Appendix C - IMTP Mandatory & Discretionary Templates 2019/20 to 2021/22

Mandatory Templates - Sheets

- C1 Outcomes Framework Delivery of Measures
- C2 Service Shift from Secondary to Primary and Community Care
- C3 Finance Statement of Comprehensive Net Income/Expenditure 3 yrs
- C4 Finance Statement of Comprehensive Net Income/Expenditure NET profile
- C5 Finance Financial Plan Summary
- C6 Finance RP Assumptions
- C7 Finance Revenue Resource Limit Assumptions
- C8 Income and Expenditure Assumptions (Wales NHS)
- C9 Finance Year 1 Savings Plan
- C10 Finance Years 2 & 3 Savings Plan
- C11 Finance Risks and Opportunities
- C12 Asset Investment Summary
- C13 Asset Investment Approved
- C14 Asset Investment Unapproved
- C15 Revenue Funded Infrastructure
- C16 Workforce WTE
- C17 Workforce £'000
- C18 Workforce Recruitment Difficulties
- C19 Educational Commissioning information
 - C19.1 Nursing & Midwifery C19.2 AHPs
 - C19.2 AnF:
 - C19.3 HC3
 - C19.4 Pharmacy C19.5 Other Professions
 - C19.6 Medical & Dental

Discretionary Template - Sheet

C20 Delivery - LHB & Trust Specific Internal Service Delivery Plans & Measures

Additional Mandatory Templates (Supplementary Table) - Separate File

C21 Finance - Supplementary Master Savings Review Template

Other

C22 Hyperlinks

NHS Organisation Date Updated

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STAYING HE	ALTHY - I am well informed & supported to manage my own physical & mental healt	h																
										Profile								
Measure		Target	Projected end of															Comments
			March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	NOV-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
Quarterly	Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1	05%	96.0%		96.0%			96.0%			97.0%			97.0%		98.0%		Profiles provided by Nina Williams. Estimates are based on action plans achieving their outcomes which requires different ways of working and cultural shift to prevention focus and reducing
quarterly	Percentage of children who received 2 doses of the MMR vaccine by age 5	3376	89.5%		89.5%			90.0%			92.0%			93.0%		95.0%		inequality in uptakes.

LY CARE	- I have timely access to services based on clinical need & am actively involved in d	ecisions about my care																
ure			Projected end of	r	1					Profile								Comments
ure		Target	March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	
nly	The percentage of patients waiting less than 26 weeks for treatment	95%																
	The number of patients waiting more than 36 weeks for treatment	0																
	The number of patients waiting more than 8 weeks for a specified diagnostic test	0		480	400	390	370	330	250	180	150	130	100	50	0			
	The number of patients waiting more than 14 weeks for a specified therapy	0		0	0	0	0	0	0	0	0	0	0	0	0			
	Number of ambulance handovers over one hour	0		320	233	201	220	193	200	208	248	241	176	148	145			
	The number of patients waiting for an			8,128	7,677	7,226	6,775	6,324	5,873	5,421	4,970	4,519	4,068	3,617	3,166			Modelling based on eradicating FuNB for high-risk sub-specialties first'
	outpatient follow-up (booked and	Reduction		2,053	2,000	1,947	1,894	1,841	1,788	1,735	1,682	1,629	1,576	1,523	1,470			Modelling based on eradicating FuNB for high-risk sub-specialties first
	not booked I ENT who are	(12 month trend)		1,152	1,048	943	838	733	629	524	419	314	210	105	0			Modelling based on eradicating FuNB for high-risk sub-specialties first'
	delayed past bermatology their agreed		Projected March	1,396	1,269	1,142	1,015	888	762	635	508	381	254	127	0			Modelling based on eradicating FuNB for high-risk sub-specialties first'
	target date Urology		2019 position not submitted due to	2,612	2,508	2,405	2,301	2,197	2,093	1,989	1,885	1,782	1,678	1,574	1,470			Modelling based on eradicating FuNB for high-risk sub-specialties first'
	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	complexities involved in disaggregating the Bridgend/ POWH	77.1%	80.0%	81.9%	83.8%	84.6%	85.5%	85.7%	84.3%	84.4%	85.0%	86.2%	86.0%			
	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	elements from the current HB performance. March 2019	484	374	273	283	266	238	273	279	211	185	187	180			
	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	98%	projections for current HB will differ to performance/	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%			
	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	95%	profiles from April 2019 onwards.	76.1%	94.7%	88.6%	95.7%	96.6%	86.7%	88.9%	89.7%	87.2%	81.6%	83.5%	94.2%			
	Percentage of patients who have a direct admission to an acute stroke unit within 4 hours	Most recent SSNAP average (Mar-18- Jun 18) 59.7%		76%	77%	78%	78%	79%	80%	80%	81%	82%	82%	83%	84%			
	Percentage of patients who receive a CT scan within 1 hour	Most recent SSNAP average (Mar-18- Jun 18) 54.4%		47%	52%	50%	53%	51%	58%	53%	58%	55%	58%	56%	60%			
	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	Most recent SSNAP average (Mar-18- Jun 18) 80%		87%	89%	92%	89%	91%	94%	91%	93%	96%	93%	95%	96%			
	Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	12 month improvement trend		20%	25%	25%	30%	30%	30%	35%	35%	35%	40%	40%	40%			

EFFECTIVE CA	RE - I receive the right care & support as locally as possible & I contribute to making	g that care successful								Profile								
Measure		Target	Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19			Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	Comments
	Number of non-mental health HB DToCs	Reduction (12 month trend)		70	65	65	60	60	55	50	50	50	60	50	50			
Monthly	Number of mental health HB DToCs	Reduction (12 month trend)	As above	27	27	27	27	27	27	27	27	27	27	27	27	27	27	
	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	New Medical Examiner roles are meant to be in place by April 2019, it is not clear how these roles will impact these figures.

DIGNIFIED (CARE - I am treated with dignity & respect & treat others the same																	
										Profile								-
Measure		Target	Projected end of March 2019	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	Comments
Quarterly	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	75%	80.0%		80.0%			80.0%			80.0%			80.0%		80.0%	80.0%	
SAFE CARE -	I am protected from harm & protect myself from known harm																	
										Profile								-
Measure		Target	Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	Comments
	The rate of laboratory confirmed C.difficile cases per 100,000 population (rolling 12 months)	HB Specific		17	29	41	56	68	77	89	101	113	126	140	151	128	109	Profiles provided by Delyth Davies. Cumulative numbers not rolling 12 months
Monthly	The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population (rolling 12 months)	HB Specific	As above	11	25	37	50	62	73	84	99	114	124	140	151	136	122	Profiles provided by Delyth Davies. Cumulative numbers not rolling 12 months
wonthiy	The rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population (rolling 12 months)	HB Specific	AS above	41	77	114	154	192	231	271	303	337	377	413	452	429	408	Profiles provided by Delyth Davies. Cumulative numbers not rolling 12 months
	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%		75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	85.0%	90.0%	90.0%	90.0%	
			•															
OUR STAFF	& RESOURCES - I can find information about how the NHS is open & transparent on i	s use of resources & I can ma	ke careful use of t	hem														
										Profile							_	Comments
Measure		Target	Projected end of															comments

										Prome								
Measure		Target	Projected end of March 2019 position	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Mar-21	Mar-22	Comments
	Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training) - (This data is available via the Shared Services Workforce dashboard)	85%	68.0%	68.0%	68.0%	70.0%	71.0%	71.0%	75.0%	77.0%	79.0%	79.0%	81.0%	83.0%	85.0%	90.0%		Profiles provided by Kay Myatt. Figures based on PADR being a mandatory component of Pay Progression of Pay Progression. Also consideration of impact of Bridgend Boundary change and Management Restructure
,	Percentage compliance for all completed Level 1 competency with the Core Skills and Training Framework	0.00	75.0%	76.0%	77.0%	78.0%	79.0%	79.0%	80.0%	81.0%	82.0%	82.0%	83.0%	84.0%	85.0%	88.0%		Profiles provided by Kay Myatt. Figures based on Mandatory and Statutory Training being a mandatory component of Pay Progression in new pay deal

Please submit C1 returns to hss.performance@gov.wale

SERVICE CHANGE & SHIFT OF SERVICES / ACTIVITY / WORKFORCE / FINANCE FROM SECONDARY CARE TO PRIMARY & COMMUNITY CARE - HIGH LEVEL MILESTONES This template can be adjusted to suit local need. What is important that service change and service shift priorities and the key risks, benefits and milestones associated with them are identifiable.

LIST IN ORDER OF PRIORITY / IMPORTANCE

	CHANGE/SCHEME & Ref in IMTP	Detailed description of Service Change & Service Shift This will build on the work to develop Clusters and will see them evolve from	Status & Timetable (see Note) The eight Clusters within	Expected impact on activity in different settings of care (volume and type of activity) and pathway stage. Improved population health	Workforce changes to deliver service change and service shift (FTEs and skill mix) For Neath Cluster - 2.0 Local	Financial consequences - funding service change and service shifts and costs/savings Confirmed funding from WG	Key Risks & Mitigating Actions Access to available	Measurable Benefits A Performance Measures
1	CLUPRIM.001: Whole System Transformation programme (Clusters)	This win John of the offer the offet	ABMU are at differing stages of development and there will be a phased approach to	and wellbeing. Better quality and more accessible health & social care services. Higher value health & social care. A motivated and sustainable health & social care workforce.	Area Coordinator, 2.0 Physio,	(original Cwmtawe bid) £1,265k for 19-20;	Access to variation. workforce. Partnership working across agencies. Reblancing of resources within ABMU to enable sustainable service model beyond the Transformation funding period.	A techniatic investigation of a technical and a technical admissions for 35+/improved BP/HBAIC control/number of care home visits/improved uptake of immunisations/increase in brief interventions
	CLUPRIM.008: Swansea Weliness Centre	Develop Wellbeing Centres in Swansea and NPT in conjunction with the ARCH team, with clear phased plans to complete by the end of 20121/22. The centres will be multi-disciplinary and will accommodate a significant number of services on one site egg general medical, community dental, community based nursing and therapies and Third Sector.	Appoint a project manager, update project plans, submission of strategic outline case. NPT secure capital pipeline funding to support Neath Wellness Centre or scope feasibility of redevelopment of PTRC. Scope Feasibility of second wellness centre in Moriston Swansea, submission of capital pipeline funding.	To support a shift in service delivery from secondary care to primary care led centres. Whilst the volume may not change, there will be a more modern and sustainable service established.	Existing workforce resources	vet calculated as project only at SOC stage.	Securing site for capital development - SOC is undertaking review and will identify mitigation	Improved efficiency, increased patient satisfaction and the ability to absorb increased demands in areas such as GMS patient growth
	NONPRIM.001: Improve the Oral Health of Vulnerable groups	Improve the oral health of vulnerable groups specifically children, the elderly and housebound. Develop and implement integrated (GDS/CDS) domiciliary oral health pathway, targeting Care Homes in first instance. Also the transformation of the Design to Smile programme focussing on younger children.	Complete implementation plan for new Domiciliary path way - phase 1 (eg one county/care homes or general homes first - TBC) during 19/20. Ensure that all relevant GOS practices are trained and engaged on the new younger children's programme, including the 'Lift the Lip' campaign	Significant improvement in the quality of care delivered to these vulnerable groups with improved, faster access, the investment in an integrated oral health education and service delivery pathway (CDS and GDS) will ensure they receive dental treatment that is not generally being provided across ABMU	1 x FT Band 4 dental coordinator (dental nurse)post will be appointed into the referral management team	funding will be allocated via ring fenced dental primary care budget.	No risks identified	Increase in number of people receiveing Dental assessment and treatment in a Domicillary setting - trajectory to be developed in from Q2 2019/20
	NONPRIM003: Increase access to General Dental services through implementation of contract reform programme	The PCS Unit has previously been given permission to invest up to the level of the WG allocation for Dental services, and 2019/20 sees the final year of the three year reinvestment startage that has been agreed with WG and ABMU Executive Board. The contract reform process, coupled with changes in community and restorative dentistry, aims to introduce a significantly more preventive style of practice that will lead in the medium term to better oral health.	First wave of Contract Reform reform programmes in early 19/20 (6 practices) all with further reductions in UDA target in line with achievement of progress against objectives around access and prudent skill mix	Increased access by adults and children to GDS in contract reformed and "prototype" practices demonstratable skill mix changes and higher levels of preventative work eg fluoridisation.	additonal primary care resource required as the national programme rolls out across ABM and the programme expands and moves into phase 2	funding allocated to this project via the primary care dental ring fenced budget.	risk: initial reduction in patient charge income into Health Board/possibility WG may agree to offset costs via increased dental allocation dependent on evidence of HB	Demonstrating that eliminating the Unit Dental Activity target-driven approach will result in greater access and more holistic care.
	NONPRIM.010: Remodel GP-led Out of Hours service	Remodel Urgent Primary Care service (GP-led Out of Hours service), creating multi-disciplinary model. Reshape the staffing mix to reduce reliance on general practitioners, and introduce new types of practitioner such as paramedic, pharmacist and advanced nursing input.	Workforce diversification is ongoing to recruit to non-GP posts	The principle objective is to increase the number of suitable, competent, non-GP clinicians. This will enable more Urgent Care demand to be met in an appropriate fashion, which will in turn reduce inappropriate ED and next-day GP attendance.	monies in WAST). Reduction in GP hours to complement	remodelling funded via WG Invest to Save fund.	Key risks are to timescales for training and development of wider skill mix of staff. Additional project management support being invested in project through Invest to Save funds.	Improved access to Urgent Primary Care. Improved sustainable model of Urgent Primary Care via MDT. Improved cost effective service provision via lower workforce costs.
	NONPRIM015: Reduce reliance on face to face OP appointments for Oral Surgery/Cancer	Reduce reliance on face to face OP appointments for Oral Surgery/Cancer by introducing Primary Care oral medicine Clinician-led Referral Management Centre, supported by local implementaton of new Oral Medicine programme (proposed)		Reduced referral to secondary care, and more approipriate referrals, will allow those with highest care needs to be treated sooner and accords with prudent care princples.	care managerial support for implemntation of new dental		Inability to attract / retain sufficient contractors to engage with new ways of working; mitigated through leadership of Dental Director and colleagues	Cancer targets met; less hospital OP appointments with higher proportion of cancer patients;
	NONPRIM.016: Reduce reliance on face to face opthalmology outpatient appointments	Reduce reliance on face to face ophthalmology outpatient appointments by further increasing number and percentage of patients receiving pre- operative assessment and post op follow up in primary care (Optometry) practice	outreach some aspects of Glaucoma clinics to Cwmtawe cluster; one to ensure stroke patients are screened by optometrists (rather than hospital based orthoptists), the third	Schemes to be developed jointly with Singletow Delivery Unit to deliver much more upstream assessment and service delivery pathways, reducing the risk of poor eye health impacting on an individuals overall health and treating patients in a primary care setting that are currently reliatn on	optometry advisor sessions required to support shift/delivery of new services	no available optometry budget within primary care to fund additonal services /additonal posts within primary care . Funding will need to follow shift of services to support	Engagement with secondary care clinicians to ensure robust pathway, including any training required for community based clinicians is provided	Reduced waiting times and reduction of major risks associated with number of patients on FUNB lists
	AUD.001: Expand Primary Care Audiology capacity and coverage	Recruiting and training Audiology staff to work within the Clusters - shifting the service from hospital based ENT services	Rollout in line with the phased development of the Whole System Transformation programme	Increase in total number of patients seen in Primary Care settings and not hosptial based ENT service. Providing rapid access to assessment of symptoms.	Staff recruited By 2021/22 (Swte@Band 4, Swte @Band 7 and 1 wte @Band 8A)	Funding is part of Whole System Transformation	Long term sustainability for service provision after Transformation funding. Requires rebalancing of resources to Primary Care.Small risk around the availability of appropriately trained staff	Number of patients assessed in a Primary Care setting
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NOTE 1 Status & Timetable Status - What is currently being implemented and what is in the pipeline (forward look) Timetable - expected timetable for implementation and completion.

