (152) | (166) | (200) | (88) | (554) | (147) | (1,741) | (1,887) | (508) | (1,379) | 887 | (492) |
| | In Year - Plan | 0 | 0 | 1,776 | 1,942 | 843 | 1,372 | 1,319 | 1,247 | 1,371 | 1,591 | 1,425 | 1,741 | 12,886 | 14,627 | 8,973 | 5,654 | 1,480 | 7,134 |
| | In Year - Actual/Forecast | 0 | 0 | 1,771 | 1,888 | 719 | 1,329 | 1,713 | 1,084 | 1,359 | 1,652 | 1,173 | 1,779 | 12,688 | 14,467 | 9,137 | 5,329 | 961 | 6,290 |
| | Variance | 0 | 0 | (5) | (54) | (124) | (43) | 393 | (163) | (12) | 62 | (252) | 38 | (198) | (160) | 164 | (324) | (519) | (843) |
| | Total Plan | 890 | 1,348 | 3,581 | 3,426 | 2,919 | 3,177 | 3,049 | 3,020 | 3,146 | 3,364 | 3,224 | 3,755 | 31,144 | 34,899 | 17,902 | 16,997 | 3,227 | 20,225 |
| | Total Actual/Forecast | 942 | 959 | 3,648 | 3,748 | 2,324 | 2,914 | 3,291 | 2,691 | 2,933 | 3,339 | 2,418 | 3,646 | 29,205 | 32,851 | 17,558 | 15,294 | 3,595 | 18,889 |
| Total Variance | 52 | (389) | 67 | 322 | (595) | (263) | 241 | (329) | (213) | (26) | (806) | (109) | (1,939) | (2,047) | (344) | (1,704) | 368 | (1,335) | |
| Net Income Generation | Month 1 - Plan | 38 | 65 | 71 | 71 | 71 | 71 | 204 | 25 | 25 | 25 | 25 | 25 | 692 | 717 | 492 | 226 | 10 | 236 |
| | Month 1 - Actual/Forecast | 38 | 8 | 271 | 66 | 66 | 66 | 41 | 15 | 15 | 15 | 15 | 25 | 616 | 642 | 479 | 163 | 74 | 236 |
| | Variance | 0 | (57) | 200 | (5) | (5) | (5) | (163) | (10) | (10) | (10) | (11) | 0 | (76) | (76) | (13) | (63) | 63 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 29 | 7 | 12 | 30 | 82 | 30 | 13 | 13 | 13 | 216 | 229 | 103 | 127 | (10) | 117 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 12 | 7 | 12 | 28 | 81 | 28 | 17 | 17 | 17 | 202 | 219 | 103 | 117 | 0 | 117 |
| | Variance | 0 | 0 | 0 | (17) | 0 | 0 | (2) | (2) | (2) | 4 | 4 | 4 | (14) | (10) | 0 | (10) | 10 | 0 |
| | Total Plan | 38 | 65 | 71 | 100 | 78 | 82 | 234 | 108 | 55 | 39 | 39 | 39 | 908 | 947 | 594 | 353 | 0 | 353 |
| | Total Actual/Forecast | 38 | 8 | 271 | 78 | 73 | 78 | 69 | 96 | 43 | 32 | 32 | 42 | 818 | 861 | 582 | 279 | 74 | 353 |
| Total Variance | 0 | (57) | 200 | (21) | (5) | (5) | (165) | (12) | (12) | (7) | (7) | 4 | (90) | (86) | (13) | (73) | 73 | 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 | 18,949 | 20,989 | 9,420 | 11,569 | 1,757 | 13,327 |
| | Month 1 - Actual/Forecast | 980 | 967 | 2,147 | 1,926 | 1,671 | 1,650 | 1,619 | 1,622 | 1,590 | 1,701 | 1,260 | 1,893 | 17,133 | 19,026 | 8,899 | 10,127 | 2,708 | 12,835 |
| | Variance | 52 | (446) | 271 | 371 | (475) | (225) | (315) | (176) | (211) | (98) | (565) | (147) | (1,816) | (1,963) | (520) | (1,443) | 951 | (492) |
| | In Year - Plan | 0 | 0 | 1,776 | 1,971 | 950 | 1,384 | 1,649 | 1,330 | 1,401 | 1,604 | 1,438 | 1,754 | 13,502 | 15,256 | 9,476 | 5,780 | 1,470 | 7,250 |
| | In Year - Actual/Forecast | 0 | 0 | 1,771 | 1,900 | 826 | 1,341 | 2,041 | 1,165 | 1,387 | 1,669 | 1,190 | 1,796 | 13,290 | 15,086 | 9,640 | 5,446 | 961 | 6,407 |
| | Variance | 0 | 0 | (5) | (70) | (124) | (43) | 391 | (165) | (14) | 66 | (248) | 42 | (212) | (170) | 164 | (334) | (509) | (843) |
| | Total Plan | 928 | 1,413 | 3,652 | 3,526 | 3,097 | 3,259 | 3,583 | 3,128 | 3,201 | 3,403 | 3,262 | 3,794 | 32,452 | 36,245 | 18,896 | 17,350 | 3,227 | 20,577 |
| | Total Actual/Forecast | 980 | 967 | 3,918 | 3,827 | 2,497 | 2,991 | 3,660 | 2,787 | 2,976 | 3,371 | 2,450 | 3,689 | 30,423 | 34,112 | 18,539 | 15,573 | 3,669 | 19,242 |
| Total Variance | 52 | (446) | 266 | 300 | (600) | (268) | 77 | (342) | (225) | (32) | (813) | (105) | (2,028) | (2,133) | (356) | (1,777) | 442 | (1,335) | |

