



**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 August 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Report – Month 4 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 Trafodaeth/For Discussion

**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 Plan and assesses the key financial projections, risks and opportunities for the financial year.

**Cefndir / Background**

The Health Board approved a budget on 28 March 2024 for the purposes of delegating budgets across the organisation. This represented a planned deficit of £64.0m, after the delivery of £32.4m of necessary savings. Delivering this requires a deficit of no more than £5.3m in month.

It was recognised by the Board that approving a budget which included a planned deficit was a ‘novel and contentious action’ and as such the Accountable Officer wrote to the Director General for Health and Social Care in Welsh Government to advise her of this action. This remains an unacceptable position for the Health Board.

**Asesiad / Assessment**

**ALERT**

**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.**

**Financial Position**

- The Health Board is reporting a deficit of £6.0m in-month, which is made up of an operational variation of £1.3m partly offset by favourable delivery of savings above budget by £0.6m. Achieving a deficit of £64.0m requires improvements of £10.7m from the current projected gross forecast as summarised in the table below (page 3, **Appendix 1**).

Driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Planned Deficit	5.3	21.3	64.0
Operational variation	1.3	0.1	1.4
Unidentified / (Identified) savings gap / (improvement)	(0.6)	2.0	9.3
Gross Forecast	6.0	23.4	74.7
Future mitigating actions required to deliver Planned Deficit			(10.7)
<b>Reported Net Position</b>	<b>6.0</b>	<b>23.4</b>	<b>64.0</b>

### Forecast Deficit

- The Board's expectation was to de-risk the financial delivery of the Annual Plan in Quarter 1. Whilst improvements have been made, the gap remains £10.7m. This will continue to be a focus into Quarter 2, recognising actions remain off-track to deliver the planned deficit of £64.0m; which itself is in excess of the Target Control Deficit issued by Welsh Government of £44.8m.

### Financial Performance

- Both Chief Operating Officer (£2.7m) and Director of Nursing (£0.2m) portfolios are adversely performing against core budgets, offset by all other directorates under spending against core budgets (page 5 refers).
- Unscheduled Care, particularly Glangwili Hospital (GGH); Women and Children's Services; Planned Care; and Oncology are projecting an over-spend.
- The projected under-delivery against identified savings plans of £1.0m is linked, in the main, to bed plans within Worthybush Hospital (WGH) and pay savings within Mental Health and Learning Disabilities (MHLDD).

### Savings

- The key focus for the organisation is to develop, implement and deliver savings schemes at pace to close the savings gap of £9.3m.
- Of the £32.4m target, £19.8m has been identified to date of which £13.0m is recurrent. There remains a significant gap in the delivery of savings schemes for in-year delivery, along with a greater recurrent gap due to the reliance on non-recurrent schemes.

### Cash

- The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances in order to make payments from the end of February 2025 onwards. Without further actions to reduce the current forecast to deliver the Target Control Total, the Health Board will require strategic cash assistance from Welsh Government.

### ADVISE

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.

### Mitigating actions to recover the forecast over-spend

These will be provided to The Board Seminar on 11 September 2024 before being presented to the Public Board in September.

The gap for future months in the year remains a concern and challenge, and the focus is on:

- Converting non-recurrent savings schemes to recurrent;
- Fully identifying directorate savings aspirations;
- Converting schemes currently risk-rated as Red and Black at pace into credible and deliverable Amber and Green schemes to de-risk the financial plan, in-line with the Board's expectation.

## ASSURE

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

### Capital

- There is a currently a low risk to delivering the Capital Resource Limit, as all schemes are progressing as anticipated.

### Grip and Control measures

- An internal escalation framework has been agreed and implemented. Escalation meetings have been undertaken for all escalated directorates. These directorates have received a clear message over the need to deliver financial recovery plans for their core budgets, and to convert savings opportunities into deliverable plans.
- Grip and control measures have been further strengthened during June 2024, alongside the escalation process, covering recruitment, training and procurement. These are overseen through the Financial Control Sub Group, chaired by the Director of Finance. This reports into the Value and Sustainability Group, chaired by the Director of Workforce and Organisational Development and Interim Deputy Chief Executive.
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## Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to:

- **RECOGNISE** that the Health Board's opening budget deficit of £64.0m is not an acceptable position for the Board, or Welsh Government. This position is not backed by cash support from Welsh Government at this stage, as it is in excess of the Target Control Total of £44.8m, which represents a key corporate risk for the Health Board
- **CONSIDER** that the current expenditure trajectory is in excess of the £64.0m, and further actions are required from budget managers across the organisation. This will be supported by the Integrated Quality, Finance, Performance and Delivery (IQFPD) Group, chaired by the Chief Operating Officer; and the Value and Sustainability Group, chaired by the Director of Workforce and Organisational Development and Interim Deputy CEO
- **SCRUTINISE** the Executive Delegated Officer portfolios which are overspending against their delegated budgets;
- **RECOGNISE** that the Escalation Framework has been put in place, with directorates assessed across six domains, of which one domain is Finance and Planning (details reported within the IPAR)
- **ENDORSE** the savings delivery and actions undertaken to date
- **SEEK ASSURANCE** that:

- Plans are translated from opportunities to delivery through the three-delivery functions Value and Sustainability Group, IQFPD Group and the Healthier Mid and West Wales Group
- Mitigating actions are being developed to address areas of overspending

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Undertake detailed scrutiny of the organisation's overall: <ul style="list-style-type: none"> <li>• Monthly, quarterly and year-to-date financial performance;</li> <li>• Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1843 (score 20) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2024/25 due to significant deficit position
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

**Gwybodaeth Ychwanegol:**  
**Further Information:**

Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termiau: Glossary of Terms:	BGH – Bronglais Hospital CHC – Continuing Healthcare FDU – Finance Delivery Unit FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili Hospital GMS – General Medical Services 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 TTP – Test, Trace, Protect WG – Welsh Government WGH – Worthybush Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial implications are inherent within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The impact on patient care is assessed within the savings schemes.
<b>Gweithlu:</b> <b>Workforce:</b>	The report considers the financial implications of our workforce.
<b>Risg:</b> <b>Risk:</b>	Financial risks are detailed in the report.

<b>Cyfreithiol:</b> <b>Legal:</b>	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.
<b>Enw Da:</b> <b>Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Financial Performance Report

Month 4 2024/25

July 2024

Sustainable Resources  
Committee

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# Executive Summary (1 of 4)

**The Health Board's Annual Planned Deficit is £64.0m with a savings target of £32.4m. Delivering this requires a deficit of no more than £5.3m a month. The Health Board is reporting a deficit of £6.0m in-month. Achieving a deficit of £64.0m requires improvements of £10.7m from the current projected gross forecast.**

<b>Financial Management</b>	The Health Board's end of year reported position is a £64.0m deficit. The Month 4 financial position is an overspend of £6.0m against the Planned Deficit of £5.3m, which is made up of an operational variation of £1.3m, partly offset by the successful delivery of savings in excess of the budget. Of the Savings target of £32.4m, £23.1m has been identified leaving a gap of £9.3m to be identified from the Opportunities Framework.					
	<b>Driver (£'m)</b>	<b>Prior month variance to breakeven</b>	<b>Current month variance to breakeven</b>	<b>Year to Date variance to breakeven</b>	<b>Prior month End of Year forecast to breakeven</b>	<b>End of Year forecast to breakeven</b>
	Planned Deficit	5.3	5.3	21.3	64.0	64.0
	Operational variation	0.2	1.3	0.1	(1.9)	1.4
	Unidentified / (Identified) savings gap / (improvement)	0.4	(0.6)	2.0	12.6	9.3
	Gross Forecast	5.9	6.0	23.4	74.7	74.7
	Future mitigating actions required to deliver Planned Deficit				(10.7)	(10.7)
<b>Reported Net Position</b>	<b>5.9</b>	<b>6.0</b>	<b>23.4</b>	<b>64.0</b>	<b>64.0</b>	
<b>Key Measures</b> (Risk rating - Impact x Likelihood)	<b>Revenue</b>	Risk #1843 5 x 4 = 20	The key focus for the organisation is to develop, implement and deliver savings schemes at pace to close the savings gap of £9.3m. Within the operational portfolios there are reported overspends in Unscheduled Care, particularly Glangwili, Women and Children's, Planned Care and Oncology. This is offset in Mental Health, Director of Operations and the Corporate Directorates.			
	<b>Cash</b>		The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances in order to make payments from the end of February 2025 onwards. A cash management strategy is in place, which will be refreshed in October based on our Month 6 forecast position.			
	<b>Savings</b>		The Savings target as part of the Annual Plan is £32.4m. £23.1m has been identified to date of which £17.1m is recurrent, a further £3.3m savings was identified in month 4. There remains a significant gap in delivery of savings schemes for in-year along with a greater recurrent gap due to the reliance on non-recurrent schemes. A series of "100 Day Cycles" are in place to drive strategic changes expected in-year. These will reach fruition by the end of September, with benefits expected from 1 October 2024. Operational teams have also been working during August to assess further benefits which can be delivered in-year to close this gap. The impact of this work will be assessed in September and the Health Board's forecast reassessed at that stage.			
	<b>Capital</b>		There is a currently a low risk to delivering the Capital Resource Limit as all schemes are progressing as anticipated.			
	<b>Underlying Deficit</b>	Risk #1199 5 x 5 = 25	The underlying deficit has been assessed as part of the 2024/25 Planning cycle and reflects the full year effect (FYE) of the operational variation within the Health Board, offset by identified FYE of recurrent Green and Amber savings plans.			

# Executive Summary (2 of 4)

## Key Breakdown of Movements

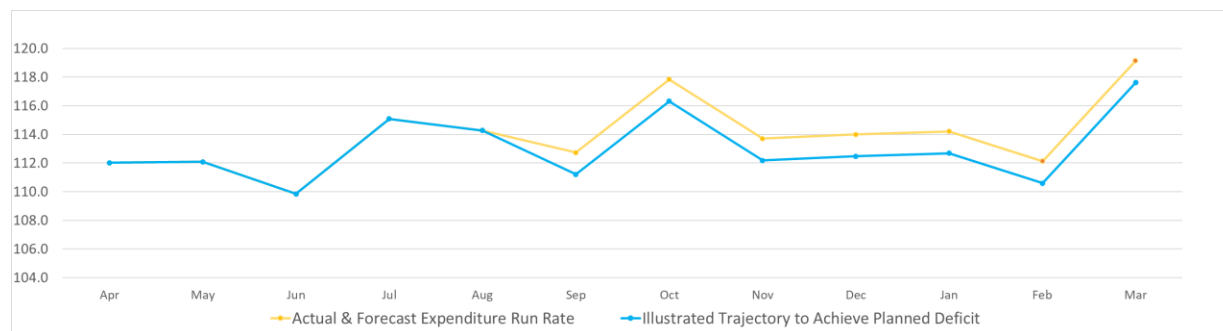
The following breakdowns are included to highlight key movements from the prior month in forecast and savings delivery and identification. Negative values denote improvements.

Driver (£'m)	Prior month End of Year forecast	End of Year forecast	Movement in Forecast
<b>Planned Deficit</b>	<b>64.0</b>	<b>64.0</b>	<b>0.0</b>
Operational variation	(1.9)	1.4	3.3
Unidentified savings gap	12.6	9.3	(3.3)
<b>Gross Forecast</b>	<b>74.7</b>	<b>74.7</b>	<b>0.0</b>
Further mitigating actions required	(10.7)	(10.7)	0.0
<b>Reported Net Position</b>	<b>64.0</b>	<b>64.0</b>	<b>64.0</b>

Operational Variation (£'m)	Change
Real Living Wage impact from commissioned services	2.7
Non-Pay Operational contracts and Clinical Supplies	0.5
Long Term Agreements	0.5
Secondary Care and Oncology drugs	0.3
Continuing Health Care	(0.4)
Income Overachievement	(0.3)
<b>Total</b>	<b>3.3</b>

## Monthly Actual and Forecasted Expenditure Run-Rate £'m

To deliver the planned Deficit of £64.0m, the revenue run-rate trajectory will need to reduce.



Unidentified Savings Gap (£'m)	Change
In-month underspend conversion into savings	0.3
Newly identified schemes	1.9
Black/Red converted to Amber/Green savings schemes	1.1
<b>New Identified Savings</b>	<b>3.3</b>

## Executive Summary (3 of 4)

### Key Performance Commentary

Chief Operating Officer (£2.6m), Director of Strategy & Planning (£0.5m, relating to LTA contracts with other NHS organisations) and Director of Nursing (£0.2m) are adversely performing against core budgets, partly offset by other directorates under spending against core budgets. Within the “Health Board Wide” category, the Real Living Wage pressures are identified (£2.4) within commissioned arrangements, where funding from WG was previously assumed to address this issue. It has now been confirmed that funding will not follow.

