



**PWYLLGOR CYLLID A PHERFFORMIAD  
FINANCE AND PERFORMANCE COMMITTEE**

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 16 December 2025  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Financial Performance Assurance Report – Month 8<br>2025/26                               |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance   |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Andrew Spratt, Deputy Director of Finance<br>Jennifer Thomas, Head of Corporate Reporting |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to outline the Health Board’s financial position to date against the Annual Financial Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.

Cefndir / Background

The Board recognises that approving a budget which included a planned deficit was a ‘novel and contentious action’ and, as such, the Accountable Officer wrote to the Director General Health, Social Care and Early Years Group in Welsh Government (WG) to advise them of this action in line with requirements.

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

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

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

Asesiad / Assessment

**Financial Position**

- The in-month financial position is a surplus of £4.4m, which is an improvement against the £2.5m in-month deficit plan, with the year-end forecast being £22.1m, aligned to the revised target control total of £22.1m.
- Following confirmation received from Welsh Government on 10 December 2025, the Health Board has recognised funding for the increases to the Welsh Risk Pool risk share agreement (£4.2m) and the Band 2/3 (£2.9m) (**Appendix 2**). With these funding confirmations, the Target Control Total expectation has been revised to £22.1m (**Appendix 3**).
- The in-month savings target of £3.9m has been fully identified and delivered in-month and the core operational variance in-month is an underspend of £6.9m, linked to the recognition of the funding new allocations.
- The financial run rate is on track to achieve the forecast position, with mitigating actions of £2.4m required should the forecast cost increases predicted by services materialise. Any material increases to the current run rate would put at risk the year-end forecast, with internal focus needing to remain resolute.
- The following table summarises the key drivers, with full analysis included within **Appendix 1**.

| Key Driver (£'m)                           | Current month variance to breakeven | Year to Date variance to breakeven | End of Year forecast to breakeven |
|--|-------------------------------------|------------------------------------|-----------------------------------|
| Planned Deficit                            | 2.5                                 | 20.0                               | 30.0                              |
| Savings gap / (improvement)                | 0.0                                 | (4.7)                              | (2.1)                             |
| Under / (Over) delivery of savings schemes | 0.0                                 | 0.3                                | 0.3                               |
| Core operational variation                 | (6.9)                               | (3.7)                              | (3.7)                             |
| Gross Forecast                             | (4.4)                               | 11.9                               | 24.5                              |
| Future Mitigating Actions                  | -                                   | -                                  | (2.4)                             |
| <b>Reported Position</b>                   | <b>(4.4)</b>                        | <b>11.9</b>                        | <b>22.1</b>                       |

**Note:** Due to the timing of the allocation funding communication, and with the finalisation of the position having concluded internally within the Health Board prior to it, the normal detail contained within **Appendix 1** references the reported position in lieu of the funding confirmation, i.e. an end of year forecast of £28.3m, not £22.1m. The only changes between the high-level summary provided, and the detail, is the combination of both funding confirmations for Welsh Risk Pool and Band 2/3 uplift. It is recognised this is unorthodox, but to ensure committee members had sufficient time to review the detail it has been shared in this way given the meeting already had an advanced timetable due to the Christmas period.

#### **Alert (may require discussion)**

There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

#### **Top Priority Alerts**

Included within **Appendix 1** are the top priority alerts with mitigating actions being required to negate the impact, the key themes being:

- Medical Pay – there is continued use of additional medical cover in the form of premium pay across several sites. An urgent update is required for timelines on Medical Stabilisation Programme, which is provided as an update within section 3 of the meeting agenda – Escalation Response.
- Continuing Healthcare – increased packages and purchase of Psychiatric Intensive Care Unit beds from independent sector is continuing to be an increasing trend. Clarity on price, mix and volume breakdowns are being sought.
- Increased expenditure to improve patient waiting lists across Scheduled Care specialties, associated with both insourcing and outsourcing activities. The cost pressures are currently being offset by an underspend within Oncology drugs, of which £3.6m has been transacted as a recurrent saving from April 2026. With no action, the Clinical Care Group will significantly deteriorate at the point the savings are committed, but no later 1 April 2026 given the recurrent saving having been committed to from then. Transparency of the cost pressures gross of the fortuitous Oncology drugs underspend is required urgently, triangulated with core capacity activity verses recovery activity.
- Further non-pay overspend in several service areas including Long Term Agreements, Estates and Facilities and Community & Integrated Medicines require further management understanding and mitigating actions.

### **Recurrent savings delivery and impact on underlying deficit and FY27 Planning Cycle**

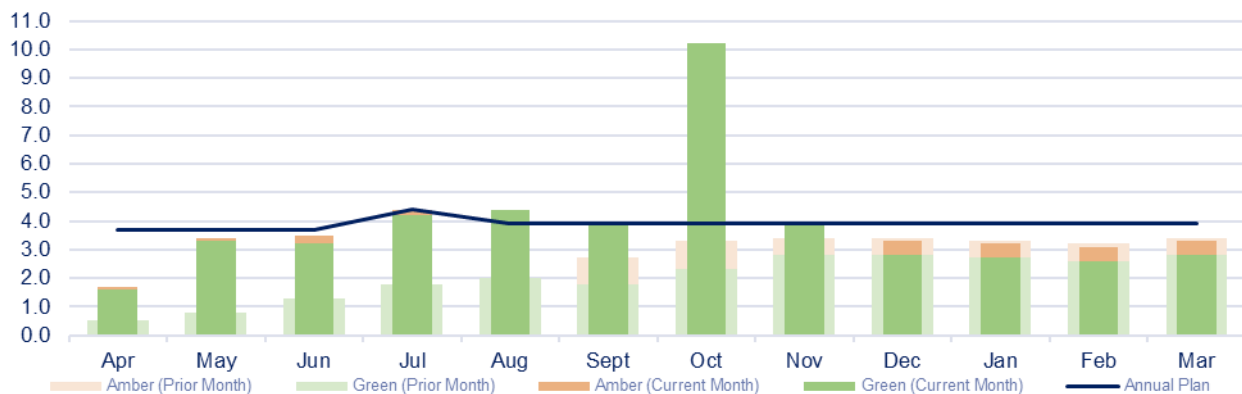
- The underlying deficit as part of the financial planning cycle is £58.5m, which assumes £19.0m of recurrent savings delivery. As at Month 8, due to a large recurrent Oncology drugs savings scheme of £3.6m due to deliver from 1 April 2026, the full year recurrent savings gap has reduced to £0.8m, resulting in an underlying deficit of £59.3m.
- Whilst the in-year savings target has been delivered, the end of year key performance breakdown per Clinical Care Group (CCG) / Executive functions in **Appendix 1** shows the mis-balance across service areas with Executive functions over delivering by £14.8m and CCG's under delivering by £13.0m.
- There is an over-reliance on non-recurrent savings plans, with the in-year recurrent savings gap being £4.7m, and with non-recurrent savings being over-delivered by £6.5m. A key action for the Health Board is to ensure further options are converted from the opportunities framework and translated into robust recurrent savings plans to improve the recurrent underlying deficit.
- Work on the financial plan for 2026-27 has commenced, and a separate update paper is presented to the Finance and Performance Committee.
- A financial roadmap continues to be developed and updated and clearly sets out the actions that are required to ensure a financial break-even position is achieved for the 2027/28 financial year, meeting expectations set out as part of conditional funding arrangements from 2024/25. Comprehensive assessments and scenarios are modelled and included across a three-year horizon to 2028/29.

#### **Advise (to monitor)**

There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

### **Lack of proactive in-year savings commitment where savings are evidenced**

- At the start of the financial year, to expedite budget holders to declare savings proactively, a non-recurrent underspend savings principle was agreed by Executives. This principle was to ensure that any pay savings were declared within the month they occurred, at the latest, and were not used to offset unrelated overspends.
- Whilst this principle has worked as expected, a proactive approach to declaring savings has not yet materialised from some budget holders, and there is a significant gap between the month on month saving delivery and that forecast for remaining periods in the year. The following graph shows that each month's actual savings consistently exceeds the prior month's forecast.



- A revised approach was introduced in Month 5 to ensure, as a minimum, a realistic financial position is confirmed as part of the gross forecast, including savings delivery. An amber scheme was created for £6.0m to show run rate reductions forecasted to future months. This was required due to the continued disconnect month on month with in-month delivery of savings and those forecast in future periods.
- Several targeted service review meetings were held between the service and senior finance colleagues and whilst some progress was made in Month 7 following these meetings, the Amber savings scheme remains and causes a credibility query, now £2.0m in Month 8, from £3.0m as reported in Month 7.
- As planning discussions are underway for the FY27 Planning cycle, it is recognised that the organisation must change the savings approach, the reactive underspend conversion approach is not sustainable and must be resolved in the budget setting process for the new financial year. An resolution update will be brought as part of the February 2026 Finance and Performance Committee meeting.

## Cash

- The strategic cash request was discussed at the November Board meeting prior to submission to WG, factoring in working capital assumptions such as expected reimbursements for clinical negligence cases and potential impacts from Band 2 to 3 re-banding back pay.
- In line with Welsh Government guidelines (Technical Update 3 dated 7 November 2025), the Health Board submitted its Board approved Accountable Officer letter to request strategic cash assistance on 5 December 2025, a response is not expected until February 2026. Copy attached as **Appendix 4**.

- Should the requested strategic cash not be made available the Health Board will need to instigate its Cash Management Strategy, having previously been developed and agreed via the Finance and Performance Committee and its previous titles.

### **£2.4m Board Improvement Decisions**

- An update on the Board decisions made to improve the end of year forecast is included within **Appendix 1**.
- No further progress has been confirmed since the Month 7 update was made to the Board. Executive Directors are expected to progress decisions for their areas and update through the monthly financial cycle.

### **Ministerial Priorities**

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

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

Continued positive action is evidenced towards achieving a 30% reduction in on-contract agency expenditure with a further reduction in spend in Month 8, with off-contract use now eliminated throughout the Health Board. There remains a national use of agency workers within Mental Health and Learning Disabilities for Healthcare Support Workers, in breach of the ministerial priority, with working continuing to remove the reliance.

### **Capital**

- There is new risk around confirmation of WG funding and overspending against the Capital Resource Limit (CRL) at this stage of the financial year.
- Delivery against the capital programme remains at a medium risk. Whilst all capital schemes are forecast to complete within budget by the end of the financial year, there remains a level of uncertainty with regards to the receipt of end of year capital funding from Welsh Government, linked to the urgent Concrete Cladding Works at Wwithybush Hospital £(0.85)m. Also, a significant proportion of spend is remaining within the capital programme.
- The risk of underspending is caused by the profile of spend against capital projects, with 50% of the annual spend forecast to be committed in February and March 2026. There is no flexibility for these schemes to delay beyond March 2026, with project management oversight of progress being of upmost focus.

## Welsh Risk Pool

- Welsh Government have formally notified the Health Board (**Appendix 2**) of funding being made available to cover a maximum of £49m, reflecting the Month 7 minimum position forecast by NWSSP.
- Clarity will be sought on whether the Health Board will be responsible for managing any further increases beyond the minimum position, and if so, the current worst case scenario would see a potential impact of £1.1m that could worsen the reported forecast.

### **Assure (to note)**

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

## In-year savings delivery achievement

- Of the annual savings target of £46.4m, £48.5m has been identified on an in-year basis resulting in a £(2.1)m over-identification, however £48.2m are forecast to deliver, resulting in an overall £(1.8)m over-delivery of the savings target.
- Run rate management of year-to-date savings of £2.0m are now in the savings forecast to deliver in future months, with assurance not yet fully provided by services.
- Given the significant identification gap for robust deliverable savings schemes across some portfolios, further escalation for the Finance domain is likely due to risk associated with delivering the annual plan equitably across services, and the risks associated with the impact for the 2026/27 financial plan.

## Grip and control measures

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

## Reporting Developments

- As part of the internal Finance departments drive for continuous improvement and insightful reporting, the Finance team have been developing reporting suites, namely, Reporting Hwb, to provide a more relevant and appropriate financial output.
- The Month 8 Finance Performance report includes additional outputs focussing on actual trends within key spend categories such as, pay, primary care prescribing, secondary care drugs and continuing healthcare.
- This will provide further insight into key drivers of spend within the Health Board and has been developed with All Wales reporting via Financial Planning & Delivery.
- The developments have been a further improved from work undertaken across NHS Wales, NHS England, and industry best practice.

## Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **RECOGNISE** that the Health Board's forecast deficit has improved to £22.1m, the revised target control total, following funding allocation confirmation from Welsh Government.
- **SCRUTINISE** the top priority alerts for urgent remedial action plans.
- **ACKNOWLEDGE** that the in-year savings delivery target has been over-achieved.
- **NOTE** that the Amber savings scheme judgement around future run rate conversion totalling £2.0m has been included within the Month 8 position, evidenced by past performance but in lieu of formal commitment and submission across service areas.
- **ACKNOWLEDGE** that an underlying deficit assessment has been undertaken and that will only be reduced via robust recurrent savings delivery improvements, in particular those Executive portfolios that have yet to identify their full target.
- **NOTE** the Finance Performance report now includes additional outputs to provide more insightful and relevant reporting to the Committee.
- **NOTE** the strategic cash request has been sent to Welsh Government in December 2025.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- |         |   |
|---------|---|
| 3.1.5   | Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in: |
| 3.1.5.1 | The reporting of monthly, year to date and forecast financial position alongside operational drivers;   |
| 3.1.5.2 | Performance against the savings requirement;  |

|   |  |
|---|--|
|   | 3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.                         |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:  | 2086 (score 15) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2025/26 due to significant deficit position. |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | 7. All apply   |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | 6. All Apply   |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:  | All Strategic Objectives are applicable  |
| Amcanion Cynllunio<br>Planning Objectives   | All Planning Objectives Apply  |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 9. All HDdUHB Well-being Objectives apply  |

### Gwybodaeth Ychwanegol:

#### Further Information:

|  |   |
|--|---|
| Ar sail tystiolaeth:<br>Evidence Base: | Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.  |
| Rhestr Termiau:<br>Glossary of Terms:  | <p>BGH – Bronglais General Hospital<br/>         CHC – Continuing Healthcare<br/>         EOY – End of Year<br/>         FNC – Funded Nursing Care<br/>         FYE – Full Year Effect<br/>         GGH – Glangwili General Hospital<br/>         GMS – General Medical Services<br/>         HSCEY – Health, Social Care and Early Years<br/>         MHLD – Mental Health &amp; Learning Disabilities<br/>         NICE – National Institute for Health and Care Excellence<br/>         OCP – Organisational Change Policy/Process<br/>         OOH – Out of Hours</p> |

|  |  |
|--|--|
|  | PPH – Prince Philip Hospital<br>PSPP– Public Sector Payment Policy<br>RTT – Referral to Treatment Time<br>T&O – Trauma & Orthopaedics<br>TCT – Target Control Total<br>WG – Welsh Government<br>WGH – Withybush General Hospital<br>WRP – Welsh Risk Pool<br>WTE – Whole Time Equivalent<br>YTD – Year to date |
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior<br>to Sustainable Resources<br>Committee: | Finance Team<br>Management Team<br>Executive Team  |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |   |
|---|---|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | Financial implications are inherent within the report.  |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | The impact on patient care is assessed within the savings schemes.  |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | The report considers the financial implications of our workforce.   |
| <b>Risg:</b><br><b>Risk:</b>  | Financial risks are detailed in the report.   |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year. |

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



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# 2025/26 Financial Performance Report Finance and Performance Committee

Month 8 November 2025/26

# Additional Funding Allocation Update



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## Key Information

Following confirmation received from Welsh Government on 10 December 2025, the Health Board has recognised funding for the increases to the Welsh Risk Pool risk share agreement (£4.2m) and the Band 2/3 uplift (£2.9m). With these funding confirmations, the Target Control Total expectation has also been revised to £22.1m from £21.1m, improving by the £2.0m Band 2/3 uplift assumption that was contained within the financial plan.

