



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 July 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Performance Report – Month 3 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive 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 assess 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 (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.

##### **Financial Position**

- The Health Board is reporting a deficit of £5.9m in-month, which is made up of £0.4m unidentified savings and an operational variation of £0.2m. 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	15.9	64.0
Operational variation	0.2	(1.1)	(1.9)
Unidentified / (Identified) savings gap / (improvement)	0.4	2.6	12.6
Gross Forecast	5.9	17.4	74.7
Future mitigating actions required to deliver Planned Deficit			(10.7)
<b>Reported Net Position</b>	<b>5.9</b>	<b>17.4</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 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 WGH and pay savings within MHLD.

### Savings

- The key focus for the organisation is to develop, implement and deliver savings schemes at pace to close the savings gap of £12.6m.
- 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 (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.

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

£10.7m of mitigating actions are required in order to deliver a year-end forecast of £64.0m. These could be achieved by the following actions:

		£'m
1.	The delivery of bed benefits arising from the Six Goals Programme by 1 October. Modelling shows the benefit from this scheme in this financial year could be £7.5m (of which £3.2m represents a premium currently being paid for agency nurses).	7.5
2.	And assuming that the following areas of overspending are mitigated in the second half of the financial year:	
2.1	Withybush bed savings delivery is currently not delivering as per plan and requires intervention. This is contributing £0.6m to the current forecast.	0.3
2.2	Glangwili wards are currently projecting £1.0m of overspending for the year as a result of increased levels of variable pay in Registered Nursing and HCSW.	0.5
2.3	Drugs pressures in Oncology and Homecare drugs costs in PPH and GGH is continuing to rise, contributing £1.9m to the forecast.	1.0
2.4	Managed Practices are showing a £2.4m cost pressure due to premium locum and agency costs, an action plan is being developed to re-tender into private management.	1.2
2.5	Mental Health & Learning Disabilities premium Medical Locum costs are contributing £0.8m to the forecast.	0.4
<b>Total potential mitigating actions</b>		<b>10.9</b>

- 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 (to note)

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 OD and Interim Deputy CEO.

## Argymhelliad / Recommendation

The Board 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
- **NOTE** 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
- **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)
- **RECOGNISE** 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

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1843 (score 25) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2024/25 due to significant deficit position
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. 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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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 FDU – Finance Delivery Unit FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLDD – 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 General Hospital WRP – Welsh Risk Pool WTE – Whole Time Equivalent WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance Team Management Team Executive Team Sustainable Resources Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial implications are inherent within the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The impact on patient care is assessed within the savings schemes.
<b>Gweithlu: Workforce:</b>	The report considers the financial implications of our workforce.
<b>Risg: Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol: 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: Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.

<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	Not applicable.



GIG  
CYMRU  
NHS  
WALES







Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



# Financial Performance Report – Public Board Meeting

Month 3 2024/25

25 July 2024

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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 £5.9m in-month. Achieving a deficit of £64.0m requires improvements of £10.7m from the current projected gross forecast.**

The Health Board's end of year reported position is a £64.0m deficit. The Month 3 financial position is an overspend of £5.9m against the Planned Deficit of £5.3m, which is made up of £0.4m unidentified savings and an operational variation of £0.2m; the key drivers are summarised below, including the gross forecasted end of year (EoY) position. Of the Savings target of £32.4m, £19.8m has been identified leaving a gap of £12.6m to be identified from the Opportunities Framework.

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	5.3	5.3	15.9	64.0	64.0
Operational variation	0.2	0.2	(1.1)	(6.0)	(1.9)
Unidentified / (Identified) savings gap / (improvement)	0.1	0.4	2.6	18.9	12.6
Gross Forecast	5.6	5.9	17.4	76.9	74.7
Future mitigating actions required to deliver Planned Deficit				(12.9)	(10.7)
<b>Reported Net Position</b>	<b>5.6</b>	<b>5.9</b>	<b>17.4</b>	<b>64.0</b>	<b>64.0</b>

Key Measures (Risk rating - Impact x Likelihood)	Revenue	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 £12.6m. 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.
	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.
	Savings		The Savings target as part of the Annual Plan is £32.4m. £19.8m has been identified to date of which £13.0m is recurrent. 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. Red and Black schemes should be converted at pace into credible and deliverable schemes to de-risk the financial plan, in-line with the Boards expectation and the Executive Teams commitment.
	Capital		There is a currently a low risk to delivering the Capital Resource Limit as all schemes are progressing as anticipated.
	Underlying Deficit	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

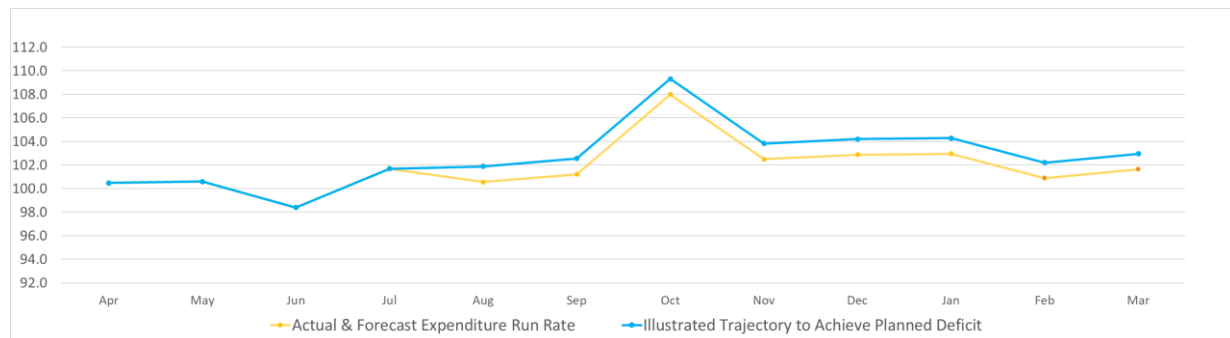
The following breakdowns are included to highlight key movements from the prior month in forecast and savings delivery and identification. Negative values denote improvements.

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	(6.0)	(1.9)	4.1
Unidentified savings gap	18.9	12.6	(6.3)
<b>Gross Forecast</b>	<b>76.9</b>	<b>74.7</b>	<b>(2.2)</b>
Further mitigating actions required	(12.9)	(10.7)	(2.2)
<b>Reported Net Position</b>	<b>64.0</b>	<b>64.0</b>	<b>0.0</b>

Operational Variation (£'m)	Change
EoY Forecast underspends converted to savings	4.0
Non-Pay Operational contracts	0.7
Health Care Support Worker additional cover for sickness and acuity	0.5
Secondary Care & Oncology drugs	(0.6)
Income overachievement	(0.5)
<b>Total</b>	<b>4.1</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	0.7
Newly identified schemes	3.5
Black/Red converted to Amber/Green savings schemes	2.1
<b>New Identified Savings</b>	<b>6.3</b>

# Executive Summary (3 of 4)

## Key Performance Commentary

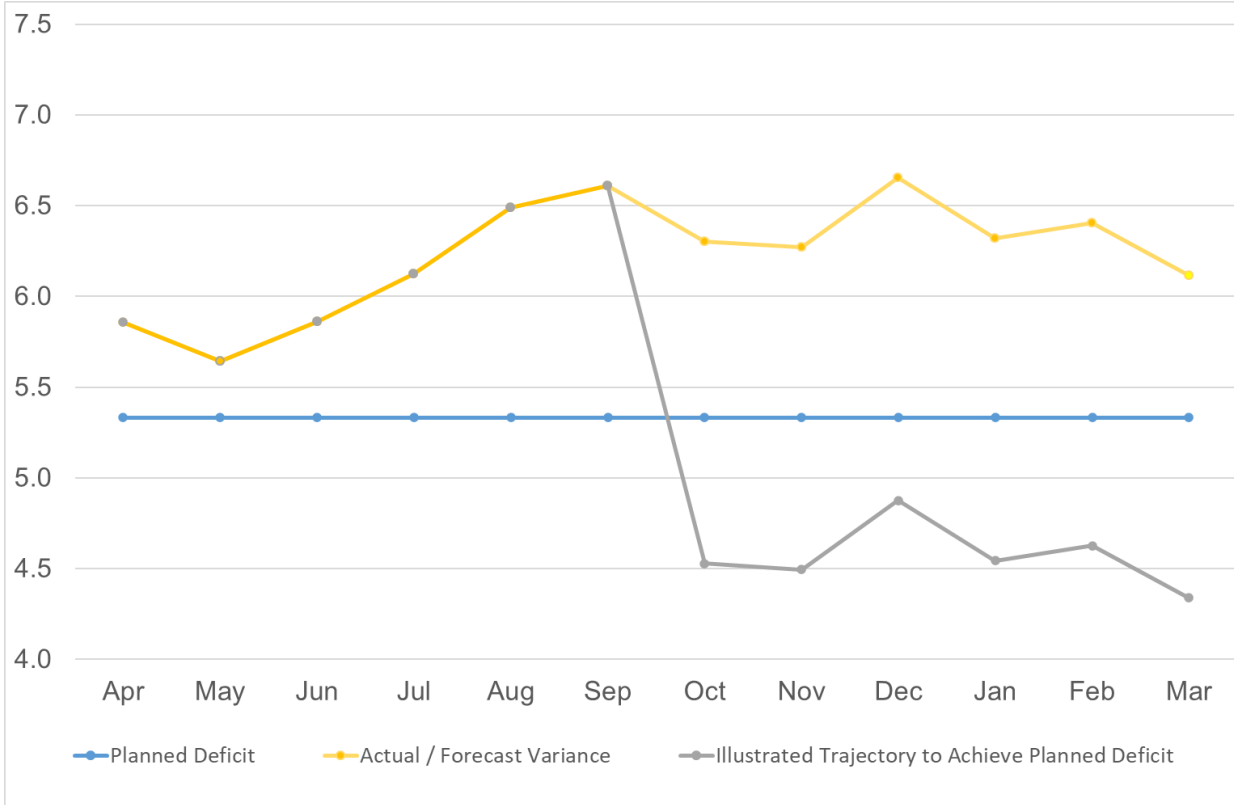
Both Director of Operations (£2.7m) and Director of Nursing (£0.2m) are adversely performing against core budgets, offset by all other directorates under-spending against core budgets. Director of Operations is under delivering against identified savings plans (£1.0m) linked, in the main, to bed plans within Withybush and pay savings within Mental Health and Learning Disabilities. A further gap of £12.6m exists through unidentified savings across the Health Board.