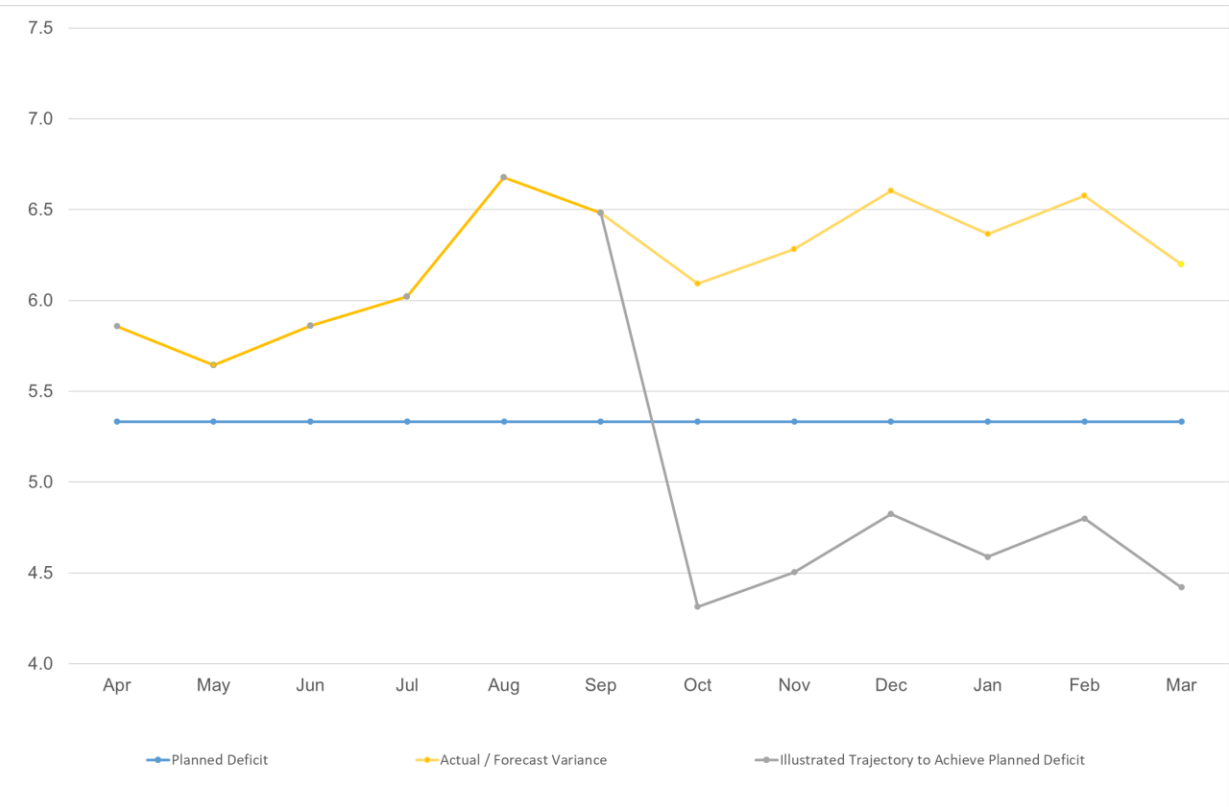
Chief Operating Officer is under-delivering against identified savings plans (£0.9m) linked, in the main, to bed reconfiguration plans within Withybush.

Delegated Officer (£m)	Planned Savings Benefits	In-Year Savings Delivery	Savings Under / (Over) Delivery vs Identified Benefits	Core Budget Performance	Total (Savings Under / (Over) Delivery Plus Core Budget Performance)
<b>Planned deficit</b>					<b>64.0</b>
Chief Executive	0.3	0.3	-	-	-
Director of Finance	1.2	1.2	-	(0.1)	(0.1)
Director of Nursing, Quality and Patient Experience	0.5	0.5	-	0.2	0.2
Chief Operating Officer	11.3	10.4	0.9	2.6	3.5
Director of Primary Care, Community and Long-Term Care	1.9	1.9	-	(2.4)	(2.4)
Director of Public Health	0.9	0.9	-	(2.1)	(2.1)
Director of Strategy and Planning	2.1	2.1	-	0.5	0.5
Director of Therapies and Health Sciences	1.5	1.5	-	(0.4)	(0.4)
Director of Workforce and Organisational Development	1.0	1.0	-	(0.2)	(0.2)
Executive Medical Director	0.3	0.3	-	-	-
Health Board Wide	2.1	2.1	-	2.4	2.4
<b>Subtotal</b>	<b>23.1</b>	<b>22.2</b>	<b>0.9</b>	<b>0.5</b>	<b>1.4</b>
Unidentified savings gap	9.3				9.3
<b>Gross forecast</b>					<b>74.7</b>

# Executive Summary (4 of 4)

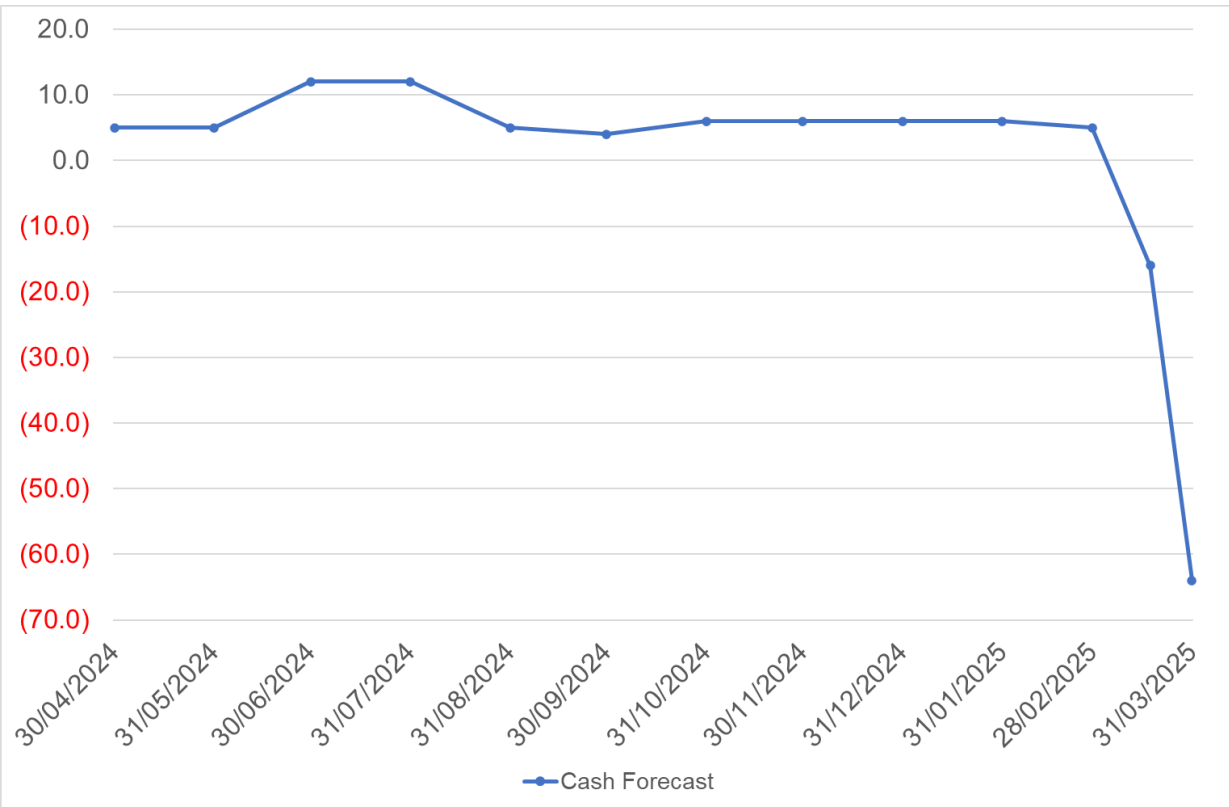
## Revenue Deficit Trajectory (£'m)

The Health Board's Planned Deficit is £64.0m with a savings target of £32.4m with £10.7m mitigating actions required to deliver against the Planned Deficit. With operational transformational savings committed to deliver from October 2024, managed via "100 Day Cycles", an illustrated trajectory is included below to show the impact that is required to return the forecast to the annual plan, as a minimum. Should the transformation schemes not convert into credible plans, the forecast deficit will need to be reviewed and revised in September.



## Cash Deficit Trajectory (£'m)

The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances in order to make payments from the end of February 2025 onwards. A cash management strategy is in place, which will be refreshed in October based on our Month 6 forecast position.