Due to the timing of the communication, with the finalisation of the position having concluded internally within the Health Board prior to it, the normal detail contained within this report references the reported position in lieu of the funding confirmation, i.e. £28.3m. The reported position has improved to £22.1m, and the following table explains the movements at a summary level that have been made since the detailed report was produced.

| Key Driver (£'m)                           | Original End of Year Forecast | Revised End of Year Forecast | Movement | Explanations   |
|--|-------------------------------|------------------------------|----------|--|
| Planned Deficit                            | 30.0                          | 30.0                         | -        | No change from original  |
| Savings gap / (improvement)                | (2.1)                         | (2.1)                        | -        | No change made from original   |
| Under / (Over) delivery of savings schemes | 0.3                           | 0.3                          | -        | No change made from original   |
| Core operational variation                 | 3.4                           | (3.7)                        | (7.1)    | £4.2 WRP and £2.9m Band 2/3 funding allocations confirmed                    |
| Gross Forecast                             | 31.6                          | 24.5                         | (7.1)    | £4.2 WRP and £2.9m Band 2/3 funding allocations confirmed                    |
| Future Mitigating Actions                  | (3.3)                         | (2.4)                        | (0.9)    | £0.9m of funding from Band 2/3 assisted to improve mitigating actions        |
| Reported Net Position                      | 28.3                          | 22.1                         | (6.2)    | £4.2m WRP and £2.0m Band 2/3 changes. Target Control Total revised to £22.1m |

## Executive Summary

- Position Overview
- Actionable Insights
- Financial Summary

## Income and Expenditure Insight

- Pay Insights
- Non-Pay Insights
- Income Insights

## Operational and Financial Performance

- Key Drivers and Month on Month Movements
- Performance and Accountability
- Savings Performance
- Core Operational Variation
- Capital Performance

## Appendices

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

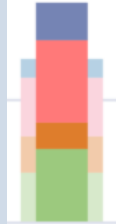
## Key

Risk Assessment and key performance indicator RAG criteria:

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

Savings BRAG and visual guide:

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



Revenue vs plan variance matrix report RAG indicator criteria:

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

# Position Overview – Executive Summary



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 4

The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. The reported end of year financial position is £24.1m, plus the anticipated best case Welsh Risk Pool risk share increase of £4.2m; a total deficit of £28.3m, aligned to the target control total. £3.3m of future mitigating actions are to be finalised to deliver this.

The in-month financial position is a deficit of £1.8m, which is an improvement against the £2.5m in-month deficit plan due to a core operational underspend of £(0.7)m. The savings target of £3.9m has been fully identified and delivered in-month. The financial run rate is on track to achieve the forecast position of £28.3m with mitigating actions of £3.3m required.

| Key Driver (£'m)  | Prior month variance to breakeven | Current month variance to breakeven | Year to Date variance to breakeven | Prior Month End of Year forecast to breakeven | End of Year forecast to breakeven |
|---|-----------------------------------|-------------------------------------|------------------------------------|---|-----------------------------------|
| Planned Deficit   | 2.5                               | 2.5                                 | 20.0                               | 30.0  | 30.0                              |
| Unidentified / (Identified) savings gap / (improvement) | (6.3)                             | 0.0                                 | (4.7)                              | (2.0)   | (2.1)                             |
| Under / (Over) delivery of savings schemes              | 0.0                               | 0.0                                 | 0.3                                | 0.3   | 0.3                               |
| Core operational variation                              | 4.4                               | (0.7)                               | 2.5                                | 3.3   | 3.4                               |
| Gross Forecast  | 0.6                               | 1.8                                 | 18.1                               | 31.6  | 31.6                              |
| Future Mitigating Actions                               | 0.0                               | 0.0                                 | 0.0                                | (3.3)   | (3.3)                             |
| <b>Reported Position</b>                                | <b>0.6</b>                        | <b>1.8</b>                          | <b>18.1</b>                        | <b>28.3</b>                                   | <b>28.3</b>                       |

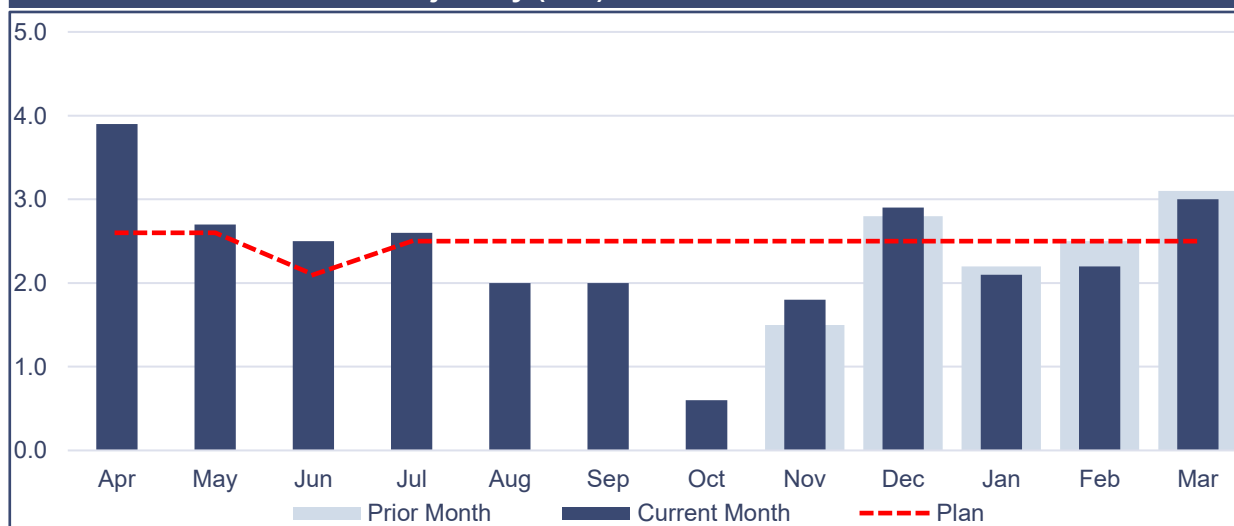
| Key Measures<br>(Risk rating = Impact x Likelihood) |                          |   |
|---|--------------------------|---|
| Core Operational Variation                          | Risk #2086<br>5 x 3 = 15 | The in-month core under performance is driven Primary Care prescribing volume reductions from August and vaccination uptake delays within Public Health. Further increase to Medical costs due to absence staffing issues are contributing to the end of year deterioration.  |
| Cash  |                          | Welsh Risk Pool risk share agreement increase of £4.2m creates a cash risk that may require a management strategy, due to it causing the Health Board to increase its deficit above the £24.1m expectation of Welsh Government. The strategic cash request was discussed at the November Board meeting prior to submission to WG, factoring in working capital assumptions such as expected reimbursements for clinical negligence cases and potential impacts from Band 2 to 3 re-banding back pay.    |
| Savings   |                          | Of the annual savings target of £46.4m, £48.5m has been identified on an in-year basis resulting in a £(2.1)m over-identification, however £48.2m are forecast to deliver, leaving a £(1.8)m savings delivery overachievement. Run rate management of year-to-date savings of £2.0m are now in the savings forecast to deliver in future months, with assurance not yet fully provided by services.   |
| Capital   | Risk #2204<br>3 x 4 = 12 | Delivery against the capital programme remains at a medium risk. Whilst all capital schemes are forecast to complete within budget by the end of the financial year, there remains a level of uncertainty with regards to the receipt of end of year capital funding from Welsh Government, linked to the urgent Concrete Cladding Works at Withybush Hospital (£0.85m). Also, a significant proportion of spend is remaining within the capital programme.   |
| Underlying Deficit                                  | Risk #1199<br>5 x 5 = 25 | £18.2m of recurrent full year effect schemes have been identified and forecast to deliver, which includes a new Oncology drugs saving of £3.6m to deliver from April 2026, resulting in an underlying deficit of £59.3m. However, this does not support the organisations required trajectory to achieve financial breakeven by 2027/28. In addition, there are an increasing number of areas with clinical variation increases which will need to be considered as part of the current planning cycle. |

# Position Overview – Change from Prior Month



| Key Driver (£'m)                           | Prior Month Reported Position | Current Month Reported Position | Movement |
|--|-------------------------------|---------------------------------|----------|
| <b>Planned Deficit</b>                     | 2.5                           | 2.5                             | 0.0      |
| Savings gap / (improvement)                | (6.3)                         | 0.0                             | 6.3      |
| Under / (Over) delivery of savings schemes | 0.0                           | 0.0                             | 0.0      |
| Core Operational Variation                 | 4.4                           | (0.7)                           | (5.1)    |
| <b>Gross Forecast</b>                      | 0.6                           | 1.8                             | 1.2      |
| Future Mitigating Actions                  | 0.0                           | 0.0                             | 0.0      |
| <b>Reported Net Position</b>               | 0.6                           | 1.8                             | 1.2      |

## In-Month Revenue Deficit Trajectory (£'m)



| Unidentified Savings Gap (£'m)              | Change |
|---|--------|
| Aseptic Unit saving in prior month          | 6.1    |
| Decrease in Dental savings                  | 0.2    |
| <b>Movement in Unidentified Savings Gap</b> | 6.3    |

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

| Core Operational Variation (£'m)  | Change |
|---|--------|
| Band 2/3 Additional Healthcare Support Workers Uplift year to date catch up | 0.6    |
| Welsh Risk Pool Risk Share agreement in prior month                         | (4.2)  |
| Public Health Shingles and Covid-19 vaccinations uptake                     | (0.6)  |
| Primary Care Prescribing price (£0.03p) and volume reduction (4.6%)         | (0.5)  |
| Income overachievement for Cost Recovery and Non-Contracted Activity        | (0.4)  |
| <b>Movement in Core Operational Variation</b>                               | (5.1)  |

# Position Overview – Change from Prior Forecast



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Executive Summary

Income and Expenditure  
Insights

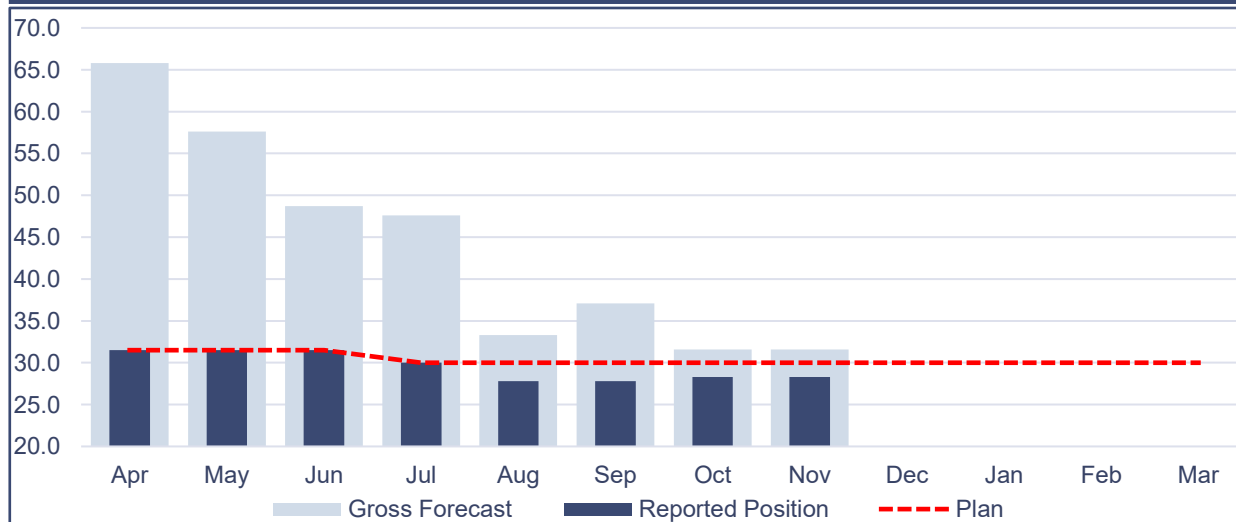
Operational and  
Financial Performance

Appendices

Page 6

| Key Driver (£'m)                           | Prior Month<br>End of Year<br>Forecast | End of<br>Year<br>Forecast | Movement   |
|--|--|----------------------------|------------|
| Planned Deficit                            | 30.0                                   | 30.0                       | 0.0        |
| Savings gap / (improvement)                | (2.0)                                  | (2.1)                      | (0.1)      |
| Under / (Over) delivery of savings schemes | 0.3                                    | 0.3                        | 0.0        |
| Core Operational Variation                 | 3.3                                    | 3.4                        | 0.1        |
| <b>Gross Forecast</b>                      | <b>31.6</b>                            | <b>31.6</b>                | <b>0.0</b> |
| Future Mitigating Actions                  | (3.3)                                  | (3.3)                      | 0.0        |
| <b>Reported Net Position</b>               | <b>28.3</b>                            | <b>28.3</b>                | <b>0.0</b> |

## End of Year Revenue Deficit Trajectory (£'m)



| Unidentified Savings Gap (£'m)                                  | Change       |
|---|--------------|
| In-month pay underspends conversion over and above amber scheme | (0.1)        |
| <b>Movement in Unidentified Savings Gap</b>                     | <b>(0.1)</b> |

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

| Core Operational Variation (£'m)   | Change     |
|--|------------|
| Band 2/3 Additional Healthcare Support Workers Uplift full year increase | 0.9        |
| Planned Care Orthopaedic & Dermatology insourcing and outsourcing        | 0.8        |
| Medical locum usage to cover sickness, vacancies and surge capacity      | 0.7        |
| Continuing Healthcare negotiation of uplift costs                        | (1.5)      |
| Income overachievement for Cost Recovery and Non-Contracted Activity     | (0.4)      |
| Health Board Wide NWSSP rebate of distribution costs                     | (0.4)      |
| <b>Movement in Core Operational Variation</b>                            | <b>0.1</b> |

# Actionable Insights – Top Priority Alerts



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 7

| Theme  | Description   | £'m | Accountability Status  |
|--|---|-----|--|
| <b>Medical Pay</b> – Additional cover at premium costs | Continued use of additional medical cover, including premium locum and agency within Community and Integrated Medicine (£2.2m), Planned Care (£2.4m), Mental Health (£1.1m) and Primary Care (£1.0m).<br><b>Required:</b> Update required for timelines on Medical Stabilisation Programme  | 6.6 | CCG Directors / Medical / Workforce<br><b>Overdue</b>              |
| <b>Continuing Healthcare</b>                           | Increased packages and purchase of Psychiatric Intensive Care Unit beds from independent sector. Mental Health and learning Disabilities (£2.9m), Community & Integrated Medicines (0.6m)   | 3.5 | CCG Directors<br><b>Overdue</b>                                    |
| <b>Planned &amp; Specialist Care</b>                   | Increased expenditure to improve recovery waiting lists across Planned Care specialties, associated with both insource and outsourcing activities.<br><b>Required:</b> Confirm the plans and performance trajectories, including the impacts on resources and finances, on waiting times/ lists.  | 2.3 | Director of Operational Planning & Performance<br><b>Overdue</b>   |
| <b>LTA 's with other NHS Providers</b>                 | Continued increases in Swansea Bay Emergency Activity   | 1.9 | Executive Director of Strategy and Planning<br><b>January 2026</b> |
| <b>Community &amp; Integrated Medicines</b>            | Other non pay expenditure for the purchase of incontinence products and insulin pumps above plan levels. <b>Required:</b> Full review of non pay spend levels and mitigating actions to reduce spend  | 1.6 | CIM CCG Service Director<br><b>December 2025</b>                   |
| <b>Estates &amp; Facilities</b>                        | Other non pay costs, including Laundry, Energy, Utilities and External Maintenance Contracts, shows increasing trend. <b>Required:</b> Full review of non pay spend levels and mitigating actions to reduce spend   | 1.0 | Executive Director of Allied Health<br><b>December 2025</b>        |
| <b>Reactive Savings Planning</b>                       | Areas continue to forecast materially lower savings when compared to what is being delivered each month. An Amber overlay judgement scheme remains and causes a credibility query, now £2m from £3m last month. <b>Required:</b> Savings need to be forecast into future months, in particular for those Service areas delivering monthly pay underspends | 2.0 | CCG/Function Leads<br><b>Overdue</b>                               |

