



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Performance Assurance Report – Month 11 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy Director of Finance Jennifer Thomas, Head of Corporate Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer 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 Financial Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.

Cefndir / Background

The Board recognises 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 Health, Social Care and Early Years Group in Welsh Government (WG) to advise them of this action in line with requirements.

The Board, at its meeting on 31 July 2025, endorsed and approved a revised annual plan financial deficit of £30.0m, having made decisions to increase the savings target, defer originally planned investments and recognise changing national funding assumptions.

The WG expectation is that the Health Board should plan to deliver, as a minimum, the 2024/25 financial outturn of £24.1m, and ongoing dialogue continues with an expectation that the Health Board further improves its financial forecast beyond the revised annual plan deficit.

An In-Committee Board was held on 9 September 2025 to review and conclude forward actions to improve the year end forecast. Following this meeting, the year-end forecast improved to £27.8m.

Asesiad / Assessment

Financial position

- The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan.

- The savings target of £3.9m has been over identified by £(1.1)m, and the £5.0m savings identified being fully delivered in-month. This has been offset by a core operational overspend of £0.6m.
- The financial run rate is on track to achieve the forecast position of £22.1m, with no mitigating actions assumed in the forecast.
- The following table summarises the key drivers, with full analysis included within **Appendix 1**.

Key Driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Planned Deficit	2.5	27.5	30.0
Unidentified / (Identified) savings gap / (improvement)	(1.1)	(6.2)	(5.7)
Under / (Over) delivery of savings schemes	0.0	0.3	0.3
Core operational variation	0.6	(3.5)	(2.5)
Gross Forecast	2.0	18.1	22.1
Future Mitigating Actions	0.0	0.0	0.0
Reported Position	2.0	18.1	22.1

Alert (may require discussion)

“At this stage, there is limited assurance that current actions will be sufficient to address the issue satisfactorily, or that it can be resolved within existing capacity. Further executive intervention and engagement is required.”

Top priority alerts

Included within **Appendix 1** are the top priority alerts which need to be mitigated, the key themes being:

- **Medical pay and rostering** - Continuing use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health. There is a concerning trend that not all shifts are reported promptly on the Allocate rostering system and monthly spend is showing month on month variations due to retrospective shifts. This was the case in Month 11.
- **Nursing shifts usage and rostering** - Community and Integrated Medicine Nursing increased shifts filled in Month 11. Variability in the rostering of shifts and the level of shifts being able to be filled, with ongoing compliance reviews required for annual leave, training and sickness rates.
- **Oncology Drugs price increase** - Price increase of 6% reported in Month 11, need clarity on ongoing trend.
- **JCC activity** - JCC Long Term Agreements for Emergency activity and Joint Commissioning Committee increase in risk share relating to Heart Surgery activity with Swansea Bay in Month 11, need an urgent assessment of ongoing financial risk to the end of the year and into next financial year.
- **Six Goals funding** – Review required of current spend levels against the Six Goals funding to ensure Welsh Government programmes are aligned.

Escalation Response

For a continued period, there have been several Clinical Care Groups in Level 3 escalation for Finance, as well as other domains. The Level 4 escalation level has yet to be used as it is pending finalisation with the Executive Team. This highlights a key risk where appropriate responses to the escalation framework have not materialised in a sufficient time period, and that continued escalation highlights ineffective actions.

Recurrent savings delivery and impact on underlying deficit

- The underlying deficit as part of the financial planning cycle is £58.5m, which assumes £19.0m of recurrent savings delivery. As at Month 11, the full year recurrent savings gap has reduced to £0.6m, along with recurrent funding for Real Living Wage £(2.3)m and Bank £(0.4)m being confirmed in the WG allocation letter for 2026-27 funding, offset by offset by the recognition of the National Insurance shortfall in funding of £2.0m being a recurrent pressure following the recent pay matrix exercise, resulting in an underlying deficit of £58.4m.
- Whilst the in-year savings target has been delivered, the end of year key performance breakdown per Clinical Care Group (CCG) / Executive functions in Appendix 1 shows the misbalance across service areas with Executive functions over delivering by £11.0m and CCGs under delivering by £5.3m.

Non recurrent Savings Review, current position and 2026/27 process

- As part of the 2026-29 planning cycle process to reduce the underlying deficit, it is recognised that the organisation must change the savings approach, the Health Board has already delivered £30.3m of non-recurrent savings to Month 11 primarily through underspend conversions. To ensure a clearer and more transparent financial approach for 2026/27, the Executive Team has agreed a proposal for the removal of non-recurrent savings from budgets following a rebuttal process.
- **Rebuttable Proposal Presumption** – with the removal of any items that have been rebutted, the delegated budgets will be reduced recurrently as opposed to non-recurrently. This value will be taken out of the budgets post Accountability Letter base budget cascade.
- **Outcome of the non-recurrent review process** – £9.0m, of circa £30m, of ongoing savings have been committed to; £4.3m on a recurrent basis and £4.7m non-recurrently.
- **Proactive declaration of savings** – updated principle to be implemented for 2026/27 whereby an ongoing report will be made highlighting underspends that have yet to be converted to savings. Underspends are not to be offset with unrelated overspends. Transparency is expected to be heightened, enabling further actionable insights. Reactive reporting of non-recurrent underspend savings will cease in 2026/27.
- **Over-delivery of savings targets**, should this arise through the process, overachievements are to be offset against new savings targets for future financial years, ensuring equitability by rewarding those who deliver more than their requirement in the short term.

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.

Capital

- There is a risk around confirmation of WG funding and underspending against the Capital Resource Limit (CRL) at this stage of the financial year.
- Delivery against the capital programme remains at a medium risk. Due to the significant amount of expenditure forecast for the final month of the year, there is a risk to overall delivery of the Capital Resource Limit, in addition to risk of underspends against All Wales funded schemes including, Carmarthen Hwb £0.3m and Aseptic Unit £0.15m.
- Close monitoring of these risks will be necessary with reallocation of funds where required.

Assure (to note)

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

Cash

- Confirmation has been received by Welsh Government that the strategic cash request of £22.1m has been approved and therefore eliminates the risk around insufficient cash to enable payment of creditors at the end of the year.

In-year savings delivery achievement

- Of the annual savings target of £46.4m, £52.1m has been identified on an in-year basis, of which £51.8m is forecast to deliver, leaving a £5.4m savings overachievement.
- Run rate management of year-to-date savings of £0.5m are now in the savings forecast to deliver in Month 12.

Grip and control measures

- An internal escalation framework has been revised and implemented, aligned to the Clinical Care Group and Executive Functions. Escalation meetings have been undertaken for all escalated services. These services have received a clear message regarding the need to deliver recurrent financial recovery plans for the November 2025 series of update meetings.
- Grip and control measures covering recruitment, training and procurement, overseen through the Financial Control Sub-Group (FCSG), chaired by the Executive Director of Finance, are providing scrutiny to current vacancies, with a sense of control permeating across the organisation, resulting in improvements to the financial bottom line.
- Additional controls have been communicated, with a Workforce led sub-group reviewing all pay affecting change requests, supported with the introduction of an automated solution for recording, tracking and approving requests into NWSSP Payroll, which FCSG will oversee by exception.
- All Procurement approaches to market are approved by FCSG at the initial request and prior to awarding contracts.
- A new, recognised best practice, scheme of delegation within the Oracle requisition system has been implemented for the new Clinical Care Group structures, with aligned values across each of the seven approval levels. Further updates will be made in the coming months for the Executive Functions, and a hierarchical approval method will be introduced, which would require a requisition to be approved at each stage, adding visibility and appropriate oversight for all budget holders. This is due to be implemented on 1 April 2026.

Ministerial Priorities

Contained within 'Ministerial Enablers: Annex 2' are specific requirements setting out what the Health Board must take further action on, to reduce the amount it spends on variable pay and premium agency, and has set out the following mandate on an adopt or explain basis:

- Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure;
- Ensure a reduction in agency spend on Healthcare Support Worker, Admin and Clerical, and Estates and Ancillary staff to zero by 30 September 2025;
- Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025;
- Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

Although there has been positive action evidenced towards achieving a 30% reduction in on-contract agency expenditure, recent months have seen an increase in on-contract agency

spend, due to demand led and resourcing pressures within the hospital sites. However, off-contract use is eliminated throughout the Health Board. There remains a notional use of agency workers within Planned and Specialist Care and Mental Health and Learning Disabilities for Healthcare Support Workers, in breach of the ministerial priority, with work continuing to remove the reliance.

Referral to Treatment (RTT) patients numbers and estimated costs

Appendix 2 reports the current number of patients waiting by specialty and stage for RTT. The report is included to provide an estimated quantum of the likely costs that would be incurred to eradicate the current level of waiting lists completely. This is provided as a theoretical analysis only at this stage, of the liability that is outstanding within the population the Health Board cares for.

Argymhelliad / Recommendation

The Board is asked to:

- **RECOGNISE** that the Health Board's forecast deficit is on track to deliver the revised target control total set by Welsh Government of £22.1m.
- **SCRUTINISE** the top priority alerts for urgent remedial action plans in Month 11.
- **ACKNOWLEDGE** that the in-year savings delivery target has been over-achieved.
- **NOTE** the work undertaken to review non recurrent savings to recurrent schemes.
- **ACKNOWLEDGE** that an underlying deficit assessment has been undertaken and that this will only be reduced via robust recurrent savings delivery improvements, in particular those Executive portfolios that have yet to identify their full target.
- **NOTE** the information shared around the Referral to Treatment analysis.
- **NOTE** that the Financial Risk 2086 has been downgraded, recognising that Welsh Government have formally agreed to support the Health Board's strategic cash request.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2086 (score 12) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2025/26 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:	BGH – Bronglais General Hospital CHC – Continuing Healthcare EOY – End of Year FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HSCEY – Health, Social Care and Early Years JCC – Joint Commissioning Committee MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence NWSSP – NHS Wales Shared Services Partnership OCP – Organisational Change Policy/Process OOH – Out of Hours PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics TCT – Target Control Total WG – Welsh Government WGH – Worthybush General Hospital WRP – Welsh Risk Pool WTE – Whole Time Equivalent 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 Finance and Performance 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.



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2025/26 Financial Performance Report
Public Board Meeting
Month 11 February 2025/26

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- Income Insights

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- Performance and Accountability
- Savings Performance
- Core Operational Variation
- Capital Performance

Appendices

- Trend Analysis
- Staffing Establishment Reports
- Revenue vs Plan Variance Matrices
- Savings Detail

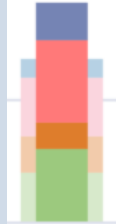
Key

Risk Assessment and key performance indicator RAG criteria:

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

Savings BRAG and visual guide:

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



Revenue vs plan variance matrix report RAG indicator criteria:

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

Actionable Insights – Top Priority Alerts



Action / Decision	Description	Owner	Status	Due Date
Medical pay and rostering Additional cover at premium costs	Continuing use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health. There is a concerning trend that not all shifts are reported promptly on the Allocate rostering system and monthly spend is showing month on month variations due to retrospective shifts. This was the case in Month 11	Medical Director	Urgent update required on Medical Stabilisation and use of Allocate rostering system	Overdue
Nursing shifts usage and rostering	Community and Integrated Medicine Nursing increased shifts filled in Month 11. Variability in the rostering of shifts and the level of shifts being able to be filled.	CIM CCG Director and Nursing	Further controls required to mitigate increased spending and clinical variation	March 2026
Oncology Drugs price increase	Price increase of 6% reported in Month 11, need clarity on ongoing trend	Clinical Director of Pharmacy and Medicines Management	Update required on forecast trends	March 2026
JCC activity	JCC Long Term Agreements for Emergency activity and Joint Commissioning Committee increase in risk share relating to Heart Surgery activity with Swansea Bay in Month 11, need an urgent assessment of ongoing financial risk to the end of the year and into next financial year	Director of Planning	Update required	March 2026
Six Goals funding	Review required of spend against Six Goals funding	Six Goals team (CIM CCG) and Finance team	Action required – urgent review of spend against Six Goals funding	March 2026

Position Overview – Executive Summary



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The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. The reported end of year financial position is £22.1m in line with the revised Target Control Total. The year to date position is £18.1m, therefore the Health Board must deliver a deficit position of no more than £4.0m in Month 12 to achieve the reported position.

The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan due to the savings target of £3.9m has been over identified by £(1.1)m, and the £5.0m savings identified being fully delivered in-month. This has been offset by a core operational overspend of £0.6m.

Key Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Year to Date variance to breakeven	Prior Month End of Year forecast to breakeven	End of Year forecast to breakeven
Planned Deficit	2.5	2.5	27.5	30.0	30.0
Unidentified / (Identified) savings gap / (improvement)	0.2	(1.1)	(6.2)	(3.9)	(5.7)
Under / (Over) delivery of savings schemes	0.0	0.0	0.3	0.3	0.3
Core operational variation	(1.4)	0.6	(3.5)	(4.3)	(2.5)
Gross Forecast	1.3	2.0	18.1	22.1	22.1
Future Mitigating Actions	0.0	0.0	0.0	0.0	0.0
Reported Position	1.3	2.0	18.1	22.1	22.1

Core Operational Variation

Risk #2086
4 x 3 = 12

The in-month core overspend of £0.6m is largely driven by an increase in Swansea Bay Long Term Agreements due to increase in Emergency activity, increase in Joint Commissioning Committee risk share relating to Heart Surgery activity with Swansea Bay, Planned and Specialist Care increase in Medical locum usage and waiting list initiative activity, and an increase in the number of Nursing and Medical shifts filled within Community and Integrated Medicine.

Cash

A strategic cash request of £22.1m has been approved by Welsh Government, this has been forecasted to be received in March 2026.

Savings

Of the annual savings target of £46.4m, £52.1m has been identified on an in-year basis resulting in a £(5.7)m over-identification, however £51.8m are forecast to deliver, leaving a £(5.4)m savings delivery overachievement. Run rate management of year-to-date savings of £0.5m are now in the savings forecast to deliver in Month 12.

Capital

Risk #2204
3 x 4 = 12

Delivery against the capital programme remains at a medium risk. Due to the significant amount of expenditure forecast for the final month of the year, there is a risk to overall delivery of the Capital Resource Limit, in addition to risk of underspends against All Wales funded schemes including, Carmarthen Hwb £0.3m and Aseptic Unit £0.15m. Close monitoring of these risks will be necessary with reallocation of funds where required.

Underlying Deficit

Risk #1199
5 x 5 = 25

£18.4m of recurrent full year effect schemes have been identified, with recurrent funding for Real Living Wage £(2.3)m and Bank £(0.4)m being confirmed, offset by the National Insurance shortfall in funding £2.0m, resulting in an underlying deficit of £58.4m. An exercise has been undertaken with Executive Directors to review and convert any non-recurrent savings into recurrent and whilst this is likely to improve the underlying deficit in Month 12, the current commitment is c.20% of the total non-recurrent.

Financial Management

Key Measures

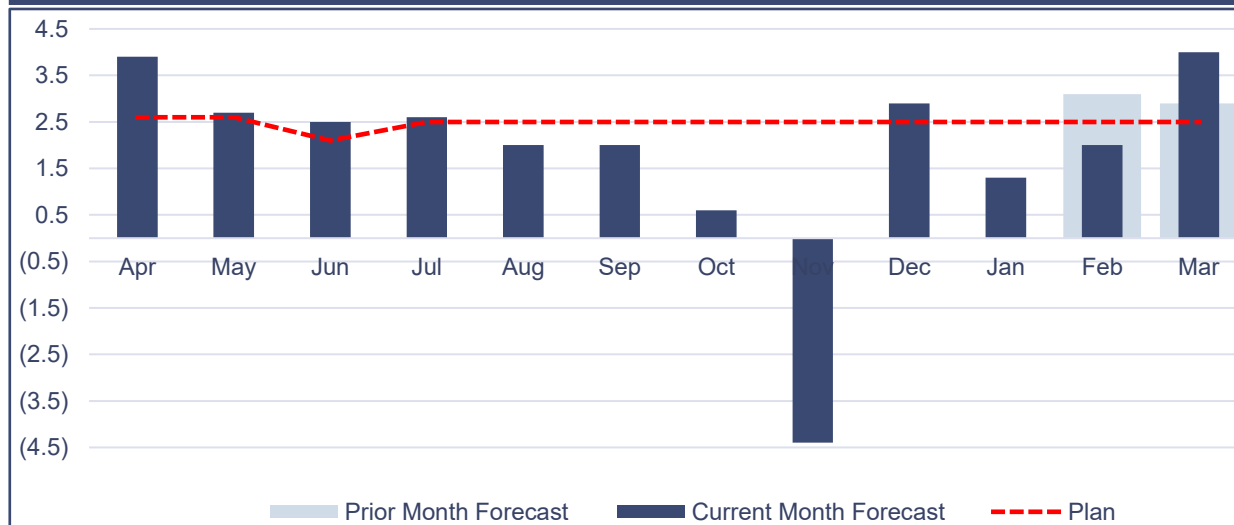
BRAG based on Plan £30.0m (Risk rating = Impact x Likelihood)

Position Overview – Change from Prior Month



Key Driver (£'m)	Prior Month Reported Position	Current Month Reported Position	Movement
Planned Deficit	2.5	2.5	0.0
Savings gap / (improvement)	0.2	(1.1)	(1.3)
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	(1.4)	0.6	2.0
Gross Forecast	1.3	2.0	0.7
Future Mitigating Actions	0.0	0.0	0.0
Reported Net Position	1.3	2.0	0.7

In-Month Revenue Deficit Trajectory (£'m)



Unidentified Savings Gap (£'m)	Change
GMS Personally Administered Drugs & Appliances lower winter pressures	(0.7)
GMS agreements underspend savings	(0.6)
Movement in Unidentified Savings Gap	(1.3)

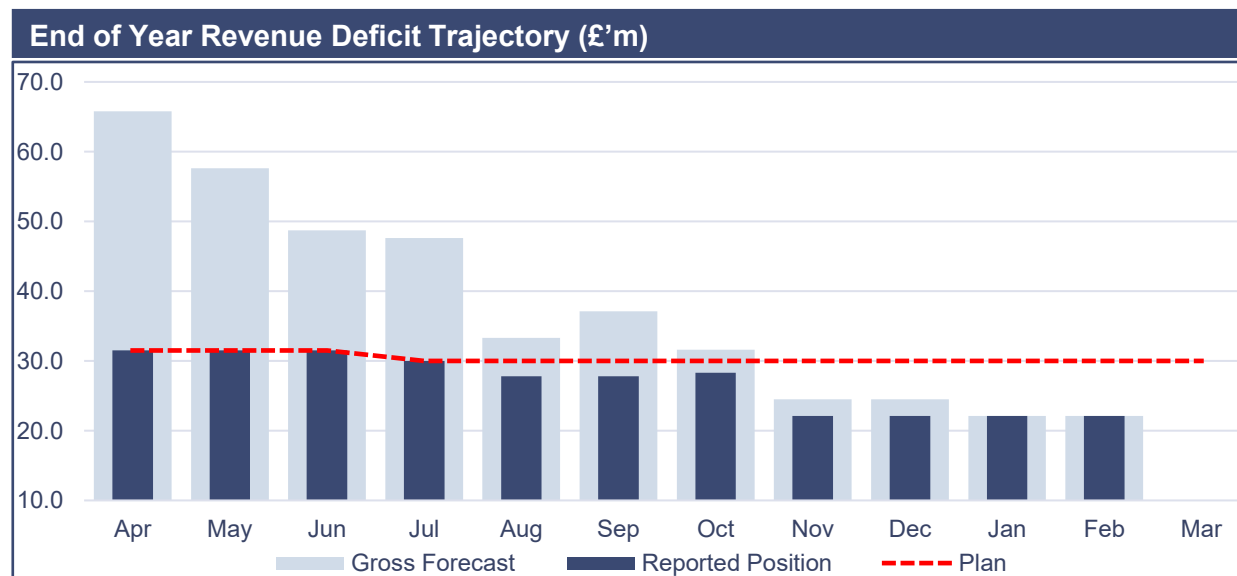
Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	0.0