# Key Performance Indicators



**YTD Position**

● **£23.4m**


Plan: £21.3m  
8.9% above Planned Deficit



**Gross Forecast Outturn**

● **£74.7m**

Annual Plan: £64.0m  
Actions Required: £10.7m



**In-Year Savings Identification**

● **£23.1m**

Plan: 63% of required £32.4m  
Prior Month: £19.8m



**In-Year Savings Delivery**

● **£22.2m**


96% Delivery against Identified Plans



**EoY Capital**

● **£32.4m**


£0.0m deviation to EoY Plan



**Underlying Financial Plan**

● **£80.4m**


Target Control Total £44.8m  
Prior Month: £88.5m



**Total Pay**

● **£592.7m**


Prior Month: £591.8m



**Agency / Premium Locum**

● **£16.3m**


Prior Month: £19.1m



**Primary Care Prescribing**

● **£84.5m**

Plan: £84.2m  
Prior Month: £84.2m



**Cash Consequences**

● **£64.0m**


Liquidity Concerns from Feb 25



**Secondary Care Drugs**

● **£69.3m**

Plan: £69.8m  
Prior Month: £69.2m



**Energy**

● **£10.6m**

Plan: £11.9m  
Prior Month: £10.6m

# Savings Plans and Delivery Performance (1 of 3)

**Annual Plan Requirement**  
**£32.4m**

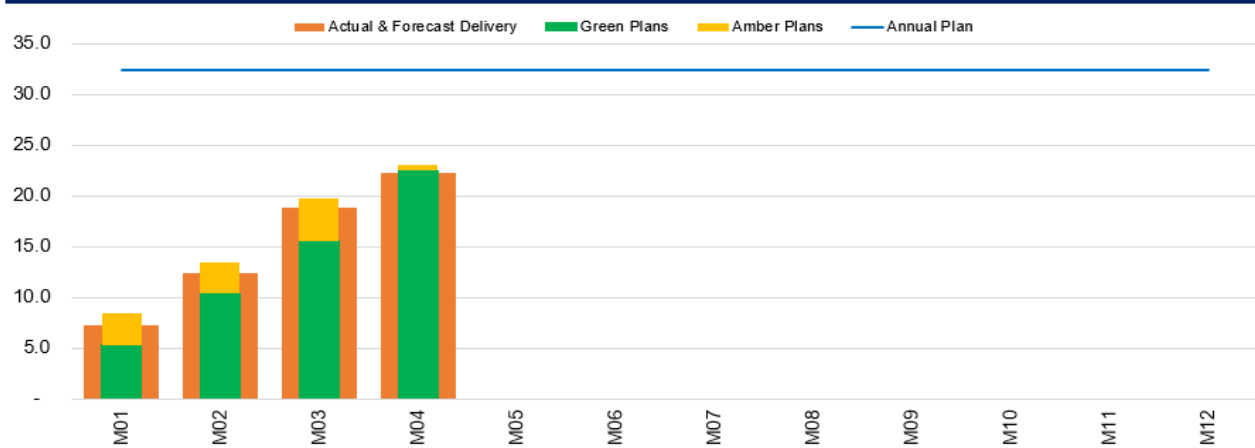
**In-Year Delivery**  
**£22.2m**

**In-Year Shortfall**  
**£10.2m**

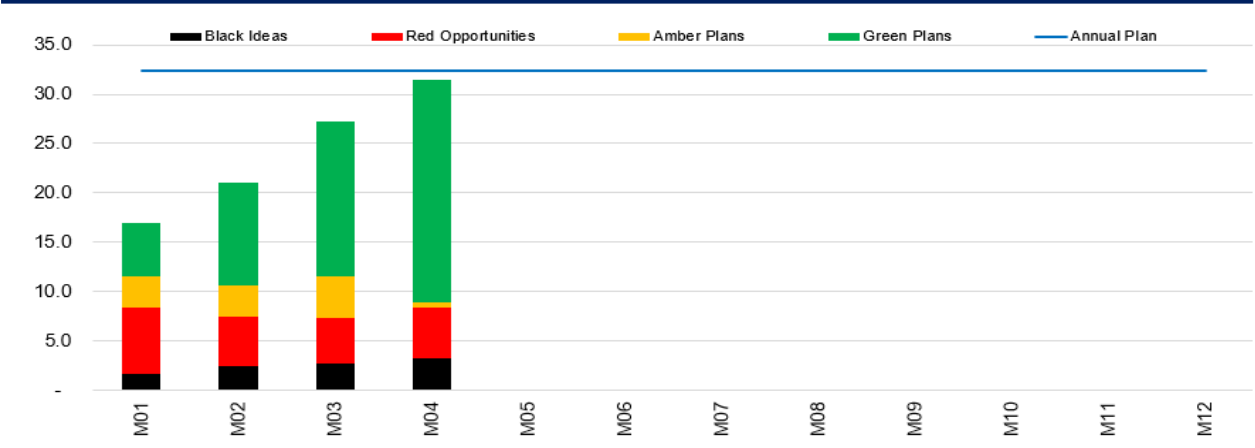
**Recurrent Delivery**  
**£16.2m**

**Recurrent Shortfall**  
**£16.2m**

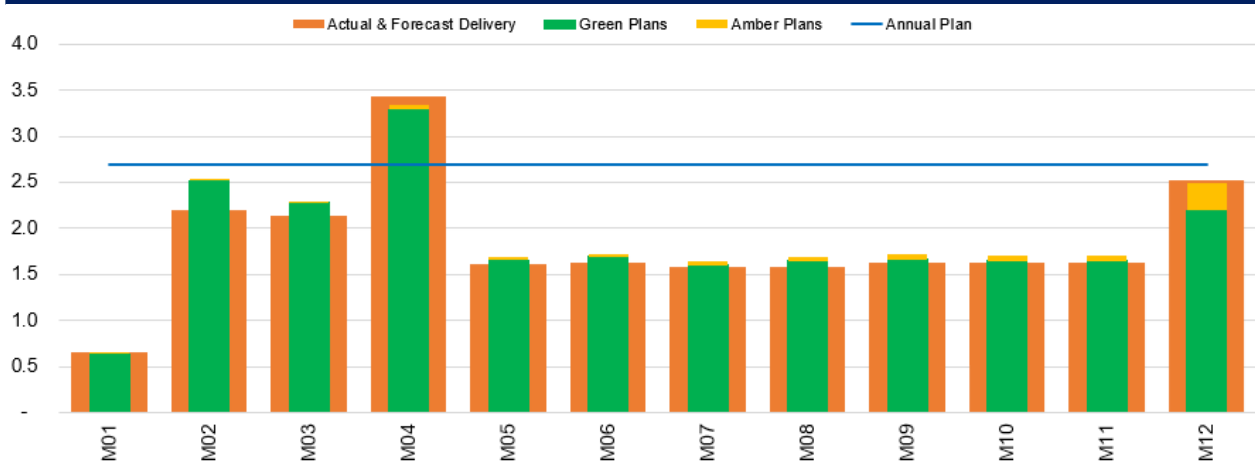
**Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)**



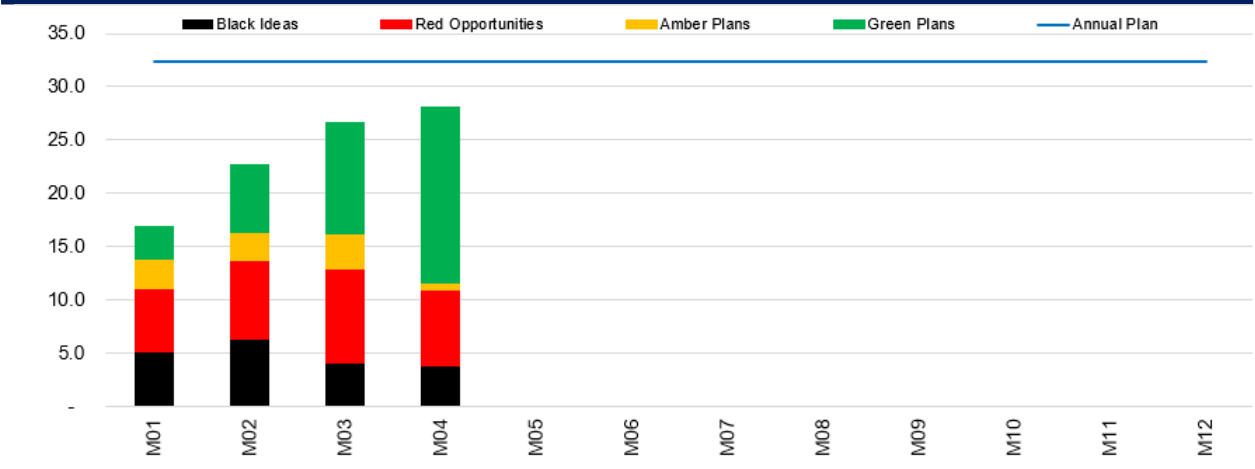
**Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)**



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



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



## Savings Plans and Delivery Performance (2 of 3)

Annual Savings Month to Month Movement (£'m)	Prior Month	Current Month	Change
Savings identification	19.8	23.1	3.3
In-year savings delivery	18.8	22.2	3.4
Unidentified / (identified) savings gap/(improvement)	12.6	9.3	(3.3)
Savings under/(over) delivery vs identified benefits	1.0	0.9	(0.1)

In-Year Savings Delivery Movement Summary	Number of Schemes	£'m
In-month underspends converted to savings	4	0.3
Newly identified schemes	20	1.9
Black/Red converted to Amber/Green savings schemes	7	1.1
<b>Total In-Year Savings Delivery Movement from Prior Month</b>	<b>31</b>	<b>3.3</b>

### Note

Savings aspirations (£62.5m) have been issued to all delegated budget holders, which exceed the annual plan target (£32.4m), to ensure risks are mitigated across portfolios to deliver £32.4m as a minimum in-year.

### Key Savings Commentary

**Annual Plan Target = £32.4m**

**Total Shortfall versus Annual Plan = £10.2m**

Currently £9.3m behind plan for saving scheme identification with an additional £0.9m forecast delivery under-performance against the schemes that have been identified.

#### **Main reasons for the under-delivery of identified scheme benefits £0.9m:**

- Withybush Hospital (WGH) 25 bed reconfiguration delayed due to surge on wards 4 and 12 and delay in implementing nursing shift changes in A&E.
- WGH Stroke bed reconfiguration impact due to requirement of an additional whole time equivalent (WTE) Health Care Support Worker (HCSW) 24/7 staffing requirement
- WGH non-delivery of Medical Staffing reduced Same Day Emergency Care (SDEC) hours savings scheme due to pay protection
- Planned Care biosimilar drug no longer available in the market but an alternative scheme has been introduced in Month 4

#### **Material Movement Changes £3.3m:**

##### **Underspend converted to savings in Month 4 (£0.3m):**

- Public Health £0.2m in addition to £0.1m across Therapies and Finance.

##### **Newly Identified Schemes (£1.9m):**

- Pembrokeshire County £0.6m – Split across 5 new savings schemes.
- Medicines Management £0.4m – related to workforce savings.
- Radiology £0.3m – Across 3 schemes with main saving related to drugs savings.
- Primary Care management £0.2m – 2 schemes with mainly related to Oxygen cost savings.
- Planned Care £0.2m – 4 schemes but mainly due to Agency savings in critical care.
- Facilities £0.1m - (RAAC Savings)
- The remaining £0.1m is split across several other directorates.

##### **Black/Red converted to Amber/Green Savings Schemes (£1.1m):**

This includes schemes related to Unscheduled Care Bronglais Hospital (BGH) £0.4m, Oncology and Cancer Services £0.3m, Pathology £0.1m and Workforce £0.1m.

# Savings Plans and Delivery Performance (3 of 3)

Delegated Officer (£'000)	Annual Savings Aspiration	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	169	287	186	101	287	(118)	7.9%	186	(16)	5.1%
⊖ CHIEF OPERATING OFFICER	40,903	11,298	5,668	4,716	10,383	30,519	1.7%	8,776	32,127	1.5%
ASST DIR OPS QUALITY & NURSING FACILITIES	51	46	0	46	46	4	4.6%	0	51	0.0%
MENTAL HEALTH & LD	2,468	2,319	1,225	1,094	2,319	149	4.7%	1,235	1,233	2.5%
ONCOLOGY & CANCER SERVICES	5,170	2,349	0	2,349	2,349	2,822	2.3%	0	5,170	0.0%
OPERATIONS DIR MANAGEMENT	1,509	266	266	0	266	1,243	0.9%	391	1,118	1.3%
PATHOLOGY	637	404	47	357	404	233	3.2%	82	555	0.6%
PLANNED CARE	1,423	250	19	334	353	1,070	1.2%	22	1,401	0.1%
RADIOLOGY	6,169	1,388	821	414	1,235	4,934	1.0%	979	5,190	0.8%
UNSCHEDULED CARE BRONGLAIS	1,164	378	285	93	378	786	1.6%	657	507	2.8%
UNSCHEDULED CARE GLANGWILI	4,825	1,170	1,170	0	1,170	3,655	3.6%	1,592	3,233	5.0%
UNSCHEDULED CARE PRINCE PHILIP	8,020	333	313	0	313	7,707	0.5%	1,011	7,009	1.7%
UNSCHEDULED CARE WITHYBUSH	3,735	281	253	29	281	3,453	0.7%	340	3,395	0.8%
WOMEN & CHILDREN	2,929	2,053	1,208	0	1,208	1,720	2.8%	2,400	528	5.6%
2,803	61	61	0	61	2,743	0.1%	66	2,737	0.1%	
⊖ DIRECTOR OF FINANCE	1,161	1,182	789	393	1,182	(21)	5.1%	1,161	(0)	5.0%
DIGITAL	839	717	500	217	717	122	4.3%	872	(33)	5.2%
FINANCE	298	454	289	165	454	(155)	7.6%	289	9	4.8%
PERFORMANCE	23	11	0	11	11	12	2.4%	0	23	0.0%
⊕ DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE	484	522	429	92	522	(38)	5.4%	429	54	4.4%
⊖ DIRECTOR OF PRIMARY CARE, COMMUNITY & LONG TERM CARE	12,211	1,863	467	1,420	1,887	10,323	1.1%	467	11,743	0.3%
CARMARTHENSHIRE COUNTY	4,304	333	0	353	353	3,950	1.1%	0	4,304	0.0%
CEREDIGION COUNTY	855	175	120	55	175	680	1.2%	120	735	0.8%
MEDICINES MANAGEMENT	4,790	523	0	523	523	4,267	0.5%	0	4,790	0.0%
PEMBROKESHIRE COUNTY	1,700	577	92	488	581	1,119	2.4%	92	1,608	0.4%
PRIMARY CARE	306	0	0	0	0	306	0.0%	0	306	0.0%
PRIMARY CARE MANAGEMENT	255	255	255	0	255	(0)	3.5%	255	(0)	3.5%
⊕ DIRECTOR OF PUBLIC HEALTH	329	893	329	564	893	(564)	13.6%	329	(0)	5.0%
⊖ DIRECTOR OF STRATEGY AND PLANNING	3,030	2,140	2,013	127	2,140	890	3.5%	2,013	1,017	3.3%
LTA'S WITH OTHER NHS PROVIDERS	2,844	1,927	1,927	0	1,927	917	3.4%	1,927	917	3.4%
STRATEGIC PLANNING	186	213	86	127	213	(27)	5.7%	86	100	2.3%
⊕ DIRECTOR OF THERAPIES & HEALTH SCIENCES	1,414	1,558	0	1,558	1,558	(144)	5.5%	0	1,414	0.0%
⊕ DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT	758	1,030	349	681	1,030	(272)	6.8%	695	63	4.6%
⊕ HEALTH BOARD WIDE	1,814	2,100	2,100	0	2,100	(286)	5.8%	2,100	(286)	5.8%
⊕ MEDICAL DIRECTOR	202	256	40	216	256	(54)	6.3%	40	162	1.0%
<b>Grand Total</b>	<b>62,474</b>	<b>23,129</b>	<b>12,369</b>	<b>9,869</b>	<b>22,239</b>	<b>40,236</b>	<b>2.3%</b>	<b>16,196</b>	<b>46,278</b>	<b>1.7%</b>

## Revenue Position (1 of 4): In-Month Revenue Position

The below table shows the key thematic drivers of the in-month deficit position.