2.1 A4

Enter Date of Submission: 31/01/2019

STATEMENT OF COMPREHENSIVE NET INCOME/EXPENDITURE

This Table is currently showing errors

Please note that this Table is populated automatically from Table C4

	Annual Plan 2019/20	Annual Plan 2020/21	Annual Plan 2021/22
Revenue/Income (positive entries)	£'000	£'000	£'000
1 Revenue Resource Limit	0	0	0
2 Miscellaneous Income - Capital Donation\Government Grant Income	0	0	0
3 Miscellaneous Income - Other (including non resource limited income)	0	0	0
4 Welsh NHS Local Health Boards & Trusts Income	0	0	0
5 WHSSC Income	0	0	0
6 Welsh Government Income	0	0	0
7 Total Revenue/Income	0	0	0
Operating Expenses (positive entries)			
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)	0	0	0
9 Primary Care - Drugs & Appliances	0	0	0
10 Pay	0	0	0
11 Non Pay (excluding drugs & depreciation)	0	0	0
12 Secondary Care - Drugs	0	0	0
13 Healthcare Services Provided by Other NHS bodies	0	0	0
14 Non Healthcare Services Provided by Other NHS bodies	0	0	0
15 Continuing Care and Funded Nursing Care	0	0	0
16 Other Private & Voluntary Sector	0	0	0
17 Joint Financing and Other	0	0	0
18 Depreciation/Impairments	0	0	0
19 Other	0	0	0
20 Total Operating Expenses	0	0	0
21 Forecast Surplus/(Deficit)	0	0	0

31 January 2019

31 January 2019

MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

This Table is currently showing 0 errors

		Curre	ent Year							Ye	ar 1						1		Yea	ar 2		1		Ye	ear 3		
Enter Current YTD Month	9	1			1	2	3	4	5	6	7	8	9	10	11	12	1	AV 1-3	AV4-6	AV7-9	AV 10-12	1	AV 1-3	AV4-6	AV7-9	AV 10-12	
	YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position	Average month Q1	Average month Q2	Average month Q3	Average month Q4	position	Average month Q1	Average month Q2	Q3	Average month Q4	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Revenue Resource Limit		C)	0													0					0					0
2 Miscellaneous Income - Capital Donation\Government Grant Income		C		0													0					0					0
3 Miscellaneous Income - Other (including non resource limited income)		C)	0													0					0					0
4 Welsh NHS Local Health Boards & Trusts Income		C		0													0					0					0
5 WHSSC Income		C)	0													0					0					0
6 Welsh Government Income		C		0													0					0					0
7 Income Total		0 0		0 0	0	0	0	0	0		0 0		0 0	0		0 0	0 0	0	0	0	0	0	0	0	0 0	0	0
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)		0 0) (0 0	0	0	0	0	0	0	0	0	0 0	0	0 0	0 0	0 0	0	0	0	0	0	0	C	0 0	0	0
9 Primary Care - Drugs & Appliances		0		0													0					0					0
10 Provided Services - Pay		0 0		0 0	0	0	0	0	0	C	0	(C) o	0	0 0	o o	0 0	0	0	0	0	0	0	C	0 0	0	0
11 Provider Services - Non Pay (excluding drugs & depreciation)		0 0) (0 0	0	0	0	0	0	0	0	0	0 0	0	0	0 0	0 0	0	0	0	0	0	0	0	0 0	0	0
12 Secondary Care - Drugs		0		0													0					0					0
13 Healthcare Services Provided by Other NHS Bodies		C		0													0					0					0
14 Non Healthcare Services Provided by Other NHS Bodies		C		0													0					0					0
15 Continuing Care and Funded Nursing Care		0 0) (0 0	0	0	0	0	0	0	0	0	0 0	0	0	0 0	0 0	0	0	0	0	0	0	0	0 0	0	0
16 Other Private & Voluntary Sector		C		0													0					0					0
17 Joint Financing and Other		C		0													0					0					0
18 DEL Depreciation\Accelerated Depreciation\Impairments		C)	0													0					0					0
19 AME Donated Depreciation/Impairments		C		0													0					0					0
20 Non Allocated Contingency		0		0													0					0					0
21 Profit\Loss Disposal of Assets		C		0													0					0					0
22 Cost - Total		0 0		0 0	0	0	0	0	0		0 0		0 0	0) (0 0	0 0	0	0	0	0	0	0	0	0 0	0	0
23 Net surplus/ (deficit)		0 0		0 0	0	0	0	0	0		0 0		0 0	0		0 0	0 0	0	0	0	0	0	0	0	0 0	0	0

Table C4.1 - Net Expenditure Profile Analysis

A. PROVIDER PAY EXPENDITURE ANALYSIS

		Curre	ent Year								ear 1						1		V	ear 2				Vo	ear 3		
	9	Curre	nil redi		1	2	3	4	5	6	7	8	9	10	11	12		AV 1-3	AV4-6		AV 10-12	<u> </u>	AV 1-3	AV4-6	AV7-9	AV 10-12	
Pay - Expenditure Profiles	YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year- end position	Average month			Average month Q4	Enroport year		Average month Q2			Forecast ye end positi
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Establishment		C		0													0					0					
Variable		C)	0													0					0					
Agency/Locum		C		0													0					0					
Inflationary/Cost Growth		C		0													0					0					
Demand/Service Growth		C)	0													0					0					
Local Service/Cost Pressures		C		0													0					0					
Committed Reserves		C)	0													0					0					
Other		C		0													0					0					
Total Gross Expenditure	0) (0 0	0	0	0	0	0 0)	0 0	0	0	0	0	0	0 0		0 0	0 0		0 0	0	0) 0) (D
Establishment Savings		0		0	0	0	0	0	0 0		0 0	0	0	0	0	0) 0		0 0	0 0	(0 0	0	0	0 0	0 0)
Variable Pay Savings		0		0	0	0	0	0	0 0		0 0	0	0	0	0	0	0	11	0 0	0 0	(0 0	0	0	0	0 0)
Locum		0		0	0	0	0	0	0		0 0	0	0	0	0	0) 0	11	0 0	0 0	(0 0	0	0	0	0 0	þ
Agency/Locum Paid at a Premium Savings		0		0	0	0	0	0	0 0)	0 0	0	0	0	0	0) 0		0 0	0 0	(0 0	0	0	0 0	0 0)
Changes in Bank Staff		0		0	0	0	0	0	0 0		0 0	0	0	0	0	0) 0		0 0	0 0	(0 0	0	0	0	0 0)
Other Workforce Savings		0		0	0	0	0	0	0 0		0 0	0	0	0	0	0) 0		0 0	0 0	(0 0	0	0	0	0 0)
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Net Expenditure (as per Table C4) B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS	IS			0 0	<u>ا</u>	0	0	0	0 0		0 0	0	0	0	0	0	D O		0 (0 0		0 0		0	0		D
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• • • • •		Curre YTD Monthly Average	ent Year FY FC	D 0	0 1 Apr	0 2 May	0 3 Jun	0	5 Aug	1	1	0 8 Nov	0 9 Dec	0 10 Jan	0 11 Feb	0 12 Mar	0 0 Forecast year- end position	AV 1-3 Average month O1	AV4-6 h Average month	AV7-9 Average month	Average month	0 0 Forecast year- end position		AV4-6 Average month	AV7-9	Average month	Forecast y end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALY	9	YTD Monthly	1	FY Monthly Average £'000						6	7						0 0 Forecast year- end position £'000	Average mont	AV4-6	AV7-9 Average month Q3		0 0 Forecast year- end position £'000	Average month	AV4-6	AV7-9 Average month		end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALY	9 YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay	9 YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Other	9 YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Indicionary/Cost Growth	9 YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Unter Inflationary/Cost Growth Demand/Service Growth Demand/Service Growth	9 YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end pos
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Uther Inflationary/Cost Growth Demand/Service Growth Local Service/Cost Pressures	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Other Inflationary/Cost Growth Demand/Service Growth Local Service/Cost Pressures Committed Reserves	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Other Inflationary/Cost Growth Demand/Service/Cost Pressures Committed Reserves Total Gross Expenditure	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Non Pay Unter Inflationary/Cost Growth Demand/Service Growth Local Service/Cost Pressures Committed Reserves Total Gross Expenditure Non Pay Swings	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end pos
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Other Inflationary/Cost Growth Demand/Service Growth Local Service/Cost Pressures Committed Reserves Total Gross Expenditure Non Pay Savings Unidentified Savings	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end pos
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Non Pay Non Pay Non Pay Other Inflationary/Cost Growth Demand/Service Growth Demand/Service Growth Cost Service/Cost Pressures Committed Reserves Total Gross Expenditure Non Pay Savings Unidentified Savings Mitigating Actions to be Identified	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end pos
B. NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYS Non Pay - Expenditure Profiles Non Pay Non Pay Inflationary/Cost Growth Demand/Service Growth Local Service/Cost Pressures Committed Reserves Total Gross Expenditure Non Pay Swings	9 YTD	YTD Monthly Average	FY FC	Average	Apr	May	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average month Q1	AV4-6 h Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end posi

C. DRUGS EXPENDITURE ANALYSIS

C. DRUGS EXPENDITURE ANALYSIS																	-					_					
	_	Curre	ent Year			1	1			Year	1									ear 2					ar 3		
	9		1		1	2	3	4	5	6	7	8	9	10	11	12	L	AV 1-3	AV4-6	AV7-9	AV 10-12		AV 1-3	AV4-6	AV7-9	AV 10-12	
Drugs/Medicines Management - Expenditure Profiles	YTD	YTD Monthly	FY FC	FY Monthly	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-	Average mon	th Average month	Average month	Average month	Forecast year-	Average month	Average month	Average month	Average month	Forecast year-
		Average		Average	II .	-											end position	Q1	Q2	Q3	Q4	end position	Q1	Q2	Q3	Q4	end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
56 Primary Care Drugs		(0	0													0	2	_			0					0
57 Secondary Care Drugs		(0	0													0	2	_			0					0
58 Inflationary/Cost Growth		(0	0												_	0	2				0					0
59 Demand/Service Growth		(0	0													0		_			0					0
60 Local Service/Cost Pressures		(0	0												_	0	2				0					0
61 Committed Reserves	_	(D	0													0	2	_			0					0
62 Total Gross Expenditure		0	0	0 0	0	0	0 0	-	0	0	0	0	0	0	0	0 0	0 0	2	0	0 0	0 0	0 0	0	0	0	0	0
63 Medicines Management Savings		(0	0	0	0	0 0	0	0	0	0	0	0	0	0	0 0	0 0	2	0 0	0 0	0 0	0	0	0	0	0	0
64 Unidentified Savings	_	(0	0													0					0					0
65 Mitigating Actions to be Identified		(U	0													0	2		-		0	L				0
66 Total Savings / Mitigating Actions to be Identified		0	0	0 0	0	0 0	0 0	0	0	0	0	0	0	0	0) (0 0		0	0 0	0 0	0 0	0	0	0	0	0
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67 Net Expenditure (as per Table C4)		0 0	0	0 0	0	0	0 0	0	0	0	0	0	0	0	0		0 0		0	0 0		0 0	0	0	0	0	0
			VOID		C) 0) 0	0	0	0	0	0	0	0	0) (0		0	0 0) 0)	C	0	0	0	
D. PRIMARY CARE CONTRACTOR (excl drugs, incl Non Resource Limit	ted) EXPEND																-	-		-		-	-		-		
		Curre	ent Year			T				Year										ear 2					ar 3		
	9			-	1	2	3	4	5	6	7	8	9	10	11	12		AV 1-3	AV4-6	AV7-9	AV 10-12		AV 1-3	AV4-6	AV7-9	AV 10-12	
Primery Care Contractory Franchiture Profiles	YTD	YTD Monthly	FY FC	FY Monthly	II												Forecast year-				A	Forecast year-	A	A	A	A	Forecast year-
Primary Care Contractor - Expenditure Profiles		Average	FIFC	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1	th Average month Q2	Average month Q3	Average month Q4	end position	Average month Q1	Average month Q2	Average month Q3	Average month Q4	end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
68 Primary Care Contractor Expenditure	2 000	2000	2000		~~~~	2.000	2000	~ 300	2.000	2.000	~ ~ ~ ~	~ • • • •	2.300	~~~~	~ ~~~	~ 000			2000	2000	2.000	~ 300	~ 000	~ 000	2.000	~ 000	~
69 Primary Care - Agency/Locum Paid at a Premium	-		0	1 0		1	1									1	1 .		-		1	0	I				0
70 Inflationary/Cost Growth	-		0	1 0		1	1									1	1 .		-		1	0	I				0
71 Demand/Service Growth	1	1 0	0	1 0	11	1	1									1	1 0		1	1	1	0	1	1			0
72 Local Service/Cost Pressures	1	-	0	0	11	1	1									1	1 0		1	1	1			1			0
73 Committed Reserves	1	1	0	0	11	1	1									1	0		1	1	1	0		1			0
74 Total Gross Expenditure	-	0	0	0 0				0	0	0	0		0		0		0 0		0	0 0		, î		0		0	0
75 Primary Care Savings			0	0		0	0	0	0	0	0	0	0	0	0				0 0) 0	0	0	0	0	0
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76 Unidentified Savings 77 Mitigating Actions to be Identified			0	0																		0					0
78 Total Savings / Mitigating Actions to be Identified	_		0	0 0		0	0 0	0	0	0	0	0	0	0	0		0 0		0	0 0		, o		0	0	0	0
76 Total Savings / Mitigating Actions to be identified			0	0 0			, U	0	0	U	0	U	0	0	0	, (0 0		U	0 0	'I 0	, v		0	U	U	0
79 Net Expenditure (as per Table C4)		a .	0							0									al								
										M	4						7		v	ear 2		7		N.			
[٩	Curre	ent Year			2	3	4	5	Year	1	8	٩	10	11	12	1	AV 1-3			AV 10-12	<u> </u>	AV 1-3		ar 3 AV/7-9	AV 10-12	
	9		1	T	1	2	3	4	5	6 fear	7	8	9	10	11	12		AV 1-3		AV7-9	AV 10-12		AV 1-3	AV4-6		AV 10-12	
Continuing Healthcare / Funded Nursing Care - Expenditure Profiles	9 YTD	YTD Monthly	1	FY Monthly	1 Apr		3 Jun		5 Aug	6	1					12 Mar	Forecast year-	Average mon	AV4-6 th Average month	AV7-9 Average month	Average month	Forecast year-	Average month	AV4-6 Average month	AV7-9 Average month	Average month	Forecast year-
Continuing Healthcare / Funded Nursing Care - Expenditure Profiles	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
		YTD Monthly	1							6	7							Average mon	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month		Average month	AV4-6 Average month	AV7-9 Average month	Average month	
80 Continuing Healthcare / Funded Nursing Care	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth 82 Demant/Service Growth	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth 82 Demand/Service Growth 83 Local Service/Cost Pressures	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth 82 Demand/Service Growth 83 Local Service/Cost Pressures 84 Committed Reserves	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul £'000	Aug £'000	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £'000	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Initiationary/Cost Growth 20 Demand/Service Growth 32 Local Service/Cost Pressures 43 Committed Reserves 44 Committed Reserves 57 Otal Gross Expenditure	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul	Aug	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 th Average month Q2	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth 82 Demand/Service Growth 83 Local Service/Cost Presures 94 Committed Reserves 85 Total Gross Expenditure 86 Continuing Healthcare / Funded Nursing Care Savings	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul £'000	Aug £'000	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £'000	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Initiationary/Cost Growth 82 Demand/Service Growth 83 Local Service/Cost Pressures 42 Committed Reserves 57 Total Gross Expenditure 66 Continuing Healthcare / Funded Nursing Care Savings 70 Unidentified Savings	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul £'000	Aug £'000	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £'000	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth 20 Demand/Envice Growth 33 Local Service/Cost Pressures 44 Committed Reserves 55 Total Gross Expenditure 68 Continuing Healthcare / Funded Nursing Care Savings 67 Unidentified Savings 69 Mitigating Actions to be Identified	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul 000'3 000'3 0	Aug £'000 0	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £:000 0 0	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Initiationary/Cost Growth 82 Demand/Service Growth 83 Local Service/Cost Pressures 42 Committed Reserves 57 Total Gross Expenditure 66 Continuing Healthcare / Funded Nursing Care Savings 70 Unidentified Savings	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul £'000	Aug £'000 0	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £'000	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 31 Initiationary/Cost Growth 20 Demand/Service Growth 32 Local Service/Cost Pressures 42 Committed Reserves 55 Total Gross Expenditure 86 Continuing Healthcare / Funded Nursing Care Savings 87 Unidentified Gavings 88 Mitigating Actions to be Identified 89 Total Savings / Mitigating Actions to be Identified	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul 000'3 000'3 0	Aug £'000 0	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £:000 0 0	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Inflationary/Cost Growth 20 Demand/Envice Growth 33 Local Service/Cost Pressures 44 Committed Reserves 55 Total Gross Expenditure 68 Continuing Healthcare / Funded Nursing Care Savings 67 Unidentified Savings 69 Mitigating Actions to be Identified	YTD	YTD Monthly Average	FY FC	Average	Apr	Мау	Jun	Jul 000'3 000'3 0	Aug £'000 0	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £:000 0 0	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
80 Continuing Healthcare / Funded Nursing Care 81 Initiationary/Cost Growth 82 Demand/Service Growth 83 Local Service/Cost Pressures 84 Committed Reserves 85 Total Gross Expenditure 86 Continuing Healthcare / Funded Nursing Care Savings 87 Unidentified Savings 88 Mitigating Actions to be Identified 89 Total Savings / Mitigating Actions to be Identified 90 Net Expenditure (as per Table C4)	YTD £'000	YTD Monthly Average £'000 0 0 0 0 0	FY FC	Average	Apr	Мау	Jun	Jul 000'3 000'3 0	Aug £'000 0	6 Sep	7 Oct	Nov	Dec	Jan	Feb	Mar	end position	Average mon Q1 £'000	AV4-6 Average month Q2 £:000 0 0	AV7-9 Average month Q3	Average month Q4	end position	Average month Q1	AV4-6 Average month Q2	AV7-9 Average month Q3	Average month Q4	end position
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Select Organisation from Drop Down Menu

