Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Performance Assurance Report – Month 2 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy Director of Finance Jennifer Thomas, Head of Corporate Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to outline the Health Board's financial position to date against the Annual Financial Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.

Cefndir / Background

Following approval by the Finance and Performance Committee on 24 February 2026, budgets were delegated to Executive Directors and Clinical Care Group / Executive Function leads during March 2026.

At its meeting on 26 March 2026, the Board endorsed and approved submission of the 2026/27 Annual Plan to Welsh Government. The financial plan includes a planned deficit of £41.0m, after delivery of £42.8m savings, and does not meet the statutory duty to break even over a three-year period.

The Board recognised that approving a budget with a planned deficit constituted a novel and contentious action. In line with requirements, the Accountable Officer wrote to the Director General Health, Social Care and Early Years Group in Welsh Government to formally advise of this position.

Welsh Government has confirmed its expectation that the Health Board should plan to deliver, as a minimum, the 2025/26 outturn position of £22.1m. The submitted forecast therefore remains above the target control total and Welsh Government has stated that the deteriorating finance and performance position is unacceptable and unsupportable.

Ongoing dialogue with Welsh Government continues, with the Health Board required to improve the forecast position beyond the revised Annual Plan deficit and demonstrate a

credible route to financial recovery through strengthened savings delivery, grip and control, and routine monitoring through established governance routes.

Asesiad / Assessment

Month 2 Summary

- In-month deficit: In-month £6.0m (worse than plan by £2.6m)
- Savings gap: £34.1m (£8.7m delivered against a target of £42.8m)
- Forecast deficit: £41.0m dependent on £20.9m mitigations
- Overall: **High risk to delivery**

The latest financial position is summarised as follows:

Key Driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Planned Deficit	3.4	6.8	41.0
Unidentified / (Identified) savings gap / (improvement)	2.4	5.0	34.1
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core operational variation	0.2	(0.3)	(13.2)
Gross Forecast	6.0	11.5	61.9
Future Mitigating Actions	0.0	0.0	(20.9)
Reported Position	**6.0**	**11.5**	**41.0**

Welsh Government response to Annual Plan submission

Welsh Government has deemed the 2026/27 annual plan – forecasting a £41.0m deficit – unacceptable due to worsening financial and performance trajectories, and now requires a credible, fully deliverable savings plan and clear route to breakeven by the end of June 2026, supported by urgent actions to strengthen and de-risk existing savings schemes.

Appendix 1 sets out a detailed assessment of the current financial position, including the assumptions made around future mitigating actions that are not yet identified but required to achieve the reported financial forecast.

Alert (may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

1. Savings Plan Credibility

- Material under-identification (£34.1m) remains
- Heavy reliance on non-recurrent and unconfirmed mitigations
- Limited confidence in delivery trajectories
- No material action taken pertaining to conversion of underspends to savings

Implication:
There is a high risk to financial delivery and external credibility.

2. Underlying Deficit Deterioration

Underlying deficit remains significantly above last year's outturn, at £71.5m, with a savings gap persisting with no material action taken pertaining to the conversion of underspends to recurrent savings.

Implication:
This represents a significant structural imbalance, worsening future financial sustainability.

3. Cost Pressures and Uncontrolled Decisions
Key drivers include:

- Continued premium workforce spend (agency, locum and additional duties)
- Decisions taken outside planning assumptions, driven by service fragility risk
- Increasing demand-led pressures (e.g. CHC, out-of-area placements)

Implication:
These factors are compounding the delivery gap and reducing controllability.

4. Inadequate Cashflow
Cash is forecast to run out at the start of March 2026 with WG only likely to support the target control total. Ongoing dialogue pertaining to the acceptability of the annual plan continues with WG, and depending on the outcome, the cash management strategy could be required to be implemented.

Advise (to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

1. Accountability and Grip
a) Transition in Governance and Ways of Working

- New accountability framework introduced, replacing previous governance arrangements
- Shift from central control to devolved ownership, with Executive Directors accountable for delivery
- Monthly reporting through Executive Team to support oversight by the Accountable Officer (included within Appendix 1)

Implication:
This represents a significant cultural and operating model shift, however the effectiveness of the new approach is not yet evidenced and introduces transitional delivery risk.

b) Escalation and Accountability Risk

- Key operational areas (Community & Integrated Medicine; Planned & Specialist Care) are at risk of escalation to Level 4 due to savings delivery gaps
- Continued reliance on escalation indicates inconsistent ownership and grip across the organisation

Implication:
There is a material risk that accountability arrangements are not yet sufficiently embedded to drive delivery at pace.

2. Ministerial Priorities and Enabling Actions

Requirements include:

- 30% reduction in agency spend and variable pay from 2025/26 outturn
- Elimination of off-contract agency (achieved)
- Reduction in out-of-area placements
- Delivery of productivity improvements
- Strengthened workforce planning and sickness management

Current position:

- Success in reducing off-contract agency spend to nil
- Increase in on-contract agency spend due to service fragility and workforce pressures
- Ongoing non-compliance in MH&LD agency usage for Health Care Support Workers
- Out-of-area placements reduction plan not yet fully developed

Implication:
Delivery against ministerial priorities is mixed, with some progress but continued areas of non-compliance and emerging risks to credibility.

3. Budget delegation accountability letters from 2026/27 financial plan
Appendix 1 includes an update on the accountability letter responses, with a status as of 23 June 2026.

Assure (to note)
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

1. Capital
There is currently no risk foreseen of over or underspending of the Capital Resource Limit (CRL) at this stage. Capital plans will be reviewed in continuously and updates provided appropriately.

2. In-Year Investment Decisions
Investments, whether budgets are made available and delegated to services, made outside of annual plan process need to be approved by Public Board, and scrutinised through the Finance and Performance Committee. If there are financial consequences, and unless full or part funding can be identified to mitigate, this will give rise to an in-year negative central budget reserve with the recurrent funding requirement being included in next year's annual plan.

The Finance and Performance Committee will monitor the financial impact, and a summary of the current in-year negative central budget reserves are as follows:

Item Description	£'k	Approval status
Band 2/3 Funding shortfall	812	Presented to June 2026 Finance and Performance Committee
Resident Doctors contract	313 - 446	Approved via Chair's Action on 4 June 2026, financial costings to be finalised
Nurse Staffing Levels	TBC	Expected to be presented to July Public Board
Grand Total	**1,125 - 1,258**	

Argymhelliad / Recommendation

The Committee is asked to:

- **SCRUTINISE** and **CHALLENGE** the current financial forecast, including the reliance on £20.9m of unconfirmed mitigations
- **CHALLENGE** whether the current trajectory is sufficient to close the £34.1m savings gap and improve the underlying deficit position
- **ENDORSE** strengthened escalation and accountability arrangements in areas where delivery is at risk, including those at risk of Level 4 escalation
- **SUPPORT** immediate actions, where appropriate, to strengthen grip and control over key cost drivers, particularly workforce and demand-led pressures
- **SEEK ASSURANCE** that:
    - a credible, time-bound recovery plan is in place to close the savings gap
    - targeted recovery actions are being implemented in all portfolios with Alert or Advise status
    - the new Ways of Working and accountability framework are driving demonstrable improvements in financial control and delivery
- **RECOMMEND to Board for approval, having regard to their impact on the financial position and affordability**
- **NOTE** the material risks to financial sustainability, including:
    - the current forecast deficit position
    - the trajectory of the underlying deficit
    - cashflow will run out before the end of March 2027 without additional support from Welsh Government, that has not been confirmed to date

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.5 Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in: 3.1.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers; 3.1.5.2 Performance against the savings requirement; 3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2326 (score 20) Risk to achieving 2026/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non-recurrent funding.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare EOY – End of Year FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HSCEY – Health, Social Care and Early Years MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence OCP – Organisational Change Policy/Process OOH – Out of Hours PPH – Prince Philip Hospital PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics TCT – Target Control Total WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WTE – Whole Time Equivalent YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:	Finance Team Management Team Executive Team

Parties / Committees consulted prior to Sustainable Resources Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2026/27 Financial Performance Report
Finance and Performance Committee

Month 02 Reporting - May 2026/27

Contents

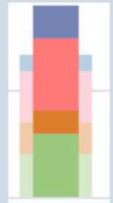
Key

Risk Assessment and key performance indicator RAG criteria:

Alert	○	Lack of confidence in current actions to resolve issue; engagement, action or intervention required.
Advise	○	Areas of concern with current actions; assurance taken but close monitoring needed as early warning of potential serious issue.
Assure	○	Confidence that actions are robust and sufficient; routine monitoring only.

Savings BRAG and visual guide:

Current Month	Prior Month	Savings Blue, Red, Amber and Green Schemes (BRAG)
		A potential saving has been identified but is not yet scoped or developed. No detailed plan exists.
		Scheme is under consideration and initial scoping has started, but it is not yet fully developed or approved.
		Scheme has a clear plan, with actions and timelines defined, but delivery is not yet certain (medium risk).
		Implemented or near completion; savings delivery highly confident.



Revenue vs plan variance matrix report RAG indicator criteria:

Matrix Appendices RAG	In-Month Matrix	YTD Matrix	EOY Matrix
Large Positive Variance	>100,000	In-Month range x No. Months	In-Month range annualised
Moderate Positive Variance	50,000 – 99,999	In-Month range x No. Months	In-Month range annualised
Moderate Negative Variance	(99,999) – (50,000)	In-Month range x No. Months	In-Month range annualised
Large Negative Variance	<(100,000)	In-Month range x No. Months	In-Month range annualised

Financial Accountability Status

Background and Context

The Ways of Working consciously sets out to evolve the culture of the organisation away from imposed cost controls and executive scrutiny, to one of owned delivery, enhanced value and a focus on productivity and efficiency.

Executive Directors assume ultimate accountability for their areas under this approach. The Formal Executive Team receives a monthly update on the status of financial accountability, to ensure the Accountable Officer (CEO) can discharge their duties and hold relevant individuals to account, aligned to the internal escalation framework.

Latest Update

Community & Integrated Medicine and Planned & Specialist Care are likely to be escalated to Level 4 in June 2026 should there not be a significant improvement in their assured savings gap and breakeven mitigation plans through the 18 June rapid savings reviews and submissions.

Executive Director Portfolio	Status	Explanation (Number of portfolios and their escalation levels)
Chief Executive	Assure	Delivering breakeven and savings
Chief Operating Officer	Alert	3 x Level 3 (2 of which are likely to be escalated to Level 4 in June 2026 due to Savings and Breakeven gap), 1 x Level 2, 1 x Level 1
Executive Medical Director	Advise	1 x Level 2 (Savings gap), 1 x Level 1
Executive Director of Nursing, Quality and Patient Experience	Assure	Delivering breakeven and savings
Executive Director of Workforce and Organisational Development	Assure	Delivering breakeven and savings
Executive Director of Finance	Assure	Delivering breakeven and savings
Executive Director of Strategy and Planning	Advise	1 x Level 3 (Savings and Breakeven gap), 1 x Level 1
Executive Director of Public Health	Assure	Delivering breakeven and savings
Executive Director of Allied Health Professions and Health Sciences	Advise	1 x Level 3 (Savings and Breakeven gap)

Delegated Budget Accountability Letter Update

The following table summarises the current status, as at 23 June 2026, for the signed acceptance and return of the Delegated Budget Accountability Letters, issued by the Accountable Officer (CEO) on 2 March 2026 to Executive Directors and Nominated Function Leads.

A similar summary will be provided to the Finance & Performance Committee on 30 June 2026, with any outstanding responses to be reviewed in a 1-2-1 meeting between the delegated officer and the CEO ahead of the committee meeting.

Executive Director Portfolio	Executive Director	Nominated Lead	Comments
Chief Executive	N/A	Complete	
Chief Operating Officer	Complete	Complete	
Executive Medical Director	Complete	Complete	
Executive Director of Nursing, Quality and Patient Experience	Complete	Complete	
Executive Director of Workforce and Organisational Development	Complete	Complete	
Executive Director of Finance	Complete	Complete	
Executive Director of Strategy and Planning	Outstanding	Outstanding	Strategy & Planning outstanding, LTA received
Executive Director of Public Health	Complete	Awaiting	Re-issued from Deputy to Assistant Director
Executive Director of Allied Health Professions and Health Sciences	Partial	N/A	Awaiting signed letter, received covering email

Actionable Insights – Top Priority Alerts

Action / Decision	£m	Description	Owner	Status	Due Date
Medical pay and rostering Additional cover at premium costs	**8.3**	Continuing use of additional medical cover, including premium locum and agency in BGH, WGH, Planned Care and Mental Health. The Medical Rate card has been adopted and an impact assessment is required of its compliance across the Health Board. The comprehensive use of Allocate also needs to be embedded.	Mark Henwood	Paper to Finance and Performance Committee	**30 June**
Identification and delivery of robust **savings plans**	**34.1**	There is a significant identification gap for savings schemes across Clinical Care Groups, Estates & Facilities and Pharmacy & Medicines Management. Escalation for the Finance domain is partly due to risk associated with delivering the annual plan equitably across services. This has been highlighted by Welsh Government and NHS P&I at the escalation meetings of w/c 1 June with the clear requirement of a savings plan with 100% delivery confidence.	All Executive Directors, excluding Workforce, Finance and Chief Executive	Outstanding, urgent action required as part of de-risking the annual plan with **deadline of 12 June (In-Committee Board 18 June) prior to paper to Finance and Performance Committee**	**30 June**
Robustness of Continuing Healthcare approach	**4.3**	A revised forecast approach has been introduced in Month 2. **Urgent action required -** for full review of CHC spend levels and mitigating actions to reduce activity demand.	Richard Jenkins along with CHC Service Leads	Paper to Finance and Performance Committee	**30 June**
Conscious decisions compounding delivery of Annual Plan		Known decisions have been made outside of the annual planning process: • Newly qualified streamlining nursing over establishment • Anaesthetist rate card extended, increasing Medical costs • Breast consultant over-established – retiree budget should have offset • Out of area MH&LD outsourcing beds – Ministerial Priorities conflict • Patient Flow Unit established without business case approval • First Contact Point Physiotherapy service continuation despite cessation of Cluster funding, exit strategy required where funding will cease. • Resident Doctors – additional 5wte for Medical rotas in WGH	Sharon Daniel Mark Henwood Andrew Carruthers Andrew Carruthers Andrew Carruthers Andrew Carruthers Mark Henwood	Update paper required No further extension Confirmation required Review/plan required OCP2 finalisation Defined exit strategies for non recurrent funding Chair's action approved	**Overdue**

Cash Releasing Savings

- Savings figures are shared, based on the finalised Month 2 Savings tracker as at 5 June 2026.
- Several areas have underspent against budget in Month 2, further opportunities exist to convert these to recurrent savings, as highlighted through the 'rebuttable' process in the annual plan.
- The table below include Cash-Releasing savings – those which are reportable to Welsh Government.

Portfolio (£'m)	Target	Delivery (G&A)	Gap	Green	Amber	Red	Blue	Total
Chief Operating Officer Management	0.8	0.0	0.8	0.0	0.0	0.0	0.0	**0.0**
Community and Integrated Medicine	12.5	1.6	10.9	0.4	1.2	3.6	0.4	**5.6**
Mental Health and Learning Disabilities	6.4	1.8	4.6	1.8	0.0	0.1	1.0	**2.9**
Operational Allied Health and Health Sciences	4.9	0.0	4.9	0.0	0.0	0.7	0.1	**0.8**
Planned and Specialist Care	5.9	0.3	5.6	0.3	0.0	3.5	0.0	**3.8**
Primary Care	0.2	0.2	0.0	0.0	0.2	0.0	0.0	**0.2**
Executive Functions	12.1	4.8	7.3	3.2	1.6	0.5	2.4	**7.7**
Grand Total	**42.8**	**8.7**	**34.1**	**5.7**	**3.0**	**8.4**	**3.9**	**21.0**

Run Rate Reduction Savings

- Savings figures are shared, based on the finalised Month 2 Savings tracker as at 5 June 2026.
- The table below includes Run Rate Reduction savings – these are not formally recognised as Savings and neither are they reportable to Welsh Government.
- Green and Amber schemes are included within the Forecast, with Red and Blue required further action to convert to delivery.

Portfolio (£'m)	Green	Amber	Red	Blue	Total
Chief Operating Officer Management	0.0	0.0	0.0	0.0	**0.0**
Community and Integrated Medicine	0.0	0.0	0.0	0.0	**0.0**
Mental Health and Learning Disabilities	0.0	0.0	0.0	0.0	**0.0**
Operational Allied Health and Health Sciences	0.0	0.0	0.0	4.2	**4.2**
Planned and Specialist Care	0.0	0.0	1.7	0.0	**1.7**
Primary Care	0.0	0.0	0.0	0.0	**0.0**
Executive Functions	0.1	0.0	0.9	0.0	**1.0**
Grand Total	**0.1**	**0.0**	**2.6**	**4.2**	**6.9**

Position Overview – Executive Summary

The Health Board's Annual Planned Deficit is £41.0m with an Annual Savings Target of £42.8m. Gross forecast position is £61.9m, with unplanned mitigating actions of £20.9m to be finalised, to achieve the reported end of year forecast position of £41.0m. Total savings delivery are £8.7m, leaving a savings delivery gap of £34.1m against the savings target.

Financial Management

The in-month financial position is a deficit of £6.0m, which is an adverse variance against the £3.4m in-month deficit plan due to the savings target of £3.6m has been under identified by £2.4m, and the £1.2m savings identified being fully delivered in-month, and a core operational overspend of £0.2m.