Theme	£'m	Operational Driver comments
<b>Planned Deficit</b>	<b>5.3</b>	
Unidentified Savings Gap to annual plan	(0.6)	The in-month plan includes a target of £2.7m savings identification and delivery, of which £3.3m is identified for delivery, £0.6m over plan.
Long Term Agreements	0.6	Increase to Swansea Bay University Health Board (SBUHB) Intensive Therapy Unit bed costs increase in Robotic Prostatectomy costs owing to a monthly run rate doubling from 3 to 6 procedures. Increase to Cardiff and Vale University Health Board (CVUHB) in high-cost drug usage.
Clinical Services and Supplies	0.4	Pathology Lab equipment and consumables due to recognition of increased activity within lab testing through the managed service contracts £240k. Prince Phillip Hospital (PPH) medical device purchases including Continuous Positive Airway Pressure Machines and Insulin Pumps £80k
Medical and Dental	0.2	BGH, Paediatrics & Mental Health increased locum usage with additional retrospective shifts.
Health Care Support Workers Additional Cover	0.2	Over-utilisation of HCSW across directorates, predominantly within Glangwilli Hospital (GGH).
Secondary Care Drugs	0.2	Drug activity in line with assumed growth levels 10.8% offset by price growth increase surpassing the assumed price growth of 9.5% to 18%.
Primary Care	(0.1)	Dental contracts handed back to the Health Board offset by associated reductions in income.
Administration Vacancies	(0.2)	Continuation of Administration and Clerical vacancies, particularly across Corporate Directorates.
<b>Operational variance</b>	<b>0.7</b>	
<b>Reported in-month position</b>	<b>6.0</b>	

## Revenue Position (2 of 4): Year to Date Revenue Position

The below table shows the key thematic drivers of the year-to-date deficit position.

Theme	£'m	Operational Driver comments
<b>Planned deficit</b>	<b>21.3</b>	
Unidentified savings gap to annual plan	2.0	The YTD plan includes a target of £10.8m savings identification and delivery, of which £8.8m is identified for delivery, leaving a gap of £2.0m.
Other Non-Pay	1.0	Other sources of energy (Liquefied Petroleum Gas (LPG), Biomass and Heating Oil). RAAC inspection (wards only), Prop inspection, temporary kitchen has an estimated cost pressure of £0.2m
Health Care Support Workers Additional Cover	0.7	Over-utilisation of HCSW within GGH and Women and Children's Services.
Clinical Supplies	0.7	Increased purchases of Pacemakers and Heart Monitors £0.1m. Continuous Positive Airway Pressure Machines Sleep Service and growth in Patient number of Insulin Pumps and Consumables in PPH.
Continuing Health Care	(0.3)	Continuing Healthcare decrease in care package and decrease intensity of care provision.
Income Over-achievement	(0.5)	Health Education Improvement Wales (HEIW) income within Mental Health and Learning Disabilities (MHL) and Flying Start Local Authority increases within Women and Children's Services
Administration and Clerical Vacancies	(0.7)	Continuation of Administration and Clerical vacancies, particularly across Corporate Directorates.
Primary Care	(0.8)	Dental contract hand backs offset by income reductions and Community Pharmacy practice contract payment reductions.
<b>Total deviation to annual plan</b>	<b>2.1</b>	
<b>Reported position</b>	<b>23.4</b>	

# Revenue Position (3 of 4): End of Year Forecast Gross Revenue Position

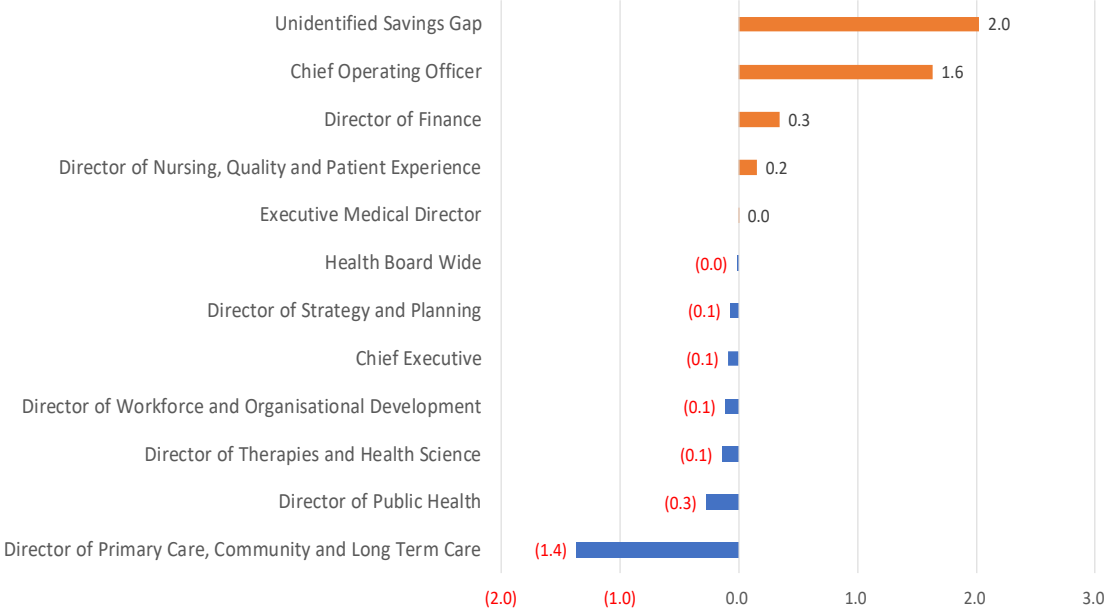
The below table shows the key thematic drivers of the end-of-year deficit position.

Theme	£'m	Operational Driver comments
<b>Planned deficit</b>	<b>64.0</b>	
Unidentified savings schemes	9.3	The FY25 plan includes a target of £32.4m savings delivery, £23.1m is currently identified leaving gap of £9.3m.
Real Living Wage for Social Care	2.7	Real Living Wage in Social care – confirmation of reduced funding for 22/23 and 23/24 Real Living wage funding assumptions
Clinical Supplies	1.5	Pathology Lab equipment and consumables due to increased activity within lab testing. Prince Phillip Hospital medical device purchases including Continuous Positive Airway Pressure Machines and Insulin Pumps. Paediatric equipment aids in Women & Children's Services and Podiatry supplies in Therapies.
Secondary Care Drugs	1.2	Drug price growth surpassing the assumed price growth of 9.5% with the price increase now 14.7% YTD. Homecare drugs pressures in PPH and GGH acute wards and other drugs pressures in WGH.
Long Term Agreements	0.5	Swansea Bay University Health Board (SBUHB) Long Term Agreement 8% increase in Intensive Therapy Unit bed days.
Medical & Dental	0.4	BGH, Paediatrics and Mental Health increased locum usage with additional retrospective shifts.
Nursing & Healthcare Support Worker	0.2	Over-utilisation of HCSW within GGH and Women and Children's Services.
Primary Care Prescribing	0.2	Average price impact in May's Prescribing Audit Report data for Month 5 of £7.62 compared to forecast of £7.56. It has not been extrapolated for the full year due to the volatility and the announcement of CatM adjustments in the next few months.
Commissioned Healthcare Services	(0.9)	Continuing Healthcare decrease in care package and decrease intensity of care provision.
Primary Care	(1.2)	Dental underspend against contracts alongside Community Strategic Programme underspends (£3.6m). Offset by Managed Practices overspend driven by premium locum and agency costs £2.4m.
Income Overachievement	(1.4)	HEIW income within Workforce £(0.3)m, Flying Start Local Authority increases within Women and Children's Services £(0.7)m, additional income across other operational directorates.
Vacancies	(1.8)	Continuation of trend from the end of 23-24, particularly Corporate directorates.
<b>Total deviation to annual plan</b>	<b>10.7</b>	
<b>Gross forecast</b>	<b>74.7</b>	
<b>Further mitigating actions required</b>	<b>(10.7)</b>	
<b>Reported net position</b>	<b>64.0</b>	

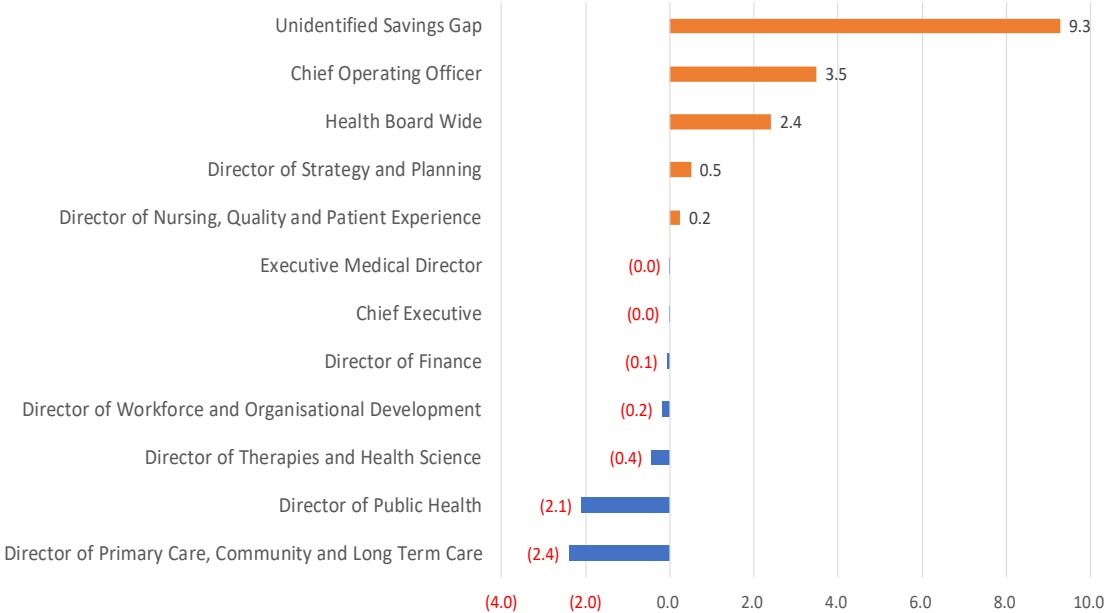
# Revenue Position (4 of 4): Summary Financial Performance by Portfolio (£'m)