INTEGRATED MEDIUM TERM PLAN SUMMARY - 2019/20 to 2021/22

This Table is currently showing 0 errors

		201	9/20 Recurring Full Year Effect (N/R		20/21 Recurring Full Year Effect (N/R		21/22 Recurring Full Year Effect (N/R
		In Year £'000	items enter 0) £'000	In Year £'000	items enter 0) £'000	In Year £'000	items enter 0) £'000
1	Revenue Resource Limit (RRL) LHB only (positive values)		0		0		0
2	Total Revenue Allocation/Income (positive values)	0	0 0	0	0 0	0	0 0 0
	High Level Summary						
	1. Underlying Position b/f						
6	1.1 b/f Recurring Cost Pressures (by speciality) / Developments (by title) - (negative values): Primary Care Mental Health		0 0		0		0
8	Continuing HealthCare Commissioned Services		0		0		0
11	Scheduled Care		0		0		0
13	Children & Women's Community Services Specialised Services		0 0 0		0 0 0		0 0 0
15 16	Executive / Corporate Areas Support Services (inc. Estates & Facilities)		0		0		0
17	Total Underlying Position b/f: Deficits and Cost Pressures (negative)/ Surplus (positive)	0	0	0	0	0	0
19	2. New Cost Pressures (negative values) 2.1 Cost Growth						
21	Pay Inflation - Pay Award - Increments						
23	- Pensions & Other Pay Oncost Changes - Terms & Conditions (incl T&S)						
25 26 27	OtherSpecify						
28	Sub Total Pay Inflation	0	0	0	0	0	0
30	Non pay Inflation						
32	Statutory Compliance and National Policy Continuing Heath Care Funded Nursing Care						
34 35	Prescribing GMS						
	Quality & Safety Developments OtherSpecify						
39 40							
41 42 43							
	Total Inflationary/Cost Growth	0	0	0	0	0	0
46	2.2 Demand / Service Growth (negative values) Primary Care Contractor NICE and New High Cost Drugs						
48	Funded Nursing Care						
51	Prescribing Specialist Services - Direct						
53	Specialist Services - via WHSSC Welsh Risk Pool EASC						
56	RTT (associated with planned activity stated in IMTP) Treatment Fund (associated anticipated funding to be reported in Section 5)						
57 58 59							
60 61							
62 63							
64 65 66	OtherSpecify						
67 68							
69 70 71							
72	Total Demand/Service Growth	0	0	0	0	0	0
74	2.3 Local Service/Cost Pressures (negative values) OtherSpecify						
75 76 77							
78 79 80							
81 82							
83 84							
85 86 87							
88	Total Local Cost Base Challenge	0	0	0	0	0	0
90	Total Opening Financial Challenge (Deficit)/Surplus	0	0	0	0	0	0
92	3. Identified Savings Plans (positive values) Continuing Care and Funded Nursing Care	0	0	0	0	0	0
94	Commissioned Services Medicine Management (Primary and Secondary Care) Non Pay	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
96	NON Pay Pay Primary Care	0	0 0	0 0	0 0	0 0	0
	Total Identified Savings Plans	0	0	0	0	0	0
99	Total Savings/Mitigating Actions Yet To Be Identified (positive value)						
	Total Net Income Generation (positive value)						
	Total Planned Accountancy Gains (positive value)						
	Total Unallocated Reserves (positive value) Total In Year Performance/Position Before Repayment of Prev Years Deficit - (Deficit)/Surplus	0	0	0	0	0	0
	4. Repayment of Previous Years Deficit (negative value)		-		-		
105	Total In Year Performance/Position After Repayment of Prev Years Deficit - (Deficit)/Surplus	0	0	0	0	0	0
	5. Revenue Assistance\Funding Requested (positive values) (breakdown to be provided in Commentary) Recurring - Inflation)					
108 109	Recurring - Other Non Recurring	_	-		-		-
	Total WG Assistance Net Financial Challenge - (Deficit)/Surplus	0	0	0	0	0	0
n n	nor i manolal onalienge - (Denol()/Surplus	U	U	U	U	U	U

N.B. To ensure cost pressures are not over inflated, the values reported with Table C3 must be net of any identified 'Mitigating Actions'.

31 January 2019

Resource Planning Assumptions

		urce Planning / Used	•
Inflationary Pressure	2019/20 % Cost	2020/21 % Cost	2021/22 % Cost
1 Cost Growth			
2 Pay Inflation (inc. awards, T & Cs inc. Travel etc)			
3 Incremental Drift			
4 Pensions & Other Pay Oncost Changes			
5 Non pay Inflation			
6 Statutory Compliance and National Policy			
7 Continuing Heath Care			
8 Funded Nursing Care			
9 Prescribing			
0 GMS 1 Quality & Safety Developments			
3 Total Cost Growth	0.00%	0.00%	0.000/
	0.00%	0.00%	0.00%
4 Demand / Service Growth			
5 Primary Care Contractor			
6 NICE and New High Cost Drugs			
7 Continuing Heath Care			
8 Funded Nursing Care			
9 Prescribing			
0 Specialist Services - Direct			
1 Specialist Services - via WHSSC			
2 Welsh Risk Pool			
3 EASC			
4 RTT			
5 Treatment Fund			
6 Specialist Services			
7 Demographic / Demand on Acute Services			
8 Total Demand / Service Growth	0.00%	0.00%	0.00%
9 Total Inflationary Pressure	0.00%	0.00%	0.00%

		201	9/20	202	0/21	2	021/22
	Pay Related Cost Assumptions - Local	£'000	%	£'000	%	£'000	%
		_					
1	Pay Awards						
2			0.00%		0.00%		0.00%
3	- Misc Pay (Non AfC / Non Medical)		0.00%		0.00%		0.00%
4	- Junior Medical Staff		0.00%		0.00%		0.00%
5	- Staff Grades / Associate Specialists		0.00%		0.00%		0.00%
6	- Consultants		0.00%		0.00%		0.00%
7	Total Pay Awards	0	0.00%	0	0.00%	0	0.00%
				-			
-	Increments	£'000	%	£'000	%	£'000	%
-	Cost of Increments						
10	- A 4 C Staff		0.00%		0.00%		0.00%
11	- Misc Pay (Non AfC / Non Medical)		0.00%		0.00%		0.00%
12	- Junior Medical Staff		0.00%		0.00%		0.00%
13	- Staff Grades / Associate Specialists		0.00%		0.00%		0.00%
14	- Consultants		0.00%		0.00%		0.00%
15	- Consultant Commitment Awards		0.00%		0.00%		0.00%
16	Total Increments	0	0.00%	0	0.00%	0	0.00%
		-					
	Pensions & Other Pay Oncost Changes	£'000	%	£'000	%	£'000	%
	1 - NHS Pension Discount Rate Change - 3.0% to 2.8%						
-	From 2019/20		0.00%		0.00%		0.00%
22	Total Pensions	0	0.00%	0	0.00%	0	0.00%
						1	
23	Comparator						

Revenue Resource Limit Assumptions

	LHB COMPLETION ONLY	2019/20 £'000	2020/21 £'000	2021/22 £'000
1	RRL used in SCNE profiled analysis	0	0	0
2	Made up of:- Allocation Letter/ Resource Planning Figure			
2	Anocation Letter/ Resource Flamming Figure			
	Plus the following additional anticipated allocations:-			
	DEL- Funded in Previous Years:			
	Substance Misuse Clinical Excellence/Distinction Awards			
	Orthopaedics			
	Immunisations (Vaccine & GMS fees) & HPV			
	Treatment Fund - see note at foot of table			
11 12	Otherspecify			
13				
14				
15				
16 17				
18				
19				
20				
21 22				
23				
24	Sub Total - Funded in Previous Years	0	0	0
25	DEL New Funding Issues			
	1.Recurring			
27	-			
28				
29 30				
31				
32				
33				
34 35				
36				
37				
38 39				
40				
41				
42	Sub Total New Funding Issues Beautring		0	0
	Sub Total - New Funding Issues - Recurring 2. Non Recurring	0	0	0
45				
46				
47 48				
40 49				
50				
51				
52 53				
53 54				
55				
56				
57 58				
59	Sub Total - New Funding Issues - Non Recurring	0	0	0
	AME			
	Donated Depreciation Impairments			
	Otherspecify			
64				
65				
66 67				
	Sub Total - AME	0	0	0
69	Total RRL used in SCNE profiled analysis	0	0	0
70	Check total = zero	0	0	0

N.B. Treatment fund should be reported within Section 5 of Table C5 to offset the associated costs reported on within Section 2.2 (Line Ref 80) of Table C5

31 January 2019

Income and Expenditure Assumptions (Wales NHS)

This Table is currently showing 0 errors

A. Annual Forecast 2019/20

		Contracted Income	Non Contracted Income	Total Income
	LHBs / Trusts	£'000	£'000	£'000
1	Abertawe Bro Morgannwg			0
2	Aneurin Bevan			0
3	Betsi Cadwaladr			0
4	Cardiff & Vale			0
5	Cwm Taf			0
6	Hywel Dda			0
7	Powys			0
8	Public Health Wales			0
9	Velindre			0
10	Welsh Ambulance			0
11	WHSSC			0
12	EASC			0
13	HEIW			0
14	Total	0	0	0

Contracted	Non Contracted	Total
Expenditure	Expenditure	Expenditure
£'000	£'000	£'000
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
0	0	0



This Table is currently showing 0 errors

NOTE: Tables to be populated with indentified savings plans only

YEAR 1 SAVINGS PLANS - All Positive Entries						•	•	-					
To include Cost Improvement & Cost Containment schemes													
Savings Plans:-							Year 1						
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
1 Continuing Care and Funded Nursing Care													0
2 Commissioned Services													0
3 Medicine Management (Primary and Secondary Care)													0
4 Non Pay													0
5 Pay													0
6 Primary Care													0
7 Total Savings Plans	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Savings: Analysis

		Year 1												
Pay Category	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000	
8 Changes in Staffing Establishment													C	
9 Variable Pay													0	
10 Locum													0	
11 Agency / Locum paid at a premium													0	
12 Changes in Bank Staff													0	
13 Other (Please Specify in Narrative)													C	
14 Total Pay Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0	0	
15 Check - Agrees to Savings Plan Line 5	Yes													

Agency/Locum paid at a premium Savings: Analysis

							Year 1						
Agency/Locum paid at a premium	Apr £'000	Мау £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
 16 Reduced usage of Agency/Locums paid at a premium 17 Replacing 'off contract' with 'in contract' 18 Impact of Agency pay rate caps 19 Other (Please Specify in Narrative) 													0 0 0 0
20 Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0	(
21 Check - Agrees to Savings Plan Line 11	Yes												