Key Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Year to Date variance to breakeven	Prior Month End of Year forecast to breakeven	End of Year forecast to breakeven
Planned Deficit	**3.4**	**3.4**	**6.8**	**41.0**	**41.0**
Unidentified / (Identified) savings gap / (improvement)	2.7	2.4	5.0	35.6	34.1
Under / (Over) delivery of savings schemes	0.0	0.0	0.0	0.0	0.0
Core operational variation	(0.6)	0.2	(0.3)	(13.0)	(13.2)
Gross Forecast	**5.5**	**6.0**	**11.5**	**63.6**	**61.9**
Future Mitigating Actions	0.0	0.0	0.0	(22.6)	(20.9)
Reported Position	**5.5**	**6.0**	**11.5**	**41.0**	**41.0**

Key Measures

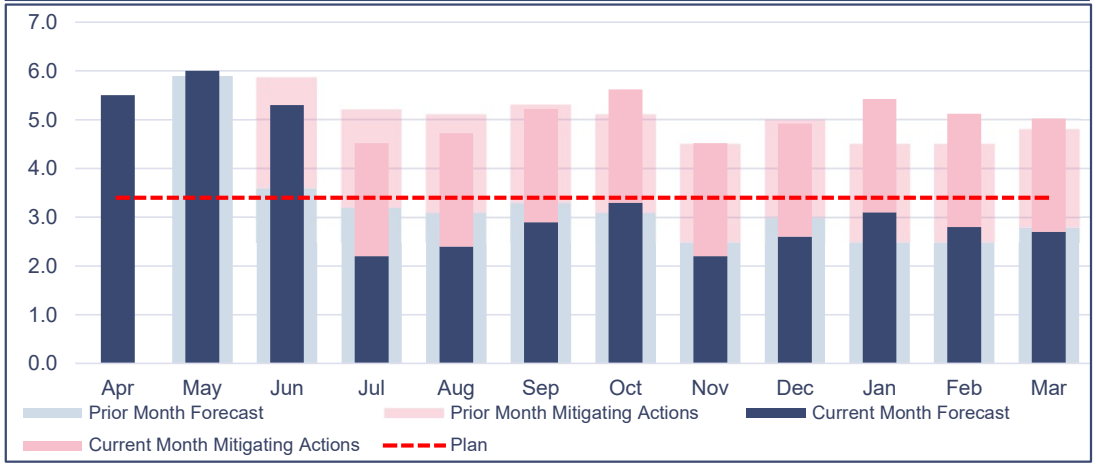
BRAG based on Plan £30.0m (Risk rating = Impact x Likelihood)

Core Operational Variation	**Risk #2326** 5 x 4 = 20	The in-month core overspend of £0.2m is largely driven by Medical locum agency usage £0.8m, Continuing Healthcare packages within Community and Integrated Medicine and Mental Health £0.5m Digital Strategic Partnership Contract phasing £0.2m, Planned & Specialist Care theatre consumables and insourcing £0.2m and Losses claims increases £0.2m. Theres are offset by pay vacancies across all service areas £(0.8)m and Dental contract hand back and delay in Cluster projects £(0.9)m.
Cash		The Health Board will require strategic cash assistance in-year in line with the forecast deficit and working capital balances.
Savings		Of the annual savings target of £42.8m, £8.7m has been identified and forecast to fully deliver on an in-year basis resulting in a £34.1m under-identification gap. Of the schemes identified £2.5m are recurrent savings and £6.2m are non-recurrent savings.
Capital	**N/A**	Delivery against the capital programme is currently assessed as low risk. Capital projects are currently expected to deliver the Capital Resource Limit; this assessment will be kept under review as the year progresses.
Underlying Deficit	**Risk #1199** 5 x 5 = 25	The planned underlying deficit is £40.8m which assumes £42.8m of recurrent savings delivery. As at Month 2 only £2.6m of recurrent schemes have been identified leaving a recurrent savings identification gap of £40.2m. Recurrent planned mitigating actions of £(10.3)m have been recognised in line with red and pipeline savings, offset by £0.8m recurrent cost pressure for the Healthcare Support Workers rebanding dispute, resulting in an underlying deficit of £71.5m. The organisation recognises the need to improve the financial trajectory year on year to achieve financial breakeven by 2027/28, as part of the criteria associated with £26.0m of conditionally recurrent funding.

Position Overview – Change from Prior Month

Key Driver (£'m)	Prior Month Reported Position	Current Month Reported Position	Movement
Planned Deficit	**3.4**	**3.4**	**0.0**
Savings gap / (improvement)	2.7	2.4	(0.3)
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	(0.6)	0.2	0.8
Gross Forecast	**5.5**	**6.0**	**0.5**
Future Mitigating Actions	0.0	0.0	0.0
Reported Net Position	**5.5**	**6.0**	**0.5**

In-Month Revenue Deficit Trajectory (£'m)



Unidentified Savings Gap (£'m)	Change
Agency pay expenditure reduction	(0.2)
Workforce contract saving	(0.1)
Movement in Unidentified Savings Gap	**(0.3)**

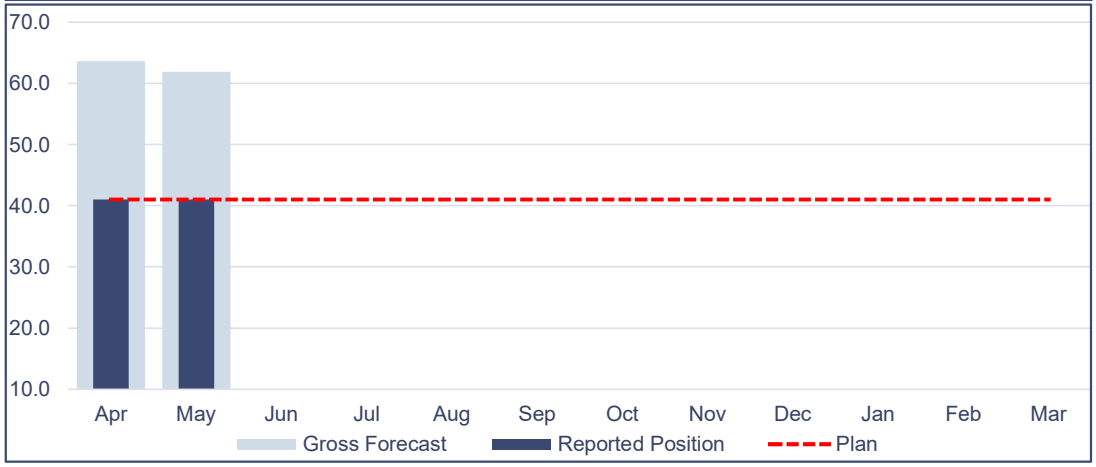
Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	**0.0**

Core Operational Variation (£'m)	Change
Voluntary Early Retirement Scheme payments	0.4
Planned & Specialist Care theatre consumables and theatres insourcing	0.2
Digital Strategic Partnership Contract phasing	0.2
Losses claims increase of 13 additional cases compared to average of 7	0.2
Primary Care due to one-off recovery payments recognised in prior month	(0.2)
Movement in Core Operational Variation	**0.8**

Position Overview – Change from Prior Forecast

Key Driver (£'m)	Prior Month End of Year Forecast	End of Year Forecast	Movement
Planned Deficit	**41.0**	**41.0**	**0.0**
Savings gap / (improvement)	35.6	34.1	(1.5)
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	(13.0)	(13.2)	(0.2)
Gross Forecast	**63.6**	**61.9**	**(1.7)**
Future Mitigating Actions	(22.6)	(20.9)	1.7
Reported Net Position	**41.0**	**41.0**	**0.0**

End of Year Revenue Deficit Trajectory (£'m)



Unidentified Savings Gap (£'m)	Change
Workforce contract saving	(0.8)
Secondary high-cost drugs review	(0.3)
Agency pay expenditure reduction	(0.2)
VAT Recovery programme	(0.1)
Additional pay vacancies	(0.1)
Movement in Unidentified Savings Gap	**(1.5)**

Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	**0.0**

Core Operational Variation (£'m)	Change
VAT Recovery further reviews	(1.3)
Continuing Healthcare change of anticipated packages forecast approach	(0.6)
Community and Integrated Medicine Medical agency premium usage	0.9
Planned & Specialist Care operating theatres consumables and insourcing	0.8
Movement in Core Operational Variation	**(0.2)**

Financial Summary

In-Month Actual
£116.6m
Variance to Plan **£2.6m**

YTD Actual
£232.2m
Variance to Plan **£4.7m**

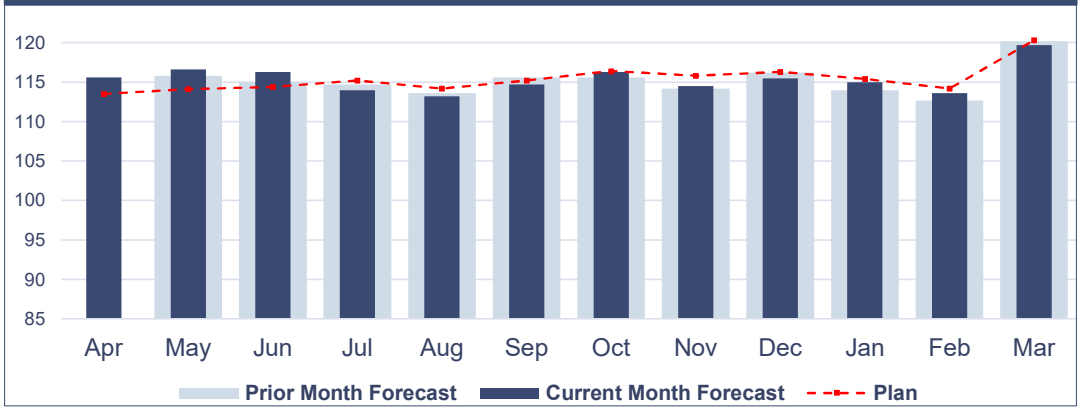
EOY Forecast
£1,384.9m
Variance to Plan **£0.0m**

3-Year Growth
5.5%
2023-24 Outturn **£1,313m***

In-Year Growth
(2.6)%
2025-26 Outturn **£1,422m***

YTD Extrapolation
£1,393.3m
Risk / (Opp) **£8.4m**

Net Income and Expenditure (Before Allocations) (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay	**103.6**	**59.3**	**59.6**	**118.9**	**713.1**	**706.1**		**7.0**
Administration and Estates	21.2	12.2	12.3	24.6	147.3	146.3		1.0
Allied Health, Scientists and Other	13.1	7.4	7.3	14.7	88.4	88.2		0.2
Medical and Dental	22.5	13.4	13.5	26.9	161.3	157.9		3.4
Nursing, Midwifery and Clinical Support	46.8	26.3	26.4	52.7	316.1	313.7		2.5
Non Pay	**83.8**	**63.1**	**64.0**	**127.1**	**762.4**	**760.2**		**2.2**
Clinical Services and Supplies	4.5	3.8	4.4	8.2	49.1	50.0		(0.8)
Commissioned Healthcare Services	40.1	37.2	37.6	74.8	449.1	446.1		2.9
Drugs and Prescribing	13.5	13.1	12.4	25.5	153.1	161.1		(8.0)
Other Non-Pay	25.6	8.9	9.6	18.5	111.1	103.0		8.1
Income	**(10.4)**	**(6.7)**	**(7.0)**	**(13.7)**	**(82.2)**	**(81.3)**		**(0.9)**
Net Income and Expenditure	**177.0**	**115.6**	**116.6**	**232.2**	**1,393.3**	**1,384.9**		**8.4**
Allocations	**173.1**	**110.1**	**110.6**	**220.8**	**1,324.5**	**1,343.9**		**19.4**
Reported Position	**4.0**	**5.5**	**6.0**	**11.5**	**68.8**	**41.0**		**27.8**

Key Information

Month 1, April, reduction in pay expenditure from prior month due to 9.4% National Pension Resource £42.8m expenditure being recognised in Month 12, and reduction in non-pay expenditure from prior month due to Depreciation and Amortisation Impairment increases of £13.8m recognised in Month 12.

Month 4, July, onwards includes a reduction in expenditure due to unplanned mitigating actions of £20.9m anticipated within Non Pay £9.6m and Pay £11.3m in line with latest anticipated future savings forecast, resulting in a corresponding risk for Non Pay and Pay due to the future months forecast being lower than year to date expenditure levels seen.

Month 12, March, includes Depreciation and Amortisation Impairments increase in expenditure of £5.0m, with a corresponding increase in Revenue Resource Limit.

Note an opportunity within Drugs and Prescribing due to end of year forecast expenditure being higher than the year to date average due to increase in price from £8.05 to £8.14 per item.

***Outturn adjusted for Notional Pension costs 2025-26 c£42.8m, 2024-25 c£40.3m**

Financial Summary – Key Drivers vs Plan

In-Month

Reported Position
£6.0m
Planned Deficit **£3.4m**
Prior Month Forecast **£5.9m**

Savings Identification Gap
£2.4m
Savings Target **£3.6m**
Total Identified **£1.2m**

Savings Delivery Gap
£0.0m
Savings Delivery **£1.2m**
Prior Month Delivery **£0.9m**

Core Operational Variation
£0.2m
Prior Month Variation **£(0.6)m**

Year to Date

Reported Position
£11.5m
Planned Deficit **£6.8m**

Savings Identification Gap
£5.0m
Savings Target **£7.1m**
Total Identified **£2.1m**

Savings Delivery Gap
£0.0m
Savings Delivery **£2.1m**
Prior Month Delivery **£0.9m**

Core Operational Variation
£(0.3)m
Prior Month Variation **£(0.6)m**

End of Year

Reported Position
£41.0m
Planned Deficit **£41.0m**
Prior Annual Forecast **£41.0m**

Savings Identification Gap
£34.1m
Savings Target **£42.8m**
Total Identified **£8.7m**

Savings Delivery Gap
£0.0m
Savings Delivery **£8.7m**
Prior Month Delivery **£7.2m**

Core Operational Variation
£(13.2)m
Prior Month Variation **£(13.0)m**

Gross Forecast
£61.9m
Prior Gross Forecast **£63.6m**
Mitigating Actions **£20.9m**

Net Risks / (Opportunities)
£6.3m
Prior Month **£6.1m**

Capital Position
£34.6m
Annual Plan **£34.6m**
Prior Annual Forecast **£34.1m**

Underlying Deficit
£71.5m
Annual Plan **£40.8m**
Recognised as Unsustainable

Total Pay Insights

In-Month Actual
£59.6m
Variance to Plan **£(0.2)m**

YTD Actual
£118.9m
Variance to Plan **£(0.6)m**

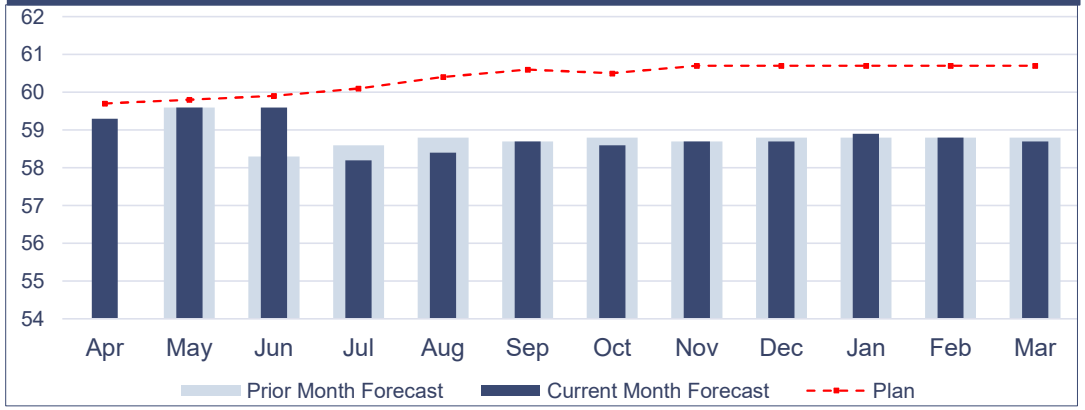
EOY Forecast
£706.1m
Variance to Plan **£(18.6)m**

3-Year Growth
17.5%
2023-24 Outturn **£600.9m***

In-Year Growth
6.5%
2025-26 Outturn **£662.9m***

YTD Extrapolation
£713.1m
Risk / (Opp) **£7.0m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Substantive	**97.8**	**53.8**	**55.0**	**108.9**	**653.1**	**653.1**		**0.0**
Administration and Estates	20.7	11.8	12.1	23.9	143.3	142.5		0.9
Allied Health, Scientists and Other	12.8	7.1	7.2	14.3	85.9	85.6		0.3
Medical and Dental	19.4	11.0	11.3	22.3	133.6	134.4		(0.8)
Nursing, Midwifery and Clinical Support	44.9	23.9	24.5	48.4	290.3	290.6		(0.3)
Variable	**4.9**	**4.3**	**3.8**	**8.1**	**48.7**	**44.7**		**4.1**
Administration and Estates	0.6	0.4	0.3	0.7	4.0	3.9		0.1
Allied Health, Scientists and Other	0.2	0.2	0.2	0.4	2.1	1.9		0.2
Medical and Dental	2.6	1.7	1.8	3.5	21.0	18.8		2.1
Nursing, Midwifery and Clinical Support	1.5	2.0	1.6	3.6	21.6	20.1		1.6
Agency (Premium)	**0.9**	**1.1**	**0.7**	**1.9**	**11.3**	**8.3**		**2.9**
Administration and Estates	-	-	-	-	-	-		-
Allied Health, Scientists and Other	-	0.1	(0.1)	0.1	0.3	0.6		(0.3)
Medical and Dental	0.5	0.7	0.5	1.1	6.7	4.7		2.0
Nursing, Midwifery and Clinical Support	0.4	0.4	0.3	0.7	4.2	3.0		1.2
Total Expenditure	**103.6**	**59.3**	**59.6**	**118.9**	**713.1**	**706.1**		**7.0**
Plan	**101.5**	**59.7**	**59.8**	**119.5**	**716.8**	**724.6**		
Variance to Plan	**2.1**	**(0.4)**	**(0.2)**	**(0.6)**	**(3.7)**	**(18.6)**		

Key Information

Month 1, April, reduction from prior month due to 9.4% National Pension Resource £42.8m expenditure being recognised in Month 12, offset by a slight increase from prior month relating to the FY26-27 3.3% Agenda for Change pay award with a corresponding increase in future months.

Month 4, July, onwards includes a reduction in expenditure due to unplanned mitigating actions of £11.3m anticipated within Substantive £6.1m, Variable £3.5m and Agency Pay £1.7m to deliver from Month 4 to 12, with the reduction in Variable and Agency largely anticipated within Medical and Allied Health. Mitigating actions result in a risk for Pay due to the future months forecast being lower than year to date expenditure levels seen, in particular within Nursing and Medical Variable and Agency pay.