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>
Central Income	-	-	-	-	-
Chief Executive	0.3	0.3	-	(0.1)	(0.1)
Director of Finance	1.2	1.2	-	-	-
Director of Nursing, Quality & Patient Experience	0.5	0.5	-	0.2	0.2
Director of Operations	9.6	8.6	1.0	2.7	3.7
Director of Primary Care, Community & Long-Term Care	0.7	0.7	-	(2.4)	(2.4)
Director of Public Health	0.7	0.7	-	(2.1)	(2.1)
Director of Strategy and Planning	2.1	2.1	-	(0.7)	(0.7)
Director of Therapies & Health Sciences	1.5	1.5	-	(0.3)	(0.3)
Director of Workforce & Organisational Development	0.8	0.8	-	(0.2)	(0.2)
Executive Medical Director	0.3	0.3	-	-	-
Health Board Wide	2.1	2.1	-	-	-
<b>Subtotal</b>	<b>19.8</b>	<b>18.8</b>	<b>1.0</b>	<b>(2.9)</b>	<b>(1.9)</b>
Unidentified savings gap	12.6				12.6
<b>Gross Forecast</b>					<b>74.7</b>

# Executive Summary (4 of 4)

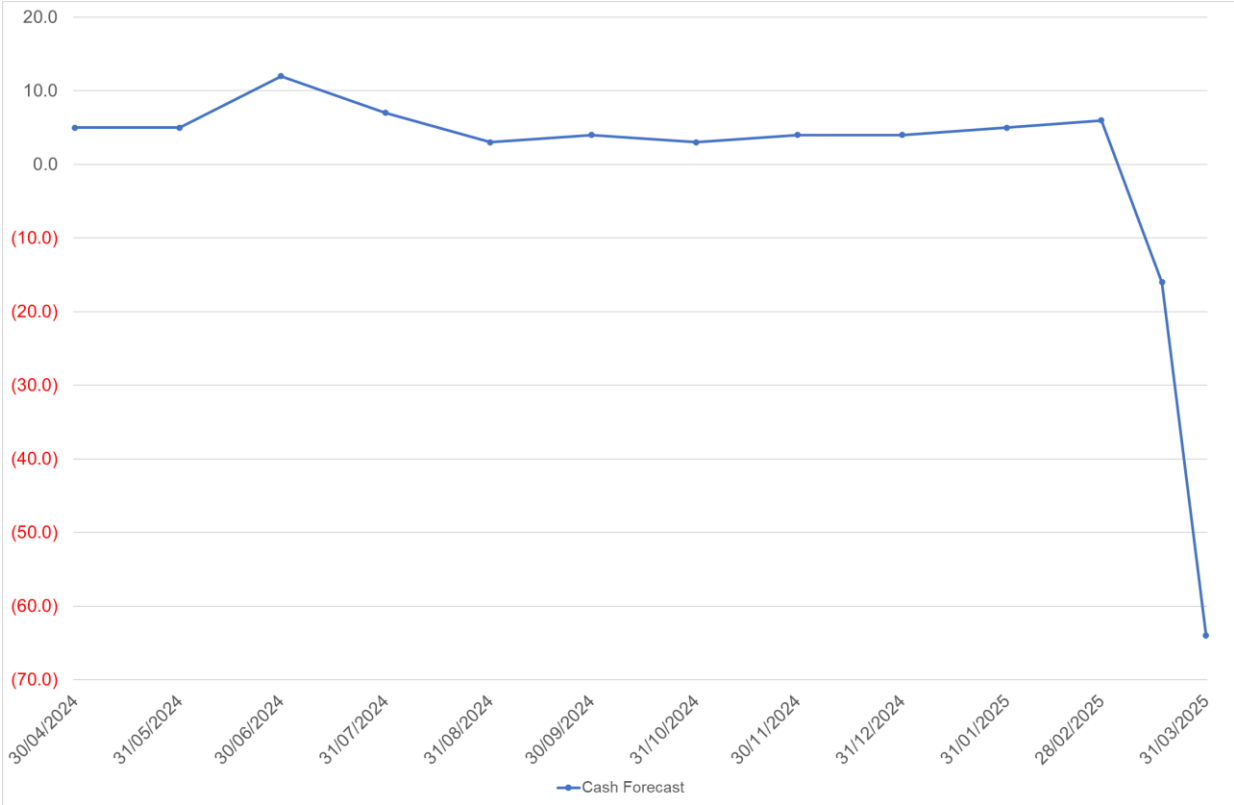
## Revenue Deficit Trajectory (£'m)

The Health Board's Planned Deficit is £64.0m with a savings target of £32.4m with £10.7m mitigating actions required to deliver the annual plan 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 desired to return the forecast to the annual plan, as a minimum. Should the transformation items not convert into credible plans, the forecast deficit will need to be reviewed and revised as appropriate.



## Cash Deficit Trajectory (£'m)

The Health Board will require revenue working capital balances in February and strategic cash assistance, in line with its forecast deficit, in March in order to make payments in February and March 2025, respectively.



# Key Performance Indicators



**YTD Position**  
● **£17.4m**  
Plan: £15.9m  
9.4% above Planned Deficit



**Gross Forecast Outturn**  
● **£74.7m**  
Annual Plan: £64.0m  
Actions Required: £10.7m




**In-Year Savings Identification**  
● **£19.8m**  
Plan: 61% of required £32.4m  
Prior Month: £13.5m




**In-Year Savings Delivery**  
● **£18.8m**  
95% Delivery against Identified Plans



**EoY Capital**  
● **£27.9m**  
£0.0m deviation to EoY Plan




**Underlying Financial Plan**  
● **£83.5m**  
Target Control Total £44.8m  
Prior Month: £88.5m




**Total Pay**  
● **£594.4m**  
Prior Month: £590.3m



**Agency / Premium Locum**  
● **£19.1m**  
Prior Month: £21.6m




**Primary Care Prescribing**  
● **£84.2m**  
Plan: £84.2m  
Prior Month: £82.8m



**Cash Consequences**  
● **£64.0m**  
Liquidity Concerns from Feb 25



**Secondary Care Drugs**  
● **£69.2m**  
Plan: £69.8m  
Prior Month: £69.9m



**Energy**  
● **£10.6m**  
Plan: £11.9m  
Prior Month: £11.9m

# Savings Plans and Delivery Performance (1 of 3)



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



**In-Year Delivery**  
**£18.8m**



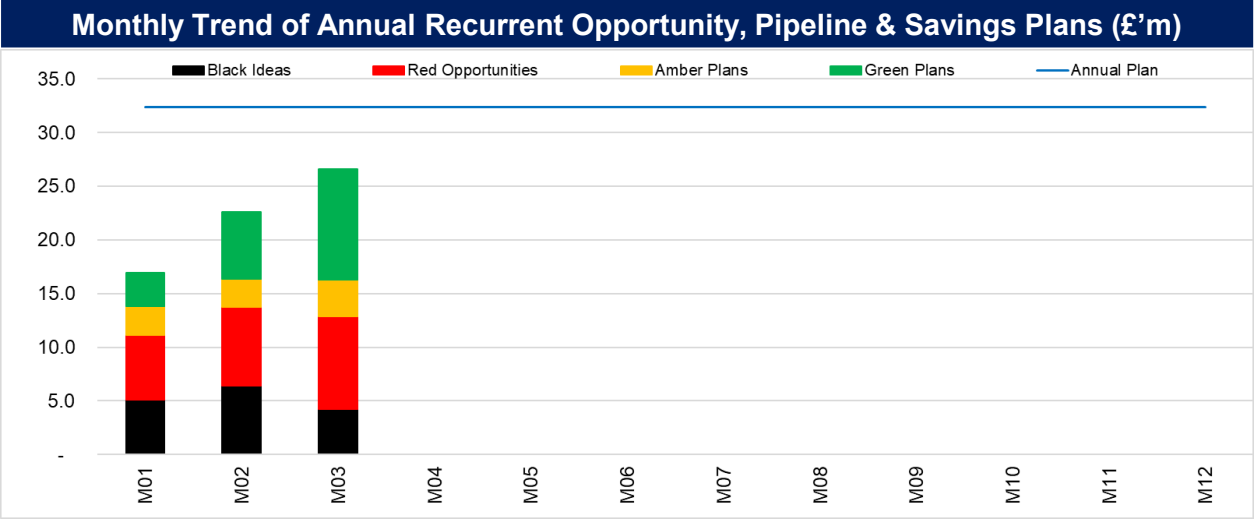
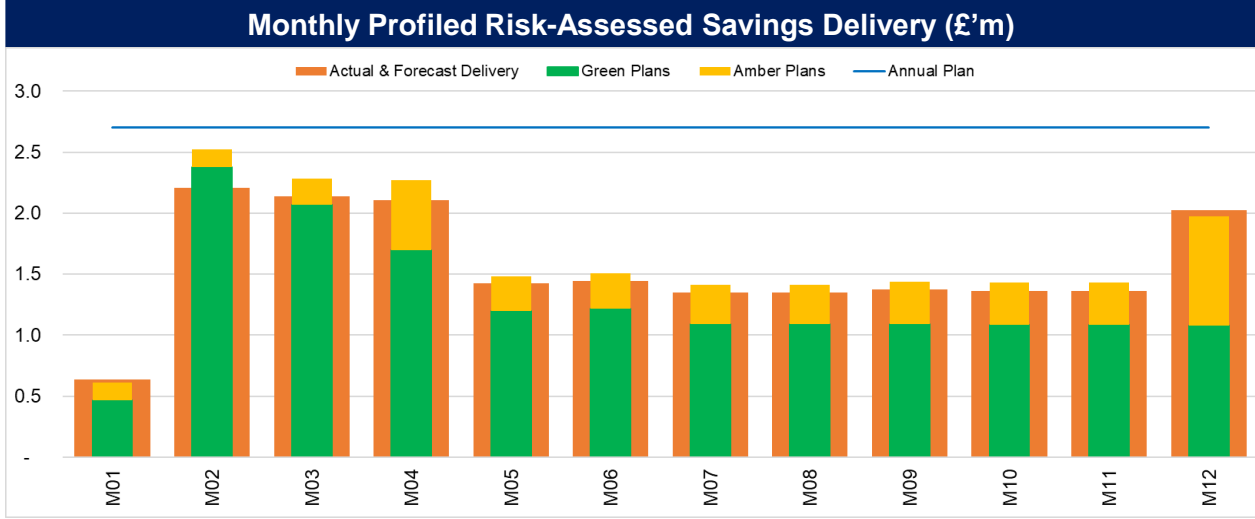
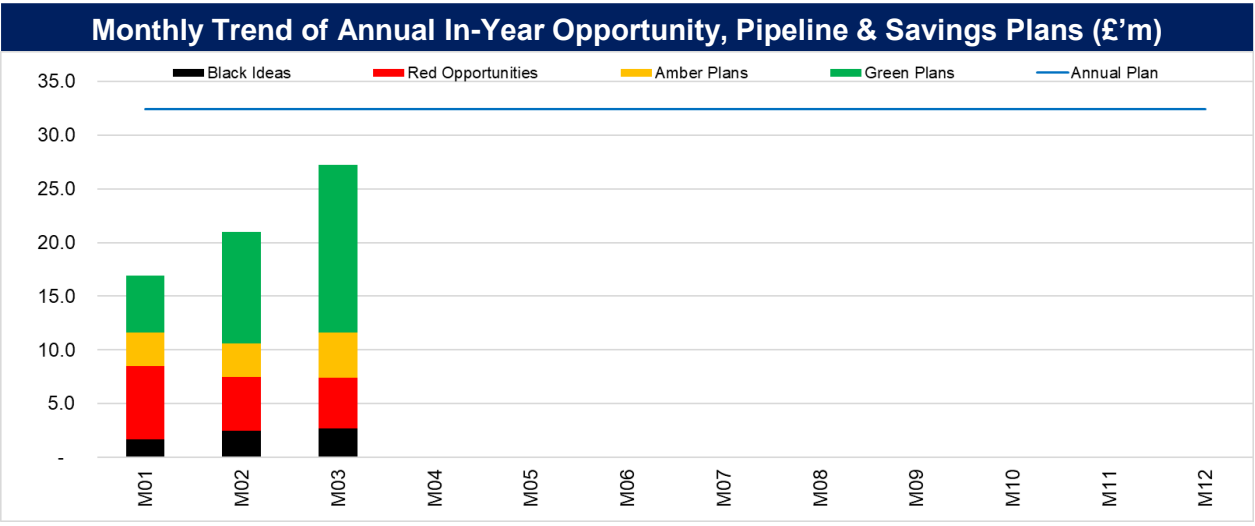
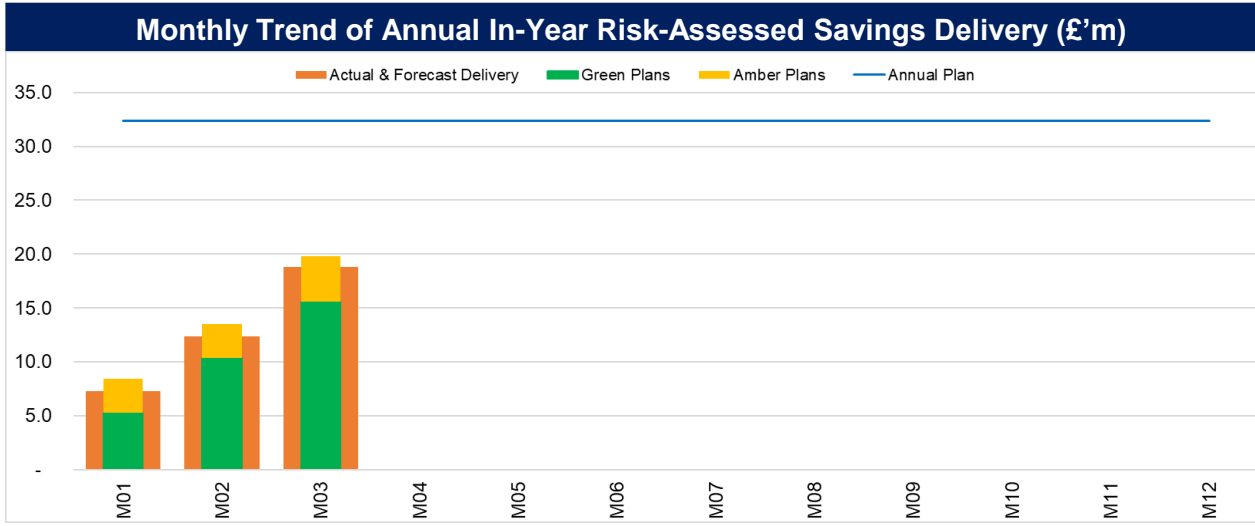
**In-Year Shortfall**  
**£13.6m**



