



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Report – Month 12 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy Director of Finance

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 draft unaudited end of year financial position against the Annual Plan.

Cefndir / Background

The Month 12 financial position is an overspend of £3.6m, which is made up of a £1.1m improvement against the planned deficit.

The Health Board's Target Control Total from Welsh Government (WG) is to deliver a deficit of £44.8m, after savings of £30.8m. The Health Board's Unaudited End of Year reported outturn is £65.8m deficit.

The key drivers are detailed in the Financial Performance report.

Asesiad / Assessment

Revenue

The Health Board was unable to deliver the target control total and the Health Board's end of year deficit position is £65.8m. Work is progressing as part of the 24/25 planning cycle to mitigate the increased cost base. All year-end numbers are draft, pending finalisation of the audited financial accounts by Audit Wales.

The original £19.5m plan requirement has now been achieved. Of the additional £11.3m target control total, £7.4m were identified, unfortunately they were not able to be converted into credible and deliverable schemes.

Risks and Opportunities

Driver	Prior month End of Year forecast to breakeven	Unaudited End of Year to breakeven	Movement in Forecast
Target Control Total	44.8	44.8	0.0
Operational variation	5.4	5.2	(0.2)
Under / (Over) delivery against identified savings schemes	4.5	4.6	1.0
Unidentified savings gap	11.3	11.2	(1.0)
Gross Position	66.0	65.8	(0.2)
Mitigating actions required	Gap of (21.2)	Gap of (21.0)	0.0
Unaudited Reported Net Position	66.0		(0.2)

Revenue	The Health Board was unable to deliver the target control total and the Health Board's end of year deficit position is £65.8m. Work is progressing as part of the 24/25 planning cycle to mitigate the increased cost base.
Cash	The Health Board was able to maintain a balanced cash position through close management of the strategic cash and increased working capital balances. A consequential risk of this strategy could result in failure to achieve Public Sector Payment performance target next year. Although we achieved the cumulative PSPP for the financial year 2023/24, we saw a marked deterioration in the PSPP target for the month of March 2024 as a consequence of the cash management actions.
Savings	The original £19.5m plan requirement has now been achieved. Of the additional £11.3m target control total, £7.4m were identified, unfortunately they were not able to be converted into credible and deliverable schemes.
Capital	Welsh Government increased the Capital Resource Limit (CRL) and a slight underspend of £32k has been reported.
Underlying deficit	As part of the 24/25 Planning cycle the reported underlying deficit has undergone an assessment of how the in-year operational variation will impact future years, including the recurrent gap within savings plans.

Accountability Letter

The Chief Executive has written to delegated executive officers to delegate the budget that was approved in the Board meeting on 28 March 2024.

- Appendix 1 is the Financial Performance Report

Argymhelliad / Recommendation

The Board is asked to **NOTE** and **DISCUSS** the financial position as at Month 12.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1642 (score 25) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2023/24 due to significant deficit position
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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:	<p>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 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</p>

	WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partion / 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

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









Financial Performance Report

Month 12 2023/24 (Unaudited)

March 2024

Public Board Meeting

Contents

-  Executive Summary..... 3
-  Key Performance Indicators..... 6
-  Savings Performance..... 7
-  In-Month Revenue Position..... 8
-  YTD Revenue Position..... 10
-  End of Year Forecast Revenue Position..... 12
-  Key Analysis..... 15
-  Next Steps and Mitigating Actions..... 20

Executive Summary (1 of 3)

The Health Board's Target Control Total from Welsh Government (WG) is to deliver a deficit of £44.8m, after savings of £30.8m. The Health Board's draft End of Year reported outturn is £65.8m. Year-end figures are subject to audit and could change, therefore are not yet final.

The Health Board's end of year position is a £65.8m deficit. The Month 12 financial position is an overspend of £3.6m, which is made up of a £1.1m improvement against the planned deficit; the key drivers are summarised below, including the current end of year (EoY) position. The original planned saving requirement of £19.5m is over identified, before the additional £11.3m target control total was issued.

Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Prior month End of Year forecast to breakeven	Unaudited End of Year Position
Planned Deficit / Target Control Total	4.7	4.7	44.8	44.8
Operational variation	(0.9)	(1.2)	5.4	5.2
Under / (Over) delivery against identified savings schemes	0.5	0.6	4.5	4.6
Unidentified / (Identified) savings gap / (improvement)	(0.7)	(0.5)	11.3	11.2
Gross Position	3.6	3.6	66.0	65.8
Mitigating actions required to deliver control total	N/A	N/A	Gap of (21.2)	Gap of (21.0)
Unaudited Reported Net Position	3.6	3.6	66.0	65.8

Key Measures (Risk rating - Impact x Likelihood)	Revenue	Risk #1642 5 x 5 = 25	The Health Board was unable to deliver the target control total and the Health Board's end of year deficit position is £65.8m. Work is progressing as part of the 2024/25 planning cycle to mitigate the increased cost base into the new financial year.
	Cash		The Health Board was able to maintain a balanced cash position through close management of the strategic cash and increased working capital balances. A consequential risk of this strategy could result in failure to achieve Public Sector Payment performance target next year. Although we achieved the cumulative PSPP for the financial year 2023/24, we saw a marked deterioration in the PSPP target for the month of March 2024 as a consequence of the cash management actions.
	Savings		The original £19.5m plan requirement has now been achieved with identification of sufficient plans for delivery, exceeding the requirement by £0.1m. Of the additional £11.3m target control total, £7.4m were identified, however they were not able to be converted into credible and deliverable schemes.
	Capital	Risk #1707 2 x 4 = 8	Welsh Government increased the Capital Resource Limit (CRL) and a small underspend of £32k has been reported.
	Underlying Deficit	Risk #1199 5 x 5 = 25	As part of the 2024/25 Planning cycle the reported underlying deficit has undergone an assessment of how the in-year operational variation will impact future years, including the recurrent gap within savings plans.

Executive Summary (2 of 3)

Key movements in forecast (£'m)

The original £19.5m plan requirement has now been achieved. Of the additional £11.3m target control total, £4.6m were identified, however, they were not able to be converted into credible and deliverable schemes.

Driver	Prior month End of Year forecast to breakeven	Unaudited End of Year to breakeven	Movement in Forecast
Target Control Total	44.8	44.8	0.0
Operational variation	5.4	5.2	(0.2)
Under / (Over) delivery against identified savings schemes	4.5	4.6	0.1
Unidentified savings gap	11.3	11.2	(0.1)
Gross Position	66.0	65.8	(0.2)
Mitigating actions required	Gap of (21.2)	Gap of (21.0)	0.0
Unaudited Reported Net Position	66.0	65.8	(0.2)

Monthly Actual Expenditure Run-Rate (£'m)

The revenue run-rate has not delivered the Target Control Total of £44.8m



Key breakdown of movements (£'m)

The following three breakdowns are included to highlight the key elements within the operational forecast or savings delivery and identification, that have moved from the prior month forecast. Negative values denote improvements.

Operational Variation	Change
Facilities Waste & Boiler Inspection Costs	0.6
Corporate Directorate Non Pay Contract Reductions	(0.4)
Primary Care Dental Contract Underperformance Recovery	(0.4)
Total	(0.2)

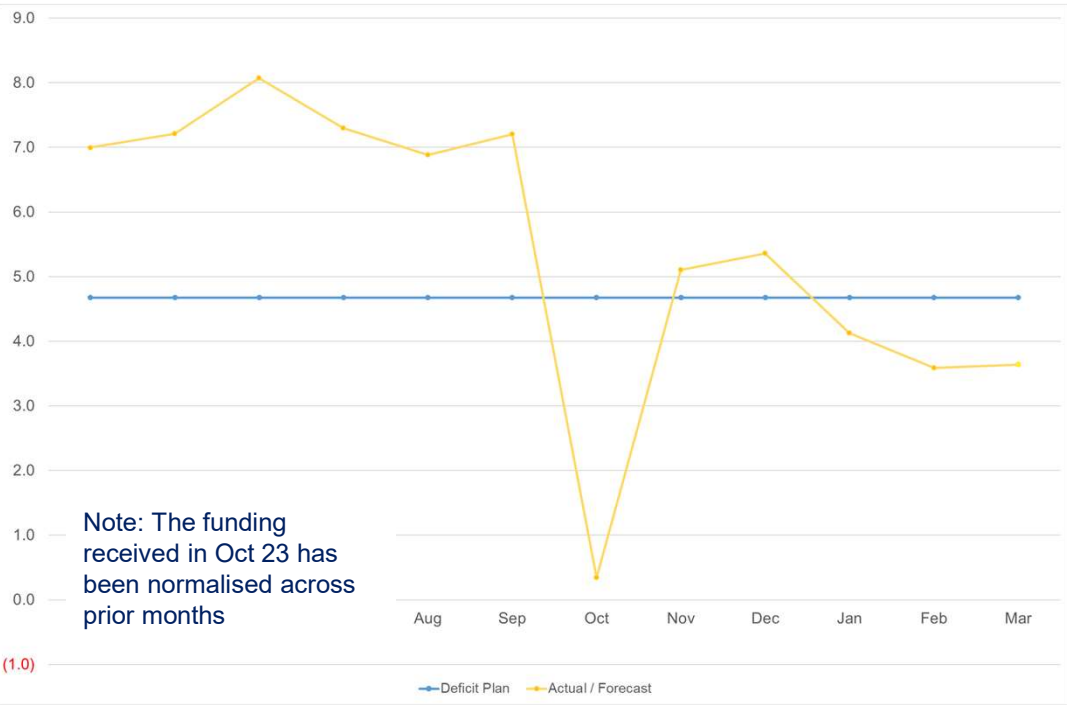
Under / (Over) delivery against identified savings schemes	Change
Under-delivery against MH CHC Scheme	0.1
Total	0.1

Unidentified savings gap	Change
£0.1m over original £19.5m plan recognised against control total £11.3m	(0.1)
Total	(0.1)

Executive Summary (3 of 3)

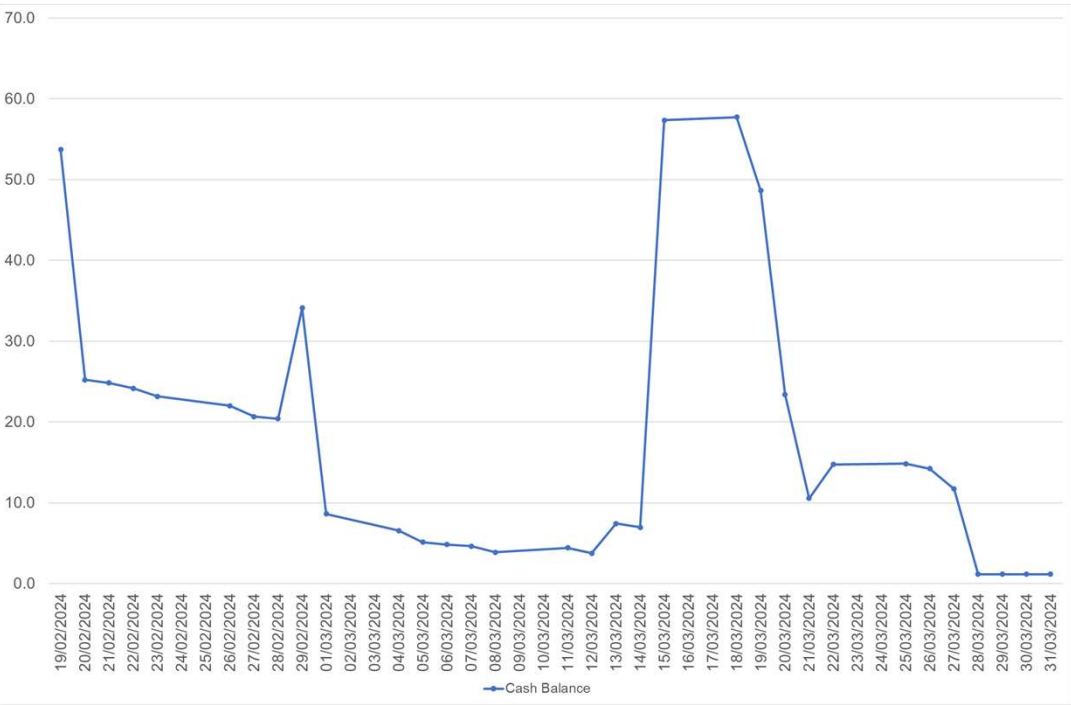
Unaudited Revenue Deficit Result (£'m)

In conclusion to the March assessment the Health Board's risks and opportunities, the target control total £44.8m has not been met. The final outturn for the year is £65.8m. For the fourth quarter of the year, the run rate was under the planned budget, highlighting improvements on the first three quarters of the year.



Cash Deficit Trajectory (£'m)

The Health Board was able to maintain a balanced cash position through close management of the strategic cash and increased working capital balances. A consequential risk of this strategy could result in failure to achieve Public Sector Payment performance target next year. Although we achieved the cumulative PSPP for the financial year 2023/24, we saw a marked deterioration in the PSPP target for the month of March 2024 as a consequence of the cash management actions.



Key Performance Indicators



EoY Position
● **£65.8m**
 Revised Plan: £56.1m




Gross Forecast Outturn
● **£65.8m**
 Target Control Total: £44.8m
 Revised Plan: £56.1m



Savings Delivery
● **£15.0m**
 77% against identified Plans




Savings Identification
● **£19.6m**
 Plan: 101% of required £19.5m
 Prior Month: £19.6m
 Note: excludes £11.3m target control total




EoY Capital
● **£47.8m**
 £0.0m deviation to EoY Plan




2024/25 Draft Underlying Financial Plan
● **£96.4m**
 Target Control Total £44.8m




Total Pay
● **£603.0m**
 Prior Month: £601.1m



Agency / Premium Locum
● **£33.1m**
 Prior Month: £32.6m




Primary Care Prescribing
● **£89.6m**
 Plan: £89.2m
 Prior Month: £89.7m



Cash Consequences
● **£0.0m**
 EoY Balanced Cash Position



Secondary Care Drugs
● **£64.5m**
 Plan: £54.2m
 Prior Month: £62.7



Energy
● **£12.2m**
 Plan: £14.7m
 Prior Month: £12.2m

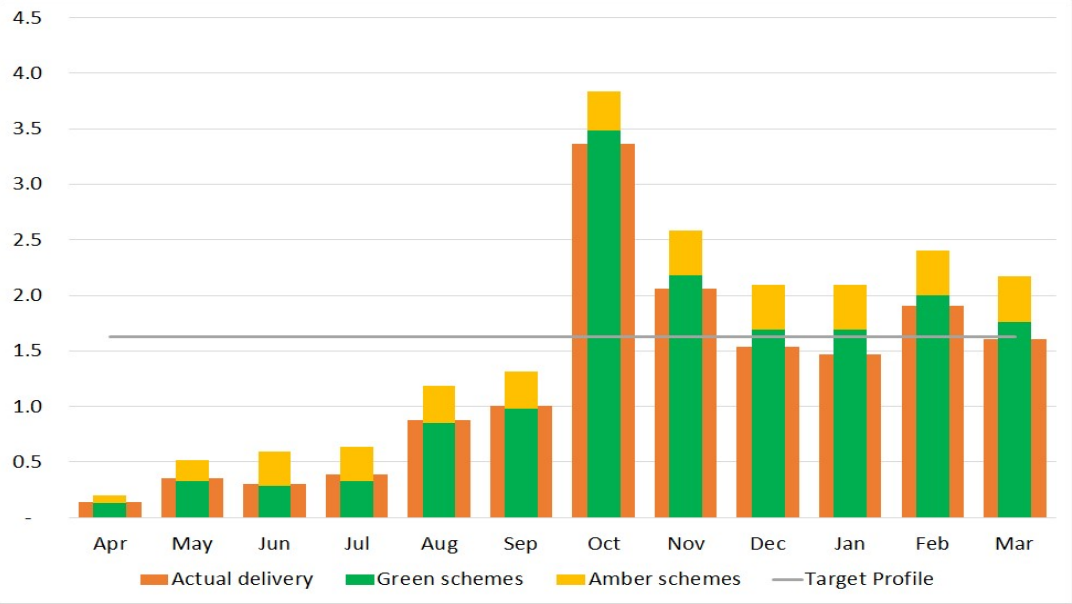
Savings Performance (assessed against the original Annual Plan of £19.5m, therefore excluding Control Total Target of £11.3m)

Risk-assessed directorate profiled savings performance (£'m)

The original savings target of £19.5m has now been identified. Of the identified schemes, 70% are recurrent, and of their planned value of £13.2m Directorates have achieved £8.6m – this highlights significant risk going into 2024/25.