# £2.4m Board Improvement Decisions (1 of 2)



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| Category 1 Items £k   |                      |                    |                     |   |
|---|----------------------|--------------------|---------------------|---|
| Scheme  | Original Opportunity | In Position at M08 | Opportunity Balance | Details   |
| HB wide recruitment freeze for non-patient facing roles   | 1,127                | 500                | 644                 | Actual Admin and Clerical WTE in July was 2,110wte. In Month 8, this has increased to 2,142wte so no reduction seen. Opportunity balance reduced to reflect only 5 months of the year remaining |
| Pause procurement of non-essential non-clinical equipment/ consumables to promote recycling                                 | 41                   | 0                  | 41                  | No benefit included in the Month 8 position   |
| Mandate virtual meetings for management staff   | 33                   | 0                  | 33                  | No benefit included in the Month 8 position.  |
| MHLD - Neurodevelopmental outsourcing, core funding. Pause on the basis that plan is deferred temporarily and review in Q4. | 230                  | 144                | 0                   | In Month 7, £144k has been achieved. Any further opportunity will be dependant on the mix of providers.   |
| Strategic Planning budget including consultancy use<br>Split A: Non-CSP work  | 250                  | 250                | 0                   | Savings transacted and the £250k was included in the Month 6 position.  |
| <b>Sub Total</b>  | <b>1,681</b>         | <b>894</b>         | <b>718</b>          |   |

**Category 1: Options which present lesser negative impact from a service delivery perspective, though are not without consequence.**

# £2.4m Board Improvement Decisions (2 of 2)



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| Category 2 Items £k                              |                      |                    |                     |  |
|--|----------------------|--------------------|---------------------|--|
| Scheme   | Original Opportunity | In Position at M08 | Opportunity Balance | Details  |
| Pause all overtime until the end of March        | 96                   | 0                  | 54                  | No progress in Month 8<br>Opportunity balance reduced to reflect only 4 months of the year remaining           |
| Reduce/eliminate all on contract agency          | 0                    | 0                  | 0                   | No progress in Month 8   |
| Local Authority shared costs                     | 450                  | 392                | 0                   | Benefit delivered in Month 7, no further benefit expected  |
| Cease Minor Works other than essential           | 100                  | 0                  | 100                 | Ceasing minor works other than essential works remains an option but at this stage, this has not been actioned |
| Non-renewal of contracts and or digital licences | 75                   | 75                 | 0                   | £75k forecast improvement in Month 6 to reflect the action taken   |
| Opportunity linked to commissioning cost control | 70                   | 0                  | 70                  | Further work ongoing but at this stage, this benefit is seen as unlikely                                       |
| <b>Sub Total</b>                                 | <b>791</b>           | <b>467</b>         | <b>250</b>          |  |
| <b>Total</b>                                     | <b>2,472</b>         | <b>1,361</b>       | <b>968</b>          | <b>No further improvement has been achieved in Month 8</b>   |

**Category 2: Options of consequences – options which require more detailed assessment by CCGs/Functions to assess what can be delivered within specific services.**

# Financial Summary



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 10

## In-Month Actual

£112.5m ●

Variance to Plan = £(0.7)m

## YTD Actual

£862.7m ●

Variance to Plan = £(1.9)m

## EOY Forecast

£1,319.1m ●

Variance to Plan = £(1.7)m

## 3-Year Growth

16.2%

2022-23 Outturn £1,135m\*

## In-Year Growth

0.2%

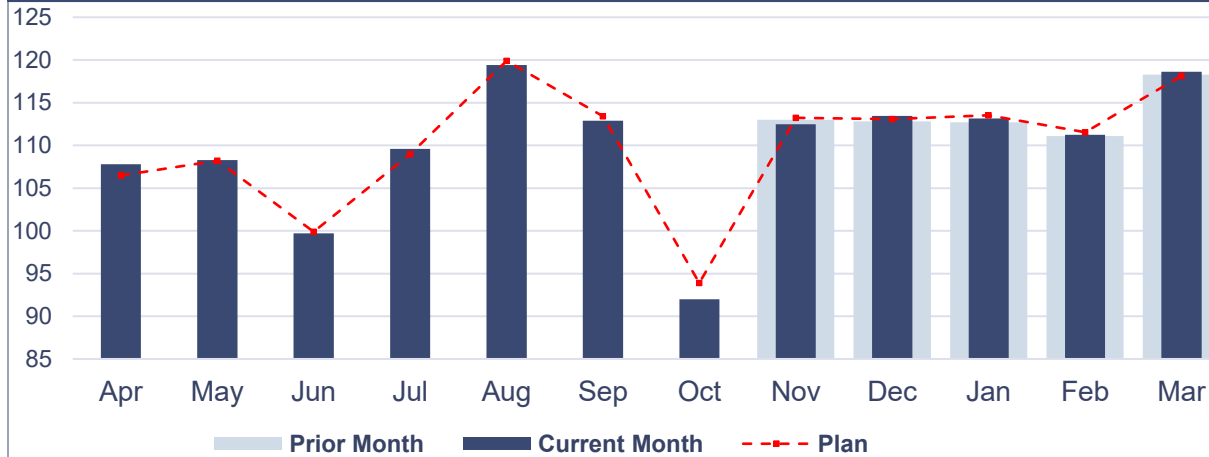
2024-25 Outturn £1,317m\*

## YTD Extrapolation

£1,294m

Risk / (Opp) = £(25.1)m

## Net Income and Expenditure



| Expenditure Trajectory Analysis (£'m)   | P06-26 | P07-26 | P08-26 | YTD    | YTD Extrap. | EoY Forecast | EoY Var                              | Risk / (Opp) |
|---|--------|--------|--------|--------|-------------|--------------|--------------------------------------|--------------|
| <b>Pay</b>                              | 57.2   | 56.8   | 58.0   | 455.0  | 682.5       | 683.3        | <span style="color: green;">●</span> | (0.8)        |
| Administration and Estates              | 11.6   | 11.5   | 11.7   | 92.1   | 138.2       | 137.8        | <span style="color: green;">●</span> | 0.4          |
| Allied Health, Scientists and Other     | 7.1    | 7.3    | 7.2    | 57.0   | 85.5        | 85.8         | <span style="color: green;">●</span> | (0.3)        |
| Medical and Dental                      | 13.5   | 13.3   | 13.4   | 106.3  | 159.5       | 160.7        | <span style="color: red;">●</span>   | (1.2)        |
| Nursing, Midwifery and Clinical Support | 25.0   | 24.8   | 25.7   | 199.5  | 299.2       | 299.1        | <span style="color: green;">●</span> | 0.2          |
| <b>Non Pay</b>                          | 62.3   | 41.7   | 61.6   | 457.9  | 686.9       | 713.4        | <span style="color: red;">●</span>   | (26.5)       |
| Clinical Services and Supplies          | 3.8    | 4.7    | 4.4    | 33.7   | 50.5        | 51.2         | <span style="color: red;">●</span>   | (0.6)        |
| Commissioned Healthcare Services        | 38.1   | 36.5   | 36.9   | 283.8  | 425.7       | 427.4        | <span style="color: red;">●</span>   | (1.7)        |
| Drugs and Prescribing                   | 12.1   | 7.3    | 11.7   | 95.5   | 143.2       | 147.9        | <span style="color: green;">●</span> | (4.6)        |
| Other Non-Pay                           | 8.4    | (6.7)  | 8.6    | 45.0   | 67.5        | 87.0         | <span style="color: red;">●</span>   | (19.5)       |
| <b>Income</b>                           | (6.7)  | (6.6)  | (7.0)  | (50.2) | (75.4)      | (77.5)       | <span style="color: green;">●</span> | 2.2          |
| <b>Net Income and Expenditure</b>       | 112.9  | 91.9   | 112.5  | 862.7  | 1,294.0     | 1,319.1      | <span style="color: red;">●</span>   | (25.1)       |
| <b>Allocations</b>                      | 110.9  | 91.4   | 110.8  | 844.6  | 1,266.9     | 1,290.8      |                                      | 24.0         |
| <b>Reported Position</b>                | 2.0    | 0.6    | 1.8    | 18.1   | 27.1        | 28.3         | <span style="color: red;">●</span>   | (1.2)        |

## Key Information

Month 3, June, amortisation of capital expenditure reduced circa £8.0m.

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

Month 7, October, amortisation of capital expenditure reduced circa £16.2m and drugs expenditure reduced by £6.1m relating to Aseptic Unit System saving.

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

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

# Financial Summary – Key Drivers



In-Month

Reported Position

**£1.8m** ●

Planned Deficit = £2.5m  
Prior Month Forecast = £1.5m

Savings Identification Gap

**£0.0m** ●

Savings Target = £3.9m  
Total Identified = £3.9m

Savings Delivery Gap

**£0.0m** ●

Savings Delivery = £3.9m  
Prior Month Delivery = £3.9m

Core Operational Variation

**£(0.7)m** ●

Prior Month Variation = £4.4m

Year to Date

Reported Position

**£18.1m** ●

Planned Deficit = £20.0m

Savings Identification Gap

**£(4.7)m** ●

Savings Target = £30.9m  
Total Identified = £35.6m

Savings Delivery Gap

**£0.3m** ●

Savings Delivery = £35.3m  
Prior Month Delivery = £31.5m

Core Operational Variation

**£2.5m** ●

Prior Month Variation = £3.2m

End of Year

Reported Position

**£28.3m** ●

Annual Plan = £30.0m  
Prior Annual Forecast = £28.3m

Savings Identification Gap

**£(2.1)m** ●

Savings Target = £46.4m  
Total Identified = £48.5m

Savings Delivery Gap

**£0.3m** ●

Savings Delivery = £48.2m  
Prior Month Delivery = £48.1m

Core Operational Variation

**£3.4m** ●

Prior Month Variation = £3.2m

Gross Forecast

**£31.6m** ●

Prior Gross Forecast = £31.6m  
Mitigating Actions = £(3.3)m

Net Risks / (Opportunities)

**£1.6m** ●

Prior Month = £1.8m

Capital Position

**£36.7m** ●

Annual Plan = £36.7m  
Prior Annual Forecast = £34.5m

Underlying Deficit

**£59.3m** ●

Annual Plan = £58.5m

# Total Pay Insights



GIG  
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NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 12

## In-Month Actual

£58.0m



Variance to Plan = £0.9m

## YTD Actual

£455.0m



Variance to Plan = £0.3m

## EOY Forecast

£683.3m



Variance to Plan = £(2.7)m

## 3-Year Growth

25.2%

2022-23 Outturn £545.6m\*

## In-Year Growth

7.5%

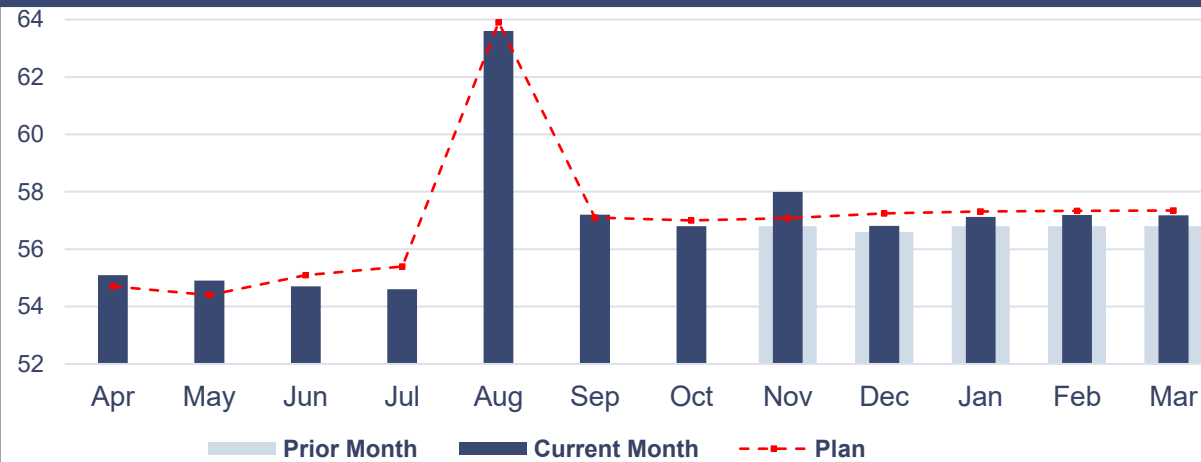
2024-25 Outturn £635.5m\*

## YTD Extrapolation

£682.5m

Risk / (Opp) = £(0.8)m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)   | P06-26      | P07-26       | P08-26      | YTD          | YTD Extrap.  | EoY Forecast | EoY Var | Risk / (Opp) |
|---|-------------|--------------|-------------|--------------|--------------|--------------|---------|--------------|
| <b>Substantive</b>                      | <b>51.8</b> | <b>51.7</b>  | <b>52.9</b> | <b>413.8</b> | <b>620.6</b> | <b>621.1</b> |         | <b>(0.4)</b> |
| Administration and Estates              | 11.2        | 11.1         | 11.3        | 89.5         | 134.3        | 133.8        |         | 0.5          |
| Allied Health, Scientists and Other     | 6.9         | 7.0          | 7.0         | 54.9         | 82.4         | 82.7         |         | (0.3)        |
| Medical and Dental                      | 10.9        | 10.8         | 10.9        | 85.8         | 128.7        | 129.5        |         | (0.8)        |
| Nursing, Midwifery and Clinical Support | 22.9        | 22.8         | 23.6        | 183.6        | 275.3        | 275.1        |         | 0.2          |
| <b>Variable</b>                         | <b>4.5</b>  | <b>4.2</b>   | <b>4.3</b>  | <b>35.0</b>  | <b>52.5</b>  | <b>52.6</b>  |         | <b>(0.0)</b> |
| Administration and Estates              | 0.4         | 0.3          | 0.3         | 2.6          | 4.0          | 4.0          |         | (0.0)        |
| Allied Health, Scientists and Other     | 0.2         | 0.2          | 0.2         | 1.1          | 1.7          | 1.7          |         | (0.0)        |
| Medical and Dental                      | 2.3         | 2.0          | 2.1         | 18.1         | 27.1         | 26.8         |         | 0.3          |
| Nursing, Midwifery and Clinical Support | 1.7         | 1.7          | 1.7         | 13.2         | 19.7         | 20.0         |         | (0.3)        |
| <b>Agency (Premium)</b>                 | <b>0.8</b>  | <b>0.9</b>   | <b>0.8</b>  | <b>6.2</b>   | <b>9.3</b>   | <b>9.6</b>   |         | <b>(0.4)</b> |
| Administration and Estates              | -           | -            | -           | -            | -            | -            |         | -            |
| Allied Health, Scientists and Other     | 0.1         | 0.1          | 0.1         | 0.9          | 1.4          | 1.3          |         | 0.1          |
| Medical and Dental                      | 0.3         | 0.4          | 0.4         | 2.5          | 3.7          | 4.4          |         | (0.7)        |
| Nursing, Midwifery and Clinical Support | 0.4         | 0.4          | 0.4         | 2.8          | 4.1          | 3.9          |         | 0.2          |
| <b>Total Expenditure</b>                | <b>57.2</b> | <b>56.8</b>  | <b>58.0</b> | <b>455.0</b> | <b>682.5</b> | <b>683.3</b> |         | <b>(0.8)</b> |
| <b>Plan</b>                             | <b>57.1</b> | <b>57.0</b>  | <b>57.1</b> | <b>454.7</b> | <b>682.0</b> | <b>686.0</b> |         |              |
| <b>Variance to Plan</b>                 | <b>0.1</b>  | <b>(0.2)</b> | <b>0.9</b>  | <b>0.3</b>   | <b>0.4</b>   | <b>(2.7)</b> |         |              |