Note a significant deviation from prior month forecast in Month 3 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

***Outturn adjusted for Notional Pension costs 2025-26 c£42.8m, 2024-25 c£40.3m**

Substantive Insights

In-Month Actual
£55.0m
Variance to Plan **£(3.4)m**

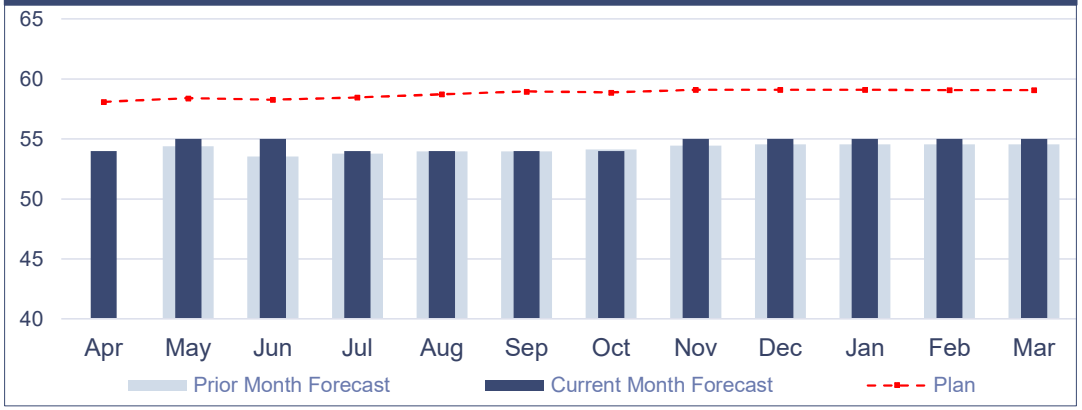
YTD Actual
£108.9m
Variance to Plan **£(7.6)m**

EOY Forecast
£653.1m
Variance to Plan **£(52.1)m**

In-Year Growth
6.8%
2024-25 Outturn **£611.7m**

YTD Extrapolation
£653.1m
Risk / (Opp) **£0.0m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	**97.8**	**53.8**	**55.0**	**108.9**	**653.1**	**653.1**		**0.0**
Administration and Estates	20.7	11.8	12.1	23.9	143.3	142.5		0.9
Allied Health, Scientists and Other	12.8	7.1	7.2	14.3	85.9	85.6		0.3
Medical and Dental	19.4	11.0	11.3	22.3	133.6	134.4		(0.8)
Nursing, Midwifery and Clinical Support	44.9	23.9	24.5	48.4	290.3	290.6		(0.3)
Functions	**97.8**	**53.8**	**55.0**	**108.9**	**653.1**	**653.1**		**0.0**
Chief Operating Officer Management	0.6	0.7	1.2	1.9	11.2	9.6		1.6
Community and Integrated Medicine	17.1	16.6	16.9	33.5	200.7	205.7		(5.0)
Mental Health and Learning Disabilities	5.8	6.1	6.1	12.2	73.0	72.9		0.0
Operational Allied Health and Health Sciences	5.6	5.7	5.8	11.6	69.5	69.0		0.5
Planned and Specialist Care	13.5	13.6	13.7	27.4	164.2	165.9		(1.7)
Primary Care	1.2	1.2	1.3	2.6	15.3	15.4		(0.1)
Executive Functions	54.0	9.9	10.0	19.9	119.3	114.6		4.7
Total Expenditure	**97.8**	**53.8**	**55.0**	**108.9**	**653.1**	**653.1**		**0.0**
Plan	**99.4**	**58.1**	**58.4**	**116.5**	**698.8**	**705.1**		
Variance to Plan	**(1.6)**	**(4.3)**	**(3.4)**	**(7.6)**	**(45.7)**	**(52.1)**		

Key Information

Month 1, April, reduction from prior month due to 9.4% National Pension Resource £42.8m expenditure being recognised in Month 12, offset by an increase from prior month relating to the FY26-27 3.3% Agenda for Change pay award with a corresponding increase in future months.

Month 4, July, onwards includes a reduction in expenditure due to unplanned mitigating actions of £6.1m anticipated within Substantive Pay to deliver from Month 4 to 12. Mitigating actions result in a risk for Substantive pay within Executive Functions due to the future months forecast being lower than year to date expenditure levels seen. Note a significant deviation from prior month forecast in Month 3 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 8, November, recognises an increase in Substantive expenditure due to International Educated Nurses recruitment, reducing reliance on Nursing variable pay and agency. This results in a significant opportunity within Community and Integrated Medicine due to future expenditure forecast increasing significantly from year to date levels.

Variable Insights

In-Month Actual
£3.8m
Variance to Plan **£2.6m**

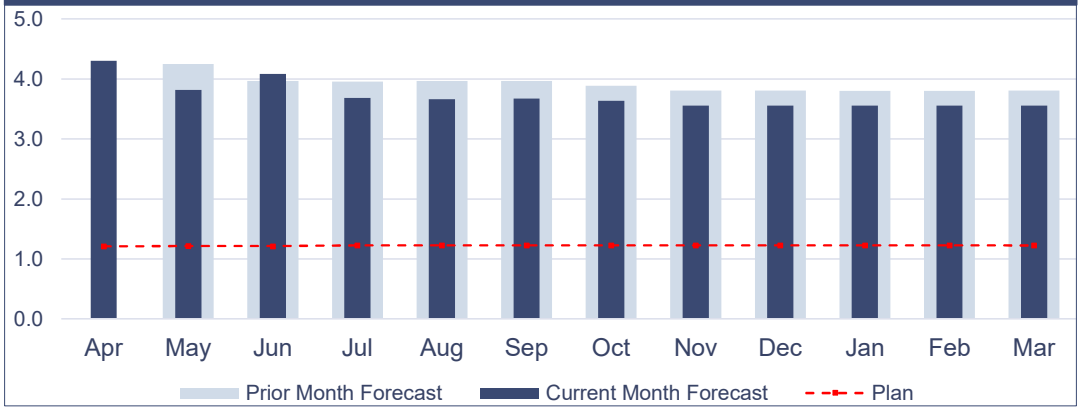
YTD Actual
£8.1m
Variance to Plan **£5.7m**

EOY Forecast
£44.7m
Variance to Plan **£30.0m**

In-Year Growth
(15.6)%
2025-26 Outturn **£53.2m**

YTD Extrapolation
£48.7m
Risk / (Opp) **£4.1m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	**4.9**	**4.3**	**3.8**	**8.1**	**48.7**	**44.7**		**4.1**
Administration and Estates	0.6	0.4	0.3	0.7	4.0	3.9		0.1
Allied Health, Scientists and Other	0.2	0.2	0.2	0.4	2.1	1.9		0.2
Medical and Dental	2.6	1.7	1.8	3.5	21.0	18.8		2.1
Nursing, Midwifery and Clinical Support	1.5	2.0	1.6	3.6	21.6	20.1		1.6
Functions	**4.9**	**4.3**	**3.8**	**8.1**	**48.7**	**44.7**		**4.0**
Chief Operating Officer Management	(0.1)	-	-		0.1	0.1		0.0
Community and Integrated Medicine	1.7	1.6	1.5	3.2	19.1	18.7		0.4
Mental Health and Learning Disabilities	0.2	0.3	0.2	0.5	2.9	3.1		(0.2)
Operational Allied Health and Health Sciences	0.4	0.2	0.3	0.5	3.0	2.8		0.3
Planned and Specialist Care	1.9	1.4	1.2	2.6	15.3	14.8		0.5
Primary Care	0.6	0.5	0.3	0.8	4.7	5.3		(0.5)
Executive Functions	0.3	0.3	0.3	0.6	3.5			3.5
Total Expenditure	**4.9**	**4.3**	**3.8**	**8.1**	**48.7**	**44.7**		**4.1**
Plan	**1.8**	**1.2**	**1.2**	**2.4**	**14.5**	**14.6**		
Variance to Plan	**3.1**	**3.1**	**2.6**	**5.7**	**34.2**	**30.0**		

Key Information

Month 1, April, reduction from prior month due to Medical Waiting List Initiative Sessions increase in prior month within Planned and Specialist Care in line with activity. Month 2, May, reduction in Bank expenditure due to inability to fill shifts within Community and Integrated Medicine and reduction in patient acuity within Mental Health, alongside reduction in Waiting List Initiative activity within Planned and Specialist Care.

Month 4, July, onwards includes a reduction in expenditure due to unplanned mitigating actions of £3.5m anticipated within Variable Pay to deliver from Month 4 to 12, with the reductions anticipated mainly within Medical and Dental for Physiotherapy and Planned and Specialist Care. Mitigating actions result in a risk for Variable Pay within Executive Functions due to the future months forecast being lower than year to date expenditure levels seen. Note a significant deviation from prior month forecast in Month 3 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Reduction in variable pay expenditure anticipated against prior month forecast within Community and Integrated Medicine due to the recruitment of International Educated Nurses into substantive posts anticipated in Month 7, October, and less reliance on variable pay within Mental Health. Additional variable pay mitigating actions anticipated compared to prior month.

Agency Insights

In-Month Actual
£0.7m
Variance to Plan **£0.6m**

YTD Actual
£1.9m
Variance to Plan **£1.3m**

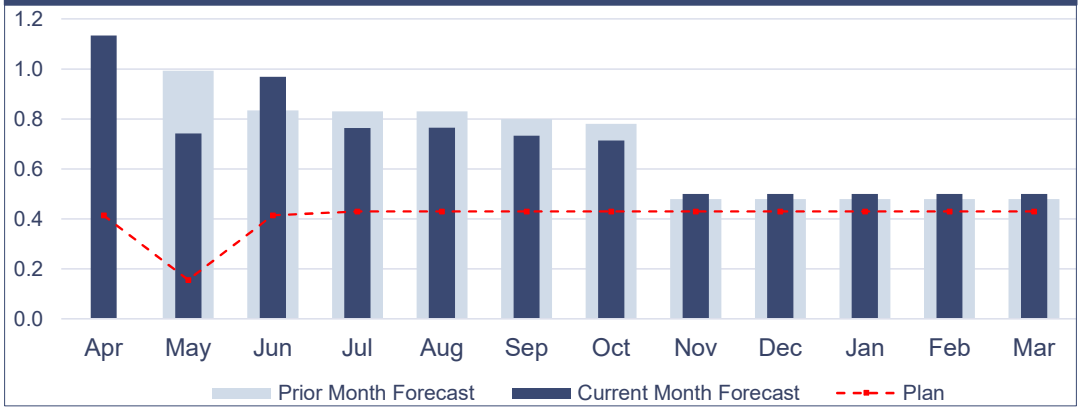
EOY Forecast
£8.3m
Variance to Plan **£3.5m**

3-Year Growth
(74.9)%
2023-24 Outturn **£33.1m**

In-Year Growth
(20.2)%
2025-26 Outturn **£10.4m**

YTD Extrapolation
£11.3m
Risk / (Opp) **£2.9m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	**0.9**	**1.1**	**0.7**	**1.9**	**11.3**	**8.3**		**2.9**
Administration and Estates	-	-	-	-	-	-		-
Allied Health, Scientists and Other	-	0.1	(0.1)	0.1	0.3	0.6		(0.3)
Medical and Dental	0.5	0.7	0.5	1.1	6.7	4.7		2.0
Nursing, Midwifery and Clinical Support	0.4	0.4	0.3	0.7	4.2	3.0		1.2
Functions	**0.9**	**1.1**	**0.7**	**1.9**	**11.3**	**8.3**		**2.9**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	0.5	0.7	0.7	1.3	8.0	6.1		1.9
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.1	0.8	0.7		0.1
Operational Allied Health and Health Sciences	0.2	0.2	0.2	0.4	2.3	2.2		0.1
Planned and Specialist Care	0.2	0.2	0.1	0.3	1.7	1.4		0.3
Primary Care	-	-	-	-	-	(0.1)		0.1
Executive Functions	-	-	(0.3)	(0.3)	(1.6)	(2.0)		0.5
Total Expenditure	**0.9**	**1.1**	**0.7**	**1.9**	**11.3**	**8.3**		**2.9**
Plan	**0.3**	**0.4**	**0.2**	**0.6**	**3.4**	**4.8**		
Variance to Plan	**0.6**	**0.7**	**0.6**	**1.3**	**7.8**	**3.5**		

Key Information

Month 1, April, increase in reliance of Allied Health and Medical Locum agency from prior month mainly within Community and Integrated Medicine, due to increase in filled shifts.

Month 2, May, reduction in Agency expenditure from prior month and against forecast within Medical and Nursing across various areas.

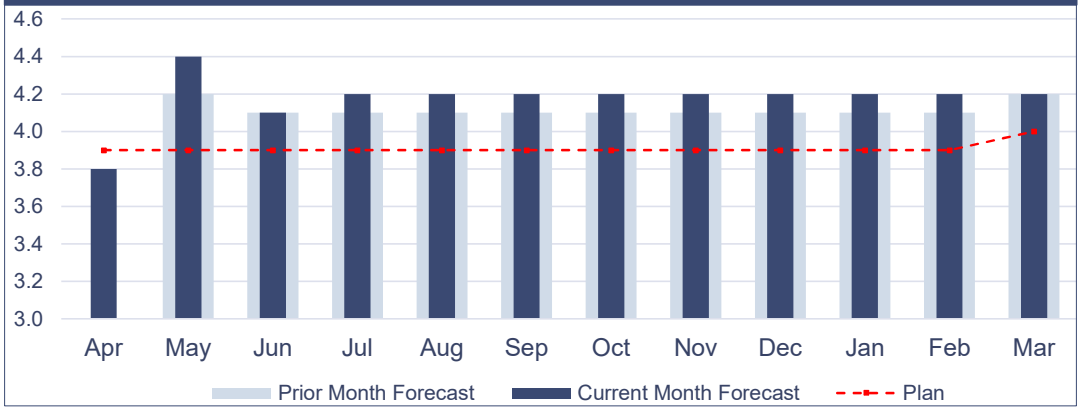
Month 4, July, onwards includes a reduction in expenditure due to unplanned mitigating actions of £1.7m anticipated within Agency Pay to deliver from Month 4 to 12, with the reductions anticipated mainly within Medical and Dental for Pathology and Community and Integrated Medicine. Note a significant deviation from prior month forecast in Month 3 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 8, November, recognises a reduction in Agency expenditure due to the recruitment of International Educated Nurses into substantive posts anticipated in Month 7, October, therefore reducing reliance on agency usage within Nursing.

Clinical Services and Supplies Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£4.3m	£8.1m	£50.0m	11.1%	(3.3)%	£49.1m
Variance to Plan **£0.3m**	Variance to Plan **£0.3m**	Variance to Plan **£2.8m**	2023-24 Outturn **£45.0m**	2025-26 Outturn **£51.7m**	Risk / (Opp) **£(0.8)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**4.5**	**3.7**	**4.3**	**8.1**	**49.1**	**50.0**		**(0.8)**
Chief Operating Officer Management	-	-	-	0.1	0.4	0.4		-
Community and Integrated Medicine	1.6	1.1	1.2	2.3	14.0	14.0		-
Mental Health and Learning Disabilities	-	-	-		0.3	0.2		-
Operational Allied Health and Health Sciences	1.0	1.0	1.1	2.2	12.9	13.9		(0.9)
Planned and Specialist Care	2.4	1.6	2.0	3.6	21.5	21.1		0.4
Primary Care	-	-	-	0.1	0.3	0.3		0.1
Executive Functions	(0.5)	(0.1)	-	(0.1)	(0.3)	-		(0.3)
Total Expenditure	**4.5**	**3.7**	**4.3**	**8.1**	**49.1**	**50.0**		**(0.8)**
Plan	**4.1**	**3.9**	**3.9**	**7.8**	**46.8**	**47.1**		**(0.4)**
Variance to Plan	**0.4**	**(0.1)**	**0.3**	**0.3**	**2.4**	**2.8**		**(0.5)**

Key Information

Month 1, April, reduction due to consumables and insourcing of recovery activity within Planned and Specialist Care in prior month in addition to insulin pump purchases and joint equipment stores within Community and Integrated Medicine.

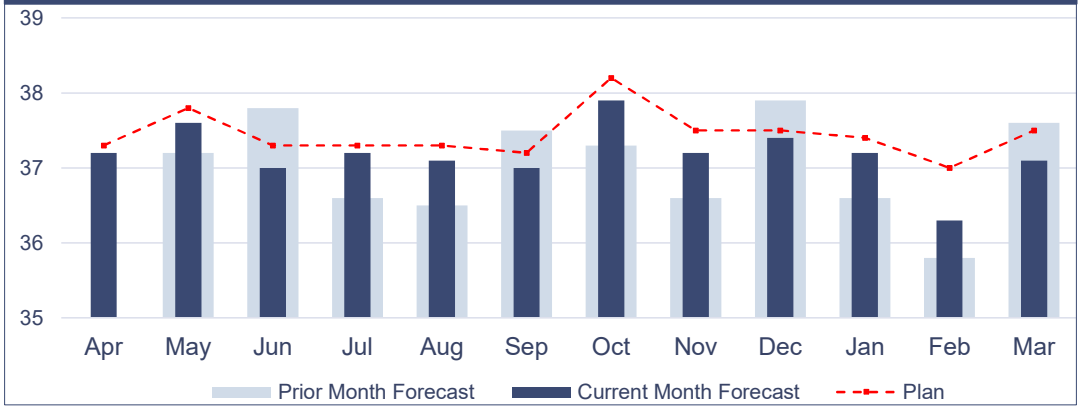
Month 2, May, reflects an increase from prior month driven by Planned and Specialist Care operating theatre consumables including loan kits and theatres insourcing of activity. Expenditure is expected to remain at an increased level going forward, although below Month 2 levels.

Future months deviation to forecast largely relating to increased Radiology outsourcing costs anticipated within Operational Allied Health and further theatre consumables and insourcing of activity within Planned and Specialist Care.

Commissioned Healthcare Services Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£37.6m	£74.8m	£446.1m	15.6%	2.7%	£449.1m
Variance to Plan **£(0.1)m**	Variance to Plan **£(0.3)m**	Variance to Plan **£(3.1)m**	2023-24 Outturn **£385.9m**	2025-26 Outturn **£434.2m**	Risk / (Opp) **£2.9m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**40.1**	**37.2**	**37.6**	**74.8**	**449.1**	**446.1**		**2.9**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	2.9	2.9	2.8	5.7	34.4	35.0		(0.6)
Mental Health and Learning Disabilities	3.6	3.9	4.1	8.0	47.7	47.7		-
Operational Allied Health and Health Sciences	0.5	0.5	0.4	0.9	5.5	5.6		(0.1)
Planned and Specialist Care	4.0	0.5	0.7	1.3	7.8	6.4		1.4
Primary Care	10.1	10.5	10.4	20.9	125.5	123.9		1.6
Executive Functions	19.0	18.8	19.2	38.0	228.2	227.6		0.6
Total Expenditure	**40.1**	**37.2**	**37.6**	**74.8**	**449.1**	**446.1**		**2.9**
Plan	**41.1**	**37.3**	**37.8**	**75.1**	**450.8**	**449.2**		**1.6**
Variance to Plan	**(1.0)**	**(0.1)**	**(0.1)**	**(0.3)**	**(1.8)**	**(3.1)**		**1.3**

Key Information

Month 1, April, reduction from prior month due to theatres outsourcing for Waiting List Initiative Activity within Planned and Specialist Care in prior month, and year to date Pharmaceuticals Joint Commissioning Committee expenditure recognised in prior month.

Note monthly deviations to prior month forecast largely relating to Pharmaceuticals Joint Commissioning Committee expenditure previously assumed as quarterly now anticipated monthly with year to date expenditure recognised in Month 2, May.