A live Power Bi Savings Tracker is presented to the Executive Team via the Core Delivery Group to retain sufficient strategic focus on key deliverables; the delivery of identified savings schemes and conversion of opportunities into deliverable plans is a priority.

The Opportunities Framework presents a significant range and size of opportunities to identify the additional £11.3m, of which £4.6m were identified, unfortunately they were not able to be converted into credible and deliverable schemes.



Monthly End of Year progress for identified and risk-assessed savings delivery (£'m)

Since Month 10, no additional schemes have been identified.



Savings identification and performance against target and planned benefits (£'m)

The delivery of identified schemes was £15.0m, of which £4.5m of plans were under-delivered.

Performance against Target and Plan (£'m)	Executive Owner designation	Target	Plan	Delivery	Plan v Target (+ve = adverse)	Delivery v Plan (+ve = adverse)	Delivery v Target (+ve = adverse)
Saving	Chief Executive	0.1	0.2	0.2	(0.1)	0.0	(0.1)
	Director of Finance	1.3	0.5	0.5	0.8	0.0	0.8
	Director of Nursing, Quality & Patient Experience	0.2	0.6	0.1	(0.3)	0.5	0.2
	Director of Operations	11.7	14.4	10.3	(2.7)	4.1	1.4
	Director of Primary Care, Community & Long Term Care	3.8	2.0	2.0	1.7	0.0	1.7
	Director of Public Health	0.1			0.1	0.0	0.1
	Director of Strategy and Planning	1.2	0.6	0.6	0.7	0.0	0.7
	Director of Therapies & Health Sciences	0.6	0.2	0.2	0.3	0.0	0.3
	Director of Workforce & Organisational Development	0.3	0.8	0.8	(0.4)	0.0	(0.4)
	Medical Director	0.1	0.3	0.3	(0.3)	0.0	(0.3)
Saving Total		19.5	19.6	15.0	(0.1)	4.6	4.5

In-Month Actual Revenue Position

The below table shows the key thematic drivers of the in-month deficit position; the following slide presents the financial cost categories by the respective Delegated Officer.

Theme	£'m	£'m	Operational Driver comments	
Planned Deficit		4.7		
Under / (over) performing savings schemes	0.6	0.1	USC GGH under-delivery in relation to Nurse Stabilisation and MHLDC CHC scheme. The under-delivery has been partially offset by a switch to Biosimilar for Wet AMD patients in Planned Care	
Identified savings schemes	(0.5)		Over-identification of savings schemes in-month compared to 1/12th full-year target, due to the profiling of savings schemes being identified throughout the year.	
Medical Locum & Over Establishment	1.1	(1.2)	Continuing trends with medical ad-hoc hours to cover vacancies, maternity & sickness, additional shadowing of shifts and incorporating Industrial Action catch up costs across Directorates.	
Nurse Agency & Over Establishment	1.0		Continuing agency, bank and overtime within Nursing & Midwifery across Directorates.	
Women & Children Continuing Healthcare	0.6		Costs in recognition of Local Authority jointly liable care package.	
Primary Care Prescribing	(1.0)		The Primary Care Drugs Cost average cost per item of £7.55 for November to January. Item Growth at 0.00% vs FY23. Additional improvement due to Q3 & Q4 for Freestyle Libre.	
Non-Pay Contract Reviews	(1.0)		Contract reviews across Corporate Directorates	
Primary Care	(0.7)		Dental contract gross recoveries due to contract underperformance	
Vacancies	(0.6)		High level of vacancies across Allied Healthcare and admin particularly in Therapies, Public Health & Workforce	
Income Overachievement	(0.6)		Overachievement of income across various Directorates, including Mental Health, Planned Care and Medical	
Operational variance			(1.1)	
Reported in-month position			3.6	

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 AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY		
CENTRAL INCOME	-	-	-	-	-	-	-	-	75	75
CHIEF EXECUTIVE	(11)	-	-	-	-	9	-	(34)	(16)	(52)
DIRECTOR OF FINANCE	(55)	7	4	(1)	-	74	-	275	(125)	179
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(374)	8	(5)	18	6	38	-	(50)	146	(214)
DIRECTOR OF OPERATIONS	(220)	133	1,423	1,071	325	1,271	493	1,719	(1,271)	4,944
ASST DIR OPS QUALITY & NURSING	(8)	(2)	-	(5)	(5)	-	(0)	34	-	14
FACILITIES	(55)	0	-	(7)	(1)	4	0	856	(541)	256
MENTAL HEALTH & LEARNING DISABILITIES	(125)	(91)	41	(143)	12	361	8	104	(182)	(15)
ONCOLOGY & CANCER SERVICES	3	6	(25)	35	17	(28)	183	3	(3)	191
OPERATIONS DIR MANAGEMENT	(62)	1	37	(54)	(5)	(3)	3	408	(144)	182
PATHOLOGY	(8)	55	(9)	(0)	92	5	52	91	(54)	224
PLANNED CARE	8	184	(26)	266	(104)	119	36	69	(82)	470
RADIOLOGY	1	(65)	7	17	44	43	(4)	7	(3)	47
UNSCHEDULED CARE BRONGLAIS	1	(14)	367	50	27	5	11	14	(5)	456
UNSCHEDULED CARE GLANGWILI	7	20	268	630	(29)	52	128	7	0	1,083
UNSCHEDULED CARE PRINCE PHILIP	(1)	(3)	209	127	163	60	52	9	(31)	586
UNSCHEDULED CARE WITBYBUSH	(9)	39	345	44	19	6	88	43	(121)	453
WOMEN & CHILDREN	28	2	210	112	94	647	(64)	72	(105)	997
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	35	49	306	93	484	(1,247)	(946)	(559)	(309)	(2,094)
CARMARTHENSHIRE COUNTY	25	1	(3)	62	19	(35)	4	20	(209)	(117)
CEREDIGION COUNTY	1	(4)	(1)	17	31	(35)	3	(43)	(44)	(74)
PEMBROKESHIRE COUNTY	(15)	(3)	(5)	(50)	96	(343)	1	59	124	(136)
MEDICINES MANAGEMENT	20	(36)	-	11	45	16	(722)	(22)	(263)	(951)
PRIMARY CARE	(2)	93	312	32	(36)	(888)	(232)	(74)	135	(659)
PRIMARY CARE MANAGEMENT	6	(3)	3	21	329	38	-	(499)	(52)	(157)
DIRECTOR OF PUBLIC HEALTH	(61)	(1)	2	(84)	1	(4)	112	62	(115)	(87)
DIRECTOR OF STRATEGY AND PLANNING	(36)	1	(2)	-	-	0	-	(154)	(49)	(239)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	5	(78)	(2)	(2)	45	15	(1)	26	(61)	(52)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(154)	(22)	(67)	(206)	(17)	(216)	(10)	351	(68)	(409)
EXECUTIVE MEDICAL DIRECTOR	30	26	31	7	3	-	0	(476)	(143)	(521)
HEALTH BOARD FINANCING	15	-	325	128	176	(517)	1,366	(3,349)	(127)	(1,983)
LTA'S WITH OTHER NHS PROVIDERS	9	-	-	-	(13)	(74)	0	(1)	-	(78)
DEFICIT RECOGNISED IN THE PLAN	56	89	1,811	3,170	45	-	44	(539)	-	4,676
UNIDENTIFIED SAVINGS GAP	-	-	-	-	-	-	-	(507)	-	(507)
Grand Total	(761)	210	3,826	4,194	1,055	(649)	1,058	(3,235)	(2,063)	3,636

End of Year (EoY) Revenue Position

The below table shows the key thematic drivers of the EoY deficit position; the following slide presents the financial cost categories by the respective Delegated Officer.

Theme	£'m	£'m	Operational Driver Comments
Planned Deficit	56.1		
Underperforming savings schemes	4.6	4.5	USC GGH under-delivery in relation to Nurse Stabilisation and MHL D CHC scheme. The under-delivery has been offset by a switch to Biosimilar for Wet AMD patients in Planned Care
Identified savings schemes	(0.1)		Savings schemes identified over and above the original savings target of £19.5m
Nurse Agency	5.5	5.2	Increased Agency rates of pay and fill rates
Medical Locum	5.0		Premium rates paid across Directorates over and above the Health Board rate Card. Additional expenditure also incurred to cover roster vacancies, sickness/ annual leave across sites and industrial action.
Continuing Healthcare	3.7		Overspend driven by additional growth, patient acuity and price inflation in MH&LD and a high cost CHC package in W&C
Vacancies MHL D & Other	(3.9)		High level of vacancies across Allied Healthcare and admin particularly in Therapies, Public Health & Workforce
Primary Care	(2.1)		Dental underspends driven by contract underperformance recovery, offset by overspend on managed practices.
Long Term Agreements (LTA)	(0.9)		WHSCC risk share reduction to spend as a result of slippage to in year developments offset by increased patient activity with Swansea Bay.
Primary Care Prescribing	(0.8)		The Primary Care Drugs Cost average cost per item of £7.80 for 4 April to September 2023. The average price from October onwards is £7.55 to reflect the most recent published data with item growth at 1.05% for FY24.
Other Non-Pay	(0.8)		Contract reviews across Corporate Directorates
Income Overachievement	(0.5)	Overachievement of income across various Directorates, including Mental Health, Planned Care and Medical	
Operational variance	9.7		
EoY Position	65.8		

End of Year (EoY) Gross Revenue Position – Variance to Budget (£'000)

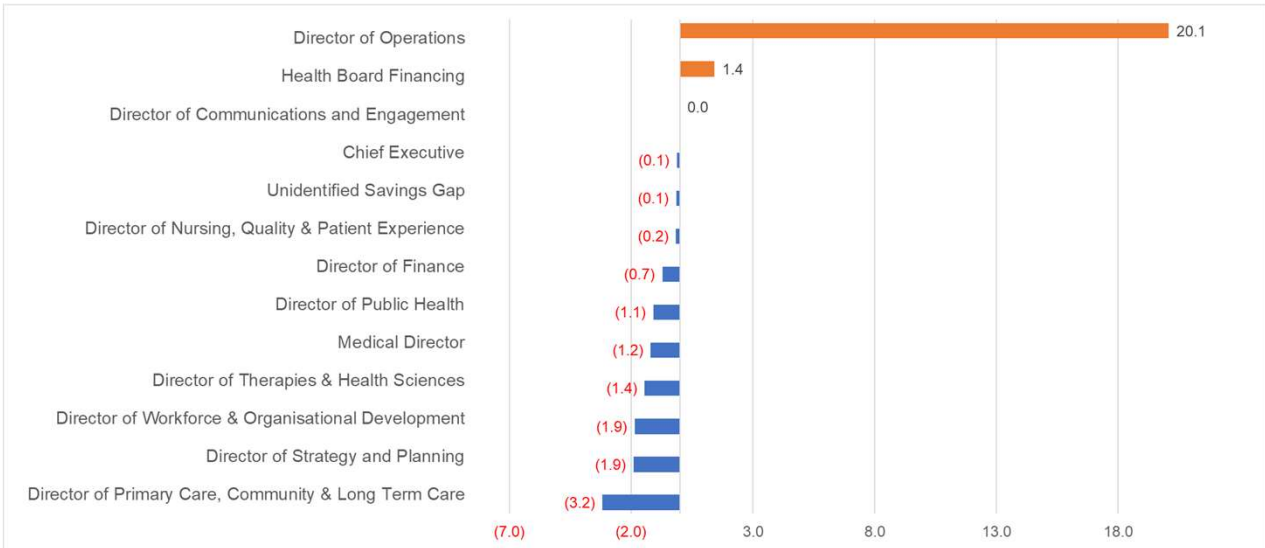
DIRECTORATE	PAY				NON PAY				INCOME	GRAND TOTAL
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY		
CENTRAL INCOME	-	-	-	-	-	-	-	-	(926)	(926)
CHIEF EXECUTIVE	(204)	0	-	-	1	84	-	111	(108)	(116)
DIRECTOR OF FINANCE	(325)	82	(37)	0	-	(718)	0	2,044	(643)	403
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(514)	51	(50)	34	40	175	0	337	(4)	69
DIRECTOR OF OPERATIONS	(478)	(938)	7,952	4,582	514	5,466	3,211	4,545	(5,001)	19,853
ASST DIR OPS QUALITY & NURSING FACILITIES	(64)	(19)	-	(93)	(78)	-	(0)	27	-	(227)
MENTAL HEALTH & LEARNING DISABILITIES	(358)	1	-	(64)	29	10	5	2,653	(1,743)	532
ONCOLOGY & CANCER SERVICES	(409)	(1,525)	502	(3,318)	140	3,816	184	261	(841)	(1,190)
OPERATIONS DIR MANAGEMENT	69	31	(301)	202	117	(37)	1,168	15	(31)	1,233
PATHOLOGY	(209)	(99)	(220)	(515)	(28)	(70)	43	(27)	(230)	(1,355)
PLANNED CARE	(102)	284	(43)	5	465	357	55	21	(374)	668
RADIOLOGY	(23)	130	521	(537)	(988)	504	(297)	524	(612)	(778)
UNSCHEДУLED CARE BRONGLAIS	(34)	79	162	134	247	156	(89)	48	(178)	526
UNSCHEДУLED CARE GLANGWILI	159	(108)	3,112	1,291	153	11	114	119	(107)	4,744
UNSCHEДУLED CARE PRINCE PHILIP	187	44	949	6,030	(66)	47	961	28	(6)	8,174
UNSCHEДУLED CARE WITHYBUSH	49	(48)	1,033	522	269	62	263	186	(96)	2,240
WOMEN & CHILDREN	(50)	216	936	535	147	40	834	214	(452)	2,420
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	306	77	1,301	391	108	569	(31)	475	(330)	2,867
CARMARTHENSHIRE COUNTY	230	482	2,317	370	852	(8,064)	26	214	396	(3,177)
CEREDIGION COUNTY	126	25	(40)	750	159	(489)	31	163	(209)	515
PEMBROKESHIRE COUNTY	22	(23)	(31)	117	128	(205)	53	(104)	(111)	(153)
MEDICINES MANAGEMENT	(45)	(29)	(68)	(785)	379	(890)	36	414	422	(566)
PRIMARY CARE	60	(354)	-	150	182	149	(24)	122	(973)	(687)
PRIMARY CARE MANAGEMENT	155	886	2,422	(133)	131	(6,932)	(70)	(64)	1,343	(2,263)
DIRECTOR OF PUBLIC HEALTH	(88)	(23)	34	270	(127)	303	-	(316)	(76)	(23)
DIRECTOR OF STRATEGY AND PLANNING	(218)	(42)	(83)	(451)	2	(147)	297	29	(466)	(1,078)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(176)	6	17	-	0	5	-	(436)	(188)	(773)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	121	(1,285)	(25)	(49)	116	39	(26)	246	(584)	(1,447)
EXECUTIVE MEDICAL DIRECTOR	(1,452)	(128)	(688)	(1,672)	33	142	(19)	2,678	(755)	(1,860)
HEALTH BOARD FINANCING	285	263	364	155	53	-	1	(1,350)	(970)	(1,199)
LTA'S WITH OTHER NHS PROVIDERS	229	-	326	(3)	193	(4,686)	1,817	4,028	(678)	1,225
DEFICIT RECOGNISED IN THE PLAN	115	-	-	-	(160)	(1,056)	0	(6)	(17)	(1,123)
UNIDENTIFIED SAVINGS GAP	677	1,065	21,725	38,033	539	-	526	(6,465)	-	56,100
Grand Total	(1,710)	(444)	31,817	41,000	2,183	(8,759)	5,835	5,837	(9,943)	65,815