## Key Information

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

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

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

# Substantive Insights



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 13

## In-Month Actual

£52.9m



Variance to Plan = £(2.3)m

## YTD Actual

£413.8m



Variance to Plan=£(25.5)m

## EOY Forecast

£621.1m



Variance to Plan=£(41.9)m

## In-Year Growth

1.5%

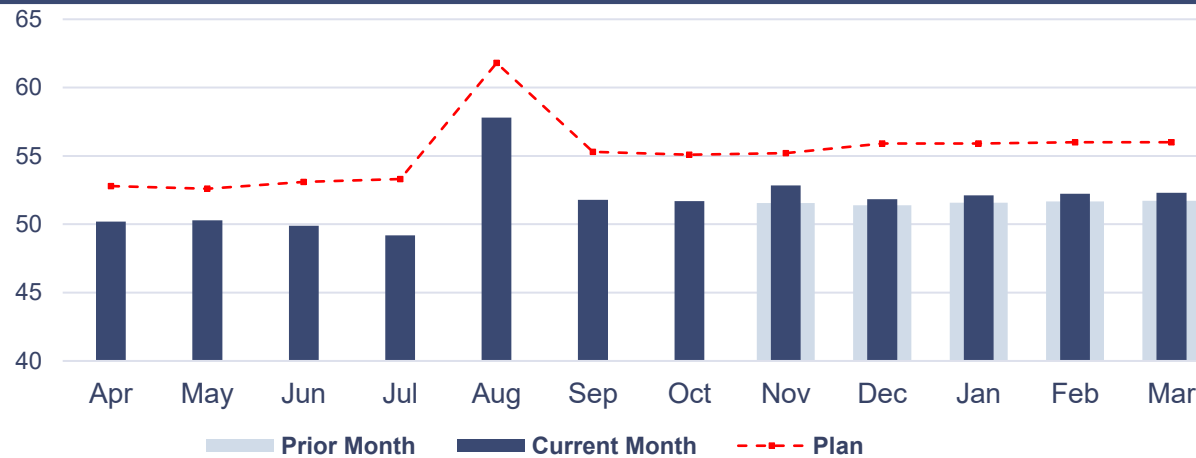
2024-25 Outturn £611.7m

## YTD Extrapolation

£658.8m

Risk / (Opp) = £(0.4)m

## Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26       | P07-26       | P08-26       | YTD           | YTD Extrap.   | EoY Forecast  | EoY Var | Risk / (Opp) |
|---|--------------|--------------|--------------|---------------|---------------|---------------|---------|--------------|
| <b>Pay Groups</b>                                   | <b>51.8</b>  | <b>51.7</b>  | <b>52.9</b>  | <b>413.8</b>  | <b>620.6</b>  | <b>621.1</b>  |         | <b>(0.4)</b> |
| Administration and Estates                          | 11.2         | 11.1         | 11.3         | 89.5          | 134.3         | 133.8         |         | 0.5          |
| Allied Health, Scientists and Other                 | 6.9          | 7.0          | 7.0          | 54.9          | 82.4          | 82.7          |         | (0.3)        |
| Medical and Dental                                  | 10.9         | 10.8         | 10.9         | 85.8          | 128.7         | 129.5         |         | (0.8)        |
| Nursing, Midwifery and Clinical Support             | 22.9         | 22.8         | 23.6         | 183.6         | 275.3         | 275.1         |         | 0.2          |
| <b>Functions</b>                                    | <b>51.8</b>  | <b>51.7</b>  | <b>52.9</b>  | <b>413.8</b>  | <b>620.6</b>  | <b>621.1</b>  |         | <b>(0.4)</b> |
| Chief Operating Officer Management                  | 0.9          | 0.9          | 1.0          | 7.6           | 11.5          | 11.4          |         | 0.0          |
| Community and Integrated Medicine                   | 15.7         | 15.6         | 15.6         | 124.8         | 187.2         | 187.8         |         | (0.6)        |
| Mental Health and Learning Disabilities             | 5.7          | 5.7          | 5.8          | 45.5          | 68.3          | 69.2          |         | (0.9)        |
| Operational Allied Health and Health Sciences       | 5.5          | 5.6          | 5.5          | 43.7          | 65.6          | 65.9          |         | (0.3)        |
| Planned and Specialist Care                         | 13.1         | 13.1         | 13.3         | 104.4         | 156.6         | 157.1         |         | (0.6)        |
| Primary Care, Community Strategy and Long Term Care | 2.6          | 2.6          | 2.6          | 21.0          | 31.5          | 31.5          |         | 0.0          |
| Executive Functions                                 | 8.3          | 8.2          | 9.0          | 66.7          | 100.0         | 98.2          |         | 1.8          |
| <b>Total Expenditure</b>                            | <b>51.8</b>  | <b>51.7</b>  | <b>52.9</b>  | <b>413.8</b>  | <b>620.6</b>  | <b>621.1</b>  |         | <b>(0.4)</b> |
| <b>Plan</b>   | <b>55.3</b>  | <b>55.1</b>  | <b>55.2</b>  | <b>439.2</b>  | <b>658.8</b>  | <b>662.9</b>  |         |              |
| <b>Variance to Plan</b>                             | <b>(3.5)</b> | <b>(3.4)</b> | <b>(2.3)</b> | <b>(25.5)</b> | <b>(38.2)</b> | <b>(41.9)</b> |         |              |

## Key Information

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

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

# Variable Insights



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Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 14

## In-Month Actual

£4.3m



Variance to Plan = £2.7m

## YTD Actual

£35.0m



Variance to Plan = £22.3m

## EOY Forecast

£52.6m



Variance to Plan = £33.6m

## In-Year Growth

(15.7)%

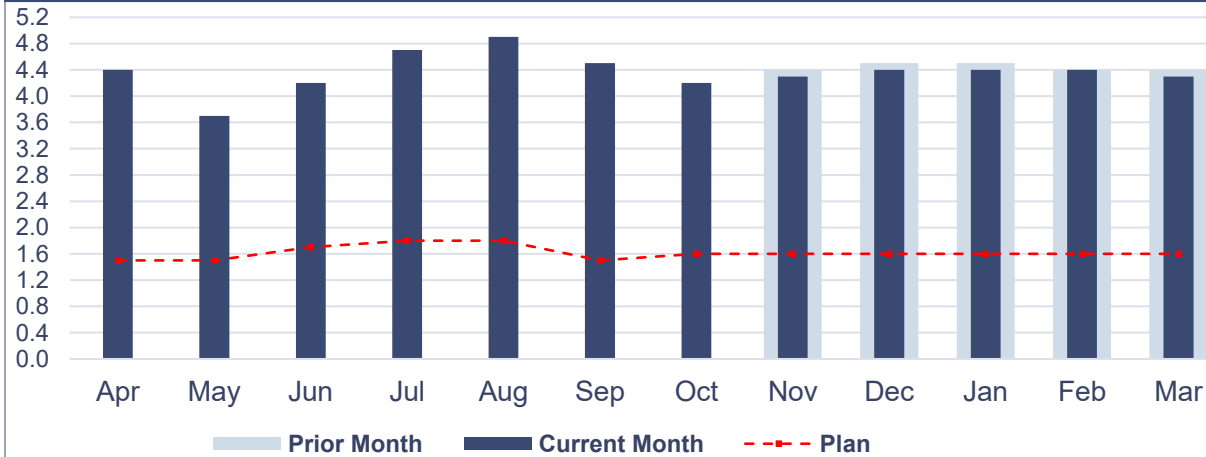
2024-25 Outturn £62.4m

## YTD Extrapolation

£52.5m

Risk / (Opp) = £0.0m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26 | P07-26 | P08-26 | YTD  | YTD Extrap. | EoY Forecast | EoY Var | Risk / (Opp) |
|---|--------|--------|--------|------|-------------|--------------|---------|--------------|
| <b>Pay Groups</b>                                   | 4.5    | 4.2    | 4.3    | 35.0 | 52.5        | 52.6         | ●       | (0.0)        |
| Administration and Estates                          | 0.4    | 0.3    | 0.3    | 2.6  | 4.0         | 4.0          | ●       | (0.0)        |
| Allied Health, Scientists and Other                 | 0.2    | 0.2    | 0.2    | 1.1  | 1.7         | 1.7          | ●       | (0.0)        |
| Medical and Dental                                  | 2.3    | 2.0    | 2.1    | 18.1 | 27.1        | 26.8         | ●       | 0.3          |
| Nursing, Midwifery and Clinical Support             | 1.7    | 1.7    | 1.7    | 13.2 | 19.7        | 20.0         | ●       | (0.3)        |
| <b>Functions</b>                                    | 4.5    | 4.2    | 4.3    | 35.0 | 52.5        | 52.6         | ●       | (0.0)        |
| Chief Operating Officer Management                  | -      | -      | -      | 0.1  | 0.1         | 0.1          | ●       | (0.0)        |
| Community and Integrated Medicine                   | 1.6    | 1.6    | 1.7    | 13.4 | 20.1        | 20.0         | ●       | 0.1          |
| Mental Health and Learning Disabilities             | 0.4    | 0.3    | 0.3    | 2.6  | 3.9         | 3.7          | ●       | 0.2          |
| Operational Allied Health and Health Sciences       | 0.3    | 0.3    | 0.3    | 1.8  | 2.8         | 2.9          | ●       | (0.1)        |
| Planned and Specialist Care                         | 1.5    | 1.3    | 1.3    | 10.6 | 15.9        | 16.1         | ●       | (0.1)        |
| Primary Care, Community Strategy and Long Term Care | 0.5    | 0.4    | 0.6    | 4.3  | 6.4         | 6.6          | ●       | (0.2)        |
| Executive Functions                                 | 0.3    | 0.3    | 0.3    | 2.2  | 3.3         | 3.3          | ●       | 0.0          |
| <b>Total Expenditure</b>                            | 4.5    | 4.2    | 4.3    | 35.0 | 52.5        | 52.6         | ●       | (0.0)        |
| <b>Plan</b>   | 1.5    | 1.6    | 1.6    | 12.7 | 19.1        | 19.0         |         |              |
| <b>Variance to Plan</b>                             | 3.1    | 2.6    | 2.7    | 22.3 | 33.4        | 33.6         |         |              |

## Key Information

# Agency Insights



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 15

## In-Month Actual

£0.8m



Variance to Plan = £0.5m

## YTD Actual

£6.2m



Variance to Plan = £3.5m

## EOY Forecast

£9.6m



Variance to Plan = £5.6m

## In-Year Growth

(42.9)%

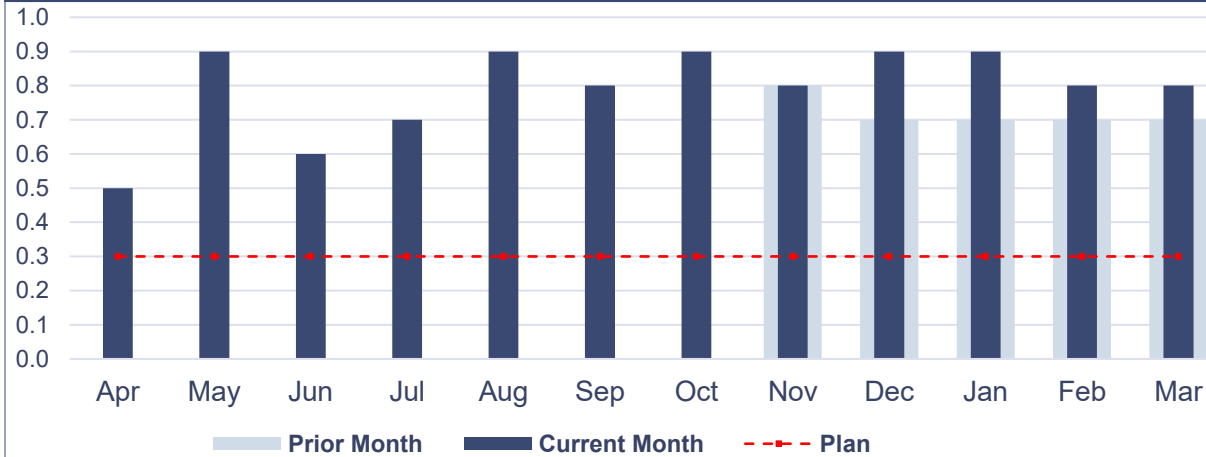
2024-25 Outturn £16.8m

## YTD Extrapolation

£9.3m

Risk / (Opp) = £(0.4)m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26     | P07-26     | P08-26     | YTD        | YTD Extrap. | EoY Forecast | EoY Var  | Risk / (Opp) |
|---|------------|------------|------------|------------|-------------|--------------|----------|--------------|
| <b>Pay Groups</b>                                   | <b>0.8</b> | <b>0.9</b> | <b>0.8</b> | <b>6.2</b> | <b>9.3</b>  | <b>9.6</b>   | <b>●</b> | <b>(0.4)</b> |
| Administration and Estates                          | -          | -          | -          | -          | -           | -            | ●        | -            |
| Allied Health, Scientists and Other                 | 0.1        | 0.1        | 0.1        | 0.9        | 1.4         | 1.3          | ●        | 0.1          |
| Medical and Dental                                  | 0.3        | 0.4        | 0.4        | 2.5        | 3.7         | 4.4          | ●        | (0.7)        |
| Nursing, Midwifery and Clinical Support             | 0.4        | 0.4        | 0.4        | 2.8        | 4.1         | 3.9          | ●        | 0.2          |
| <b>Functions</b>                                    | <b>0.8</b> | <b>0.9</b> | <b>0.8</b> | <b>6.2</b> | <b>9.3</b>  | <b>9.7</b>   | <b>●</b> | <b>(0.4)</b> |
| Chief Operating Officer Management                  | -          | -          | -          | -          | -           | -            | ●        | -            |
| Community and Integrated Medicine                   | 0.4        | 0.5        | 0.4        | 3.1        | 4.7         | 5.1          | ●        | (0.5)        |
| Mental Health and Learning Disabilities             | 0.1        | 0.1        | 0.1        | 0.7        | 1.1         | 1.1          | ●        | 0.0          |
| Operational Allied Health and Health Sciences       | 0.2        | 0.2        | 0.1        | 1.4        | 2.2         | 2.1          | ●        | 0.1          |
| Planned and Specialist Care                         | 0.1        | 0.1        | 0.2        | 0.9        | 1.3         | 1.3          | ●        | 0.0          |
| Primary Care, Community Strategy and Long Term Care | -          | -          | -          | -          | -           | -            | ●        | -            |
| Executive Functions                                 | -          | -          | -          | -          | -           | -            | ●        | -            |
| <b>Total Expenditure</b>                            | <b>0.8</b> | <b>0.9</b> | <b>0.8</b> | <b>6.2</b> | <b>9.3</b>  | <b>9.6</b>   | <b>●</b> | <b>(0.4)</b> |
| <b>Plan</b>   | <b>0.3</b> | <b>0.3</b> | <b>0.3</b> | <b>2.7</b> | <b>4.1</b>  | <b>4.1</b>   |          |              |
| <b>Variance to Plan</b>                             | <b>0.5</b> | <b>0.6</b> | <b>0.5</b> | <b>3.5</b> | <b>5.2</b>  | <b>5.6</b>   |          |              |

## Key Information

Community and Integrated Medicine forecast increased premium medical agency costs in Carmarthenshire and Pembrokeshire for surge capacity, vacancies and sickness absence increases.