**Recurrent Delivery**  
**£13.0m**



**Recurrent Shortfall**  
**£19.4m**



# Savings Plans and Delivery Performance (2 of 3)

Annual Savings Month to Month Movement (£'m)	Prior Month	Current Month	Change
Savings identification	13.5	19.8	(6.3)
In-year savings delivery	12.4	18.8	(6.4)
Unidentified / (identified) savings gap / (improvement)	18.9	12.6	(6.3)
Savings under/(over) delivery vs identified benefits	1.1	1.0	(0.1)

In-Year Savings Delivery Movement Summary	Number of Schemes	£'m
In-month underspends converted to savings	7	0.7
Newly identified schemes	8	3.5
Black/Red converted to Amber/Green savings schemes	3	2.1
<b>Total In-Year Savings Delivery Movement from Prior Month</b>	<b>18</b>	<b>6.3</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, and to make progress towards a recurrent improvement in the underlying deficit in readiness for the 2025/26 planning cycle.

## Key Savings Commentary

**Annual Plan Target = £32.4m**

**Total Shortfall versus Annual Plan = £13.6m**

Currently £12.6m behind plan for saving scheme identification, with £1.0m forecast delivery under-performance against the schemes that have been identified.

### Main reasons of under-delivery or over-deliver of identified scheme benefits

- WGH 25 bed reduction delayed due to surge on wards 4 & 12 and delay in implementing nursing shift changes in A&E.
- WGH Stroke bed reduction delivery impact due to requirement of an additional 1wte HCSW 24/7 staffing requirement
- WGH non-delivery of Medical Staffing reduced SDEC hours savings scheme due to pay protection
- Planned Care biosimilar drug no longer available in the market
- MHLD staffing underspends undelivered in month 1 with medical overspends increasing
- Facilities Synbiotix not delivering

### Material Movement Changes

#### **Underspend converted to savings in Month 3 (£0.7m):**

- Public Health £0.2m, Planned Care £0.1m, Workforce £0.1m and Medicines Management £0.1m
- £0.2m across the Finance, Therapies and Asst. Dir of Operations Directorates

#### **Newly Identified Schemes (£3.5m):**

- Health Board Wide – Training & travel reductions, Contract negotiations, Non-Contracted Activity and Local Authority activity reductions - £2.1m
- Facilities – Utilities volume consumption - £0.7m
- Facilities – Delay in relocation to premises within the strategic estates plan - £0.5m
- Digital – Workforce Rationalisation - £0.2m

#### **Black/Red converted to Amber/Green Savings Schemes (£2.1m):**

- LTA (Removal of Orthopaedic Contract) £1.9m
- The reminding £0.2m is split across several smaller schemes.

# Savings Plans and Delivery Performance (3 of 3)

Delegated Officer (£'000)	Annual Savings Aspiration	In-Year Forecast Delivery	In-Year Forecast Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
⊕ CHIEF EXECUTIVE	169	329	(160)	9.1%	186	(16)	5.1%
⊖ DIRECTOR OF FINANCE	1,161	1,161	0	5.0%	1,161	(0)	5.0%
DIGITAL	839	717	122	4.3%	872	(33)	5.2%
FINANCE	298	433	(134)	7.2%	289	9	4.8%
PERFORMANCE	23	11	12	2.4%	0	23	0.0%
⊕ DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE	484	522	(38)	5.4%	429	54	4.4%
⊖ DIRECTOR OF OPERATIONS	40,903	8,579	32,324	1.4%	6,483	34,420	1.1%
ASST DIR OPS QUALITY & NURSING	51	46	4	4.6%	0	51	0.0%
FACILITIES	2,468	1,840	628	3.7%	1,007	1,461	2.0%
MENTAL HEALTH & LD	5,170	2,158	3,012	2.1%	0	5,170	0.0%
ONCOLOGY & CANCER SERVICES	1,509	0	1,509	0.0%	0	1,509	0.0%
OPERATIONS DIR MANAGEMENT	637	404	233	3.2%	82	555	0.6%
PATHOLOGY	1,423	122	1,301	0.4%	122	1,301	0.4%
PLANNED CARE	6,169	1,008	5,161	0.8%	616	5,553	0.5%
RADIOLOGY	1,164	93	1,071	0.4%	0	1,164	0.0%
UNSCHEDULED CARE BRONGLAIS	4,825	925	3,900	2.9%	1,172	3,653	3.7%
UNSCHEDULED CARE GLANGWILI	8,020	294	7,726	0.5%	504	7,516	0.9%
UNSCHEDULED CARE PRINCE PHILIP	3,735	262	3,473	0.6%	340	3,395	0.8%
UNSCHEDULED CARE WITBYBUSH	2,929	1,428	1,501	3.3%	2,640	289	6.1%
WOMEN & CHILDREN	2,803	0	2,803	0.0%	0	2,803	0.0%
⊖ DIRECTOR OF PRIMARY CARE, COMMUNITY & LONG TERM CARE	12,211	701	11,509	0.4%	120	12,091	0.1%
CARMARTHENSHIRE COUNTY	4,304	353	3,950	1.1%	0	4,304	0.0%
CEREDIGION COUNTY	855	175	680	1.2%	120	735	0.8%
MEDICINES MANAGEMENT	4,790	173	4,617	0.2%	0	4,790	0.0%
PEMBROKESHIRE COUNTY	1,700	0	1,700	0.0%	0	1,700	0.0%
PRIMARY CARE	200	0	200	0.0%	0	200	0.0%
PRIMARY CARE MANAGEMENT	361	0	361	0.0%	0	361	0.0%
⊕ DIRECTOR OF PUBLIC HEALTH	329	673	(344)	10.2%	329	(0)	5.0%
⊖ DIRECTOR OF STRATEGY AND PLANNING	3,030	2,140	890	3.5%	2,013	1,017	3.3%
LTA'S WITH OTHER NHS PROVIDERS	2,844	1,927	917	3.4%	1,927	917	3.4%
STRATEGIC PLANNING	186	213	(27)	5.7%	86	100	2.3%
⊕ DIRECTOR OF THERAPIES & HEALTH SCIENCES	1,414	1,513	(99)	5.3%	0	1,414	0.0%
⊕ DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT	758	820	(61)	5.4%	187	572	1.2%
⊕ MEDICAL DIRECTOR	202	256	(54)	6.3%	40	162	1.0%
⊕ HEALTH BOARD WIDE	1,814	2,100	(286)	5.8%	2,100	(286)	5.8%
<b>Grand Total</b>	<b>62,474</b>	<b>18,794</b>	<b>43,680</b>	<b>1.9%</b>	<b>13,047</b>	<b>49,427</b>	<b>1.3%</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	0.4	The in-month Annual Plan includes a target of £2.7m savings identification and delivery, of which £2.3m is identified for delivery, leaving a gap of £0.4m
Other Non-Pay	0.4	Operational contracts and maintenance repairs £267k, Digital maintenance contract inflationary increases above 8% planning assumption £78k and LPG and heating oil within Facilities £29k
Medical & Dental	0.2	Paediatrics, Obstetrics and Gynaecology increased locum usage with additional retrospective shifts
Health Care Support Workers Additional Cover	0.2	Over-utilisation of HCSW within, Mental Health £141k, Glangwili General Hospital £94k and Withybush General Hospital £40k, offset by Bronglais General Hospital £(26)k
Secondary Care Drugs	(0.2)	Drug activity below assumed growth levels. Annual plan assumed 10.8% activity growth with 2.66% growth seen in month, predominantly within Planned Care, Mental Health and Oncology
Primary Care	(0.2)	Dental contracts handed back to the Health Board offset by associated reductions in income
Long Term Agreements	(0.2)	Reduction of Orthopaedic contract with Swansea Bay, following contract negotiations and the signing of the LTA
<b>Total deviation to annual plan</b>	<b>0.6</b>	
<b>Reported position</b>	<b>5.9</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
Planned deficit	15.9	
Unidentified savings gap to annual plan	2.6	The YTD plan includes a target of £8.1m savings identification and delivery, of which £5.5m is identified for delivery, leaving a gap of £2.6m.
Other Non-Pay	1.1	Other sources of energy (LPG, Biomass & 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 Glangwili General Hospital and Women and Children
Clinical Supplies	0.2	Increased purchases of Pacemakers & Heart Monitors £0.1m. Continuous Positive Airway Pressure Machines Sleep Service and growth in Patient number of Insulin Pumps & Consumables in Prince Phillip Hospital
Medical & Dental	0.2	Paediatrics, Obstetrics and Gynaecology increased locum usage with additional retrospective shifts.
Long Term Agreements	(0.6)	Orthopaedic contract performance review undertaken with Swansea Bay ongoing.
Primary Care	(0.5)	Dental contract hand backs offset by income reductions & Community Pharmacy practice contract payment reductions.
Continuing Health Care	(1.5)	Continuing Healthcare decrease in care package and decrease intensity of care provision.
Income Over-achievement	(0.7)	Health Education Improvement Wales income within Mental Health and Learning Disabilities and Flying Start Local Authority increases within Women and Children
Total deviation to annual plan	1.5	
Reported position	17.4	