End of Year (EoY) Gross Revenue Position – Deviation to Forecast (£'000)

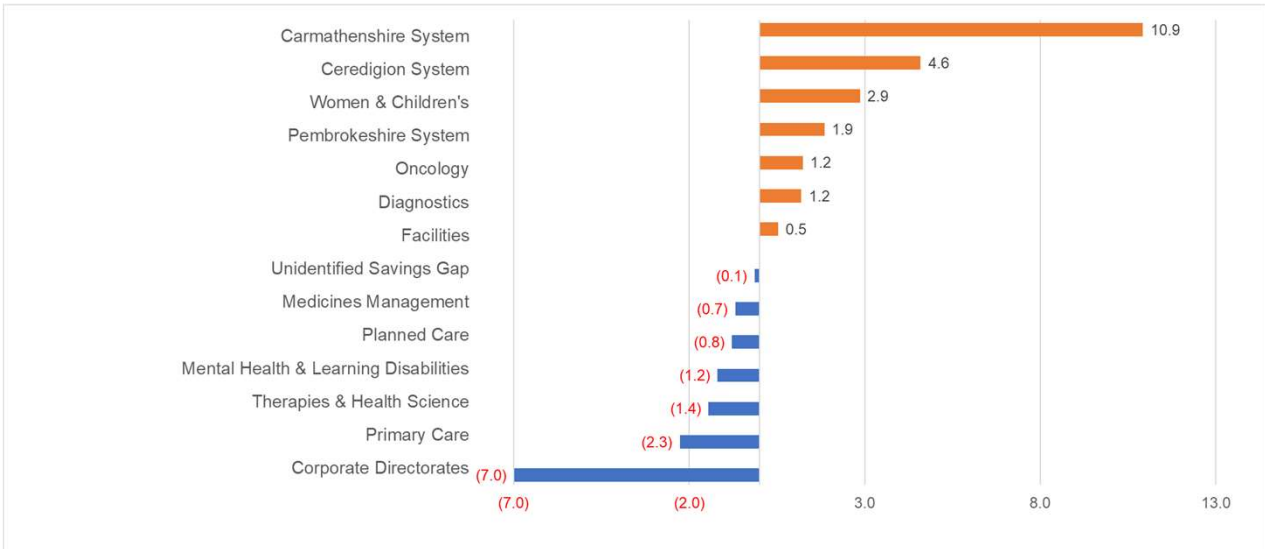
DIRECTORATE	PAY				NON PAY				INCOME	GRAND TOTAL
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY		
CENTRAL INCOME	-	-	-	-	-	-	-	-	116	116
CHIEF EXECUTIVE	5	-	-	-	-	8	-	(19)	(12)	(17)
DIRECTOR OF FINANCE	(112)	(0)	(7)	(1)	-	424	-	31	5	339
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(363)	6	-	(64)	(24)	38	-	353	89	35
DIRECTOR OF OPERATIONS	(207)	242	(101)	552	261	716	(8)	2,562	(2,007)	2,011
ASST DIR OPS QUALITY & NURSING	-	1	-	(5)	(9)	-	-	6	-	(6)
FACILITIES	27	0	-	0	1	10	0	2,433	(1,743)	728
MENTAL HEALTH & LEARNING DISABILITIES	16	3	3	(19)	2	80	(8)	89	88	255
ONCOLOGY & CANCER SERVICES	(0)	1	3	10	8	(29)	18	2	1	13
OPERATIONS DIR MANAGEMENT	(114)	(10)	48	(2)	(28)	204	1	(212)	(108)	(222)
PATHOLOGY	(1)	17	9	0	86	(37)	21	94	(57)	133
PLANNED CARE	(111)	260	(349)	512	39	83	82	74	(43)	546
RADIOLOGY	3	(50)	(6)	12	60	40	(3)	1	5	62
UNSCHEDULED CARE BRONGLAIS	(6)	0	(12)	(132)	16	5	(28)	9	(1)	(149)
UNSCHEDULED CARE GLANGWILI	(4)	15	44	43	(41)	51	16	(8)	30	146
UNSCHEDULED CARE PRINCE PHILIP	(4)	(0)	(102)	73	79	59	(48)	(5)	(14)	37
UNSCHEDULED CARE WITHYBUSH	(6)	9	134	7	2	4	8	24	(81)	101
WOMEN & CHILDREN	(7)	(4)	127	53	45	245	(67)	54	(82)	366
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	42	0	108	46	124	(995)	(20)	155	(437)	(977)
CARMARTHENSHIRE COUNTY	25	(3)	2	(13)	(2)	(326)	(1)	388	(216)	(145)
CEREDIGION COUNTY	1	(1)	(0)	12	23	(43)	(2)	(4)	(43)	(56)
PEMBROKESHIRE COUNTY	(5)	(0)	(13)	9	65	(588)	1	294	100	(138)
MEDICINES MANAGEMENT	17	(5)	-	(12)	23	9	38	(37)	(231)	(197)
PRIMARY CARE	(2)	10	114	54	(13)	(348)	(56)	(177)	5	(414)
PRIMARY CARE MANAGEMENT	6	(1)	4	(4)	28	301	-	(310)	(52)	(27)
DIRECTOR OF PUBLIC HEALTH	(0)	(4)	0	20	1	(11)	92	81	(92)	87
DIRECTOR OF STRATEGY AND PLANNING	(49)	(0)	(2)	-	-	0	-	(187)	(50)	(288)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	3	25	-	(9)	35	25	2	21	(18)	84
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(93)	0	(3)	(21)	(20)	(421)	(11)	117	(32)	(483)
EXECUTIVE MEDICAL DIRECTOR	5	397	(213)	(2)	3	-	0	(747)	(138)	(697)
HEALTH BOARD FINANCING	(2)	-	325	128	178	(2,945)	1,366	926	(117)	(140)
LTA'S WITH OTHER NHS PROVIDERS	0	-	-	-	(1)	(254)	-	0	-	(256)
DEFICIT RECOGNISED IN THE PLAN	-	-	-	-	-	-	-	-	-	-
UNIDENTIFIED SAVINGS GAP	-	-	-	-	-	-	-	0	-	0
Grand Total	(771)	666	108	648	558	(3,415)	1,422	3,292	(2,692)	(185)

End of Year Summary Financial Performance by Portfolio (£'m)

Delegated Officer Performance



Service Portfolio Performance



Key Analysis (1 of 5)

Continuing Healthcare expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £3,508,212 and £5,447,747

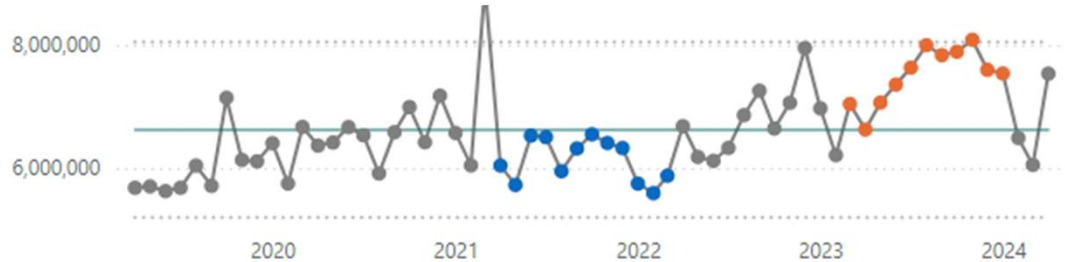


In month increase to Continuing Healthcare package in Women & Children

Primary Care Prescribing expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £5,202,338 and £8,042,481

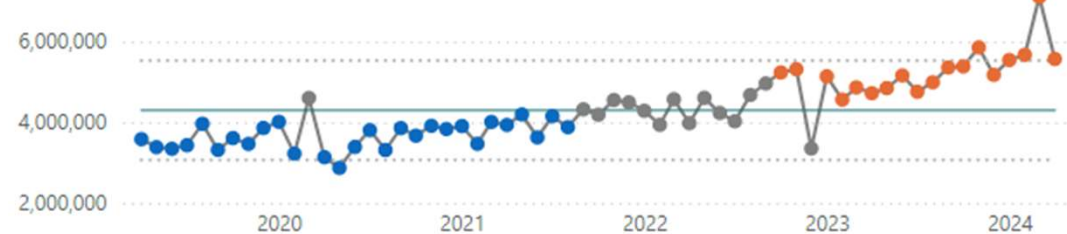


The Primary Care Drugs Cost average cost per item of £7.55 for November to January. Item Growth at 0.00% vs FY23.

Secondary Care Drugs expenditure (£'m)

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

Expected performance is between £3,064,372 and £5,526,508

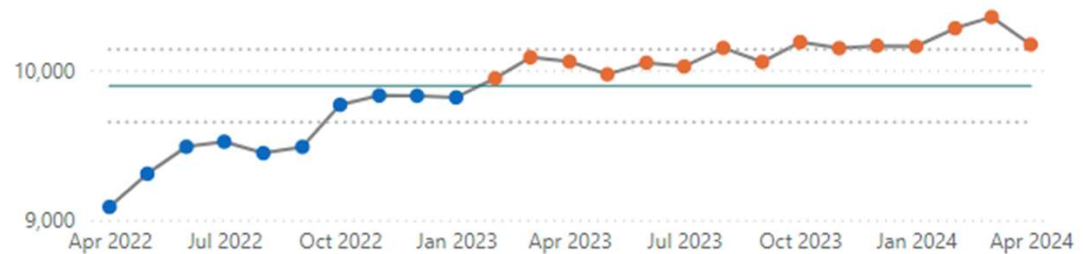


In month statement review of Homecare drugs resulting in addition £1m charge. SACT current year activity higher than the average seen for 2022/23.

Total Agenda for Change (WTE)

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

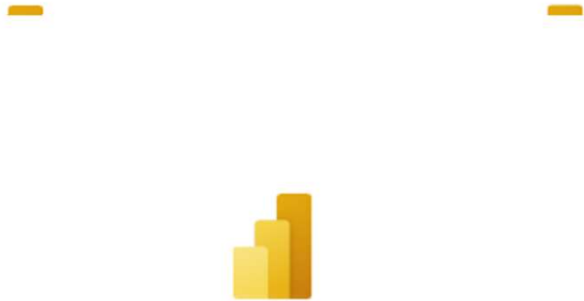
Expected performance is between 9654 and 10138



This total WTE, inclusive of Substantive staff, Bank, Overtime & Agency has increased by 1,267 WTE since April 2022.

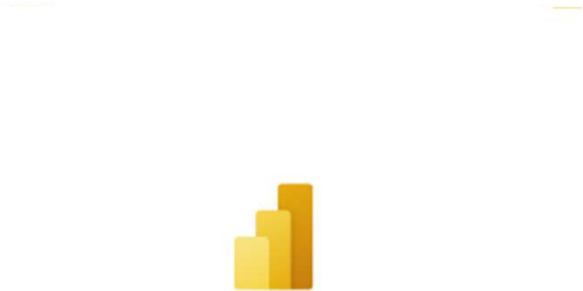
Key Analysis – All Agenda for Change Staff Groups (2 of 5)

Substantive (WTE)



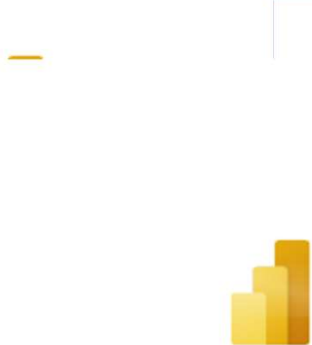
There has been an increase of c.1,107 in the number of Substantive WTEs since April 2022.

Bank (WTE)



There has been an increase of c.112 in the number of Bank WTEs since April 2022.

Overtime (WTE)



The number of Overtime WTE's has remained constant throughout recent months, without significant deviation from the Mean Average of 158 WTE's

Agency (WTE)



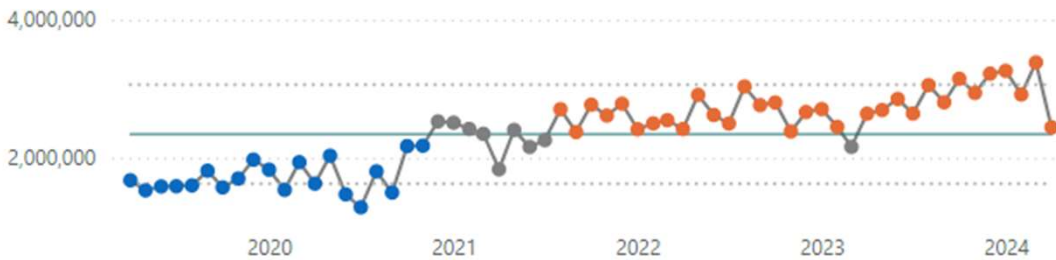
Between July & December 2023 there was a reduction to the number of Agency Nursing WTE used, c. 111. By March the number has increased by c.49 WTE's

Key Analysis (3 of 5)

Medical Locum expenditure (£'m)

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

Expected performance is between £1,623,988 and £3,061,348

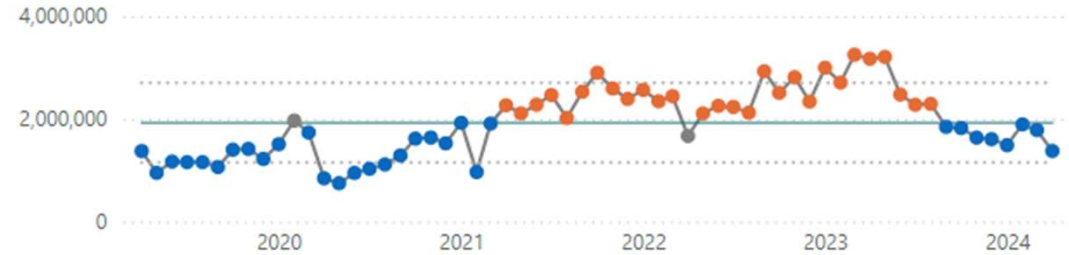


On-call cover for junior doctors and cover for sickness absence and fragile services continue to be of concern with the use of premium cost locums.

Nurse Agency expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1,145,742 and £2,703,708

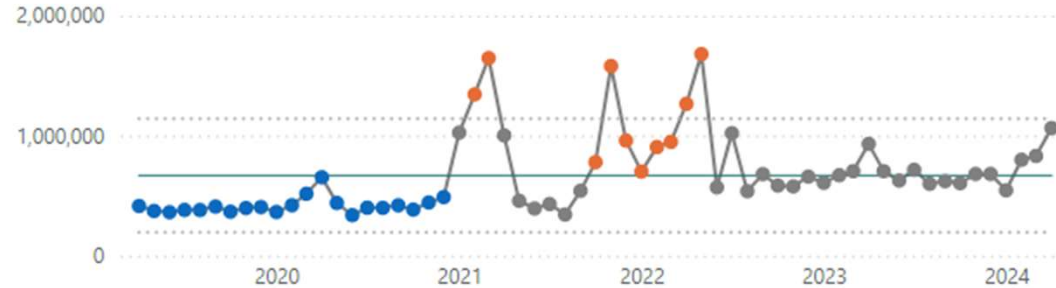


Following the Core Delivery Group's decision to restrict Agency utilisation and terms/rates, no Off-Contract Agency Nursing were utilised over the last six months.