| 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 | 10,107 | 16,794 | 377 | 27,278 | 811 | 400 |
| Scheduled Care | 0 | 971 | 0 | 971 | 0 | 0 |
| Unscheduled Care | 0 | 757 | 0 | 757 | 0 | 0 |
| Mental Health | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Primary Care | 1,171 | 2,354 | 0 | 3,525 | 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 | 11,446 | 21,028 | 377 | 32,851 | 861 | 400 |

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

| | April £'000 | May £'000 | June £'000 | July £'000 | Aug £'000 | Sept £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £,000 | Total £,000 | |
|-----------------|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| RECEIPTS | | | | | | | | | | | | | | |
| 1 | WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only | 132,945 | 118,770 | 92,640 | 117,835 | 126,005 | 106,110 | 110,275 | 141,950 | 139,780 | 114,165 | 101,505 | 106,802.6 | 1,408,783 |
| 2 | WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only | 1,180 | 1,180 | 420 | 995 | 2,005 | 1,430 | 1,120 | 1,895 | 555 | 725 | 2,060 | 0 | 13,565 |
| 3 | WG Revenue Funding - Other (e.g. invoices) | 3,185 | 1,319 | 1,307 | 1,371 | 1,369 | 3,080 | 1,333 | 3,473 | 1,326 | 1,304 | 3,076 | 1,293 | 23,436 |
| 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 | 8,000 | 37,874 | 72,654 |
| 5 | Income from other Welsh NHS Organisations | 40,964 | 47,167 | 44,602 | 44,107 | 40,652 | 40,817 | 53,103 | 41,780 | 48,350 | 46,160 | 64,414 | 58,818 | 570,932 |
| 6 | Short Term Loans - Trust only | | | | | | | | | | 0 | 0 | 0 | 0 |
| 7 | PDC - Trust only | | | | | | | | | | 0 | 0 | 0 | 0 |
| 8 | Interest Receivable - Trust only | | | | | | | | | | 0 | 0 | 0 | 0 |
| 9 | Sale of Assets | | | | | 0 | 0 | 0 | 7,800 | 0 | 0 | 0 | 0 | 7,800 |
| 10 | Other - (Specify in narrative) | 4,368 | 12,334 | 6,857 | 6,463 | 9,417 | 5,952 | 10,390 | 17,702 | 5,876 | 12,689 | 10,970 | 6,753 | 109,770 |
| 11 | TOTAL RECEIPTS | 192,642 | 184,770 | 147,825 | 172,850 | 181,447 | 158,389 | 179,221 | 216,099 | 192,087 | 180,043 | 190,025 | 211,540 | 2,206,939 |
| PAYMENTS | | | | | | | | | | | | | | |
| 12 | Primary Care Services : General Medical Services | 6,787 | 6,329 | 7,770 | 6,161 | 6,282 | 6,539 | 6,196 | 6,683 | 6,315 | 6,303 | 12,870 | 6,899 | 85,134 |
| 13 | Primary Care Services : Pharmacy Services | 215 | 140 | 125 | 124 | 122 | 118 | 133 | 123 | 141 | 930 | 413 | 211 | 2,795 |