## Delegated Officer Performance

### Year to Date

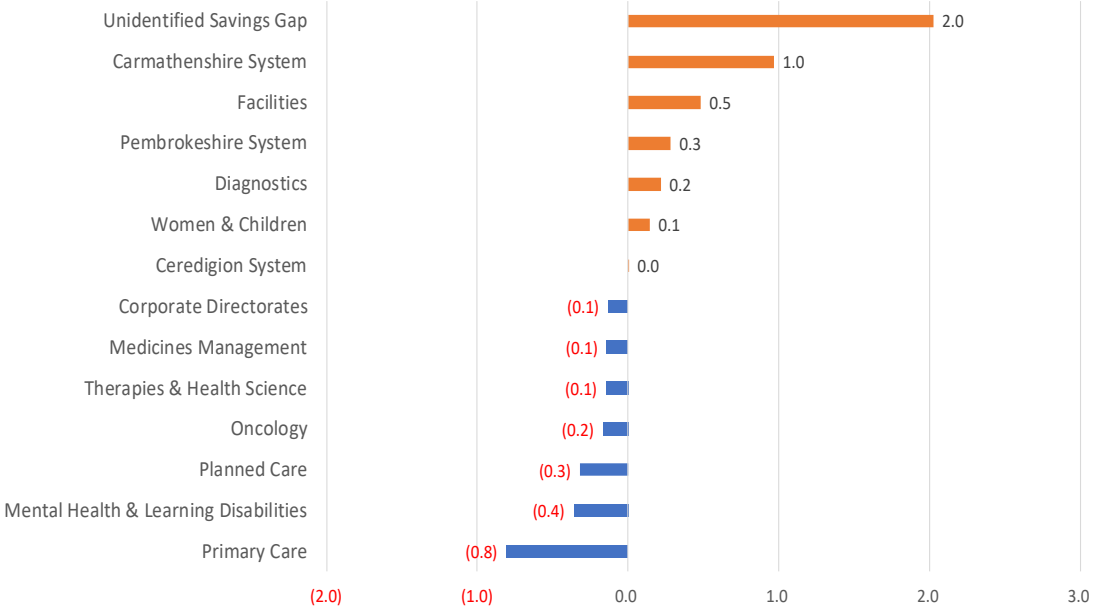


### End of Year

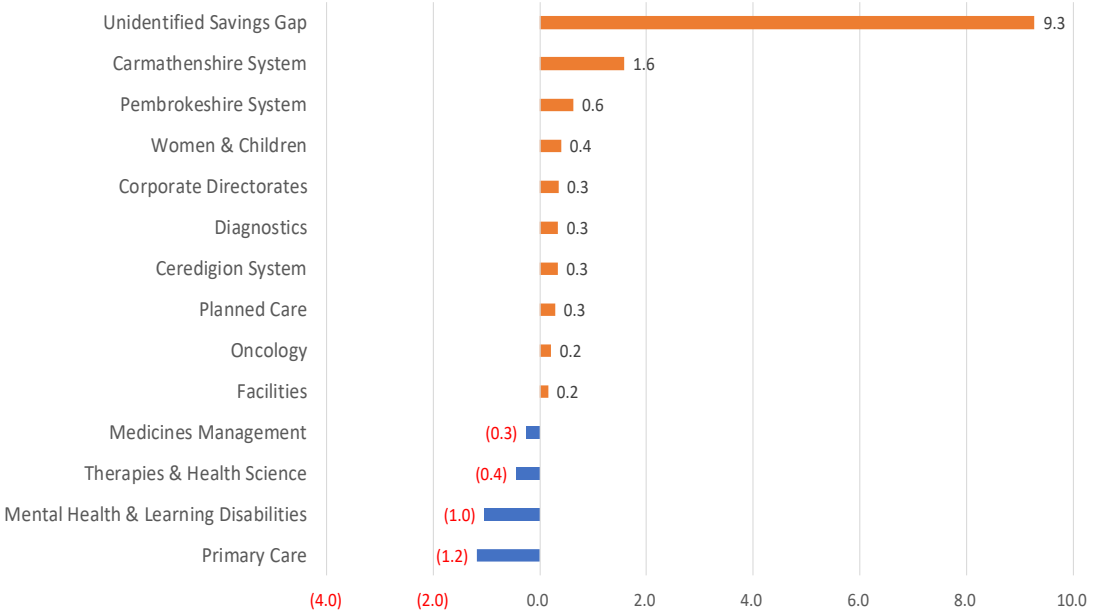


## Service Portfolio Performance

### Year to Date



### End of Year



# Next Steps and Mitigating Actions

Annual plan development for the forthcoming financial year is in its implementation stage, including an assessment of the choices the Health Board will have to make. At this stage there is insufficient assurance to achieve the target control total for the 2024/25 financial year, and as such the resubmitted Annual Plan sent to Welsh Government (WG) on the 31 May 2024 remains at a £64.0m deficit.

The Health Board's focus in the first half of the year continues to be one of de-risking the delivery trajectory of the annual plan to achieve the £32.4m savings expectation. Progress has been made in recent months, with further action required to close the £9.3m gap that currently exists. The Executive Team have committed to progress financial recovery to reduce the planned deficit towards the target control total to ensure a recurrent impact can be delivered heading into 2025/26 planning cycle. The culmination of the 100 Day Cycle work is critical to ensure delivery of improvements in the second half of the financial year.

The following next steps and mitigating actions are being pursued across Executive Director portfolios, with ongoing reviews in place via the internal escalation framework to evaluate progress and impact updates, de-risking the annual plan:

- Following the Month 4 Executive review the following actions are required:
  - In month, there were several positive actions which identified further savings taking the total Green and Amber schemes to £23.1m, largely made up of non-recurrent savings. The gap for future months in the year remains a concern and challenge, and the focus is to convert non-recurrent to recurrent as well as fully identifying directorate savings aspirations.
  - Operational and clinical team to progress through the 100-day cycle for the bed transformation programme to realise benefits from 1 October 2024.
  - Withybush bed savings delivery is currently not delivering as per plan and requires intervention.
  - Glangwili ward recovery plan – to manage the increase level of variable pay seen in Registered Nurse and Healthcare support worker.
  - Drugs pressures in Oncology and Homecare drugs costs in PPH and GGH is continuing to rise, mitigating actions will be required for these.
  - Managed Practices - £2.4m cost pressure due to premium locum and agency costs, an action plan is being developed to re-tender into private management.
  - Mental Health and Learning Disabilities premium Medical Locum costs.
- An internal escalation framework has been agreed and implemented. Escalation meetings having taken place for all escalated directorates. Recovery plans are being actively managed by those directorates.
- Grip and control measures have been further strengthened during July 2024, alongside the escalation process, covering recruitment, training and procurement.
- The newly created Value and Sustainability group and Integrated Quality, Finance, Performance and Delivery (IQFPD) Group are reviewing accountability arrangements for local delivery actions.

# Opportunities: Saving Scheme Categories and BRAG status



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NHS  
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- £32.4m annual plan savings gap to achieve £64m, currently £10.2m short in respect of Green and Amber schemes.
- Deviation from forecast in respect of Green and Amber schemes £890k.

## Assessment of 2024/25 in year savings schemes across categories

- Pay efficiency figure is heavily driven by the non-recurrent benefit of savings, £7,337k currently, of which £1,789k is driven by in-month pay underspends M1-M04.
- The forecast figures demonstrates non-delivery largely in respect of Red and Black schemes, which is to be expected whilst the schemes are developed, but also in respect of Urgent Emergency Care transformation and Medicines Management.

	In Year Plan £'000				
	Black	Red	Amber	Green	Total
Medical Staffing Stabilisation	0	435	0	1,386	1,821
Nurse Staffing Stabilisation	150	0	51	2,628	2,829
Pay Efficiency	73	1,563	0	8,272	9,907
Commissioning	80	717	0	2,080	2,877
Continuing Health Care	0	117	0	0	117
Income Generation	0	0	0	20	20
Medicines Management	0	60	125	550	735
Non-Pay Efficiency	3,013	2,041	491	7,006	12,551
Service Configuration	15	170	0	521	706
<b>Total</b>	<b>3,331</b>	<b>5,103</b>	<b>667</b>	<b>22,462</b>	<b>31,562</b>

	In Year Forecast £'000				
	Black	Red	Amber	Green	Total
Medical Staffing Stabilisation	0	0	0	1,386	1,386
Nurse Staffing Stabilisation	0	0	0	1,814	1,814
Pay Efficiency	0	0	0	8,296	8,296
Commissioning	0	0	0	2,080	2,080
Continuing Health Care	0	0	0	0	0
Income Generation	0	0	0	20	20
Medicines Management	0	0	125	397	522
Non-Pay Efficiency	0	0	491	7,109	7,600
Service Configuration	0	0	0	521	521
<b>Total</b>	<b>0</b>	<b>0</b>	<b>616</b>	<b>21,623</b>	<b>22,239</b>

# Opportunities: Black and Red Schemes Overview



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NHS  
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## Summary:

	24/25	Full Year
Total Value	£8,433k	£10,973k
No. of schemes	88	82
Average value	£96k	£134k
Schemes £500k+	6	6
Unquantified	50	50

Saving Category (£'000)	24/25	Full Year
Medical Staffing Stabilisation	435	1,675
Nurse Staffing Stabilisation	150	1,943
Pay Efficiency	1,636	982
Commissioning	797	942
Continuing Health Care	117	476
Income Generation	0	0
Medicines Management	60	500
Non-Pay Efficiency	5,054	1,596
Service Configuration	185	2,859
<b>Total</b>	<b>8,433</b>	<b>10,973</b>

New Black and Red schemes in July = 31

If the number of Black and Red schemes is the indicator, the extent to which Directorates have a pipeline of saving opportunities is variable, as noted by the figures below:

Directorate	Black	Red
OPERATIONS DIR MANAGEMENT		2
FACILITIES	21	8
MENTAL HEALTH AND LD		1
ONCOLOGY & CANCER SERVICES	1	1
PATHOLOGY	1	5
PLANNED CARE	10	11
PEMBROKESHIRE COUNTY		5
UNSCHEDULED CARE BRONGLAIS		1
UNSCHEDULED CARE GLANGWILI		1
UNSCHEDULED CARE WITHYBUSH	1	
WOMEN & CHILDREN	6	6
LTA'S WITH OTHER NHS PROVIDERS	1	2
STRATEGIC PLANNING	1	
DIGITAL	1	2
<b>Grand Total</b>	<b>43</b>	<b>45</b>

Black and Red schemes and associated service interdependencies were a key part of discussions in recent TI saving workshops.

# Opportunities: Directorate Target Areas



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NHS  
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As part of Escalation meetings, Directorates are expected to present saving opportunities which are being pursued. From the latest, second round of escalation meetings, opportunities framed:

CARMS SYSTEM	MHL D	FACILITIES	PLANNED CARE	PEMBS COUNTY	WGH USC
Cardiology and COTE LOS review	Bevan Exemplars – clinical reviews, 20 undertaken, two applicable to current services, nil saving opportunity identified	Staff structure linked to standard of service to reduce variable pay	Outpatient Care - cost comparison across BGH, WGH and Cardigan ICC for procedures and first appointments. £4.1m variation to AW average	CHC – D2A beds - Paper approved 4-month trial period	Earlier timescale for Puffin ward changes, ahead of expected date of October 2024
Locum shift OOH scrutiny – new process being implemented for on call managers and in hours	Analysis of referral numbers across community and inpatient settings, aim to identify areas of variation and consider improvements	Laundry SLA amendments and opportunities exploration	Outpatient Care – specialty comparison BGH Ophthalmology. £0.5m variation to AW average	Review of nurse staffing, to include review of discharge home/ home support teams	Review ward 9
Closer monitoring of doctor sickness, process underway	Analysing growth in expenditure to a service level	Maintenance Non-Pay expenditure reduction opportunity	Outpatient Care – new to follow up ratio Urology. 4.8 vs 2.1 AW average	Review of space utilisation; Llanion House, PDHCC, SPH	Re- configuring the ED/CDU footprint
“Frequent flyers” nurse led group to review multiple attendance data	Analysis of Delayed Pathway of Care (DTCO) position	Staff structure linked to standard of service to reduce variable pay	7 new black schemes identified and being explored	Hold of admin vacancies – review underway	Agency staff in A&E above current budgeted establishment - proposal to recruit substantively

Some of these are informed by the Compendium of Variation, others are fed by Directorate intelligence. These are a combination of efficiency opportunities and cash releasing benefits.

# Opportunities: In Month Underspends



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In month underspends of £1.9m transacted as savings in M01-M04. Action with Directorates to consider underspend drivers and feasibility of framing saving schemes:

Directorate	M01	M02	M03	M04	Total
ASST DIR OPS QUALITY AND NURSING	0	27	20	0	46
CEREDIGION COUNTY	0	55	0	0	55
CHIEF EXECUTIVE	17	0	0	0	17
FINANCE	55	39	49	21	165
MEDICINES MANAGEMENT	0	75	98	0	173
PLANNED CARE	0	251	140	0	392
PUBLIC HEALTH	0	124	220	220	564
THERAPIES	0	54	45	45	144
WORKFORCE AND OD	114	82	100	0	296
Total	186	708	672	286	1,852

To date both Workforce and Organisational Development and Planned Care have framed ongoing savings linked to in month underspends.

# Saving and Opportunities Approach



GIG  
CYMRU  
NHS  
WALES

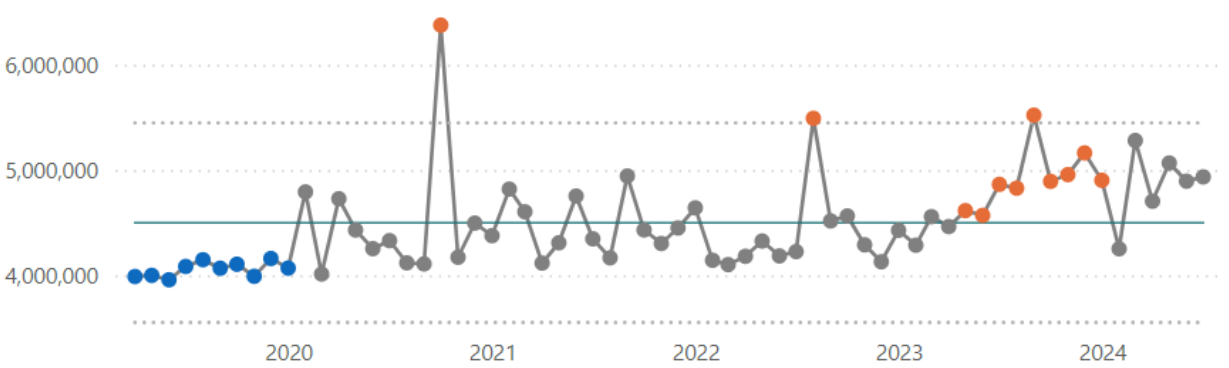
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Hywel Dda  
University Health Board

- The Health Board has an active multifaceted approach in pursuit of financial recovery, ranging from identification of bottom-up opportunities within Directorates, through to transformation programmes linked to the recovery plan themes.
- Delivery is tracked at a Directorate level via Directorates Improving Together (DITs) or Escalation meetings, as appropriate. Progress against Recovery themes will be assessed via IQFPD, Value and Sustainability Group or AHMWW Groups as relevant.
- Challenge and support to target realisation of Black saving ideas and Red opportunities into Amber and Green plans is a priority, alongside identification of new saving plans, to de-risk the current financial plan in pursuit of £64m.
- There are a number of 100 Day Cycle programmes underway to support the review and investigation of saving opportunities identified within the Recovery Plan.
- During August there has also been a series of TI Saving workshops held to enable the necessary discussions between Directorates in a bid to progress key saving plans, specifically targeting the closure of the in-year gap to achieve £64m.
- A refresh of the Compendium of Variation has been completed and is due to be presented at Value and Sustainability Group in August. Also, the means of distribution are being reviewed to ensure optimum access.
- The translation of variation opportunities into savings has achieved limited traction to date following initial sharing of the intelligence through the former OPGP Group. There is engagement and explorative work is underway within some Directorates, but this is not consistent. Though some Directorates are framing opportunities based on other information, in feeding their pipeline of potential saving schemes. The expectation is that all Directorates present Saving Opportunities at their Escalation meetings.
- The identification of new schemes and conversion of opportunities to Green and Amber schemes remains a priority.