This Table is currently showing 0 errors

NOTE: Tables to be populated with indentified savings plans only

YEAR 2 & 3 SAVINGS PLANS - All Positive Entries

To include Cost Improvement a	& Cost Containment schemes

Savings Plans:-			Year	2		Non	Pocurring	FYE of			Year 3		
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Recurring	Recurring	Recurring	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Continuing Care and Funded Nursing Care					0								0
2 Commissioned Services					0								0
3 Medicine Management (Primary and Secondary Care)					0								0
4 Non Pay					0								0
5 Pay					0								0
6 Primary Care					0								0
7 Total Savings Plans	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Savings: Analysis

			Year	2		Non	Begurring	FYE of			Year 3		
Pay Category	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Recurring	Recurring	Recurring	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
8 Changes in Staffing Establishment					0								0
9 Variable Pay					0								0
10 Locum					0								0
11 Agency / Locum paid at a premium					0								0
12 Changes in Bank Staff					0								0
13 Other (Please Specify in Narrative)					0								0
14 Total Pay Savings: Analysis	0	0	0	C	0	0	0	0	0	0	0	0	0
15 Check - Agrees to Savings Plan Line 5	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes

Agency/Locum paid at a premium Savings: Analysis

			Year	2		Non	Pocurring	FYE of			Year 3		
Agency/Locum paid at a premium	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total			FYE of Recurring		Qtr 2	Qtr 3	Qtr 4	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
16 Reduced usage of Agency/Locums paid at a premium					0								0
17 Replacing 'off contract' with 'in contract'					0								0
18 Impact of Agency pay rate caps					0								0
19 Other (Please Specify in Narrative)					0								0
20 Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	C	0 0	0	0	0	0	0	0	0	0
			-	-		-			-				
21 Check - Agrees to Savings Plan Line 11	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes

Overview Of Worse & Best Case Positions				
		9/20	2020	0/21
	Worst	Best	Worst	Bes
	Case	Case	Case	Cas
	£'000	£'000	£'000	£'00
Current Reported Financial Plan Outturn	0	0	0	0
Risks (negative values)				
2				
3				
Total Risks	0		0	
2 Financial Challenge excluding opportunities	0	0	0	

Case	Case	
£'000	£'000	
0	0	
0		
0	0	
202		
Worst	Best	

	201	5/20	202	2020/21		
	Worst	Best	Worst	Best		
	Case	Case	Case	Case		
Opportunities (positive values) (record value in Worst column and Best						
column will populate automatically)	£'000	£'000	£'000	£'000		
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32		0		0		
33		0		0		
34		0		0		
35		0		0		
36		0		0		
37		0		0		
38		0		0		
39		0		C		
40		0		0		
41		0		0		
42 Total Opportunities	0	0	0	0		
43 Total Amended Forecast Plan Outturn Surplus/(Deficit)	0	0	0	0		
		, v	0	, v		

2019/20

202	1/22
Worst	Best
Case	Case
£'000	£'000
0	0
0	
•	L
0	0
U	v

	1/22
Worst	Best
Case	Case
£'000	£'000
	0
	0
	0
	0
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	0
	0
	0
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0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0	0

Property & Asset Investment

Summary

	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
Gross Capital Expenditure	52.718	40.551	19.728	12.845	11.668
less: Receipts	0.925	0.5	0.5	0.5	0.5
Disposals:					
Net Capital Expenditure	51.793	40.051	19.228	12.345	11.168

	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
Welsh Government Funding					
Discretionary (Group 1 - CRL / CEL)	11.168	11.168	11.168	11.168	11.168
Approved Schemes (Group 2 - CRL / CEL)	14.915	0.478			
WG Funding Required (approved)	26.083	11.646	11.168	11.168	11.168
Funding for identified schemes not approved by Welsh Governme	25.710	28.405	8.060	1.177	0.000

Key Performance Indicators

	2016-17 as	2022-23
	per EFPMS	Forecast
	£m	£m
High Risk Backlog Maintenance		
	%	%
Physical Condition: % in Category B or above		
Statutory, Safety & Compliance: % in Category B or above		
Fire Safety Compliance : % in Category B or above		
Functional Quitability 0/ in October Derebaue		
Functional Suitability: % in Category B or above		
Space Utilisation: % in Category F or above		
Energy Performance: % with Energy B or better		

Property & Asset Investment

Capital Expenditure

DISCRETIONARY	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
П					
Equipment					
Statutory Compliance					
Estates					
Other	11.168	11.168	11.168	11.168	11.168
Sub total DISCRETIONARY	11.168	11.168	11.168	11.168	11.168

Re	venue Implications	(Incremental	consequen	ces)
		1		

Discretionary Non Cash Costs	2019-20	2020-21	2021-22	2022-23	2023-24
	£m	£m	£m	£m	£m
Discretionary Other Revenue Costs					
Discretionary Revenue Savings					
Discretionary Net Revenue					

	2019-20	2020-21	2021-22	2022-23	2023-24		2019-20	2020-21	2021-22	2022-23	2023-24
APPROVED SCHEMES	£m	£m	£m	£m	£m	Approved Schemes	£m	£m	£m	£m	£m
Scheme 1 -Environmental Modernisation P			2.111	2.111	2111	Scheme 1 -Environmental Modernis			2.111	2.111	2.111
Environmental Modernisation BJC2 (Phase	, in the second s					Scheme 1 - Non Cash - DEL	0.014	, , <i>, , , , , , , , , , , , , , , , , </i>	0.06	0.06	0.06
	2.000					Scheme 1 - Non Cash - AME	1.673	0.00	0.00	0.00	0.00
						Scheme 1 - Other Revenue Costs	1.070				
						Scheme 1 - Revenue Savings					
						Scheme 1 - Net Revenue					
						Scheme 2 - Implications of the					
Scheme 2 - Implications of the South Wale						South Wales Plan					
Increase Neo Natal Capacity Singleton	4.71					Scheme 2 - Non Cash - DEL	0.113	0.434	0.434	0.434	0.434
						Scheme 2 - Non Cash - AME	2.805				
						Scheme 2 - Other Revenue Costs					
						Scheme 2 - Revenue Savings					
						Scheme 2 - Net Revenue					
Scheme 3 - National Imaging Programme						Scheme 3 - National Imaging Progra	amme				
Replacement of MRI, NPT	3.043					Scheme 3 - Non Cash - DEL		0.259	0.259	0.259	0.259
						Scheme 3 - Non Cash - AME	0.557				
						Scheme 3 - Other Revenue Costs					
						Scheme 3 - Revenue Savings					
						Scheme 3 - Net Revenue					
Scheme 4 - Primary Care National Pipeline						Scheme 4 - Primary Care National F					
Penclawdd Refurbishment	1.026					Scheme 4 - Non Cash - DEL	0.019	0.054	0.054	0.054	0.054
Murton Refurbishment	0.593					Scheme 4 - Non Cash - AME	0.603				
						Scheme 4 - Other Revenue Costs					
						Scheme 4 - Revenue Savings					
						Scheme 4 - Net Revenue					
Scheme 5 -NWIS						Scheme 5 -NWIS					
National WEDCIMS	0.270					Scheme 5 - Non Cash - DEL	0.715	1.181	1.181	1.181	1.181
National Clinical Systems	0.068					Scheme 5 - Non Cash - AME					
						Scheme 5 - Other Revenue Costs					
						Scheme 5 - Revenue Savings					
						Scheme 5 - Net Revenue					
Scheme 6 - Spend to Save	0.000					Scheme 6 - Spend to Save	0.407	0.400	0.040	0.040	0.040
Health Records Modernisation (RFID) 2017		0.470				Scheme 6 - Non Cash - DEL	0.197	0.498	0.646	0.646	0.646
Automated Stock Management in Theatres	1.71	0.478				Scheme 6 - Non Cash - AME					
						Scheme 6 - Other Revenue Costs Scheme 6 - Revenue Savings					
						Scheme 6 - Net Revenue					
						Scheme 6 - Net Revenue					
Scheme 7 - National Radiotherapy Replace	mont Brogram	200				Scheme 7 - National Radiotherapy F	Poplacomont	Programmo			
Replacement programme for Linear Accele		lille				Scheme 7 - Non Cash - DEL	Replacement	0.342	0.342	0.342	0.342
Replacement programme for Linear Accele	0.009					Scheme 7 - Non Cash - AME	0.701	0.342	0.342	0.342	0.342
						Scheme 7 - Other Revenue Costs	0.701				
						Scheme 7 - Revenue Savings					
						Scheme 7 - Net Revenue					
						Scheme / - Net Revenue					
Scheme 8 -						Scheme 8 -					
						Scheme 8 - Non Cash - DEL					
						Scheme 8 - Non Cash - AME					
						Scheme 8 - Other Revenue Costs					
						Scheme 8 - Revenue Savings					
						Scheme 8 - Net Revenue					
Scheme 9 - INSERT TITLE						Scheme 9 - INSERT TITLE					
						Scheme 9 - Non Cash - DEL					
						Scheme 9 - Non Cash - AME					
						Scheme 9 - Other Revenue Costs					
						Scheme 9 - Revenue Savings					
			L			Coneme a - Nevenue Savings					

Scheme 10 - INSERT TITLE			Scheme 10 - INSERT TITLE			
			Scheme 10 - Non Cash - DEL			
			Scheme 10 - Non Cash - AME			
			Scheme 10 - Other Revenue Costs			
			Scheme 10 - Revenue Savings			
			Scheme 10 - Net Revenue			
Scheme 11 - INSERT TITLE			Scheme 11 - INSERT TITLE			
			Scheme 11 - Non Cash - DEL			
			Scheme 11 - Non Cash - AME			
			Scheme 11 - Other Revenue Costs			
			Scheme 11 - Revenue Savings			
			Scheme 11 - Net Revenue			

Scheme 9 - Net Revenue

Scheme 12 - INSERT TITLE						Scheme 12 - INSERT TITLE	1	1	
						Scheme 12 - Non Cash - DEL		 	
						Scheme 12 - Non Cash - AME			
						Scheme 12 - Other Revenue Costs			
						Scheme 12 - Revenue Savings			
						Scheme 12 - Net Revenue			
Scheme 13 - INSERT TITLE						Scheme 13 - INSERT TITLE			
Scheme 13 - INSERT TITLE									
						Scheme 13 - Non Cash - DEL		 	
						Scheme 13 - Non Cash - AME			
						Scheme 13 - Other Revenue Costs			
						Scheme 13 - Revenue Savings			
						Scheme 13 - Net Revenue			
Scheme 14 - INSERT TITLE						Scheme 14 - INSERT TITLE		 	
						Scheme 14 - Non Cash - DEL			
						Scheme 14 - Non Cash - AME			
						Scheme 14 - Other Revenue Costs			
						Scheme 14 - Revenue Savings			
						Scheme 14 - Net Revenue			
	11015	0.170				_			
Sub Total Approved Schemes Total	14.915	0.478	0	0	0				

Other Capital Expenditure:					
Donated Assets Additions	0.5	0.5	0.5	0.5	0.5
Capital Grants	0.1				
Other	0.325				
Sub Total Other Capital Expenditure	0.925	0.5	0.5	0.5	0.5
	-				
Gross Capital Expenditure	52.718	40.551	19.728	12.845	11.668
Receipts					
Land & Property Disposals (list individually)	0.325	0	0	0	0
Capital Grants Received	0.1				
Donations	0.5	0.5	0.5	0.5	0.5
Other					
Sub Total Receipts	0.925	0.5	0.5	0.5	0.5
Net Capital Expenditure	51.793	40.051	19.228	12.345	11.168

	2019-20	2020-21	2021-22	2022-23	2023-24
Land and Property Disposals	£m	£m	£m	£m	£m
Coelbren	0.165				
Ogmore Vale	0.160				
Cefn Coed Future Phases - Approved		TBC	твс	TBC	TBC
Resolven		TBC			
Glyneath		TBC			
Total	0.325	0	0	0	

Other Capital Expenditure:			
Non Cash Costs			
Other Revenue Costs			
Revenue Savings			
Net Other Capital Expenditure			