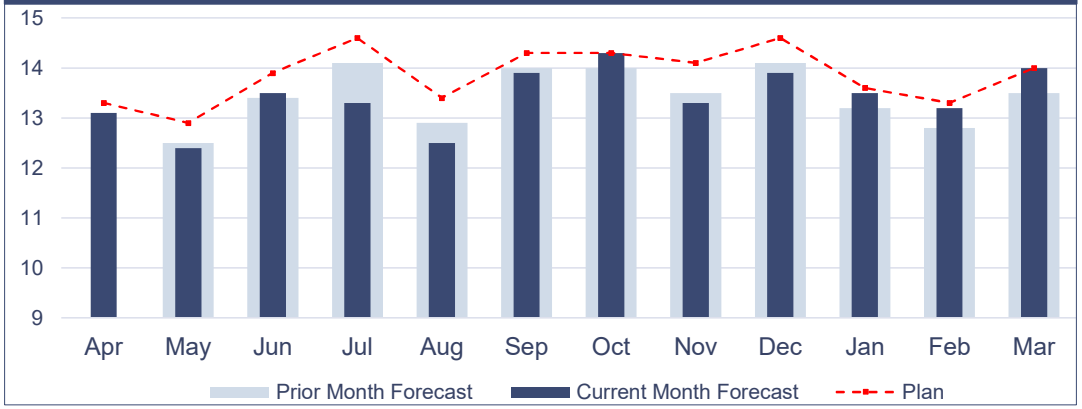
Monthly fluctuations in expenditure largely relating to number of days in the month and therefore the corresponding expenditure of Continuing Healthcare packages, with significant reduction in Month 11, February, and a corresponding increase in Month 12, March. Month 7, October, includes an increase largely relating to Primary Care vaccination programmes.

Note an overall increase in expenditure from prior month forecast due to previously assumed Continuing Healthcare mitigating actions of £1.8m now anticipated to deliver within Pay.

Drugs and Prescribing Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£12.4m	£25.5m	£161.1m	8.3%	8.3%	£153.1m
Variance to Plan **£(0.6)m**	Variance to Plan **£(0.8)m**	Variance to Plan **£(5.2)m**	2023-24 Outturn **£148.7m**	2025-26 Outturn **£148.8m**	Risk / (Opp) **£(8.0)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**13.5**	**13.1**	**12.4**	**25.5**	**153.1**	**161.1**		**(8.0)**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	1.7	1.6	1.6	3.1	18.9	18.8		0.1
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.2	1.2	1.4		(0.2)
Operational Allied Health and Health Sciences	0.5	0.5	0.4	0.8	5.1	5.7		(0.6)
Planned and Specialist Care	3.3	3.2	2.9	6.1	36.7	38.2		(1.5)
Primary Care	-	-	-	-	0.2	0.2		-
Executive Functions	7.9	7.8	7.4	15.2	91.0	96.8		(5.8)
Total Expenditure	**13.5**	**13.1**	**12.4**	**25.5**	**153.1**	**161.1**		**(8.0)**
Plan	**13.3**	**13.3**	**12.9**	**26.2**	**157.5**	**166.3**		**(8.8)**
Variance to Plan	**0.2**	**(0.2)**	**(0.6)**	**(0.8)**	**(4.4)**	**(5.2)**		**0.9**

Key Information

Monthly fluctuations in expenditure largely relating to the number of prescribing days in the month and therefore the corresponding expenditure on drugs based on activity.

Forecast drugs underspend largely relating to Ophthalmology differing operating model for outsourcing Intravitreal drugs as opposed to providing the service in-house due to recruitment challenges, Public Health reduction in vaccination programmes uptake and expenditure, and Dapagliflozin spend reduction due to reduction in price and volume compared to plan, with increases anticipated later in the year highlighted as a significant opportunity above.

A further opportunity is recognised above for drugs expenditure anticipated within Pharmacy and Medicines Management due year to date expenditure based on £8.05 average price, compared to future expenditure anticipated at £8.14 average price per item in line with the latest Prescribing Audit Report.

Other Non-Pay Insights

In-Month Actual
£9.6m
Variance to Plan **£3.1m**

YTD Actual
£18.5m
Variance to Plan **£13.0m**

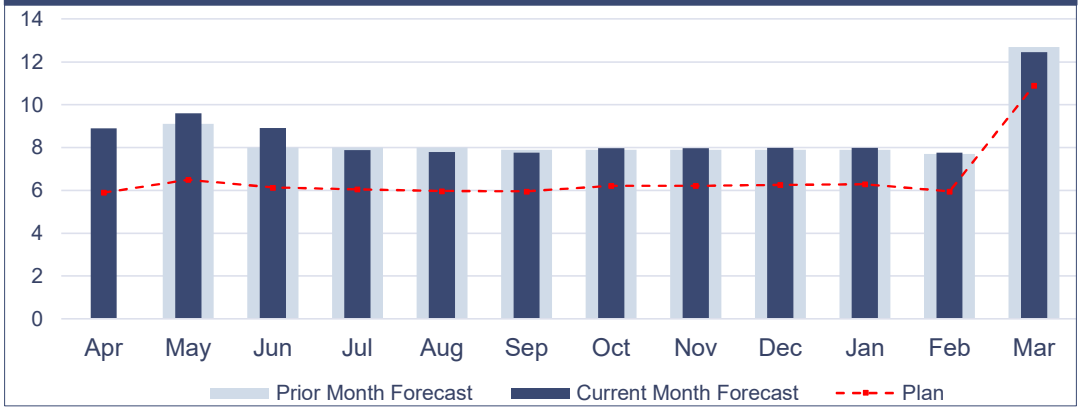
EOY Forecast
£103.0m
Variance to Plan **£24.7m**

3-Year Growth
(5.3)%
2023-24 Outturn **£108.8m**

In-Year Growth
3.9%
2025-26 Outturn **£99.1m**

YTD Extrapolation
£111.1m
Risk / (Opp) **£8.1m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**25.6**	**8.9**	**9.6**	**18.5**	**111.1**	**103.0**		**8.1**
Chief Operating Officer Management	0.1	0.2	0.1	0.3	1.8	1.9		(0.1)
Community and Integrated Medicine	1.3	0.9	0.8	1.7	10.2	9.7		0.5
Mental Health and Learning Disabilities	0.4	0.2	0.2	0.4	2.5	2.4		0.1
Operational Allied Health and Health Sciences	0.5	0.2	0.2	0.4	2.4	2.2		0.3
Planned and Specialist Care	0.7	0.3	0.4	0.7	4.0	3.9		-
Primary Care	0.3	0.1	0.1	0.3	1.6	1.2		0.4
Executive Functions	22.4	7.1	7.7	14.7	88.5	81.6		6.9
Total Expenditure	**25.6**	**8.9**	**9.6**	**18.5**	**111.1**	**103.0**		**8.1**
Plan	**20.6**	**5.9**	**6.5**	**12.4**	**74.3**	**78.3**		**(4.0)**
Variance to Plan	**5.0**	**3.0**	**3.1**	**6.1**	**36.8**	**24.7**		**12.1**

Key Information

Month 1, April, reduction in non-pay expenditure from prior month due to Depreciation and Amortisation Impairment increases of £13.8m recognised in Month 12.

Month 2, May, increase in expenditure from prior month largely relating to Digital Strategic Partnership Contract phasing and Losses claims increase of 13 additional cases compared to average of 7.

Month 4, July, onwards includes a reduction in expenditure due to unplanned mitigating actions of £9.6m anticipated within Non-Pay to deliver from Month 4 to Month 12. Note a significant deviation from prior month forecast in Month 3 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.

Month 12, March, includes Depreciation and Amortisation Impairments increase in expenditure of £5.0m, with a corresponding increase in Revenue Resource Limit.

Income Insights

In-Month Actual
£6.9m
Variance to Plan **£0.1m**

YTD Actual
£13.7m
Variance to Plan **£0.3m**

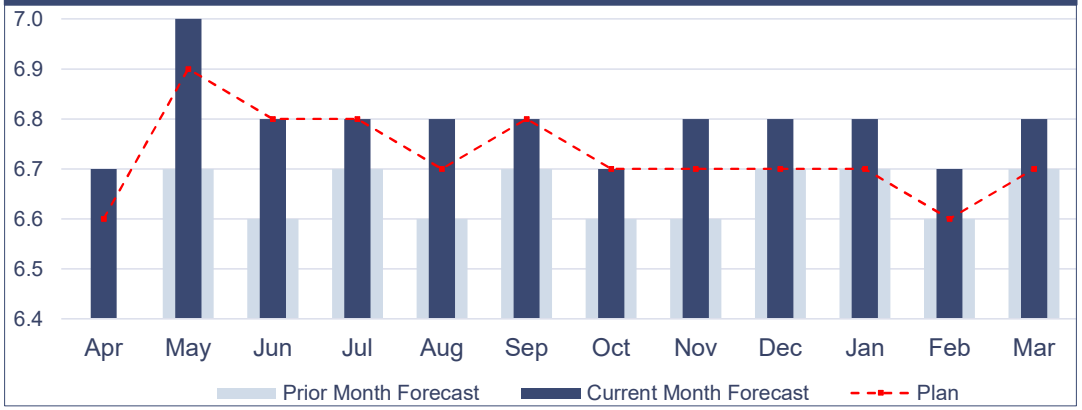
EOY Forecast
£81.3m
Variance to Plan **£0.7m**

3-Year Growth
10.4%
2023-24 Outturn **£73.7m**

In-Year Growth
(1.9)%
2025-26 Outturn **£82.9m**

YTD Extrapolation
£82.2m
(Risk) / Opp **£0.8m**

Income Monthly Trend (£'m)



Income Trajectory Analysis (£'m)	P12-26	P01-27	P02-27	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**10.4**	**6.7**	**6.9**	**13.7**	**82.2**	**81.3**		**0.8**
Chief Operating Officer Management	0.1	-	-	0.1	0.4	0.4		-
Community and Integrated Medicine	0.7	0.3	0.3	0.7	3.9	3.8		0.1
Mental Health and Learning Disabilities	0.4	0.3	0.3	0.5	3.2	2.8		0.4
Operational Allied Health and Health Sciences	0.7	0.3	0.3	0.6	3.4	3.3		0.1
Planned and Specialist Care	0.6	0.5	0.5	1.0	6.1	6.0		0.1
Primary Care	0.3	0.2	0.2	0.4	2.3	2.3		-
Executive Functions	7.7	5.2	5.3	10.5	62.9	62.8		0.2
Total Income	**10.4**	**6.7**	**6.9**	**13.7**	**82.2**	**81.3**		**0.8**
Plan	**7.6**	**6.6**	**6.9**	**13.4**	**80.7**	**80.6**		
Variance to Plan	**2.8**	**0.1**	**0.1**	**0.3**	**1.6**	**0.7**		**0.9**

Key Information

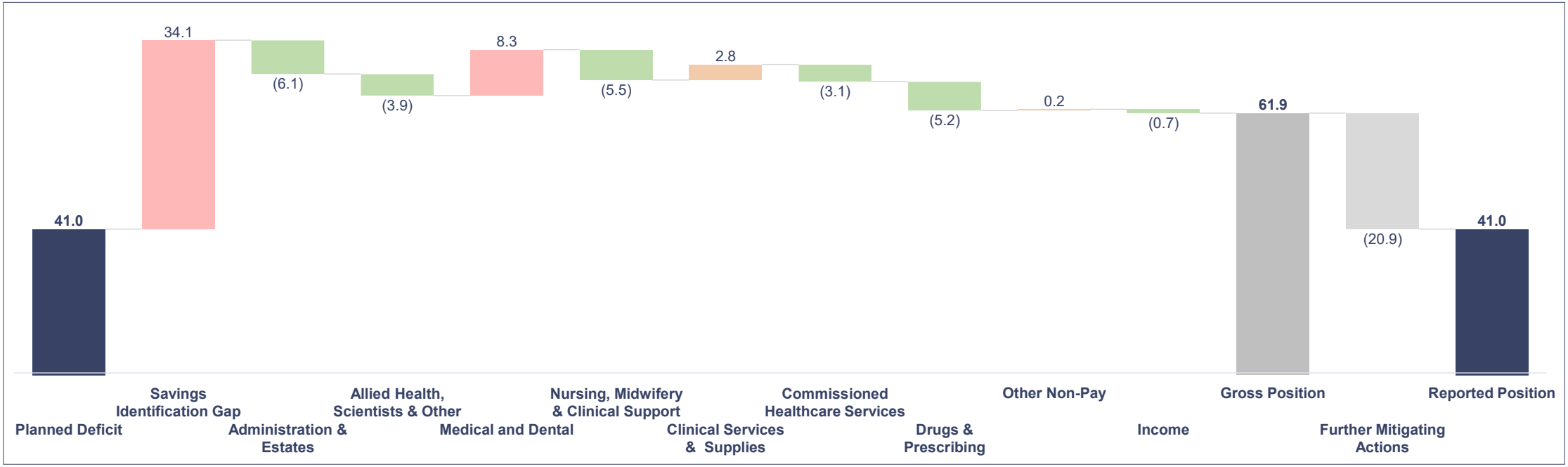
Month 1, April, reduction in income from prior month due to additional year to date income being received in Month 12 for Housing with Care Funds projects expenditure.

Month 2, May, increase in income from prior month due to additional Health Education and Improvement Wales, Non-Contracted activity income and Drug rebates income.

Monthly deviation against prior month forecast is largely relating to increased Health Education Improvement Wales income anticipated.

Income overachievement of £0.7m is forecast largely relating to Central Income Non-Contracted Activity income, Health Education and Improvement Wales income overachievement within Occupational Therapy and Radiology, secondment income within Therapies and Pathology, Planned and Specialist Care Bowel Screening Income,, offset by underachievement of Dental Income due to reduced activity and termination of Dental practices contracts.

End of Year – Key Drivers vs Plan



Key Information

Savings Identification Gap – Savings identification of £8.7m against savings target of £42.8m, leaving a savings identification gap of £34.1m.

Administration & Estates – Pay vacancies mainly within Workforce, Community and Integrated Medicine, Planned and Specialist Care, Estates and Facilities and Public Health.

Medical and Dental – Planned and Specialist Care Medical locum rate card within Anaesthetics, dual running of Medical staff within Bronglais Obstetrics, Gynaecology and Paediatrics. Community and Integrated Medicine high locum usage to cover rota gaps, sickness, retrospective shifts and vacancies mainly within Pembrokeshire Accident and Emergency unit.

Nursing and Midwifery – Pay vacancies mainly within Community and Integrated Medicine, Mental Health, Planned and Specialist Care and Public Health.

Drugs and Prescribing – Drugs underspend within Ophthalmology due to different operating model for outsourcing Intravitreal drugs as opposed to providing the service in-house due to recruitment challenges. Further drugs underspend within Pharmacy and Medicines Management relating to reduction in Dapagliflozin expenditure and volume due to reduced availability.

End of Year – Key Deviations to Plan

Key Deviation		£'m	Key Information
Gross Planned Deficit		**83.8**	**Before savings requirement of £42.8m**
Savings Delivery		(8.7)	Green and Amber savings plans delivering. Gap of £34.1m vs plan requirement of £42.8m
Unplanned Overspends	Medical Stabilisation improvements not delivered	8.3	BGH W&C absence and restricted duties (£2.0m), Anaesthetist rate card extended (£1.4m), agency impact for WGH absence and restricted duties (£2.8m), MH&LD 4 premium agency (£0.9m)
	Diabetes pathway demand	0.7	Further service demand relating to insulin pumps above annual plan assumptions
	Band 2/3 banding assumption changes	0.9	Increase in national framework assumptions and additional establishment conversion
	Continuing Healthcare	5.6	Demand increases on CHC packages (£4.3m), Out of Area Mental Health placements (£1.3m)
	Swansea Bay LTA	2.1	Non-elective short stay episodes attracting a disproportionate flat rate tariff
Unplanned Underspends	Primary Care	(12.4)	Increased dental underspend and cluster projects plans not yet put forward
	Administrative vacancies	(6.1)	Across the majority of services – consideration for recurrent vacancy factor saving required
	Primary Care Prescribing and Drugs	(2.5)	Annual Plan assumed increases not yet materialising – consideration for savings
	Clinical fill rates (non-medical)	(7.5)	Vacancies and reduced fill rates
	Income	(2.3)	Central Income saving (£0.7m), Other income across services (£1.6m). Convert to savings
Gross Position		**61.9**	**Report £41.0m to Welsh Government, with full mitigating actions assumed**
Further Mitigating Actions		(20.9)	Robust plans are yet to be confirmed, but opportunities exceeding the value are being reviewed
Reported Position		**41.0**	

End of Year – Key Performance vs Plan

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**41.0**	
Chief Operating Officer Management	0.8	0.0	0.8	**1.6**	Pay costs within Nursing, and Allied Health Scientists transferred from Allied Health for Physiotherapy First Contact Point service.
Community and Integrated Medicine	10.9	0.0	3.0	**13.9**	Savings non delivery plus increase in Continuing Healthcare packages and continued use of premium medical locums to cover sickness.
Mental Health and Learning Disabilities	4.6	0.0	0.8	**5.4**	Savings non delivery plus Continuing Healthcare packages increase, purchase of outsourced Psychiatric Intensive Care beds and Medical locum usage, offset by Allied Health and Nursing vacancies.
Operational Allied Health & Health Sciences	4.9	0.0	0.1	**5.0**	Savings non delivery plus pay vacancies within Radiology due to delayed recruitment, offset by outsourcing contracts for Radiology services. First Contact Point Therapists transfer to Chief Operating Officer Management.
Planned and Specialist Care	5.6	0.0	2.1	**7.7**	Savings non delivery plus medical locum rate card within Anaesthetics, dual running of Medical staff within Bronglais, Ophthalmology outsourcing for Intravitreal injection therapy, offset by Ophthalmology drugs reduction.
Primary Care	0.0	0.0	(12.4)	**(12.4)**	Dental contacts hand back, General Medicine Services Supplementary Services underspend and delay in Cluster projects.
Executive Functions	7.3	0.0	(7.6)	**(0.3)**	See next slide for breakdown.
Sub Total	**34.1**	**0.0**	**(13.2)**	**20.9**	
Gross Position				**61.9**	
Further Mitigating Actions				(20.9)	Conversion of opportunities to robust plans required as not yet confirmed
Reported Position				**41.0**	