# Appendix 2: Key Analysis (1 of 8)

## Continuing Healthcare Expenditure (£'m)

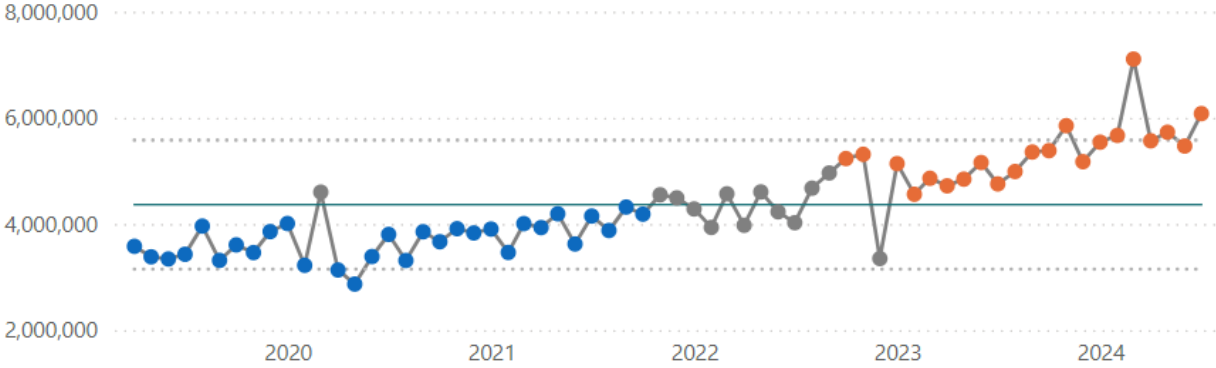
This indicator is showing expected (common cause) variation. Expected performance is between £3.6m and £5.4m.



Reduction in care packages and a decrease in intensity of care provision

## Secondary Care Drugs expenditure (£'m)

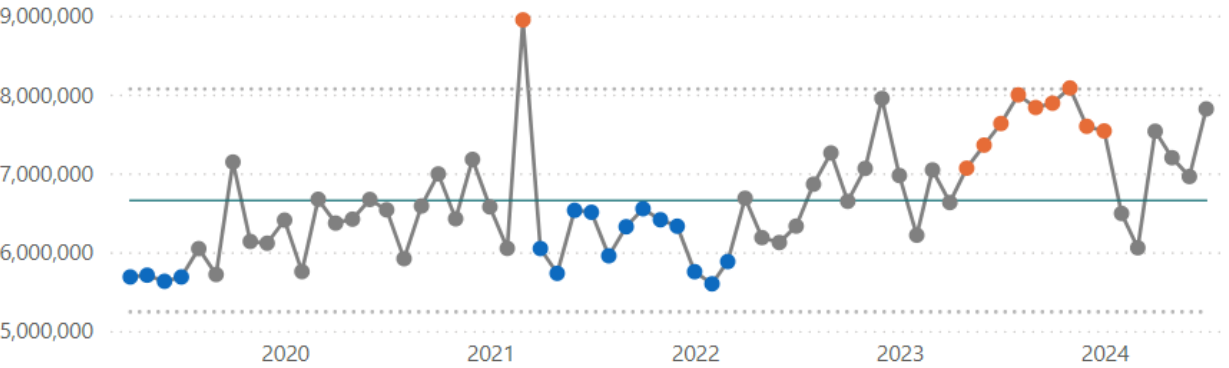
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between £3.1m and £5.6m.



In month growth increase surpassing the assumed price growth of 9.5% to 18%.

## Primary Care Prescribing Expenditure (£'m)

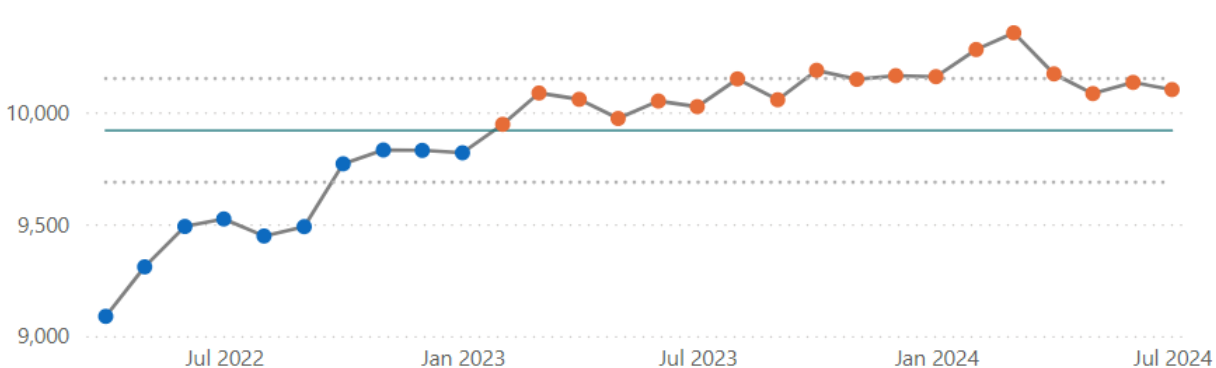
This indicator is showing expected (common cause) variation. Expected performance is between £5.2m and £8.1m.



Average price impact in May's Prescribing Audit Report data for Month 5 of £7.62 compared to forecast of £7.56.

## Total Agenda for Change (WTE)

The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,687 and 10,150.

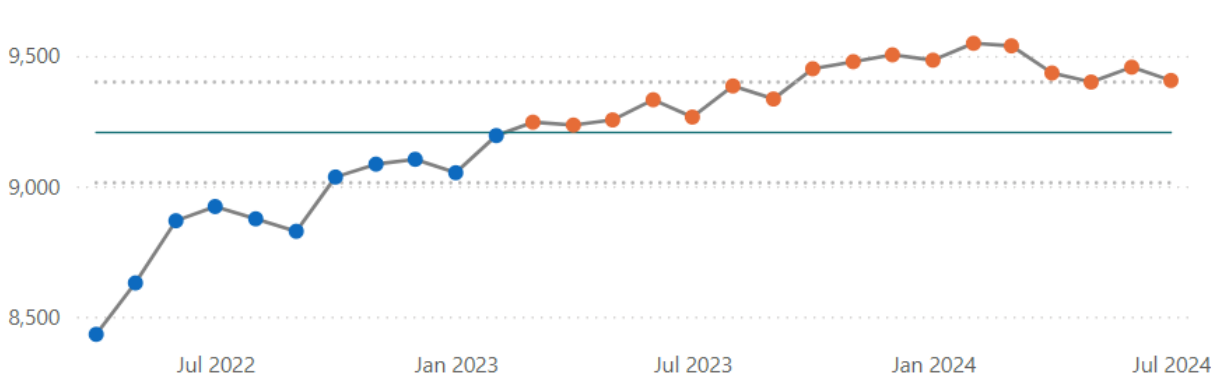


This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency. It excludes Medical resources.

# Appendix 2: Key Analysis (2 of 8)

## Substantive (WTE)

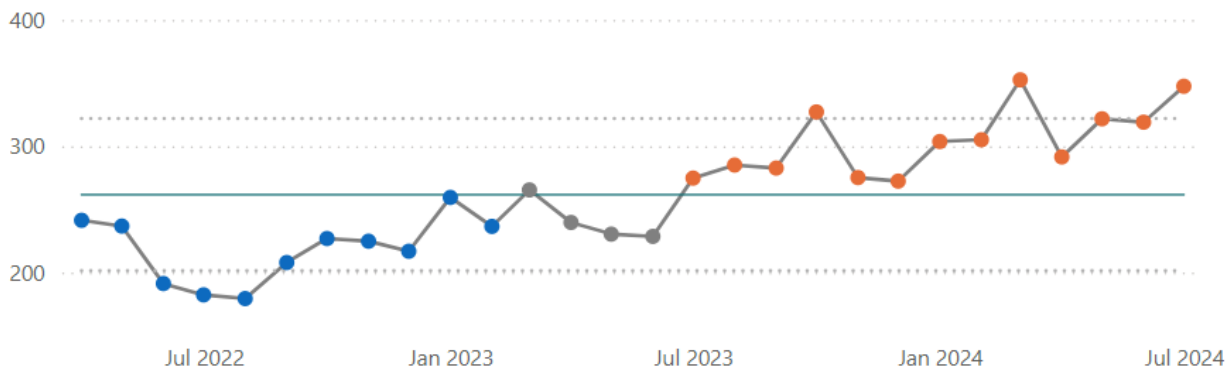
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,013 and 9,400



There has been an increase of c.1064 in the number of Substantive WTEs since April 2022.

## Bank (WTE)

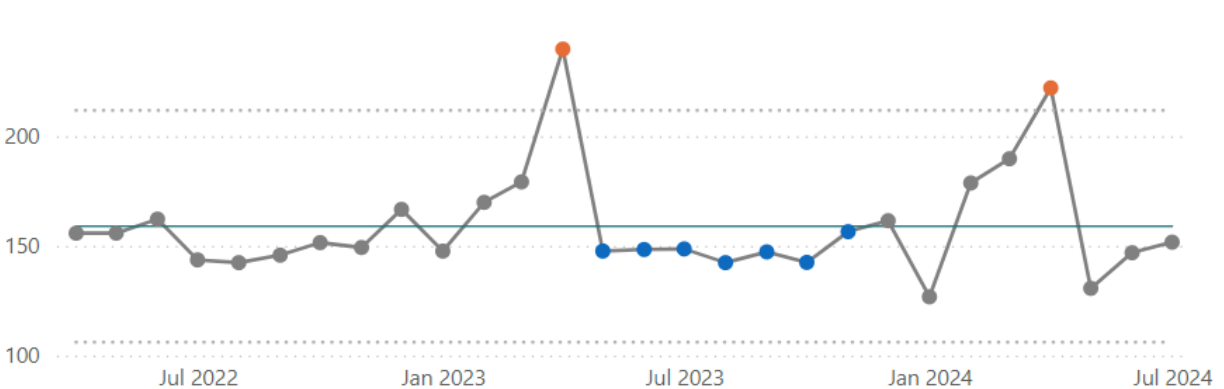
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 201 and 322.



There has been an increase of c.106 in the number of Bank WTEs since April 2022.

## Overtime (WTE)

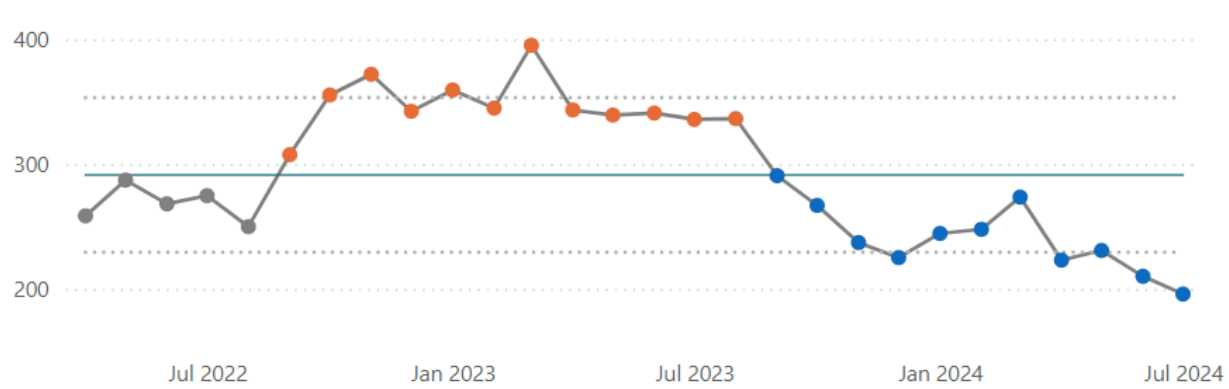
This indicator is showing expected (common cause) variation. Expected performance is between 106 and 212.