Core Operational Variation (£'m)	Change
LTAs JCC Heart surgery activity and Swansea Bay Emergency activity	0.4
Planned and Specialist Care Medical locum and waiting list initiative activity	0.3
Community and Integrated Medicine Nursing increased fill rate of shifts	0.3
Cancer Oncology Drugs increase in price of 6% from prior month	0.2
Digital reassessment of contracts expenditure	(0.3)
Estates Profit Share income in prior month & increase in maintenance costs	0.3
Workforce Certificate of Sponsorship reduction in expenditure in prior month	0.3
Pharmacy and Medicines Management year to date income in prior month	0.3
Public Health year to date lower vaccinations uptake in prior month	0.2
Movement in Core Operational Variation	2.0

Position Overview – Change from Prior Forecast



Key Driver (£'m)	Prior Month End of Year Forecast	End of Year Forecast	Movement
Planned Deficit	30.0	30.0	0.0
Savings gap / (improvement)	(3.9)	(5.7)	(1.8)
Under / (Over) delivery of savings schemes	0.3	0.3	0.0
Core Operational Variation	(4.3)	(2.5)	1.8
Gross Forecast	22.1	22.1	0.0
Future Mitigating Actions	0.0	0.0	0.0
Reported Net Position	22.1	22.1	0.0



Unidentified Savings Gap (£'m)	Change
GMS and Dental agreements underspend savings	(0.8)
GMS Personally Administered Drugs & Appliances lower winter pressures	(0.7)
Additional pay underspends savings identified in-month	(0.3)
Movement in Unidentified Savings Gap	(1.8)

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

Core Operational Variation (£'m)	Change
Primary Care GMS & Dental underspends now transacted as savings	0.8
Mental Health Psychiatric Intensive Care Beds demand and CHC packages	0.3
Community & Integrated Medicine Medical and Nursing HCSW recruitment	0.3
Community & Integrated Medicine Interim Care Beds and Equipment stores	0.2
Planned & Specialist Care Medical locum and waiting list initiative activity	0.2
Planned & Specialist Care Theatres insourcing activity increase	0.2
Workforce Pay underspends now recognised as savings	0.2
Facilities energy & gas saving due to reliance on lower-cost energy sources	(0.4)
Movement in Core Operational Variation	1.8

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In-Month Actual

£111.3m



Variance to Plan £(0.5)m

YTD Actual

£1,205.2m



Variance to Plan £(9.4)m

EOY Forecast

£1,329.0m



Variance to Plan £(7.9)m

3-Year Growth

17.1%

2022-23 Outturn £1,135m*

In-Year Growth

0.9%

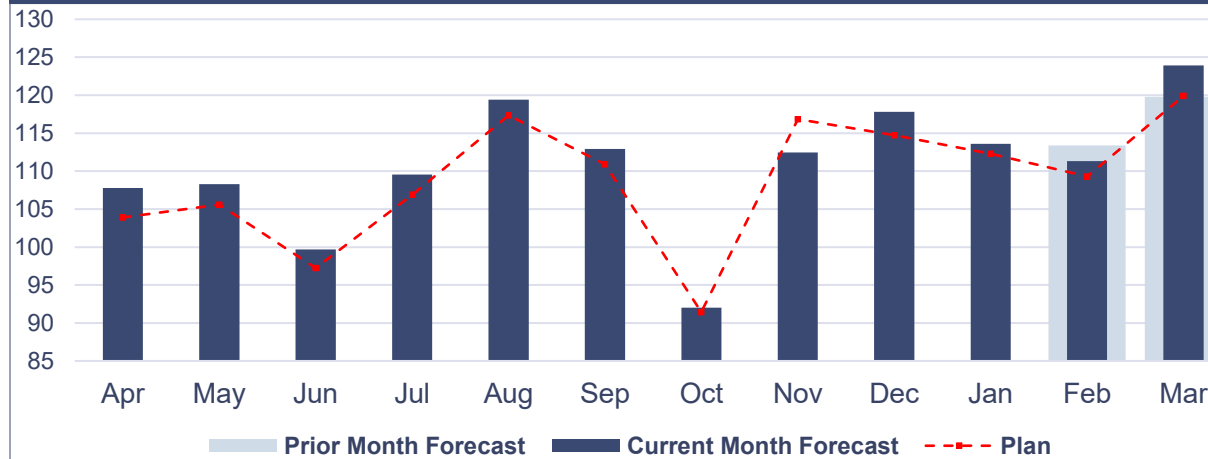
2024-25 Outturn £1,317m*

YTD Extrapolation

£1,314.7m

Risk / (Opp) £(14.3)m

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



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay	58.9	57.0	56.8	627.7	684.8	685.8	●	(1.0)
Administration and Estates	12.2	11.6	11.7	127.6	139.2	139.3	●	(0.0)
Allied Health, Scientists and Other	7.3	7.2	7.2	78.8	86.0	86.0	●	(0.0)
Medical and Dental	13.9	13.0	13.8	146.9	160.3	160.7	●	(0.4)
Nursing, Midwifery and Clinical Support	25.5	25.2	24.2	274.3	299.3	299.9	●	(0.6)
Non Pay	66.1	63.8	62.2	650.0	709.1	723.3	●	(14.3)
Clinical Services and Supplies	4.8	4.5	4.1	47.1	51.4	51.8	●	(0.4)
Commissioned Healthcare Services	38.1	36.5	35.7	394.1	429.9	434.4	●	(4.5)
Drugs and Prescribing	13.8	13.3	12.6	135.3	147.6	148.6	●	(1.0)
Other Non-Pay	9.3	9.4	9.8	73.5	80.2	88.5	●	(8.4)
Income	(7.2)	(7.3)	(7.8)	(72.5)	(79.1)	(80.1)	●	1.0
Net Income and Expenditure	117.8	113.4	111.3	1,205.2	1,314.7	1,329.0	●	(14.3)
Allocations	114.9	112.1	109.3	1,187.0	1,294.9	1,306.9		12.0
Reported Position	2.9	1.3	2.0	18.1	19.8	22.1	●	(2.3)

Key Information

Month 3, June, amortisation of capital expenditure reduced circa £8.0m. Month 5, August, 2025-26 pay award expenditure, including year-to-date backpay circa £9.0m. Month 7, October, amortisation of capital expenditure reduced circa £16.2m and drugs expenditure reduced by £6.1m relating to Aseptic Unit System accountancy gain savings. Month 9, December, Primary Care drugs increase in price including an uptake of Mounjaro drugs, and year-to-date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift costs in line with funding.

Month 11, February, includes a £1.0m reduction within Nursing relating to the Band 2 to 3 re-banding backdated dispute being lower than anticipated, and a reduction in Commissioned Healthcare Services due to year to date Vertex expenditure being recognised in Month 10, and GMS Personally Administered Drugs and Appliances Savings due to lower winter pressures. Medical and Dental increase in expenditure due to increase in Additional Duty Hours and fill rates within Community and Integrated Medicine and Planned and Specialist Care to support Waiting List Initiative activity.

Month 12, March, Other Non-Pay includes a £6.0m increase in relation to anticipated Depreciation and Amortisation Impairment increases, and Commissioned Healthcare Services includes an increase in Planned Care recovery expenditure for waiting list initiative activity for Outpatients and Diagnostics in line with funding £2.0m, and Vertex JCC expenditure in line with funding £1.1m.

*Outturn adjusted for Notional Pension costs 2024-25 c£40.3m, 2022-23 c£22.0m.

Financial Summary – Key Drivers vs Plan



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In-Month

Reported Position

£2.0m

Planned Deficit **£2.5m**
Prior Month Forecast **£3.1m**

Savings Identification Gap

£(1.1)m

Savings Target **£3.9m**
Total Identified **£5.0m**

Savings Delivery Gap

£0.0m

Savings Delivery **£5.0m**
Prior Month Delivery **£3.7m**

Core Operational Variation

£0.6m

Prior Month Variation **£(1.4)m**

Year to Date

Reported Position

£18.1m

Planned Deficit **£27.5m**

Savings Identification Gap

£(6.2)m

Savings Target **£42.5m**
Total Identified **£48.7m**

Savings Delivery Gap

£0.3m

Savings Delivery **£48.4m**
Prior Month Delivery **£43.4m**

Core Operational Variation

£(3.5)m

Prior Month Variation **£(4.1)m**

End of Year

Reported Position

£22.1m

Planned Deficit **£30.0m**
Prior Annual Forecast **£22.1m**

Savings Identification Gap

£(5.7)m

Savings Target **£46.4m**
Total Identified **£52.1m**

Savings Delivery Gap

£0.3m

Savings Delivery **£51.8m**
Prior Month Delivery **£50.0m**

Core Operational Variation

£(2.5)m

Prior Month Variation **£(4.3)m**

Gross Forecast

£22.1m

Prior Gross Forecast **£22.1m**
Mitigating Actions **£0.0m**

Net Risks / (Opportunities)

£(0.5)m

Prior Month **£1.8m**

Capital Position

£42.2m

Annual Plan **£42.2m**
Prior Annual Forecast **£42.1m**

Underlying Deficit

£58.4m

Annual Plan **£58.5m**
Recognised as Unsustainable

Total Pay Insights



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In-Month Actual

£56.8m ●

Variance to Plan £0.7m

YTD Actual

£627.7m ●

Variance to Plan £(0.2)m

EOY Forecast

£685.8m ●

Variance to Plan £(0.3)m

3-Year Growth

25.7%

2022-23 Outturn £545.6m*

In-Year Growth

7.9%

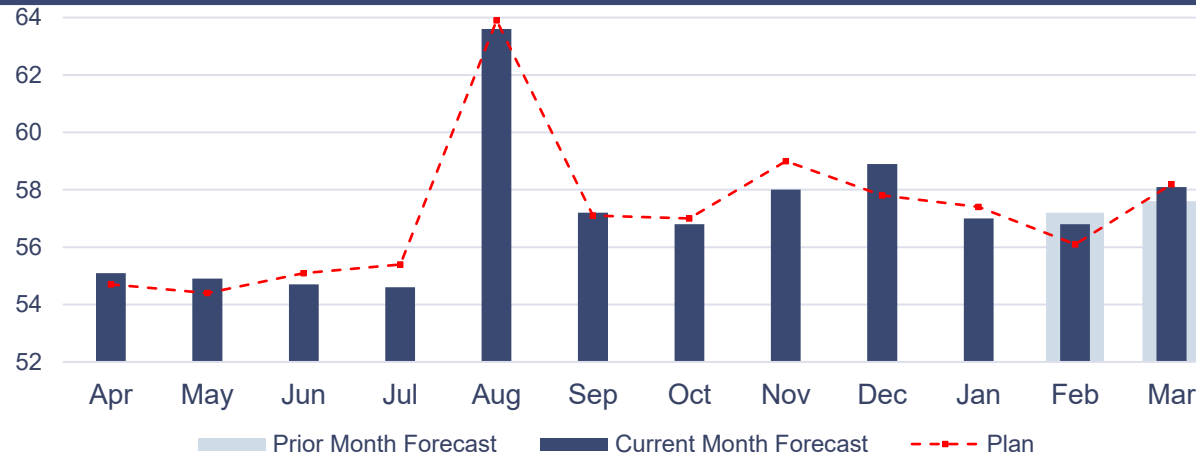
2024-25 Outturn £635.5m*

YTD Extrapolation

£684.8m

Risk / (Opp) £(1.0)m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Substantive	52.8	52.3	51.2	570.0	621.8	622.8	●	(1.0)
Administration and Estates	11.8	11.3	11.3	123.9	135.1	135.1	●	0.0
Allied Health, Scientists and Other	7.0	7.0	7.0	75.9	82.8	82.8	●	(0.1)
Medical and Dental	10.8	10.8	10.9	118.2	129.0	129.3	●	(0.3)
Nursing, Midwifery and Clinical Support	23.2	23.3	22.0	252.0	275.0	275.6	●	(0.6)
Variable	5.0	3.6	4.6	48.2	52.6	52.5	●	0.1
Administration and Estates	0.4	0.3	0.4	3.8	4.1	4.1	●	(0.0)
Allied Health, Scientists and Other	0.2	0.1	0.2	1.7	1.8	1.8	●	0.0
Medical and Dental	2.5	1.6	2.3	24.4	26.7	26.6	●	0.1
Nursing, Midwifery and Clinical Support	1.9	1.6	1.8	18.4	20.0	20.0	●	0.1
Agency (Premium)	1.2	1.1	1.1	9.5	10.3	10.4	●	(0.1)
Administration and Estates	-	-	-	-	-	-	●	-
Allied Health, Scientists and Other	0.1	0.1	0.1	1.2	1.4	1.4	●	0.0
Medical and Dental	0.6	0.6	0.6	4.3	4.7	4.8	●	(0.1)
Nursing, Midwifery and Clinical Support	0.4	0.3	0.4	3.9	4.3	4.3	●	0.0
Total Expenditure	58.9	57.0	56.8	627.7	684.8	685.8	●	(1.0)
Plan	57.8	57.4	56.1	627.9	685.0	686.1		
Variance to Plan	1.1	(0.4)	0.7	(0.2)	(0.3)	(0.3)		

Key Information

Month 5, August, 2025-26 pay award expenditure inclusive of year to date backpay circa £9.0m, with subsequent months consequentially increasing.

Month 8, November, includes year to date recognition of additional band 2 to 3 rebanding uplift expenditure £0.6m.

Month 9, December, variable and premium pay increases relating to recovery performance backlog within Scheduled Care, inclusive of arrear payments alongside an increased requirement for sickness cover.

Month 10, January, reduction in Medical and Dental and Nursing variable pay due to a reduction in retrospective claims in-month, in addition to a further reduction in Medical Additional Duty Hours.

Month 11, February, reduction in Nursing pay compared to forecast due to the retrospective backpayment for Band 2 to 3 rebanding being £(1.0)m lower than anticipated.

Month 12, March, includes an increase relating to Healthcare Support Workers and Fracture Liaison Service recruitment within Community and Integrated Medicine

*Outturn adjusted for Notional Pension costs 2024-25 c£40.3m, 2022-23 c£22.0m.

Substantive Insights



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In-Month Actual

£51.2m



Variance to Plan £(3.1)m

YTD Actual

£570.0m



Variance to Plan £(36.8)m

EOY Forecast

£622.8m



Variance to Plan £(40.2)m

In-Year Growth

1.8%

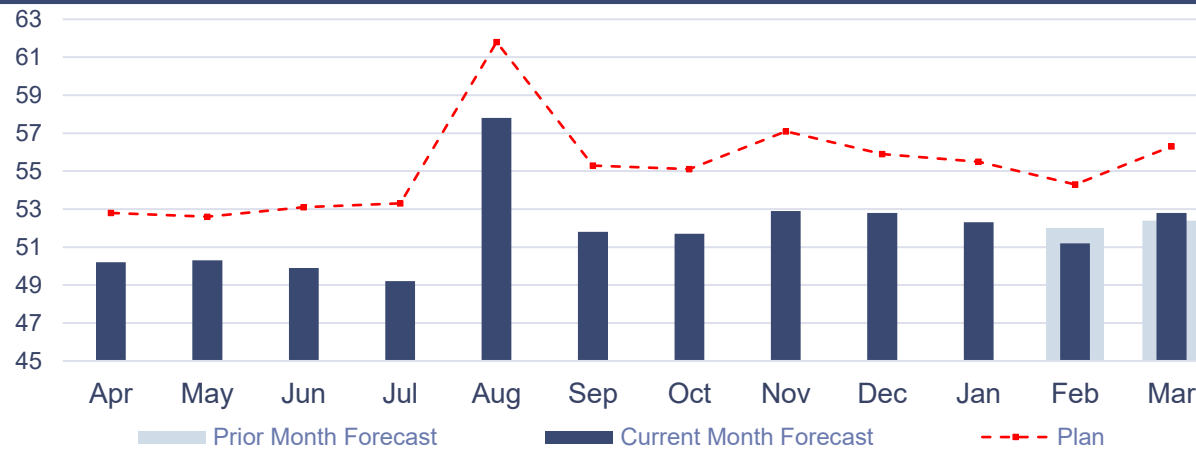
2024-25 Outturn £611.7m

YTD Extrapolation

£621.8m

Risk / (Opp) £(1.0)m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	52.8	52.3	51.2	570.0	621.8	622.8		(1.0)
Administration and Estates	11.8	11.3	11.3	123.9	135.1	135.1		0.0
Allied Health, Scientists and Other	7.0	7.0	7.0	75.9	82.8	82.8		(0.1)
Medical and Dental	10.8	10.8	10.9	118.2	129.0	129.3		(0.3)
Nursing, Midwifery and Clinical Support	23.2	23.3	22.0	252.0	275.0	275.6		(0.6)
Functions	52.8	52.3	51.2	570.0	621.8	622.8		(1.0)
Chief Operating Officer Management	0.6	0.6	0.6	7.4	8.1	8.0		0.0
Community and Integrated Medicine	16.0	16.1	17.4	176.8	192.9	193.6		(0.7)
Mental Health and Learning Disabilities	5.8	5.9	6.0	63.2	69.0	69.2		(0.2)
Operational Allied Health and Health Sciences	5.6	5.6	5.5	60.4	65.9	66.0		(0.1)
Planned and Specialist Care	13.3	13.3	13.6	144.6	157.8	157.9		(0.2)
Primary Care	1.2	1.2	1.2	14.1	15.3	15.3		0.1
Executive Functions	10.2	9.7	6.8	103.5	112.9	112.8		0.1
Total Expenditure	52.8	52.3	51.2	570.0	621.8	622.8		(1.0)
Plan	55.9	55.5	54.3	606.8	662.0	663.1		
Variance to Plan	(3.2)	(3.2)	(3.1)	(36.8)	(40.1)	(40.2)		

Key Information

Month 5, August, includes 2025-26 pay award expenditure, including year to date backpay circa £9.0m.

Month 8, November, Executive Functions increase of £0.8m from prior month as a result of additional year to date Band 2 to 3 pay award and rebanding uplift expenditure mainly relating to Healthcare Support Workers within Nursing £0.6m.

Month 11, February, reduction in Nursing pay compared to forecast due to the retrospective backpayment for Band 2 to 3 Healthcare Support Workers rebanding being £(1.0)m lower than anticipated.