	Business Case	0010 -	0000 -	0001	0000 -	0000 -				0017 -	0000	2001 -	0000	0000 -
	Position (inc if scoping discussion	2019-20	2020-21	2021-22	2022-23	2023-24		Internal Approval		2019-20	2020-21	2021-22	2022-23	2023-24
UNAPPROVED SCHEMES Priority Scheme 1 - Primary Care Nationa		£m	£m	£m	£m	£m	Business Case Status	Process Status	Unapproved Schemes Priority Scheme 1 - Primary Care 1	£m National Pipelin	£m e	£m	£m	£m
Swansea Wellbeing Centre Neath Wellness Centre	Yes No	tbc tbc	tbc tbc	tbc tbc	tbc	tbc	Swansea - SOC in Development		Scheme 1 - Non Cash - DEL Scheme 1 - Non Cash - AME					
Morriston Wellness Centre Primary Care Refurbishment (various). Future schemes to be scoped Ystalyfera,	No	tbc	tbc	tbc	tbc	tbc			Scheme 1 - Other Revenue Costs					
Cwmavon	No	tbc	tbc	tbc	tbc	tbc			Scheme 1 - Revenue Savings Scheme 1 - Net Revenue					
Priority Scheme 2 - Infrastructure	No								Priority Scheme 2 - Infrastructure					
Singleton Cladding Anti- Ligature, Metal Health		tbc 1.530	tbc 2.393	tbc			Cladding - Business Case in development		Scheme 2 - Non Cash - DEL Scheme 2 - Non Cash - AME	0.057	0.243	0.392	0.392	0.392
							Anti Ligature - pre tendered costs submitted		Scheme 2 - Other Revenue Costs Scheme 2 - Revenue Savings					
Drivit, Oshara O. Davieral Osara Osa									Scheme 2 - Net Revenue	Constan				
Priority Scheme 3 - Regional Cancer Cen CT SIM (National Radiotherapy Replacem Replacement programme for Linear Acce	nent Programme)	1.08	4.447						Priority Scheme 3 - Regional Canc Scheme 3 - Non Cash - DEL Scheme 3 - Non Cash - AME	er Centre	0.154	0.154	0.5215	0.889
Replacement programme for Linear Acce New PET/CT Imaging Suite Singleton				4.5 tbc	tbc	tbc			Scheme 3 - Other Revenue Costs Scheme 3 - Revenue Savings			0.020	0.020	
									Scheme 3 - Net Revenue					
Priority Scheme 4 - National Imaging Rep DR Rooms	No	0.95	2.842	tbc	tbc	tbc			Priority Scheme 4 - National Imagi Scheme 4 - Non Cash - DEL	0.086	nt Programme 1.191	2.143	2.143	2.143
MRI Morriston Gamma Camera Morriston		3.112 0.61							Scheme 4 - Non Cash - AME Scheme 4 - Other Revenue Costs	0.498				
Gamma Camera NPT Gamma Camera Singleton Gamma Camera Singleton		0.78	0.66						Scheme 4 - Revenue Savings Scheme 4 - Net Revenue					
Flouroscopy Room Morriston Flouroscopy Room Morriston		0.78	0.6				Submitted as National Imaging priorities							
Flouroscopy Room Singleton Flouroscopy Room NPT			0.75											
CT Morriston CT Morriston		1.26	1.26											
CT Singleton CT NPT			1.08 1.08											
Scheme 5 - Informatics Modernisation (SC	Yes								Scheme 5 - Informatics Modernisa	tion (SOP)				
Boundary change implementation Data centre reconfiguration Description		0.05	3						Scheme 5 - Non Cash - DEL Scheme 5 - Non Cash - AME		0.512	1.057	2.032	2.032
Dental referrals Digital Dictation Digitisation of nursing documentation		0.08	0.3						Scheme 5 - Other Revenue Costs Scheme 5 - Revenue Savings					
Mobilisation of nursing documentation Mobilisation Patient Flow/ TroCar		0.15												
Single sign on - Smart Card strategy TOMs		0.524												
WEDs Welsh Community Care Information		0.18												
System (WCCIS)	Mar.	0.773	1.319	1.31	1.177				Scheme 5 - Net Revenue					
Scheme 6 - Arch Enabling Phases Morriston New Road Access Land Purchase	Yes	0.7	tbc	tbc	tbc	tbc			Scheme 6 - Arch Enabling Phases Scheme 6 - Non Cash - DEL Scheme 6 - Non Cash - AME					
		1.2							Scheme 6 - Other Revenue Costs					
									Scheme 6 - Net Revenue					
Scheme 7 - Environmental Modernisation Environmental Modernisation BJC2 (Pha		7.899	1.434						Scheme 7 - Environmental Modern Scheme 7 - Non Cash - DEL	isation Program	nme (SOP) 0.108	0.163	0.163	0.163
Decant Ward Environmental Modernisation Future BJCs	5	tbc	tbc	tbc	tbc	tbc			Scheme 7 - Non Cash - AME Scheme 7 - Other Revenue Costs	0.716	2.916			
									Scheme 7 - Revenue Savings Scheme 7 - Net Revenue					
Scheme 8 - Arch Main Phases	No								Scheme 8 - Arch Main Phases					
Single Accute Medical Take Morriston Centralisation of HSDU Services Morriston	n	tbc	tbc	tbc tbc	tbc tbc	tbc			Scheme 8 - Non Cash - DEL Scheme 8 - Non Cash - AME					
									Scheme 8 - Other Revenue Costs Scheme 8 - Revenue Savings Scheme 8 - Net Revenue					
Scheme 9 - Mental Health - RMHSS/Disp	osal of Old Cefn C	oed							Scheme 9 - Mental Health - RMHS	S/Disposal of (Old Cefn Coer	1		
RMHSS P3 Acute Mental Health Unit RMHSS P7 Mental Health Day Facilities		tbc	tbc tbc	tbc tbc	tbc tbc		A		Scheme 9 - Non Cash - DEL Scheme 9 - Non Cash - AME					
Reprovision of PICU (Psychiatric ICU) fro		tbc			tbc	tbc	Approved SOP		Scheme 9 - Other Revenue Costs Scheme 9 - Revenue Savings					
									Scheme 9 - Net Revenue					
Scheme 10 -Health Vision Swansea HVS1B, Car Park and Regional Entrance	Yes	tbc	tbc	tbc	tbc				Scheme 10 -Health Vision Swanse Scheme 10 - Non Cash - DEL	a				
							Approved SOP		Scheme 10 - Non Cash - AME Scheme 10 - Other Revenue Costs	6				
									Scheme 10 - Revenue Savings Scheme 10 - Net Revenue					
Scheme 11 - Cardiac Centre Morriston Third Cathator Laboratory	No		0.25	2.25					Scheme 11 - Cardiac Centre Morri Scheme 11 - Non Cash - DEL	ston		0.068	0.272	0.272
Hybrid Vascular Theatre Relocation of Vascular Laboratory		tbc tbc	tbc						Scheme 11 - Non Cash - AME Scheme 11 - Other Revenue Costs	6		0.385		
									Scheme 11 - Revenue Savings Scheme 11 - Net Revenue					
Scheme 12 - JAG Accreditiation (Endosc	No								Scheme 12 - JAG Accreditiation (Endoscopy) Pro	ogramme			
JAG Accrediated Scopting Suite NPT		tbc	tbc	tbc					Scheme 12 - Non Cash - DEL Scheme 12 - Non Cash - AME					
									Scheme 12 - Other Revenue Costs Scheme 12 - Revenue Savings Scheme 12 - Net Revenue	5				
Scheme 13 - TI/ Clinical Services Plan	No								Scheme 13 - TI/ Clinical Services F	Plan				
SDMU/Surgical Short Stay Wrap Around Second MRI Scanner		0.6 0.05	2.4 3.95						Scheme 13 - Non Cash - DEL Scheme 13 - Non Cash - AME		1.130	0.355	0.355	0.355
									Scheme 13 - Other Revenue Costs Scheme 13 - Revenue Savings	5				
									Scheme 13 - Net Revenue					
Scheme 14 -Regional Services Regional Pathology, Morriston	Yes	tbc	tbc		tbc	tbc	Discussion SOC shared with WG		Scheme 14 -Regional Services Scheme 14 - Non Cash - DEL					
Major Trauma Unit, Morriston Single Thoracic Surgery Centre	No No	tbc tbc			tbc	tbc			Scheme 14 - Non Cash - AME Scheme 14 - Other Revenue Costs	6				
Relocate PAU - Develop SARC (Childrens) All Wales Perinatal Unit	No No	tbc	tbc						Scheme 14 - Revenue Savings Scheme 14 - Net Revenue					
Scheme 15 - Other Capital Schemes	No								Scheme 15 - Other Capital Scheme	es				
Centralise Neurodevelopmental Service		tbc							Scheme 14 - Non Cash - DEL					
HASU Unit Surgical Services Strategy		tbc	tbc	tbc					Scheme 14 - Non Cash - AME Scheme 14 - Other Revenue Costs	6				
Post Anaesthetic Care Unit Expanded MDU footprint									Scheme 14 - Revenue Savings					
Regional Delivery of Endoscopy Services SACT														
Purchase of chairs for increased delivery of SACT														
Development of Ambulatory Gynaecology Unit														
Swansea Bed Contract				tbc										
Scheme 16 -Intermediate Care Fund Co-location of IAS, MAPSS, CAMHS, ND	No	0.563							Scheme 16 -Intermediate Care Fu Scheme 14 - Non Cash - DEL	nd	0.023	0.023	0.023	0.023
Tonna Hospital Refurbishment - relocation of Gelligron (NPTBCB facility)							Bid approved in principle							
		0.271							Scheme 14 - Non Cash - AME Scheme 14 - Other Revenue Costs	6				
									Scheme 14 - Revenue Savings Scheme 14 - Net Revenue					
Sub Total unapproved Schemes Total		25.71	28.405	8.06	1.177	0								

Revenue Funded Infrastructure (including Primary Care Pipeline 3PD and Mutual Investment Model (MIM) investments)

	Scheme		Annual	Revenue Rep	payment	
	Capital Value	2019-20	2020-21	2021-22	2022-23	2023-24
Prioritised Schemes (to be named individually)	£m	£m	£m	£m	£m	£m
Scheme 1						
Scheme 2						
Scheme 3						
Scheme 4						
etc						
Total	0	0	0	0	0	0

Health Board

Workforce Plans - WTE

			. –		_				_	
	Α	В		С	D	E	F		F	G
	Actual									
	Workforce @	Planned WTE @				ce at end of ea			Workforce	
	31/12/2018	31/03/2019		30/06/2019	30/09/2019	31/12/2019	31/03/2020		31/03/2021	31/03/2022
	WTE	WTE		WTE	WTE	WTE	WTE		WTE	WTE
Core workforce:-										
Board Members										
Medical & Dental										
Nursing & Midwifery Registered										
Additional Professional, Scientific and Technical										
Healthcare Scientists										
Allied Health Professionals										
Additional Clinical Services										
Administrative and Clerical (inc Senior Managers)										
Estates and Ancillary										
Students										
Sub total	0			0	0	0	0		0	0
Variable Workforce:-				•						
Board Members										
Medical & Dental										
Nursing & Midwifery Registered										
Additional Professional, Scientific and Technical										
Healthcare Scientists										
Allied Health Professionals										
Additional Clinical Services										
Administrative and Clerical (inc Senior Managers)										
Estates and Ancillary										
Students										
Sub total	0			0	0	0	0		0	0
Agency/Locum:-				•						
Board Members										
Medical & Dental										
Nursing & Midwifery Registered										
Additional Professional, Scientific and Technical										
Healthcare Scientists										
Allied Health Professionals										
Additional Clinical Services										
Administrative and Clerical (inc Senior Managers)										
Estates and Ancillary										
Students										
Sub total	0			0	0	0	0		0	0
	· · · · ·			U			•		. .	
Total workforce plans	0			0	0	0	0		0	0

NOTES

Column A: Baseline actual WTE

Column B - G: Projected WTE (funded/budgeted WTE)

Core Workforce: Total Staff WTE with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: Hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff.

Agency/Locum: WTE estimate of agency/locum use.

Health Board

Workforce Plans - £'000

	201	9/20 Workforc	e Quarterly Pro	ofile	Workford	ce Annual
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	2020/21	2021/22
	£'000	£'000	£'000	£'000	£'000	£'000
Core workforce:-						
Board Members						
Medical & Dental						
Nursing & Midwifery Registered						
Additional Professional, Scientific and Technical						
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)						
Estates and Ancillary						
Students						
Sub total	0	0	0	0	0	0
Variable Workforce:-						
Board Members						
Medical & Dental						
Nursing & Midwifery Registered						
Additional Professional, Scientific and Technical						
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)						
Estates and Ancillary						
Students						
Sub total	0	0	0	0	0	0
Agency/Locum: -						
Board Members						
Medical & Dental						
Nursing & Midwifery Registered						
Additional Professional, Scientific and Technical						
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)						
Estates and Ancillary						
Students						
Sub total	0	0	0	0	 0	0
		-				
Total workforce plans	0	0	0	0	0	0

NOTES

Core Workforce: Total staff £ - with a contract of employment including fixed term, temporary and contracted locums Variable Workforce: £ hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff Agency / Locum £

Integrated Planning Framework - Recruitment Difficulties Summary

This pro-forma links to Planning Stage 1

In the below section, a recruitment difficulty is defined as a post/specialty which you have advertised for recruitment more than once, with no appointment having been made due to:

• no applications being received;

• no suitable candidates being identified from those who did apply; or

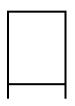
Professional Group	Role	Specialty	Band / Grade	Reason / impact
Additional Clinical Services				
Additional Professional, Scientific & Technical		Psychologists		Additional investment in Mental Health services is creating greater demand.
Allied Health Professionals		Orthoptics with interest in AMD	6	unable to recruit to fixed term posts, therefore leaving establishment under resourced as HB unable to commit funds to permanent staff
		Dietetics OT Physiotherapy Speech therapy Radiography	5 5 plus paediatrics	Only 1 opportunity a year to recruit so having to over establish As above As above and increasing demand for Paeds no suitable applicants Supply unable to meet demand
Admin & Estates (Inc. Managers, Senior Managers and VSMs)				
HCA and Support Staff				

Health Care Scientists		Embryologists	STP	Few are trained and attracted to work in Wales.
		Andrologists Physical scientists and Biomedical Engineering	STP STP	National shortage National shortage
Medical & Dental	GP			Difficulty in filling posts
	Consultant Consultant Consultant and Middle grade middle & junior grades	Radiology Neurophysiology/OG cancer/COTE/ED Haematology/Oncolog y/Palliative Care/Obstetrics&Gyna ecology medicine/acute Paediatrics/		Difficulty in filling posts Difficulty in filling posts Difficulty in filling rotas. Difficulty in filling rotas.
	Speciality Doctors	COTE		Limited applicants
Nursing & Midwifery		Difficulty in recruiting to nursing posts especially within medical wards. Mental health and Learning Disability nursing posts are also difficult to recruit to along with community nurses.	band 5	There is a lack of supply of nurses to meet demand. Investment in mental health services has led to increased demand for mental health nurses which supply cannot meet. The fact that a learning disability nursing course is not run in Swansea is also adding to recruitment difficulties in this part of the organisation.

In addition, please specify any posts or specialties that you anticipate future difficult to recruit:

Professional Group	Role	Specialty	Band / Grade	Reason / impact
Additional Clinical Services				
Additional Professional, Scientific & Technical				
Allied Health Professionals	Dietetics			ALN bill will have an impact on future demand with no resource to meet in addition to planned retirements
	OT Physiotherapy			As above As above
Admin & Estates (Inc. Managers, Senior Managers and VSMs)				
HCA and Support Staff				
Health Care Scientists				
Medical & Dental				
Nursing & Midwifery		Difficulty in recruiting to nursing posts especially within medical wards. Mental health and Learning Disability nursing posts are also difficult to recruit to along with community		This will continue to be an on- going problem. Especially for community nursing as more services move to primary and community care.

_	_			_
		nurses.		



Guidance Notes: -

Advanced practice education is at Masters level, and will either be a full advanced practice masters degree pathway or modules from an advanced practice degree pathway. Extended practice education are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does not extend to modules at level 4 and below. Target group: Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

For An extension installer 0040/00	-		
For Academic intake 2019/20			
Advanced Practice/Extended Skills	Γ		
Full MSC/PGCert/PGDipTitle Please choose from list below if the education is not on the list please complete new Education requirements Education requirements table below	Numbers Required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
Please choose from list below if the education is not on the lis	t please complete	new Education requirements table below	
Advanced Clinical Practitioner (MSc)	7	Swansea University	Primary Care Health Board Employed
Advanced Practice (MSc)	5	Swansea University	Primary Care Non Health Board Employed
Long Term & Chronic Condition Management (MSc)	2	Swansea University	Primary Care Non Health Board Employed
Advanced Clinical Practitioner (MSc)	2	UniversitySW	Primary Care Health Board Employed
Advanced Clinical Practice (MSC)	4	Swansea University	Secondary Care
Advanced Clinical Practice (MSC)	1	Year 2 Candidate USW	Secondary Care
Long Term & Chronic Condition Management (MSc)	1	Year 2 Candidate USW	Secondary Care
Advanced Clinical Practice (MSC)	1	Year 1 Candidate Swansea University	Secondary Care
Long Term & Chronic Condition Management (MSc)	1	Year 1 Candidate Swansea University	Secondary Care
Enhanced Professional Practice MSc	3	Educational contract, Southampton Univesty for 2 ANNP courses	Secondary Care
Advanced Clinical Practice (MSC)	2	Swansea University	Primary Care Health Board Employed
Advanced Clinical Practice (MSC)	2	Swansea University	Secondary Care
			Please Choose
			Please Choose
Advanced Practice/Extended Skills			
Full Module Title Please choose from list below if the education is not on the list please complete new Education requirements table below	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
Please choose from list below if the education is not on the lis	t please complete	new Education requirements table below	
Minor illness management	8		Primary Care Non Health Board Employed
Optimizing asthma management	2		Primary Care Non Health Board Employed
Dermatology for Health professionals online distance learning	2		Primary Care Non Health Board Employed
Leadership / Quality / Innovation and Change	6		Secondary Care
Quality Improvement	8		Secondary Care
Emergency Practitioner	2		Secondary Care
Assessment Prevention and Management of Falls	2		Secondary Care
Leadership / Quality / Innovation and Change	1		Secondary Care
Emergency Practitioner	2		Secondary Care
Clinical Patient Assessment	1		Secondary Care