| 14 | Primary Care Services : Prescribed Drugs & Appliances | 8,718 | 18,833 | 0 | 9,099 | 19,250 | 0 | 9,593 | 19,854 | 9,795 | 9,955 | 10,155 | 0 | 115,252 |
| 15 | Primary Care Services : General Dental Services | 2,354 | 2,429 | 2,380 | 2,368 | 2,444 | 2,373 | 2,395 | 2,201 | 2,247 | 2,290 | 2,370 | 4,023 | 29,876 |
| 16 | Non Cash Limited Payments | 2,112 | 2,077 | 2,270 | 2,136 | 2,007 | 2,097 | 2,159 | 2,189 | 2,318 | 1,989 | 2,340 | 2,611 | 26,306 |
| 17 | Salaries and Wages | 70,344 | 70,347 | 70,084 | 70,092 | 68,975 | 72,076 | 73,656 | 84,007 | 88,242 | 76,510 | 76,910 | 75,610 | 896,852 |
| 18 | Non Pay Expenditure | 80,837 | 87,303 | 68,961 | 80,183 | 73,557 | 77,378 | 83,009 | 95,049 | 81,858 | 85,420 | 75,287 | 83,378 | 972,220 |
| 19 | Short Term Loan Repayment - Trust only | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | PDC Repayment - Trust only | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Capital Payment | 12,675 | 1,730 | 1,015 | 1,347 | 1,729 | 912 | 1,569 | 3,074 | 3,416 | 1,800 | 4,111 | 47,401 | 80,779 |
| 22 | Other items (Specify in narrative) | | | | | | | | | | | | | 0 |
| 23 | TOTAL PAYMENTS | 184,043 | 189,188 | 152,605 | 171,509 | 174,366 | 161,492 | 178,711 | 213,181 | 194,333 | 185,198 | 184,455 | 220,132 | 2,209,214 |
| 24 | Net cash inflow/outflow | 8,599 | (4,418) | (4,780) | 1,341 | 7,081 | (3,103) | 510 | 2,919 | (2,246) | (5,155) | 5,570 | (8,592) | |
| 25 | Balance b/f | 2,780 | 11,379 | 6,961 | 2,181 | 3,522 | 10,603 | 7,500 | 8,010 | 10,929 | 8,682 | 3,527 | 9,097 | |
| 26 | Balance c/f | 11,379 | 6,961 | 2,181 | 3,522 | 10,603 | 7,500 | 8,010 | 10,929 | 8,682 | 3,527 | 9,097 | 505 | |

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|--------------------|
| Agenda Item |
| 5.2.3 |

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

| | |
|---|---|
| Dyddiad y Cyfarfod / Date of Meeting | 18/03/2025 |
| Statws Cyhoeddi / Publication Status | Open/ Public |
| | Not Applicable |
| Awdur yr Adroddiad / Report Author | Helen Tyler, Head of Corporate Governance |
| Cyflwynydd yr Adroddiad / Report Presenter | Paul Worthington, Lay Member |
| Noddwr yr Adroddiad / Report Sponsor | Jacqui Maunder-Evans, Committee Secretary |

| | |
|---|-------------------------------|
| Pwrpas yr Adroddiad / Report Purpose | For Noting Choose an item. |
|---|-------------------------------|