End of Year – Key Performance vs Plan Executive

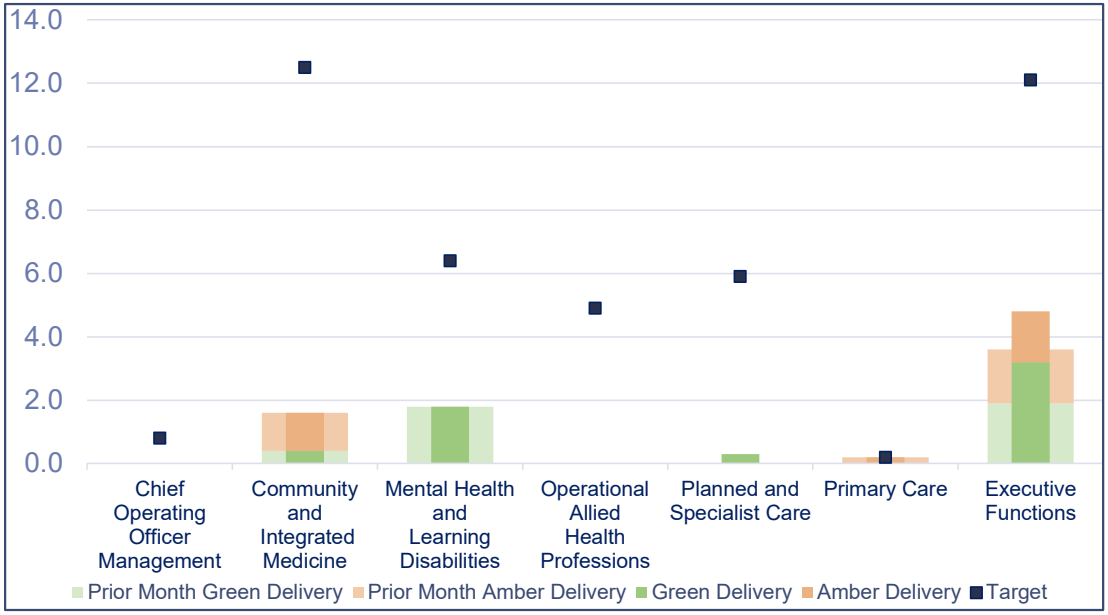
Executive Function (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Chief Executive	(0.1)	0.0	(0.2)	**(0.3)**	Over-achievement of savings target, and Admin pay vacancies.
Digital	0.4	0.0	0.0	**0.4**	Under-achievement of savings target.
Estates and Facilities	2.7	0.0	0.3	**3.0**	Under-achievement of savings target and maintenance expenditure
Executive Allied Health	0.0	0.0	0.0	**0.0**	No material deviation.
Finance	(0.3)	0.0	(0.3)	**(0.6)**	Over-achievement of savings target, and Admin pay vacancies.
Health Board Wide	1.0	0.0	(2.0)	**(1.0)**	Under-achievement of savings target and VAT recovery reviews.
LTA's	2.0	0.0	2.1	**4.1**	Under-achievement of savings target. Swansea Bay emergency activity.
Medical	(0.1)	0.0	(1.0)	**(1.1)**	Unconfirmed plans for Value Based Health Care and SIFT funding
Nursing	0.0	0.0	0.0	**0.0**	No material deviation.
Pharmacy and Medicines Management	4.3	0.0	(2.4)	**1.9**	Under-achievement of savings target, drugs reduction and pay vacancies.
Public Health	0.1	0.0	(2.3)	**(2.2)**	Pay vacancies £(1.8)m, Drugs vaccinations reduction £(0.3)m
Strategy and Planning	(0.4)	0.0	(0.2)	**(0.6)**	Over-achievement of savings target. Capital design recharge income.
Workforce	(2.3)	0.0	(1.6)	**(3.9)**	Over-achievement of savings target, and Admin pay vacancies.
Sub Total	**7.3**	**0.0**	**(7.6)**	**(0.3)**	

End of Year – Key Performance vs Prior Month

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target Movement	Savings Delivery vs Plan Movement	Core Operational Variation Movement	Total Movement	Key Information
Prior Month Forecast				**41.0**	
Chief Operating Officer Management	0.0	0.0	0.8	**0.8**	Additional administration and nursing pay costs relating to organisational change and Physiotherapy First Contact Point costs from Allied Health.
Community and Integrated Medicine	0.0	0.0	1.1	**1.1**	High usage of medical agency and locums to cover sickness and vacancies. Increase in Continued Healthcare packages.
Mental Health and Learning Disabilities	0.0	0.0	(0.6)	**(0.6)**	Reduction of Continuing Healthcare packages anticipated following change of anticipated packages forecast approach.
Operational Allied Health & Health Sciences	0.0	0.0	(0.1)	**(0.1)**	Continuation of vacancies, offset by increase Medical locum agency usage, and reduction in Pathology drug costs due to reduced activity.
Planned and Specialist Care	(0.3)	0.0	0.8	**0.5**	Theatre consumables increase relating to loan kits, and worsening of Oncology drugs due to increased activity of 8.4% as opposed to 5.1% plan.
Primary Care	0.0	0.0	0.0	**0.0**	No material deviation.
Executive Functions	(1.2)	0.0	(2.2)	**(3.4)**	Additional savings relating to Workforce contract saving. VAT Recovery review £(1.3)m, additional pay vacancies within Estates, Finance, and Strategy and Planning £(0.7)m
Sub Total	**(1.5)**	**0.0**	**(0.2)**	**(1.7)**	
Gross Position				**(1.7)**	
Further Mitigating Actions				1.7	
Reported Position				**41.0**	

End of Year – Savings Performance Breakdown

Savings Performance Breakdown (£'m)



Savings Performance Breakdown (£'m)

Portfolio	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.8	0.0	0.0	0.8
Community and Integrated Medicine	12.5	1.6	1.6	10.9
Mental Health and Learning Disabilities	6.4	1.8	1.8	4.6
Operational Allied Health and Health Sciences	4.9	0.0	0.0	4.9
Planned and Specialist Care	5.9	0.3	0.3	5.6
Primary Care	0.2	0.2	0.2	0.0
Executive Functions	12.1	4.8	4.8	7.3
Grand Total	**42.8**	**8.7**	**8.7**	**34.1**

Key Information

Overall, savings schemes of £8.7m have been identified, all forecast to fully deliver, resulting in a £34.1m savings under-identification against the £42.8m target with variations across Clinical Care Groups.

The under-identification of savings against target largely relate to Community and Integrated Medicine, Planned and Specialist Care, Operational Allied Health and Mental Health, with the key under-identified Executive functions largely relating to Pharmacy and Medicines Management £4.3m, Estates and Facilities £2.7m and Long Term Agreements £2.0m.

Of the schemes identified, £5.7m relate to green schemes, with £3.0m relating to amber schemes. £2.5m are recurrent savings with £6.2m being non-recurrent savings.

End of Year – Saving Delivery Performance

Savings

Savings Target
£42.8m
Recurrent = £42.8m
Non-Recurrent = £0.0m

In-Year Recurrent Gap
£40.3m
Target = £42.8m
Delivery = £2.5m

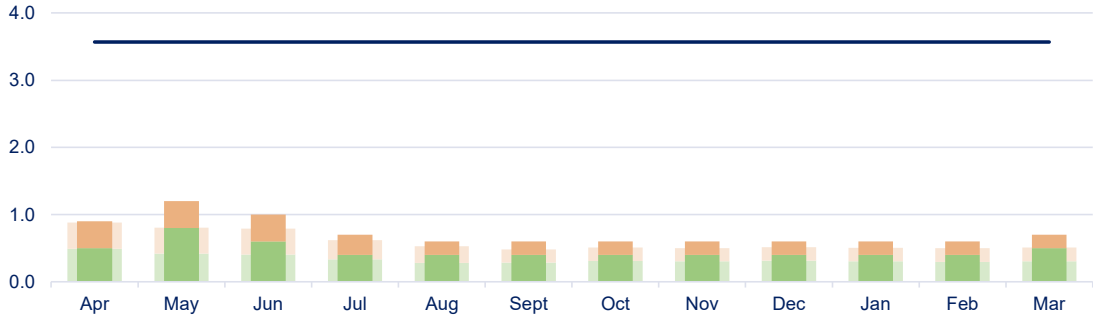
In-Year Non-Recurrent Gap
£(6.2)m
Target = £0.0m
Delivery = £6.2m

Full Year Recurrent Gap
£40.2m
Target = £42.8m
Delivery = £2.6m

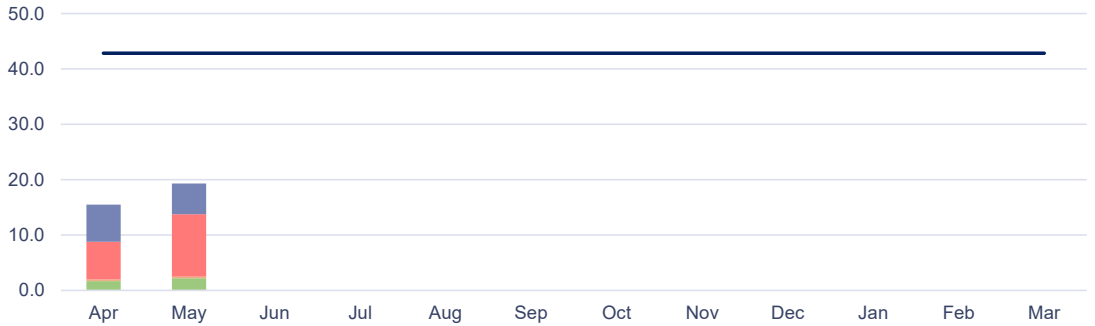
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)

Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)

Monthly Profiled Risk-Assessed Savings Delivery (£'m)

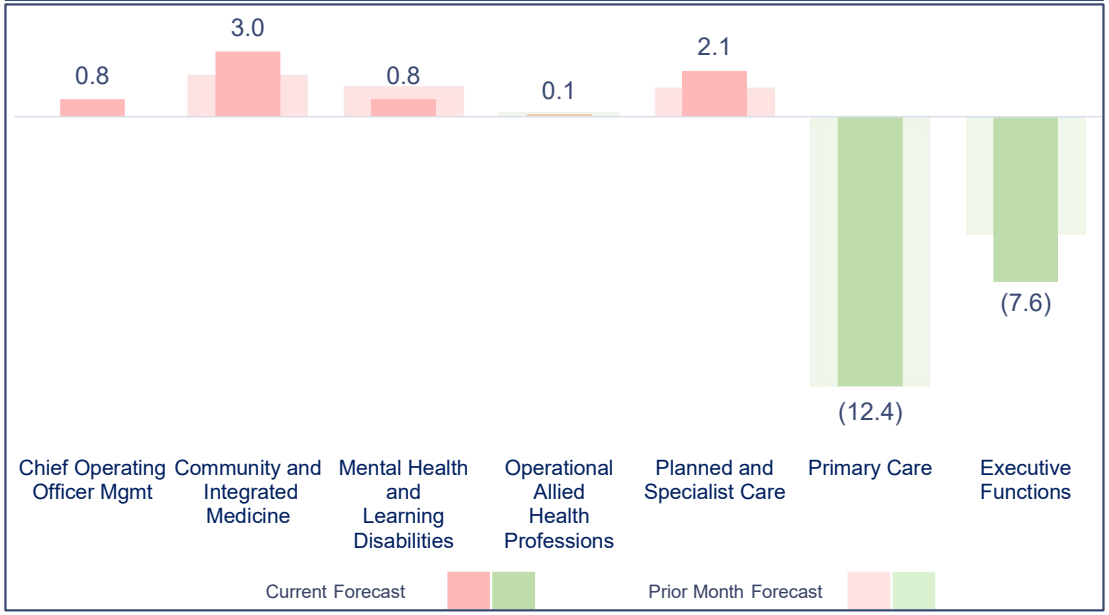


Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)



End of Year – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Portfolio	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.8	(0.1)	0.1	**0.8**
Community and Integrated Medicine	(0.5)	3.7	(0.2)	**3.0**
Mental Health and Learning Disabilities	(2.0)	2.8	0.0	**0.8**
Operational Allied Health and Health Sciences	(1.5)	2.2	(0.6)	**0.1**
Planned and Specialist Care	1.9	1.1	(0.9)	**2.1**
Primary Care	(0.5)	(13.7)	1.8	**(12.4)**
Executive Functions	(5.5)	(1.2)	(0.9)	**(7.6)**
Total	**(7.3)**	**(5.2)**	**(0.7)**	**(13.2)**

Key Information

Community and Integrated Medicine – Continuing Healthcare increase in monthly average of commissioned care days due to additional packages and increase in expenditure relating to insulin pumps. Continued medical locum usage to cover sickness and vacancies, offset by Nursing and Admin vacancies across the service.

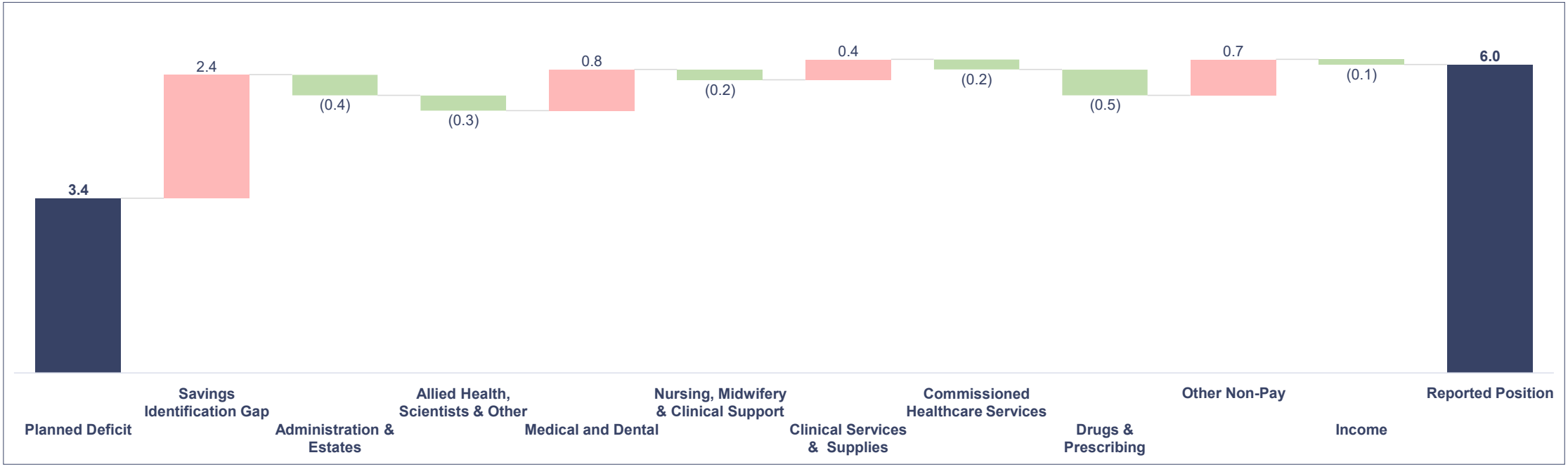
Mental Health – Continuing Healthcare increase in monthly average commissioned care days due to additional packages, outsourcing of Psychiatric Intensive Care Beds, Medical locum agency usage, offset by pay vacancies with Nursing and Allied Health due to delayed recruitment plans.

Planned and Specialist Care – Medical locum rate card within Anaesthetics, dual running of Medical staff within Bronglais Obstetrics, Gynaecology and Paediatrics and increased operating theatres consumables including loan kits and theatres insourcing. Ophthalmology outsourcing increase for Intravitreal injection therapy, offset by Ophthalmology drugs reduction.

Primary Care – Dental contacts hand back, General Medicine Services Supplementary Services underspend and delay in Cluster projects offset by underachievement of Dental income.

Executive Functions – Pay vacancies mainly within Estates, Public Health and Workforce £(5.5)m. VAT recovery reviews identified £(1.3)m, Pharmacy biosimilar drugs savings £(1.8)m, unconfirmed Medical Value Based Healthcare plans £(1.2)m, offset by Estates maintenance increase £1.3m and Swansea Bay Long Term Agreement Emergency activity increase £2.1m.

In-Month – Key Drivers vs Plan



Key Information

Savings Identification Gap – Savings identification of £1.2m against savings target of £3.6m, leaving a savings unidentified gap of £2.4m.

Medical and Dental – Medical locum agency usage including dual-running across Bronglais Obstetrics, Gynaecology and Paediatrics within Planned and Specialist Care. Community and Integrated Medicine high-cost agency usage to cover sickness and vacancies, with anticipated recruitment across the service to mitigate future use of Medical agency.

Clinical Services & Supplies – Planned and Specialist Care theatre consumables purchases relating to loan kits and implants,and outsourcing of Radiology activity including MRI vans.

Commissioned Healthcare Services – Primary Care Dental contracts hand back £(0.9)m, offset by sustained increase of Continuing Healthcare packages within Mental Health and Community and Integrated Medicine £0.3m, purchase of outsourced Psychiatric Intensive Care Unit Beds £0.2m, Swansea Bay Long Term Agreement increase in emergency activity £0.2m.

Drugs & Prescribing – Rheumatology biosimilar drugs underspends, and reduction in Ophthalmology drugs due to outsourcing of activity and lower uptake of vaccinations within Public Health.

Other Non-Pay – Digital Strategic Partnership Contract phasing £0.2m, Building and Estates maintenance expenditure £0.2m, and 13 additional losses cases compared to average of 7 £0.2m.

In-Month – Key Performance vs Plan

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Annual Plan				**3.4**	**As per plan submitted to Welsh Government**
Chief Operating Officer Management	0.1	0.0	0.4	**0.5**	Voluntary Early Retirement Scheme payments
Community and Integrated Medicine	0.9	0.0	0.3	**1.2**	Under-achieved savings target. Sustained increase in the number of Continuing Healthcare packages, increase in premium medical agency usage, offset by nursing vacancies.
Mental Health and Learning Disabilities	0.2	0.0	0.2	**0.4**	Under-achieved savings target. Sustained increase in the number of Continuing Health Care packages and purchase of outsourced Psychiatric Intensive Care Unit beds.
Operational Allied Health & Health Sciences	0.4	0.0	0.1	**0.5**	Under-achieved savings target. Increase in premium medical agency within Pathology. Pay vacancies within Radiology due to delayed recruitment, offset by outsourcing contracts for Radiology services.
Planned and Specialist Care	0.5	0.0	0.4	**0.9**	Under-achieved savings target. Medical locum agency usage, purchase of Theatre loan kits consumables, Ophthalmology outsourcing of activity, offset by reduction in Ophthalmology drugs.
Primary Care	0.0	0.0	(0.9)	**(0.9)**	Underspends relating to Dental contracts hand back, General Medical Services and delay in primary care and cluster projects.
Executive Functions	0.3	0.0	(0.3)	**0.0**	Swansea Bay Long Term Agreement emergency activity and underachieved savings £0.4m. Estates and Facilities maintenance and underachieved savings £0.3m. Workforce overachievement of pay savings £(0.4)m. Public Health vacancies and lower vaccination uptake £(0.3)m.
Sub Total	**2.4**	**0.0**	**0.2**	**2.6**	
Gross Position				**6.0**	