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

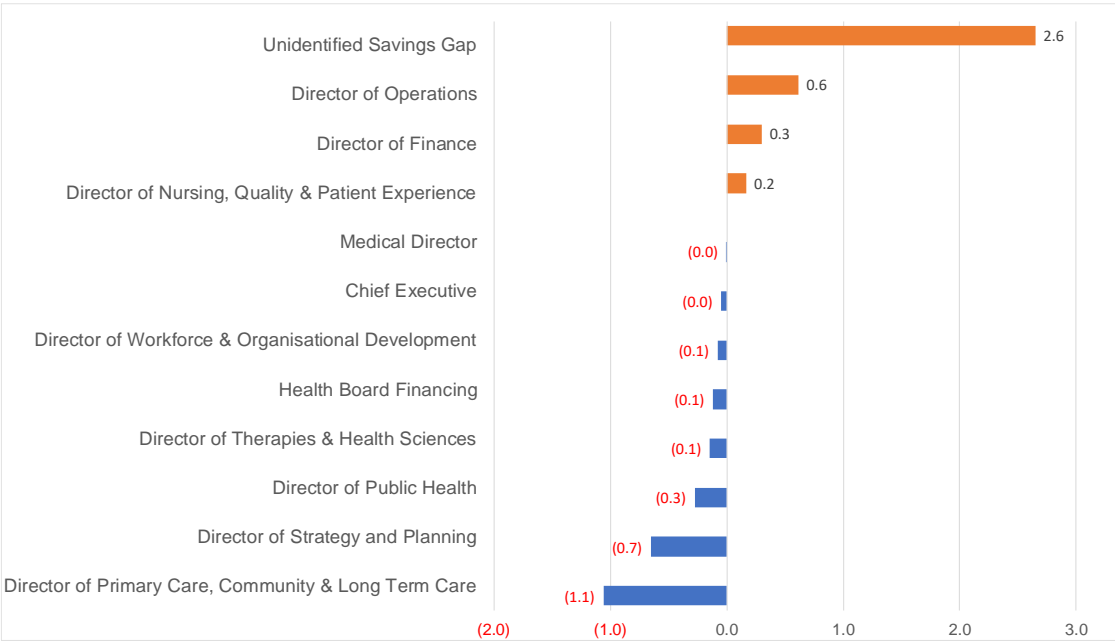
The below table shows the key thematic drivers of the end-of-year deficit position.

Theme	£'m	Operational Driver comments
<b>Planned deficit</b>	<b>64.0</b>	
Unidentified savings schemes	12.6	The in-month Annual Plan includes a target of £32.4m savings identification and delivery, of which £19.8m is identified for delivery, leaving a gap of £12.6m
Health Care Support Workers Additional Cover	1.6	Over-utilisation of HCSW within Glangwili General Hospital, Women and Children and Witybush Hospital
Other Non-Pay	1.1	Operational contracts and maintenance repairs, RAAC inspection (wards only), Prop inspection, temporary kitchen has an estimated cost pressures.
Oncology Drugs	0.7	Oncology price growth in SACT with Homecare drugs in Prince Philip and Glangwili acute wards
Vacancies	(0.6)	Continuation of trend from the end of 23-24, particularly Corporate directorates
Long Term Agreements	(0.7)	Swansea Bay UHB LTA Intensive Therapy Unit bed days is 42% lower than prior year (£0.5m). Reduction in risk share due to inflationary adjustments made to LTA's Joint Commissioning Committee (£0.2m)
Commissioned Healthcare Services	(1.1)	Continuing Healthcare decrease in care package and decrease intensity of care provision
Primary Care	(1.5)	Dental underspend driven by underspend against contracts, offset by under delivery against patient charge income and Community Pharmacy underspend against practice payments and professional fees offset by Managed Practice overspend driven by premium locum and agency costs.
Income Overachievement	(1.4)	Health Education Improvement Wales income within Mental Health and Learning Disabilities £(0.4)m and Workforce £(0.3)m, Flying Start Local Authority increases within Women and Children £(0.5)m
<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>	

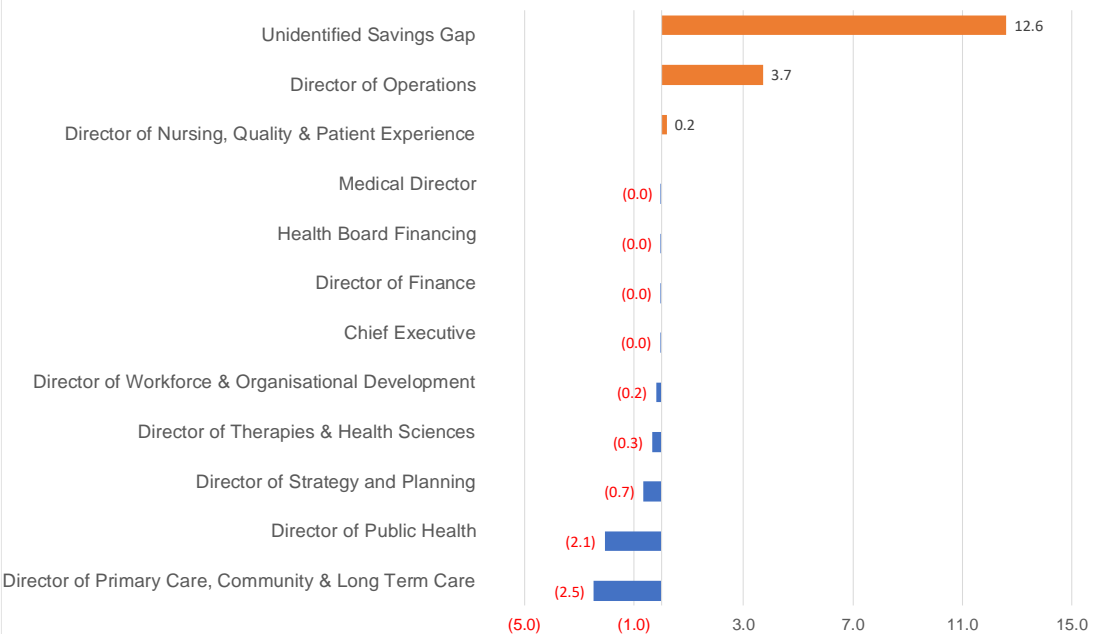
# Revenue Position (4 of 4): Summary Financial Performance by Portfolio (£'m)