Overtime expenditure (£'m)

This indicator is showing

Expected performance is between £193,518 and £1,143,811



No significant variation.

Bank expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £746,687 and £1,539,298



No significant variation.

Key Analysis – Non-Ward Staffing Level (WTE) for All Staff Groups Excluding Medical (4 of 5)

DIRECTORATE	Non-Ward Staffing Level - All Staff Groups Excluding Medical							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
CHIEF EXECUTIVE	95.0%	93	93	(5)	-	-	-	(5)
DIRECTOR OF FINANCE	95.1%	298	296	(17)	-	2	-	(15)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	99.0%	207	207	(2)	-	-	-	(2)
DIRECTOR OF OPERATIONS	97.3%	4,611	4,426	(314)	93	85	7	(128)
ASST DIR OPS QUALITY & NURSING FACILITIES	75.8%	15	15	(5)	-	-	-	(5)
MENTAL HEALTH & LEARNING DISABILITIES	99.7%	963	880	(86)	54	30	-	(3)
ONCOLOGY & CANCER SERVICES	90.4%	924	911	(112)	11	2	-	(98)
ONCOLOGY & CANCER SERVICES	101.7%	101	97	(2)	3	1	-	2
OPERATIONS DIR MANAGEMENT	95.7%	267	257	(22)	7	2	-	(12)
PATHOLOGY	99.2%	239	229	(11)	-	10	-	(2)
PLANNED CARE	96.8%	865	824	(70)	6	28	7	(29)
RADIOLOGY	96.1%	251	246	(16)	1	5	-	(10)
UNSCHEDULED CARE BRONGLAIS	97.4%	95	94	(4)	0	1	-	(3)
UNSCHEDULED CARE GLANGWILI	103.3%	184	174	(4)	7	3	-	6
UNSCHEDULED CARE PRINCE PHILIP	96.2%	112	111	(5)	-	1	-	(4)
UNSCHEDULED CARE WITHYBUSH	123.0%	131	127	21	1	2	0	24
WOMEN & CHILDREN	101.2%	464	460	2	3	1	-	6
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	97.7%	1,179	1,157	(50)	19	3	-	(27)
CARMARTHENSHIRE COUNTY	106.9%	300	290	9	9	2	-	19
CEREDIGION COUNTY	95.0%	160	156	(12)	4	0	-	(8)
MEDICINES MANAGEMENT	102.5%	238	238	6	-	0	-	6
PEMBROKESHIRE COUNTY	82.9%	224	217	(53)	6	1	-	(46)
PRIMARY CARE	98.3%	155	154	(3)	1	0	-	(3)
PRIMARY CARE MANAGEMENT	104.7%	103	103	5	-	-	-	5
DIRECTOR OF PUBLIC HEALTH	79.7%	112	112	(29)	-	0	-	(29)
DIRECTOR OF STRATEGY AND PLANNING	93.5%	33	33	(2)	-	-	-	(2)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	95.4%	594	593	(30)	-	1	-	(29)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	76.8%	240	240	(72)	-	-	-	(72)
EXECUTIVE MEDICAL DIRECTOR	105.5%	96	96	5	-	-	-	5
Grand Total	96.1%	7,464	7,254	(515)	112	91	7	(305)

Key Analysis – Ward Staffing Level (WTE) for Nursing and Additional Clinical Services Only (5 of 5)

DIRECTORATE	Ward Staffing Level - Nursing and HCSW Only							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
DIRECTOR OF OPERATIONS	106.8%	2,724	2,148	(402)	225	97	254	174
MENTAL HEALTH & LEARNING DISABILITIES	103.3%	286	218	(59)	48	8	13	9
PLANNED CARE	107.5%	185	153	(19)	17	5	10	13
UNSCHEDULED CARE BRONGLAIS	106.7%	306	214	(73)	21	12	60	19
UNSCHEDULED CARE GLANGWILI	112.4%	690	528	(86)	58	33	72	76
UNSCHEDULED CARE PRINCE PHILIP	106.1%	454	366	(62)	42	12	33	26
UNSCHEDULED CARE WITHYBUSH	103.5%	484	378	(89)	32	15	59	16
WOMEN & CHILDREN	104.9%	317	290	(12)	9	11	7	15
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	106.9%	166	136	(19)	15	2	13	11
CARMARTHENSHIRE COUNTY	103.1%	78	70	(6)	3	2	4	2
CEREDIGION COUNTY	98.5%	24	21	(4)	3	0		(0)
PEMBROKESHIRE COUNTY	115.8%	64	46	(9)	9	0	8	9
Grand Total	106.8%	2,889	2,284	(420)	240	99	266	185

Next Steps and Mitigating Actions

Having concluded the financial year end for 2023/24 in line with our forecasted deficit, the focus of the organisation has shifted towards the delivery of the 2024/25 annual plan.

Annual plan development for the forthcoming financial year is now 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 with this being communicated as part of the annual plan, including an anticipated delivery trajectory. The Health Boards focus in the coming six months is summarised as:

- Quarter 1 – de-risking the delivery trajectory of the annual plan to achieve the savings expectation that is set out within it; and
- Quarter 2 – de-risking to further reduce the planned deficit towards the target control total, as a minimum.

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

- Creation of the Value & Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis.
- Chief Executive Officer has indicated that an internal Escalation Framework will be implemented to manage a balanced criteria covering quality, safety, patient, performance and finance.
- Further, with pace, the conversion of Opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap.
- Board Seminar to further scrutinise progress and provide oversight of the expectations they set out as part of the annual plan endorsement on 28th March 2024.
- Accountability letters are being issued in April to delegated Executive Directors inclusive of the savings expectations for their portfolios.



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Performance Report – Month 1 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Jennifer Thomas, Senior Finance Business Partner

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 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

Revenue

The Month 1 financial position is an overspend of £5.9m against the of £5.3m. This is an adverse variance of £0.6m from plan, which is made up of £2.1m unidentified savings, partly offset by favourable operational variation of £(1.5)m; the key drivers are summarised in the Financial Performance Report (Appendix 1).

Of the Savings target of £32.4m, only £8.4m of "Green and Amber rated" savings have been identified, leaving a gap of £24.0m to be identified from the Opportunities Framework.

The current end of year forecast as at Month 1 is summarised in the table below. The reported net position is £64.0m, however, this will require improvements of £17.5m from the current projection.

Driver	Current month variance to breakeven £'m	End of Year forecast to breakeven £'m
Planned Deficit	5.3	64.0
Operational variation: (favourable)	(1.5)	(6.5)
Unidentified savings gap	2.1	24.0
Gross Position	5.9	81.5
Future mitigating actions required to deliver Planned Deficit		(17.5)
Reported Net Position	5.9	64.0

Risks and Opportunities

Revenue	The Health Board's planned deficit position for the year is £64.0m. This is under pressure as there is currently a gap of £24m on the identification and delivery of savings. This is partly offset by a favourable operational variation of £6.5m which is under review for appropriate savings as the greatest challenge on the organisation is the savings identification and delivery.
Cash	The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances in order to make payments in March.
Savings	The Savings target as part of the FY25 Annual Plan is £32.4m. Only £8.4m of Green and Amber rated schemes have been identified to date with a further £8.5m Red and Black schemes identified. These need to quickly be converted into credible and deliverable schemes in order to de-risk the Financial Plan.
Capital	There is a low risk to delivering the Capital Resource Limit following funding received in April for the additional costs associated with the Fire Enforcement Notice Glangwili Phase 1 capital scheme. All capital schemes are progressing as anticipated.
Underlying deficit	The underlying deficit has been assessed as part of the 2024/25 Planning cycle and reflects the FYE of the operational variation within the Health Board.

Deep-dive areas and action responses

Through the Month 1 position, two areas of significant concern have been identified: Glangwili General Hospital and Withybush General Hospital, with respected overspends forecast to be £2.3m and £0.8m for the full year. An explanation for the overspend, alongside the management response actions are as follows:

Glangwili General Hospital

Explanation of forecasted overspend:

- Nurse Agency – The use of nurse agency has increased from £0.4m (53 whole time equivalents) when the plan was being collated based on Month 8 information to £0.5m (72wte) in Month 12. While this has reduced in Month 1 (63wte) it remains above plan. Closure of “Y Lolfa” and the conversion of agency workers to substantive in ED was already included within our plan expectation for the year. Further plans are being developed to improve the £1.3m relating to agency nursing.
- Substantive – Substantive Registered Nurses have also increased by 12wte, which this has reduced vacancies, nurse agency did not reduce by a corresponding amount, further increasing expenditure.
- Operational Pressures – The site operational pressures have deteriorated since the plan was compiled. Notably:

- The number of days the site is on a Red or Black escalation status;
- The number of patients waiting in ED;
- The number of surge beds open;
- The number of patients who are assessed as medically optimised or ready to leave.

Mitigation actions:

- Agency to substantive conversion – Plans are in place to covert 12 agency workers in ED into substantive roles; and this is forecast to deliver in September. There is scope for further opportunities to be realised in the Clinical Decision Unit.
- Sickness - Sickness accounted for 20% of agency use in April (12.3wte). The majority of this was short term sickness and this is expected to improve in May and June.
- Reducing the need for agency workers – The site continues to focus on operational improvements in patient flow to reduce the level of surge.
- Increased control - Controls are already in place to determine when overtime and agency use is appropriate, with further work progressing with the Director of Nursing to assess further possible improvements.

Withybush General Hospital

Explanation of forecast overspend:

- Nurse agency – Changes in bed configuration have not been finalised following the RAAC response effort. Demands and surge in ED and the increase in medically optimised and ready to leave patients have all contributed to agency usage. As changes to configuration are finalised, this will release capacity within the Acute Clinical Decision Unit to allow further patient flow benefits and reduce demand on nurse agency.
- Medical agency - Medical expenditure continues to rise due to covering shifts of vacancies within General Medicine particularly covering the middle grade roster.

Mitigating actions:

- Even though there was underperformance against plan due to late implementation, once ward changes were implemented on 18th April performance measured improved against the previous month. The number of red days decreased and the site dropped to amber, Accident and Emergency usage also dropped.
- Working with Planned Care to implement changes in June to complete plan for Ward 9 use, with potential benefits in reducing reliance on agency for nights and weekends.
- Due to RAAC inspections during early May, the capacity of Ward 12 has reduced of surge from 29 to 24, which is anticipated to reduced decreasing agency demand.
- Further work with medical staff in May to agree improvements in patient flow, and improvements in rostering.
- First of three Internationally Educated Nurse cohorts are due in May.
- Monthly Senior Nurse Manager ward reviews are triangulating performance, finance and workforce.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** that the Health Board's opening budgeted deficit of £64m is not an acceptable position for the Board. 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 for the Health Board, which represents a key corporate risk for the Health Board for the year.
- **NOTE** that the current expenditure trajectory is in excess of the £64m, and further actions are needed from budget managers across the organisation. This will be supported by the Integrated Quality, Finance, Performance and Delivery Group, chaired by the Director of Operations; and the Value and Sustainability Group, chaired by the Director of Workforce and Organisational Development.
- **NOTE** that the Escalation Framework has been put in place, with directorates assessed across six domains, of which one domain is Finance and Planning (please see the IPAR for details on the escalation status for each directorate).

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: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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.
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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 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 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

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



GIG
CYMRU
NHS
WALES









Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Financial Performance Report – Public Board Meeting

Month 1 2024/25

30 May 2024

-  Executive Summary..... 3
-  Key Performance Indicators..... 6
-  Savings Performance..... 7
-  In-Month Revenue Position..... 9
-  YTD Revenue Position..... N/A
-  End of Year Forecast Revenue Position..... 11
-  Key Analysis..... 14
-  Next Steps and Mitigating Actions..... 19

Executive Summary (1 of 3)

The Health Board's Planned Deficit is £64.0m with a savings target of £32.4m. Delivering this requires a deficit of no more than £5.3m in month. The Health Board is reporting £5.9m. Achieving a deficit of £64.0m requires improvements of £17.5m from the current projection.

Financial Management

The Health Board's end of year reported position is £64.0m deficit. The Month 1 financial position is an overspend of £5.9m against the Planned Deficit of £5.3m, which is made up of £2.1m unidentified savings and an operational variation of £(1.5)m; the key drivers are summarised below, including the current end of year (EoY) position. Of the Savings target of £32.4m, only £8.4m has been identified leaving a gap of £24.0m to be identified from the Opportunities Framework.

Driver	Current month variance to breakeven £'m	End of Year forecast to breakeven £'m
Planned Deficit	5.3	64.0
Operational variation: (favourable)	(1.5)	(6.5)
Unidentified savings gap	2.1	24.0
Gross Position	5.9	81.5
Future mitigating actions required to deliver Planned Deficit		(17.5)
Reported Net Position	5.9	64.0

Key Measures (Risk rating - Impact x Likelihood)

Revenue	Risk #1843 4 x 5 = 20	The Health Board's planned deficit position for the year is £64.0m. This is under pressure as there is currently a gap of £24m on the identification and delivery of savings. This is partly offset by a favourable operational variation of £6.5m which is under review for appropriate savings as the greatest challenge on the organisation is the savings identification and delivery.
Cash		The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances in order to make payments in March.
Savings		The Savings target as part of the FY25 Annual Plan is £32.4m. Only £8.4m of Green and Amber rated schemes have been identified to date with a further £8.5m Red and Black schemes identified. These need to quickly be converted into credible and deliverable schemes in order to de-risk the Financial Plan.
Capital		There is a low risk to delivering the Capital Resource Limit following funding received in April for the additional costs associated with the Fire Enforcement Notice Glangwili Phase 1 capital scheme. All capital schemes are progressing as anticipated.
Underlying Deficit	Risk #1843 4 x 5 = 20	The underlying deficit has been assessed as part of the 2024/25 Planning cycle and reflects the FYE of the operational variation within the Health Board.

Executive Summary (2 of 3)

Key breakdown of movements

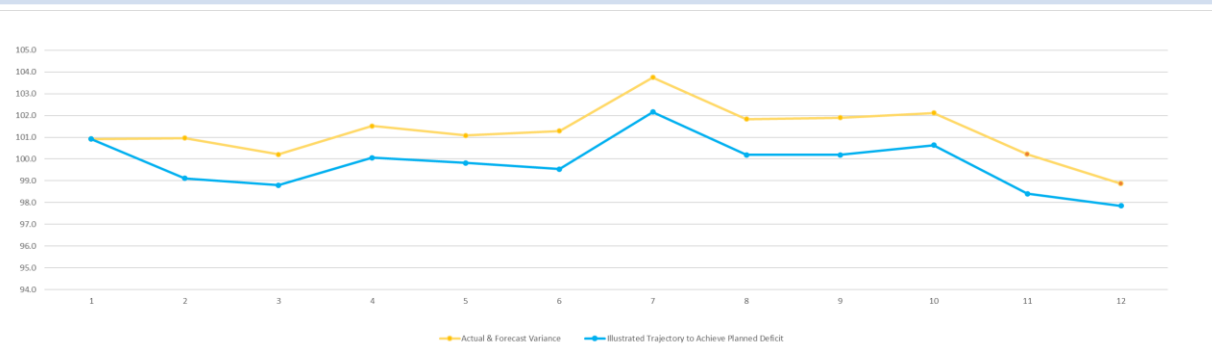
The following three breakdowns are included to highlight the key elements within the operational forecast or savings delivery and identification. Negative values denote improvements.