Month 12, March, includes an increase relating to Healthcare Support Workers and Fracture Liaison Service recruitment within Community and Integrated Medicine

Variable Insights



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In-Month Actual

£4.6m



Variance to Plan £3.1m

YTD Actual

£48.2m



Variance to Plan £30.8m

EOY Forecast

£52.5m



Variance to Plan £33.6m

In-Year Growth

(15.9)%

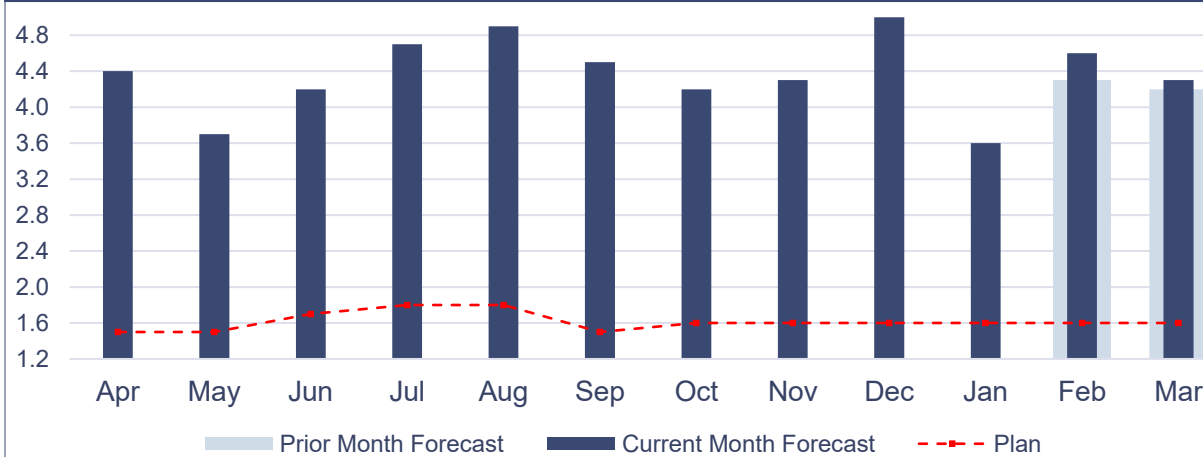
2024-25 Outturn £62.4m

YTD Extrapolation

£52.6m

Risk / (Opp) £0.1m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	5.0	3.6	4.6	48.2	52.6	52.5	●	0.1
Administration and Estates	0.4	0.3	0.4	3.8	4.1	4.1	●	(0.0)
Allied Health, Scientists and Other	0.2	0.1	0.2	1.7	1.8	1.8	●	0.0
Medical and Dental	2.5	1.6	2.3	24.4	26.7	26.6	●	0.1
Nursing, Midwifery and Clinical Support	1.9	1.6	1.8	18.4	20.0	20.0	●	0.1
Functions	5.0	3.6	4.6	48.2	52.6	52.5	●	0.1
Chief Operating Officer Management	-	-	-	0.1	0.1	0.1	●	0.0
Community and Integrated Medicine	1.7	1.5	1.7	18.4	20.1	20.0	●	0.0
Mental Health and Learning Disabilities	0.3	0.2	0.2	3.3	3.6	3.5	●	0.1
Operational Allied Health and Health Sciences	0.3	0.2	0.3	2.7	2.9	2.9	●	(0.0)
Planned and Specialist Care	1.9	1.2	1.4	15.1	16.5	16.5	●	0.0
Primary Care	0.6	0.5	0.6	6.0	6.5	6.5	●	(0.0)
Executive Functions	0.3	(0.1)	0.3	2.7	3.0	3.0	●	(0.0)
Total Expenditure	5.0	3.6	4.6	48.2	52.6	52.5	●	0.1
Plan	1.6	1.6	1.6	17.4	19.0	19.0		
Variance to Plan	3.4	2.0	3.1	30.8	33.6	33.6		

Key Information

Month 9, December, variable pay cost increases across both Medical & Dental and Nursing as a result of recovery performance backlog within Scheduled Care, including Waiting List Initiative payments, in addition to backdated retrospective claims. Nursing increases due to cover for vacancies and sickness.

Month 10, January, reduction from prior month due to Medical and Dental retrospective claims included in prior month. Improvement from forecast due to further reduction in Medical Additional Duty Hours across areas, Planned and Specialist Care reduction in Medical variable cover required and Community and Integrated Medicine Nursing variable reduction due to unfilled shifts.

Month 11, February, increase in Variable Pay with an increase in the number of shifts filled from prior month and an increase in bank usage. A slight reduction is forecast for Month 12, March, due to retrospective claims recognised for Medical in Month 11.

Agency Insights



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In-Month Actual

£1.1m



Variance to Plan £0.7m

YTD Actual

£9.5m



Variance to Plan £5.7m

EOY Forecast

£10.4m



Variance to Plan £6.4m

In-Year Growth

(38.1)%

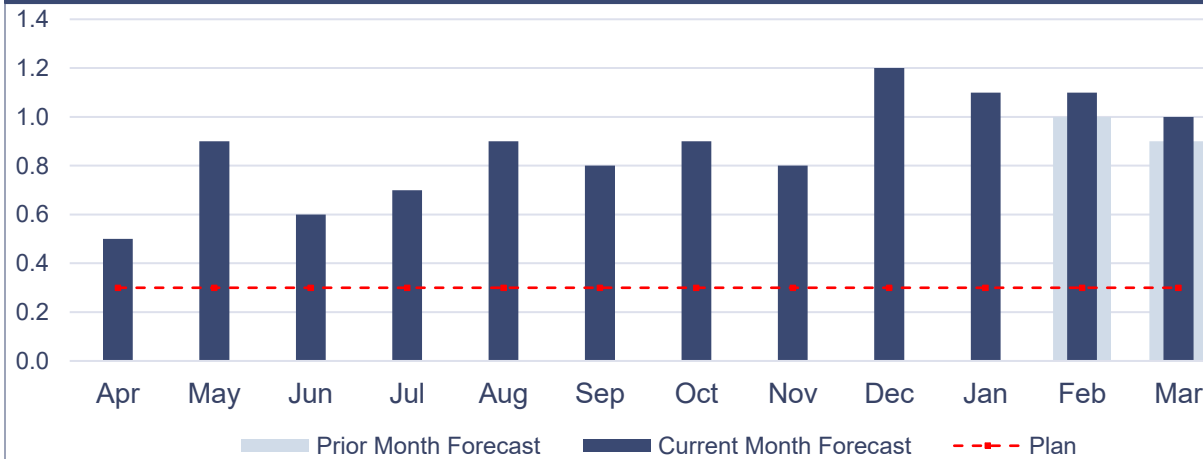
2024-25 Outturn £16.8m

YTD Extrapolation

£10.3m

Risk / (Opp) £(0.1)m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	1.2	1.1	1.1	9.5	10.3	10.4	●	(0.1)
Administration and Estates	-	-	-	-	-	-	●	-
Allied Health, Scientists and Other	0.1	0.1	0.1	1.2	1.4	1.4	●	0.0
Medical and Dental	0.6	0.6	0.6	4.3	4.7	4.8	●	(0.1)
Nursing, Midwifery and Clinical Support	0.4	0.3	0.4	3.9	4.3	4.3	●	0.0
Functions	1.2	1.1	1.1	9.5	10.3	10.5	●	(0.1)
Chief Operating Officer Management	-	-	-	-	-	-	●	-
Community and Integrated Medicine	0.6	0.6	0.6	4.8	5.3	5.4	●	(0.1)
Mental Health and Learning Disabilities	0.1	0.1	0.1	1.0	1.0	1.0	●	0.0
Operational Allied Health and Health Sciences	0.3	0.2	0.2	2.1	2.3	2.3	●	(0.0)
Planned and Specialist Care	0.2	0.2	0.2	1.6	1.7	1.7	●	0.0
Primary Care	-	-	-	-	-	-	●	-
Executive Functions	-	-	-	-	-	-	●	-
Total Expenditure	1.2	1.1	1.1	9.5	10.3	10.4	●	(0.1)
Plan	0.3	0.3	0.3	3.7	4.1	4.1		
Variance to Plan	0.8	0.7	0.7	5.7	6.2	6.4		

Key Information

Month 9, December, premium pay cost increases across both Medical and Dental and Nursing as a result of recovery performance backlog within Scheduled Care, inclusive of arrears payments alongside an increased requirement for sickness cover. Anaesthetics continued use of the premium card.

Month 10, January, saw a decrease in agency expenditure due Community and Integrated Medicine being unable to fill shifts, and a reduction in agency reliance within Operational Allied Health, anticipated to continue in future months.

Month 11, February, increase in Medical and Dental agency usage against forecast and anticipated to continue in Month 12 due to Planned and Specialist Care anticipated increase in recovery activity, and Community and Integrated Medicine ability to fill shifts.

Clinical Services and Supplies Insights



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In-Month Actual
£4.0m ●
Variance to Plan **£0.0m**

YTD Actual
£47.1m ●
Variance to Plan **£2.9m**

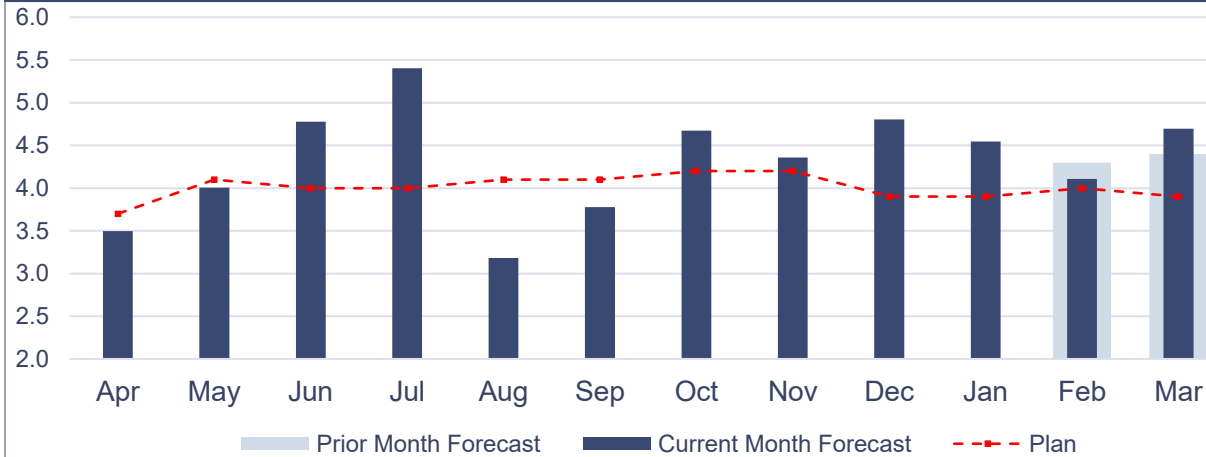
EOY Forecast
£51.8m ●
Variance to Plan **£3.8m**

3-Year Growth
27.7%
2022-23 Outturn **£40.6m**

In-Year Growth
9.3%
2024-25 Outturn **£47.4m**

YTD Extrapolation
£51.4m
Risk / (Opp) **£(0.4)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	4.7	4.5	4.0	47.1	51.4	51.8	●	(0.4)
Chief Operating Officer Management	-	-	-	0.2	0.2	0.2	●	-
Community and Integrated Medicine	1.2	1.3	1.1	12.7	13.8	13.8	●	-
Mental Health and Learning Disabilities	-	-	-	0.2	0.3	0.3	●	-
Operational Allied Health and Health Sciences	1.4	1.2	1.2	12.7	13.8	13.9	●	(0.1)
Planned and Specialist Care	2.2	1.9	1.9	20.7	22.6	22.7	●	(0.2)
Primary Care	(0.1)	0.1	-	0.3	0.4	0.4	●	-
Executive Functions	-	0.1	(0.2)	0.4	0.4	0.5	●	(0.1)
Total Expenditure	4.7	4.5	4.0	47.1	51.4	51.8	●	(0.4)
Plan	3.9	3.9	4.0	44.2	48.2	48.1		0.2
Variance to Plan	0.9	0.6	0.0	2.9	3.2	3.8		(0.6)

Key Information

Month 5, August, includes a year to date reclassification of Planned and Specialist Care Theatre outsourcing activity from Clinical Services and Supplies to Commissioned Healthcare Services.

Month 7, October, includes an increase relating to Planned and Specialist Care stock due to flooding replacements and increased stock levels due to new system.

Month 9, December, includes an increase in lab equipment within Pathology, increased disposables in line with Infection Prevention Control, Sleep Service and insulin consumables within Community and Integrated Medicine, and Planned and Specialist Care insourced activity within Operating Theatres.

Month 11, February, includes a reduction in Community and Integrated Medicine due to purchase of Heart Monitors in prior month and a recategorisation of expenditure to Other Non-Pay within Executive functions.

Month 12, March, increased consumables and insourcing anticipated within Planned and Specialist Care in line with increase in recovery activity and increase anticipated within Operational Allied Health in line with activity.

Commissioned Healthcare Services Insights



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In-Month Actual

£35.7m



Variance to Plan £0.5m

YTD Actual

£394.1m



Variance to Plan £1.3m

EOY Forecast

£434.4m



Variance to Plan £1.8m

3-Year Growth

22.8%

2022-23 Outturn £353.8m

In-Year Growth

7.1%

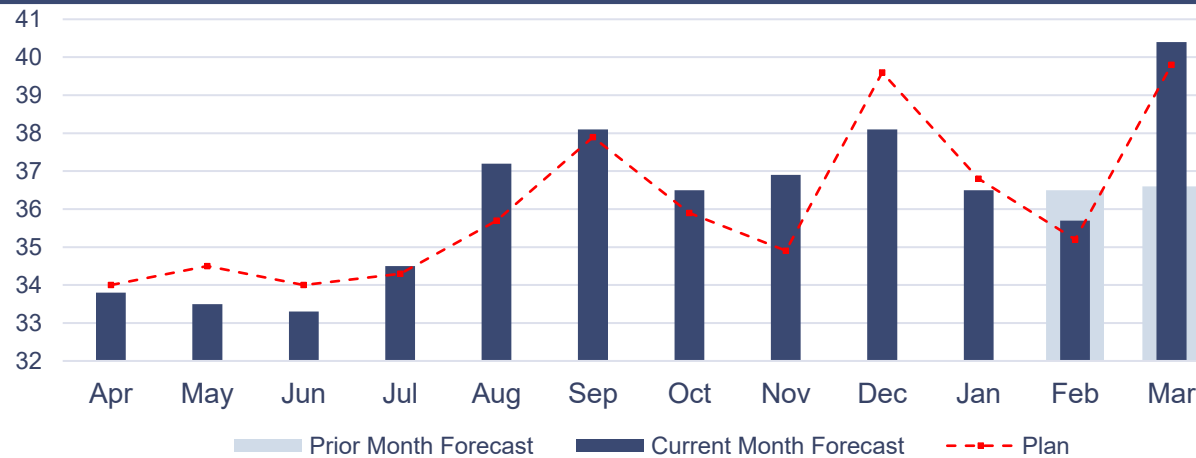
2024-25 Outturn £405.7m

YTD Extrapolation

£429.9m

Risk / (Opp) £(4.5)m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	38.1	36.5	35.7	394.1	429.9	434.4		(4.5)
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	3.0	2.4	2.4	28.2	30.8	30.9		(0.1)
Mental Health and Learning Disabilities	4.0	3.9	3.9	41.8	45.6	45.8		(0.2)
Operational Allied Health and Health Sciences	0.4	0.5	0.5	4.9	5.3	5.3		-
Planned and Specialist Care	(0.4)	1.0	0.9	8.1	8.8	9.3		(0.5)
Primary Care	13.4	10.6	9.7	113.3	123.6	124.1		(0.5)
Executive Functions	17.7	18.2	18.2	197.8	215.8	219.1		(3.4)
Total Expenditure	38.1	36.5	35.7	394.1	429.9	434.4		(4.5)
Plan	39.6	36.8	35.2	392.8	428.5	432.6		(4.1)
Variance to Plan	(1.5)	(0.3)	0.5	1.3	1.4	1.8		(0.4)

Key Information

Month 5, August, year-to-date reclassification of Theatre outsourcing activity from Clinical Services and Supplies and backdated retrospective Continuing Healthcare uplifts.

Month 6, September, year-to-date Joint Commissioning Committee expenditure in line with funding relating to Pay Award Matrix and Vertex, all of which totalling £3.4m.

Month 9, December, year-to-date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift costs in line with funding.

Month 11, February, Primary Care General Medical Services Personally Administered Drugs and Appliances winter pressures being lower than anticipated £0.7m.

Month 12, March, increase in Planned Care recovery expenditure for waiting list initiative activity for Outpatients and Diagnostics in line with funding £2.0m, increase in Vertex expenditure in line with funding £1.1m, and the increase in patient demand for Psychiatric Intensive Care Unit beds within Mental Health and increase in the number of Continuing Healthcare packages anticipated to increase.

Drugs and Prescribing Insights



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In-Month Actual

£12.6m



Variance to Plan £0.1m

YTD Actual

£135.3m



Variance to Plan £(5.3)m

EOY Forecast

£148.6m



Variance to Plan £(5.2)m

3-Year Growth

5.7%

2022-23 Outturn £140.6m

In-Year Growth

(4.1)%

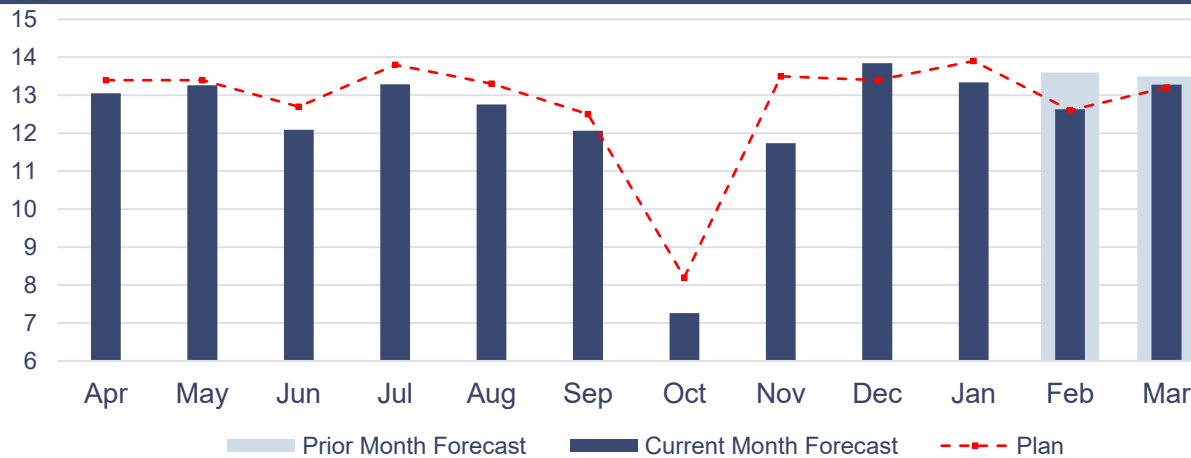
2024-25 Outturn £154.9m

YTD Extrapolation

£147.6m

Risk / (Opp) £(0.9)m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	13.8	13.3	12.6	135.3	147.6	148.6		(0.9)
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	1.5	1.4	1.4	15.9	17.3	17.4		(0.1)
Mental Health and Learning Disabilities	0.1	0.1	-	1.0	1.1	1.1		-
Operational Allied Health and Health Sciences	0.6	0.5	0.5	5.6	6.1	6.1		-
Planned and Specialist Care	3.3	2.9	3.1	33.6	36.7	37.0		(0.3)
Primary Care	-	-	-	0.2	0.2	0.2		-
Executive Functions	8.4	8.4	7.7	79.1	86.3	86.8		(0.6)
Total Expenditure	13.8	13.3	12.6	135.3	147.6	148.6		(0.9)
Plan	13.4	13.9	12.6	140.6	153.4	153.8		(0.4)
Variance to Plan	0.4	(0.6)	0.1	(5.3)	(5.8)	(5.2)		(0.5)

Key Information

Month 7, October, reduction of £6.1m as a year-to-date recognition of Aseptic Unit System accountancy gain saving alignment.

Month 9, December, increase relating to September Prescribing Audit Report, sighting an increased price per item of £0.09p in addition to volume increase. A proportion of the increase in cost per item relates to Mounjaro drugs being purchased in-month, with the step-up expected to continue in future months.

Month 10, January, reduction in Cancer Oncology Drugs from prior month due to in-month price per patient decrease of 19%.

Month 11, February, includes a reduction to recategorisation of expenditure to Other Non-Pay within Executive functions.