# Clinical Services and Supplies Insights



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Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 16

## In-Month Actual

£4.4m



Variance to Plan = £0.2m

## YTD Actual

£33.7m



Variance to Plan = £1.2m

## EOY Forecast

£51.2m



Variance to Plan = £2.9m

## 3-Year Growth

18.7%

2022-23 Outturn £40.6m

## In-Year Growth

1.7%

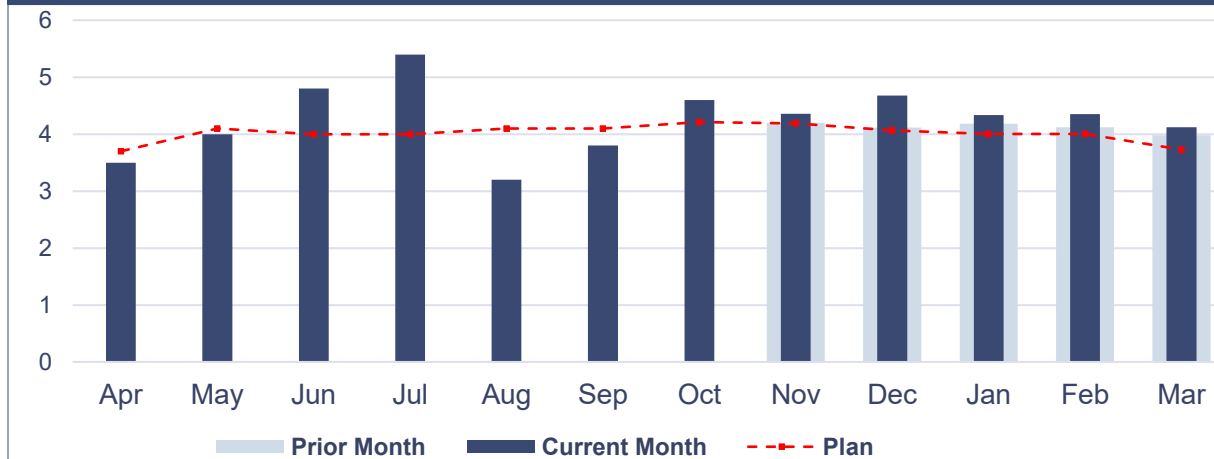
2024-25 Outturn £47.4m

## YTD Extrapolation

£50.5m

Risk / (Opp) = £(0.6)m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26       | P07-26     | P08-26     | YTD         | YTD Extrap. | EoY Forecast | EoY Var | Risk / (Opp) |
|---|--------------|------------|------------|-------------|-------------|--------------|---------|--------------|
| <b>Functions</b>                                    | <b>3.8</b>   | <b>4.6</b> | <b>4.4</b> | <b>33.7</b> | <b>50.5</b> | <b>51.2</b>  |         | <b>(0.6)</b> |
| Chief Operating Officer Management                  | -            | -          | -          | 0.1         | 0.2         | 0.2          |         | -            |
| Community and Integrated Medicine                   | 1.0          | 1.1        | 1.2        | 8.3         | 12.5        | 12.6         |         | (0.1)        |
| Mental Health and Learning Disabilities             | -            | -          | -          | 0.2         | 0.2         | 0.2          |         | -            |
| Operational Allied Health and Health Sciences       | 0.8          | 1.2        | 1.1        | 9.0         | 13.5        | 14.1         |         | (0.6)        |
| Planned and Specialist Care                         | 2.0          | 2.2        | 1.8        | 14.7        | 22.0        | 22.2         |         | (0.2)        |
| Primary Care, Community Strategy and Long Term Care | 0.1          | 0.3        | 0.2        | 1.9         | 2.8         | 2.8          |         | -            |
| Executive Functions                                 | (0.1)        | (0.1)      | -          | (0.4)       | (0.6)       | (0.9)        |         | 0.3          |
| <b>Total Expenditure</b>                            | <b>3.8</b>   | <b>4.6</b> | <b>4.4</b> | <b>33.7</b> | <b>50.5</b> | <b>51.2</b>  |         | <b>(0.6)</b> |
| <b>Plan</b>   | <b>4.1</b>   | <b>4.2</b> | <b>4.2</b> | <b>32.4</b> | <b>48.7</b> | <b>48.2</b>  |         | <b>0.4</b>   |
| <b>Variance to Plan</b>                             | <b>(0.3)</b> | <b>0.4</b> | <b>0.2</b> | <b>1.2</b>  | <b>1.9</b>  | <b>2.9</b>   |         | <b>(1.1)</b> |

## Key Information

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

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

# Commissioned Healthcare Services Insights



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Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 17

## In-Month Actual

£36.9m



Variance to Plan = £1.9m

## YTD Actual

£283.8m



Variance to Plan = £2.7m

## EOY Forecast

£427.4m



Variance to Plan = £3.6m

## 3-Year Growth

20.8%

2022-23 Outturn £353.8m

## In-Year Growth

5.3%

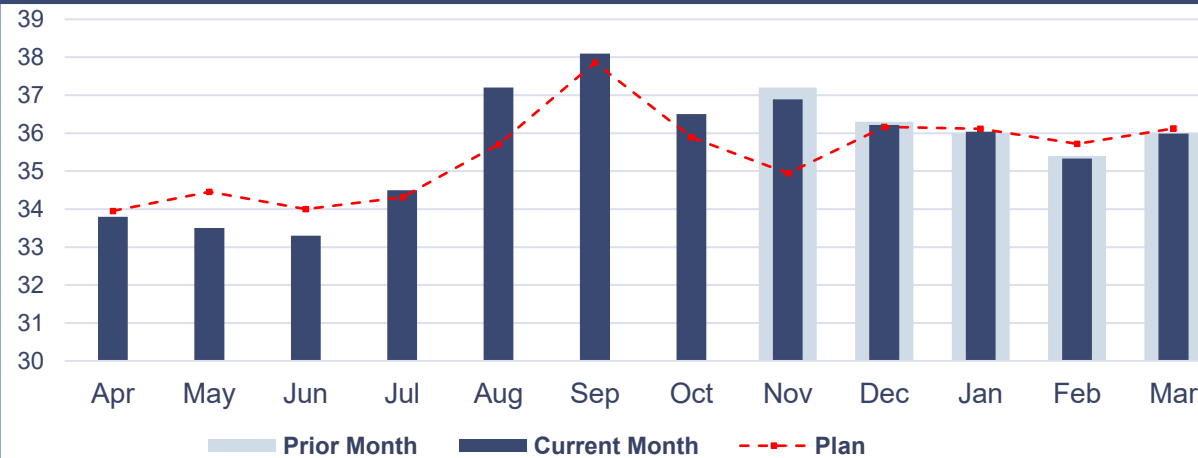
2024-25 Outturn £405.7m

## YTD Extrapolation

£425.7m

Risk / (Opp) = £(1.7)m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26      | P07-26      | P08-26      | YTD          | YTD Extrap.  | EoY Forecast | EoY Var | Risk / (Opp) |
|---|-------------|-------------|-------------|--------------|--------------|--------------|---------|--------------|
| <b>Functions</b>                                    | <b>38.1</b> | <b>36.5</b> | <b>36.9</b> | <b>283.8</b> | <b>425.7</b> | <b>427.4</b> |         | <b>(1.7)</b> |
| Chief Operating Officer Management                  | -           | -           | -           | -            | -            | -            |         | -            |
| Community and Integrated Medicine                   | 2.6         | 2.6         | 2.6         | 20.4         | 30.6         | 30.6         |         | 0.1          |
| Mental Health and Learning Disabilities             | 3.9         | 4.1         | 3.9         | 29.9         | 44.8         | 44.7         |         | 0.1          |
| Operational Allied Health and Health Sciences       | 0.4         | 0.4         | 0.4         | 3.6          | 5.4          | 5.4          |         | -            |
| Planned and Specialist Care                         | 0.6         | 1.0         | 1.3         | 6.5          | 9.8          | 10.2         |         | (0.4)        |
| Primary Care, Community Strategy and Long Term Care | 10.2        | 10.3        | 10.4        | 79.8         | 119.7        | 119.9        |         | (0.2)        |
| Executive Functions                                 | 20.4        | 18.0        | 18.3        | 143.6        | 215.3        | 216.5        |         | (1.2)        |
| <b>Total Expenditure</b>                            | <b>38.1</b> | <b>36.5</b> | <b>36.9</b> | <b>283.8</b> | <b>425.7</b> | <b>427.4</b> |         | <b>(1.7)</b> |
| <b>Plan</b>   | <b>37.9</b> | <b>35.9</b> | <b>34.9</b> | <b>281.1</b> | <b>421.7</b> | <b>423.8</b> |         | <b>(2.1)</b> |
| <b>Variance to Plan</b>                             | <b>0.3</b>  | <b>0.6</b>  | <b>1.9</b>  | <b>2.7</b>   | <b>4.0</b>   | <b>3.6</b>   |         | <b>0.4</b>   |

## Key Information

Month 5, August, includes a year to date reclassification of Planned and Specialist Care Theatre outsourcing activity from Clinical Services and Supplies to Commissioned Healthcare Services, and increase in Continuing Healthcare due to a year to date backdated catch up for anticipated retrospective uplift.

Month 6, September, includes year to date Joint Commissioning Committee expenditure relating to Pay Award, Vertex and Health Education Improvement Wales Doctors Dentist Remuneration Board Pay Matrix, all of which totalling £3.4m, offset by increase in funding.

Month 8, November, includes a year to date recategorisation of Primary Care Dental underspends savings from Other Non Pay.

# Drugs & Prescribing Insights



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Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 18

## In-Month Actual

£11.7m ●

Variance to Plan = £(1.8)m

## YTD Actual

£95.5m ●

Variance to Plan = £(5.2)m

## EOY Forecast

£147.9m ●

Variance to Plan = £(6.0)m

## 3-Year Growth

5.2%

2022-23 Outturn £140.6m

## In-Year Growth

(4.5)%

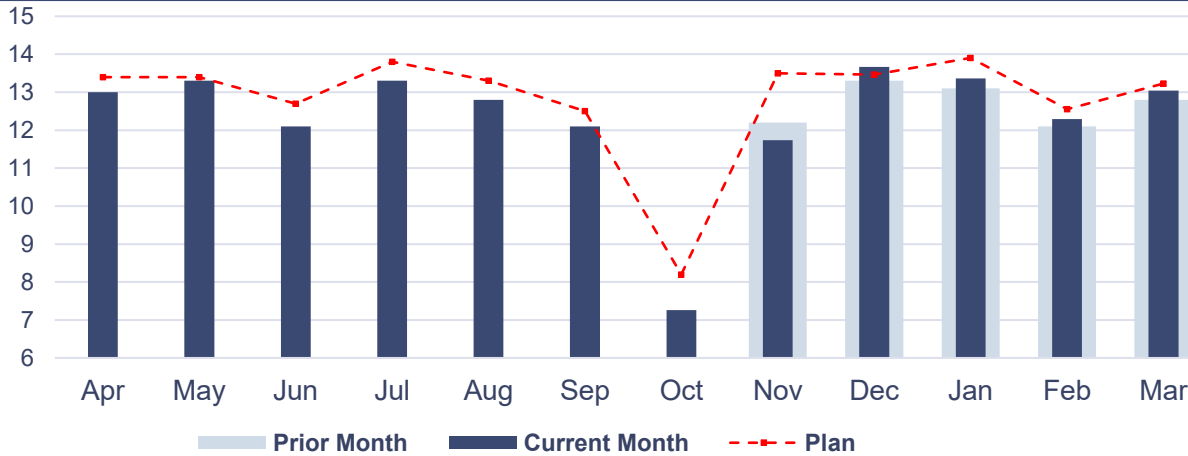
2024-25 Outturn £154.9m

## YTD Extrapolation

£143.2m

Risk / (Opp) = £(4.6)m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26       | P07-26       | P08-26       | YTD          | YTD Extrap.  | EoY Forecast | EoY Var                              | Risk / (Opp) |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------------------------------|--------------|
| <b>Functions</b>                                    | <b>12.1</b>  | <b>7.3</b>   | <b>11.7</b>  | <b>95.5</b>  | <b>143.2</b> | <b>147.9</b> | <span style="color: green;">●</span> | <b>(4.6)</b> |
| Chief Operating Officer Management                  | -            | -            | -            | -            | -            | -            | <span style="color: red;">●</span>   | -            |
| Community and Integrated Medicine                   | 1.5          | 1.3          | 1.4          | 11.6         | 17.3         | 17.5         | <span style="color: green;">●</span> | (0.2)        |
| Mental Health and Learning Disabilities             | 0.1          | 0.1          | 0.1          | 0.8          | 1.2          | 1.3          | <span style="color: green;">●</span> | (0.1)        |
| Operational Allied Health and Health Sciences       | 0.6          | 0.5          | 0.4          | 4.1          | 6.1          | 6.0          | <span style="color: green;">●</span> | 0.1          |
| Planned and Specialist Care                         | 2.5          | 3.0          | 2.9          | 24.3         | 36.5         | 37.0         | <span style="color: green;">●</span> | (0.5)        |
| Primary Care, Community Strategy and Long Term Care | 7.1          | 7.9          | 6.7          | 57.6         | 86.4         | 87.8         | <span style="color: red;">●</span>   | (1.4)        |
| Executive Functions                                 | 0.4          | (5.6)        | 0.1          | (2.9)        | (4.3)        | (1.7)        | <span style="color: green;">●</span> | (2.6)        |
| <b>Total Expenditure</b>                            | <b>12.1</b>  | <b>7.3</b>   | <b>11.7</b>  | <b>95.5</b>  | <b>143.2</b> | <b>147.9</b> | <span style="color: green;">●</span> | <b>(4.6)</b> |
| <b>Plan</b>   | <b>12.5</b>  | <b>8.2</b>   | <b>13.5</b>  | <b>100.7</b> | <b>151.0</b> | <b>153.8</b> |                                      | <b>(2.8)</b> |
| <b>Variance to Plan</b>                             | <b>(0.5)</b> | <b>(0.9)</b> | <b>(1.8)</b> | <b>(5.2)</b> | <b>(7.8)</b> | <b>(6.0)</b> |                                      | <b>(1.8)</b> |

## Key Information

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

Month 8, November, reduction in Primary Care prescribing days from 23 days in October to 20 days in November. In month recognition of most recently available Prescribing Audit Report, sighting a reduced price per item of £0.03p and volume reduction 4.6% for August.

Expenditure from December to March increased monthly circa £0.3m, to a total of £1.3m due to the step up in Mounjaro costs as seen in the recent Prescribing Audit Report.