Driver	End of Year forecast £'m
Planned Deficit	64.0
Operational variation: (favourable)	(6.5)
Unidentified savings gap	24.0
Gross Position	81.5
Future mitigating actions required	(17.5)
Reported Net Position	64.0

Operational Variation	Change £m
Facilities Other sources of energy & second home premium on residential units	6.6
Nurse Agency & Over Establishment	3.1
Medical & Dental	1.6
Commissioned Healthcare Services	(10.9)
Vacancies	(0.7)
Income Overachievement	(6.2)
Total	(6.5)

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.

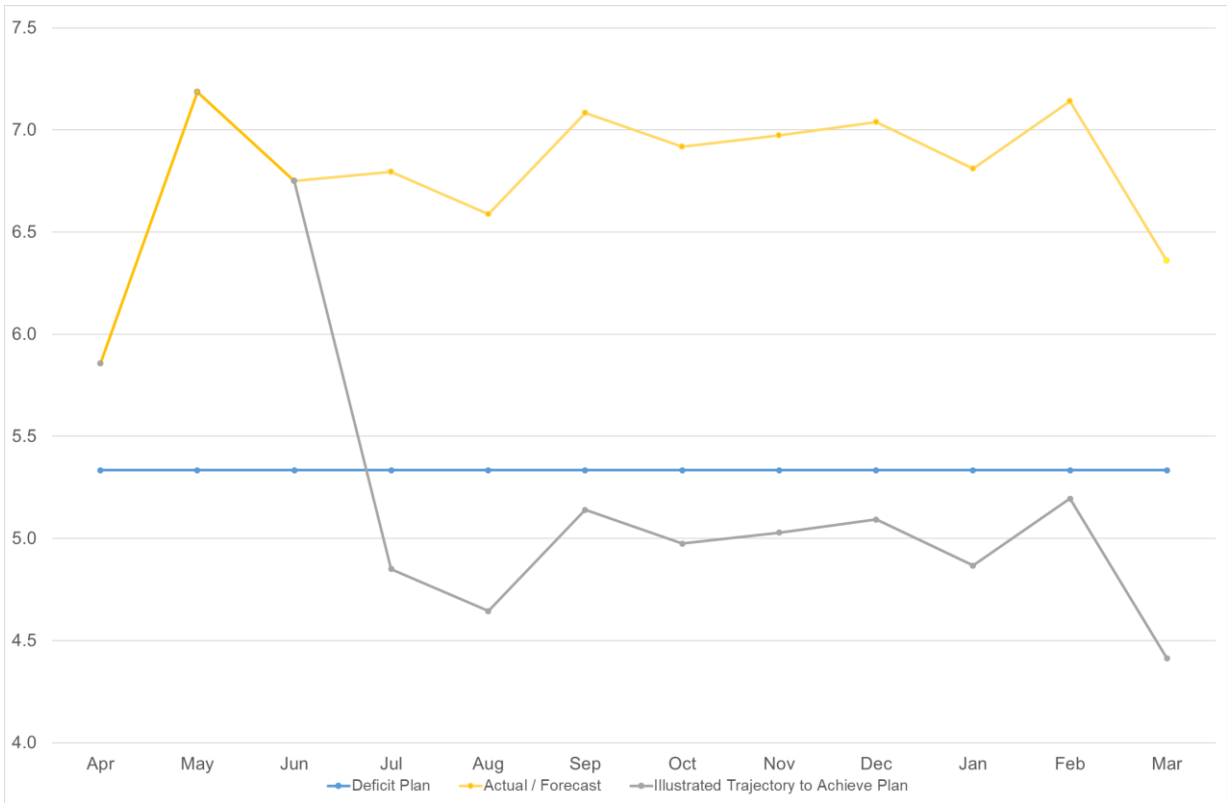


Unidentified savings gap to deliver the Planned deficit of £64m	Change £'m
£8.4m plans currently identified off the planned £32.4m Savings Requirement	24.0
Total	24.0

Executive Summary (3 of 3)

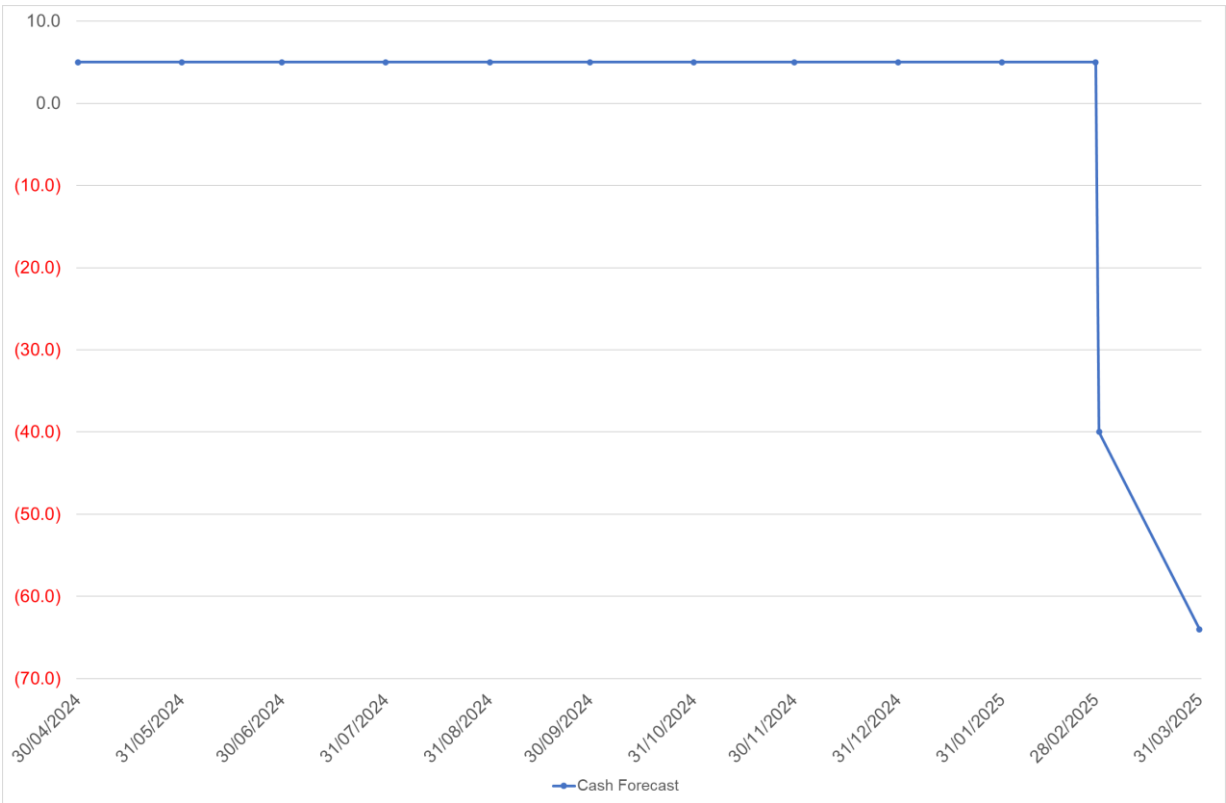
Revenue Deficit Trajectory (£'m)

The Health Board's Planned Deficit is £64.0m with a savings target of £32.4m with £17.5m mitigating actions required to deliver against the Planned Deficit.




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 in March.



Key Performance Indicators



YTD Position

● **£5.9m**

Plan: £5.3m
7% of Gross Forecast Outturn



Gross Forecast Outturn

● **£81.5m**


Annual Plan: £64.0m
Mitigating Actions Required: £17.5m



Savings Delivery

● **£7.3m**


87% against identified Plans



Savings Identification

● **£8.4m**

Plan: 26% of required £32.4m



EoY Capital

● **£19.6m**


£0.0m deviation to EoY Plan



2025/26 Draft Underlying Financial Plan

● **£96.4m**

Target Control Total £44.8m




Total Pay

● **£598.9m**



Agency / Premium Locum


● **£18.4m**



Primary Care Prescribing

● **£82.7m**

Plan: £93.8m



Cash Consequences

● **£64.0m**


Liquidity Concerns Feb 25



Secondary Care Drugs

● **£68.1m**

Plan: £69.8m



Energy

● **£11.9m**

Plan: £11.9m

Savings Performance Summary



Annual Plan Requirement
£32.4m



In-Year Delivery
£8.4m



In-Year Shortfall
£24.0m

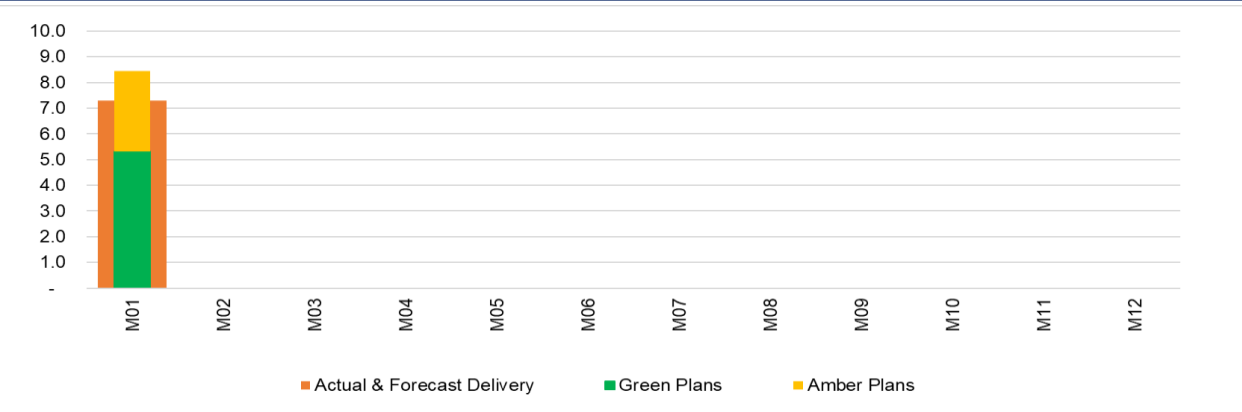


Recurrent Delivery
£2.1m

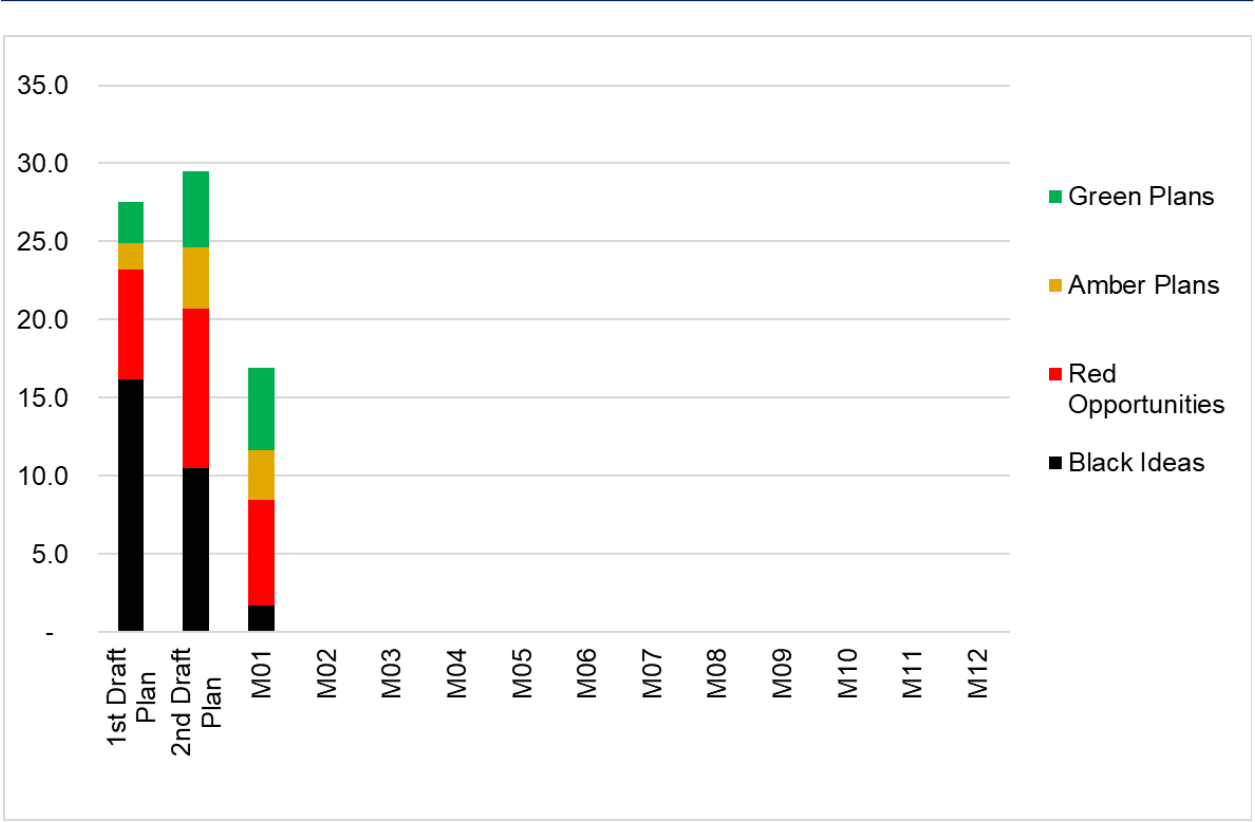


Recurrent Shortfall
£30.3m

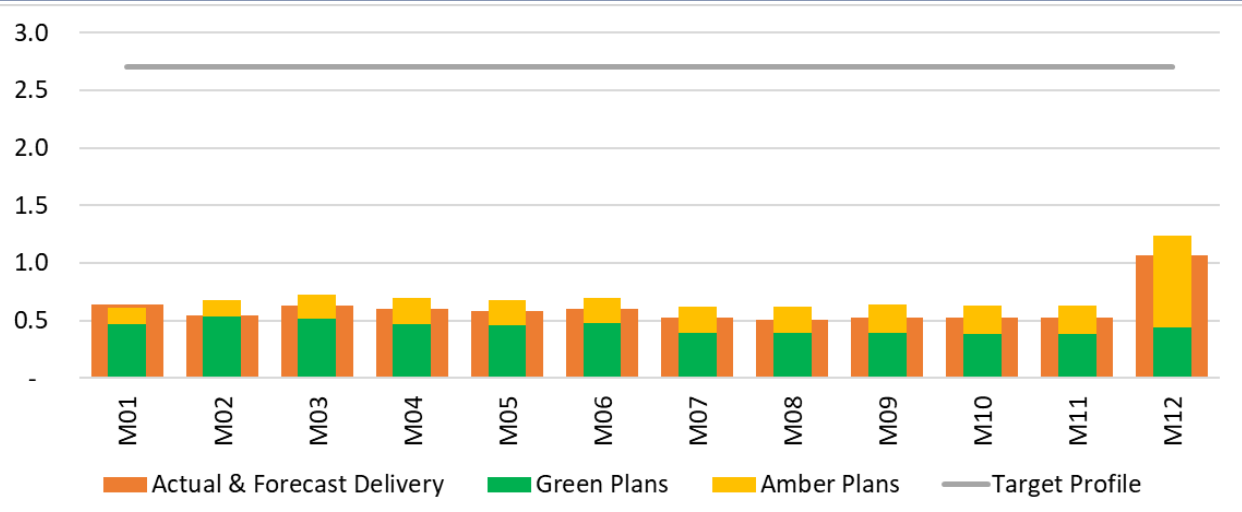
Monthly Trend of End of Year Risk-Assessed Savings Delivery (£'m)