Other Non-Pay Insights



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In-Month Actual

£9.8m



Variance to Plan £2.5m

YTD Actual

£73.5m



Variance to Plan £25.1m

EOY Forecast

£88.5m



Variance to Plan £28.7m

3-Year Growth

(20.3)%

2022-23 Outturn £111.1m

In-Year Growth

(37.4)%

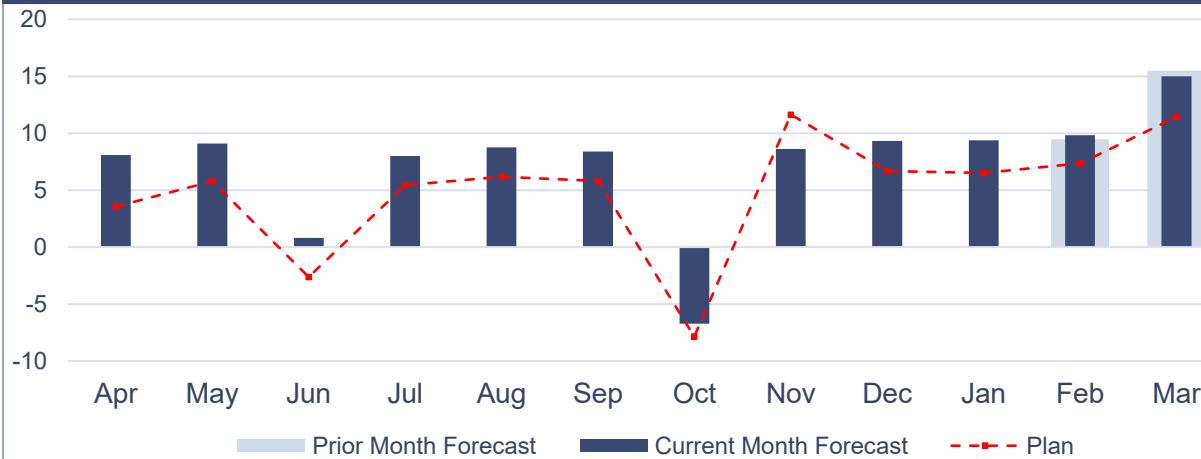
2024-25 Outturn £141.5m

YTD Extrapolation

£80.2m

Risk / (Opp) £(8.3)m

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EOY Forecast	EOY Var	Risk / (Opp)
Functions	9.3	9.3	9.8	73.5	80.2	88.5		(8.3)
Chief Operating Officer Management	0.2	-	-	0.9	0.9	1.0		-
Community and Integrated Medicine	0.8	1.2	1.1	10.2	11.1	11.2		(0.1)
Mental Health and Learning Disabilities	0.2	0.3	0.2	2.3	2.5	2.5		-
Operational Allied Health and Health Sciences	0.1	0.1	0.1	1.5	1.7	1.7		-
Planned and Specialist Care	0.4	0.3	0.4	3.8	4.1	4.2		-
Primary Care	0.2	0.2	0.2	1.7	1.9	1.9		-
Executive Functions	7.5	7.3	7.9	53.0	57.9	66.0		(8.1)
Total Expenditure	9.3	9.3	9.8	73.5	80.2	88.5		(8.3)
Plan	6.7	6.5	7.4	48.4	52.8	59.9		(7.0)
Variance to Plan	2.7	2.8	2.5	25.1	27.3	28.7		(1.3)

Key Information

Month 3, June and Month 7, October Amortisation and revaluation and impairment adjustments of Capital Expenditure reduced by circa £8.0m and £16.2m respectively.

Month 11, February, includes a recategorisation of expenditure from Clinical Services and Supplies and Drugs to Other Non-Pay.

Month 12, March, includes a £6.0m increase in relation to anticipated Depreciation and Amortisation Impairment increases.

Note that included within Other Non-Pay is the £30.0m Deficit Plan.

Income Insights



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In-Month Actual
£7.7m ●
Variance to Plan **£1.8m**

YTD Actual
£72.5m ●
Variance to Plan **£5.6m**

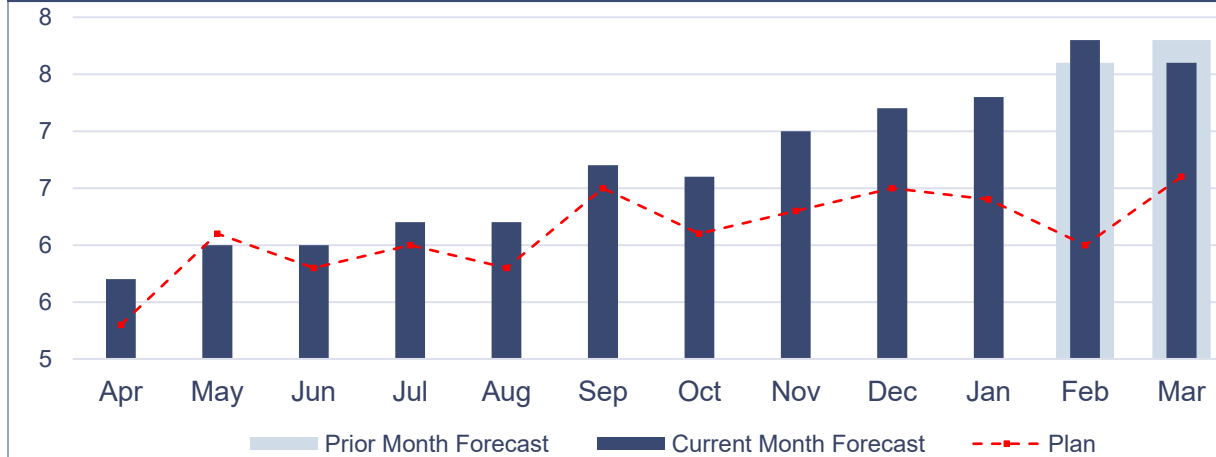
EOY Forecast
£80.1m ●
Variance to Plan **£6.6m**

3-Year Growth
10.8%
2022-23 Outturn **£72.3m**

In-Year Growth
2.2%
2024-25 Outturn **£78.4m**

YTD Extrapolation
£79.1m
(Risk) / Opp **£(1.1)m**

Income Monthly Trend (£'m)



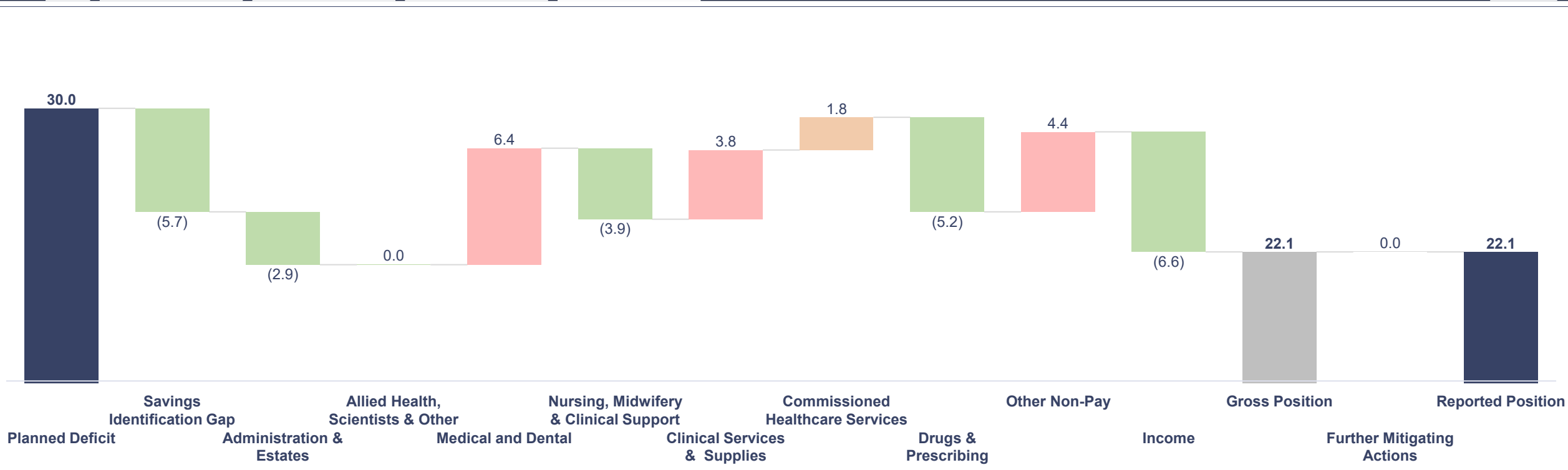
Income Trajectory Analysis (£'m)	P09-26	P10-26	P11-26	YTD	YTD Extrap.	EOY Forecast	EOY Var	Risk / (Opp)
Functions	7.2	7.3	7.7	72.5	79.1	80.1	●	(1.1)
Chief Operating Officer Management	-	-	-	0.3	0.4	0.4	●	-
Community and Integrated Medicine	0.6	0.4	0.4	3.9	4.2	4.2	●	-
Mental Health and Learning Disabilities	0.3	0.3	0.2	2.8	3.1	3.1	●	-
Operational Allied Health and Health Sciences	0.3	0.3	0.2	3.1	3.3	3.4	●	(0.1)
Planned and Specialist Care	0.6	0.5	0.4	5.6	6.1	6.1	●	-
Primary Care	0.2	0.3	0.3	2.5	2.8	2.8	●	-
Executive Functions	5.3	5.6	6.2	54.3	59.2	60.2	●	(1.0)
Total Income	7.2	7.3	7.7	72.5	79.1	80.1	●	(1.1)
Plan	6.5	6.4	6.0	66.9	73.0	73.5		(0.5)
Variance to Plan	0.6	0.9	1.8	5.6	6.1	6.6		(0.5)

Key Information

Month 10, December, includes an increase from forecast due to Estates Compass Profit Share income, Housing with Care Fund capital income, and Velindre drugs rebate income for Mounjaro.

Month 11, February, includes a further increase in Velindre drugs rebate income relating to Mounjaro drugs in line with expenditure.

End of Year – Key Drivers vs Plan



Key Information

Medical and Dental – Premium locum usage to cover vacancies, sickness and surge capacity within Planned and Specialist Care, Community and Integrated Medicine and Mental Health.

Drugs & Prescribing – Oncology drugs underspend due to price increases being lower than planned, and delays in NICE treatments increases expected. Public Health drugs underspend with lower uptake for Shingles and Covid-19 vaccination programmes, offset by high-cost drugs and Mounjaro uptake within Pharmacy and Medicines Management.

Other Non-Pay – Joint equipment stores usage, interim care beds demand and prior year Patient Flow invoice within Community and Integrated Medicine, and Estates inflationary contract uplifts for maintenance, premises, energy and laundry.

Income – Pharmacy and Medicines Management Velindre drugs rebate largely relating to Mounjaro uptake £(3.0)m. Continued Bowel and Breast Screening and Wet Age-related Macular Degeneration income overachievement £(1.0)m. NWSSP income overachievement £(1.0)m and Flying Start and Health Education and Improvement Wales £(0.6)m. Cost Recovery Unit of large cases and Non-Contracted Activity £(1.4)m.

End of Year – Key Performance vs Plan



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Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				30.0	
Chief Operating Officer Management	(0.2)	0.0	(0.5)	(0.7)	Clinical Care Group management structures vacancies due to ongoing recruitment processes.
Community and Integrated Medicine	3.9	0.0	2.2	6.1	Joint equipment stores usage, interim care beds demand, purchases of consumables for Infection Prevention control, and premium Medical costs.
Mental Health and Learning Disabilities	0.0	0.0	1.7	1.7	Net increase of 29 Continuing Healthcare packages, purchase of Psychiatric Intensive Care Unit beds, and Medical locum usage.
Operational Allied Health & Health Sciences	3.3	0.0	0.0	3.3	Over-achievement of income and reduction in drug costs, offset by Physiotherapy and Occupational Therapy agency and variable pay.
Planned and Specialist Care	2.2	0.3	1.0	3.5	Oncology drugs lower than planned, income overachievement, offset by theatres insourcing and outsourcing and ongoing Medical locum usage.
Primary Care	(3.9)	0.0	(2.4)	(6.3)	Underspend relating to Dental contracts underperformance and General Medical Services supplementary services and Managed Practices.
Executive Functions	(11.0)	0.0	(4.5)	(15.5)	Reduction in uptake of vaccinations within Public Health, Estates reduction in energy cost due to lower cost energy sources, increase in Swansea Bay Long Term Agreement for emergency activity.
Sub Total	(5.7)	0.3	(2.5)	(7.9)	
Gross Position				22.1	
Further Mitigating Actions				0.0	No further gap to reported position requiring mitigating actions
Reported Position				22.1	

End of Year – Key Performance vs Prior Month



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Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target Movement	Savings Delivery vs Plan Movement	Core Operational Variation Movement	Total Movement	Key Information
Prior Month Forecast				22.1	
Chief Operating Officer Management	(0.1)	0.0	0.1	0.0	No material deviation.
Community and Integrated Medicine	0.0	0.0	0.6	0.6	Increase in Medical and Nursing fill rate due to HCSW recruitment and bank usage, joint equipment stores usage and interim care beds demand.
Mental Health and Learning Disabilities	(0.2)	0.0	0.3	0.1	Increase in purchase of outsourced Psychiatric Intensive Care beds due to increase in patient demand and increase in number of CHC Packages.
Operational Allied Health & Health Sciences	0.0	0.0	0.0	0.0	No material deviation.
Planned and Specialist Care	0.0	0.0	0.4	0.4	Medical locum and waiting list initiative activity and increased Theatres insourcing activity
Primary Care	(1.5)	0.0	0.9	(0.6)	GMS Personally Administered Drugs and Appliances lower winter pressure saving. Primary Care GMS underspends transacted as savings.
Executive Functions	0.0	0.0	(0.5)	(0.5)	Facilities energy and gas underspend due to reliance on lower-cost energy sources.
Sub Total	(1.8)	0.0	1.8	0.0	
Gross Position				22.1	
Further Mitigating Actions				0.0	
Reported Position				22.1	

End of Year – Saving Delivery Performance



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Savings

Savings Target

£46.4m

Recurrent = £19.0m
Non-Recurrent = £27.4m

In-Year Recurrent Gap

£4.6m

Target = £19.0m
Delivery = £14.4m

In-Year Non-Recurrent Gap

£(10.0)m

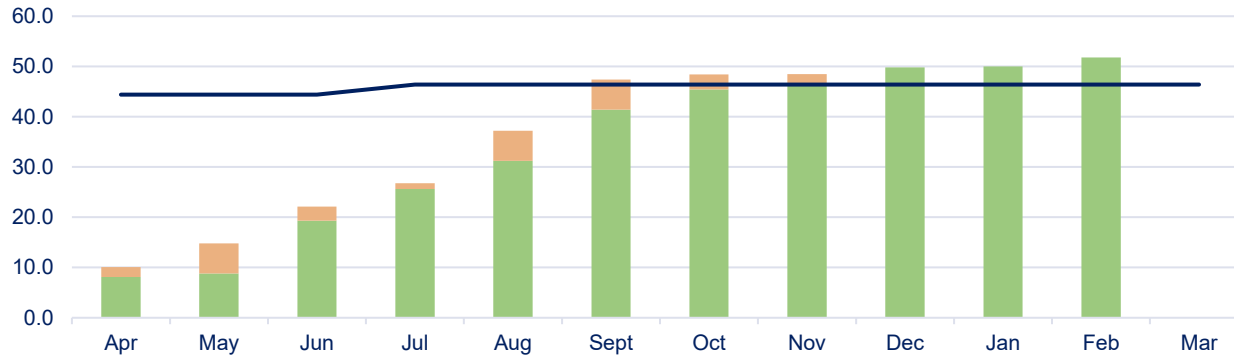
Target = £27.4m
Delivery = £37.4m

Full Year Recurrent Gap

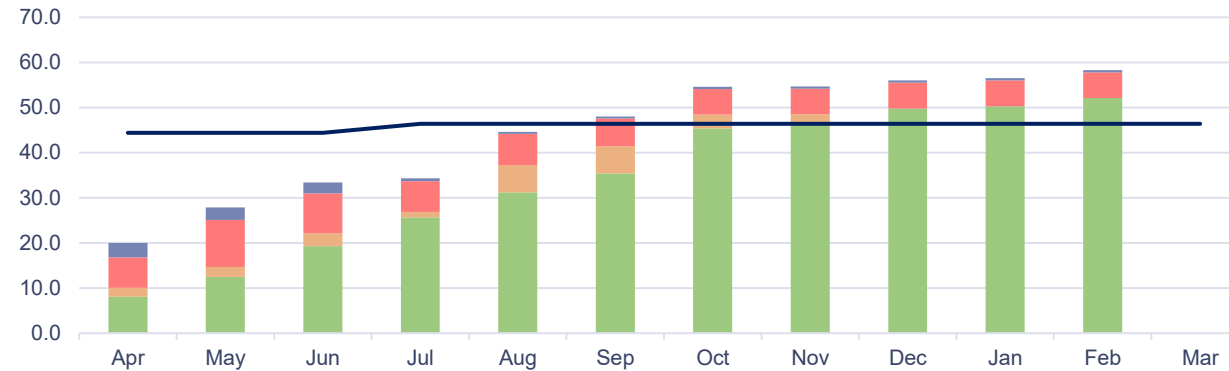
£0.6m

Target = £19.0m
Delivery = £18.4m

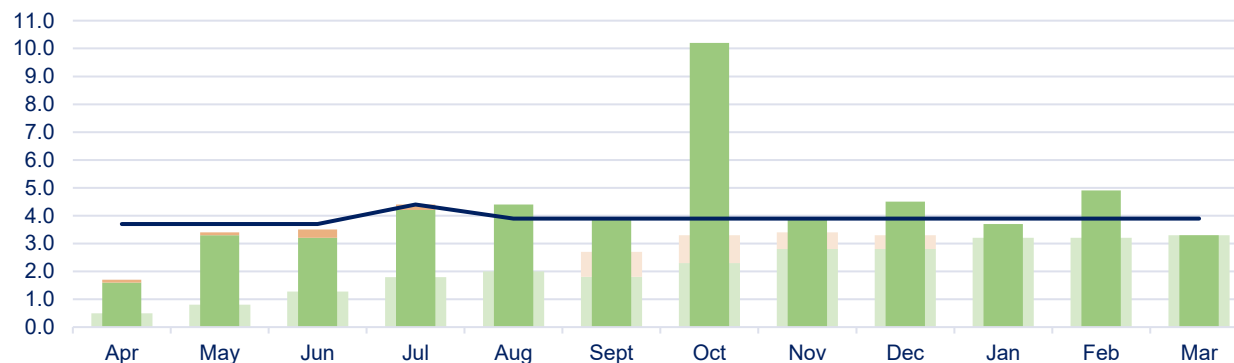
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



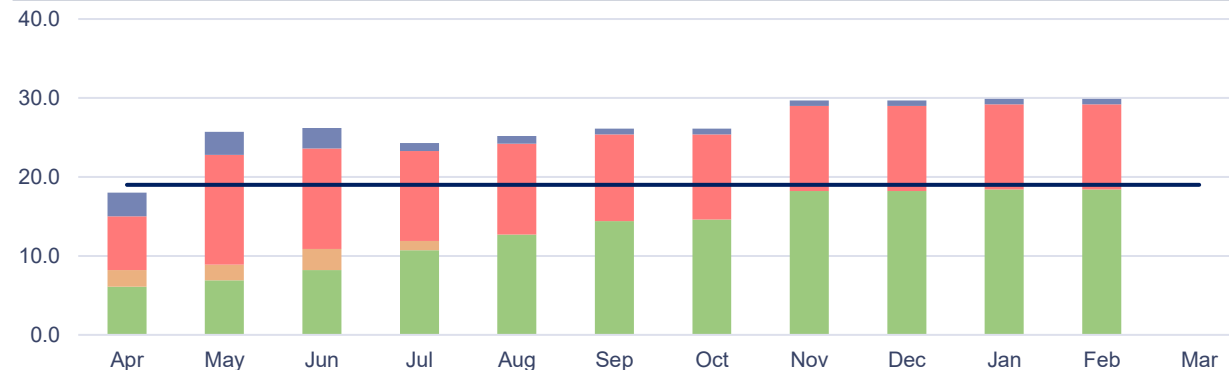
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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



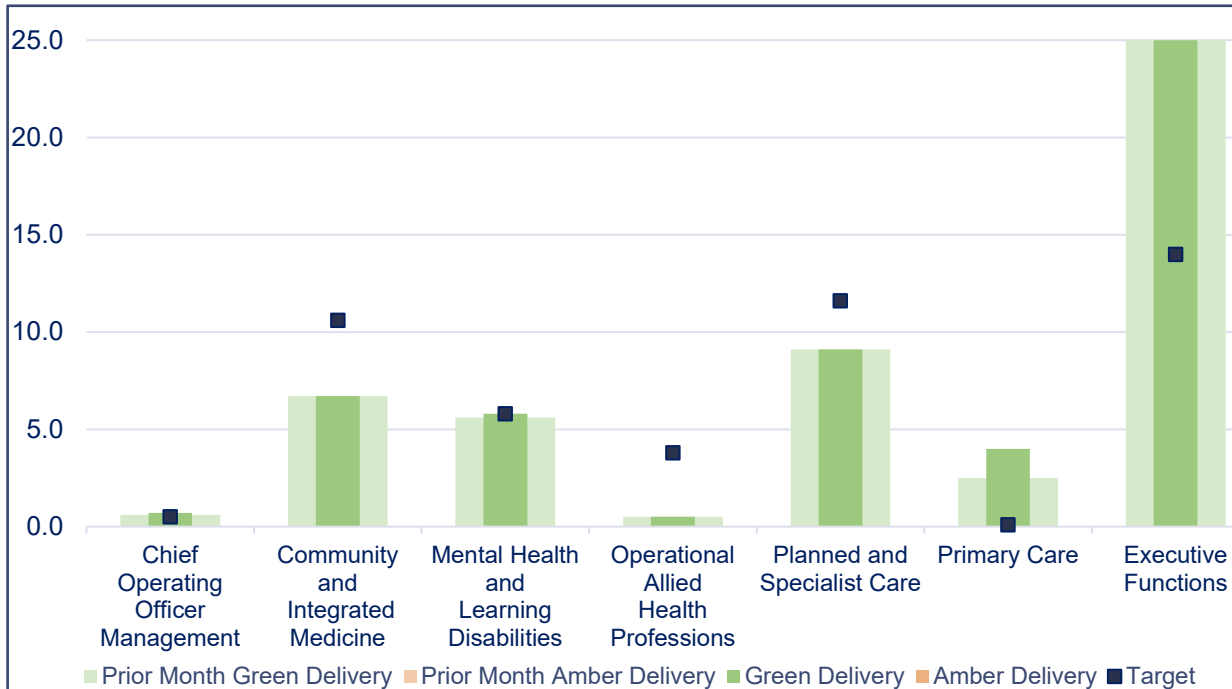
Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)



End of Year – Savings Performance Breakdown



Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.5	0.7	0.7	(0.2)
Community and Integrated Medicine	10.6	6.7	6.7	3.9
Mental Health and Learning Disabilities	5.8	5.8	5.8	0.0
Operational Allied Health and Health Sciences	3.8	0.5	0.5	3.3
Planned and Specialist Care	11.6	9.4	9.1	2.5
Primary Care	0.1	4.0	4.0	(3.9)
Executive Functions	14.0	25.0	25.0	(11.0)
Grand Total	46.4	52.1	51.8	(5.4)

Key Information

Overall savings identification of £52.1m has been identified, resulting in a £(5.7)m savings over-identification against £46.4m target, with variations across Clinical Care Groups, and £0.3m under delivery within Planned and Specialist Care.