Professionals	1				Secondary Care	
Foundations in Physiology and Heath Assessment	1				Secondary Care	
					Please Choose	
					Please Choose	
For Academic intake 2019/20		•			•	
Course Title	Course duration	Year of output	Numbers Required	HEI Provider		
Medical Ultrasound/Sonography	1-2 years	2020/2021		University We	est of England	
For Academic intake 2019/20						
PRESCRIBING						
Course Title	Course duration	Year of output	Numbers Required	HEI Provider		
Limited Prescribing: Prescribing by Community Practitioners fro formulary comprising a limited range of medicines, dressings and Postgraduate Certificate in Blood Component Transfusion e patients within their own clinical specialty, and within their own ar	appliances suitable for enables experienced non	use in community setting medical Healthcare Pra expertise.	gs. Ictitioners to make th	e clinical decision and provide the written instru	ction for blood component transfusion to	
Full Independent Prescribing	1 year	2020	18	Swansea University or USW		
Supplementary Prescribing	1 year	2020	20	Swansea University		
Limited Independent Prescribing	1 year	2020				
					Swansea University	
PGCert in Blood Component Transfusion (NABT)	1 year	2020	1	Swansea	University	
For Academic intake 2020/21			1	Swansea	University	
			1	Swansea	University	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of	NITY HEALTH STUDI	ES AWARDS	a Specialist Practic	e Qualification (SPQ) as recognised by the Nurs	ing and Midwifery Council (NMC) or BSc/PG	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years.	NITY HEALTH STUDI	ES AWARDS	a Specialist Practic	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C	ing and Midwifery Council (NMC) or BSc/PG	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taug	NITY HEALTH STUDI	ES AWARDS	a Specialist Practic udents following the New Graduates Required - Employed Workforce -	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taug Course Title	NITY HEALTH STUDI	ES AWARDS r basis to achieve either efined period of time. St Year of output	a Specialist Practic udents following the New Graduates Required - Employed Workforce - Head count	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taug Course Title District Nursing (Part-time)	NITY HEALTH STUDI on a part time or modula ght modules over an und Course duration 2 years	ES AWARDS r basis to achieve either efined period of time. St Year of output 2022	a Specialist Practic udents following the New Graduates Required - Employed Workforce - Head count 9	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taug Course Title District Nursing (Part-time) District Nursing Modules (in modules)	NITY HEALTH STUDI on a part time or modula ght modules over an und Course duration 2 years 3-6 months	ES AWARDS r basis to achieve either efined period of time. St Year of output 2022 2021	a Specialist Practic udents following the New Graduates Required - Employed Workforce - Head count 9 10	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taugo Course Title District Nursing (Part-time) District Nursing (Part-time) Practice Nursing (Part-time)	NITY HEALTH STUDI on a part time or modula pht modules over an und Course duration 2 years 3-6 months 2 years	ES AWARDS T basis to achieve either Fined period of time. St Year of output 2022 2021 2022	a Specialist Practic udents following the New Graduates Required - Employed Workforce - <u>Head count</u> 9 10 6	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taug Course Title District Nursing (Part-time) District Nursing (Part-time) Practice Nursing Modules (in modules) Practice Nursing Modules (in modules)	NITY HEALTH STUDI on a part time or modula ght modules over an und Course duration 2 years 3-6 months 2 years 3-6 months	ES AWARDS r basis to achieve either fined period of time. St Year of output 2022 2021 2021 2021 2021 2021 2021 20	a Specialist Practic udents following the New Graduates Required - Employed Workforce - Head count 9 10 6 10	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	
For Academic intake 2020/21 SPECIALIST PRACTICE QUALIFICATION OR COMMUN Students can undertake specialist community nursing education of Dip Community Health Studies degree. Part time: usually completed over a period of 2 years. Modular: allows students to undertake one or more specific taug Course Title District Nursing (Part-time) District Nursing Modules (in modules) Practice Nursing Modules (in modules) Community Paediatric Nursing (Part-time)	NITY HEALTH STUDI on a part time or modula ght modules over an und Course duration 2 years 3-6 months 2 years 3-6 months 2 years	ES AWARDS T basis to achieve either Frined period of time. St Year of output 2022 2021 2021 2022 202 20	a Specialist Practic udents following the New Graduates Required - Employed Workforce - Head count 9 10 6 10 1	e Qualification (SPQ) as recognised by the Nurs modular route complete the Fundamentals of C New Graduates Required -	ing and Midwifery Council (NMC) or BSc/PG ommunity practice, as their first module.	

CLDN (Part-time)	2 years	2022	4		
CLDN Modules (in modules)	3-6 months	2021	4		
Additional Modules	1 year	2021	0		
For Academic intake 2020/21					·
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
NURSING & MIDWIFERY					
Bachelor of Nursing (B.N.) Adult	3 years	2023	195		There are significant nursing vacancies within the Health Board with demand outstripping supply. This will be exaccerbated to meet the requirements of the Nurse Staffing Act.
Bachelor of Nursing (B.N.) Child	3 years	2023	35		
Bachelor of Nursing (B.N.) Mental Health	3 years	2023	74		This figure has been reduced to take account of the boundary change.
Bachelor of Nursing (B.N.) Learning Disability	3 years	2023	51		Persistant difficulites in recruiting Learning Disabilites Nurses particularly which may be improved if a BSC in Learning Disabilities Nursing was available in Swansea University.
Shortened Nursing Degree Programme-Adult	2 years	2022	8		
Shortened Nursing Degree Programme-Child	2 years	2022	0		
Shortened Nursing Degree Programme-Mental Health	2 years	2022	8		Recruitment and retention difficulties may be reduced by giving opportunities to existing HCSW staff.
Shortened Nursing Degree Programme-Learning Disability	2 years	2022	12		Recruitment and retention difficulties may be reduced by giving opportunities to existing HCSW staff.
Bachelor of Nursing (B.N.) Adult (Part-time)	4 years	2024	18		Preferred route for existing HCSW
Bachelor of Nursing (B.N.) Child (Part-time)	4 years	2024	0		
Bachelor of Nursing (B.N.) Mental Health (Part-time)	4 years	2024	8		Recruitment and retention difficulties may be reduced by giving opportunities to existing HCSW staff.
Bachelor of Nursing (B.N.) Learning Disabilities (Part-time)	4 years	2024	12		Persistant difficulites in recruiting Learning Disabilites Nurses particularly which may improved if a BSC in Learning Disabilities Nursing was available in Swansea University.
B.Sc. Midwifery Direct Entry	3 years	2023	19		
B.Sc. Midwifery Conversion Programme	18 months	2022	0		
Return To Practice	6 months	2021	36		
For Academic intake 2020/21					

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions	
SPECIALIST COMMUNITY PUBLIC HEALTH NURSING						
Specialist Community Public Health Nurse (SCPHN) courses are registerable NMC qualifications Full time: takes the student up to 52 weeks to complete Part time: usually completed over 2 years Modules: Students undertake one or more specific taught modules over an undefined period of time.						
Health Visiting (Full-time)	1 year	2021	12			
Health Nursing (Part-time)	2 years	2022	0			
Health Visiting (modules)			1			
School Nursing (Full-time)	1 year	2021	1			
School Nursing (Part-time)	2 years	2022	1			
School Nursing (modules)			0			
Occupational Health (Full-time)	1 year	2021	0			
Occupational Health (Part-time)	2 years	2022	2			
For Academic intake 2020/21						
Programme	Level 2 Numbers required	Level 3 Numbers required	Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions	
HEALTHCARE SUPPORT WORKER						
HCSW Clinical Induction	300					
Diploma in Health and Social Care	38	75				
Diploma in Clinical Healthcare Support	38	263				
Diploma in Maternity and Paediatrics Support		23				
Diploma in Perioperative Support		23				
Level 4 education for HCSW's to access Yr 2 of nurse training			25			
Units for learning specific to role	75	150				

Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

Course Title and Educational Level	Course duration	Is This Advanced / Extended Practice Education?	Numbers	HEI/Provider	Reason for Request
					Complex/Simple wound care LES
Tissue Viability	6 months	Yes	8	Swansea University	requirement within General Practice
Assessment of the Older Person	Stand Alone	No	6	Swasnea University	Enhacing assessment skills of teams

Respiratory Assessment and Management in Primary Care	Stand Alone	No	1	Swansea University	New CNS
Meeting the Specific Needs of People with Parkinson's Disease and their Carer	Stand Alone	No	1	Swansea University	Care of the Eldely skills
Tissue Viability	Stand Alone	No	1	Swansea University	Succession planning
Challenges in the care of the older person with mental health problems	Stand Alone	No	2	USW	Specific skills for new service
Paediatric critical care	12 weeks	No	3	Currently Bristol	requirement to meet standards
				·	

Provider

Swansea University Swansea University Swansea University Swansea University Swansea University

Swansea University Swansea University Swansea University Swansea University

MSC Course	Advance Pratice Courses	Extended Practi
Advanced Clinical Practice (MSC)	Advanced Assessing & Decision Making	Yes
Advanced Clinical Practitioner (MSc)	ANP Research Methods	No
	Assessment Prevention and Management	
Advanced Practice (MSc)	of Falls	
Advanced Practice in Health Care (PGDip)	BSCCP Nurse Colposcopist	
Advanced Specialist Blood Transfusion (MSc/PGCert/PGDip)	Clinical Assessment and Diagnostics	
Ageing Health and Disease (MSC)	Clinical Endoscopist Training Programme	
Anticoagulation Management Theory and Practice (MSC)	Clinical Examination/Pathology	
Critical Care (MSc)	Clinical Patient Assessment	
Education for Health Professions (MSc/PGDip/PGCert)	Clinical Risks	
Enhanced Professional Practice MSc	Consultation & History Taking	
	Dermatology for Health professionals	
Ergonomics in Health and Community Care (MSc/PGCert/PGDip)	online distance learning	
Gastroenterology (MSC/PGDip)	Developing Advanced Practice	
Health Informatics (MSc/PGCert/PGDip)	Emergency Practitioner	
Infection, Prevention & Control (MSc)	Ethics in Health and Social Care	
· · ·	Foundations in Advanced Clinical	
Long Term & Chronic Condition Management (MSc)	Assessment for Healthcare Professionals	
	Foundations in Physiology and Heath	
Managing Care in Perioperative and Anaethesia Practice (MSc)	Assessment	
	Leadership / Quality / Innovation and	
Midwifery and Women's Health (MSc)	Change	
Play Therapy (MSc)	Leadership and Negotiated Module	1
Professional Practice (MSc)	Leading Quality Improvement	1
Public Health (MSc)	Maternity Ultrasound Anomalies	1

	Medical Education Practice module -
Respiratory Medicine (MSc/PGDip)	MSE4031 Teaching Settings Evaluation
Rheumatology (MSc/PGDip)	Minor illness management
Systemic Psychotherapy (MSc)	Neuropsychology
Systemic Psychotherapy (MSc)	Optimizing asthma management
Understanding Domestic and Sexual Violence (MSc)	Patient safely and clinical risk
	Quality Improvement
	Research Methods
	Research Methods and Health
	Improvement in Health and Social Care
	Specialist Certificate in Clinical
	Transfusion Practice
	Transforming Care, Systems and
	Leadership

Identity Settings Please Choose Community Hospital

Primary Care Health Board Employed Primary Care Non Health Board Employed Community Care e.g. District Nursing etc. Secondary Care Guidance Notes: - Advanced practice education is at Masters level, and will either be a full advanced practice masters degree pathway or PGcert/Dip or modules from an advanced practice degree pathway. Extended practice education are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does not extend to modules at level 4 and below.

Target group: Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

For Academic intake 2019/20

Advanced Practice/Extended Skills

Full MSC/PGCert/PGDipTitle	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
Please choose from list below if the education is not on the list plea	ise complete i	new Education requirements table below	
Enhanced Professional Practice MSc	8	Swansea University	Secondary Care
Radiographic Reporting (PGDip/PGCert)	12		Secondary Care
Advanced Practice in Heath Care (MSc/PGDip)	6		Secondary Care
Computed Tomography (Radiographers) PGCert	6		Secondary Care
Nuclear Medicine (MSc/PGCert/PGDip)	2		Secondary Care
Healthcare Management (MSc)	6		Secondary Care
Ageing Health and Disease (MSC)	1	Swansea University/ Cardiff University	Secondary Care
Occupational Therapy (MSc)	4	Swansea University	Secondary Care
Long Term & Chronic Condition Management (MSc)	4	Swansea University	Secondary Care
Advanced Practice (Dietetics) (MSC)	1	Swansea University	Secondary Care
Enhanced Professional Practice MSc	4	Swansea University	Primary Care Health Board Employed
Advanced Clinical Practice (MSC)	5	tbc	Secondary Care
Advanced Practice (MSc)	5	tbc	Secondary Care
Long Term & Chronic Condition Management (MSc)	3	tbc	Secondary Care
Ageing Health and Disease (MSC)	3	tbc	Secondary Care
Advanced Clinical Practice (MSC)	2	Swansea University	Secondary Care
Leadership for Healthcare Professionals (MSc/PGCert/PGDip)	1	Swansea University	Community Hospital
Musculoskeletal Ultrasound (PGCert)	4		Community Care e.g. District Nursing et
Advanced Practice/Extended Skills			
Full ModuleTitle	Numbers required	HEI/Provider	Please identify what setting the education requested is for using options in drop down box?
Please choose from list below if the education is not on the list plea	<u>ise complete i</u>	new Education requirements table below	
The Social Aspects of Long Term and Chronic Illness	1	Swansea University	Please Choose
Theory and Practice of long term and chronic conditions management	1	Swansea University	Please Choose
Health Psychology of Long Term and Chronic Illness	1	Swansea University	Please Choose
Leadership & Professional Module	1		Please Choose
Nutrition and Dietetics in common paediatric Disorders	1	Swansea University	Please Choose
Clinical Dietetics for children and infants	1	Swansea University	Please Choose
Understanding Cancer: Patient and Professional Perspectives (HCT150)	1	Swansea University	Please Choose