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|-------------------------------|-----------------|
| Committee / Group / Individuals | Date | Outcome |
| | Click or tap to enter a date. | Choose an item. |

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance sub-committee at its meeting on 11 February 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

Reported by Nikki
18/03/2025 11:22:58

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

| RAG Rating | Highlights |
|-------------------------|--|
| Alert / Escalate | <ul style="list-style-type: none"> The Chair and Members discussed the Terms of Reference and the adequacy of requiring only two lay members for quorum. Members agreed to review after six months to assess the effectiveness of the sub-committee. |
| Advise | <ul style="list-style-type: none"> The Chair welcomed members and attendees to the first JCC Planning, Performance and Finance (PPF) sub-committee meeting. The Terms of Reference and Forward Work Plan were presented. Members noted the inclusion of a HB CEO as a member rather than an attendee. Concerns were highlighted in relation to the quoracy arrangements as highlighted above. Further work on the forward work plan will be undertaken to ensure alignment with the JCC meetings and the annual plan of business and useful suggestions and feedback was provided. |
| Assure | <ul style="list-style-type: none"> Members were informed about the approach to risk and noted that by April 2025, risks related to planning, performance and finance would be reported to this sub-committee for review and assurance. A presentation was shared which provided members with an update on developing the Integrated Medium-Term Plan (IMTP). Members received an overview of the financial modelling scenarios as requested by the JCC at its January 2025 meeting. An assessment against the three scenarios was provided. While the JCC was in transition, an annual plan was being considered in place of a three-year rolling IMTP. The interim Chief Commissioner also provided members with an update on the submission of an Accountable Officer letter. The Month 9 Financial Performance Report and Financial Plan Update was received noting: <ul style="list-style-type: none"> £4.8 million overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.7 million; The risk of not receiving anticipated income for activity in NHS England was highlighted but Welsh Government (WG) had confirmed funding of £8.8 million to offset the costs related to this, |

Regan Nikki
14/04/2025 14:22:55

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|-------------------|---|
| | <p>alleviating this financial risk for the current year. This funding does not alter the forecast year-end overspend position of £5.7 million.</p> <ul style="list-style-type: none"> The JCC Performance Report for Month 8 was received. The combined legacy approach to performance reporting (WHSSC/EASC formats) remains transitional and a new JCC Performance Management Framework and performance report is under development for 2025/2026. |
| Inform | <ul style="list-style-type: none"> Members noted updates on Implementation of Legacy Plans for Quarter 3. It was noted that this report would also be shared with WG for assurance on delivery. Members noted the WG Strategic Development and Planning Guidance for 2025/2028. The national requirements and areas of JCC responsibility were highlighted as well as the importance of aligning with the planning framework. |
| Appendices | None |

4. ASSESSMENT

| Objectives / Strategy | |
|--|---|
| Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s) | Maximise Value |
| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales) | A Healthier Wales |
| Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales)) | Leadership |
| | If more than one applies please list below: |

| | |
|--|---|
| | |
| Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i> | Effective |
| | If more than one applies please list below: |
| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs) | Yes - Refine |
| | If more than one applies please list below: |

| Impact Assessment | | |
|--|--|---|
| Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i> | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/> |
| | Outcome: | If no, please include rationale below: N/A |
| Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i> | Yes: <input checked="" type="checkbox"/> | No: <input checked="" type="checkbox"/> |
| | Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE | If no, please include rationale below: N/A |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report. | |

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| | |
|---|---|
| Enw da / Reputational | There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report. |
| Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial) | There is no direct impact on resources as a result of the activity outlined in this report. Choose an item. |

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

Regan Nikki
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