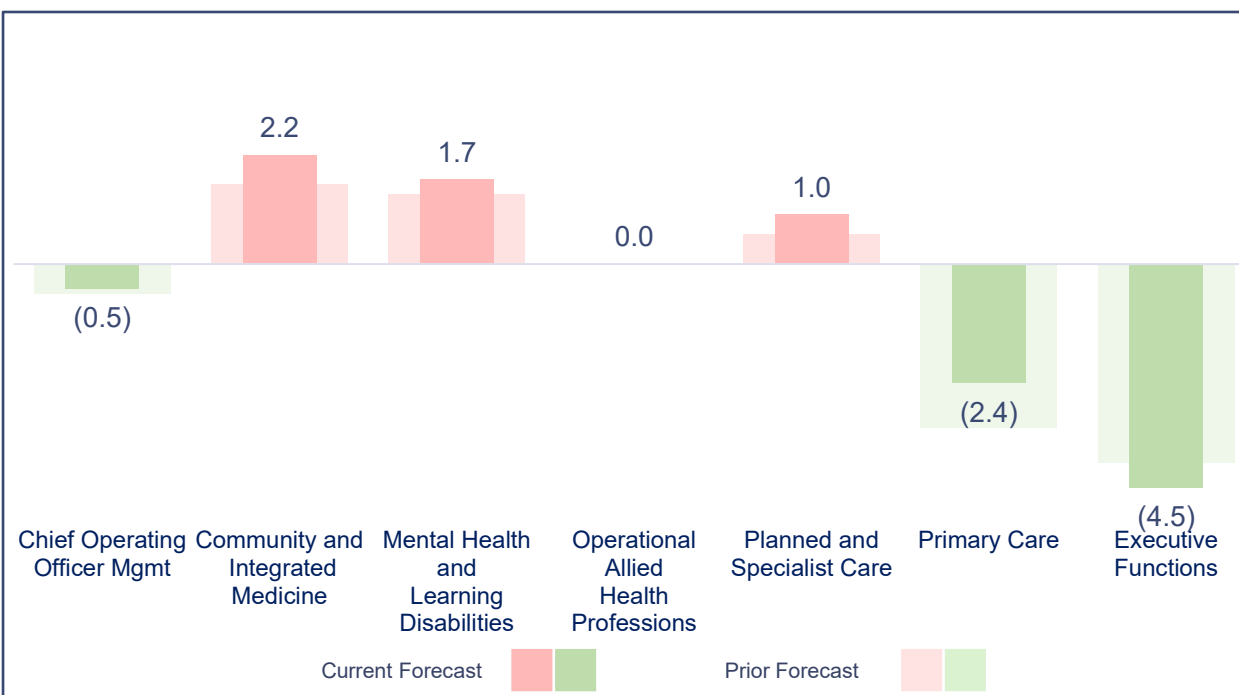
Newly identified schemes relate to Primary Care General Medical Services Personally Administered Drugs and Appliances winter pressures being lower than anticipated £0.7m, General Medical Services agreements underspend savings £0.6m, dental underspend savings £0.3m and additional pay underspend savings £0.2m.

Continuation of run rate management of pay vacancy underspends is recognised as a green saving to deliver in Month 12 of £0.5m.

End of Year – Core Operational Variation



Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	(0.2)	(0.4)	0.1	(0.5)
Community and Integrated Medicine	0.1	2.8	(0.7)	2.2
Mental Health and Learning Disabilities	(0.3)	1.9	0.1	1.7
Operational Allied Health and Health Sciences	1.4	(0.4)	(1.0)	0.0
Planned and Specialist Care	2.2	(0.3)	(0.9)	1.0
Primary Care	0.4	(4.1)	1.3	(2.4)
Executive Functions	(4.2)	5.2	(5.5)	(4.5)
Total	(0.6)	4.7	(6.6)	(2.5)

Key Information

Community and Integrated Medicine Clinical supplies relating to incontinence products, disposable consumables due to increased infection prevention control and insulin pumps £1.2m, in addition to increased joint equipment stores costs, interim care beds demand, and prior year patient flow invoice £1.4m.

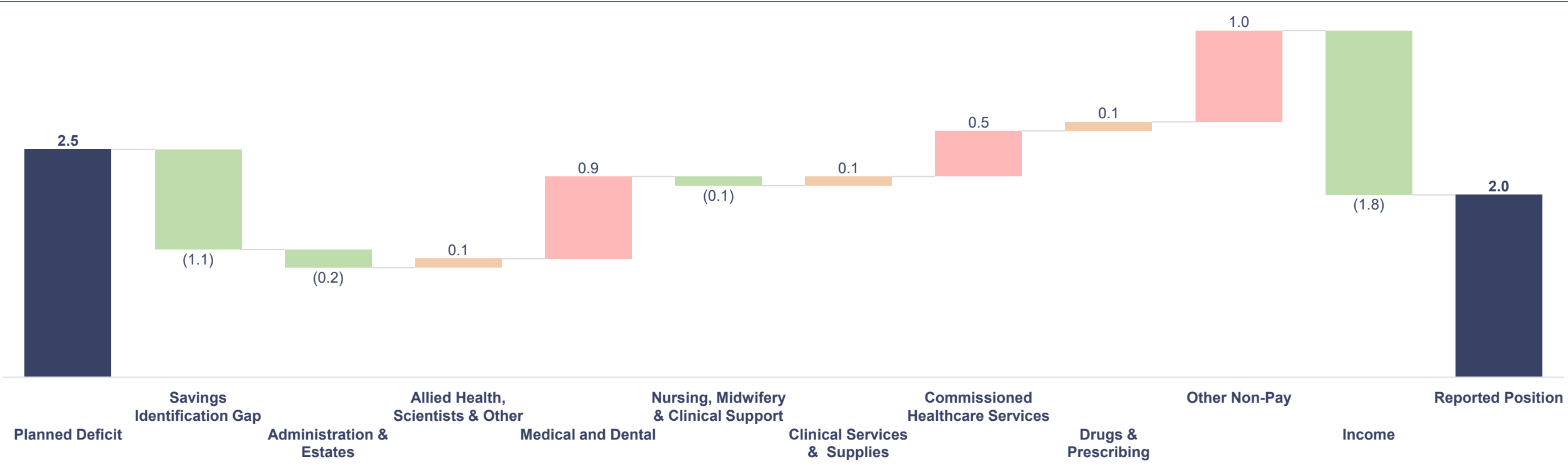
Mental Health Net increase of 29 Continuing Healthcare packages £0.6m, and purchase of Psychiatric Intensive Care Unit beds from independent sector £1.2m.

Planned and Specialist Care Medical variable pay within Anaesthetics, Orthopaedic and Urology £1.9m. Ophthalmology, Theatres and Orthopaedic outsourcing and insourcing £2.4m, offset by delayed impact of new NICE Horizon funded Oncology drugs and reduction in drug prices £(3.4)m. Income overachievement for Bowel Screening & Wet Age-related Macular Degeneration.

Primary Care Dental contracts underperformance £(0.9)m, and General Medical Services supplementary services and Managed Practices £(2.4)m, offset by Dental income underachievement.

Executive Functions Emergency activity Swansea Bay Long Term Agreements £1.9m, energy and maintenance contract uplifts £0.6m, and increase in high-cost drugs and Mounjaro uptake £2.2m, offset by Velindre income rebates £(3.0)m, Band 2 to 3 pay uplift funding £(2.0)m, Public Health lower uptake of vaccinations £(0.7)m, and HEIW and Non-Contracted activity income.

In-Month – Key Drivers vs Plan



Key Information

Medical and Dental – Medical locum, premium rate card and waiting list initiative activity across Anaesthetics, Urology, Orthopaedics and Ophthalmology within Planned and Specialist Care. Ongoing Medical Locum agency usage within Community and Integrated Medicine with a large proportion of shift requests filled, in addition to an increase in retrospective shifts claims.

Commissioned Healthcare Services – Swansea Bay Long Term Agreement for Emergency activity and Joint Commissioning Committee increase in risk share relating to Heart Surgery activity with Swansea Bay. Purchase of Psychiatric Intensive Care Unit beds, with an increase to 4 patients in-month, offset by General Medical Services supplementary services underspend.

Non-Pay – Increased joint equipment stores usage and interim care beds demand within Community and Integrated Medicine, and increased maintenance across all sites within Estates and Facilities.

Income – Pharmacy Prescribing Rebates relating to Mounjaro drugs in line with increase in expenditure £(1.2)m, and Central Income overachievement for Non-Contracted activity £(0.4)m.

In-Month – Key Performance vs Plan



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Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				2.5	
Chief Operating Officer Management	(0.1)	0.0	0.0	(0.1)	Over-achieved pay efficiency savings.
Community and Integrated Medicine	0.4	0.0	0.3	0.7	Ongoing usage of Medical Locum agency with a large proportion of shift requests filled and increased retrospective shift claims. Increased joint equipment stores usage and interim care beds demand.
Mental Health and Learning Disabilities	0.0	0.0	0.1	0.1	Purchase of Psychiatric Intensive Care Unit beds, with an increase to 4 patients in-month, offset by reduction in Buvidal drugs costs due to transfer to Public Health.
Operational Allied Health & Health Sciences	0.3	0.0	0.0	0.3	Continuing under achievement of savings against target.
Planned and Specialist Care	0.3	0.0	0.5	0.8	Medical locum, premium rate card and waiting list initiative activity across Anaesthetics, Urology, Orthopaedics and Ophthalmology, and continued Operating Theatres insourcing of activity.
Primary Care	(1.6)	0.0	(0.1)	(1.7)	Dental and GMS agreements reduction, and Personally Administered Drugs and Appliances lower winter pressure savings.
Executive Functions	(0.4)	0.0	(0.2)	(0.6)	Central Income overachievement for Non-Contracted activity, offset by Swansea Bay Long Term Agreement for Emergency activity and Joint Commissioning Committee increase in risk share relating to Heart Surgery activity with Swansea Bay.
Sub Total	(1.1)	0.0	0.6	(0.5)	
Gross Position				2.0	

In-Month – Key Performance vs Prior Month



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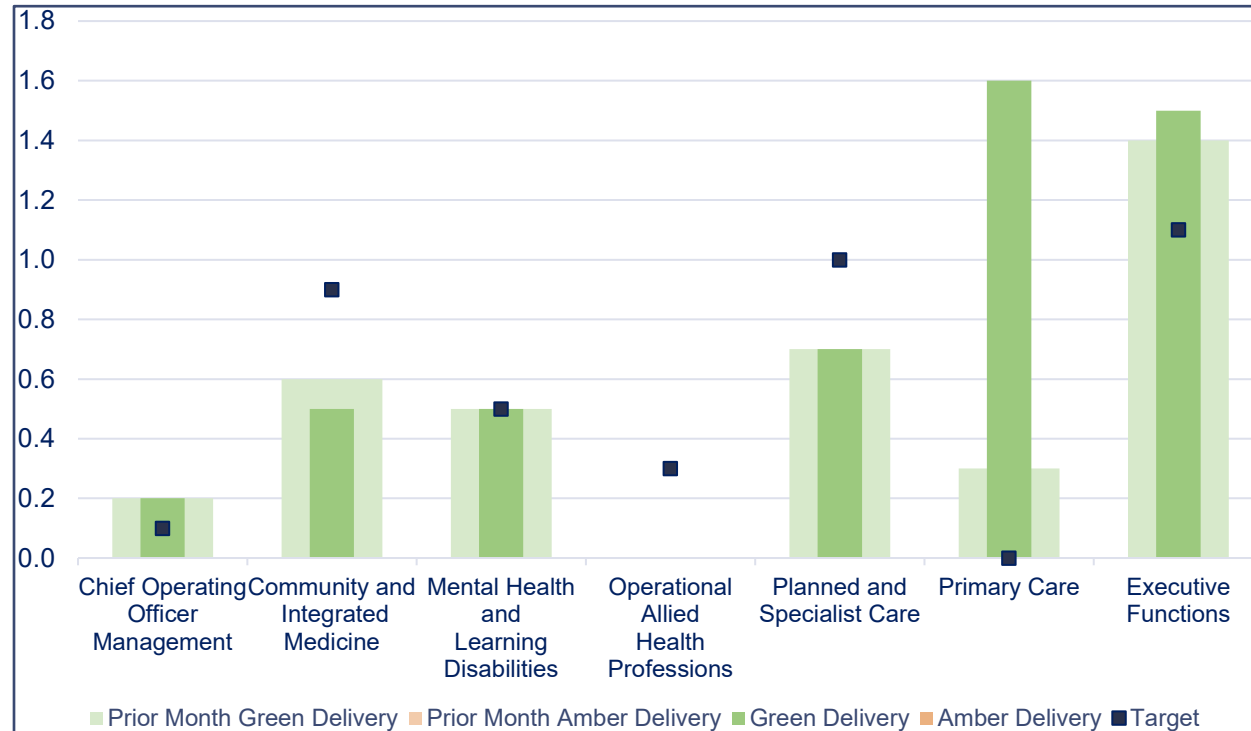
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Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target Movement	Savings Delivery vs Plan Benefits Movement	Core Operational Variation Movement	Total Movement	Key Information
Planned Deficit				0.0	No change to Planned Deficit of £2.5m
Chief Operating Officer Management	0.0	0.0	0.0	0.0	No material deviation
Community and Integrated Medicine	0.1	0.0	0.2	0.3	Prior month underspend due to a significant number of unfilled shifts, now being filled in February, with an increase in bank usage.
Mental Health and Learning Disabilities	0.0	0.0	(0.1)	(0.1)	Reduction in drugs due to transfer of excess Buvidal drugs costs to Public Health, with an increase in Psychiatric Intensive Care Unit beds patients, offset by a reduction in CHC packages.
Operational Allied Health & Health Sciences	0.0	0.0	0.0	0.0	No material deviation
Planned and Specialist Care	0.0	0.0	0.7	0.7	Cancer Oncology Drugs increase in price of 6% from prior month and increased Medical locum usage across specialties.
Primary Care	(1.3)	0.0	(0.1)	(1.4)	General Medical Services agreements and Personally Administered Drugs and Appliances lower winter pressure savings.
Executive Functions	(0.1)	0.0	1.3	1.2	One-off impacts from prior month detailed within Change from Prior Month slide (£1.0m). LTAs £0.4m increase in JCC risk share relating to heart surgery, and emergency activity within Swansea Bay.
Sub Total	(1.3)	0.0	2.0	0.7	
Gross Position				0.7	

In-Month – Savings Performance Breakdown



Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.2	0.2	(0.1)
Community and Integrated Medicine	0.9	0.5	0.5	0.4
Mental Health and Learning Disabilities	0.5	0.5	0.5	0.0
Operational Allied Health and Health Sciences	0.3	0.0	0.0	0.3
Planned and Specialist Care	1.0	0.7	0.7	0.3
Primary Care	0.0	1.6	1.6	(1.6)
Executive Functions	1.1	1.5	1.5	(0.4)
Grand Total	3.9	5.0	5.0	(1.1)

Key Information

Overall savings delivery of £5.0m has been achieved, resulting in a £(1.1)m savings over-delivery against £3.9m target, with variations across Clinical Care Groups

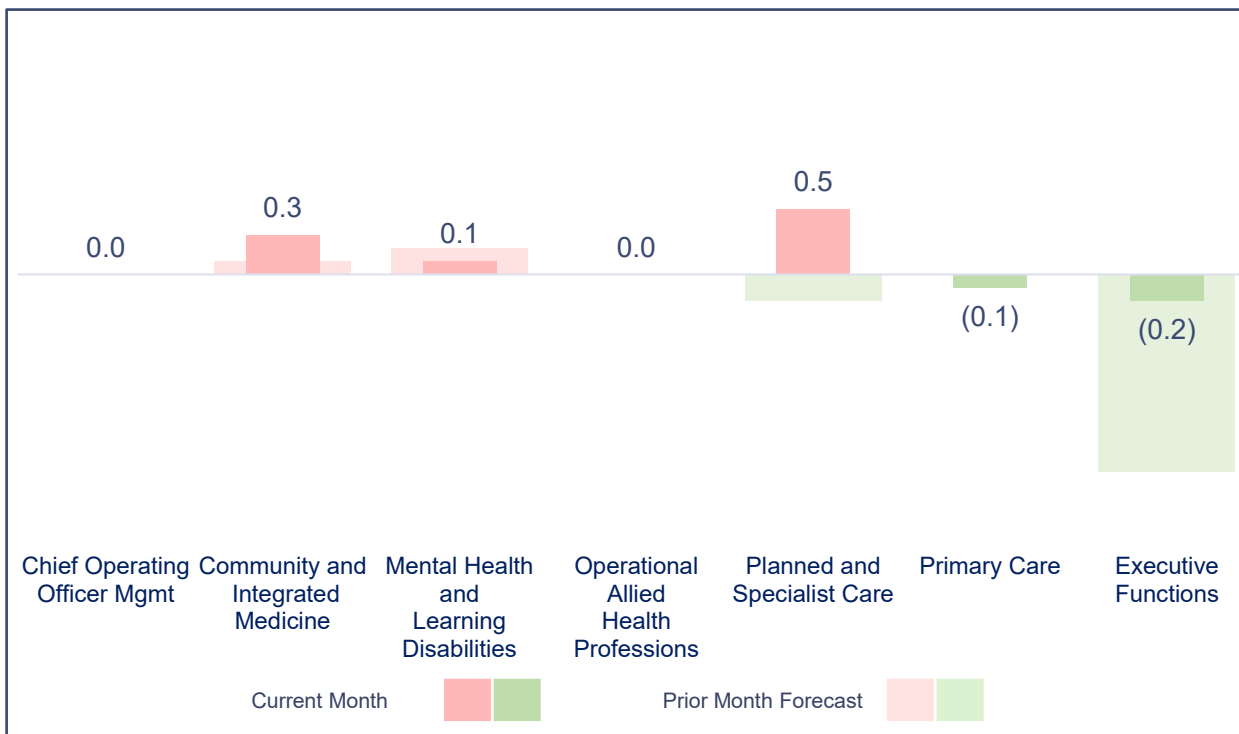
Of the savings delivered in-month, £1.3m relate to recurrent schemes and £3.7m relate to non recurrent schemes.