The number of overtime WTE has returned in month to expected levels, following an increase in April, mirroring prior year trends.

## Agency (WTE)

The latest data is showing improvement. Expected performance is between 229 and 353.



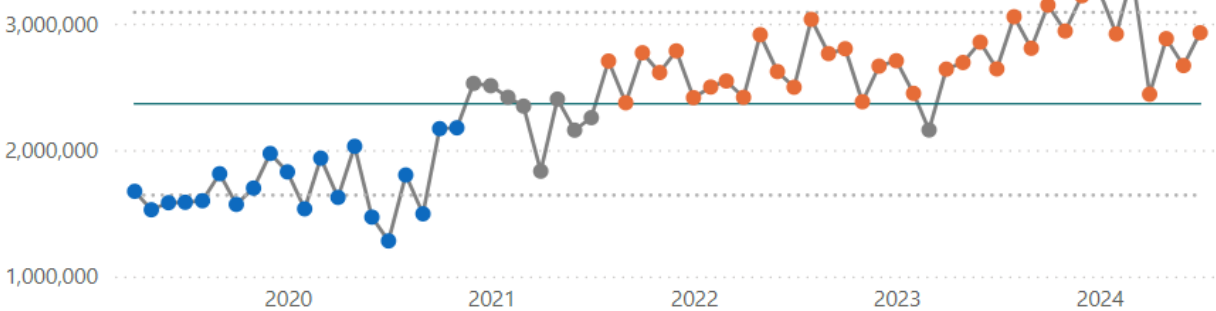
The WTE used in month is now at the lowest point since April 2022, at 196 WTE.

# Appendix 2: Key Analysis (3 of 8)

## Medical Locum expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £1.6m and £3.1m.

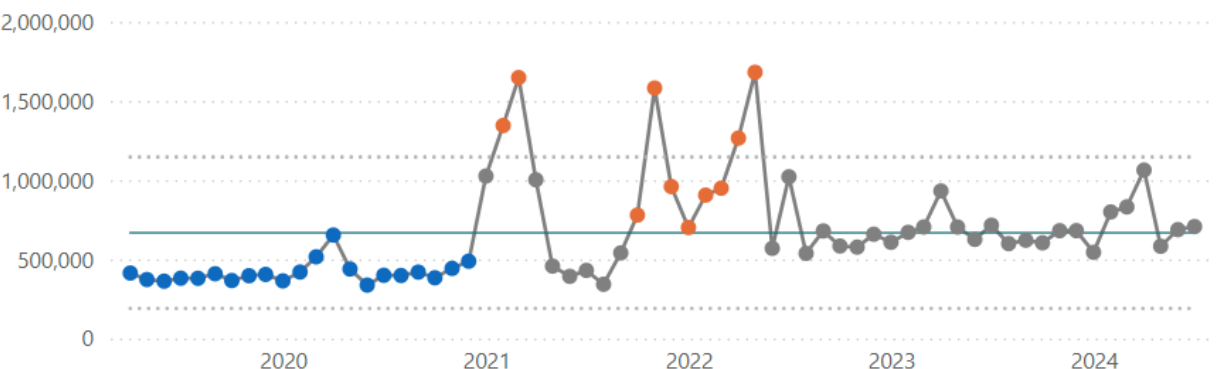


Bronglais, Paediatrics & Mental Health increased locum usage with additional retrospective shifts

## Overtime expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £0.2m and £1.1m.

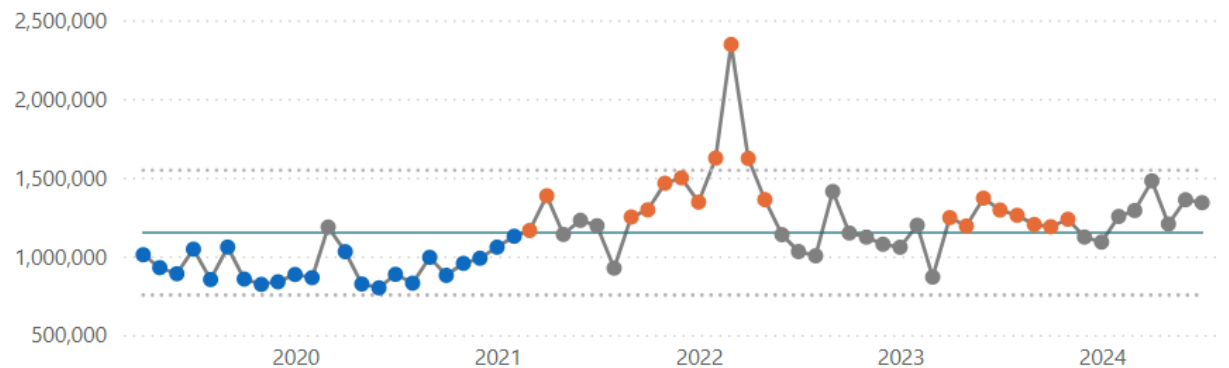


Whilst there is not a concerning statistical trend yet, the recent months have shown a steady rise in overtime usage.

## Bank expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £0.8m and £1.5m.

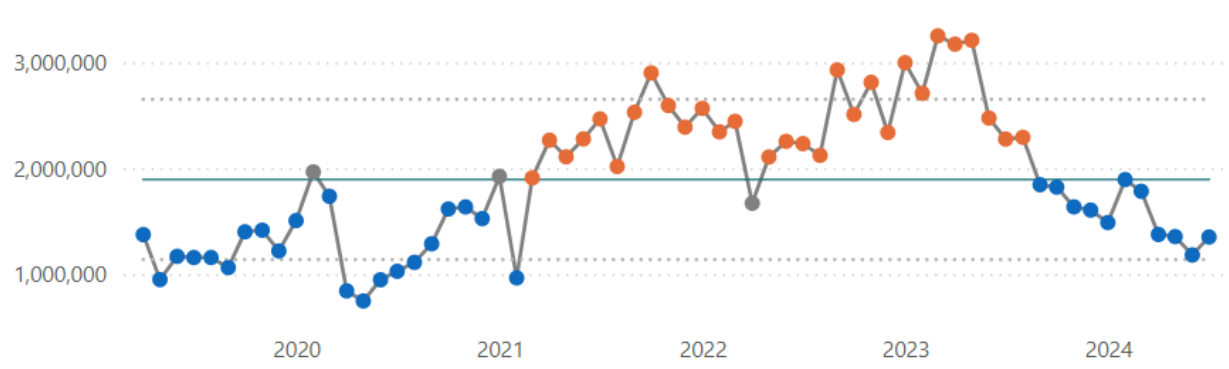


Whilst there is not a concerning statistical trend yet, the most recent months have all shown a steady rise in overtime usage.

## Nurse Agency expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1.1m and £2.7m.



Following the Core Delivery Group's decision to restrict Agency utilisation and terms/rates, no Off-Contract Agency Nursing were utilised over the last six months

# Appendix 2: Key Analysis (4 of 8)

DIRECTORATE	Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
<b>CHIEF OPERATING OFFICER</b>	<b>104.5%</b>	<b>2,714</b>	<b>2,220</b>	<b>(378)</b>	<b>241</b>	<b>69</b>	<b>185</b>	<b>116</b>
MENTAL HEALTH & LEARNING DISABILITIES	107.8%	276	219	(38)	47	3	7	20
PLANNED CARE	98.9%	170	149	(22)	12	4	5	(2)
UNSCHEDULED CARE BRONGLAIS	94.9%	282	187	(110)	25	11	59	(15)
UNSCHEDULED CARE GLANGWILI	112.1%	679	558	(48)	54	25	43	73
UNSCHEDULED CARE PRINCE PHILIP	103.4%	440	366	(59)	45	6	22	14
UNSCHEDULED CARE WITHYBUSH	104.1%	559	451	(87)	51	12	46	22
WOMEN & CHILDREN	101.2%	307	290	(13)	7	7	3	4
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE</b>	<b>99.3%</b>	<b>100</b>	<b>88</b>	<b>(12)</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>(1)</b>
CARMARTHENSHIRE COUNTY	103.2%	78	69	(7)	5	2	2	2
CEREDIGION COUNTY	87.8%	22	19	(6)	3	0	-	(3)
<b>Grand Total</b>	<b>104.3%</b>	<b>2,813</b>	<b>2,308</b>	<b>(390)</b>	<b>248</b>	<b>71</b>	<b>187</b>	<b>116</b>

## Appendix 2: Key Analysis (5 of 8)

DIRECTORATE	All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
<b>CHIEF EXECUTIVE</b>	<b>90.6%</b>	<b>90</b>	<b>90</b>	<b>(9)</b>	-	-	-	<b>(9)</b>
<b>CHIEF OPERATING OFFICER</b>	<b>95.1%</b>	<b>4,511</b>	<b>4,341</b>	<b>(401)</b>	<b>87</b>	<b>75</b>	<b>9</b>	<b>(230)</b>
ASST DIR OPS QUALITY & NURSING	67.8%	14	14	(7)	-	-	-	(7)
FACILITIES	91.1%	898	826	(160)	49	23	-	(88)
MENTAL HEALTH & LEARNING DISABILITIES	93.4%	899	888	(74)	9	1	-	(63)
ONCOLOGY & CANCER SERVICES	90.1%	101	97	(15)	3	1	-	(11)
OPERATIONS DIR MANAGEMENT	92.7%	259	253	(27)	6	1	-	(21)
PATHOLOGY	98.6%	238	228	(14)	1	9	-	(3)
PLANNED CARE	96.9%	864	819	(73)	9	29	6	(27)
RADIOLOGY	94.3%	251	245	(21)	1	5	-	(15)
UNSCHEDULED CARE BRONGLAIS	108.1%	114	109	4	1	1	3	9
UNSCHEDULED CARE GLANGWILI	107.1%	186	182	8	3	1	-	12
UNSCHEDULED CARE PRINCE PHILIP	94.7%	107	107	(6)	-	0	-	(6)
UNSCHEDULED CARE WITHYBUSH	104.2%	130	127	3	2	1	-	5
WOMEN & CHILDREN	96.7%	450	446	(19)	2	2	-	(15)
<b>DIRECTOR OF FINANCE</b>	<b>92.8%</b>	<b>293</b>	<b>291</b>	<b>(24)</b>	-	<b>2</b>	-	<b>(23)</b>
DIGITAL	95.5%	198	197	(11)	-	2	-	(9)
FINANCE	88.1%	88	88	(12)	-	-	-	(12)
PERFORMANCE	83.8%	7	7	(1)	-	-	-	(1)
<b>DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE</b>	<b>97.0%</b>	<b>192</b>	<b>192</b>	<b>(6)</b>	-	<b>0</b>	-	<b>(6)</b>
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE</b>	<b>94.6%</b>	<b>1,152</b>	<b>1,137</b>	<b>(81)</b>	<b>13</b>	<b>2</b>	-	<b>(66)</b>
CARMARTHENSHIRE COUNTY	100.5%	289	284	(4)	4	1	-	1
CEREDIGION COUNTY	94.3%	161	158	(13)	3	0	-	(10)
MEDICINES MANAGEMENT	90.7%	224	224	(23)	-	0	-	(23)
PEMBROKESHIRE COUNTY	89.7%	218	213	(30)	4	1	-	(25)
PRIMARY CARE	93.0%	184	183	(15)	0	0	-	(14)
PRIMARY CARE MANAGEMENT	105.6%	75	75	4	-	-	-	4
<b>DIRECTOR OF PUBLIC HEALTH</b>	<b>65.8%</b>	<b>101</b>	<b>101</b>	<b>(53)</b>	<b>0</b>	-	-	<b>(53)</b>
<b>DIRECTOR OF STRATEGY AND PLANNING</b>	<b>91.9%</b>	<b>32</b>	<b>32</b>	<b>(3)</b>	-	-	-	<b>(3)</b>
<b>DIRECTOR OF THERAPIES AND HEALTH SCIENCE</b>	<b>94.8%</b>	<b>589</b>	<b>587</b>	<b>(34)</b>	-	<b>2</b>	-	<b>(32)</b>
<b>DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT</b>	<b>76.1%</b>	<b>234</b>	<b>234</b>	<b>(74)</b>	-	-	-	<b>(74)</b>
<b>EXECUTIVE MEDICAL DIRECTOR</b>	<b>102.7%</b>	<b>92</b>	<b>92</b>	<b>2</b>	-	-	-	<b>2</b>
<b>Grand Total</b>	<b>93.7%</b>	<b>7,287</b>	<b>7,098</b>	<b>(683)</b>	<b>100</b>	<b>81</b>	<b>9</b>	<b>(493)</b>