In-Month – Key Performance vs Plan Executive

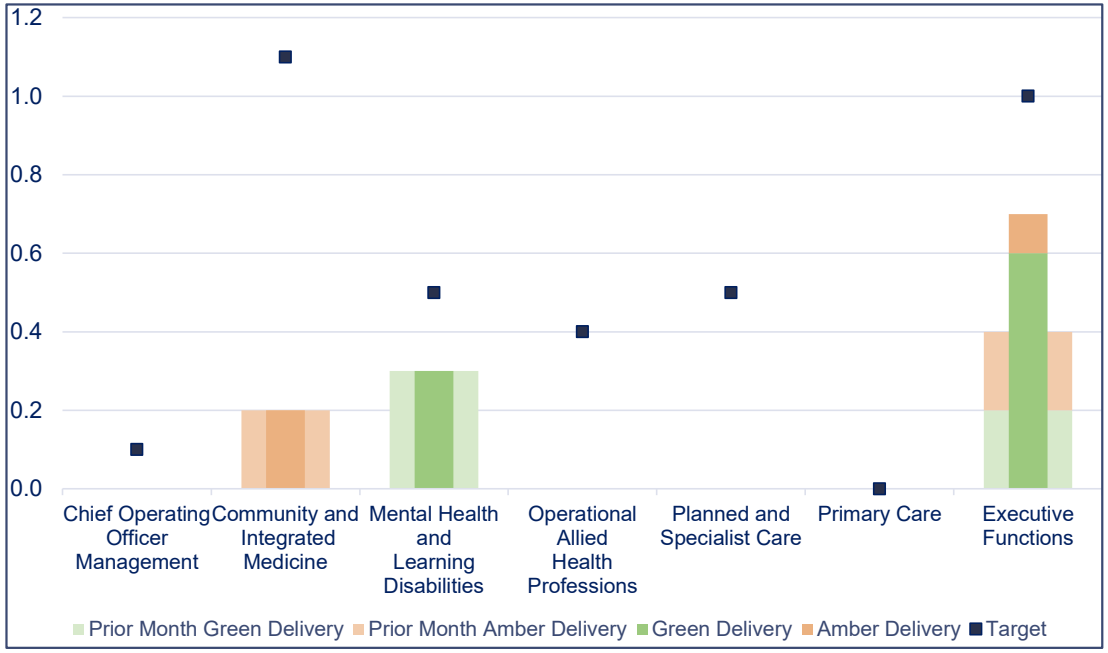
Executive Function (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Chief Executive	0.0	0.0	0.0	**0.0**	No material deviation to plan
Digital	0.0	0.0	0.1	**0.1**	Digital Strategic Partnership Contract phasing
Estates and Facilities	0.2	0.0	0.1	**0.3**	Under-achieved savings target, Building & Estates maintenance
Executive Allied Health	0.0	0.0	0.0	**0.0**	No material deviation to plan
Finance	0.0	0.0	0.0	**0.0**	No material deviation to plan
Health Board Wide	(0.2)	0.0	0.0	**(0.2)**	Over-achieved savings target
LTA's	0.2	0.0	0.2	**0.4**	Under-achieved savings target, Swansea Bay emergency activity increase
Medical	0.0	0.0	0.0	**0.0**	No material deviation to plan
Nursing	0.0	0.0	0.0	**0.0**	No material deviation to plan
Pharmacy and Medicines Management	0.4	0.0	(0.3)	**0.1**	Under-achieved savings target, pay vacancies and further drugs rebate
Public Health	0.0	0.0	(0.3)	**(0.3)**	Pay vacancies and reduction in vaccination programme uptake
Strategy and Planning	0.0	0.0	0.0	**0.0**	No material deviation to plan
Workforce	(0.3)	0.0	(0.1)	**(0.4)**	Overachievement of pay savings against target, with further pay vacancies
Sub Total	**0.3**	**0.0**	**(0.3)**	**0.0**	

In-Month – Key Performance vs Prior Month

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target Movement	Savings Delivery vs Plan Benefits Movement	Core Operational Variation Movement	Total Movement	Key Information
				0.0	
Chief Operating Officer Management	0.0	0.0	0.4	0.4	Voluntary Early Retirement Scheme payments
Community and Integrated Medicine	0.0	0.0	0.0	0.0	No material movement from prior month.
Mental Health and Learning Disabilities	0.0	0.0	0.0	0.0	Increase in the number of Continuing Health Care packages, including a high-cost backdated package, offset by reduction in pay bank spend.
Operational Allied Health & Health Sciences	0.0	0.0	0.2	0.2	Increase in premium medical agency within Pathology, with an increase to the outsourced contracts in-month within Radiology.
Planned and Specialist Care	0.0	0.0	0.4	0.4	Purchase of theatre consumables and equipment including loan kits and implants, and theatres insourcing of activity.
Primary Care	0.0	0.0	(0.3)	(0.3)	One-off recovery payments recognised in prior month
Executive Functions	(0.3)	0.0	0.1	(0.2)	Savings identified in-month relating to Workforce contracts and Medical Agency reduction. Digital Strategic Partnership Contract phasing.
Sub Total	**(0.3)**	**0.0**	**0.8**	**0.5**	
Gross Position				**0.5**	

In-Month – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.0	0.0	0.1
Community and Integrated Medicine	1.1	0.2	0.2	0.9
Mental Health and Learning Disabilities	0.5	0.3	0.3	0.2
Operational Allied Health and Health Sciences	0.4	0.0	0.0	0.4
Planned and Specialist Care	0.5	0.0	0.0	0.5
Primary Care	0.0	0.0	0.0	0.0
Executive Functions	1.0	0.7	0.7	0.3
Grand Total	**3.6**	**1.2**	**1.2**	**2.4**

Key Information

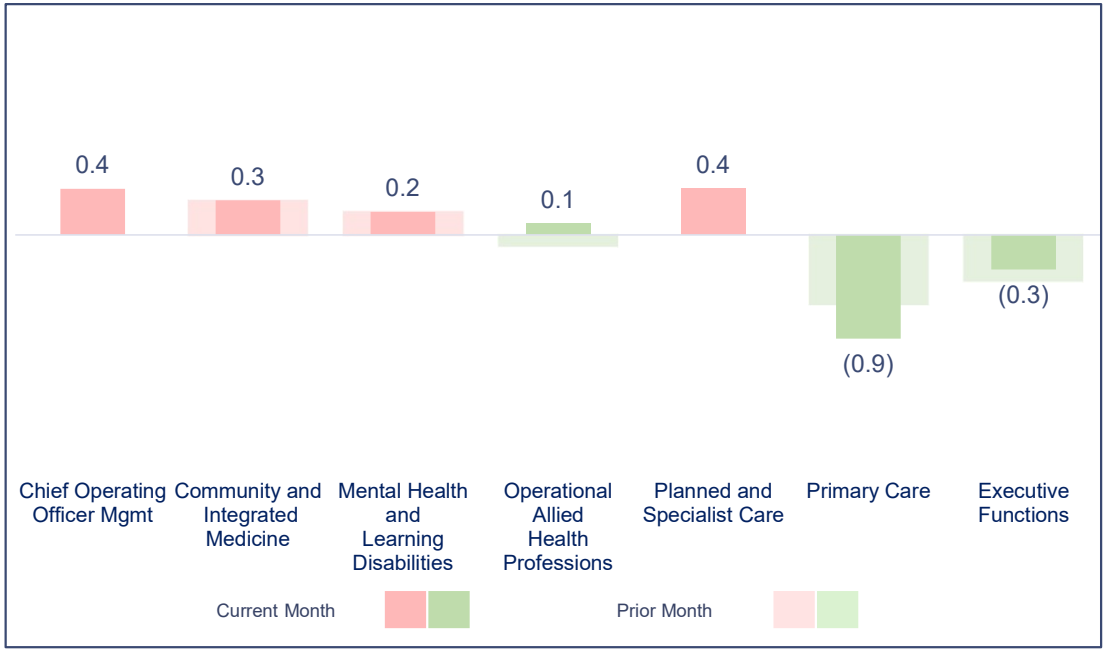
Overall, savings delivery of £1.2m has been achieved in Month 2, resulting in a £2.4m under-delivery against £3.6m target. Of the savings delivered in-month, £0.2m relate to recurrent schemes and £1.0m relate to non recurrent schemes.

The £2.4m under identification of savings largely relates to Community and Integrated Medicine £0.9m, Operational Allied Health £0.4m, Planned and Specialist Care £0.5m and Executive functions £0.3m. Executive functions underachievement largely relates to Pharmacy and Medicines Management £0.4m, Estates and Facilities £0.2m and Long-Term Agreements £0.2m, offset by overachievement within Workforce £(0.3)m and Health Board Wide £(0.2)m.

Newly identified schemes in-month largely relates to reduction in expenditure with Medical Agency pay £(0.2)m and Workforce contract saving £(0.1)m.

In-Month – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.4	0.0	0.0	**0.4**
Community and Integrated Medicine	0.0	0.3	0.0	**0.3**
Mental Health and Learning Disabilities	(0.1)	0.3	0.0	**0.2**
Operational Allied Health and Health Sciences	0.0	0.1	0.0	**0.1**
Planned and Specialist Care	0.2	0.3	(0.1)	**0.4**
Primary Care	(0.1)	(0.9)	0.1	**(0.9)**
Executive Functions	(0.6)	0.4	(0.1)	**(0.3)**
Total	**(0.2)**	**0.5**	**(0.1)**	**0.2**

Key Information

Chief Operating Officer Management – Voluntary Early Retirement Scheme payments.

Community and Integrated Medicine – Increase in Continuing Healthcare packages volume with the increase largely relating to Elderly Mentally Infirm nursing and Palliative Care packages.

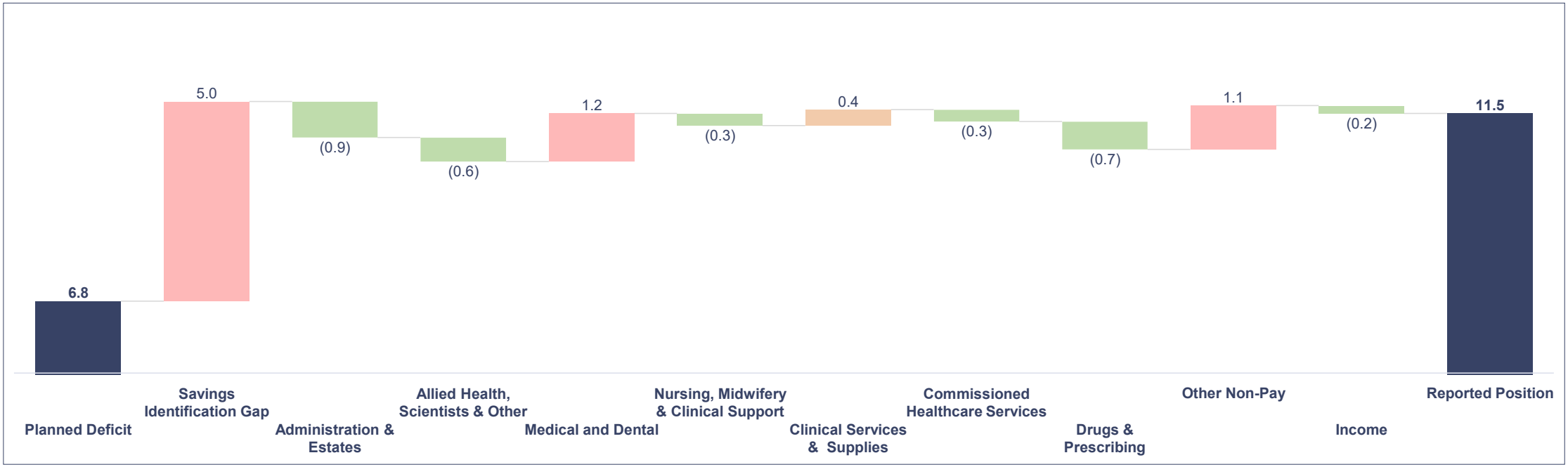
Mental Health – Mental Health Continuing Healthcare packages increase, including a high-cost backdated package, and purchase of outsourced Psychiatric Intensive Care units beds.

Planned and Specialist Care – Purchase of theatre consumables and equipment including loan kits and implants, theatres insourcing of activity, and increase in Medical premium usage.

Primary Care – Dental contracts hand back underspend, General Medical Services underspend, and delay in Primary Care Cluster projects, offset by underachievement of Dental income.

Executive Functions – Pay underspends across various Executive functions. Digital commissioning contracts, Estates and Facilities maintenance and Swansea Bay LTA emergency activity.

Year to Date – Key Drivers vs Plan



Key Information

Administration & Estates – Admin and Clerical vacancies within Community and Integrated Medicine, Planned and Specialist Care, Public Health, Workforce and Estates and Facilities.

Medical & Dental – Medical locum agency usage including dual-running across Bronglais Obstetrics, Gynaecology and Paediatrics within Planned and Specialist Care, with continued use of premium rate card. Community and Integrated Medicine high-cost agency usage to cover sickness and vacancies, with anticipated recruitment to mitigate future use of Medical agency.

Drugs & Prescribing – Rheumatology biosimilar drugs underspends, reduction in Ophthalmology drugs due to outsourcing of activity and lower uptake of vaccinations within Public Health.

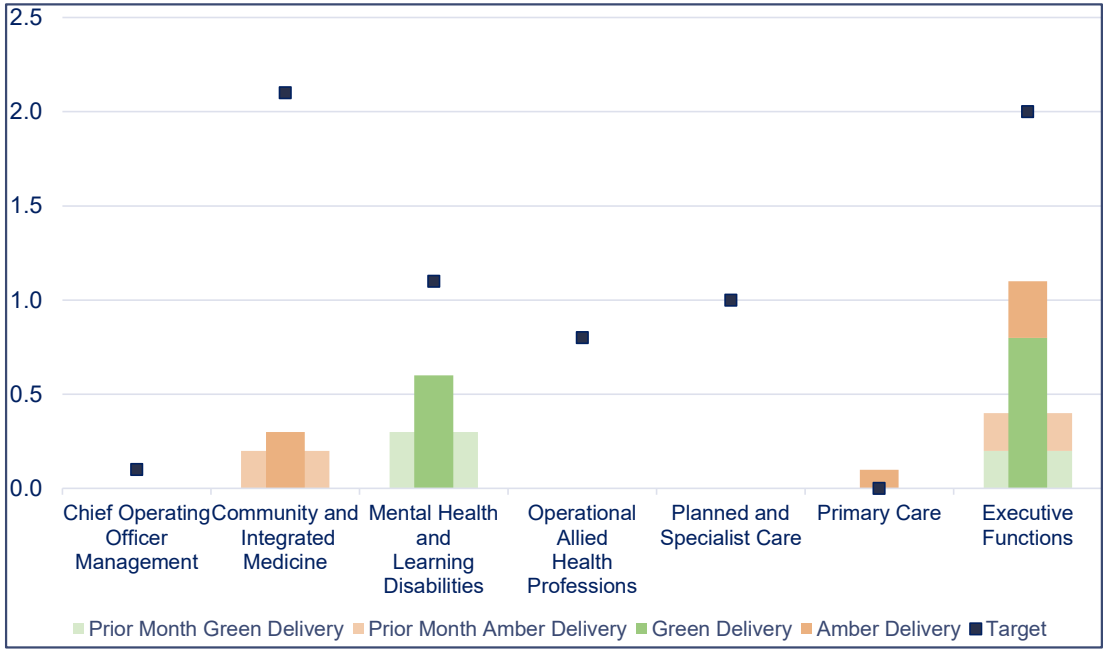
Other Non-Pay – Digital Strategic Partnership Contract phasing, Estates maintenance contract uplifts and other utilities relating to water and heating oil expenditure being higher than anticipated, and 13 additional losses cases compared to average of 7 £0.2m.

Year to Date – Key Performance vs Plan

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**6.8**	
Chief Operating Officer Management	0.1	0.0	0.4	**0.5**	Voluntary Early Retirement Scheme payments.
Community and Integrated Medicine	1.8	0.0	0.6	**2.4**	Under-achieved savings target, increase in Continuing Healthcare packages volume and Medical locum agency usage.
Mental Health and Learning Disabilities	0.5	0.0	0.5	**1.0**	Under-achieved savings target, Continuing Healthcare packages increase and purchase of Psychiatric Intensive Care Unit beds.
Operational Allied Health & Health Sciences	0.8	0.0	0.0	**0.8**	Under-achieved savings target. Radiology vacancies due to delayed recruitment, offset by outsourcing contracts for Radiology services.
Planned and Specialist Care	1.0	0.0	0.4	**1.4**	Under-achieved savings target. Medical locum agency usage, Ophthalmology outsourcing of activity, offset by reduction in Ophthalmology drugs.
Primary Care	(0.1)	0.0	(1.4)	**(1.5)**	Underspend relating to Dental contracts, General Medical Services supplementary services and delay in cluster projects.
Executive Functions	0.9	0.0	(0.8)	**0.1**	Under-achieved savings target. Pay vacancies largely within Public Health and Workforce £(1.1)m, offset by Swansea Bay Emergency Activity £0.4m, Digital contracts phasing £0.2m and Estates maintenance contract uplift £0.3m.
Sub Total	**5.0**	**0.0**	**(0.3)**	**4.7**	
Gross Position				**11.5**	

Year to Date – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.0	0.0	0.1
Community and Integrated Medicine	2.1	0.3	0.3	1.8
Mental Health and Learning Disabilities	1.1	0.6	0.6	0.5
Operational Allied Health and Health Sciences	0.8	0.0	0.0	0.8
Planned and Specialist Care	1.0	0.0	0.0	1.0
Primary Care	0.0	0.1	0.1	(0.1)
Executive Functions	2.0	1.1	1.1	0.9
Grand Total	**7.1**	**2.1**	**2.1**	**5.0**

Key Information

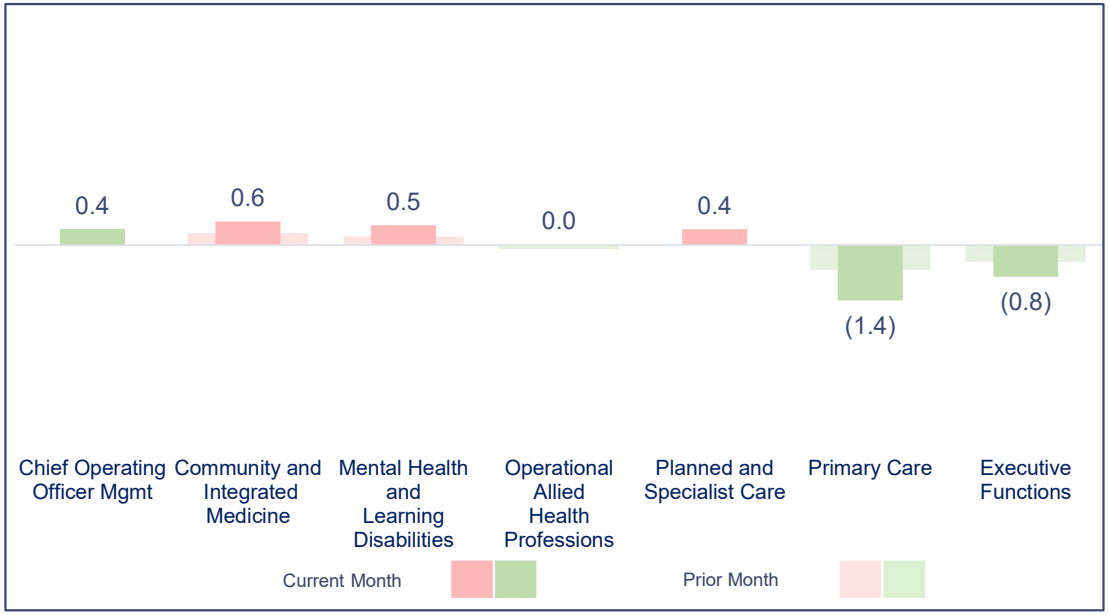
Overall savings identification of £2.1m has been identified, resulting in a £5.0m savings under-identification against £7.1m target, with variations across Clinical Care Groups.