Newly identified schemes relate to underspend conversion of £1.6m, compared to £0.9m in Month 10. £0.7m of underspends relate to pay, £0.3m relate to Dental, and £0.6m relates to General Medical Services agreements underspends. Primary Care General Medical Services Personally Administered Drugs and Appliances saving has been identified in-month of £0.7m, due to winter pressures being lower than anticipated.

In-Month – Core Operational Variation



Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.0	0.0	0.0	0.0
Community and Integrated Medicine	0.2	0.2	(0.1)	0.3
Mental Health and Learning Disabilities	0.0	0.1	0.0	0.1
Operational Allied Health and Health Sciences	0.2	0.0	(0.2)	0.0
Planned and Specialist Care	0.5	0.0	0.0	0.5
Primary Care	0.0	(0.2)	0.1	(0.1)
Executive Functions	(0.2)	1.6	(1.6)	(0.2)
Total	0.7	1.7	(1.8)	0.6

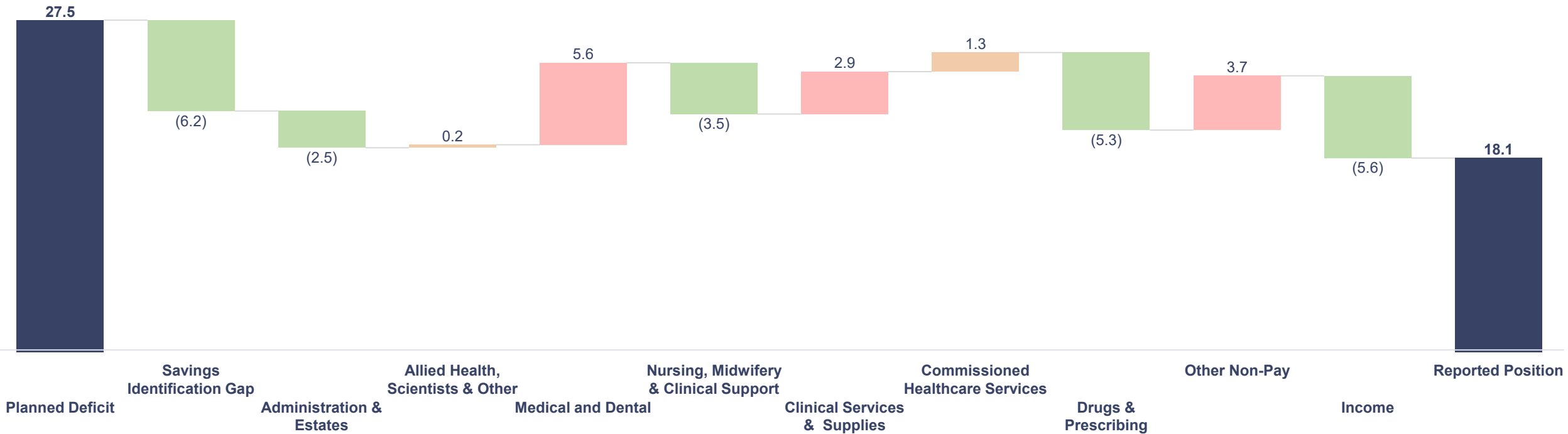
Key Information

Community and Integrated Medicine Ongoing usage of Medical Locum agency with a large proportion of shift requests filled, and an increase in retrospective shift claims in-month. Increased expenditure in relation to joint equipment stores usage and interim care beds demand.

Planned and Specialist Care Medical locum, premium rate card and waiting list initiative activity across Anaesthetics, Urology, Orthopaedics and Ophthalmology specialties.

Executive Functions Pharmacy Prescribing Rebate income largely relating to Mounjaro £(1.2)m in line with increase in Mounjaro expenditure £1.2m. Swansea Bay Long Term Agreements increase for Emergency activity and Joint Commissioning Committee increase in risk share relating to Heart Surgery activity with Swansea Bay £0.4m, offset by Central Income overachievement for Non-Contracted activity £(0.4)m.

Year to Date – Key Drivers vs Plan



Key Information

Medical & Dental – Continued use of the premium rate card and increased Waiting List Initiative payments within Planned and Specialist Care. Increased requirement for sickness and vacancies cover within Mental Health and Community and Integrated Medicine with an increase in shift requests filled.

Nursing and Midwifery – Confirmation of Band 2 to 3 pay uplift funding £(1.1)m, with continued Nursing vacancies across Community and Integrated Medicine.

Drugs & Prescribing – Oncology drugs underspend due to price increases being lower than planned, and delays in NICE treatments increases expected. Public Health drugs underspend with lower uptake for Shingles and Covid-19 vaccination programmes.

Other Non-Pay – Joint equipment costs usage and interim care beds demand within Community and Integrated Medicine, and Estates energy and maintenance contract uplifts.

Income – Overachievement of Velindre rebate income driven by Mounjaro price increases within Pharmacy and Medicines Management. Bowel Screening, Wet age-related macular degeneration, Flying Start and Health Education Improvement Wales income within Planned and Specialist Care.

Year to Date – Key Performance vs Plan



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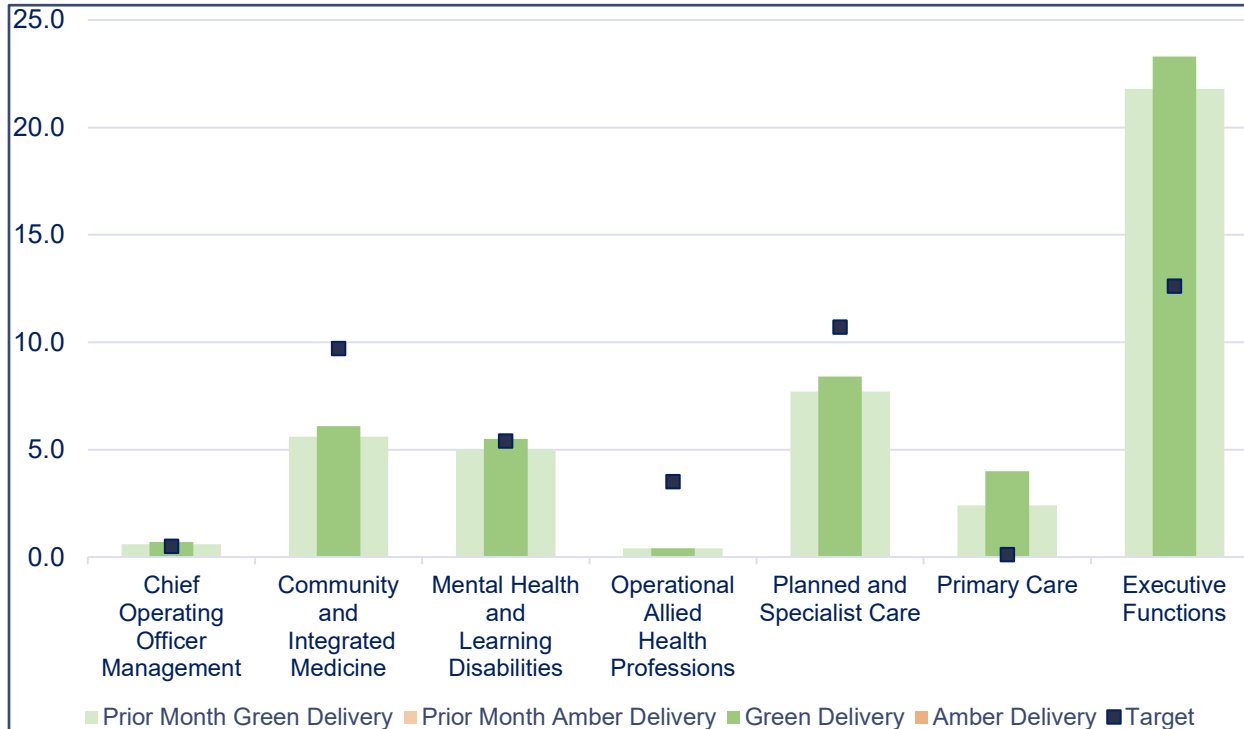
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Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				27.5	
Chief Operating Officer Management	(0.2)	0.0	(0.4)	(0.6)	Vacancies held within Management roles of the Directorate.
Community and Integrated Medicine	3.6	0.0	1.4	5.0	Purchase of disposable consumables, incontinence products, joint equipment costs usage, interim care beds demand and Continuing Healthcare packages.
Mental Health and Learning Disabilities	(0.1)	0.0	1.5	1.4	Continuing Healthcare packages and purchase of Psychiatric Intensive Care Unit beds from independent sector.
Operational Allied Health & Health Sciences	3.1	0.0	(0.2)	2.9	Over-achievement of income and reduction in drug costs, offset by Physiotherapy and Occupational Therapy agency and variable pay.
Planned and Specialist Care	2.0	0.3	0.1	2.4	Income overachievement and Oncology drugs underspend, offset by Theatres insourcing and ongoing usage of Medical locums.
Primary Care	(3.9)	0.0	(1.8)	(5.7)	Underspend relating to Dental contracts, General Medical Services supplementary services and delay in cluster projects.
Executive Functions	(10.7)	0.0	(4.1)	(14.8)	Band 2 to 3 pay uplift funding and reduction in Public Health vaccination uptake, offset by Swansea Bay Long Term Agreement Emergency Activity and Estates energy and maintenance contracts.
Sub Total	(6.2)	0.3	(3.5)	(9.4)	
Gross Position				18.1	

Year to Date – Savings Performance Breakdown



Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.5	0.7	0.7	(0.2)
Community and Integrated Medicine	9.7	6.1	6.1	3.6
Mental Health and Learning Disabilities	5.4	5.5	5.5	(0.1)
Operational Allied Health and Health Sciences	3.5	0.4	0.4	3.1
Planned and Specialist Care	10.7	8.7	8.4	2.3
Primary Care	0.1	4.0	4.0	(3.9)
Executive Functions	12.6	23.3	23.3	(10.7)
Grand Total	42.5	48.7	48.4	(5.9)

Key Information

Overall savings identification of £48.7m has been identified, resulting in a £(6.2)m savings over-identification against £42.5m target, with variations across Clinical Care Groups, and £0.3m under delivery within Planned and Specialist Care.

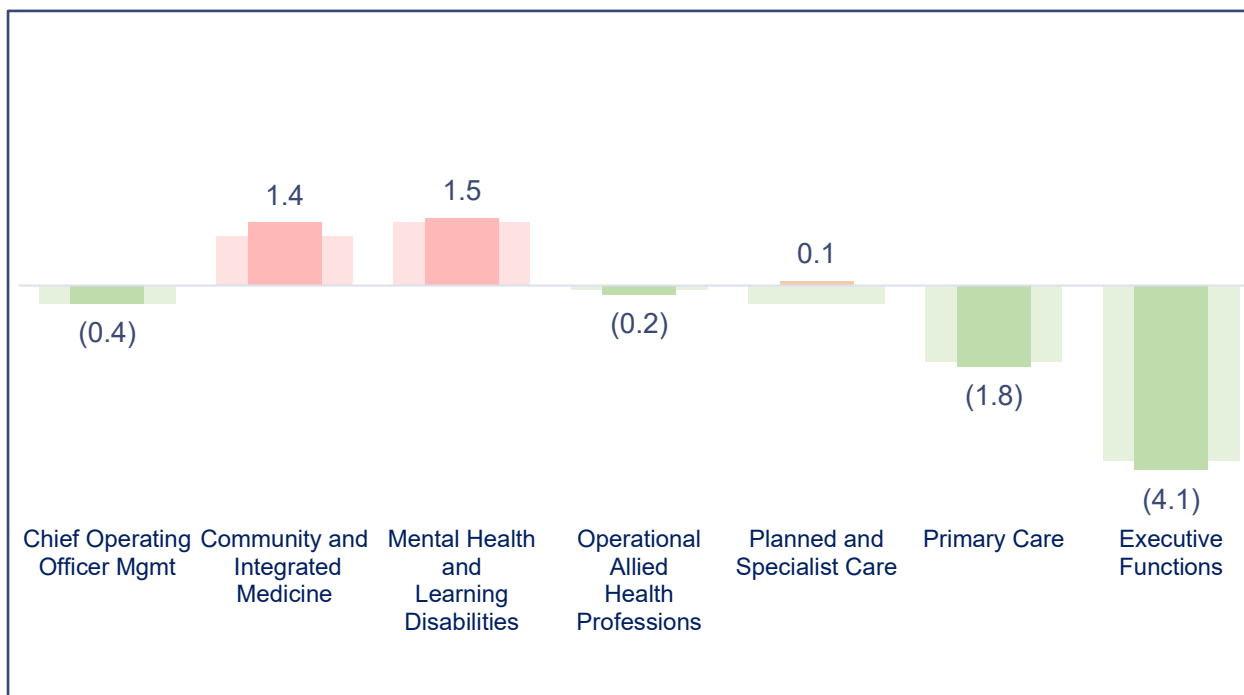
This over delivery largely relates to Executive functions, due to pay vacancy underspends and a one-off Aseptic unit system drugs accountancy gain saving of £6.1m, with a further overdelivery within Primary Care relating to Dental and General Medical Services underspends.

The over delivery of savings within Executive functions and Primary Care is offset by under delivering Operational functions largely relating to Community and Integrated Medicine, Operational Allied Health and Planned and Specialist Care.

Year to Date – Core Operational Variation



Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	(0.1)	(0.4)	0.1	(0.4)
Community and Integrated Medicine	(0.3)	2.3	(0.6)	1.4
Mental Health and Learning Disabilities	(0.1)	1.6	0.0	1.5
Operational Allied Health and Health Sciences	1.2	(0.6)	(0.8)	(0.2)
Planned and Specialist Care	1.9	(0.9)	(0.9)	0.1
Primary Care	0.4	(3.4)	1.2	(1.8)
Executive Functions	(3.6)	4.1	(4.6)	(4.1)
Total	(0.6)	2.7	(5.6)	(3.5)

Key Information

Community and Integrated Medicine Purchase of disposable consumables due to increased infection prevention control and activity, purchase of insulin pumps, heart monitors, incontinence and Sleep Service products £1.0m. Prior year patient flow invoice £0.7m, and Continuing Healthcare packages £0.2m.

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

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

Executive Functions Recognition of Band 2 to 3 pay uplift funding, income overachievement largely relating to Velindre drugs rebate for Mounjaro costs and Non-Contracted activity and a reduction in Public Health uptake of vaccination programmes, offset by increase in Emergency activity relating to Swansea Bay Long Term Agreements and Estates energy and maintenance contract uplifts.

Capital Performance



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Capital

Total Capital Performance

£42.2m

Annual Plan **£42.2m**



All Wales Capital

£33.5m

Annual Plan **£33.4m**



Discretionary Capital

£6.8m

Annual Plan **£6.9m**



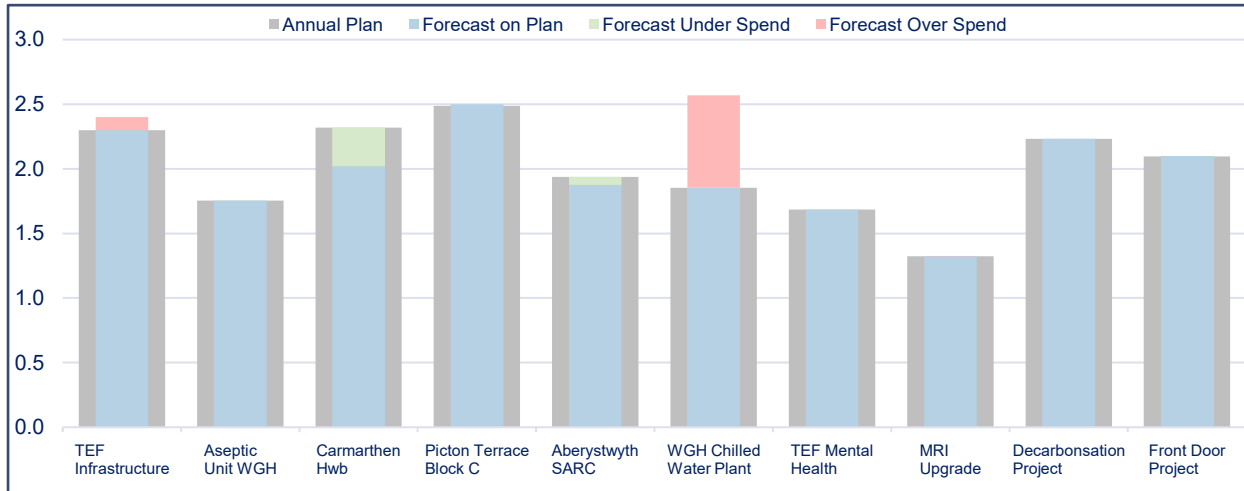
IFRS 16

£1.9m

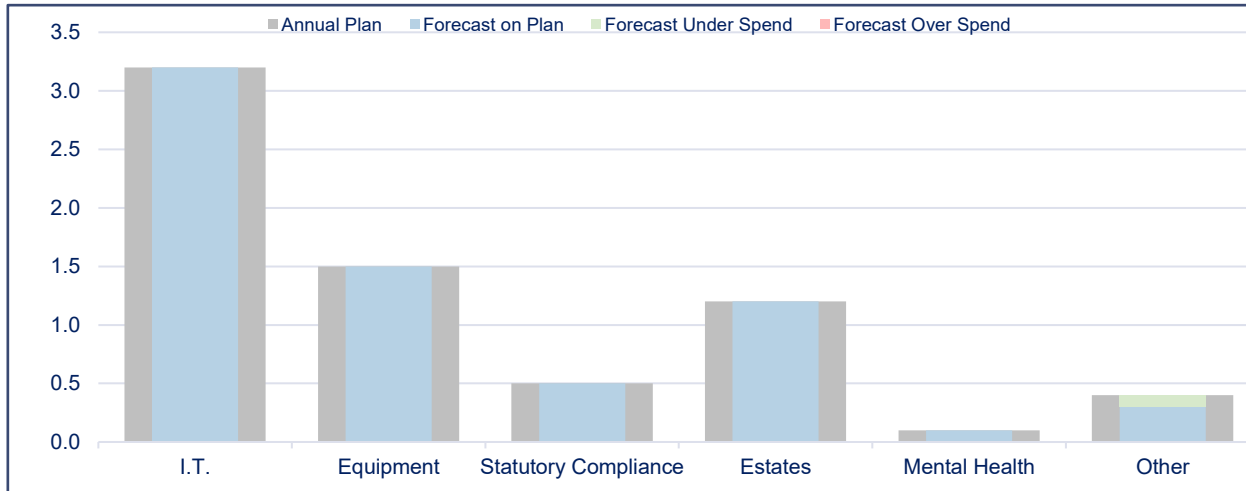
Capital Resource Limit **£1.9m**



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



Discretionary Capital Programme Category Summary (£'m)



Key Information

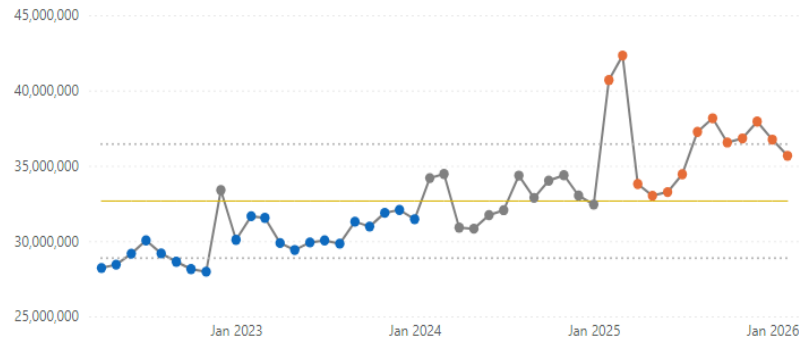
47% (£18.9m of £40.3m) of capital funding remains to be spent in March 2026. Therefore, the risk to delivering the capital programme in full signals a medium status and ongoing monitoring will be required due to late expenditure profile with no option to extend beyond March 2026.