## Delegated Officer Performance

### Year to Date

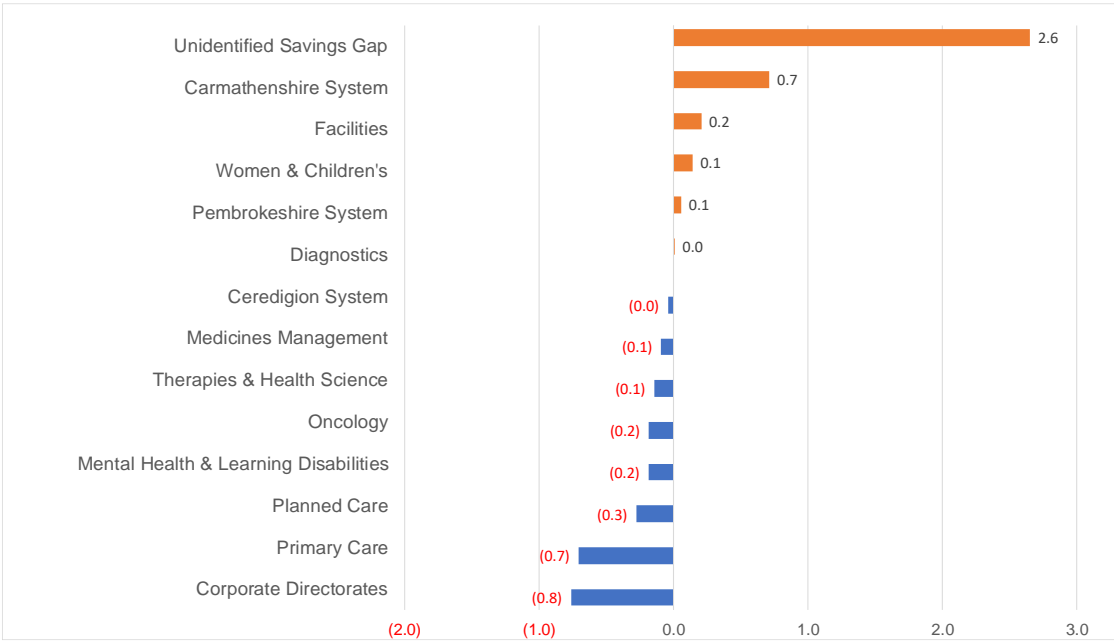


### End of Year

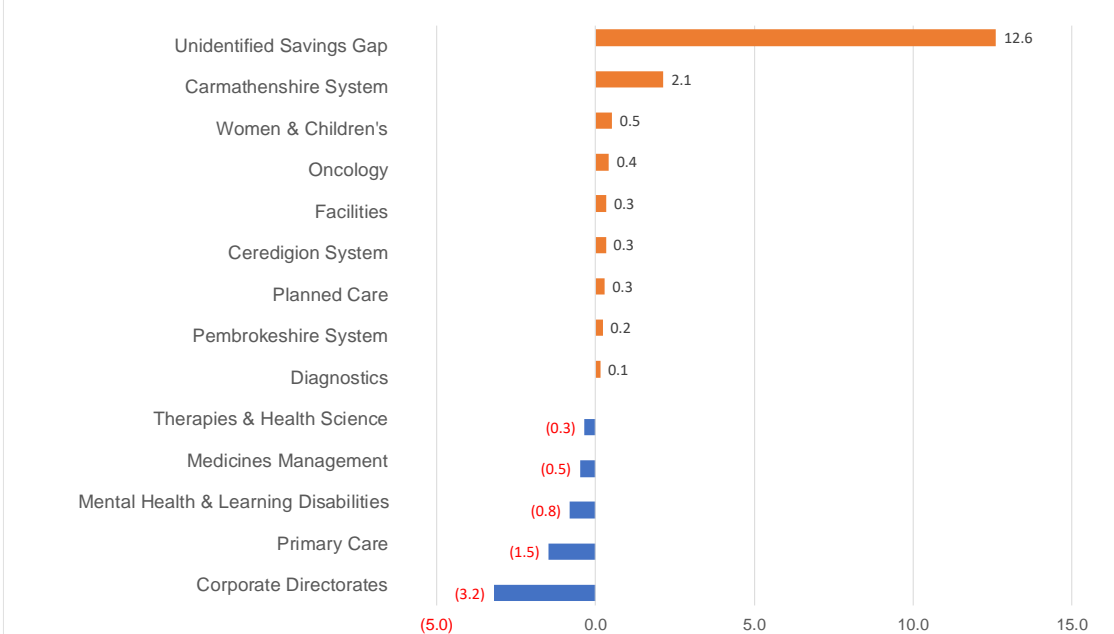


## Service Portfolio Performance

### Year to Date



### End of Year



# Appendix 1: Opportunities & Choices

## Building on the Annual Plan, governance and control arrangements in 2024/25:

### Realising Black & Red Schemes

Across Directorates Black & Red recurrent schemes as at M3 total 42 proposals, summary below. N.B. 11 unquantified.

Saving Scheme Category (£'000)	24/25	Full Year
Commissioning	801	965
Continuing Health Care	0	300
Medical Stabilisation	480	1,875
Non-Pay Efficiency	4,043	2,016
Nurse Stabilisation	300	4,349
Pay Efficiency	1,665	405
Prescribing and Medicines	99	727
Service Change Configuration	35	2,278
Total	7,424	12,915

Directorate delivery plans are being assessed through Executive Escalation meetings.

### Translation of in month savings into schemes

Realisation of in-month underspends, transacted as savings through Q1, into ongoing savings (for Directorates not already delivering 5% recurrently).

Directorate (£'000)	Q1 Saving
ASST DIR OPS QUALITY & NURSING	46
CEREDIGION COUNTY	55
MEDICINES MANAGEMENT	173
PLANNED CARE	392
THERAPIES	99
WORKFORCE & OD	296
Total	1,061

Opportunity / choice being raised through month end reporting discussions and relevant Executive Escalation meetings.

## Drawing on the intelligence framed in the Compendium of Variation, opportunities being pursued through two routes:

### Health Board Financial Recovery Plan

Key themes being targets as initial priority areas:

	2024/25	2025/26	2026/27
<b>Theme 1: Hospital bed provision and alternative care models</b>			
107 general bed reduction to revert to Welsh average	4.3	4.3	
3 ITU beds	1.0	1.0	
Maternity bed closures at BGH			0.5
Closure of further 50 general beds		4.0	
Community reinvestment		-	2.0
<b>Theme 2: Workforce optimisation</b>			
<b>Nursing</b>			
107 general bed reduction	3.2	3.2	
3 ITU beds reduction	0.4	0.4	

### Bottom up Directorate Opportunities

Following promotion through Operational Groups, positive engagement has commenced in a number of Directorates including Carmarthenshire System, Mental Health and Planned Care. Work is progressing to target a number of areas, to realise both cash releasing and efficiency gains, for example:

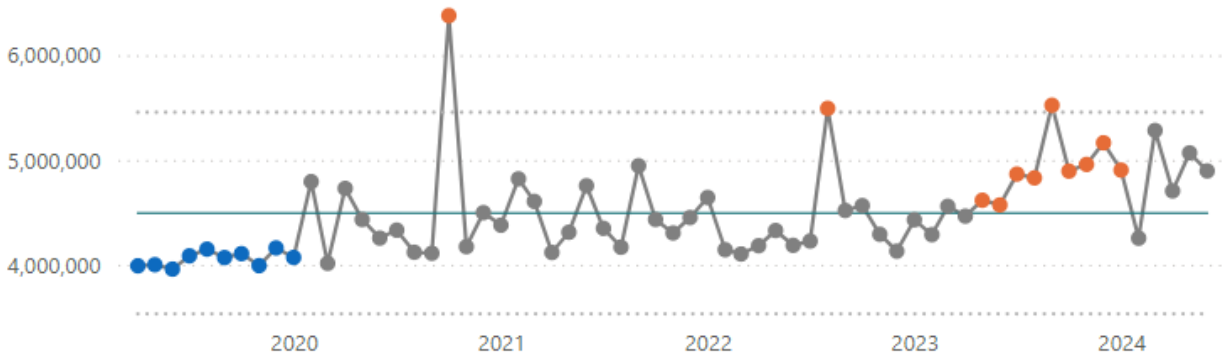
- Medical variable pay Carmarthenshire System
- Inappropriate ED attendances
- Cardiology and COTE LOS
- Outpatient metrics, comparisons between sites, plus New:FU ratio compared to All Wales.

Recognising the level of investment to support planned care recovery and UEC pressures, traditional areas of productivity gains may pose cash releasing opportunities if they reduce reliance on recovery monies.

# Appendix 2: Key Analysis (1 of 8)

## Continuing Healthcare Expenditure (£'m)

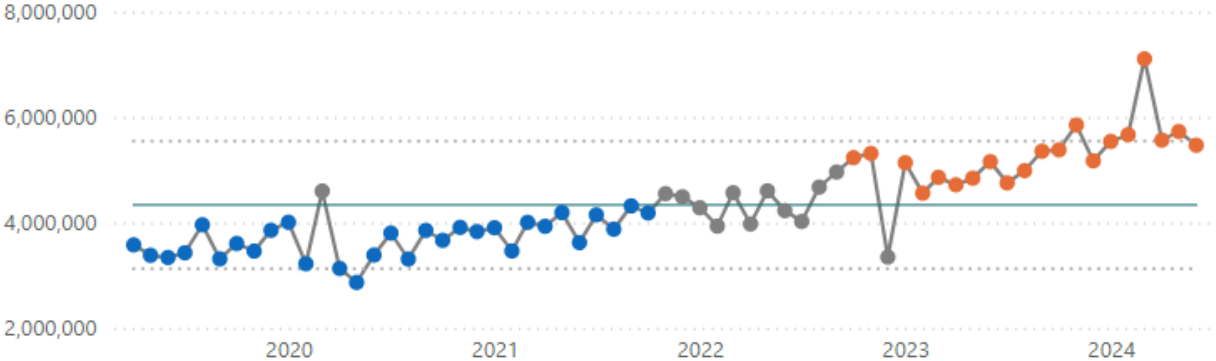
This indicator is showing expected (common cause) variation. Expected performance is between £3.5m and £5.4m.



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

## Secondary Care Drugs expenditure (£'m)

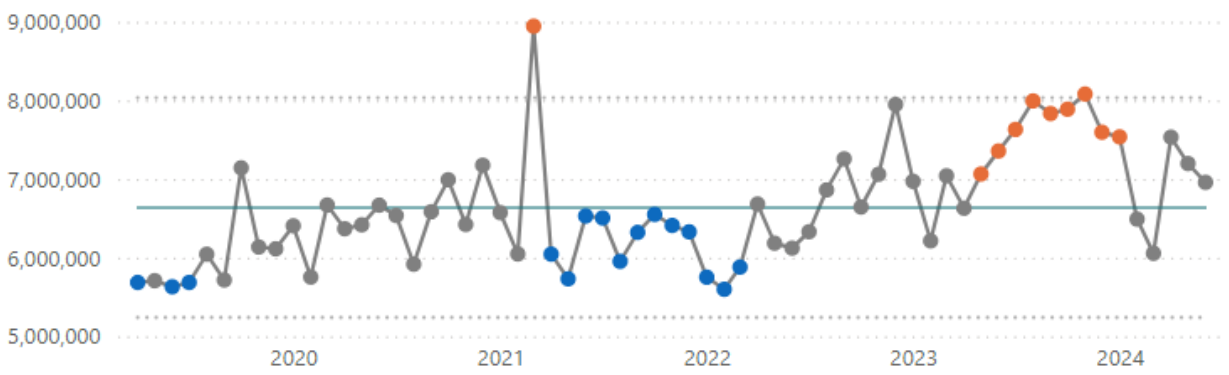
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between £3.1m and £5.5m.