F		1			
Appendicular/Axial Image appreciation (HCT208)	6				
Assessing your current practice	3				
Developing Advanced Practice Module	3				
Developing Leadership, Innovation and Change	6				
Evidence based practice and assessment PTY40002	3				Please Choose
Image guided Interventional procedures of the breast	3				
Image interpretation and reporting in Mammography (HCT119)	3				
PMLM Developing Leadership, innovation and change/mentoring and	_				
supervision	3				
Strategy and leadership	3				
Injection therapy course	5				
Achieving Excellence in Care of Older People	2				
Leadership & Professional Module	2	S	swansea Universi	ty	
Injection therapy course	3	S	swansea Universi	ty	
For Academic intake 2019/20					
Course Title	Course duration	Year of output	Numbers Required	HEI Provider	
Medical Ultrasound/Sonography	1-2 years	2020/2021	6	Univer	sity West of England
For Academic intake 2019/20			•		
PRESCRIBING					
Independent prescribers: may prescribe for any medical conditio Supplementary prescribers: can only prescribe in partnership wi Limited Prescribing: Prescribing by Community Practitioners fror prescribe independently from a limited formulary comprising a limit Postgraduate Certificate in Blood Component Transfusion end for blood component transfusion to patients within their own clinica	th a doctor or n the Nurse Pr ed range of m ables experien	dentist. rescribers' Formulary for redicines, dressings and a reed non-medical Healthc	appliances suitable for are Practitioners to n	or use in community sett nake the clinical decisior	ings.
Course Title	Course duration	Year of output	Numbers Required	List AHP Staff Groups	University
Full Independent Prescribing	1 year	2020	4	Physio	
Supplementary Prescribing	1 year	2020	13	Physio/dietetics/ra	
Limited Independent Prescribing	1 year	2020			
PGCert in Blood Component Transfusion (NABT)	1 year	2020			Swansea University
For Academic intake 2020/21					
	1		New Graduates		

Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
ALLIED HEALTH PROFESSIONALS					

			00		radiography on shortage
B.Sc. Diagnostic Radiography	3 years	2023	20		occupation list Graduates are often
					employed in a private
B.Sc Therapy Radiography	3 years	2023	8	2	hospital in Newport
B.Sc. Human Nutrition - Dietician	3 years	2023	5		
PG Diploma Human Nutrition - Dietician	2 years	2022	1		
PG Diploma Medical Illustration	2 years	2022	2		
B.Sc. Occupational Therapy	3 years	2023	35		
B.Sc. Occupational Therapy (Part time)	4 Years	2024	0		
PG Diploma Occupational Therapy	2 years	2022	6		
Degree in ODP	3 years	2023	7		
B.Sc. Physiotherapy	3 years	2023	30		
B.Sc. Podiatry	3 years	2023	2		
B.Sc Orthoptist	3 years	2023	2		Reduced by 1 due to boundary change
					Requirement due to Welsh Government funding in
PhD Clinical Psychology Doctorate	3 years	2023	14		mental health services.
B.Sc. Speech & Language Therapy	3 years	2023	7		
B.Sc. Speech & Language Therapy - Welsh Language	3 years	2023	2		
Ambulance Paramedics	2 years	2022	4		
Ambulance Paramedics - EMT conversion	1 year	2021	0		
For Academic intake 2020/21					
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
RADIOGRAPHY - Assistant Practitioners					
Assistant Practitioners Radiography - Diagnostic	1 year	2021	6		radiographers nationally short in supply
Assistant Practitioners Radiography - Therapy	1 year	2021	0		
For Academic intake 2019/20	· · ·				•
Programme	Level 2 Numbers required	Level 3 Numbers required	Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
HEALTHCARE SUPPORT WORKER					

				shortfall in radiographers requiring
				better HCSW support, also
HCSW Clinical Induction	6	7		supports band 4 AP training.
Diploma in Health and Social Care		6		
Diploma in Clinical Healthcare Support		6		
Diploma in Dietetics Support		4		
			22	3 from level 4 and 10 from level 3 have been added to
Diploma in Occupational Therapy Support		55		CT form
Diploma in Physiotherapy Support	5	15	10	
Diploma in Maternity and Paediatrics Support				
Diploma in Perioperative Support				
Certificate in Clinical Imaging		6		
Units for learning specific to role				

Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

Course Title and Educational Level	Course duration	Is this Advanced/Extended practice education?	Numbers Required	HEI/Provider	Reason for Request
Diploma in Ophthalmology, new Agored course for HCSW	2 years	No	13	Agored	new initiative, approx 13 ABM, 7 Bridgend
Masters module in prescribing exemptions	1 year	Yes	7	Sheffield	7 remaining in ABM, 7 transfer to CT. New module created to bring existing staff in line with new graduates from 2020
Leadership, Management and Innovation in health care	3	yes		3	Swansea university
Sensory Integration	1	yes		8	Swansea university
Neuro Rehabilitation	1	yes		2	Swansea university
Dietetic mgt. of inherited metabolic disorders - ADV720 BDA Paediatric Module 4 - 1 place required	module	yes			Swansea university
Neonatal Nutrition - AD744 BDA Paediatric Module 5 - 1 place required	module	yes			Swansea university
Advanced clinical educators course - 1 place	module	yes			Swansea university

MBA Healthcare Management	2-3yrs	Yes	2	твс	Support efficient and effective operational management of Radiology services through application of business methodologies.
Assistant Practitioner Podiatry (technical role)		Yes	2	Cardiff Met	Skill mix

NPTH/OT NPTH/OT NPTH/OT Dietetics Dietetics Dietetics

з.

primary Priamary secondary secondary secondary secondary

Radiography Radiography Radiography Radiography Radiography Radiography Radiography	secondary secondary secondary secondary secondary secondary
Radiography Radiography Physio/Jmahon Physio/Jmahon Sbloomfiled	secondary secondary
Sbloomfiled	

4Physio 1 Dietetics/2radiography/10physio

I

7 required for CT

7 required for CT NPTH/OT NPTH/OT NPTH/OT

Dietetics Dietetics Dietetics Radiography Sbloomfield

MSC Course	Advance Practice Co	Identity Settings	Extended Practice	
	Achieving Excellence			
Advanced Practice (Dietetics)	in Care of Older			
(MSC)	People	Please Choose	Yes	
	Advancing complex			
	assessment, decision			
	making and care			
	management (HCT			
Advanced Clinical Practice (MSC)	201)	Community Hospital	No	
, , , , , , , , , , , , , , , , , , ,	Analysis and			
Advanced HEMS Practice	interpreting advanced			
(MSc/PGCert/PGDip)	practice	Primary Care Health Board Employed		
	Appendicular/Axial			
Advanced Manipulative	Image appreciation			
Physiotherapy (MSC)	(HCT208)	Primary Care Non Health Board Employed		
	Applied Research			
Advanced Physiotherapy (MSc)	Methods	Community Care e.g. District Nursing etc.		
	Assessing your			
Advanced Practice (MSc)	current practice	Secondary Care		
	Assessment and			
Advanced Practice in Heath Care	Treatment of Sports			
(MSc/PGDip)	Injuries HCT022)			

Advanced Professional Practice in	Assistive Technology
Advanced Professional Practice in	Lin Lloolth and Coold
	in Health and Social
Neurological rehabilitation (MSc)	Care
Advanced Specialist Blood	Bone Health, falls and
Transfusion (MSc/PGCert/PGDip)	fraility
	Cardio-Respiratory
Advancing Healthcare Practice	Physiology and
(MSc)	Pathophysiology
	Cardiovascular
Ageing Health and Disease (MSC)	disease and diabetes
	Changing Health
	Behaviour &
Biomedical Science (Clinical Data	Clincial Kinaesiology
Interpretation) (MSc)	and Tissue Pathology
	Clinical assessment
Child Public Health	for Health Care
(MSc/PGCert/PGDip)	Scientists
	Clinical Assessment
Community & Primary Healthcare	in Advanced Practice
Practice(MSC/PGCert/PGDip)	(20 cr)
	Clinical Competence
Computed Tomography	in Mammography
(Radiographers) PGCert	(HCT053)
	Clinical Decision
Diabetes (MSC/PGCert/PGDip)	Making
· · · · ·	Clinical Dietetics for
Diagnostic Imaging (PGCert)	children and infants
	Clinical Patient
Dietetics (MSc)	Assessment
	Critically Exploring
	Professional Practice
	Transforming Health
Diploma in Paediatric Dentistry	0
,	
Child Public Health (MSc/PGCert/PGDip) Community & Primary Healthcare Practice(MSC/PGCert/PGDip) Computed Tomography (Radiographers) PGCert Diabetes (MSC/PGCert/PGDip) Diagnostic Imaging (PGCert)	Clinical assessment for Health Care Scientists Clinical Assessment in Advanced Practice (20 cr) Clinical Competence in Mammography (HCT053) Clinical Decision Making Clinical Dietetics for children and infants Clinical Patient Assessment Critically Exploring

Enhanced Professional Practice	Developing Advanced
	Practice Module
MSc	Practice Module
Expert Practice in	Developing Francisco
Immunocytochemistry (PGDip)	Developing Expertise
	Developing
	Leadership,
Health and Public Service	Innovation and
Management (MSc)	Change
	Developing yourself
Healthcare Management (MSc)	as a leader
Higher Specialist Diploma in Cellular	Diabetes in
Pathology	Pregnancy
Language and Communication	
Impairment in Children	
(MSc/PGCert/PGDip)	Epidemiology
Leadership for Healthcare	
Professionals (MSc/PGCert/PGDip)	Ethics
Long Term & Chronic Condition	Ethics in Health and
Management (MSc)	Social Care
	Evidence based
	practice and
Managing care in perioperative and	assessment
anaesthesia practice (MSC)	PTY40002
	Evidencing Learning
MSc Diagnostic & Interventional	in Specialist
Ultrasound (MSc)	Professional Practice
	Extended Scope
Musculoskeletal Medicine (MSc)	Practice
	Facilitating Learning
Musculoskeletal Studies	3
	and Teaching (Non-
(MSc/PGCert/PGDip)	NMC)
	Foundation in
Musculoskeletal Ultrasound	advanced clinical
(PGCert)	assessment

	Foundations in ADV
	Clinical Assessment
Nuclear Medicine	for Health Care
(MSc/PGCert/PGDip)	Professionals
	Foundations in
Occupational Therapy (MSc)	neuroscience
	From assessment to
Paediatric Physiotherapy (MSc)	practice
Pharmaceutical Technology and	practice
Quality Assurance (MSc)	Global Public Health
	Health Policy and
Physiotheropy (MSa)	Economics
Physiotherapy (MSc)	Health Psychology of
	Long Term and
Professional Practice (MSa)	Chronic Illness
Professional Practice (MSc)	Healthcare
	professionals: end of
Dublic Health (MSc)	•
Public Health(MSc)	life care Histopathology BMS
Radiographic Reporting	
(PGDip/PGCert)	Reporting
Rediagraphy (CT) DCCort	History Taking and
Radiography (CT) PGCert	Colsultation
	Image guided
	Interventional
	procedures of the
Respiratory Medicine (MSc)	breast
	Image interpretation
	and reporting in
SLT Advanced Practitioner (MSc in	Mammography
Public Health)	(HCT119)
Stem Cells and Regeneration (MSc)	Independent Study
Systemic Practice in Psychotherapy	Injection therapy
(PGDip)	course
Theory of Podiatric Surgery (MSc)	Insulin pump
	Introduction to image
Vision and Strabismus (MMedSci/Dip	
	evaluation

Wound Healing & Tissue Repair	Leadership &
(MSc)	Professional Module
	Lower Quadrant
	Neuromuscular
	Physiotherapy
	Dysfunction
	Management of
	Parkinson's disease
	related conditions
	Masters Certificate of
	Professional
	Development in
	Medicines Use in
	Paediatrics and
	neonates (20 Credits)
	Minor illness
	management
	Motivational
	Interviewing:
	Strategies for
	Lifestyle Changes
	Musculoskeletal
	Diagnosis and
	Treatment
	Neuromusculoskeletal I (Upper Quadrant)
	Neuropsychology
	Neurorehabilitation –
	A Theoretical Basis
	Nutrition and Dietetics
	in common paediatric
	Disorders
	Nutrition for the Older
	Adult
	Occupational Science
	and Occupational
	Therapy Theory and
	application

Paediatric
cardiorespiratory
physio
Paediatric Dietetics
Paediatric Hearing
Impairment (Speech
and Language
Therapy)
Patient safely and
clinical risk
Philosophy, ethics &
medicine SHPM48
PMLM Developing
Leadership,
innovation and
change/mentoring
and supervision
Policies & practice for
an ageing population
Practice of joint and
soft tissue injection
PTY40015
Public health, health
economics and policy
Quality and Safety
Module
(Radiographers)
Research methods
Research Methods &
Health Improvement
in Health and Social
Care
Research Methods
and Leadership &
Professional Module

Science of
performance & Injury
in sport
Society of
Muscularskeletal
Medicine (SOMM
modules)
Special Tests in MSK
Medicine
Sport and Exercise
Participation
Strategy and
leadership
The Social Aspects of
Long Term and
Chronic Illness
Theory and practice
of injection therapy
Theory and Practice
of long term and
chronic conditions
management
Transforming Care,
Systems and
Services through
Leadership Transforming
Individual Practice
Module

Module Understanding Cancer: Patient and Professional Perspectives (HCT150)

For Academic intake 2020/21				
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head count (In Service Applicants)	Indicate any Recruitme comr
HIGHER SPECIALIST SCIENTIST TRAINING - HSST				
Physical Sciences				
Clinical Biomedical Engineering	5 years	2025	0	
Medical Physics	5 years	2025	1	
Life Sciences				
Genetics-Genomics	5 years	2025	0	
Molecular Pathology of Infection	5 years	2025	0	
Molecular Pathology of acquired Disease	5 years	2025	0	
Histopathology and Immunology	5 years	2025	0	
Embryology and Reproductive Science	5 years	2025	0	
Physiological Sciences		F		
Audiology	5 years	2025	0	
	5 years	2025	0	
For Academic intake 2020/21				
Course Title	Course duration	Year of output	New Graduates Required - Employed workforce - Head cour	
			Direct Applicant	In service Applicant
SCIENTIST TRAINING PROGRAMME-STP				
Physiological Sciences - STP				
M.Sc. Clinical Science in Neurosensory Sciences - Audiology	3 years	2023	2	
M.Sc. Clinical Science in Neurosensory Sciences - Neurophysiology	3 years	2023	2	1
M.Sc. Clinical Science in Neurosensory Sciences - Cardiac Physiology	3 years	2023	0	
Life Science -STP				
M.Sc. in Infection Science - Clinical Microbiology	3 years	2023	0	
M.Sc. in Blood Sciences - Clinical Immunology	3 years	2023	0	
M.Sc in (Blood Sciences) Haematology and Transfusion Science	3 years	2023	0	
M.Sc in (Blood Sciences) Histocompatibility and Immunogenetics	3 years	2023	0	
M.Sc. in Blood Sciences - Clinical Biochemistry	3 years	2023	1	
M.Sc. in Blood Sciences - Genomics (formally Genetics)	3 years	2023	0	
M.Sc. in Blood Sciences - Cancer Genomics	3 years	2023		
M.Sc in Genomic Counselling (formerly Genetic Counselling)	3 years	2023	0	