Delivery against the capital programme remains at a medium risk. Due to the significant amount of expenditure forecast for final month of the year, there is a risk to overall delivery of the Capital Resource Limit, in addition to risk of underspends against All Wales funded schemes including, Carmarthen Hwb £0.3m and Aseptic Unit £0.15m. Close monitoring of these risks will be necessary with reallocation of funds where required.

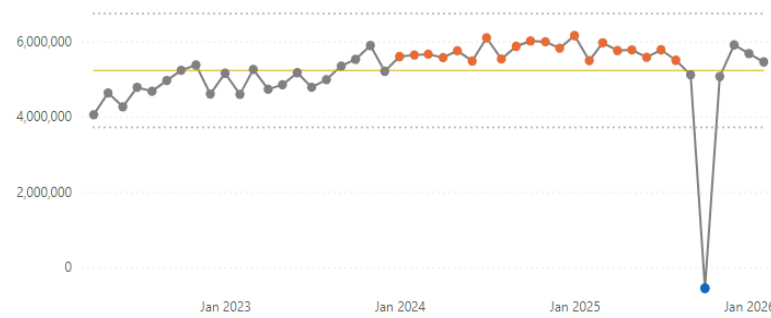
Trend Analysis – Non-Pay and Income



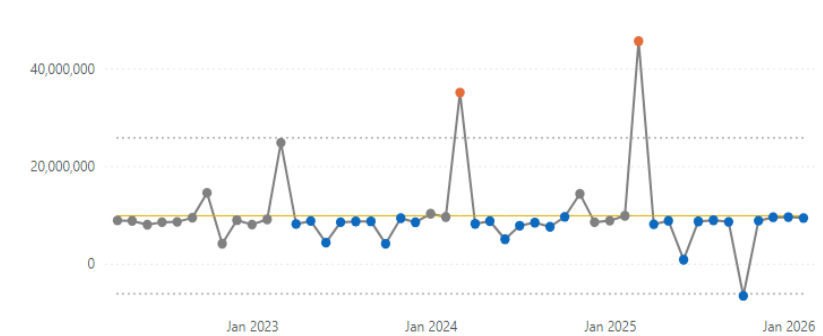
Commissioned Healthcare Services (£)



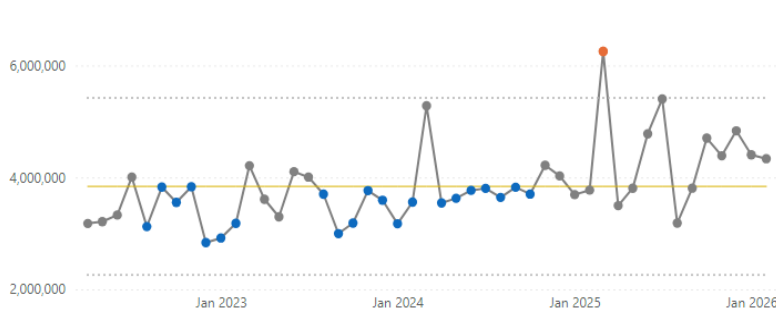
Secondary Care Drugs (£)



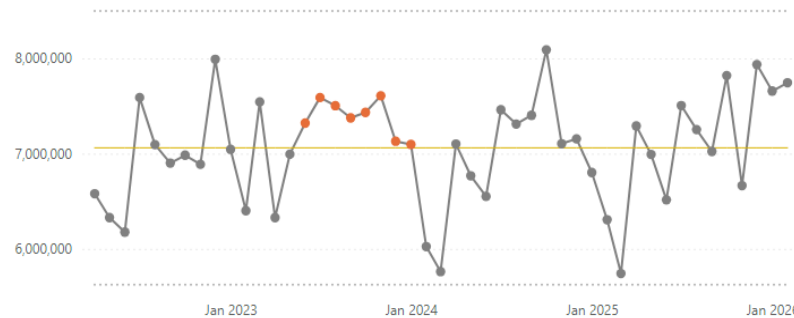
Other Non-Pay (£)



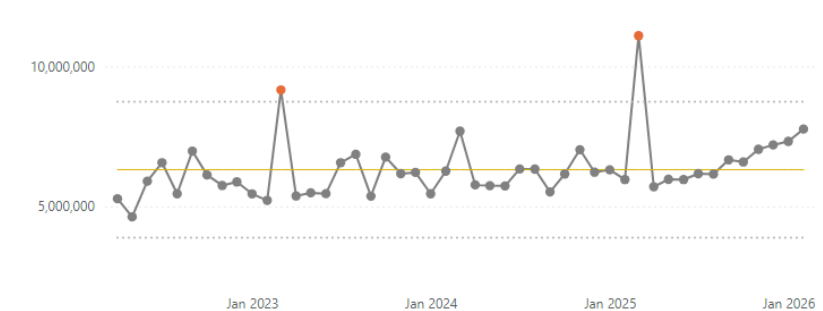
Clinical Services and Supplies (£)



Primary Care Prescribing (£)



Income (£)



Key Information

Commissioned Healthcare Services – Reduction in-month relating to Primary Care General Medical Services Personally Administered Drugs and Appliances winter pressures being lower than anticipated recognised as a saving and year to date expenditure for Vertex included in prior month in line with funding.

Secondary Care Drugs – Aseptic Unit drugs accountancy gain saving in Month 7, with an in-month reduction relating to a recategorisation of expenditure to Other Non-Pay.

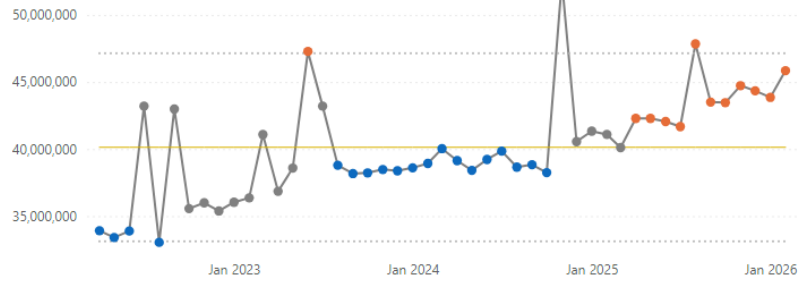
Primary Care Prescribing – Slight increase in expenditure in line with latest Prescribing Audit Reports largely driven by additional price impact of Mounjaro.

Income – Increase in income in-month relating to Velindre drugs rebate in line with increased price for Mounjaro.

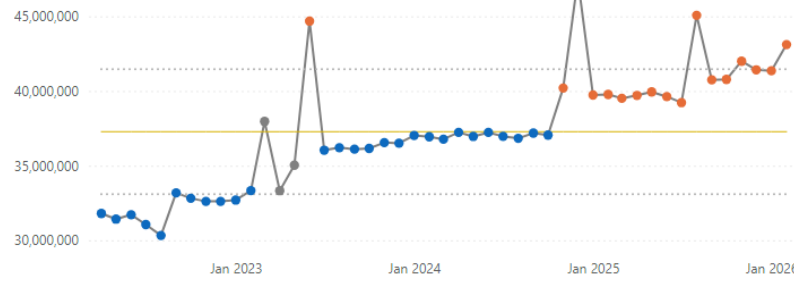
Trend Analysis – Pay Agenda for Change



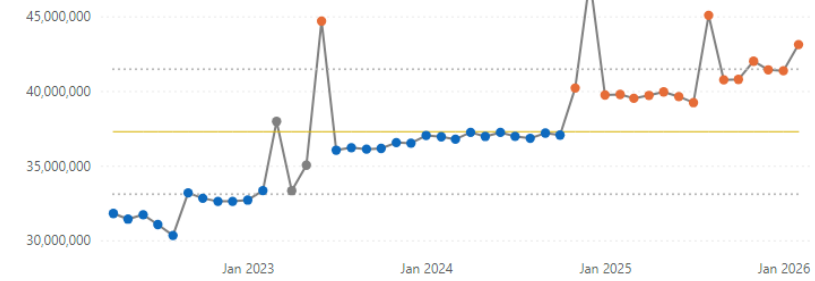
Total (£)



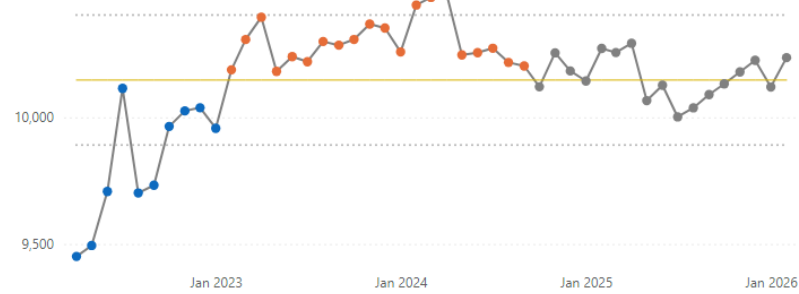
Substantive (£)



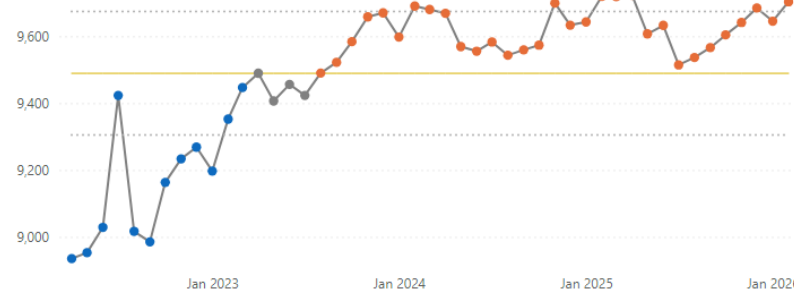
Bank (£)



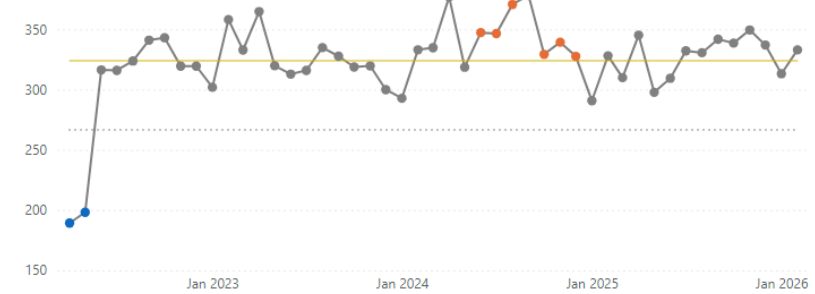
Total (WTE)



Substantive (WTE)



Bank (WTE)



Key Information

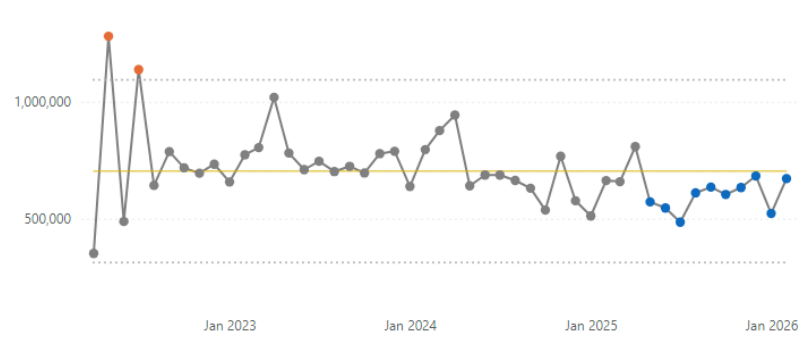
Substantive £ and WTE – There is an increase in Substantive WTE of 57.96 WTE within Acute Sites; Nursing and Midwifery (36.26 WTE) and Additional Clinical Services (13.92 WTE) and Admin and Clerical (10.35 WTE). Increased fill rates within Community and Integrated Medicine, following a reduction in fill rates in prior month and recruitment of Healthcare Support Workers in Month 11.

Bank £ and WTE – Community and Integrated Medicine Nursing variable pay increase to cover staff shortages. There is an increase of 19.80 WTE in Month 11 particularly within Community and Integrated Medicine.

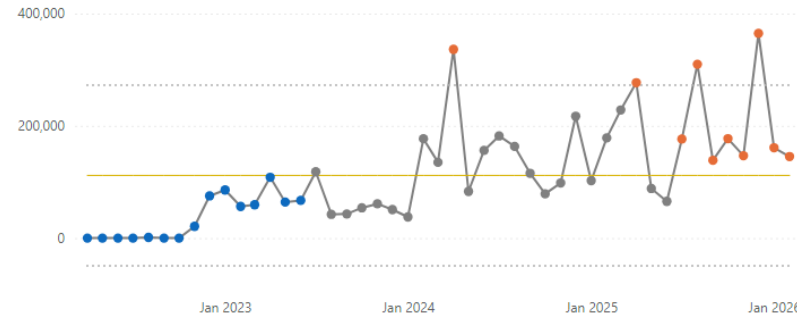
Trend Analysis – Pay Agenda for Change



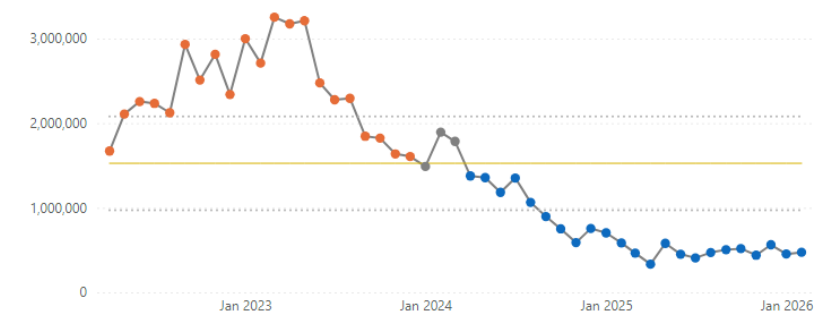
Overtime (£)



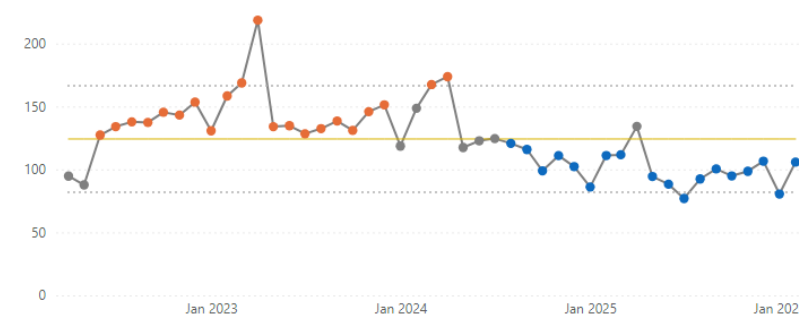
WLI (£)



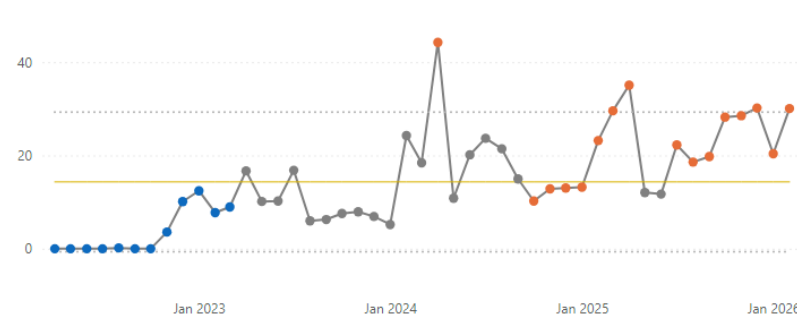
Agency (£)



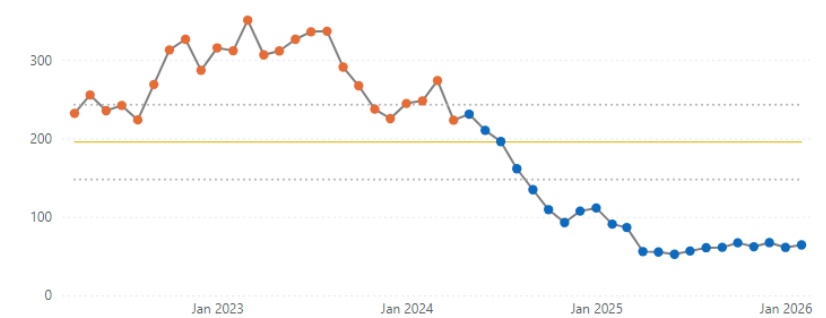
Overtime (WTE)



WLI (WTE)



Agency (WTE)



Key Information

Overtime £ and WTE – Increase in overtime expenditure and usage within Community and Integrated Medicine, Estates and Facilities and Planned and Specialist Care, returning to normal levels following one-off reduction in prior month due to lower fill rates.

Waiting List Initiative – Waiting List Initiative expenditure has reduced to normal levels from Month 9 in Planned and Specialist Care due to retrospective shifts being paid in Month 9.

Trend Analysis – Pay Medical and Dental



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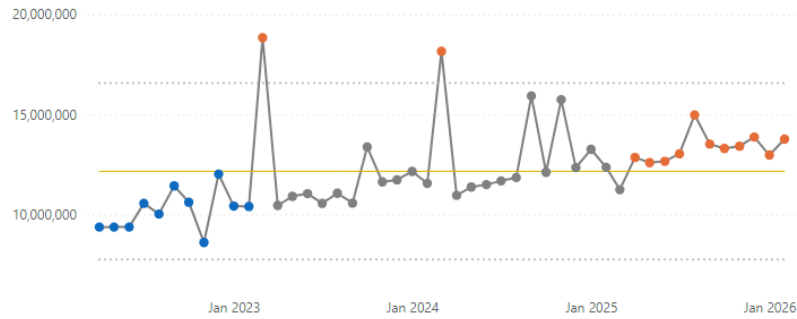
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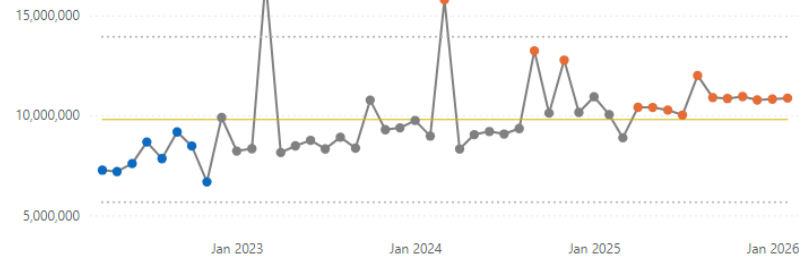
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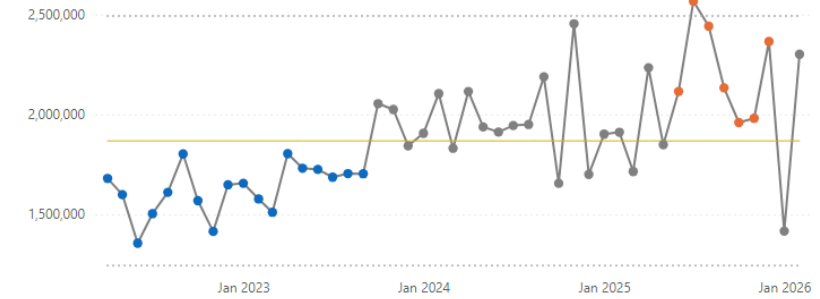
Total (£)



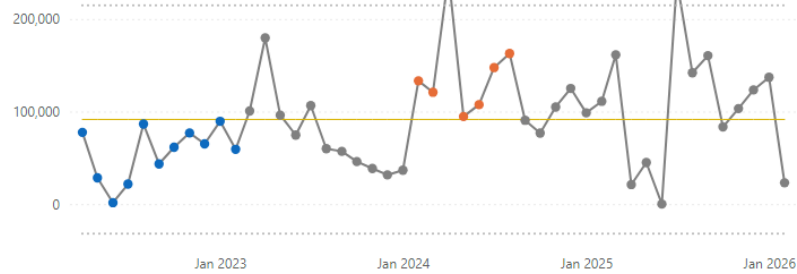
Substantive (£)



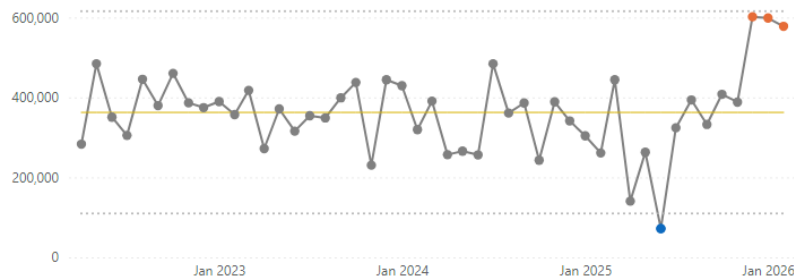
Additional Hours (£)



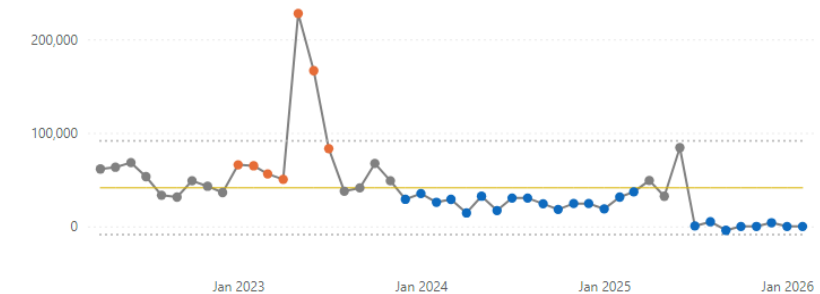
WLI (£)



On Contract Agency Premium (£)



Off Contract Agency Premium (£)



Key Information

Additional Hours – An increase in additional hours in-month within Planned and Specialist Care and Community and Integrated Medicine due to increased fill rates, following a reduction in fill rates in prior month and retrospective payments paid in current month.