Monthly Trend of End of Year Opportunity Pipeline Plans (£'m)



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



Savings Performance by Portfolio

Delegated Officer (£'000)	Annual Plan Target	In-Year Forecast Delivery	In-Year Forecast Shortfall	Recurrent Forecast Delivery	Recurrent Forecast Shortfall
CHIEF EXECUTIVE	324	48	275	0	324
DIRECTOR OF FINANCE	1,161	844	317	0	1,161
DIGITAL	839	500	339	0	839
FINANCE	298	344	(46)	0	298
PERFORMANCE	23	0	23	0	23
DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE	484	0	484	0	484
DIRECTOR OF OPERATIONS	40,903	5,993	34,910	2,078	38,825
ASST DIR OPS QUALITY & NURSING	51	0	51	0	51
FACILITIES	2,468	621	1,847	0	2,468
MENTAL HEALTH & LD	5,170	2,232	2,939	0	5,170
ONCOLOGY & CANCER SERVICES	1,509	0	1,509	0	1,509
PATHOLOGY	1,423	0	1,423	0	1,423
PLANNED CARE	6,169	66	6,103	0	6,169
RADIOLOGY	1,164	0	1,164	0	1,164
UNSCHEDULED CARE BRONGLAIS	4,825	925	3,900	0	4,825
UNSCHEDULED CARE GLANGWILI	8,020	294	7,726	504	7,516
UNSCHEDULED CARE PRINCE PHILIP	3,735	214	3,521	292	3,443
UNSCHEDULED CARE WITHYBUSH	2,929	1,238	1,691	1,281	1,647
WOMEN & CHILDREN	2,803	0	2,803	0	2,803
OPERATIONS DIR MANAGEMENT	637	404	233	0	637
DIRECTOR OF PRIMARY CARE, COMMUNITY & LONG TERM C/	12,211	0	12,211	0	12,211
CARMARTHENSHIRE COUNTY	4,304	0	4,304	0	4,304
CEREDIGION COUNTY	855	0	855	0	855
MEDICINES MANAGEMENT	4,790	0	4,790	0	4,790
PEMBROKESHIRE COUNTY	1,700	0	1,700	0	1,700
PRIMARY CARE	200	0	200	0	200
PRIMARY CARE MANAGEMENT	361	0	361	0	361
DIRECTOR OF PUBLIC HEALTH	329	0	329	0	329
DIRECTOR OF STRATEGY AND PLANNING	3,030	0	3,030	0	3,030
LTA'S WITH OTHER NHS PROVIDERS	2,844	0	2,844	0	2,844
STRATEGIC PLANNING	186	0	186	0	186
DIRECTOR OF THERAPIES & HEALTH SCIENCES	1,414	200	1,214	0	1,414
DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPM	758	167	591	0	758
MEDICAL DIRECTOR	202	0	202	0	202
HEALTH BOARD WIDE	1,814	0	1,814	0	1,814
Grand Total	62,629	7,252	55,376	2,078	60,551

Savings Commentary

Annual plan target assumes a delivery of green and amber savings schemes of £32.4m.

The Savings aspirations are based on 5% which is £62.6m

£8.4m of green and amber plans are currently identified, of which, they are forecast to deliver £7.3m – under-delivering by £1.1m.

On going reviews to recognise non recurrent underspends as savings whilst plans are developed to identify recurrent schemes

In-Month Actual Revenue Position

The below table shows the key thematic drivers of the in-month deficit position; the following slide presents the financial cost categories by the respective Delegated Officer.

Theme	£'m	Operational Driver comments
Planned Deficit	5.3	
Unidentified savings schemes	2.1	The in month plan includes a target of £2.7m savings delivery, only £0.6m is identified.
Nurse Agency & Over Establishment	0.5	Nurse agency use in particular GGH 10wte with an increase use of HCSW agency. WGH increase in agency and HCSW resulting in failed delivery of savings plan.
Other Non-Pay	0.4	Facilities Pressure seen in-month due to increased Maintenance Pay across all 4 sites
Commissioned Healthcare Services	(1.6)	Continuing Healthcare reduction in care packages and a decrease in intensity of care provision, across MH&LD in particular. Community Pharmacy underspend driven by practice payments reverting to start of 23/24 rates
Vacancies	(0.1)	Continuation of vacancies within the Corporate Directorates and Therapies.
Income Overachievement	(0.7)	Junior Doctor HEIW income and LTA activity
Operational Variance	0.6	
Reported In-Month Position	5.9	

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 AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY		
CENTRAL INCOME	-	-	-	-	-	-	-	-	(156)	(156)
CHIEF EXECUTIVE	(4)	-	-	-	-	(3)	-	(31)	(10)	(48)
DIRECTOR OF FINANCE	(61)	0	(1)	-	0	(39)	0	83	(23)	(40)
DIGITAL	2	0	(1)	-	0	(28)	-	86	(32)	28
FINANCE	(60)	-	-	-	-	(11)	0	(2)	9	(64)
PERFORMANCE	(3)	-	-	-	-	-	-	(1)	-	(4)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(4)	1	-	52	4	(0)	-	(27)	42	68
DIRECTOR OF OPERATIONS	140	(9)	(211)	564	(44)	(147)	4	(23)	(339)	(65)
ASST DIR OPS QUALITY & NURSING FACILITIES	(1)	(2)	-	(5)	(0)	-	(0)	(1)	-	(10)
FACILITIES	153	0	-	(17)	(1)	(11)	0	(47)	(20)	58
MENTAL HEALTH & LEARNING DISABILITIES	(5)	(15)	60	77	(1)	(138)	6	(7)	(59)	(82)
ONCOLOGY & CANCER SERVICES	(2)	(20)	(45)	24	2	(1)	39	(2)	2	(3)
OPERATIONS DIR MANAGEMENT	(10)	(1)	(5)	(23)	(19)	(3)	3	(22)	(3)	(82)
PATHOLOGY	(6)	18	(31)	12	12	3	(6)	1	(27)	(24)
PLANNED CARE	(8)	67	(232)	63	(93)	(4)	(27)	21	(66)	(279)
RADIOLOGY	(2)	(42)	76	31	(42)	2	(19)	3	(14)	(7)
UNSCHEDULED CARE BRONGLAIS	11	(9)	10	(28)	14	1	(23)	4	(5)	(25)
UNSCHEDULED CARE GLANGWILI	1	11	(55)	236	3	12	67	(8)	(27)	240
UNSCHEDULED CARE PRINCE PHILIP	(10)	(9)	6	7	42	-	(25)	3	(19)	(5)
UNSCHEDULED CARE WITBYBUSH	12	(9)	30	99	(4)	(7)	0	29	(39)	110
WOMEN & CHILDREN	6	2	(24)	88	44	(1)	(11)	3	(63)	44
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	67	83	212	55	(12)	(846)	(20)	152	(49)	(357)
CARMARTHENSHIRE COUNTY	17	(16)	(10)	84	(9)	(56)	1	16	(51)	(24)
CEREDIGION COUNTY	5	4	(0)	(19)	(7)	(2)	(2)	(23)	(7)	(51)
PEMBROKESHIRE COUNTY	4	2	(5)	(49)	41	(107)	(0)	20	31	(63)
MEDICINES MANAGEMENT	6	(29)	-	7	1	4	(13)	41	(61)	(44)
PRIMARY CARE	27	116	227	19	6	(684)	(6)	100	46	(148)
PRIMARY CARE MANAGEMENT	7	6	-	13	(44)	(1)	-	(1)	(7)	(27)
DIRECTOR OF PUBLIC HEALTH	2	9	(8)	(47)	(8)	2	(76)	(111)	(37)	(275)
DIRECTOR OF STRATEGY AND PLANNING	(28)	1	7	-	-	0	-	(102)	32	(89)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	2	(128)	(2)	10	15	(3)	(2)	23	(59)	(144)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(175)	(37)	(65)	(126)	0	(15)	(3)	206	(23)	(238)
EXECUTIVE MEDICAL DIRECTOR	(23)	14	36	1	4	-	-	58	(28)	62
HEALTH BOARD FINANCING	12	-	-	-	(98)	(526)	78	317	(85)	(302)
LTA'S WITH OTHER NHS PROVIDERS	(0)	-	-	-	-	4	0	(0)	-	4
DEFICIT RECOGNISED IN THE PLAN	-	-	-	-	-	-	-	5,333	-	5,333
UNIDENTIFIED SAVINGS GAP	-	-	-	-	-	-	-	2,107	-	2,107
Grand Total	(73)	(65)	(33)	509	(138)	(1,572)	(20)	7,985	(735)	5,858

End of Year (EoY) Forecast Gross Revenue Position

The below table shows the key thematic drivers of the EoY deficit position; the following slide presents the financial cost categories by the respective Delegated Officer.

Theme	£'m	Operational Driver comments
Planned Deficit	64.0	
Unidentified savings schemes	24.0	The FY25 plan includes a target of £32.4m savings delivery, only £8.4m is currently identified.
Non-Pay	6.6	Other sources of energy (LPG, Biomass & Heating Oil). Pembrokeshire County Council's second home premium uplift by 200% for 32 residential units.
Nurse Agency & Over Establishment	3.1	Nurse agency use in GGH 10wte, also increase use of HCSW agency, £2m. WGH increase in agency and HCSW resulting in failed delivery of savings plan £0.8m.
Medical & Dental	1.6	Managed Practice overspend driven by premium locum and agency costs within Primary care above that of the income that has been generated.
Commissioned Healthcare Services	(10.9)	Continuing Healthcare decrease in care package and decrease intensity of care provision. Community Pharmacy underspend (£1,433k) driven by practice payments reverting to start of 23/24 rates.
Vacancies	(0.7)	Vacancies in particular Therapies and Corporate directorates, a continuation of trend from the end of 23-24
Income Overachievement	(6.2)	Central income with increased HEIW income £1.2m, LTA with SBU £0.6m, Laundry income £1.7m, Income over achievement across several Directorates such as MH&LD, Therapies and Public Health contributing to the balance.
Operational Variance	17.5	
Forecast Year End Position	81.5	
Mitigating Actions Required	(17.5)	
Reported Net Position	64.0	

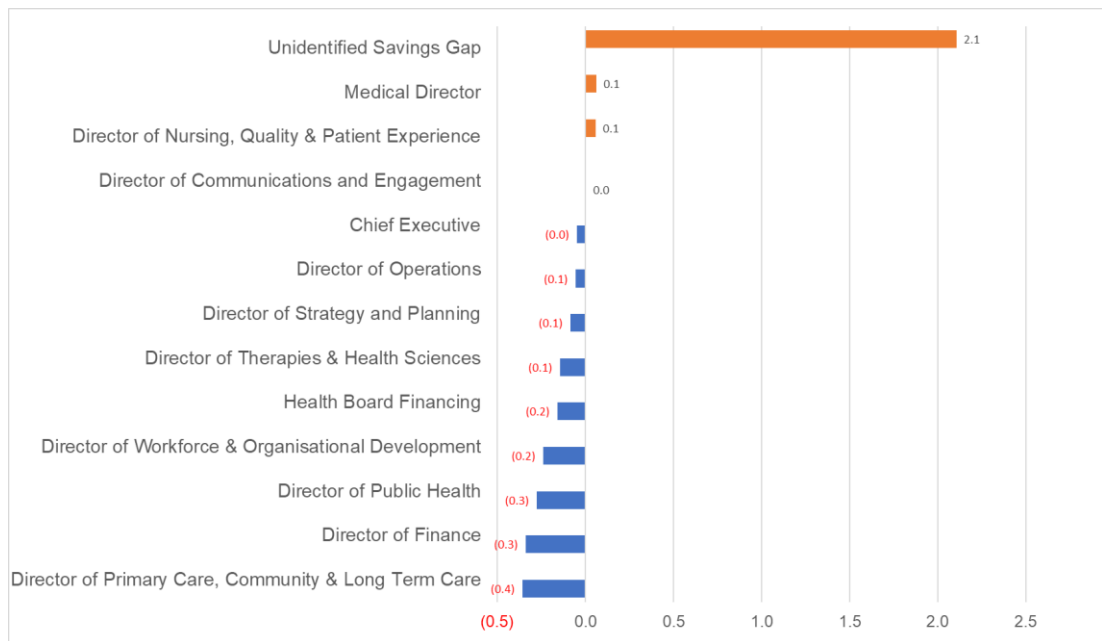
End of Year (EoY) Forecast Gross Revenue Position – Variance to Budget (£'000)

DIRECTORATE	PAY				NON PAY				INCOME	GRAND TOTAL
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY		
CENTRAL INCOME	-	-	-	-	-	-	-	-	(1,426)	(1,426)
CHIEF EXECUTIVE	56	-	-	-	-	(14)	-	(23)	(68)	(49)
DIRECTOR OF FINANCE	(105)	2	(10)	-	0	(355)	0	778	(376)	(65)
DIGITAL	15	2	(10)	-	0	(331)	-	710	(387)	(0)
FINANCE	(110)	-	-	-	-	(24)	0	62	12	(61)
PERFORMANCE	(10)	-	-	-	-	-	-	5	-	(4)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	15	2	(10)	-	0	(331)	-	710	(387)	(0)
DIRECTOR OF OPERATIONS	176	(85)	(106)	4,152	(2,432)	(1,086)	71	6,747	(3,291)	4,146
ASST DIR OPS QUALITY & NURSING FACILITIES	(9)	(22)	-	8	(37)	-	(0)	(4)	-	(64)
MENTAL HEALTH & LEARNING DISABILITIES	198	1	-	(199)	(1,594)	(142)	(1,351)	5,511	(1,731)	692
ONCOLOGY & CANCER SERVICES	61	(199)	623	478	(2)	(1,087)	129	(82)	(743)	(821)
OPERATIONS DIR MANAGEMENT	(3)	(136)	(182)	6	18	(6)	610	(21)	1	287
PATHOLOGY	(121)	(8)	(64)	(273)	(191)	(34)	37	692	(39)	(1)
PLANNED CARE	(30)	254	(373)	139	(54)	39	(5)	12	8	(11)
RADIOLOGY	(46)	824	(1,433)	419	(124)	82	8	324	(8)	47
UNSCHEDULED CARE BRONGLAIS	(19)	(506)	917	368	(588)	109	(124)	60	(167)	52
UNSCHEDULED CARE GLANGWILI	2	(109)	120	34	58	11	(80)	44	4	84
UNSCHEDULED CARE PRINCE PHILIP	9	11	(20)	1,967	(38)	15	472	(118)	(6)	2,291
UNSCHEDULED CARE WITHYBUSH	(73)	(113)	14	(4)	138	-	401	52	12	427
WOMEN & CHILDREN	139	(102)	357	775	(51)	(47)	2	234	(469)	838
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	68	20	(66)	433	32	(25)	(28)	42	(153)	324
CARMARTHENSHIRE COUNTY	642	1,307	1,931	(122)	418	(8,649)	(187)	58	1,420	(3,181)
CEREDIGION COUNTY	130	(67)	(193)	226	34	(534)	13	(255)	(17)	(664)
PEMBROKESHIRE COUNTY	(0)	48	(2)	(125)	(5)	(99)	(27)	(3)	(13)	(226)
MEDICINES MANAGEMENT	25	20	(64)	(565)	488	(678)	(1)	(58)	407	(427)
PRIMARY CARE	76	(163)	-	(29)	(32)	34	(102)	85	12	(119)
PRIMARY CARE MANAGEMENT	328	1,395	2,191	216	204	(7,299)	(68)	214	1,117	(1,702)
DIRECTOR OF PUBLIC HEALTH	82	74	-	155	(271)	(74)	-	75	(86)	(44)
DIRECTOR OF STRATEGY AND PLANNING	(74)	91	(119)	(554)	(114)	12	(237)	(725)	(438)	(2,159)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(100)	13	84	-	-	5	-	183	(185)	0
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	26	(851)	(26)	31	140	(8)	(27)	163	(659)	(1,210)
EXECUTIVE MEDICAL DIRECTOR	(1,109)	(443)	(752)	(455)	1	(476)	(38)	3,335	(275)	(212)
HEALTH BOARD FINANCING	(238)	172	485	11	47	-	-	(139)	(338)	(0)
LTA'S WITH OTHER NHS PROVIDERS	-	-	-	-	893	(15)	79	(3,034)	(205)	(2,281)
DEFICIT RECOGNISED IN THE PLAN	(2)	-	-	-	-	(12)	0	(6)	-	(19)
UNIDENTIFIED SAVINGS GAP	-	-	134	-	-	-	-	63,866	-	64,000
Grand Total	-	-	-	-	-	-	-	23,959	-	23,959
Grand Total	(713)	208	1,611	3,063	(1,046)	(10,929)	(339)	95,873	(6,228)	81,502