# Other Non-Pay Insights



## In-Month Actual

**£8.6m** ●

Variance to Plan = £1.2m

## YTD Actual

**£45.0m** ●

Variance to Plan = £21.3m

## EOY Forecast

**£87.0m** ●

Variance to Plan = £35.4m

## 3-Year Growth

**(21.7)%**

2022-23 Outturn £111.1m

## In-Year Growth

**(38.5)%**

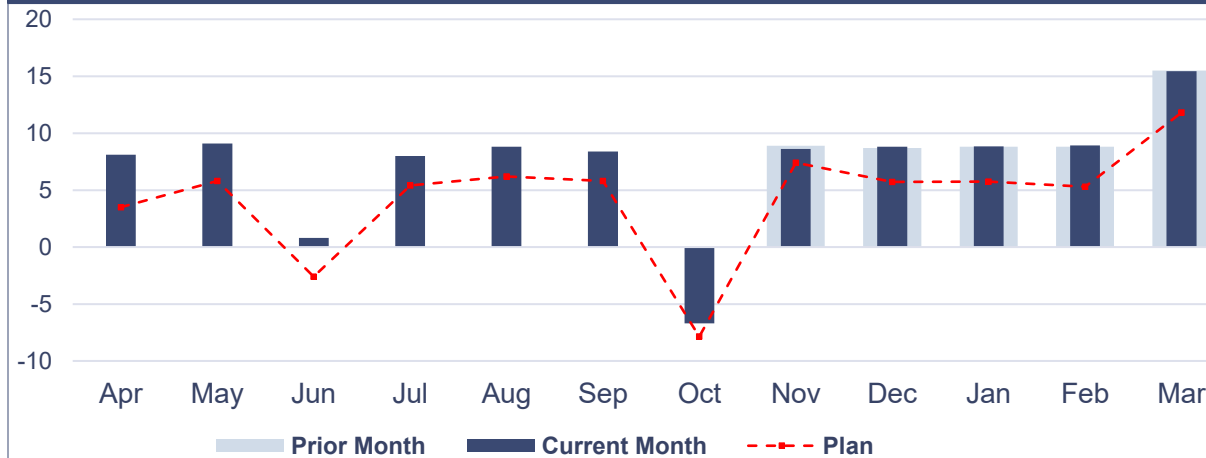
2024-25 Outturn £141.5m

## YTD Extrapolation

**£67.5m**

Risk / (Opp) = £(19.6)m

### Expenditure Monthly Trend (£'m)



| Expenditure Trajectory Analysis (£'m)               | P06-26     | P07-26       | P08-26     | YTD         | YTD Extrap. | EoY Forecast | EoY Var                            | Risk / (Opp)  |
|---|------------|--------------|------------|-------------|-------------|--------------|------------------------------------|---------------|
| <b>Functions</b>                                    | <b>8.4</b> | <b>(6.7)</b> | <b>8.6</b> | <b>45.0</b> | <b>67.5</b> | <b>87.0</b>  | <span style="color: red;">●</span> | <b>(19.6)</b> |
| Chief Operating Officer Management                  | 0.1        | 0.2          | 0.1        | 1.1         | 1.6         | 1.9          | <span style="color: red;">●</span> | (0.3)         |
| Community and Integrated Medicine                   | 0.6        | 0.7          | 0.9        | 6.6         | 10.0        | 10.2         | <span style="color: red;">●</span> | (0.2)         |
| Mental Health and Learning Disabilities             | 0.2        | 0.3          | 0.2        | 1.7         | 2.6         | 2.6          | <span style="color: red;">●</span> | -             |
| Operational Allied Health and Health Sciences       | 0.1        | 0.1          | 0.2        | 1.2         | 1.8         | 1.8          | <span style="color: red;">●</span> | -             |
| Planned and Specialist Care                         | 0.3        | 0.3          | 0.4        | 2.7         | 4.0         | 4.2          | <span style="color: red;">●</span> | (0.1)         |
| Primary Care, Community Strategy and Long Term Care | 0.3        | 0.3          | 0.2        | 2.0         | 3.0         | 3.0          | <span style="color: red;">●</span> | -             |
| Executive Functions                                 | 6.7        | (8.6)        | 6.7        | 29.7        | 44.5        | 63.5         | <span style="color: red;">●</span> | (19.0)        |
| <b>Total Expenditure</b>                            | <b>8.4</b> | <b>(6.7)</b> | <b>8.6</b> | <b>45.0</b> | <b>67.5</b> | <b>87.0</b>  | <span style="color: red;">●</span> | <b>(19.6)</b> |
| <b>Plan</b>   | <b>5.8</b> | <b>(7.9)</b> | <b>7.4</b> | <b>23.7</b> | <b>35.5</b> | <b>51.6</b>  |                                    | <b>(16.1)</b> |
| <b>Variance to Plan</b>                             | <b>2.6</b> | <b>1.1</b>   | <b>1.2</b> | <b>21.3</b> | <b>32.0</b> | <b>35.4</b>  |                                    | <b>(3.4)</b>  |

### Key Information

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

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

# Income Insights



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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 20

## In-Month Actual

£7.0m ●

Variance to Plan = £0.7m

## YTD Actual

£50.2m ●

Variance to Plan = £2.2m

## EOY Forecast

£77.5m ●

Variance to Plan = £4.9m

## 3-Year Growth

7.2%

2022-23 Outturn £72.3m

## In-Year Growth

(1.2)%

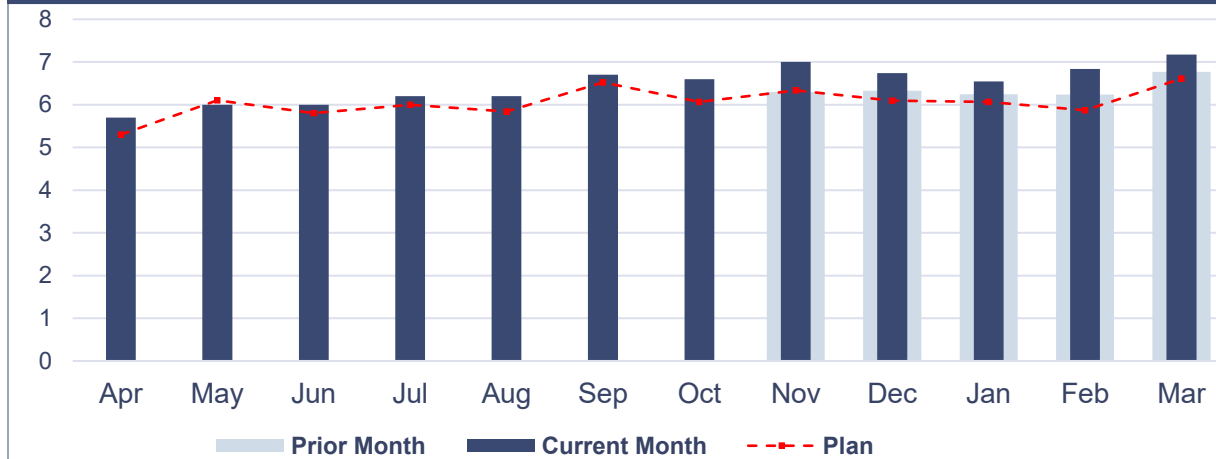
2024-25 Outturn £78.4m

## YTD Extrapolation

£75.3m

(Risk) / Opp = £(2.2)m

### Income Monthly Trend (£'m)

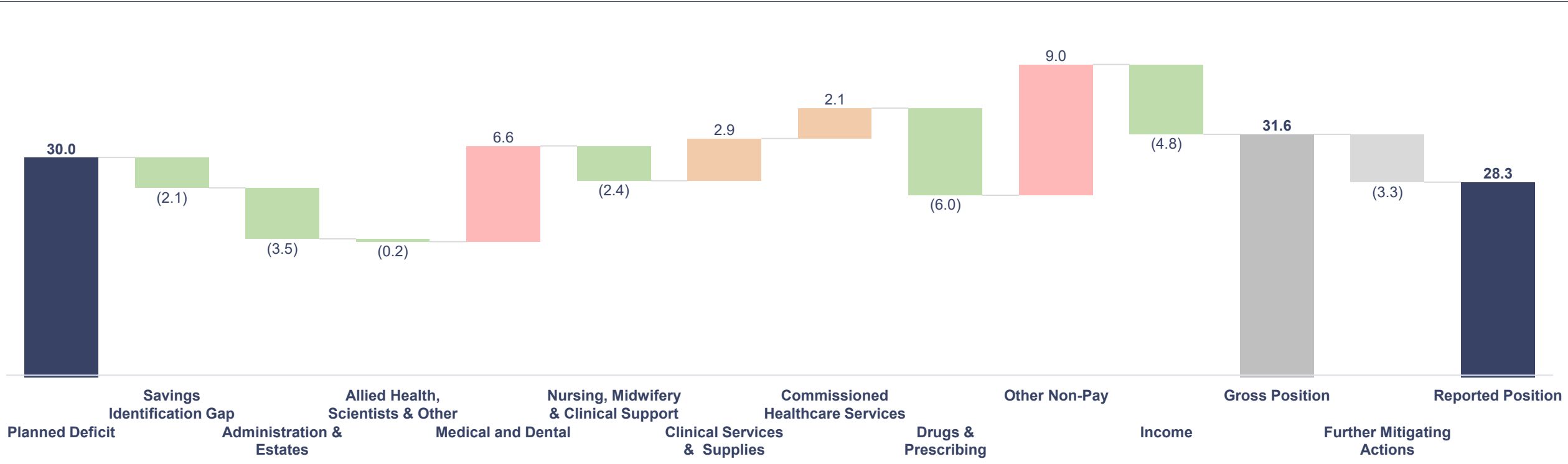


| Income Trajectory Analysis (£'m)                    | P06-26     | P07-26     | P08-26     | YTD         | YTD Extrap. | EoY Forecast | EoY Var                              | Risk / (Opp) |
|---|------------|------------|------------|-------------|-------------|--------------|--------------------------------------|--------------|
| <b>Functions</b>                                    | <b>6.7</b> | <b>6.6</b> | <b>7.0</b> | <b>50.2</b> | <b>75.4</b> | <b>77.5</b>  | <span style="color: green;">●</span> | <b>(2.2)</b> |
| Chief Operating Officer Management                  | 0.1        | -          | -          | 0.4         | 0.5         | 0.6          | <span style="color: red;">●</span>   | -            |
| Community and Integrated Medicine                   | 0.2        | 0.2        | 0.5        | 2.4         | 3.6         | 3.6          | <span style="color: green;">●</span> | -            |
| Mental Health and Learning Disabilities             | 0.3        | 0.3        | 0.3        | 2.0         | 3.1         | 3.0          | <span style="color: red;">●</span>   | -            |
| Operational Allied Health and Health Sciences       | 0.3        | 0.3        | 0.3        | 2.2         | 3.4         | 3.2          | <span style="color: green;">●</span> | 0.2          |
| Planned and Specialist Care                         | 0.5        | 0.5        | 0.4        | 4.0         | 6.1         | 6.0          | <span style="color: green;">●</span> | 0.1          |
| Primary Care, Community Strategy and Long Term Care | 0.4        | 0.5        | 0.5        | 3.5         | 5.3         | 6.5          | <span style="color: green;">●</span> | (1.2)        |
| Executive Functions                                 | 4.9        | 4.7        | 5.0        | 35.6        | 53.4        | 54.7         | <span style="color: green;">●</span> | (1.3)        |
| <b>Total Income</b>                                 | <b>6.7</b> | <b>6.6</b> | <b>7.0</b> | <b>50.2</b> | <b>75.4</b> | <b>77.5</b>  | <span style="color: green;">●</span> | <b>(2.2)</b> |
| <b>Plan</b>   | <b>6.5</b> | <b>6.1</b> | <b>6.3</b> | <b>48.0</b> | <b>72.0</b> | <b>72.7</b>  |                                      | <b>(0.6)</b> |
| <b>Variance to Plan</b>                             | <b>0.1</b> | <b>0.5</b> | <b>0.7</b> | <b>2.2</b>  | <b>3.3</b>  | <b>4.9</b>   |                                      | <b>(1.5)</b> |

## Key Information

Month 8, November, includes increased income relating to Central Income Cost Recovery Unit for two large cases and Non-Contracted Activity relating to informatics £(0.4)m and Health Board Wide NWSSP rebate of distribution costs £(0.4)m.

# End of Year – Key Drivers vs Plan



## Key Information

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

**Drugs** – Reduction in costs due to lower Oncology drugs prices and lower flu and Covid-19 vaccination uptake, offset by increase in high-cost drugs and Mounjaro uptake.

**Other Non-Pay** – Welsh Risk Pool Risk Share agreement £4.2m, prior year Patient Flow invoice in Pembrokeshire £1.6m, Estates inflationary contract uplifts for maintenance, premises, energy, and laundry £1.0m, Clinical Negligence losses claims £0.8m and Orthopaedic and Dermatology insourcing costs £0.5m.

**Income** – Mounjaro income rebate £(1.2)m, continued Bowel and Breast Screening and Wet Age-related Macular Degeneration £(1.0)m and Health Board Wide Cost Recovery Unit of large cases, Non-Contracted Activity, Powys and Betsi high-cost drugs income, and NWSSP income overachievement £(1.0)m.

# End of Year – Key Performance vs Plan



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 22

| Clinical Care Groups and Executive Functions (£'m) | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total         | Key Information  |
|--|-----------------------|-----------------------------------|----------------------------|---------------|--|
| <b>Planned Deficit</b>                             |                       |                                   |                            | <b>30.0</b>   |  |
| Chief Operating Officer Management                 | 0.1                   | 0.0                               | (0.5)                      | <b>(0.4)</b>  | Vacancies held within Medical Records.   |
| Community and Integrated Medicine                  | 4.0                   | 0.0                               | 1.6                        | <b>5.6</b>    | Medical locum usage to cover surge capacity, Continuing Healthcare packages, purchase of incontinence products and premises costs.   |
| Mental Health and Learning Disabilities            | 0.5                   | 0.0                               | 2.4                        | <b>2.9</b>    | Net increase of 23 Continuing Healthcare packages, purchase of Psychiatric Intensive Care Unit beds, and Medical Locum usage.  |
| Operational Allied Health & Health Sciences        | 3.3                   | 0.0                               | 0.0                        | <b>3.3</b>    | Over-achievement of income and reduction in drug costs, offset by Physiotherapy and Occupational Therapy agency and variable pay.  |
| Planned and Specialist Care                        | 3.2                   | 0.3                               | (0.2)                      | <b>3.3</b>    | Oncology drugs lower than planned, income overachievement, offset by theatres insourcing and outsourcing and ongoing usage of Medical locums to address Waiting List initiatives.          |
| Primary Care, Community Strategy & Long Term Care  | 1.6                   | 0.0                               | (3.0)                      | <b>(1.4)</b>  | Underspend relating to Dental contracts, General Medical Services and Community Pharmacy relating to flu services.   |
| Executive Functions                                | (14.8)                | 0.0                               | 3.1                        | <b>(11.7)</b> | Welsh Risk Pool risk share £4.2m, increase in Emergency activity within Swansea Bay LTA's £1.9m, offset by vacancies, income and reduction in uptake of vaccinations within Public Health. |
| <b>Sub Total</b>                                   | <b>(2.1)</b>          | <b>0.3</b>                        | <b>3.4</b>                 | <b>1.6</b>    |  |
| <b>Gross Position</b>                              |                       |                                   |                            | <b>31.6</b>   |  |
| Further Mitigating Actions                         |                       |                                   |                            | <b>(3.3)</b>  |  |
| <b>Reported Position</b>                           |                       |                                   |                            | <b>28.3</b>   |  |

# End of Year – Key Performance vs Prior Month



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WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 23

| Clinical Care Groups and Executive Functions (£'m) | Savings Gap to Target Movement | Savings Delivery vs Plan Movement | Core Operational Variation Movement | Total Movement | Key Information   |
|--|--------------------------------|-----------------------------------|-------------------------------------|----------------|---|
| <b>Prior Month Forecast</b>                        |                                |                                   |                                     | 31.6           |   |
| Chief Operating Officer Management                 | (0.1)                          | 0.0                               | 0.0                                 | (0.1)          | No material deviation   |
| Community and Integrated Medicine                  | (0.2)                          | 0.0                               | 0.5                                 | 0.3            | Increased Medical locum and agency costs in Carmarthenshire and Pembrokeshire for surge capacity, vacancies and sickness increase.  |
| Mental Health and Learning Disabilities            | (0.2)                          | 0.0                               | 0.3                                 | 0.1            | Increased Continuing Healthcare costs and Psychiatric Intensive Care Unit bed purchases.  |
| Operational Allied Health & Health Sciences        | 0.0                            | 0.0                               | (0.1)                               | (0.1)          | Reduction in Pathology Managed Service contract costs due to a reduction in activity, and reduction in haematology drugs costs.   |
| Planned and Specialist Care                        | 0.0                            | 0.0                               | 0.3                                 | 0.3            | Increased Orthopaedics and Dermatology Insourcing and outsourcing costs to improve Waiting List initiative performance.   |
| Primary Care, Community Strategy & Long Term Care  | (0.3)                          | 0.0                               | 0.4                                 | 0.1            | General Medical Services dispensing fee increase and Dental Savings transacted.   |
| Executive Functions                                | 0.7                            | 0.0                               | (1.3)                               | (0.6)          | Previously assumed Health Board wide amber savings recognised across service areas. Continuing Healthcare negotiation of uplift costs, Cost Recovery, Non-Contracted Activity and NWSSP rebate. |
| <b>Sub Total</b>                                   | <b>(0.1)</b>                   | <b>0.0</b>                        | <b>0.1</b>                          | <b>0.0</b>     |   |
| <b>Gross Position</b>                              |                                |                                   |                                     | <b>31.6</b>    |   |
| Further Mitigating Actions                         |                                |                                   |                                     | (3.3)          |   |
| <b>Reported Position</b>                           |                                |                                   |                                     | <b>28.3</b>    |   |