# Appendix 2: Key Analysis (6 of 8) In-Month Revenue Position – Variance to Budget (£'000)

DIRECTORATE	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	(34)				0	(2)		(28)	18	(46)
CHIEF OPERATING OFFICER	(80)	(205)	282	159	366	(52)	224	288	34	1,016
ASST DIR OPS QUALITY & NURSING FACILITIES	(3)	(2)		(6)	(11)		(0)	2		(20)
MENTAL HEALTH & LEARNING DISABILITIES	93			(15)	0		0	233	(34)	277
ONCOLOGY & CANCER SERVICES	(30)	(122)	94	(161)	(4)	(65)	(62)	(24)	200	(173)
OPERATIONS DIR MANAGEMENT	(14)	7	(26)	(32)	9	(2)	89	(3)	(12)	18
PATHOLOGY	(60)	(12)	(26)	80	14	(3)	3	1	2	(1)
PLANNED CARE	(4)	23	(2)	26	237	(8)	(46)	(33)	11	204
RADIOLOGY	(35)	12	34	20	(79)	(26)	(16)	77	(26)	(40)
UNSCHEDULED CARE BRONGLAIS	(2)	(25)	(53)	9	80	13	(4)	1	(14)	6
UNSCHEDULED CARE GLANGWILI	(13)	(9)	156	34	7	3	(9)	5	(3)	172
UNSCHEDULED CARE PRINCE PHILIP	(4)	(14)	(1)	91	(20)	26	98	(0)	(7)	169
UNSCHEDULED CARE WITHYBUSH	(12)	(9)	(16)	19	79		85	(1)	2	147
WOMEN & CHILDREN	(42)	(38)	96	138	6	(0)	98	2	(8)	251
DIRECTOR OF FINANCE	45	(16)	27	(44)	47	10	(13)	27	(78)	5
DIGITAL	(27)		(2)	5	0	(111)		140	37	43
FINANCE	3		(2)		0	(99)		103	36	40
PERFORMANCE	(28)			5		(11)		38	1	(0)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(2)							(1)		2
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(10)	5		(29)	2	5		20	(8)	(15)
CARMARTHENSHIRE COUNTY	(31)	131	189	(294)	15	(171)	17	(203)	40	(308)
CEREDIGION COUNTY	4	(8)	1	3	15	(57)	3	22	(42)	(60)
PEMBROKESHIRE COUNTY	5	6	(1)	(41)	1	(20)	(1)	(74)	2	(123)
MEDICINES MANAGEMENT	(22)	(0)	(1)	(53)	92	103	(3)	(134)	(2)	(21)
PRIMARY CARE	1	114		(185)	(4)	5	11	6	6	(47)
PRIMARY CARE MANAGEMENT	(24)	20	190	(38)	(54)	(235)	7	(40)	76	(98)
DIRECTOR OF PUBLIC HEALTH	4	(1)		20	(34)	33		17	(0)	39
DIRECTOR OF STRATEGY AND PLANNING	(0)	0	(22)	21	(10)	(2)	(37)	46	3	(1)
LTA'S WITH OTHER NHS PROVIDERS	(6)	2	0			585	0	2	(8)	574
STRATEGIC PLANNING	1					584	0	(1)		585
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(8)	2	0			0		2	(8)	(11)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	11	(39)		(5)	19	11	(2)	18	(13)	(1)
EXECUTIVE MEDICAL DIRECTOR	(74)	(12)	(6)	(25)	1	134	(0)	(12)	(44)	(38)
HEALTH BOARD WIDE	100	19	(85)	0	(2)		0	72	(103)	1
CENTRAL CAPITAL	(58)				1	44	39	79	(7)	97
CENTRAL CONTRACTING								1	(16)	(15)
CENTRAL FINANCING						44		(1)		43
CENTRAL INCOME	(13)				1	0	39	5	(37)	(5)
CENTRAL RESERVES								47		47
PLANNED DEFICIT	(45)							73	(1)	28
UNIDENTIFIED SAVINGS GAP								5,333		5,333
Grand Total	(211)	(99)	356	(167)	392	441	240	5,119	(50)	6,021

# Appendix 2: Key Analysis (7 of 8) Year to Date Revenue Position – Variance to Budget (£'000)

DIRECTORATE	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	(21)				0	(5)		(65)	(2)	(93)
CHIEF OPERATING OFFICER	45	(342)	129	837	775	(137)	154	785	(616)	1,631
ASST DIR OPS QUALITY & NURSING FACILITIES	(6)	(6)		(2)	(25)		(0)	9		(29)
MENTAL HEALTH & LEARNING DISABILITIES	289	0		(63)	23	(12)	2	369	(128)	482
ONCOLOGY & CANCER SERVICES	(21)	(179)	285	(113)	(1)	(238)	(94)	(6)	8	(361)
OPERATIONS DIR MANAGEMENT	(14)	(56)	(97)	(82)	20	(7)	71	(1)	(1)	(167)
PATHOLOGY	(102)	(45)	31	36	32	(11)	13	48	(3)	(1)
PLANNED CARE	(17)	94	(52)	71	310	12	(132)	(67)	(10)	209
RADIOLOGY	(29)	114	(254)	122	(121)	(20)	(149)	190	(173)	(319)
UNSCHEDULED CARE BRONGLAIS	(13)	(51)	(66)	49	150	38	(72)	28	(54)	9
UNSCHEDULED CARE GLANGWILI	(49)	(36)	225	(9)	0	8	(6)	51	(4)	179
UNSCHEDULED CARE PRINCE PHILIP	(12)	(44)	(72)	553	(11)	25	319	2	(12)	748
UNSCHEDULED CARE WITHYBUSH	(48)	(35)	(40)	(44)	258			163	8	273
WOMEN & CHILDREN	(1)	(80)	38	319	4	(7)	116	64	10	463
DIRECTOR OF FINANCE	68	(19)	132	(0)	135	76	(78)	91	(260)	145
DIGITAL	(28)		(6)	5	1	(208)	0	500	79	342
FINANCE	5		(6)		1	(163)		428	77	342
PERFORMANCE	(39)			5		(45)	0	76	2	(6)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	5							(4)		6
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	17	1		97	8	7		22	1	153
CARMARTHENSHIRE COUNTY	0	136	764	(196)	(161)	(2,097)	(36)	(159)	381	(1,368)
CEREDIGION COUNTY	19	(45)	(6)	79	28	(86)	8	(1)	(49)	(54)
PEMBROKESHIRE COUNTY	5	18	(2)	(81)	(5)	(11)	(7)	(102)	12	(174)
MEDICINES MANAGEMENT	(9)	(1)	(0)	(255)	28	46	1	(12)	21	(180)
PRIMARY CARE	(7)	(103)		9	(22)	8	(59)	70	(36)	(141)
PRIMARY CARE MANAGEMENT	(20)	269	772	(35)	(46)	(2,068)	21	(133)	434	(807)
DIRECTOR OF PUBLIC HEALTH	13	(2)		87	(143)	14		19	(2)	(14)
DIRECTOR OF STRATEGY AND PLANNING	9	(5)	(69)	9	(37)	(22)	16	(198)	21	(277)
LTA'S WITH OTHER NHS PROVIDERS	(19)	7	23			(69)	0	13	(32)	(77)
STRATEGIC PLANNING	4					(70)	0	(1)		(67)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(24)	7	23			2		15	(32)	(9)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	49	(249)	0	(21)	49	12	(9)	84	(62)	(146)
EXECUTIVE MEDICAL DIRECTOR	(242)	(34)	(59)	77	1	87	(10)	204	(142)	(118)
HEALTH BOARD WIDE	52	68	79	7	(3)		0	43	(246)	1
CENTRAL CAPITAL	(13)				9	105	212	(21)	(312)	(20)
CENTRAL CONTRACTING								4	(16)	(13)
CENTRAL FINANCING						105		(3)		103
CENTRAL INCOME	(13)				9	(0)	212	(22)	(218)	(32)
CENTRAL RESERVES									(76)	(76)
PLANNED DEFICIT			(0)					(0)	(1)	(1)
UNIDENTIFIED SAVINGS GAP								21,333		21,333
Grand Total								2,024		2,024
Grand Total	(151)	(418)	861	815	643	(2,326)	327	24,565	(931)	23,385

# Appendix 2: Key Analysis (8 of 8) End of Year Forecast Gross Revenue Position – Variance to Budget (£'000)

DIRECTORATE	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	(88)				0	(16)		127	(57)	(34)
CHIEF OPERATING OFFICER	71	(865)	611	1,022	1,744	(751)	1,727	1,134	(1,209)	3,485
ASST DIR OPS QUALITY & NURSING FACILITIES	(30)	(20)		9	(56)		(0)	(8)		(105)
MENTAL HEALTH & LEARNING DISABILITIES	325	0		(325)	24	(12)	4	142	0	158
ONCOLOGY & CANCER SERVICES	(12)	(388)	883	(584)	(1)	(853)	(184)	23	79	(1,036)
OPERATIONS DIR MANAGEMENT	(34)	(135)	(160)	(153)	59	(20)	627	(4)	30	210
PATHOLOGY	(54)	(177)	43	(44)	(135)	(35)	39	158	(32)	(237)
PLANNED CARE	(46)	256	(67)	212	161	36	(121)	(165)	33	297
RADIOLOGY	104	377	(561)	570	(6)	(220)	(119)	508	(367)	285
UNSCHEDULED CARE BRONGLAIS	(31)	(112)	(491)	139	672	141	(102)	(4)	(165)	45
UNSCHEDULED CARE GLANGWILI	(154)	(106)	478	325	(0)	15	(16)	50	(25)	568
UNSCHEDULED CARE PRINCE PHILIP	(47)	(113)	(120)	721	9	20	985	33	(39)	1,450
UNSCHEDULED CARE WITHYBUSH	(166)	(111)	(97)	(356)	734		341	39	13	397
WOMEN & CHILDREN	(32)	(253)	296	587	(17)	(17)	362	125	4	1,056
DIRECTOR OF FINANCE	249	(83)	409	(79)	301	193	(89)	236	(739)	398
DIGITAL	(175)		(23)	5	1	(460)	0	243	335	(74)
FINANCE	(20)		(23)		1	(326)		(18)	381	(5)
PERFORMANCE	(177)					(134)	0	268	7	(36)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	22			5				(7)	(53)	(33)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	77	(92)		240	10	9		9	(4)	248
CARMARTHENSHIRE COUNTY	(24)	349	2,380	(784)	(105)	(5,594)	338	(182)	1,213	(2,408)
CEREDIGION COUNTY	51	(111)	(26)	67	144	(344)	25	(3)	(65)	(263)
PEMBROKESHIRE COUNTY	23	50	(8)	(242)	(16)	52	(17)	(99)	27	(232)
MEDICINES MANAGEMENT	(40)	(2)	(11)	(654)	14	87	7	184	(9)	(423)
PRIMARY CARE	(25)	(387)		(50)	(57)	38	232	150	(153)	(252)
PRIMARY CARE MANAGEMENT	(82)	806	2,426	(151)	138	(5,469)	91	(351)	1,418	(1,174)
DIRECTOR OF PUBLIC HEALTH	49	(6)		248	(327)	42		(63)	(5)	(63)
DIRECTOR OF STRATEGY AND PLANNING	(400)	(3)	(249)	(374)	(117)	(36)	(492)	(483)	46	(2,108)
LTA'S WITH OTHER NHS PROVIDERS	(48)	24	92			522	0	8	(97)	501
STRATEGIC PLANNING	15					517	0	(5)		527
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(63)	24	92			5		13	(97)	(25)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	106	(655)		(59)	122	52	(27)	224	(206)	(443)
EXECUTIVE MEDICAL DIRECTOR	(607)	712	(83)	(310)	6	197	(29)	254	(328)	(188)
HEALTH BOARD WIDE	207	218	271	9	(15)		0	382	(1,071)	(0)
CENTRAL CAPITAL	(0)				9		212	(111)	(135)	(135)
CENTRAL CONTRACTING						2,697		(0)	(1)	2,696
CENTRAL FINANCING								64,000		64,000
CENTRAL INCOME								9,271		9,271
CENTRAL RESERVES										
PLANNED DEFICIT										
UNIDENTIFIED SAVINGS GAP										
Grand Total	(881)	(313)	2,998	(250)	1,656	(3,380)	1,729	74,868	(1,768)	74,659