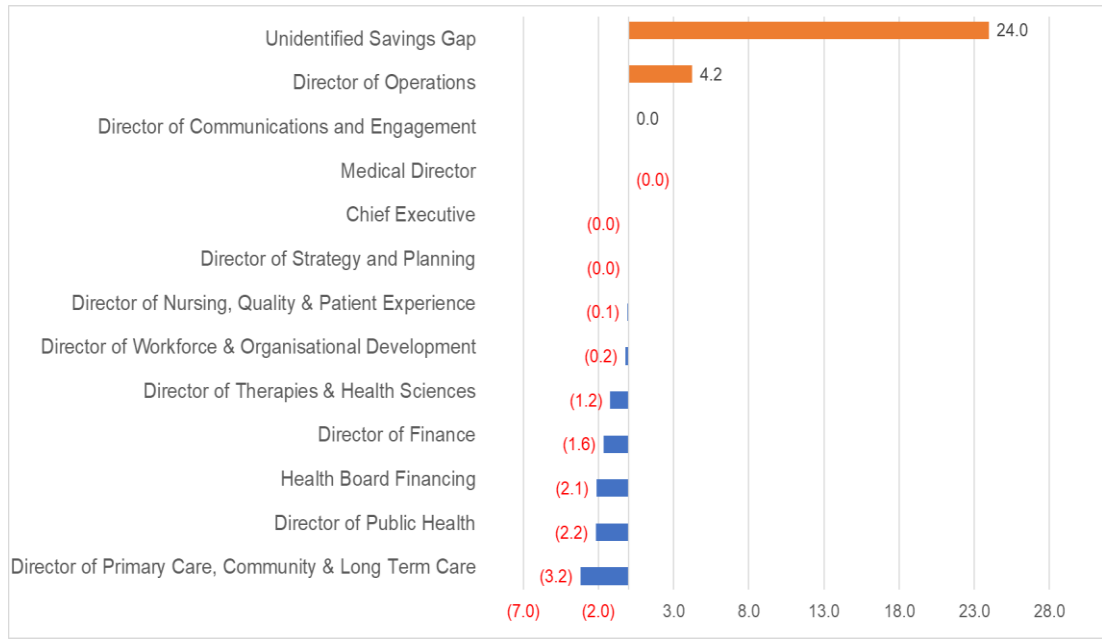
Summary Financial Performance by Portfolio (£'m)

Delegated Officer Performance

In Month

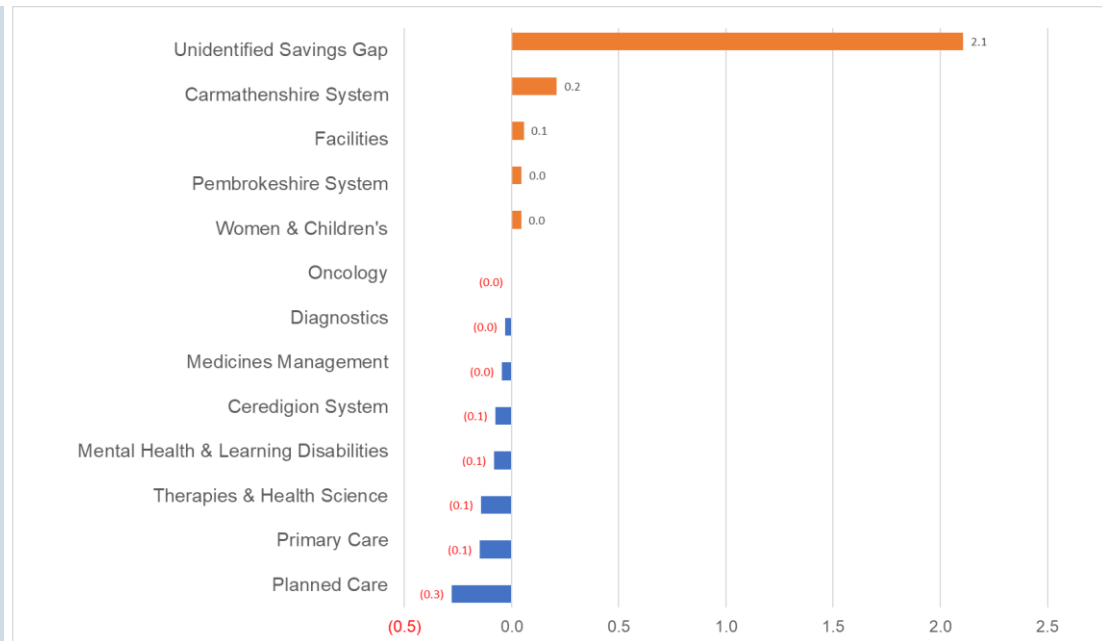


End of Year

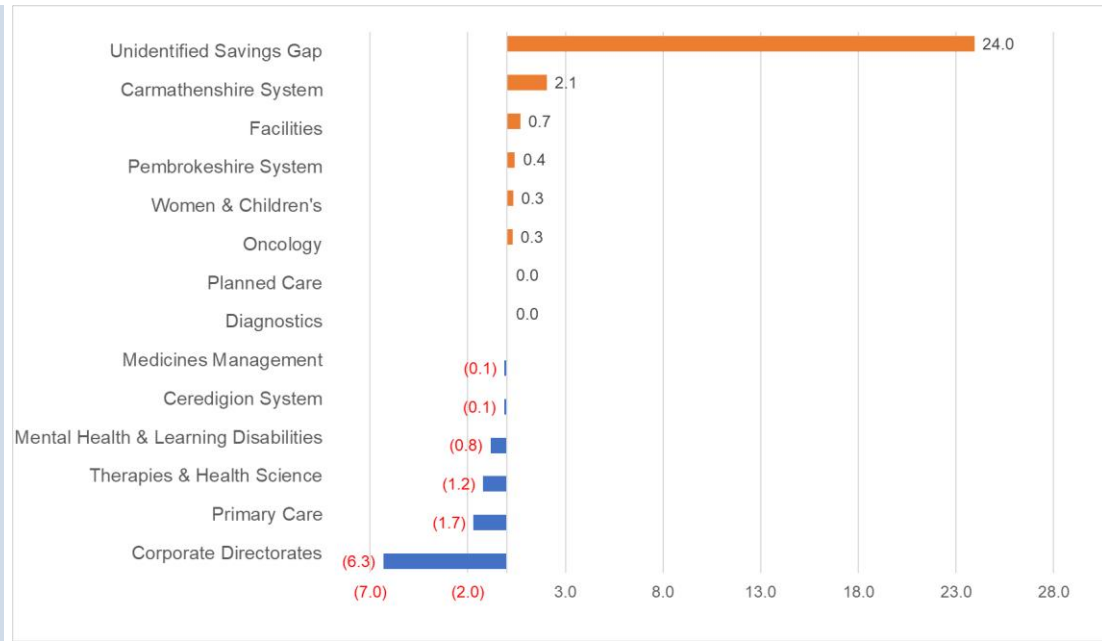


Service Portfolio Performance

In month



End of Year

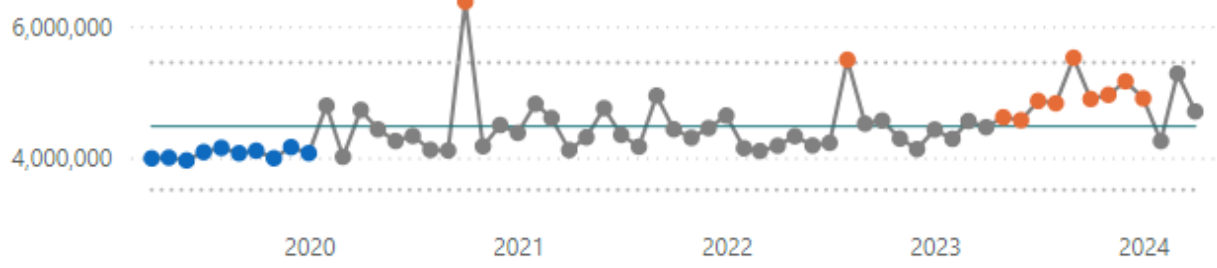


Key Analysis (1 of 5)

Continuing Healthcare expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £3,508,212 and £5,447,747

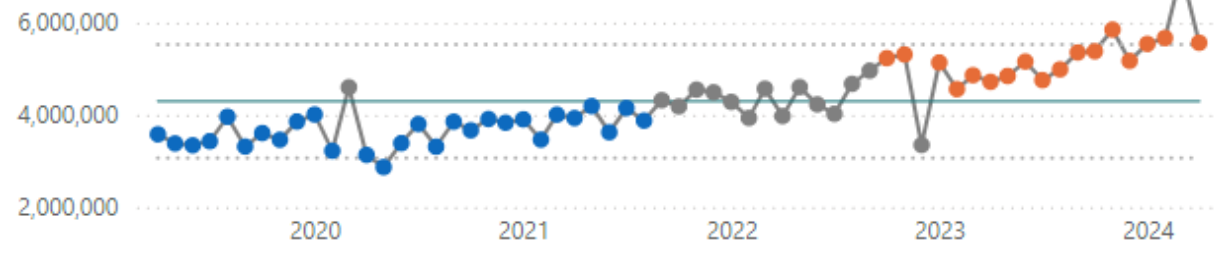


Reduction in care packages and a decrease in intensity of care provision

Secondary Care Drugs expenditure (£'m)

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

Expected performance is between £3,064,372 and £5,526,508

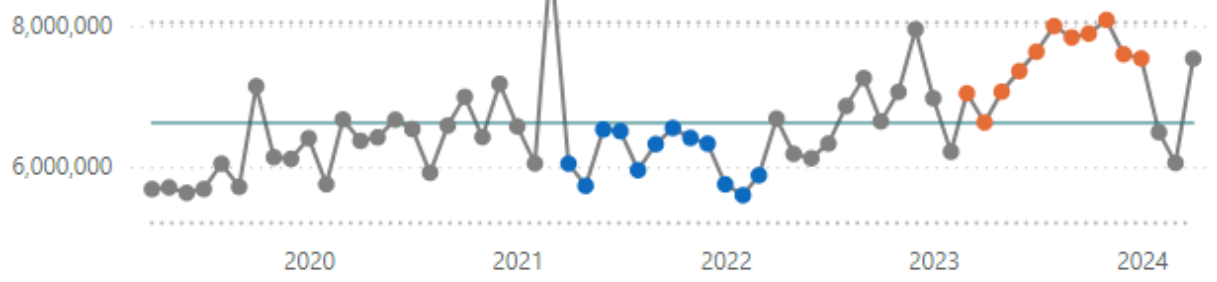


High-cost drugs, price increases and activity increases across Acute services.

Primary Care Prescribing expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £5,202,338 and £8,042,481

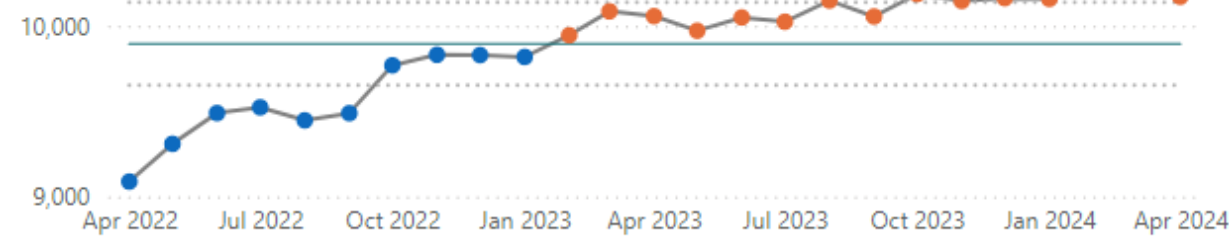


Drugs Cost average cost per item is based on £7.55 and Item Growth at 1.05%

Total Agenda for Change (WTE)

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

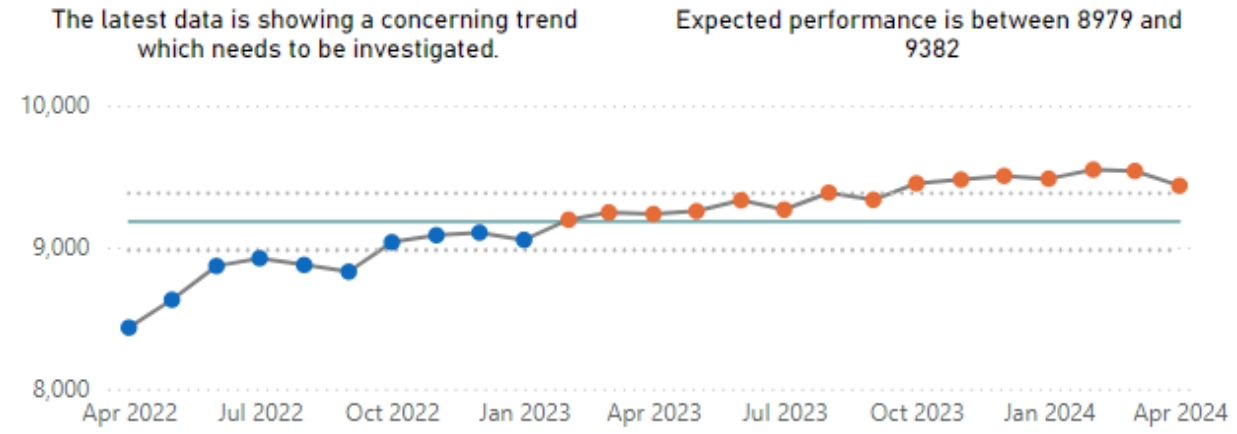
Expected performance is between 9654 and 10138



This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency.