# End of Year – Saving Delivery Performance



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Savings

Savings Target

**£46.4m**

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

In-Year Recurrent Gap

**£4.7m**

Target = £19.0m  
Delivery = £14.3m

In-Year Non-Recurrent Gap

**£(6.5)m**

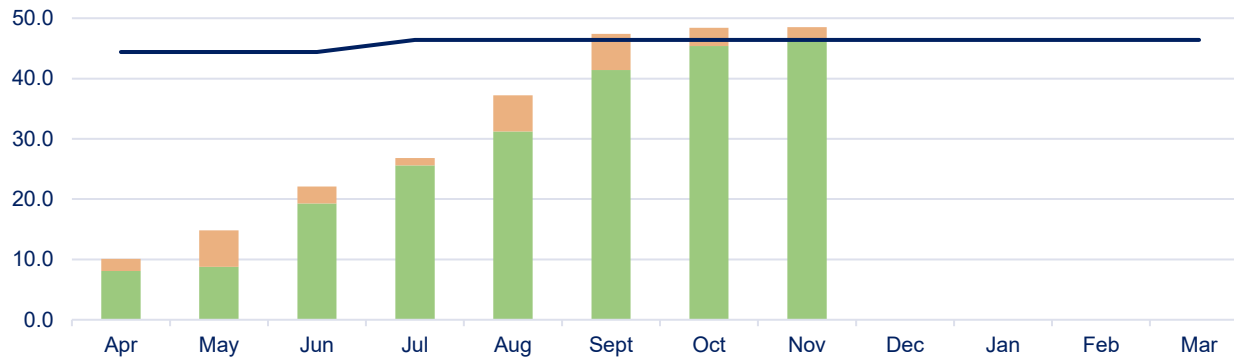
Target = £27.4m  
Delivery = £33.9m

Full Year Recurrent Gap

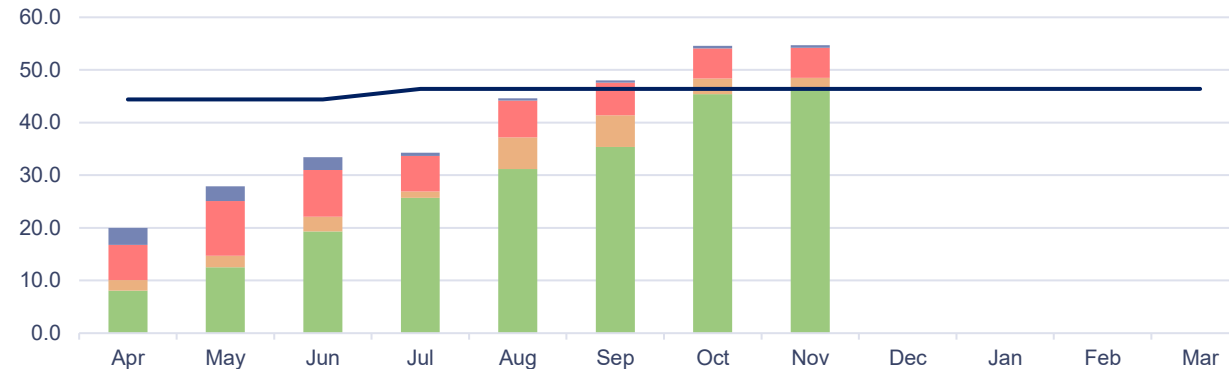
**£0.8m**

Target = £19.0m  
Delivery = £18.2m

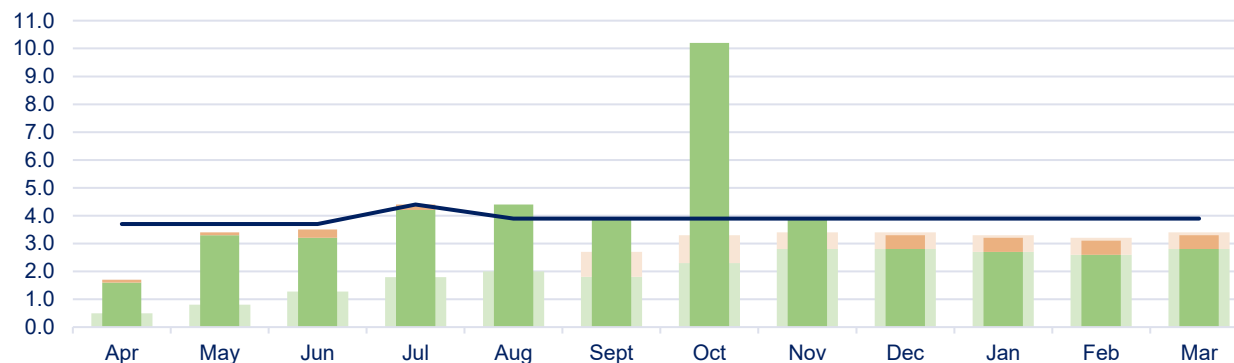
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



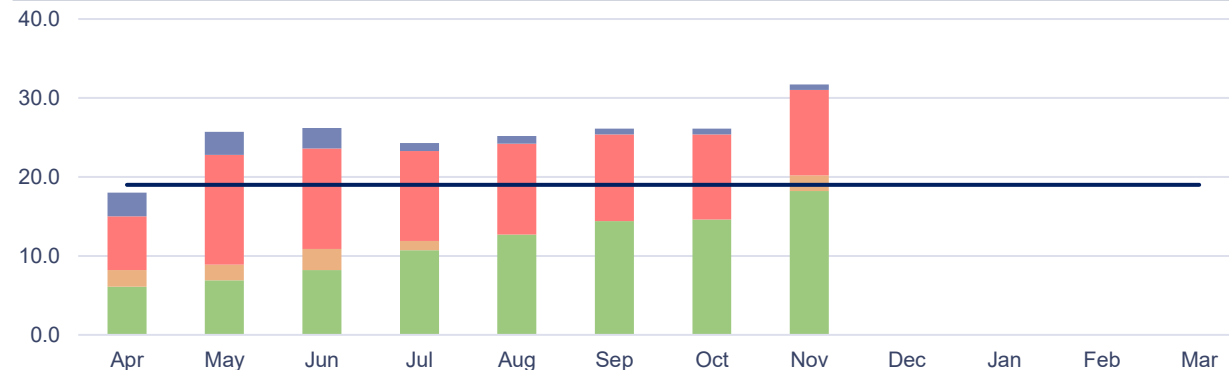
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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



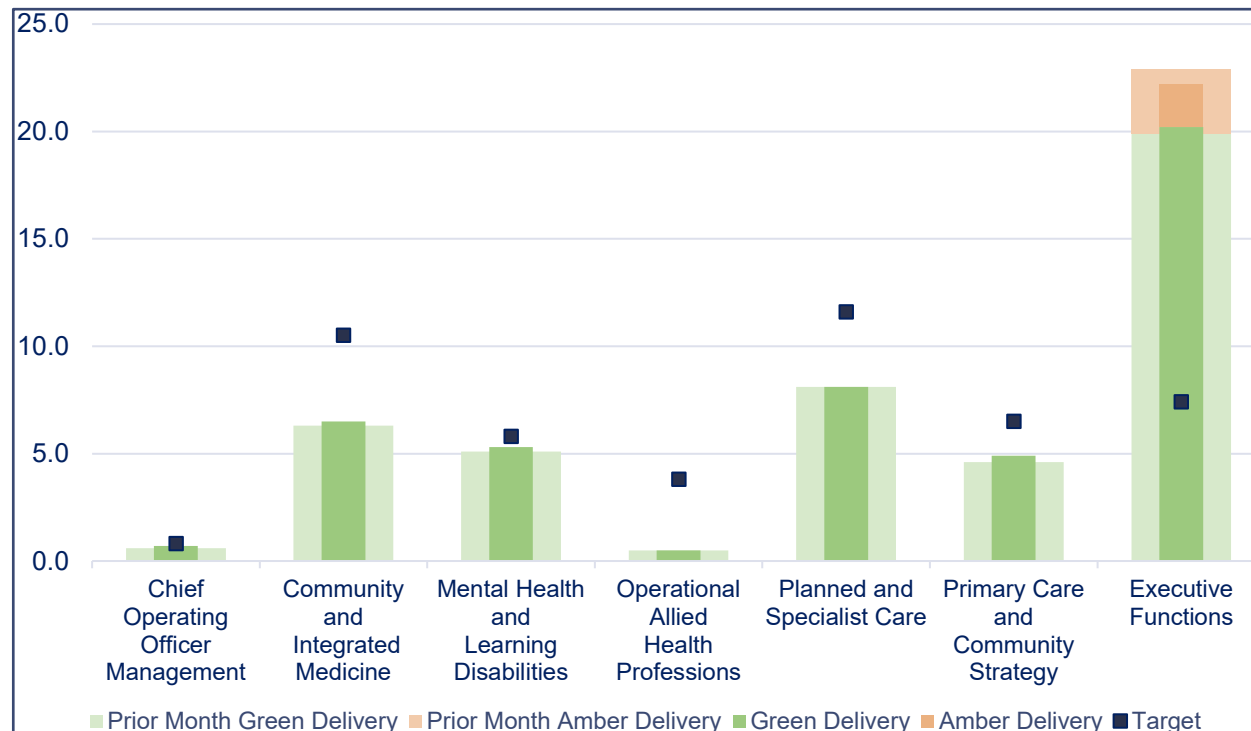
Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)



# End of Year – Savings Performance Breakdown



## Savings Delivery vs Target (£'m)



## Savings Performance Breakdown (£'m)

| Clinical Care Group                           | Target      | Plan        | Delivery    | Gap          |
|---|-------------|-------------|-------------|--------------|
| Chief Operating Officer Management            | 0.8         | 0.7         | 0.7         | 0.1          |
| Community and Integrated Medicine             | 10.5        | 6.5         | 6.5         | 4.0          |
| Mental Health and Learning Disabilities       | 5.8         | 5.3         | 5.3         | 0.5          |
| Operational Allied Health and Health Sciences | 3.8         | 0.5         | 0.5         | 3.3          |
| Planned and Specialist Care                   | 11.6        | 8.4         | 8.1         | 3.5          |
| Primary Care, Community Strategy and LTC      | 6.5         | 4.9         | 4.9         | 1.6          |
| Executive Functions                           | 7.4         | 22.2        | 22.2        | (14.8)       |
| <b>Grand Total</b>                            | <b>46.4</b> | <b>48.5</b> | <b>48.2</b> | <b>(1.8)</b> |

## Key Information

£1.2m in-month underspend conversion of pay and non-pay savings, no new in-year recurring savings schemes have been identified in Month 8.

A full-year effect recurrent savings scheme identified in Month 8 of £3.6m for Oncology Drugs within Planned and Specialist Care.

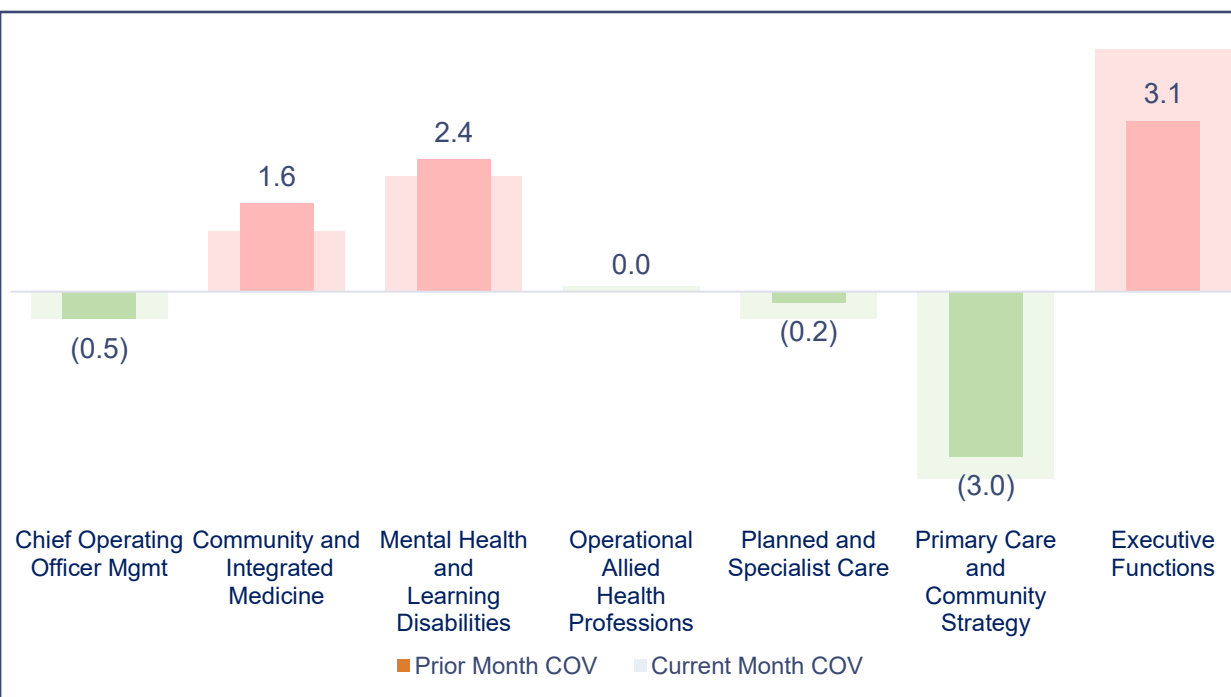
Continuation of run rate management of pay vacancy underspends recognised as an amber saving in future months of £2.0m.

Full year recurrent delivery is £18.2m against an in-year recurrent delivery of £14.3m, mainly due to Oncology drugs saving of £3.6m due to deliver from 1 April 2026.