Drug activity below assumed growth levels

## Primary Care Prescribing Expenditure (£'m)

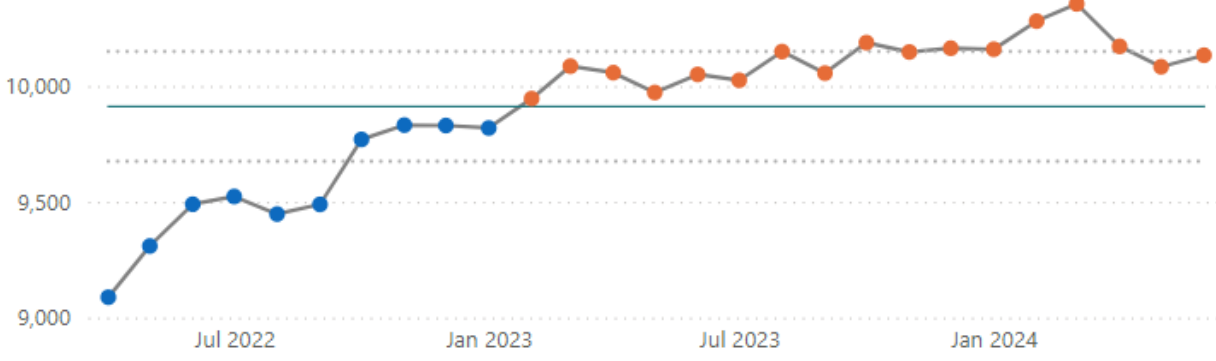
This indicator is showing expected (common cause) variation. Expected performance is between £5.2m and £8.0m.



Drugs Cost average cost per item is based on £7.56 and Item Growth at 1.04%

## Total Agenda for Change (WTE)

The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,674 and 10,149.

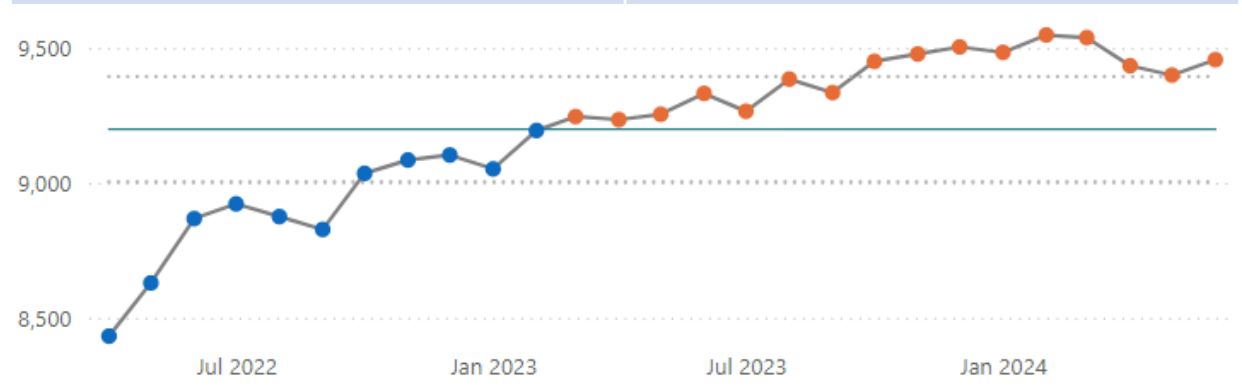


This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency. It excludes Medical resources.

# Appendix 2: Key Analysis (2 of 8)

## Substantive (WTE)

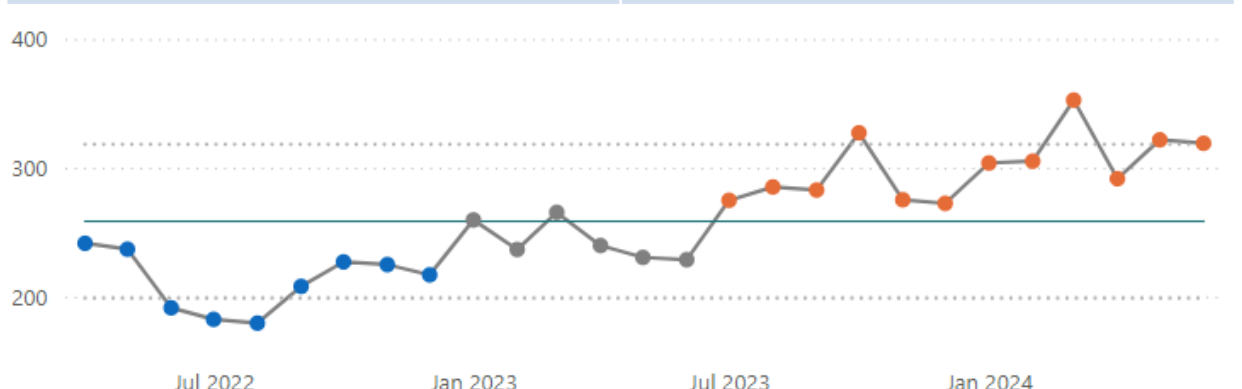
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,004 and 9,394



There has been an increase of c.1025 in the number of Substantive WTEs since April 2022.

## Bank (WTE)

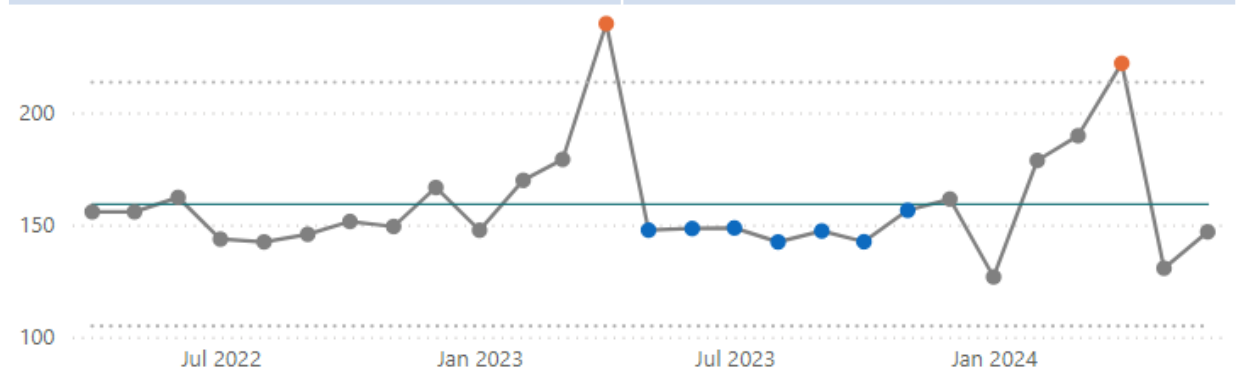
latest data is showing a concerning trend which needs to be investigated. Expected performance is between 199 and 318.



There has been an increase of c.78 in the number of Bank WTEs since April 2022.

## Overtime (WTE)

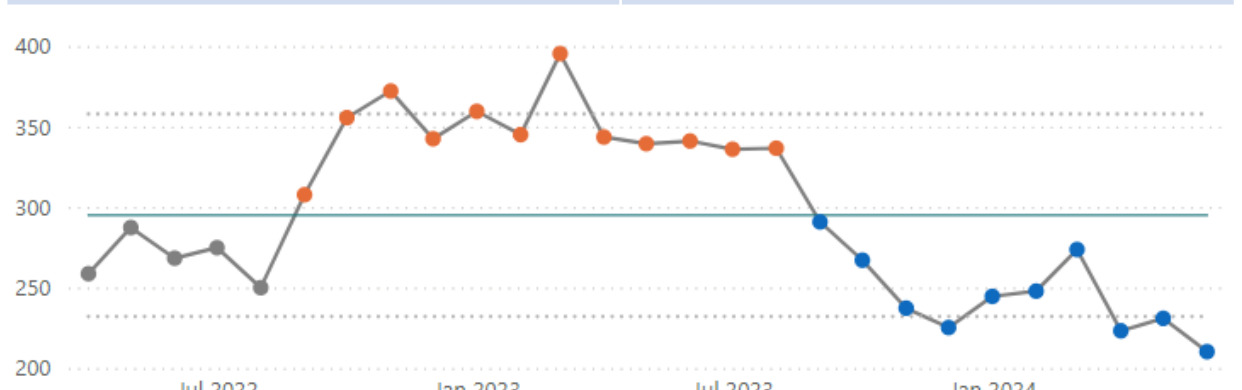
This indicator is showing expected (common cause) variation. Expected performance is between 105 and 214.



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 232 and 358.



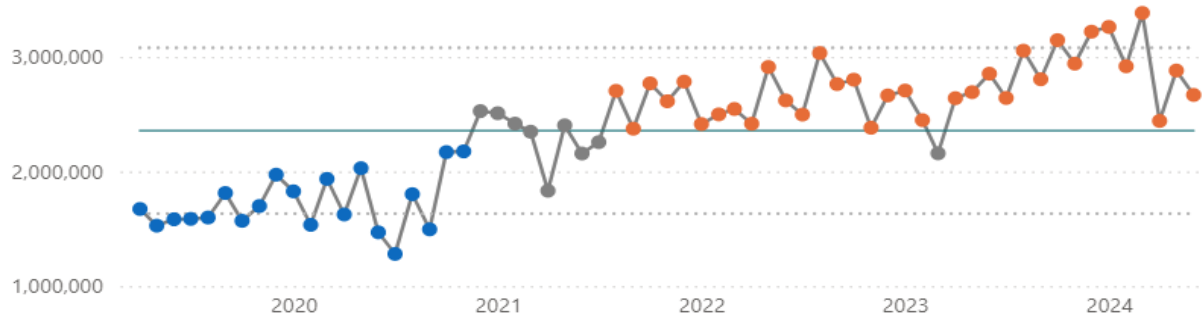
The WTE used in month is now at the lowest point since April 2022, at 209 WTE.

# 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.

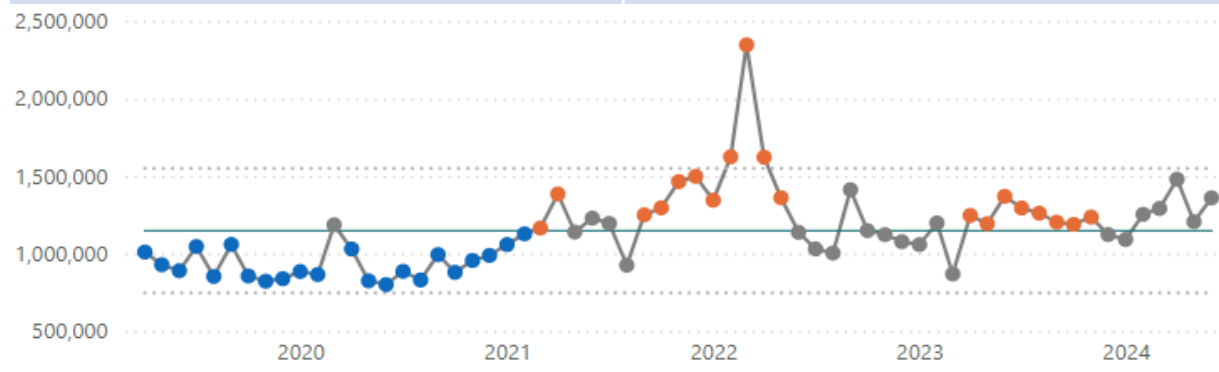


On-call cover for junior doctors and cover for sickness absence and fragile services continue to be of concern with the use of premium cost locums.