M.Sc in Cellular Sciences - Reproductive Sciences - Clinical Embryology and Andrology	3 years	2023	3	
M.Sc in Cellular Sciences - Histopathology	3 years	2023	0	
M.Sc in Cellular Sciences - Cytopathology	3 years	2023	0	
Physical Sciences and Biomedical Engineering - STP			• •	·
M.Sc. in Clinical Science - Medical Physics-Radiotherapy Physics	3 years	2023	1	National Shortage
M.Sc. in Clinical Science - Medical Physics-Imaging with Non Ionising Radiation	3 years	2023	1	National Shortage
M.Sc. in Clinical Science - Medical Physics-Imaging with Ionising Radiation	3 years	2023	1	National Shortage
M.Sc. in Clinical Engineering - Rehabilitation Engineering	3 years	2023	1	National Shortage
M.Sc. in Clinical Engineering - DRMG	3 years	2023	0	1
Clinical Bio Informatics -STP				
MSc in Clinical Bioinformatics (Health Informatics)	3 years	2023	0	
MSc in Clinical Bioinformatics (Genomics)	3 years	2023	0	
M.Sc in Clinical Bioinformatics (Physical Sciences)	3 years	2023	1	
Post Graduate Education				
MSc Genomic Medicine (This is not an STP)	2 Years	2022	0	0
For Academic intake 2020/21				
Course Title	Course duration	Year of output	New Graduates Required - Emplo	yed workforce - Head count
			Direct Applicant	In service Applicant
HEALTHCARE SCIENTIST				
Physiological Science - PTP				
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	3 years	2023	6	
B.Sc. (Hons) Healthcare Science - Audiology	3 years	2023	2	
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	3 years	2023	4	
B.Sc. (Hons) Healthcare Science - Neurophysiology	3 years	2023	3	

Physical and Biomedical Engineering - PTP				
B.Sc. (Hons) Healthcare Science- Clinical Engineering in Rehab	3 years	2023	This programme is only for	1
B.Sc. (Hons) Healthcare Science - Clinical Engineering (Medical Engineering)	3 years	2023	employed staff	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine & Radiotherapy Physics	3 years	2023	2	
Life Science - PTP				
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,	3 years	2023	1	
B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection	3 years	2023	1	
B.Sc. (Hons) Healthcare Science - Biomedical Science - Cellular	3 years	2023	1	
B.Sc. (Hons) Healthcare Science - Biomedical Science - Genetics	3 years	2023	0	

Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

Course Title and Educational Level	Course duration	Is this Advanced/Extended Practice Education?	Numbers Required	HEI Provider
M.S.c in Reconstructive Science	3 years	Yes	1	tan University and Kings College
Conversion of B4 to B5 -additional BSc modules required	1 year	No	2	Swansea University
Hcert Audiology for Band 3	18 monhs	No	1	Swansea University
STP Sleep Science	3	Yes	1	Manchester Metrolitan University
HSST - Cardiac Science	5	Yes	1	Mancherster University
Cellular Pathology Advanced Practice		Yes	1	University of Ulster
M.Sc. in Clinical Science - Medical Physics-Radiation Safety Physics	3	yes	1	
STP cardiac Science	3	yes	1	Newcastle University

nt Difficulties / Reason for nissions

> Indicate any Recruitment Difficulties / Reason for commissions

Having trainees builds resilience in the service as very few trained embryologists are attracted to work in Wales - "growing our own" is the best method of acquiring staff. Current workforce is young and mobile and prone to leaving when better opportunities arise. One of teh STPs will be in andrology to support a growing service. The is a huge national shortage of properly qualified andrologists as androlog STP has only been running for 2 years so none have graduated and there number is very small <5.
Indicate any Recruitment Difficulties / Reason for commissions
Reduced from 3 due to boundary change

Reason for Request
recruitment issues in highly
specialist area
Expansion of Audiology roles
Expansion of Audiology roles
Retirements within Dept
Retirement and succession planning
Support internal staff to advance

National Shortage

Extended Practice

Yes No Guidance Notes: -Advanced practice education is at Masters level, and will either be a full advanced practice masters degree pathway or modules from an advanced practice degree pathway. Extended practice education are modules of education which extends a registrant's skill set and may be at masters level or level 5 and 6. This funding does not extend to modules at level 4 and below.

Target group: Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/GP practice/cluster environments.

For Academic intake 2019/20 Advanced Practice/Extended Skills Please identify what setting Full MSC/PGCert/PGDipTitle the education requested is Numbers required HEI/Provider Please choose from list below if the education is not on the list for using options in drop please complete new Education requirements table below down box? Please choose from list below if the education is not on the list please complete new Education requirements table below Please Choose Please identify what setting **Full Module Title** the education requested is Numbers required HEI/Provider Please choose from list below if the education is not on the list for using options in drop please complete new Education requirements table below down box? Please choose from list below if the education is not on the list please complete new Education requirements table below Please Choose For Academic Intake 2021/22 New Graduates Required New Graduates Required -Course **Course Title** Year of output **Employed Workforce -**Independent Sector/ Local duration Head count Authority Pre Reg Pharmacy -Hospital programme 8 2022 1 year Pre Reg Pharmacy - Combined programme 1 year 2022 4

Pharmacy Diploma	2 years	2023	11	
For Academic intake 2020/21				
Pharmacy Technician	2 years	2022	9	
For Academic intake 2019/20				
PRESCRIBING				

Independent prescribers: may prescribe for any medical condition within their area of competence

Supplementary prescribers: can only prescribe in partnership with a doctor or dentist.

Limited Prescribing: Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners.i.e District Nurses and Health Visitors, are able to prescribe independently from a limited formulary comprising a limited range of medicines, dressings and appliances suitable for use in community settings.

Postgraduate Certificate in Blood Component Transfusion enables experienced non-medical Healthcare Practitioners to make the clinical decision and provide the written instruction for blood component transfusion to patients within their own clinical specialty, and within their own areas of competence and expertise.

Course Title	Course duration	Year of output	Numbers Required	HEI/Provider
Full Independent Prescribing	1 year	2021	12	Swansea, Cardiff & Other Universities
Supplementary Prescribing	1 year	2021		
Limited Independent Prescribing	1 year	2021		
PG Cert in Blood Component transfusion (NABT)	1 year	2021		Swansea University

Additional / new education requirements

Please complete the table below with details of any additional / new education requirements

Course Title and Educational Level	Course duration	Is this Advanced/Extended practice education?	Numbers Required	HEI/Provider
MSc in Clinical Pharmacy	1-year	Yes	2	Cardiff University
MSc Ageing, Health and Disease	1-year	Yes	1	Cardiff & Swansea University
Certificate Psychotherapeutics	1-year	Yes	1	Aston University
Education and training for tutors or ?prescribing practition	module	Yes	5	Cardiff, Swansea & Other Universities

MSc	HCS Modu	ıle
Auvanceu Specialist	Specialist	
Blood Transfusion	Diploma	
Clinical Data		
reporting		
Quality Management		
MSc		

Identity Settings

Please Choose Community Hospital Primary Care Health Board Employed

Primary Care Non Health Board Employed Community Care e.g. District Nursing etc. Secondary Care

Extended Practice

Yes No

For Academic intake 2020/2021			
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count
Diploma in Dental Hygiene	2 years	2022	2
Degree in Dental Hygiene & Therapy	3 years	2023	1
Physicians Associates	2 years	2022	13

Additional / new education requirements

Please complete the table below with details of any additional / new education require

Course duration	Is this Advanced/Extended practice education?	Numbers Required
9 months	Yes	4
9 months	Yes	4
	duration 9 months	Course duration Advanced/Extended practice education? 9 months Yes

Indicate any Recruitment Difficulties / Reason for commissions

ments

	HEI/Provider
NEBDN	
NEBDN	

no response no response no response received from Delivery Units. Figure has been reduced from 16 in line with what we are going out to advert in January for internships.

2 nurses per (by 2020/21) year to deal with CDS specialised services

2 nurses per (by 2020/21) year to deal with CDS specialised services

message left for L indsay Davies

re split.

Extended Yes No

Practice

Medical and Dental

Information to inform education commissioning of Medical & Denta

Information on organisations' anticipated future requirement for medical and de inform education commissioning decisions. In addition to the information on Pr Dental Care Practitioners requested in the previous pages, please complete th

Please note:

- In each of the tables, please record what your organisation anticipates will
- "Net change" means the anticipated increase/decrease in the size of that v
 - In other words, if an organisation anticipates that it will simply releavers on a "one for one" basis (i.e. with a new doctor/dentist or grade/specialty), then the "net change" would be zero.
 - However, if the organisation anticipates that it will replace all ret for one" basis and also recruit an additional doctor (1.0FTE) in ε then the "net change" for that specialty would be +1.0FTE.
- The following should be excluded from the tables on the next few pages:
 - o Training grade doctors entering/leaving an organisation as a normal par
 - Doctors moving organisations under TUPE arrangements.
- Please record all figures as Full Time Equivalent (FTE)

Group	Specialty
	Acute Medicine
	Allergy
	Audiological Medicine
	Cardiology
	Clinical Cytogenetics &
	Molecular Genetics
	Clinical Genetics
	Clinical
	Neurophysiology
	Clinical Pharmacology &
	Therapeutics
	Dermatology
	Endocrinology &
	Diabetes
	Gastroenterology
	General (Internal)
Medicine	Medicine

1) Medical/Dental Consultants (FTE)

I	Genito-Urinary
	Medicine
	Geriatric Medicine
	Infectious Diseases
	(& Tropical Medicine)
	Medical Oncology
	Neurology
	Occupational Medicine
	Palliative Medicine
	Rehabilitation Medicine
	Renal Medicine
	Respiratory Medicine
	Rheumatology
	Sport & Exercise
	Medicine
	Chemical Pathology
	Haematology
	Histopathology
Pathology	(includes
	Neuropathology)
	Immunology
	Medical Microbiology
	Paediatrics
Paeds	Paediatric Cardiology
	Paediatric Neurology
	Child & Adolescent
	Psychiatry
	Forensic Psychiatry
	General Psychiatry
Psychiatry	Old Age Psychiatry
	Psychiatry of Learning
	Disability
	Psychotherapy
	Clinical Oncology
Radiology	Clinical Radiology
Radiology	Nuclear Medicine
	Cardiothoracic Surgery
	General Surgery
Surgery	
Suigery	Neurosurgery
	Maxillofacial Surgery
	Otolaryngology (ENT)

2) Medical/Dental Consultants (FTE) (continued)

Group	Specialty
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Surgery <i>(cont'd)</i>	Paediatric Surgery
	Plastic Surgery
	Trauma & Orthopaedic
	Surgery
	Urology
	Anaesthetics
	Intensive Care medicine
	Emergency Medicine
	Obstetrics &
Other medical specialties	Gynaecology
	Ophthalmology / Medical Ophthalmology
	Public Health (excluding Dental)
	Dental Public Health
	Dental & Maxillofacial
	Radiology
	Endodontics
	Oral Surgery
	Oral & Maxillofacial
	Pathology
Dental specialties	Oral Medicine
	Oral Microbiology
	Orthodontics
	Paediatric Dentistry
	Periodontics
	Prosthodontics
	Restorative Dentistry
	Special Care Dentistry
TOTAL CONSULTANT WORKFORCE	

2) GPs and Dentists (excluding Consultants) (FTE)

These figures should include all GPs and Dentists, including those working in i practices and those directly employed by the Health Board/Trust (including loc

- The only exception is for Consultants working in the Hospital Dental Servic
- Commissioning requirement for Dental Care Practitioners and Practice Nul on pages 1-2 of this document.

Type of doctor/dentist	Anticipated net change
	2019/20
General Practitioners (GP)	
General Dental Service (GDS) Dentists	
Community Dental Service (CDS) Dentists)	
Other Dentists (excluding HDS Consultants)	

3) Non-Consultant doctors (FTE) (all specialties combined)

Please give a broad overview of how your organisation's overall non-consultan likely to change in size during the next three years. It is recognised that the siz training grade workforce is not entirely within its control; the forecasts provided therefore be triangulated against information from the Wales Deanery.

While specialty-specific information has not been requested below, please feel additional information (e.g. if the bulk of the forecasted increases/decreases as specific specialties)

Type of doctor	Anticipated net change
	2019/20
Non-Consultant Career Grade doctors	2
Training Grades: Foundation Grades	
Training Grades: Core level	
(ST1-ST2)	
Training Grades: Higher level (ST3+)	2

I Staff ental staff is needed to actice Nurses and le tables overleaf.

be the net change of its medical/dental workforce during the next three *v*orkforce (in Full Time Equivalent) compared to the previous years. eplace all retirees / of the same

tirees/leavers on a "one a particular specialty,

t of their rotation.

Anticipated net change in the size of the workforce during each year			
(Full Time Equivalent)			
2020/21	2021/22		
	(Full Time Equivalent)		

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Anticipated net change in the size of the workforce during each year		
(Full Time Equivalent)		
2019/20	2020/21	2021/22

3	3	
E	3	
5	3	0

independent GP/dental ums). e (HDS), who should be recorded in the table above. rses should be recorded

in the size of the workfo Time Equivalent)	prce during each year (Full	Projected change
2020/21	2021/22	2024

It medical workforce is ze of an organisation's I by organisations will

I free to provide re anticipated to be in

in the size of the workfo Time Equivalent)	orce during each year (Full	Total
2020/21	2021/22	(2019-2022)

Projected change 2024	Recruitment Difficulties / Reason

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Projected change	Recruitment
2024	Difficulties / Reason



Additional Comments	Recruitment Difficulties / Reason (Please specify specialty)					

LHB & Trust Specific Internal Service Delivery Plans & Measures

Each Trust should identify their proposed delievery areas from both the national outcome/delivery domains and their local needs assessment NOTE - Discretionary Template

		Profile													
Measure	Target	Projected end of March 2018 position	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Monthly															
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Please use this template to provide links to key documents

Document

National Strategic Context

Wellbeing and Area Plans

Delivery Plans

Links to National Programme Boards

Needs Assessments

Regional clinical or service strategies

Other SBUHB documents

Hyperlinks

, delivery and programme plans which you reference in your IMTP.

Hyperlink	Section
Healthier Wales	Annual Plan
Prosperity for All	Annual Plan
Parliamentary Review of Health and Social Care	Annual Plan
Wellbeing of Future Generations Act	Annual Plan
Social Services and Wellbeing Act	Annual Plan
Facing the Future Standards for Child Health	Annual Plan
Association for Community Child Health (BACCH) Essential Standards T	Annual Plan
Primary Care Plan for Wales	Annual Plan
http://www.swansea.gov.uk/psb	Annual Plan
https://www.npt.gov.uk/5808	Annual Plan
www.westernbay.org.uk/areaplan.	Annual Plan
Inserted as thumbnails	Appendix 2
National Unscheduled Care Programme	Annual Plan
National Planned Care Programme	Annual Plan
Western Bay Population Assessment	Appendices
Joint Strategic Needs Assessment	Appendices
Rapid Population Health Needs Review	Annual Plan
Organisation Strategy and Clinical Services Plan	Annual Plan
ARCH Portfolio Delivery Plan	Annual Plan
Primary and Community Services Strategy	Annual Plan
Children and Young People's Strategy	Annual Plan
Strategic Framework for Adult Mental Health	Annual Plan
Digital Strategy	Annual Plan
Digital Communities Wales Digital Incusion Charter	Annual Plan
Our Neighbourhood Approach to community resilience in 2019/20	Annual Plan
Western Bay Our Neighbourhood Approach	Annual Plan
A Healthier Mid and West Wales	Annual Plan
Older Person's Charter	Annual Plan
Children's Charter	Annual Plan
Welsh Language profile	Annual Plan

Page ref	Page refs to be updated