This under delivery largely relates to relates to Community and Integrated Medicine £1.8m, Operational Allied Health £0.8m, Planned and Specialist Care £1.0m and Executive functions £0.9m. Executive functions underachievement largely relates to Pharmacy and Medicines Management £0.7m, Estates and Facilities £0.4m and Long-Term Agreements £0.3m, offset by overachievement within Workforce £(0.4)m.

The identified savings are mainly non-recurrent pay savings £1.8m, with £0.3m recurrent savings relating to Dapagliflozin drugs reduction in price.

Year to Date – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.4	0.0	0.0	**0.4**
Community and Integrated Medicine	(0.1)	0.7	0.0	**0.6**
Mental Health and Learning Disabilities	(0.1)	0.6	0.0	**0.5**
Operational Allied Health and Health Sciences	(0.1)	0.2	(0.1)	**0.0**
Planned and Specialist Care	0.4	0.1	(0.1)	**0.4**
Primary Care	(0.1)	(1.6)	0.3	**(1.4)**
Executive Functions	(1.0)	0.5	(0.3)	**(0.8)**
Total	**(0.6)**	**0.5**	**(0.2)**	**(0.3)**

Key Information

Chief Operating Officer Management Voluntary Early Retirement Scheme payments.

Community and Integrated Medicine Increase in Continuing Healthcare packages volume with the increase largely relating to Elderly Mentally Infirm nursing and Palliative Care packages.

Mental Health High-cost Continuing Healthcare packages and purchase of outsourced Psychiatric Intensive Care Unit beds from independent sector.

Planned and Specialist Care Medical locum agency usage including dual-running across Bronglais within Planned and Specialist Care, with continued use of premium rate card.

Primary Care Continued Dental underspends due to contracts handed back to the Health Board, General Medical Services supplementary services and delay in Primary Care projects.

Executive Functions Pay vacancies within Workforce and Public Health, offset by Swansea Bay Emergency activity, Digital contracts phasing and Estates maintenance contract uplift.

Capital Performance

Capital

Total Capital Performance

£34.6m

Annual Plan **£34.6m**

All Wales Capital

£26.6m

Annual Plan **£26.5m**

Discretionary Capital

£8.0m

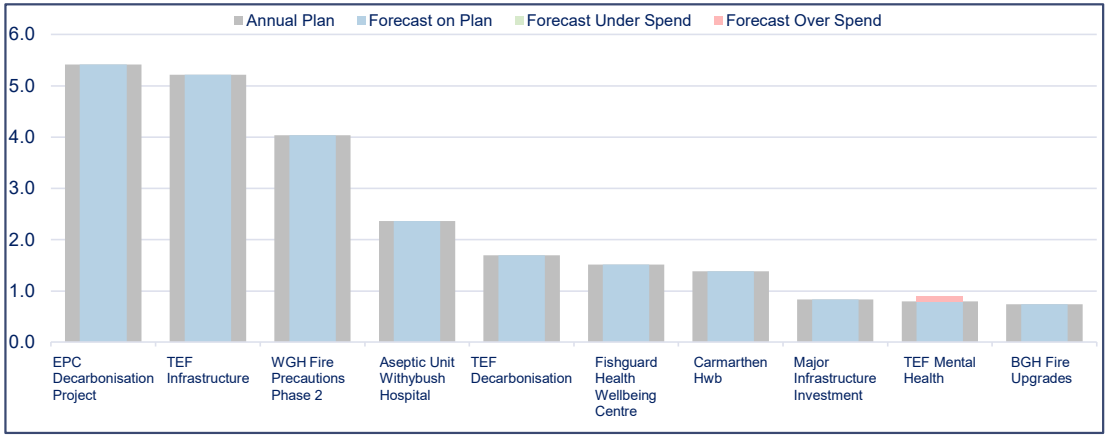
Annual Plan **£8.1m**

IFRS 16

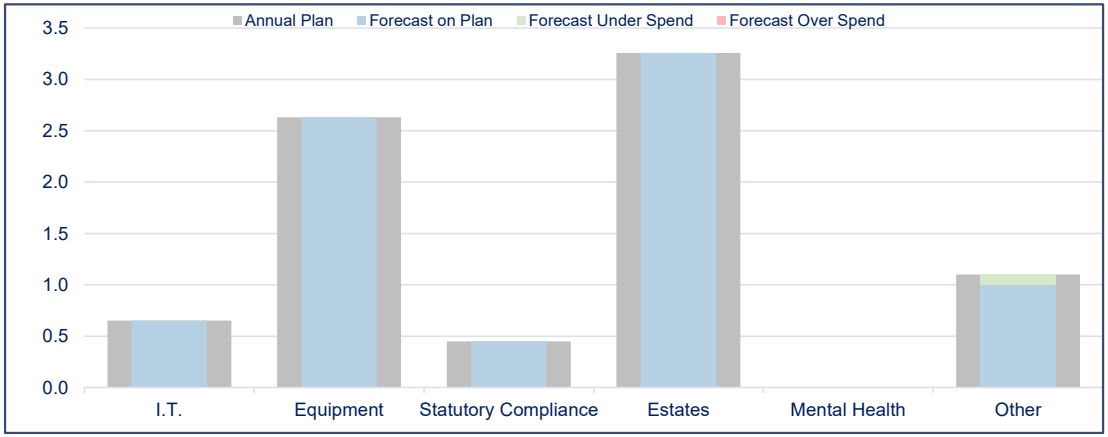
£0.0m

Capital Resource Limit **£0.0m**

All Wales Capital Programme Top 10 Schemes (£'m)



Discretionary Capital Programme Category Summary (£'m)



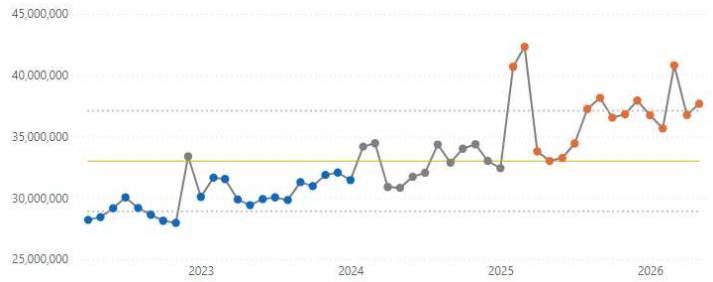
Key Information

Delivery against the capital programme is currently assessed as low risk. Capital projects are currently expected to deliver the Capital Resource Limit; this assessment will be kept under review as the year progresses.

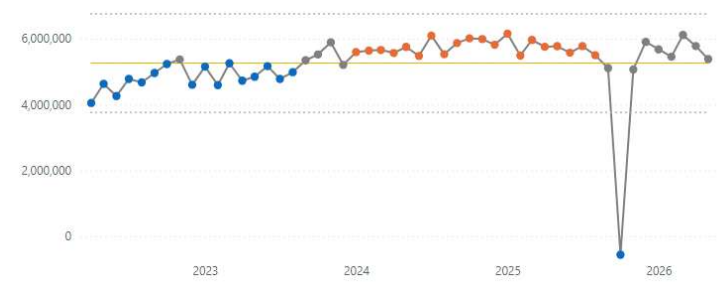
The Capital Programme for the year is comprised of £26.6m All Wales Capital Programme funding and £8.0m discretionary funds. The discretionary value represents the net after adjustments to the gross allocation of £11.2m for contributions to Targeted Estates Fund, the ongoing payback for Picton Terrace, and adjustments relating to prior year outturn. Currently Targeted Estates Fund Mental Health and Other Discretionary Capital Programmes are forecasting slight underspends.

Trend Analysis – Non-Pay and Income

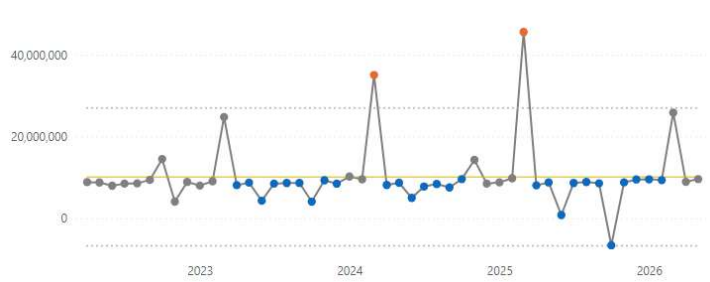
Commissioned Healthcare Services (£)



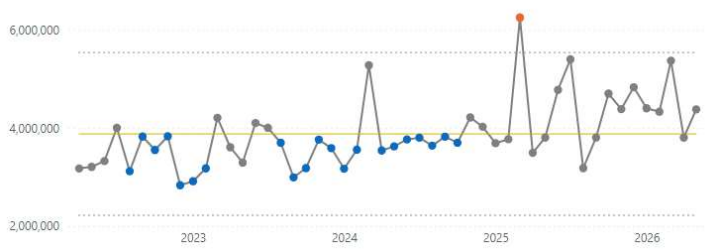
Secondary Care Drugs (£)



Other Non-Pay (£)

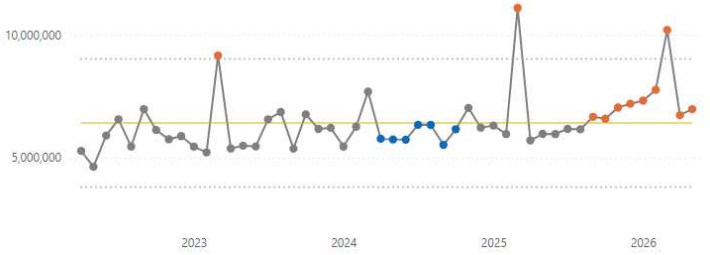


Clinical Services and Supplies (£)



Primary Care Prescribing (£)

Income (£)



Key Information

Commissioned Healthcare Services – Increase in-month relating to year to date Pharmaceuticals Joint Commissioning Committee pass through expenditure, offset by additional funding.

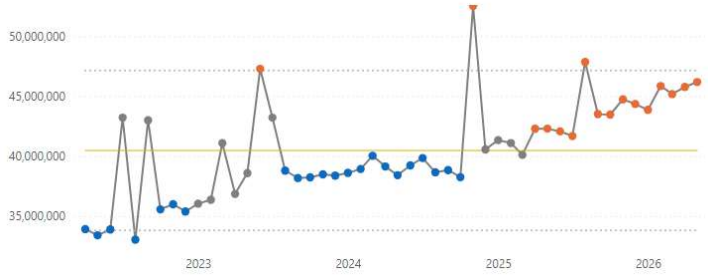
Secondary Care Drugs – Reduction in drugs within Cancer and Scheduled Care relating to Rheumatology drugs biosimilar impact, and Ophthalmology drugs reduction due to outsourcing of service.

Clinical Services & Supplies – Increase from prior month relating to Planned and Specialist Care operating theatre consumables including loan kits and theatres insourcing of activity.

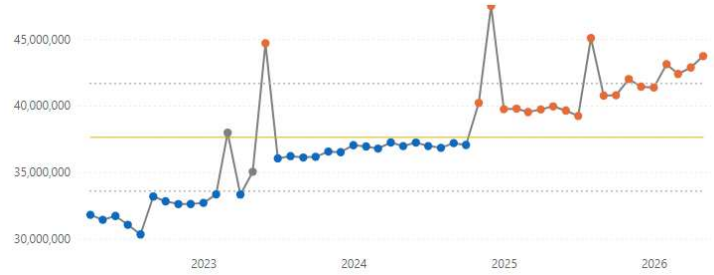
Primary Care Prescribing – Price reduction in Dapagliflozin drugs due to loss of exclusivity from generic availability.

Trend Analysis – Pay Agenda for Change

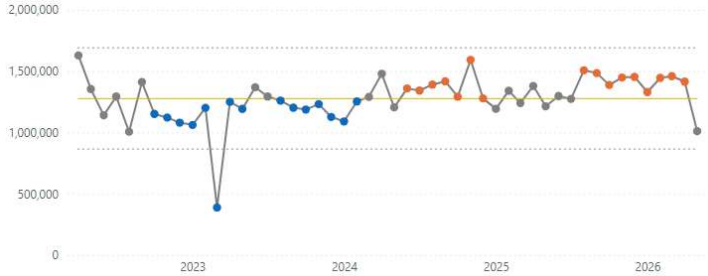
Total (£)



Substantive (£)

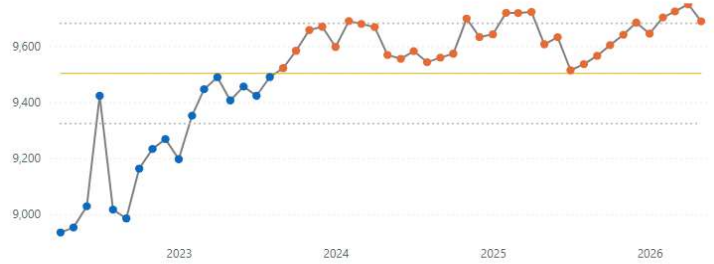


Bank (£)



Total (WTE)

Substantive (WTE)



Bank (WTE)

Key Information

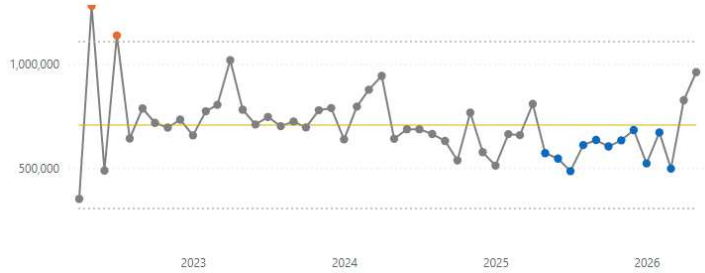
Substantive £ – Increase in substantive pay expenditure within Community and Integrated Medicine, Planned and Specialist Care due to increased Bank Holiday Enhanced and On Call Availability supplement payments, despite reduction in Whole Time Equivalents.

Bank £ and WTE – Reduction of 53.76 Bank WTE largely relating to Nursing and Healthcare Support Workers within Community and Integrated Medicine and Mental Health due to inability to fill shifts within Ceredigion, and reduction of patient acuity within Mental Health.

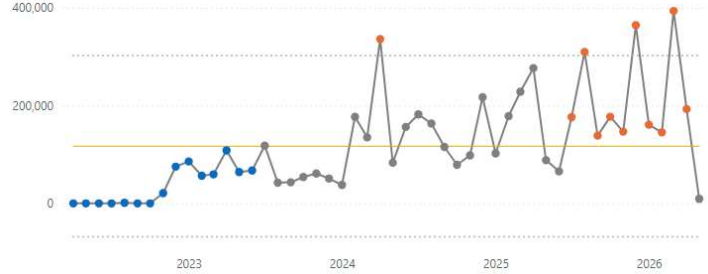
Total WTE – Reduction in Total WTE relating to reductions in Whole Time Equivalents across Substantive, Bank, Overtime and Waiting List Initiative from prior month.

Trend Analysis – Pay Agenda for Change

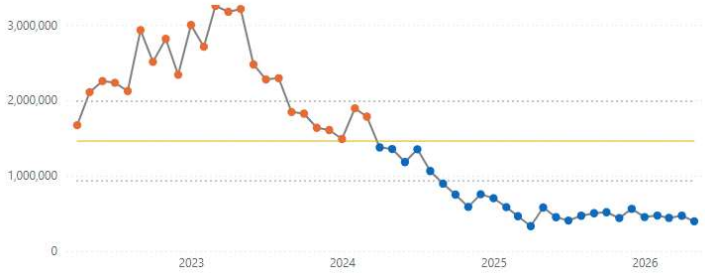
Overtime (£)



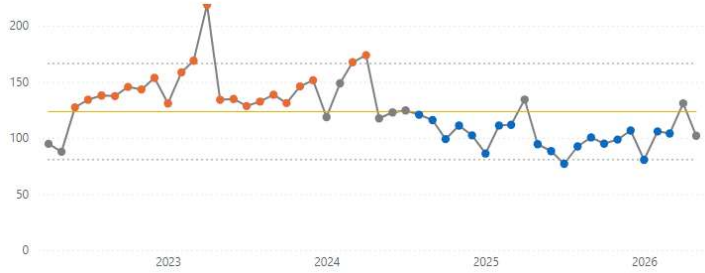
WLI (£)



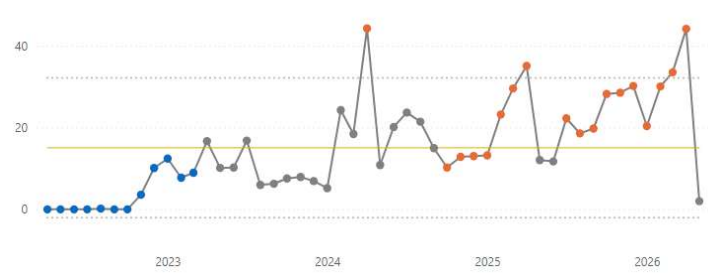
Agency (£)



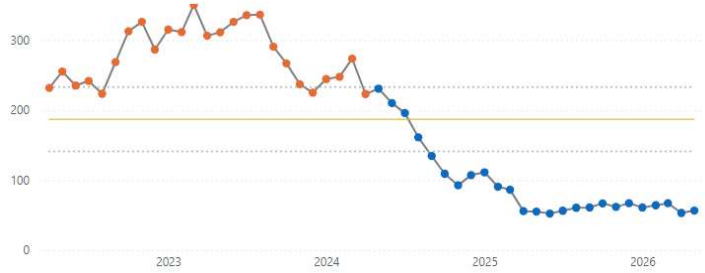
Overtime (WTE)



WLI (WTE)



Agency (WTE)



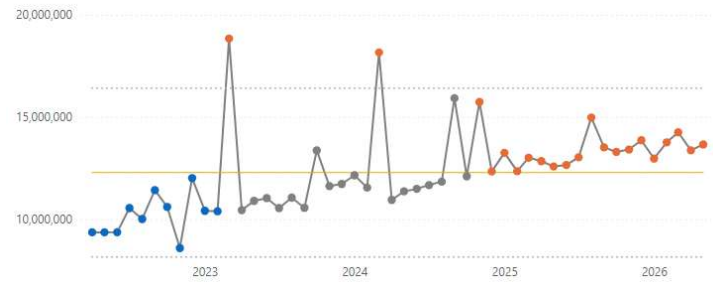
Key Information

Overtime £ - Increase in Overtime expenditure from prior month despite reduction in Whole Time Equivalents, due to retrospective claims.

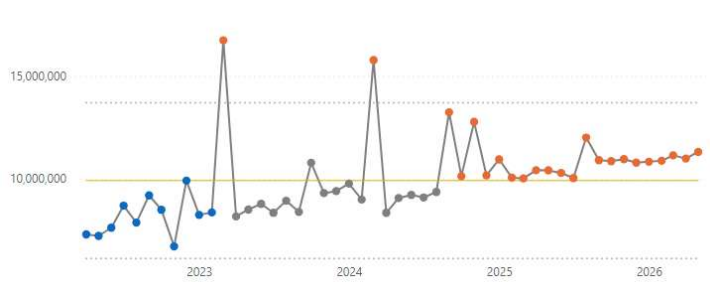
Waiting List Initiative £ and WTE - Reduction from prior month due to significantly less Waiting List Initiative activity being undertaken within Planned and Specialist Care compared to prior year.