Waiting List Initiative – Despite continued usage of Medical Waiting List Initiative expenditure mainly within Anaesthetics in Planned and Specialist Care to meet Waiting Time Targets, there's a slight reduction in-month due to retrospective claims paid in prior months.

Medical Stabilisation programme – The introduction of Medical Rate card will ensure that there will be a consistent rate across the Health Board and reduce variation.

Staffing Establishment Reports



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Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Operating Officer	102.2%	2,679	2,333	(254)	287	53	88
Community and Integrated Medicine	103.2%	1,926	1,661	(177)	216	45	85
Carmarthenshire Integrated System	103.5%	1,159	1,008	(95)	132	18	55
Ceredigion Integrated System	107.5%	329	271	(29)	41	16	28
Pembrokeshire Integrated System	99.4%	438	382	(53)	43	11	2
Mental Health and Learning Disabilities	104.7%	287	236	(38)	50	1	13
Planned and Specialist Care	96.6%	466	436	(39)	21	7	(10)
Cancer and Scheduled Care	94.6%	164	146	(25)	10	7	(7)
Children, Women and Family Health	97.6%	302	290	(14)	11	-	(3)
Grand Total	102.2%	2,679	2,333	(254)	287	53	88

All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Executive	90.6%	88	88	(7)	-	-	(7)
Chief Operating Officer	93.7%	5,250	5,104	(459)	130	10	(316)
Chief Operating Officer Management	81.6%	111	107	(21)	3	-	(17)
Community and Integrated Medicine	97.0%	1,410	1,368	(116)	38	3	(75)
Mental Health and Learning Disabilities	90.3%	917	907	(110)	9	-	(101)
Operational Allied Health and Health Sciences	97.2%	1,115	1,090	(55)	24	-	(31)
Planned and Specialist Care	95.0%	1,482	1,424	(98)	49	7	(41)
Primary Care	87.2%	215	208	(59)	7	-	(51)
Executive Director of Allied Health Professions and Health Sciences	95.2%	886	830	(79)	56	-	(22)
Executive Director of Finance	89.9%	416	411	(62)	5	-	(57)
Executive Director of Nursing, Quality and Patient Experience	90.9%	176	176	(19)	-	-	(18)
Executive Director of Public Health	87.6%	141	140	(21)	-	-	(20)
Executive Director of Strategy and Planning	93.9%	48	48	(3)	-	-	(3)
Executive Director of Workforce and Organisational Development	74.6%	226	225	(74)	1	-	(73)
Executive Medical Director	87.0%	319	318	(36)	-	-	(35)
Grand Total	92.7%	7,550	7,340	(760)	192	10	(551)

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



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Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	(3)				0			(10)	2	(11)
Chief Operating Officer	(82)	26	848	225	352	(20)	(668)	285	(167)	799
Chief Operating Officer Management	34	(1)	17	(14)	(2)	(3)		(97)	39	(26)
Community and Integrated Medicine	(74)	(17)	225	115	57	(29)	(99)	253	(92)	339
Mental Health and Learning Disabilities	12	(49)	62	(40)	10	220	(127)	(32)	11	68
Operational Allied Health and Health Sciences	12	5	91	41	75	10	(56)	(22)	(203)	(46)
Planned and Specialist Care	(15)	53	314	186	229	38	(383)	125	(5)	543
Primary Care	(51)	34	140	(64)	(18)	(257)	(3)	58	83	(78)
Executive Director of Allied Health Professions and Health Sciences	(42)	(14)	(9)	(3)	(1)	(0)		139	(34)	37
Estates and Facilities	(53)		(9)	(3)	(1)		0	139	(34)	39
Executive Allied Health Professions and Health Sciences	12	(14)				(0)				(2)
Executive Director of Finance	(3)	7	0	(5)	0	(50)		106	(195)	(139)
Digital	(3)	7	0	(5)	0	(36)		100	(196)	(132)
Finance	(0)					(14)		5	1	(8)
Executive Director of Nursing, Quality and Patient Experience	(30)	(9)		(48)	(0)	20		19	41	(8)
Executive Director of Public Health	(42)	13	2	(43)	12	(44)	10	(9)	8	(92)
Executive Director of Strategy and Planning	4	0	0			500	0	38	9	551
LTAs with other NHS Providers	4					496	0	(0)		499
Strategy and Planning	(0)	0	0			5		38	9	52
Executive Director of Workforce and Organisational Development	(0)	57	(15)	(42)	0	139	(3)	(195)	77	18
Executive Medical Director	(3)	(25)	65	14	(43)	22	1,225	(7)	(1,259)	(11)
Medical	(4)	3	65	(13)	3		(0)	(83)	(7)	(36)
Pharmacy and Medicines Management	1	(28)		27	(46)	22	1,225	76	(1,252)	24
Health Board Wide	12		(0)	(167)	(222)	(83)	(500)	668	(265)	(556)
Planned Deficit								2,500		2,500
Savings Identification								(1,074)		(1,074)
Grand Total	(188)	55	890	(69)	97	484	65	2,462	(1,782)	2,014

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



Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	(16)				0	1		(81)	0	(97)
Chief Operating Officer	(1,671)	448	6,061	(1,499)	2,894	137	(6,584)	2,130	(947)	970
Chief Operating Officer Management	(172)	24	(17)	21	41	(32)		(390)	107	(419)
Community and Integrated Medicine	(1,172)	(89)	1,765	(775)	1,256	247	(674)	1,484	(611)	1,431
Mental Health and Learning Disabilities	(66)	(476)	879	(474)	49	1,980	(404)	(60)	50	1,478
Operational Allied Health and Health Sciences	53	512	270	355	73	(307)	(416)	106	(839)	(193)
Planned and Specialist Care	(20)	32	2,359	(108)	1,819	1,632	(5,008)	613	(852)	467
Primary Care	(292)	444	805	(519)	(343)	(3,382)	(82)	377	1,197	(1,795)
Executive Director of Allied Health Professions and Health Sciences	(652)	(157)		(30)	49	0	4	835	(74)	(25)
Estates and Facilities	(784)			(30)	49		4	834	(74)	(1)
Executive Allied Health Professions and Health Sciences	132	(157)				0		1		(24)
Executive Director of Finance	(125)	73	(14)	10	0	(471)	0	135	(448)	(840)
Digital	(70)	22	(14)	10	0	(453)		209	(447)	(743)
Finance	(55)	51				(18)	0	(74)	(1)	(97)
Executive Director of Nursing, Quality and Patient Experience	(311)	(52)	0	22	(2)	49		413	144	264
Executive Director of Public Health	(251)	153	(82)	(293)	(30)	(8)	(620)	(25)	(184)	(1,341)
Executive Director of Strategy and Planning	(12)	41	0			1,796	2	81	(90)	1,818
LTA's with other NHS Providers	39					1,797	2	(3)		1,835
Strategy and Planning	(51)	41	0			(1)		84	(90)	(17)
Executive Director of Workforce and Organisational Development	(56)	59	(29)	25	2	113	(29)	(491)	(83)	(489)
Executive Medical Director	(19)	(382)	181	88	(14)	(27)	1,796	(323)	(2,549)	(1,251)
Medical	(12)	(4)	181	(91)	22		(0)	(517)	40	(381)
Pharmacy and Medicines Management	(7)	(378)		178	(36)	(27)	1,796	194	(2,589)	(869)
Health Board Wide	620		(506)	(1,863)	46	(316)	148	1,111	(1,390)	(2,150)
Planned Deficit								27,500		27,500
Savings Identification								(6,234)		(6,234)
Grand Total	(2,493)	183	5,610	(3,540)	2,947	1,273	(5,283)	25,051	(5,621)	18,126

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



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Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	(25)				0	1		(73)	1	(96)
Chief Operating Officer	(1,867)	408	6,861	(1,470)	3,749	106	(6,897)	2,517	(1,094)	2,314
Chief Operating Officer Management	(218)	8	(28)	20	47	(34)		(401)	118	(489)
Community and Integrated Medicine	(1,272)	(73)	2,133	(738)	1,419	348	(679)	1,706	(677)	2,167
Mental Health and Learning Disabilities	(76)	(570)	949	(587)	49	2,330	(404)	(48)	58	1,699
Operational Allied Health and Health Sciences	60	570	333	452	242	(343)	(438)	114	(989)	1
Planned and Specialist Care	(33)	41	2,605	(38)	2,351	1,957	(5,302)	705	(914)	1,372
Primary Care	(327)	432	870	(579)	(358)	(4,152)	(75)	442	1,311	(2,437)
Executive Director of Allied Health Professions and Health Sciences	(674)	(172)	(1)	(32)	54	0	4	561	(109)	(368)
Estates and Facilities	(818)		(1)	(32)	54		4	560	(109)	(342)
Executive Allied Health Professions and Health Sciences	144	(172)				0		1		(27)
Executive Director of Finance	(256)	81	(13)	4	0	(46)	0	509	(584)	(305)
Digital	(186)	30	(13)	4	0	(20)		264	(355)	(276)
Finance	(70)	51				(26)	0	245	(229)	(29)
Executive Director of Nursing, Quality and Patient Experience	(332)	(59)	0	(6)	(2)	56		459	156	273
Executive Director of Public Health	(272)	166	(83)	(337)	(32)	(9)	(562)	(76)	(189)	(1,395)
Executive Director of Strategy and Planning	(33)	41	0			1,882	2	74	(98)	1,868
LTA's with other NHS Providers	43					1,882	2	(3)		1,924
Strategy and Planning	(76)	41	0			(1)		77	(98)	(57)
Executive Director of Workforce and Organisational Development	(93)	52	(44)	(87)	3	123	(32)	(481)	(69)	(628)
Executive Medical Director	(19)	(437)	213	100	(15)	(5)	2,224	(344)	(2,910)	(1,194)
Medical	(12)	1	213	(104)	25		(0)	(568)	49	(397)
Pharmacy and Medicines Management	(7)	(437)		203	(40)	(5)	2,224	224	(2,960)	(797)
Health Board Wide	624	(0)	(507)	(2,029)	18	(298)	25	1,170	(1,711)	(2,708)
Planned Deficit								30,000		30,000
Savings Identification								(5,661)		(5,661)
Grand Total	(2,946)	81	6,425	(3,858)	3,774	1,809	(5,234)	28,655	(6,606)	22,100

End of Year – Savings Detail (£'k)



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Clinical Care Group and Executive Functions (£'k)	Annual Savings Target	In-Year Identified Plans	In-Year Recurrent Delivery	In-Year Non Recurrent Delivery	In-Year Total Forecast Delivery	In-Year Forecast Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
Chief Executive	38	507	84	423	507	(469)	15.0%	222	(184)	6.6%
Chief Operating Officer	32,438	27,052	8,596	18,182	26,778	5,660	4.1%	12,309	20,129	1.9%
Chief Operating Officer Management	500	728	0	728	728	(228)	5.7%	0	500	0.0%
Community and Integrated Medicine	10,565	6,631	2,842	3,788	6,631	3,935	2.7%	2,922	7,643	1.2%
Mental Health and Learning Disabilities	5,851	5,810	1,375	4,435	5,810	41	5.6%	1,375	4,476	1.3%
Operational Allied Health and Health Sciences	3,785	480	480	0	480	3,305	0.6%	494	3,291	0.6%
Planned and Specialist Care	11,638	9,366	3,799	5,294	9,092	2,546	4.3%	7,418	4,220	3.5%
Primary Care	99	4,037	100	3,937	4,037	(3,938)	36.0%	100	(1)	0.9%
Executive Director Of Allied Health Professions and Health Sciences	2,063	316	316	0	316	1,747	0.6%	316	1,747	0.6%
Estates and Facilities	2,053	316	316	0	316	1,737	0.6%	316	1,737	0.6%
Executive Allied Health Professions and Health Sciences	10	0	0	0	0	10	0.0%	0	10	0.0%
Executive Director Of Finance	638	2,441	493	1,948	2,441	(1,803)	10.5%	527	112	2.3%
Digital	532	1,820	384	1,436	1,820	(1,288)	10.5%	417	115	2.4%
Finance	106	621	109	512	621	(515)	10.4%	109	(3)	1.8%
Executive Director Of Nursing, Quality and Patient Experience	243	670	201	470	670	(427)	7.2%	243	0	2.6%
Executive Director Of Public Health	107	980	107	873	980	(873)	14.9%	107	(0)	1.6%
Executive Director Of Strategy and Planning	1,902	1,745	518	1,227	1,745	157	2.9%	518	1,384	0.9%
LTAs With Other NHS Providers	1,841	940	457	483	940	901	1.7%	457	1,384	0.8%
Strategy and Planning	61	805	61	744	805	(744)	21.6%	61	(0)	1.6%
Executive Director Of Workforce and Organisational Development	247	3,511	247	3,264	3,511	(3,265)	23.2%	247	(1)	1.6%
Executive Medical Director	6,421	2,852	2,440	412	2,852	3,569	2.8%	2,456	3,965	2.4%
Medical	74	74	74	0	74	(0)	1.7%	74	(0)	1.7%
Pharmacy and Medicines Management	6,347	2,778	2,366	412	2,778	3,569	2.9%	2,382	3,965	2.5%
Health Board Wide	2,303	11,986	1,371	10,615	11,986	(9,683)	33.0%	1,485	819	4.1%
Grand Total	46,400	52,061	14,373	37,414	51,787	(5,387)	5.4%	18,429	27,971	1.9%

RTT Waiting Lists

A description of each pathway stage included within the Referral to Treatment (RTT) process is included below, as a reference for explaining the following two tables, together with the speciality.

Pathway stage key

- 1 - Awaiting new outpatient appointment
- 2 - Diagnostics
- 3 - Post diagnostic / follow up / unknown
- 4 - Admitted diagnostic / treatment

The below table highlights the number of patients waiting by speciality and by pathway stage (Stage 1,2,3 and 4) as at the end of January 2026.

Total RTT waits (Jan 2026)

Specialty	Pathway stage				Total Patients
	1	2	3	4	
Audiological Medicine	7				7
Breast	452		124	75	651
Cardiology	2,015	53	4,119	199	6,386
Chemical Pathology	51		45		96
Clinical Haematology	406		118	102	626
Clinical Neurophysiology	31		480		511
Colorectal	299	46	2,125	562	3,032
Dermatology	3,649		1,954	1,256	6,859
Diabetic Medicine	315		29		344
Diagnostics	6,719				6,719
Endocrinology	533		37	1	571
ENT	2,072	2	929	1,065	4,068
Gastroenterology	1,135	7	1,510	1,029	3,681
General Medicine	1,511	8	895	95	2,509
General Surgery	383	8	751	1,341	2,483
Geriatric Medicine	614	7	248	30	899
Gynaecology	2,276	3	1,532	1,939	5,750
Nephrology	205	1	13		219
Neurology	2,246		46		2,292
Neurosurgery			1		1
Ophthalmology	5,216		1,562	5,899	12,677
Oral Surgery	2				2
Orthopaedics	2,014	41	1,528	5,784	9,367
Paediatrics	1,052		172	8	1,232
Pain Management	510		120	920	1,550
Rehabilitation			243		243
Respiratory Medicine	843	32	889	57	1,821
Rheumatology	1,665		307	249	2,221
Therapies	1,690				1,690
Urology	1,026	12	870	3,169	5,077
Vascular	348	8	275	46	677
Grand Total	39,285	228	20,922	23,826	84,261

The table below outlines the estimated costs associated with RTT patients across the pathway stages highlighted in the table above, if all waiting lists were to be fully cleared. These costs are derived from the 2023/24 Reference Cost submission to Welsh Government, excluding overheads. Average specialty costs have been applied where available; where not, an average cost per pathway stage has been applied.

Total RTT waits (Jan 2026)

Specialty	Pathway stage				Total Cost £
	1	2	3	4	
Audiological Medicine	1,935	-	-	-	1,935
Breast	179,788	-	33,890	251,074	464,752
Cardiology	788,349	7,654	635,273	120,829	1,552,105
Chemical Pathology	16,725	-	7,800	-	24,526
Clinical Haematology	110,249	-	15,840	112,186	238,275
Clinical Neurophysiology	8,084	-	81,653	-	89,737
Colorectal	77,892	6,643	324,615	2,082,485	2,491,636
Dermatology	830,111	-	241,221	1,428,800	2,500,133
Diabetic Medicine	199,556	-	9,096	-	208,652
Diagnostics	970,291	-	-	-	970,291
Endocrinology	124,797	-	4,110	235	129,142
ENT	384,812	289	126,613	3,001,500	3,513,214
Gastroenterology	478,811	1,011	257,697	1,295,676	2,033,194
General Medicine	628,274	1,155	136,819	64,032	830,280
General Surgery	101,074	1,155	115,872	3,080,156	3,298,257
Geriatric Medicine	291,816	1,011	56,879	14,332	364,037
Gynaecology	868,635	433	386,064	5,123,769	6,378,901
Nephrology	105,665	144	3,480	-	109,290
Neurology	599,345	-	5,093	-	604,438
Neurosurgery	-	-	170	-	170
Ophthalmology	993,126	-	376,536	4,518,221	5,887,883
Oral Surgery	553	-	-	-	553
Orthopaedics	404,774	5,921	225,319	21,722,159	22,358,172
Paediatrics	536,920	-	43,384	6,943	587,246
Pain Management	258,060	-	51,805	1,041,955	1,351,820
Rehabilitation	-	-	41,337	-	41,337
Respiratory Medicine	323,341	4,621	169,995	75,358	573,315
Rheumatology	892,274	-	79,341	292,921	1,264,536
Therapies	467,048	-	-	-	467,048
Urology	228,070	1,733	103,687	3,739,040	4,072,529
Vascular	94,534	1,155	55,278	25,315	176,282
Total	10,964,907	32,925	3,588,866	47,996,985	62,583,684