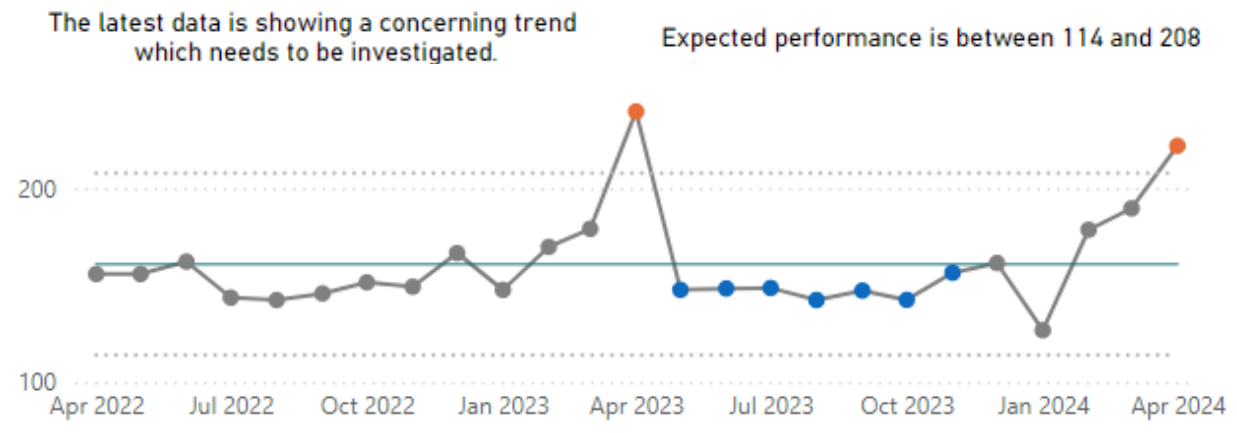
Key Analysis – All Agenda for Change Staff Groups (Excludes Medical) (2 of 5)

Substantive (WTE)



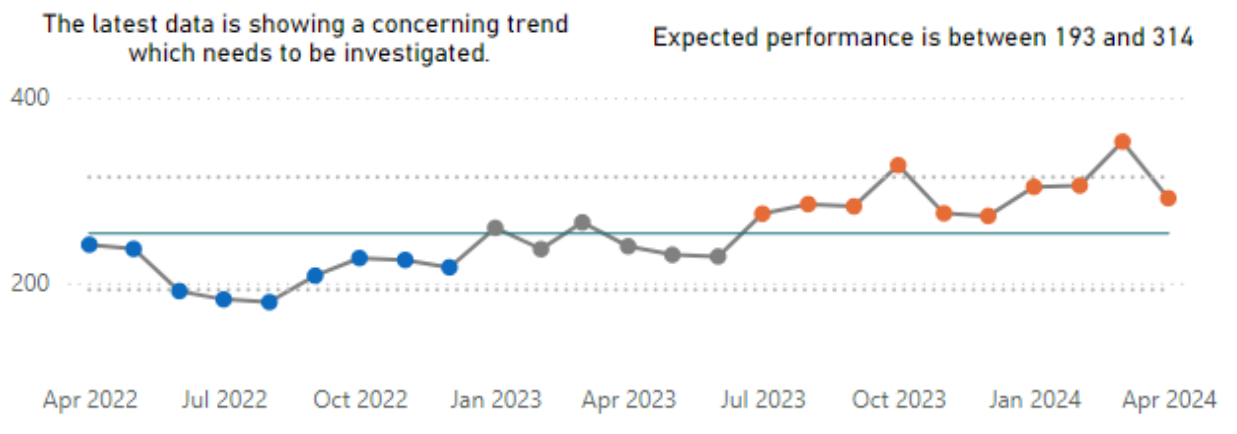
There has been an increase of c.1,107 in the number of Substantive WTEs since April 2022.

Overtime (WTE)



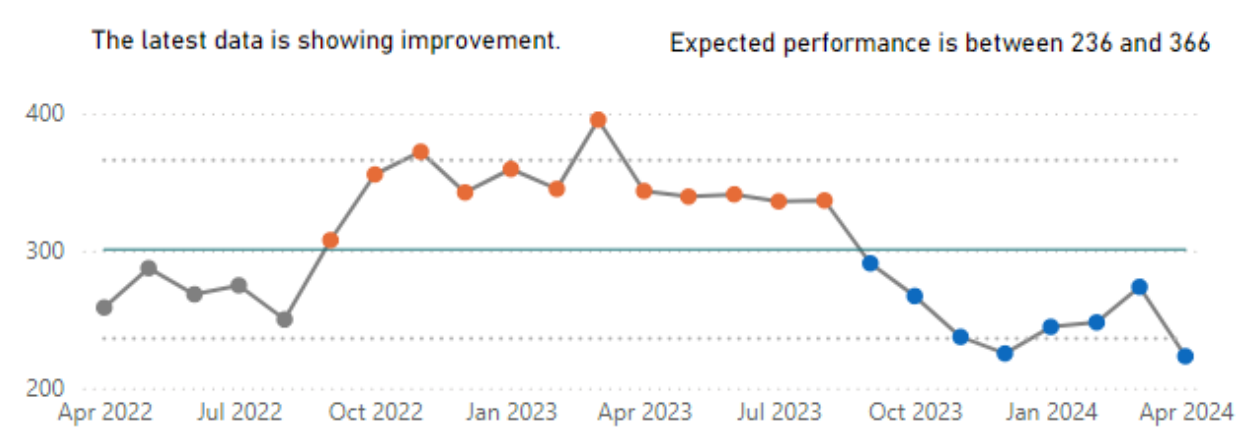
The number of Overtime WTE's has remained constant throughout recent months, without significant deviation from the Mean Average of 158 WTE's

Bank (WTE)



There has been an increase of c.112 in the number of Bank WTEs since April 2022.

Agency (WTE)



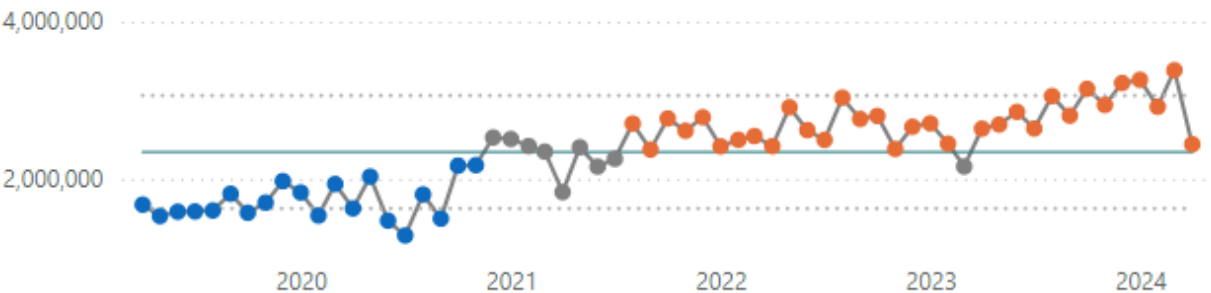
Between July & December 2023 there was a reduction to the number of Agency Nursing WTE used, c. 111. By March the number has increased by c.49 WTE's

Key Analysis (3 of 5)

Medical Locum expenditure (£'m)

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

Expected performance is between £1,623,988 and £3,061,348

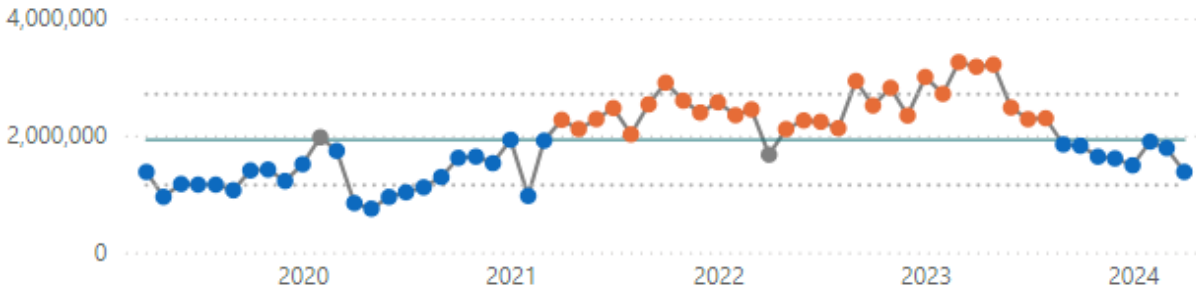


On-call cover for junior doctors and cover for sickness absence and fragile services continue to be of concern with the use of premium cost locums.

Nurse Agency expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1,145,742 and £2,703,708

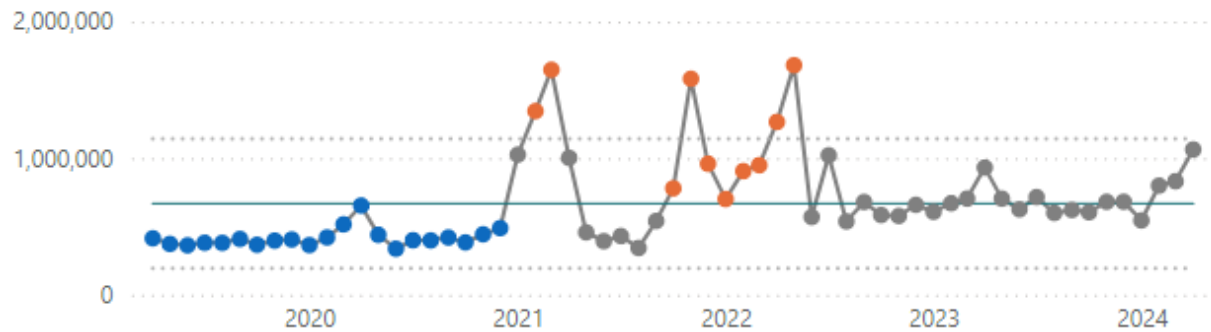


Following the Core Delivery Group's decision to restrict Agency utilisation and terms/rates, no Off-Contract Agency Nursing were utilised over the last six months, with April usage further steadying.

Overtime expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £193,518 and £1,143,811

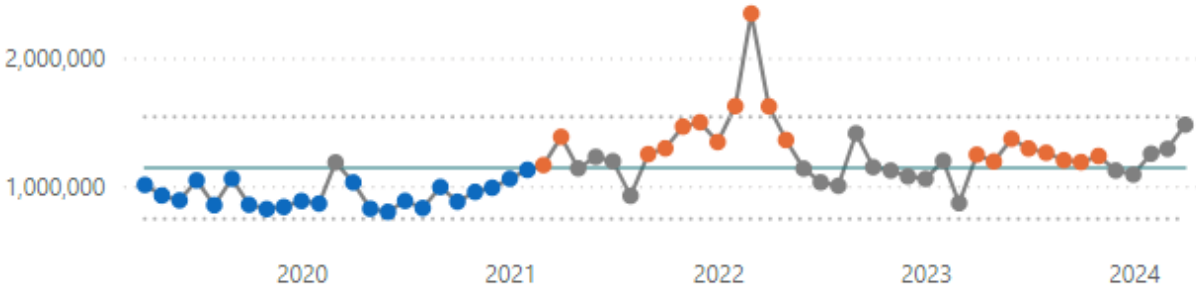


Whilst there is not a concerning statistical trend yet, the most recent three months have all shown a steady rise in overtime usage.

Bank expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £746,687 and £1,539,298



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

Key Analysis – Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW) (4 of 5)

DIRECTORATE	Ward Staffing Level - Nursing and HCSW Only							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
DIRECTOR OF OPERATIONS	106.8%	2,663	2,158	(335)	198	100	207	170
MENTAL HEALTH & LEARNING DISABILITIES	108.9%	273	219	(32)	35	9	10	22
PLANNED CARE	100.2%	173	150	(22)	12	4	6	0
UNSCHEDULED CARE BRONGLAIS	104.2%	299	212	(75)	21	14	52	12
UNSCHEDULED CARE GLANGWILI	114.7%	684	535	(61)	51	34	63	88
UNSCHEDULED CARE PRINCE PHILIP	105.1%	443	368	(54)	42	8	25	21
UNSCHEDULED CARE WITHYBUSH	104.6%	480	386	(72)	30	18	45	21
WOMEN & CHILDREN	101.9%	311	287	(18)	7	12	5	6
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	99.7%	154	133	(21)	10	3	8	(0)
CARMARTHENSHIRE COUNTY	99.2%	75	68	(7)	2	3	2	(1)
CEREDIGION COUNTY	91.8%	22	20	(4)	2			(2)
PEMBROKESHIRE COUNTY	103.9%	57	44	(10)	6	0	6	2
Grand Total	106.4%	2,817	2,291	(356)	208	103	215	170

Key Analysis – All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs (5 of 5)

DIRECTORATE	All Other Staff Groups - Including Non Nursing and HCSW Ward staff - Excluding Medical							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
CHIEF EXECUTIVE	97.5%	96	96	(2)	-	-	-	(2)
DIRECTOR OF FINANCE	92.6%	291	290	(25)	-	2	-	(23)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	102.5%	204	204	5	-	-	-	5
DIRECTOR OF OPERATIONS	97.3%	4,536	4,345	(317)	70	112	8	(127)
ASST DIR OPS QUALITY & NURSING FACILITIES	84.2%	15	15	(3)	-	-	-	(3)
MENTAL HEALTH & LEARNING DISABILITIES	93.1%	918	848	(138)	42	29	-	(68)
ONCOLOGY & CANCER SERVICES	96.7%	908	900	(39)	5	3	-	(31)
ONCOLOGY & CANCER SERVICES	95.9%	101	97	(8)	3	1	-	(4)
OPERATIONS DIR MANAGEMENT	94.2%	263	257	(22)	5	0	0	(16)
PATHOLOGY	97.9%	236	227	(14)	-	9	-	(5)
PLANNED CARE	98.0%	866	807	(76)	4	47	8	(17)
RADIOLOGY	93.2%	248	233	(33)	1	14	-	(18)
UNSCHEDULED CARE BRONGLAIS	108.4%	100	99	7	0	1	-	8
UNSCHEDULED CARE GLANGWILI	104.3%	181	171	(2)	7	3	-	7
UNSCHEDULED CARE PRINCE PHILIP	94.4%	108	107	(7)	-	1	-	(6)
UNSCHEDULED CARE WITHYBUSH	109.8%	130	127	8	2	1	0	12
WOMEN & CHILDREN	103.4%	462	458	11	2	2	-	15
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	103.4%	1,166	1,149	22	13	4	-	39
CARMARTHENSHIRE COUNTY	110.3%	297	289	20	6	1	-	28
CEREDIGION COUNTY	108.1%	158	155	9	2	1	-	12
MEDICINES MANAGEMENT	103.8%	233	233	8	-	0	-	9
PEMBROKESHIRE COUNTY	88.0%	219	214	(35)	4	1	-	(30)
PRIMARY CARE	108.6%	186	185	14	1	0	-	15
PRIMARY CARE MANAGEMENT	108.4%	72	72	6	-	-	-	6
DIRECTOR OF PUBLIC HEALTH	74.5%	111	110	(38)	0	0	-	(38)
DIRECTOR OF STRATEGY AND PLANNING	94.4%	31	31	(2)	-	-	-	(2)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	94.0%	590	589	(39)	-	1	-	(37)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	75.5%	238	238	(77)	-	-	-	(77)
EXECUTIVE MEDICAL DIRECTOR	94.4%	90	90	(5)	-	0	-	(5)
Grand Total	96.5%	7,353	7,143	(479)	84	119	8	(268)

Next Steps and Mitigating Actions

Having concluded the financial year end for 2023/24 in line with our forecasted deficit, the focus of the organisation has shifted towards the delivery of the 2024/25 annual plan.

Annual plan development for the forthcoming financial year is now 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 with this being communicated as part of the annual plan, including an anticipated delivery trajectory. The Health Boards focus in the coming six months is summarised as:

- Quarter 1 – de-risking the delivery trajectory of the annual plan to achieve the savings expectation that is set out within it; and
- Quarter 2 – de-risking to further reduce the planned deficit towards the target control total, as a minimum.

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

- Accountability letters have been issued in April to delegated Executive Directors inclusive of the savings aspirations for their portfolios.
- Board Seminar has further scrutinised progress and provided oversight of the expectations they set out as part of the annual plan endorsement on 28th March 2024.
- Creation of the Value & Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis.
- An internal Escalation Framework has been implemented to manage a balanced criteria covering quality, safety, patient, performance, planning and finance.
- Further, with pace, the conversion of Opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap, via an Integrated Quality, Finance, Performance and Delivery (IQFPD) Group.