Trend Analysis – Pay Medical and Dental

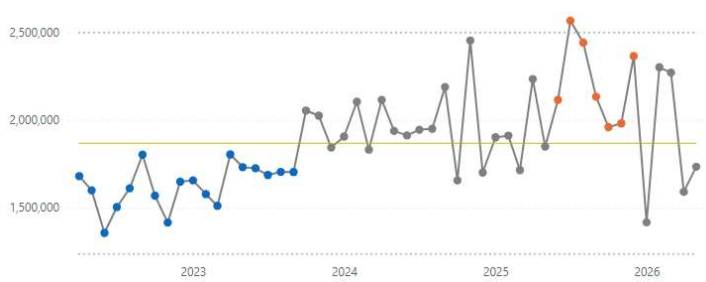
Total (£)



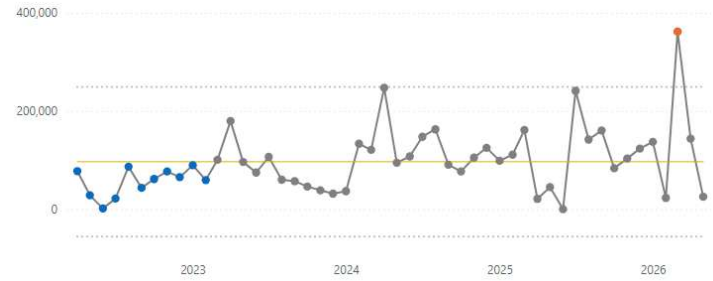
Substantive (£)



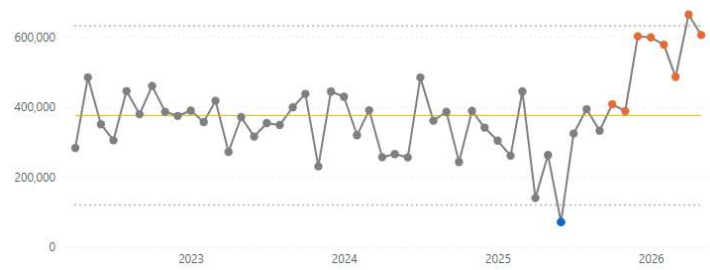
Additional Hours (£)



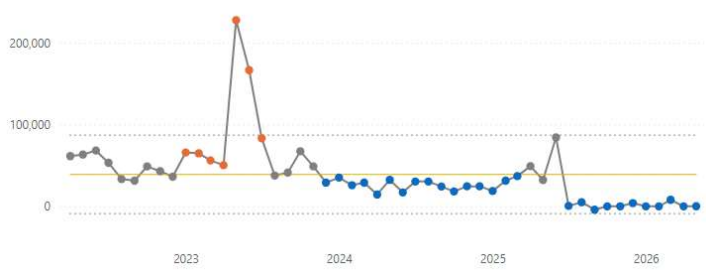
WLI (£)



On Contract Agency Premium (£)



Off Contract Agency Premium (£)



Key Information

Total £ - Increase in expenditure from prior month largely in Community and Integrated Medicine and Operational Allied Health due to increase reliance on Medical locum usage.

Additional Hours £ - Increase in Additional Duty Hours from prior month largely within Planned and Specialist Care and Operational Allied Health due to additional agency locum usage within Pathology, and dual-running within Bronglais to cover vacancies and sickness.

Waiting List Initiative £ - Reduction from prior month due to significantly less Waiting List Initiative activity being undertaken within Planned and Specialist Care compared to prior year.

On Contract Agency Premium £ - Agency pay expenditure reduction across various areas.

Staffing Establishment Reports

Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Operating Officer	**102.2%**	**2,637**	**2,316**	**(288)**	**266**	**49**	**31**
Community and Integrated Medicine	**103.2%**	**1,877**	**1,641**	**(224)**	**191**	**41**	**11**
Carmarthenshire Integrated System	103.5%	1,137	998	(111)	120	17	27
Ceredigion Integrated System	107.5%	319	268	(53)	34	16	(2)
Pembrokeshire Integrated System	99.4%	421	375	(60)	37	8	(14)
Mental Health and Learning Disabilities	**104.7%**	**287**	**236**	**(38)**	**50**	**1**	**13**
Planned and Specialist Care	**96.6%**	**473**	**439**	**(26)**	**25**	**7**	**7**
Cancer and Scheduled Care	94.6%	171	151	(11)	12	7	8
Children, Women and Family Health	97.6%	302	288	(15)	13	-	(1)
Grand Total	**102.2%**	**2,637**	**2,316**	**(288)**	**266**	**49**	**31**

All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Executive	**90.6%**	**89**	**89**	**-**	**-**	**-**	**-**
Chief Operating Officer	**93.7%**	**5,226**	**5,106**	**(531)**	**111**	**5**	**(411)**
Chief Operating Officer Management	81.6%	120	117	(11)	3	-	(8)
Community and Integrated Medicine	97.0%	1,413	1,373	(161)	36	3	(121)
Mental Health and Learning Disabilities	90.3%	909	900	(117)	8	-	(108)
Operational Allied Health and Health Sciences	97.2%	1,128	1,098	(72)	29	-	(42)
Planned and Specialist Care	95.0%	1,458	1,425	(132)	30	2	(100)
Primary Care	87.2%	198	193	(38)	5	-	(32)
Executive Director of Allied Health Professions and Health Sciences	**95.2%**	**860**	**815**	**(91)**	**44**	**-**	**(47)**
Executive Director of Finance	**89.9%**	**432**	**426**	**(31)**	**6**	**-**	**(25)**
Executive Director of Nursing, Quality and Patient Experience	**90.9%**	**180**	**180**	**(9)**	**-**	**-**	**(8)**
Executive Director of Public Health	**87.6%**	**139**	**139**	**(41)**	**-**	**-**	**(41)**
Executive Director of Strategy and Planning	**93.9%**	**48**	**48**	**(1)**	**-**	**-**	**(1)**
Executive Director of Workforce and Organisational Development	**74.6%**	**223**	**222**	**(69)**	**1**	**-**	**(68)**
Executive Medical Director	**87.0%**	**321**	**321**	**(36)**	**-**	**-**	**(35)**
Grand Total	**92.7%**	**7,518**	**7,346**	**(809)**	**162**	**5**	**(636)**

In-Month – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(1)**							**(6)**	**(3)**	**(9)**
Chief Operating Officer	**(62)**	**(223)**	**770**	**(74)**	**466**	**(281)**	**(357)**	**274**	**10**	**524**
Chief Operating Officer Management	131	(22)	5	326	19	(3)	0	(61)	7	**403**
Community and Integrated Medicine	(53)	(7)	311	(200)	96	104	(27)	117	(4)	**337**
Mental Health and Learning Disabilities	12	(55)	71	(153)	(1)	353	(21)	7	0	**212**
Operational Allied Health and Health Sciences	(16)	(195)	145	70	153	(50)	(78)	104	(59)	**74**
Planned and Specialist Care	(60)	46	244	(63)	213	218	(250)	91	(87)	**351**
Primary Care	(74)	10	(6)	(54)	(14)	(903)	19	16	153	**(852)**
Executive Director of Allied Health Professions and Health Sciences	**(98)**	**(15)**		**5**	**1**	**0**	**4**	**174**	**(15)**	**55**
Estates and Facilities	(111)			5	1		4	174	(15)	**58**
Executive Allied Health Professions and Health Sciences	12	(15)				0				**(3)**
Executive Director of Finance	**(84)**	**23**	**0**	**22**	**0**	**(88)**		**227**	**(5)**	**96**
Digital	(61)	23	0	22	0	(87)		235	(6)	**127**
Finance	(23)					(1)		(8)	1	**(31)**
Executive Director of Nursing, Quality and Patient Experience	**3**	**(9)**		**(46)**	**(0)**	**2**		**21**	**39**	**11**
Executive Director of Public Health	**(64)**	**(18)**	**(8)**	**(64)**	**3**	**(13)**	**(99)**	**(4)**	**(0)**	**(268)**
Executive Director of Strategy and Planning	**(36)**	**(0)**	**8**		**(0)**	**212**	**0**	**(19)**	**5**	**170**
LTAs with other NHS Providers	2				(0)	213	0	(0)		**214**
Strategy and Planning	(39)	(0)	8			(1)		(18)	5	**(45)**
Executive Director of Workforce and Organisational Development	**(116)**	**(3)**		**(26)**	**6**	**20**	**(3)**	**24**	**(15)**	**(115)**
Executive Medical Director	**(2)**	**(71)**	**(7)**	**4**	**(40)**	**16**	**(76)**	**(65)**	**(38)**	**(278)**
Medical	4	(5)	(7)	20	0		0	(51)	19	**(20)**
Pharmacy and Medicines Management	(6)	(66)		(15)	(41)	16	(76)	(14)	(56)	**(258)**
Health Board Wide	**0**	**0**	**(10)**	**25**	**3**	**(17)**	**(15)**	**116**	**(85)**	**17**
Planned Deficit								**3,417**		**3,417**
Savings Identification								**2,358**		**2,358**
Grand Total	**(460)**	**(315)**	**753**	**(155)**	**438**	**(149)**	**(546)**	**6,517**	**(106)**	**5,977**

Year to Date – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(4)**							**(24)**	**(0)**	**(28)**
Chief Operating Officer	**(255)**	**(397)**	**1,262**	**(228)**	**446**	**(463)**	**(483)**	**470**	**43**	**396**
Chief Operating Officer Management	152	(41)	10	341	47	(6)	0	(86)	1	**419**
Community and Integrated Medicine	(150)	(6)	477	(419)	134	347	21	248	(20)	**632**
Mental Health and Learning Disabilities	17	(111)	122	(175)	8	638	(56)	5	8	**456**
Operational Allied Health and Health Sciences	(32)	(357)	168	105	197	(38)	(124)	166	(103)	**(19)**
Planned and Specialist Care	(145)	55	503	(23)	112	240	(346)	117	(139)	**373**
Primary Care	(97)	63	(18)	(58)	(52)	(1,644)	22	20	297	**(1,467)**
Executive Director of Allied Health Professions and Health Sciences	**(124)**	**(29)**		**3**	**(2)**	**0**	**4**	**348**	**12**	**212**
Estates and Facilities	(150)			3	(2)		4	348	12	**216**
Executive Allied Health Professions and Health Sciences	26	(29)				0		0		**(3)**
Executive Director of Finance	**(147)**	**46**	**1**	**43**	**0**	**(173)**		**261**	**(10)**	**20**
Digital	(101)	46	1	43	0	(171)		245	(12)	**51**
Finance	(46)					(2)		15	2	**(31)**
Executive Director of Nursing, Quality and Patient Experience	**(4)**	**(16)**		**(38)**	**(1)**	**12**		**30**	**17**	**0**
Executive Director of Public Health	**(135)**	**(38)**	**(20)**	**(130)**	**5**	**(26)**	**(91)**	**(12)**	**2**	**(445)**
Executive Director of Strategy and Planning	**1**	**(0)**	**17**		**(0)**	**383**	**0**	**(51)**	**(94)**	**255**
LTAs with other NHS Providers	6				(0)	384	0	(1)		**389**
Strategy and Planning	(5)	(0)	17			(2)		(50)	(94)	**(134)**
Executive Director of Workforce and Organisational Development	**(213)**	**(6)**		**(54)**	**6**	**(9)**	**(7)**	**(32)**	**(26)**	**(341)**
Executive Medical Director	**(24)**	**(150)**	**(7)**	**39**	**(68)**	**13**	**(142)**	**(61)**	**(105)**	**(504)**
Medical	(12)	(9)	(9)	33	1		0	(75)	(7)	**(77)**
Pharmacy and Medicines Management	(12)	(141)	2	6	(69)	13	(142)	14	(98)	**(427)**
Health Board Wide	**6**	**2**	**(19)**	**7**	**7**	**(34)**	**(9)**	**159**	**(98)**	**20**
Planned Deficit								**6,833**		**6,833**
Savings Identification								**5,044**		**5,044**
Grand Total	**(898)**	**(588)**	**1,233**	**(358)**	**393**	**(297)**	**(728)**	**12,964**	**(259)**	**11,462**

End of Year – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(207)**							**(26)**	**(0)**	**(233)**
Chief Operating Officer	**(2,252)**	**(3,011)**	**8,330**	**(4,804)**	**3,168**	**(5,282)**	**(3,144)**	**1,247**	**171**	**(5,576)**
Chief Operating Officer Management	208	271	(41)	447	299	(34)	0	(411)	79	**817**
Community and Integrated Medicine	(757)	22	3,023	(2,809)	828	2,669	(394)	617	(182)	**3,017**
Mental Health and Learning Disabilities	(0)	(1,193)	924	(1,700)	19	2,933	(155)	(48)	35	**815**
Operational Allied Health and Health Sciences	(173)	(2,676)	678	600	2,122	(132)	(549)	738	(558)	**50**
Planned and Specialist Care	(803)	276	3,354	(890)	284	2,186	(1,982)	676	(967)	**2,134**
Primary Care	(726)	290	391	(453)	(383)	(12,903)	(64)	(324)	1,764	**(12,408)**
Executive Director of Allied Health Professions and Health Sciences	**(810)**	**(178)**		**15**	**(10)**	**1**	**0**	**1,256**	**0**	**274**
Estates and Facilities	(962)			15	(10)		0	1,254	0	**296**
Executive Allied Health Professions and Health Sciences	152	(178)				1		2		**(22)**
Executive Director of Finance	**(803)**	**279**	**3**	**260**	**1**	**(26)**		**(1)**	**11**	**(275)**
Digital	(542)	279	3	260	1	(14)		13	1	**1**
Finance	(261)					(11)		(14)	10	**(276)**
Executive Director of Nursing, Quality and Patient Experience	**41**	**(97)**		**(192)**	**(3)**	**73**		**91**	**93**	**6**
Executive Director of Public Health	**(775)**	**(215)**	**(97)**	**(775)**	**31**	**(157)**	**(247)**	**(107)**	**13**	**(2,330)**
Executive Director of Strategy and Planning	**(62)**	**(0)**	**93**		**(0)**	**2,072**	**0**	**(19)**	**(141)**	**1,943**
LTAs with other NHS Providers	28				(0)	2,082	0	(6)		**2,104**
Strategy and Planning	(90)	(0)	93			(10)		(14)	(141)	**(161)**
Executive Director of Workforce and Organisational Development	**(1,222)**	**(39)**	**0**	**(321)**	**41**	**166**	**(40)**	**(194)**	**(0)**	**(1,610)**
Executive Medical Director	**(63)**	**(678)**	**96**	**253**	**(411)**	**75**	**(1,781)**	**(763)**	**(141)**	**(3,412)**
Medical	8	(57)	94	209	4		0	(1,188)	(31)	**(961)**
Pharmacy and Medicines Management	(71)	(621)	2	44	(415)	75	(1,781)	426	(111)	**(2,451)**
Health Board Wide	**(1,289)**	**(973)**	**(6,405)**	**(2,657)**	**21**		**(21)**	**(10,865)**	**(700)**	**(22,888)**
Planned Deficit								**41,000**		**41,000**
Savings Identification								**34,103**		**34,103**
Grand Total	**(7,442)**	**(4,911)**	**2,020**	**(8,222)**	**2,837**	**(3,078)**	**(5,233)**	**65,722**	**(694)**	**41,000**

End of Year – Savings Detail (£'k)

Clinical Care Group and Executive Functions (£'k)	Annual Savings Target	In-Year Identified Plans	In-Year Recurrent Delivery	In-Year Non Recurrent Delivery	In-Year Total Forecast Delivery	In-Year Forecast Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
Chief Executive	**(25)**	**124**	**0**	**124**	**124**	**(149)**	**3.7%**	**0**	**(25)**	**0.0%**
Chief Operating Officer	**30,676**	**3,901**	**275**	**3,626**	**3,901**	**26,775**	**0.6%**	**275**	**30,401**	**0.0%**
Chief Operating Officer Management	749	0	0	0	0	749	0.0%	0	749	0.0%
Community and Integrated Medicine	12,524	1,542	0	1,542	1,542	10,982	0.6%	0	12,524	0.0%
Mental Health and Learning Disabilities	6,442	1,845	0	1,845	1,845	4,597	1.8%	0	6,442	0.0%
Operational Allied Health and Health Sciences	4,849	0	0	0	0	4,849	0.0%	0	4,849	0.0%
Planned and Specialist Care	5,889	275	275	0	275	5,614	0.1%	275	5,614	0.1%
Primary Care	223	239	0	239	239	(16)	2.1%	0	223	0.0%
Executive Director Of Allied Health Professions and Health Sciences	**2,714**	**9**	**9**	**0**	**9**	**2,705**	**0.0%**	**35**	**2,679**	**0.1%**
Estates and Facilities	2,705	9	9	0	9	2,696	0.0%	35	2,670	0.1%
Executive Allied Health Professions and Health Sciences	9	0	0	0	0	9	0.0%	0	9	0.0%
Executive Director Of Finance	**239**	**119**	**119**	**0**	**119**	**120**	**0.5%**	**119**	**120**	**0.5%**
Digital	373	0	0	0	0	373	0.0%	0	373	0.0%
Finance	(134)	119	119	0	119	(253)	2.0%	119	(253)	2.0%
Executive Director Of Nursing, Quality and Patient Experience	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**0**	**0**	**0.0%**
Executive Director Of Public Health	**131**	**0**	**0**	**0**	**0**	**131**	**0.0%**	**0**	**131**	**0.0%**
Executive Director Of Strategy and Planning	**2,035**	**454**	**74**	**380**	**454**	**1,581**	**0.7%**	**74**	**1,961**	**0.1%**
LTAs With Other NHS Providers	1,961	0	0	0	0	1,961	0.0%	0	1,961	0.0%
Strategy and Planning	74	454	74	380	454	(380)	12.2%	74	0	2.0%
Executive Director Of Workforce and Organisational Development	**(481)**	**1,886**	**302**	**1,584**	**1,886**	**(2,367)**	**12.4%**	**302**	**(783)**	**2.0%**
Executive Medical Director	**5,951**	**1,701**	**1,520**	**181**	**1,701**	**4,250**	**1.7%**	**1,520**	**4,431**	**1.5%**
Medical	72	152	75	77	152	(80)	3.4%	75	(3)	1.7%
Pharmacy and Medicines Management	5,879	1,549	1,445	104	1,549	4,330	1.6%	1,445	4,434	1.5%
Health Board Wide	**1,560**	**503**	**244**	**259**	**503**	**1,057**	**1.4%**	**244**	**1,316**	**0.7%**
Grand Total	**42,800**	**8,697**	**2,544**	**6,154**	**8,697**	**34,103**	**0.9%**	**2,570**	**40,230**	**0.3%**