## Bank expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £0.7m and £1.5m.

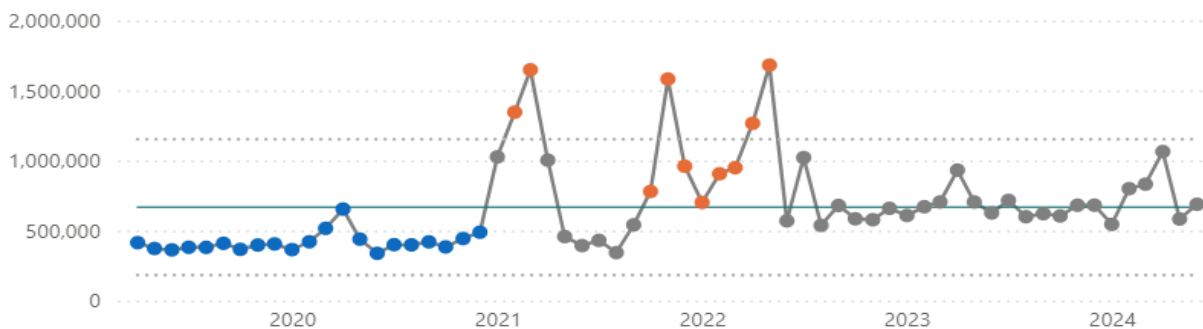


Whilst there is not a concerning statistical trend yet, the most recent months have all shown a steady rise in overtime usage.

## Overtime expenditure (£'m)

This indicator is showing expected (common cause) variation.

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

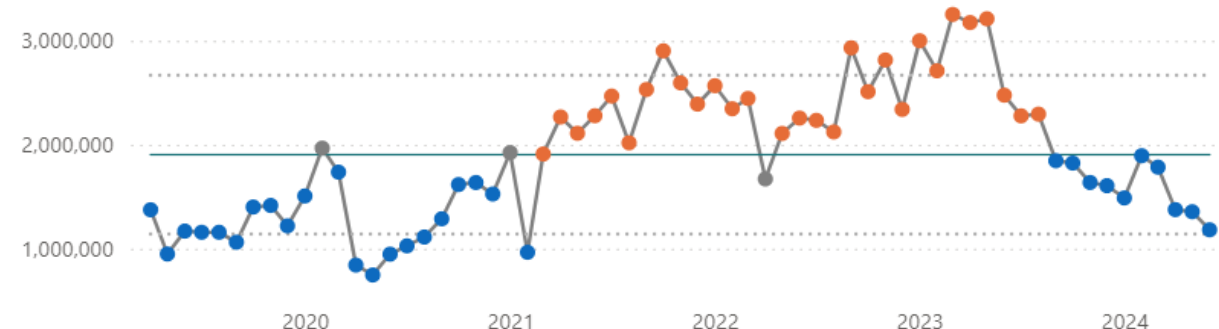


Whilst there is not a concerning statistical trend yet, the recent months have shown a steady rise in overtime usage.

## Nurse Agency expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1.2m 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, with June usage further decreasing.

# 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>DIRECTOR OF OPERATIONS</b>	<b>104.3%</b>	<b>2,699</b>	<b>2,205</b>	<b>(383)</b>	<b>223</b>	<b>69</b>	<b>202</b>	<b>111</b>
MENTAL HEALTH & LEARNING DISABILITIES	107.1%	269	218	(33)	41	5	5	18
PLANNED CARE	101.6%	174	147	(24)	12	4	11	3
UNSCHEDULED CARE BRONGLAIS	96.3%	286	194	(103)	23	10	59	(11)
UNSCHEDULED CARE GLANGWILI	112.2%	680	553	(53)	52	24	51	74
UNSCHEDULED CARE PRINCE PHILIP	102.9%	437	368	(57)	42	5	22	12
UNSCHEDULED CARE WITHYBUSH	102.5%	549	441	(94)	46	14	49	14
WOMEN & CHILDREN	100.4%	303	284	(18)	7	8	5	1
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE</b>	<b>96.3%</b>	<b>97</b>	<b>88</b>	<b>(12)</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>(4)</b>
CARMARTHENSHIRE COUNTY	98.6%	74	68	(7)	3	1	2	(1)
CEREDIGION COUNTY	89.2%	22	20	(5)	2	0	-	(3)
<b>Grand Total</b>	<b>104.0%</b>	<b>2,796</b>	<b>2,293</b>	<b>(396)</b>	<b>228</b>	<b>71</b>	<b>204</b>	<b>107</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>92.9%</b>	<b>91</b>	<b>91</b>	<b>(7)</b>	-	-	-	<b>(7)</b>
<b>DIRECTOR OF FINANCE</b>	<b>92.4%</b>	<b>291</b>	<b>289</b>	<b>(26)</b>	-	<b>2</b>	-	<b>(24)</b>
DIGITAL	95.5%	198	196	(12)	-	2	-	(9)
FINANCE	87.7%	87	87	(12)	-	-	-	(12)
PERFORMANCE	70.9%	6	6	(2)	-	-	-	(2)
<b>DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE</b>	<b>98.6%</b>	<b>195</b>	<b>195</b>	<b>(3)</b>	-	<b>0</b>	-	<b>(3)</b>
<b>DIRECTOR OF OPERATIONS</b>	<b>96.0%</b>	<b>4,540</b>	<b>4,387</b>	<b>(342)</b>	<b>77</b>	<b>69</b>	<b>6</b>	<b>(189)</b>
ASST DIR OPS QUALITY & NURSING FACILITIES	63.3%	13	13	(8)	-	0	-	(8)
MENTAL HEALTH & LEARNING DISABILITIES	95.2%	939	870	(116)	48	22	-	(47)
ONCOLOGY & CANCER SERVICES	94.9%	896	889	(55)	6	1	-	(48)
OPEROLOGY & CANCER SERVICES	87.0%	99	95	(19)	3	1	-	(15)
OPERATIONS DIR MANAGEMENT	92.5%	258	253	(26)	5	0	0	(21)
PATHOLOGY	98.6%	238	229	(12)	-	9	-	(3)
PLANNED CARE	96.7%	863	825	(68)	7	25	6	(30)
RADIOLOGY	93.9%	250	243	(23)	1	6	-	(16)
UNSCHEDULED CARE BRONGLAIS	102.5%	108	107	2	0	0	0	3
UNSCHEDULED CARE GLANGWILI	105.0%	183	177	3	5	1	-	9
UNSCHEDULED CARE PRINCE PHILIP	92.8%	107	106	(9)	-	0	-	(8)
UNSCHEDULED CARE WITHYBUSH	105.8%	131	128	5	2	1	-	7
WOMEN & CHILDREN	97.5%	456	453	(15)	1	2	-	(12)
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE</b>	<b>96.5%</b>	<b>1,162</b>	<b>1,145</b>	<b>(59)</b>	<b>14</b>	<b>3</b>	-	<b>(42)</b>
CARMARTHENSHIRE COUNTY	103.1%	292	285	2	6	1	-	9
CEREDIGION COUNTY	96.7%	160	157	(9)	3	1	-	(6)
MEDICINES MANAGEMENT	93.4%	228	228	(16)	-	0	-	(16)
PEMBROKESHIRE COUNTY	87.1%	216	211	(37)	4	1	-	(32)
PRIMARY CARE	98.1%	188	187	(5)	1	0	-	(4)
PRIMARY CARE MANAGEMENT	109.0%	78	78	6	-	-	-	6
<b>DIRECTOR OF PUBLIC HEALTH</b>	<b>68.2%</b>	<b>105</b>	<b>105</b>	<b>(49)</b>	<b>0</b>	-	-	<b>(49)</b>
<b>DIRECTOR OF STRATEGY AND PLANNING</b>	<b>92.5%</b>	<b>32</b>	<b>32</b>	<b>(3)</b>	-	-	-	<b>(3)</b>
<b>DIRECTOR OF THERAPIES AND HEALTH SCIENCE</b>	<b>95.2%</b>	<b>592</b>	<b>591</b>	<b>(31)</b>	-	<b>2</b>	-	<b>(30)</b>
<b>DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT</b>	<b>77.1%</b>	<b>238</b>	<b>238</b>	<b>(70)</b>	-	-	-	<b>(70)</b>
<b>EXECUTIVE MEDICAL DIRECTOR</b>	<b>96.4%</b>	<b>91</b>	<b>91</b>	<b>(3)</b>	-	<b>0</b>	-	<b>(3)</b>
<b>Grand Total</b>	<b>94.6%</b>	<b>7,337</b>	<b>7,163</b>	<b>(594)</b>	<b>91</b>	<b>76</b>	<b>6</b>	<b>(421)</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	
CENTRAL INCOME									(43)	(43)
CHIEF EXECUTIVE	(3)					(1)		10	(5)	0
DIRECTOR OF FINANCE	99	(95)	(2)		0	(41)		99	21	81
DIGITAL	(2)	(0)	(2)		0	(30)		78	37	81
FINANCE	94	(94)				(11)		21	(16)	(6)
PERFORMANCE	6							(1)		5
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	41	(6)		3	1	1		6	1	45
DIRECTOR OF OPERATIONS	25	(340)	169	131	310	41	(298)	267	(30)	275
ASST DIR OPS QUALITY & NURSING	0	(10)		15	(5)		(0)	(1)		(0)
FACILITIES	23			(14)	(1)		0	29	46	84
MENTAL HEALTH & LEARNING DISABILITIES	18	(15)	80	(5)	(1)	(52)	(67)	43	(63)	(61)
ONCOLOGY & CANCER SERVICES	1	(22)	30	(93)	3	(1)	(57)	4	12	(124)
OPERATIONS DIR MANAGEMENT	(11)	(16)	53	(17)	13	(3)	3	43	0	66
PATHOLOGY	(4)	20	(15)	15	16	18	(61)	(19)	63	34
PLANNED CARE	26	(222)	3	242	48	3	(122)	47	(25)	0
RADIOLOGY	(4)	(11)	(74)	(9)	115	14	(26)	17	(11)	11
UNSCHEDULED CARE BRONGLAIS	(15)	(9)	26	(45)	(16)	3	(3)	35	(0)	(25)
UNSCHEDULED CARE GLANGWILI	(15)	(19)	(6)	94	69	(19)	41	16	(4)	157
UNSCHEDULED CARE PRINCE PHILIP	(15)	(7)	2	(43)	50		33	(8)	5	16
UNSCHEDULED CARE WITHYBUSH	11	(28)	(52)	63	(12)	8	13	24	1	29
WOMEN & CHILDREN	9	(1)	122	(74)	30	71	(51)	37	(54)	88
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(56)	(129)	174	165	(178)	(378)	(23)	(6)	154	(276)
CARMARTHENSHIRE COUNTY	1	(8)	12	14	12	(22)	3	(1)	(6)	5
CEREDIGION COUNTY	6	4	(1)	(18)	10	5	(2)	(5)	3	3
PEMBROKESHIRE COUNTY	3	(1)	(5)	(70)	(137)	16	0	185	(7)	(17)
MEDICINES MANAGEMENT	(19)	(189)		207	(16)	3	(30)	(2)	(2)	(48)
PRIMARY CARE	(41)	79	168	1	(10)	(375)	6	(185)	153	(203)
PRIMARY CARE MANAGEMENT	(7)	(14)		31	(36)	(6)		2	13	(17)
DIRECTOR OF PUBLIC HEALTH	96	(143)	(22)	103	(10)	(3)	76	(103)	7	(0)
DIRECTOR OF STRATEGY AND PLANNING	(5)	2	8			0		70	7	83
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	15	(57)		(8)	(2)	11	(2)	30	12	(1)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	90	(145)	72	335	0	36	(3)	(362)	(49)	(27)
EXECUTIVE MEDICAL DIRECTOR	(14)	19	76	4	(1)		(0)	(85)	(59)	(61)
HEALTH BOARD FINANCING	17				2	(18)	48	259	(50)	258
CENTRAL FINANCING					0	(18)	0	79		61
HEALTH BOARD FINANCING	17				2	(0)	48	179	(50)	196
LTA'S WITH OTHER NHS PROVIDERS	1					(223)	0	0		(221)
PLANNED DEFICIT								5,333		5,333
UNIDENTIFIED SAVINGS GAP								416		416
<b>Grand Total</b>	<b>306</b>	<b>(894)</b>	<b>475</b>	<b>733</b>	<b>123</b>	<b>(575)</b>	<b>(203)</b>	<b>5,931</b>	<b>(34)</b>	<b>5,862</b>

# 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	
CENTRAL INCOME									(123)	(123)
CHIEF EXECUTIVE	13					(4)			(20)	(47)
DIRECTOR OF FINANCE	(2)		(4)		1	(97)	0	360	42	300
DIGITAL	2		(4)		1	(64)		326	41	301
FINANCE	(11)					(34)	0	38	1	(6)
PERFORMANCE	7							(3)		4
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	27	(4)		126	6	2		2	9	167
DIRECTOR OF OPERATIONS	125	(137)	(153)	679	409	(84)	(70)	497	(651)	615
ASST DIR OPS QUALITY & NURSING FACILITIES	(3)	(4)		5	(14)		(0)	7		(10)
MENTAL HEALTH & LEARNING DISABILITIES	196	0		(48)	23	(12)	2	136	(94)	204
ONCOLOGY & CANCER SERVICES	9	(57)	191	47	2	(173)	(33)	17	(193)	(188)
OPERATIONS DIR MANAGEMENT	(0)	(63)	(71)	(50)	10	(5)	(19)	2	11	(185)
PATHOLOGY	(42)	(32)	58	(44)	17	(9)	10	47	(5)	0
PLANNED CARE	(13)	71	(51)	45	74	20	(86)	(35)	(21)	4
RADIOLOGY	7	102	(288)	103	(42)	6	(133)	113	(148)	(279)
UNSCHEDULED CARE BRONGLAIS	(10)	(27)	(12)	39	69	25	(68)	26	(40)	3
UNSCHEDULED CARE GLANGWILI	(36)	(27)	68	(44)	(7)	5	3	45	(1)	8
UNSCHEDULED CARE PRINCE PHILIP	(8)	(30)	(71)	462	9	(2)	221	2	(5)	579
UNSCHEDULED CARE WITHYBUSH	(36)	(26)	(24)	(63)	179		79	9	9	126
WOMEN & CHILDREN	41	(42)	(57)	182	(2)	(7)	19	62	18	213
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	22	(3)	105	44	88	66	(66)	64	(182)	140
CARMARTHENSHIRE COUNTY	31	5	575	97	(175)	(1,926)	(53)	44	341	(1,060)
CEREDIGION COUNTY	15	(37)	(7)	76	13	(29)	5	(22)	(7)	6
PEMBROKESHIRE COUNTY	(0)	12	(1)	(40)	(6)	9	(6)	(28)	10	(51)
MEDICINES MANAGEMENT	13	(0)	1	(202)	(63)	(57)	5	122	23	(159)
PRIMARY CARE	(8)	(216)		194	(18)	3	(70)	64	(42)	(94)
PRIMARY CARE MANAGEMENT	4	248	582	4	8	(1,833)	14	(93)	358	(709)
DIRECTOR OF PUBLIC HEALTH	8	(2)		66	(108)	(18)		2	(1)	(53)
DIRECTOR OF STRATEGY AND PLANNING	10	(6)	(47)	(12)	(27)	(21)	53	(244)	18	(276)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(16)	4	23			1		12	(24)	1
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	39	(209)	0	(16)	30	2	(6)	66	(49)	(145)
EXECUTIVE MEDICAL DIRECTOR	(168)	(21)	(54)	102	1	(47)	(9)	216	(99)	(79)
HEALTH BOARD FINANCING	(47)	50	164	6	(1)		0	(29)	(143)	(0)
CENTRAL FINANCING	45				9	61	173	(100)	(182)	6
HEALTH BOARD FINANCING					0	61	0	(26)	(1)	35
LTA'S WITH OTHER NHS PROVIDERS	45				8	0	173	(74)	(182)	(29)
PLANNED DEFICIT	3					(655)	0	(1)		(652)
UNIDENTIFIED SAVINGS GAP			(0)					16,000		16,000
Grand Total								2,658		2,658
Grand Total	60	(319)	505	983	250	(2,767)	87	19,446	(881)	17,365

# 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	
CENTRAL INCOME									(10)	(10)
CHIEF EXECUTIVE	(82)					(14)		110	(63)	(50)
DIRECTOR OF FINANCE	(236)	(1)	(23)	94	3	(467)	0	268	329	(33)
DIGITAL	(7)	(1)	(23)		3	(332)		(10)	371	0
FINANCE	(266)			94		(134)	0	283	11	(12)
PERFORMANCE	37							(5)	(53)	(21)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	60	(15)		220	10	9		(104)	16	197
DIRECTOR OF OPERATIONS	122	(14)	(460)	2,711	1,014	(403)	1,236	1,274	(1,753)	3,727
ASST DIR OPS QUALITY & NURSING FACILITIES	(6)	(20)		(17)	(55)		(0)	25		(73)
MENTAL HEALTH & LEARNING DISABILITIES	333	0		(334)	18	(12)	4	326	0	336
ONCOLOGY & CANCER SERVICES	(24)	(78)	829	79	5	(803)	(89)	(14)	(718)	(812)
OPERATIONS DIR MANAGEMENT	5	(76)	(243)	(70)	41	(20)	737	8	37	420
PATHOLOGY	(52)	(179)	51	(54)	(149)	(34)	40	172	(33)	(237)
PLANNED CARE	(42)	318	(77)	184	(1)	53	(135)	(154)	(40)	106
RADIOLOGY	168	411	(783)	569	7	129	(211)	339	(341)	287
UNSCHEDULED CARE BRONGLAIS	(38)	146	(230)	200	290	44	(259)	62	(175)	40
UNSCHEDULED CARE GLANGWILI	(167)	(106)	224	288	(0)	17	(24)	53	(6)	281
UNSCHEDULED CARE PRINCE PHILIP	(18)	(135)	(105)	973	(10)	49	912	12	(31)	1,646
UNSCHEDULED CARE WITHBUSH	(171)	(86)	(97)	(283)	693		349	82	26	513
WOMEN & CHILDREN	30	(197)	(193)	802	(21)	(28)	75	159	72	699
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	104	(13)	164	373	196	202	(162)	203	(545)	521
CARMARTHENSHIRE COUNTY	102	534	2,426	(589)	166	(6,509)	(82)	(70)	1,540	(2,481)
CEREDIGION COUNTY	41	(111)	(28)	74	119	(130)	19	21	(24)	(20)
PEMBROKESHIRE COUNTY	16	48	(6)	(177)	(18)	196	(24)	(29)	35	41
MEDICINES MANAGEMENT	43	30	38	(738)	276	(162)	18	21	(2)	(476)
PRIMARY CARE	(38)	(390)		(72)	(74)	33	(150)	166	31	(494)
PRIMARY CARE MANAGEMENT	1	963	2,422	13	177	(6,373)	55	(249)	1,501	(1,489)
DIRECTOR OF PUBLIC HEALTH	40	(6)		311	(313)	(74)		(0)	(1)	(44)
DIRECTOR OF STRATEGY AND PLANNING	(341)	135	(246)	(652)	(117)	(46)	(140)	(750)	77	(2,079)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(60)	24	96			5		30	(95)	(0)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	189	(577)		(105)	147	4	(27)	164	(141)	(345)
EXECUTIVE MEDICAL DIRECTOR	(42)	25	(115)	(126)	1	(117)	(40)	534	(320)	(199)
HEALTH BOARD FINANCING	(175)	217	846	43	(10)		(0)	(247)	(675)	(0)
CENTRAL FINANCING	45				9	48	173	(80)	(212)	(17)
HEALTH BOARD FINANCING					0	48	0	(9)	(31)	9
LTA'S WITH OTHER NHS PROVIDERS	45				8		173	(71)	(182)	(26)
PLANNED DEFICIT	15					(671)	0	(5)		(662)
UNIDENTIFIED SAVINGS GAP								64,000		64,000
Grand Total								12,612		12,612
	(403)	329	2,523	1,597	1,224	(8,161)	1,121	77,736	(1,307)	74,659