# End of Year – Core Operational Variation



## Core Operational Variation (£'m)



## Core Operational Variation (£'m)

| Clinical Care Group                           | Pay        | Non-Pay    | Income       | Total      |
|---|------------|------------|--------------|------------|
| Chief Operating Officer Management            | (0.5)      | 0.0        | 0.0          | (0.5)      |
| Community and Integrated Medicine             | (0.2)      | 2.4        | (0.6)        | 1.6        |
| Mental Health and Learning Disabilities       | (0.3)      | 2.6        | 0.1          | 2.4        |
| Operational Allied Health and Health Sciences | 1.0        | (0.2)      | (0.8)        | 0.0        |
| Planned and Specialist Care                   | 1.1        | (0.4)      | (1.0)        | (0.2)      |
| Primary Care, Community Strategy and LTC      | (0.1)      | (2.1)      | (0.8)        | (3.0)      |
| Executive Functions                           | (0.8)      | 5.8        | (1.8)        | 3.1        |
| <b>Total</b>                                  | <b>0.2</b> | <b>8.1</b> | <b>(4.9)</b> | <b>3.4</b> |

## Key Information

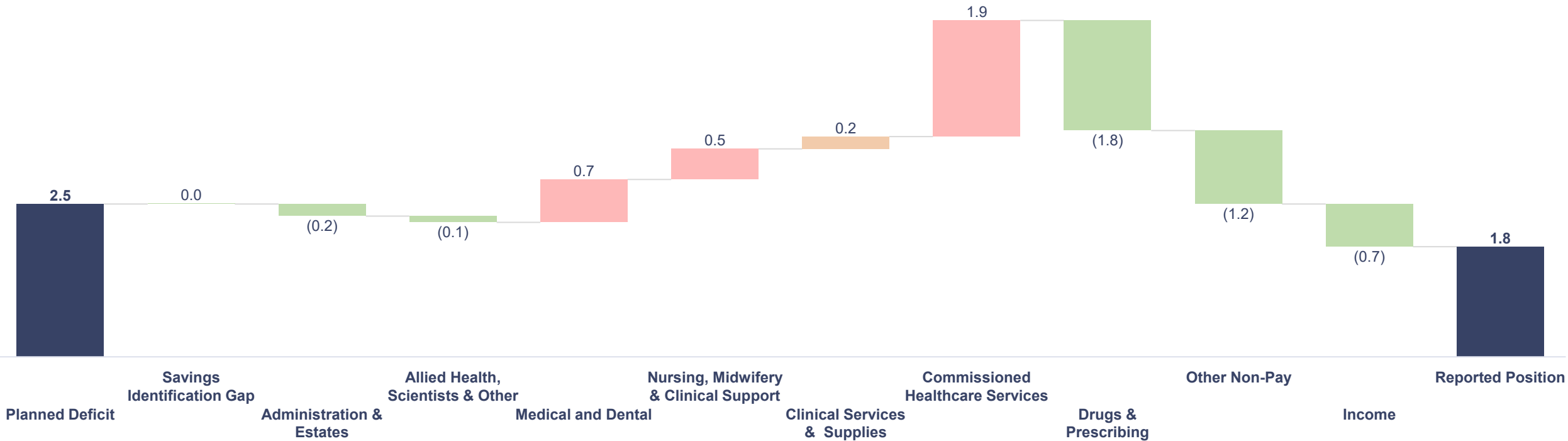
**Community and Integrated Medicine** Prior year patient flow invoice £0.7m, Continuing Healthcare packages £0.6m, incontinence products and insulin pumps £0.3m. Medical locum pay usage £1.7m due to vacancies and sickness and surge capacity cover, offset by vacancies within Admin and Nursing £(1.9)m.

**Mental Health** Net increase in Continuing Healthcare packages £1.6m and purchase of independent sector Psychiatric Intensive Care Unit beds £1.2m. Medical pay locum usage due to ongoing vacancies £ increase due to ongoing vacancies.

**Primary Care** Dental contracts underperformance £(1.6)m, Community Pharmacy and General Medical Services supplementary services £(0.5)m and overachievement of income £(0.8)m.

**Executive Functions** Increase in Welsh Risk Pool Risk Share agreement £4.2m, Emergency activity relating to Swansea Bay Long Term Agreements £2.1m, Losses claims offset by continued pay vacancies £(0.8)m and income overachievement £(1.8)m.

# In-Month – Key Drivers vs Plan



## Key Information

**Commissioned Healthcare Services** within Planned and Specialist Care increased insourced Theatres activity and increased outsourcing of MRI imaging relating to prostate cancer pathway within Urology £0.5m. Continued Continuing Healthcare and purchase of Psychiatric Intensive Care Unit Beds pressures within Mental Health £0.3m. Reference Other Non-Pay below £1.2m

**Other Non-Pay** year to date re-categorisation of Primary Care Dental savings budgets to Commissioned Healthcare Services £(1.2)m.

**Drugs and Prescribing** relating to Oncology Drugs prices £(0.8)m within Planned and Specialist Care lower than planned, Public Health Shingles vaccinations and Covid-19 vaccination uptake lower than anticipated £(0.5)m and recognition of Primary Care Drugs August PARS reduction in price and volume £(0.4)m.

**Income** Central Income for Cost Recovery Unit large cases, Non-Contracted Activity and Powys and Betsi high-cost drugs income has overachieved against plan values.

# In-Month – Key Performance vs Plan



| Clinical Care Groups and Executive Functions (£'m) | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total        | Key Information   |
|--|-----------------------|-----------------------------------|----------------------------|--------------|---|
| <b>Planned Deficit</b>                             |                       |                                   |                            | <b>2.5</b>   |   |
| Chief Operating Officer Management                 | 0.0                   | 0.0                               | (0.1)                      | (0.1)        | No material deviation to budget.  |
| Community and Integrated Medicine                  | 0.1                   | 0.0                               | 0.3                        | 0.4          | Medical and Dental locum usage to cover sickness and vacancies, and purchase of incontinence products and insulin pumps.      |
| Mental Health and Learning Disabilities            | 0.0                   | 0.0                               | 0.3                        | 0.3          | Continuing Healthcare packages and purchase of Psychiatric Intensive Care Unit beds from independent sector.                  |
| Operational Allied Health & Health Sciences        | 0.3                   | 0.0                               | (0.2)                      | 0.1          | Continuing under achievement of savings against target, offset by reduction in Pathology drugs and lab chemicals spend.       |
| Planned and Specialist Care                        | 0.3                   | 0.0                               | 0.3                        | 0.6          | Ophthalmology outsourcing and Theatres insourcing activity and Medical and Dental cover offset by Oncology drugs underspend.  |
| Primary Care, Community Strategy & Long Term Care  | 0.0                   | 0.0                               | (0.5)                      | (0.5)        | Primary Care Drugs August PARS reduction in price and volume, and General Medical Services supplementary services underspend. |
| Executive Functions                                | (0.7)                 | 0.0                               | (0.8)                      | (1.5)        | Workforce overachievement of savings. Public Health Drugs underspends, Central Income overachievement.                        |
| <b>Sub Total</b>                                   | <b>0.0</b>            | <b>0.0</b>                        | <b>(0.7)</b>               | <b>(0.7)</b> |   |
| <b>Gross Position</b>                              |                       |                                   |                            | <b>1.8</b>   |   |

# In-Month – Key Performance vs Prior Month



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

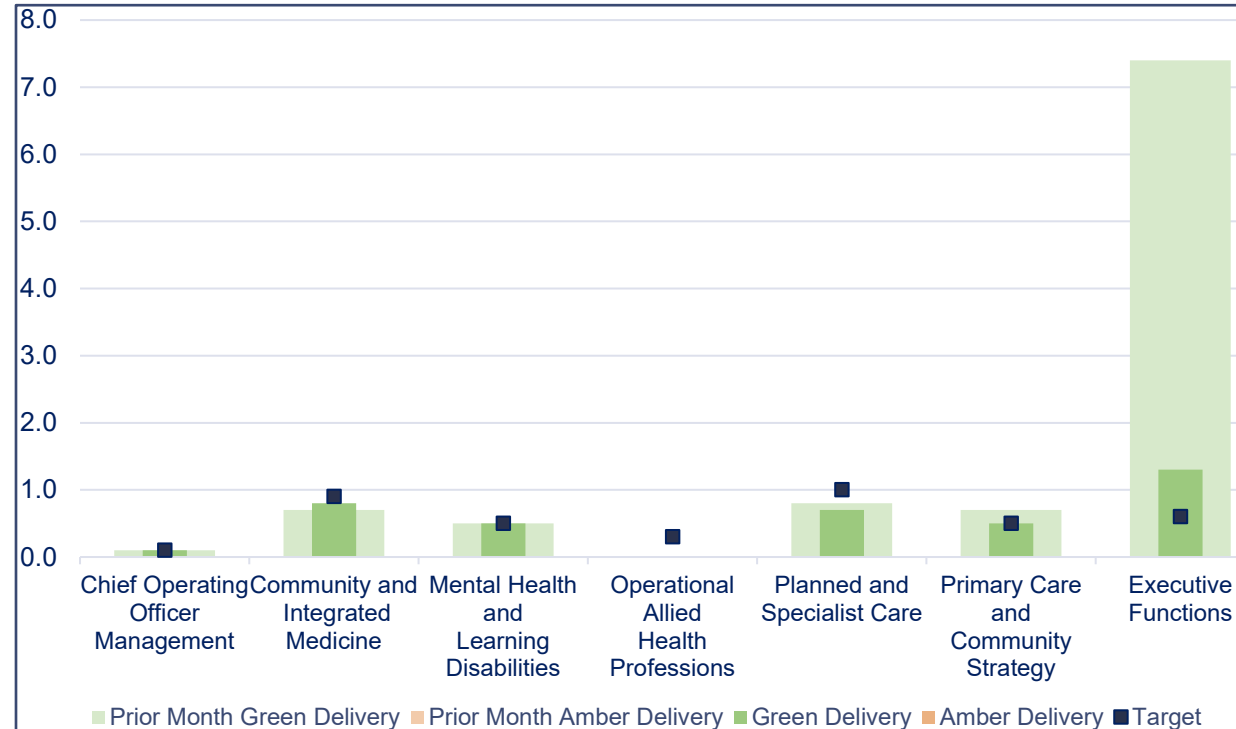
Page 29

| Clinical Care Groups and Executive Functions (£'m) | Savings Gap to Target Movement | Savings Delivery vs Plan Benefits Movement | Core Operational Variation Movement | Total Movement | Key Information  |
|--|--------------------------------|--|-------------------------------------|----------------|--|
| <b>Planned Deficit</b>                             |                                |  |                                     | <b>0.0</b>     | <b>No change to Planned Deficit of £2.5m</b>   |
| Chief Operating Officer Management                 | 0.0                            | 0.0  | (0.1)                               | <b>(0.1)</b>   | Improvement largely relating to Car Pool and Taxi expenditure recharges.   |
| Community and Integrated Medicine                  | (0.1)                          | 0.0  | 0.4                                 | <b>0.3</b>     | Increase in Pembrokeshire Continuing Healthcare packages, and reduced underspend relating to Urgent and Emergency Care.  |
| Mental Health and Learning Disabilities            | 0.0                            | 0.0  | (0.1)                               | <b>(0.1)</b>   | Reduction in purchase Psychiatric Intensive Care Unit beds expenditure, due to a reduction of 5 patients and 100 days.   |
| Operational Allied Health & Health Sciences        | 0.0                            | 0.0  | (0.2)                               | <b>(0.2)</b>   | Reduction in agency and variable pay expenditure from prior month.   |
| Planned and Specialist Care                        | 0.1                            | 0.0  | 0.0                                 | <b>0.1</b>     | Reduction in savings identified compared to prior month.   |
| Primary Care, Community Strategy & Long Term Care  | 0.2                            | 0.0  | 0.0                                 | <b>0.2</b>     | Reduction in savings identified in relation to Dental underspends.   |
| Executive Functions                                | 6.1                            | 0.0  | (5.1)                               | <b>1.0</b>     | Aseptic drugs savings £6.1m in prior month. Welsh Risk Pool risk share agreement of £4.2m in prior month. Public Health Drugs, Estates laundry reduction and Central Income overachievement. |
| <b>Sub Total</b>                                   | <b>6.3</b>                     | <b>0.0</b>                                 | <b>(5.1)</b>                        | <b>1.2</b>     |  |
| <b>Gross Position</b>                              |                                |  |                                     | <b>1.2</b>     |  |

# In-Month – Savings Performance Breakdown



## Savings Delivery vs Target (£'m)



## Savings Performance Breakdown (£'m)

| Clinical Care Group                           | Target     | Plan       | Delivery   | Gap        |
|---|------------|------------|------------|------------|
| Chief Operating Officer Management            | 0.1        | 0.1        | 0.1        | 0.0        |
| Community and Integrated Medicine             | 0.9        | 0.8        | 0.8        | 0.1        |
| Mental Health and Learning Disabilities       | 0.5        | 0.5        | 0.5        | 0.0        |
| Operational Allied Health and Health Sciences | 0.3        | 0.0        | 0.0        | 0.3        |
| Planned and Specialist Care                   | 1.0        | 0.7        | 0.7        | 0.3        |
| Primary Care, Community Strategy and LTC      | 0.5        | 0.5        | 0.5        | 0.0        |
| Executive Functions                           | 0.6        | 1.3        | 1.3        | (0.7)      |
| <b>Grand Total</b>                            | <b>3.9</b> | <b>3.9</b> | <b>3.9</b> | <b>0.0</b> |

## Key Information

Overall savings delivery of £3.9m has been achieved, with variations across Clinical Care Groups.

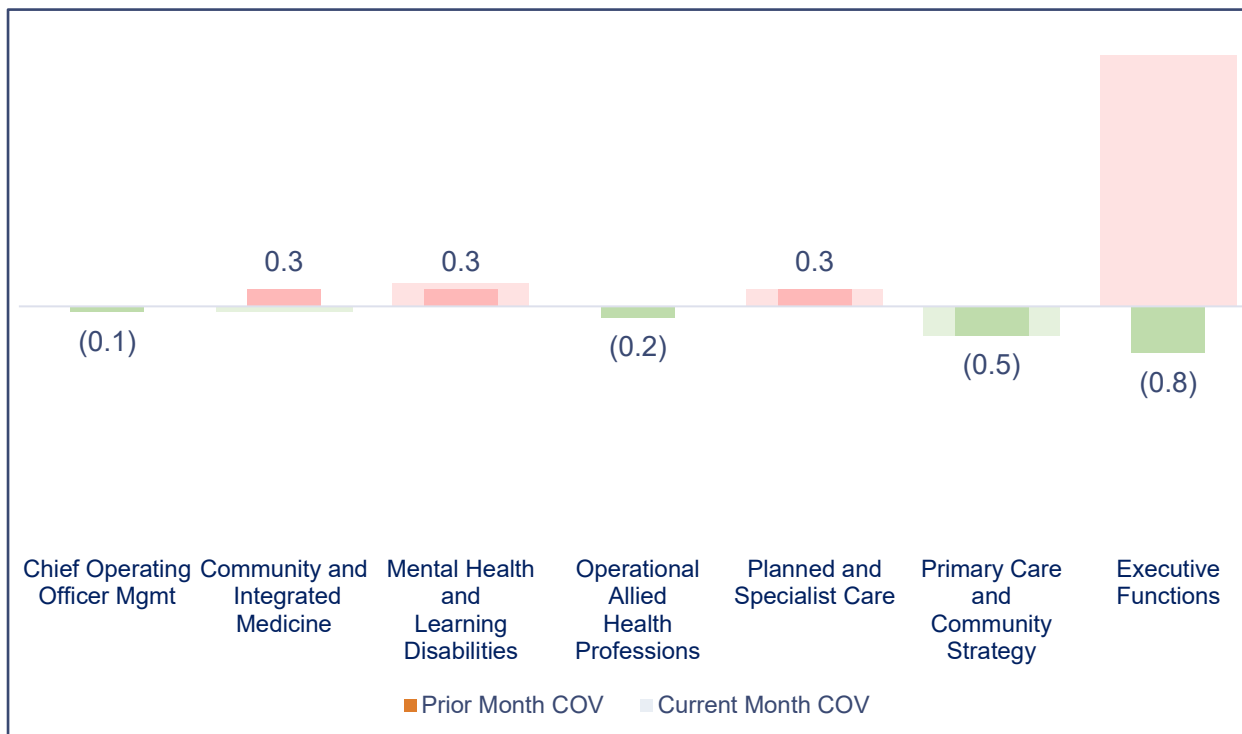
No new recurring savings schemes identified in Month 8, all newly identified schemes relate to underspend conversion of £1.2m, compared to £1.1m in Month 7. Underspend conversion schemes in-month relate to £1.0m pay vacancy underspends, and £0.2m non pay efficiencies.

Executive Functions – The prior month delivery is a result of the one-off Aseptic drugs saving of £6.1m.

# In-Month – Core Operational Variation



## Core Operational Variation (£'m)



## Core Operational Variation (£'m)

| Clinical Care Group                           | Pay        | Non-Pay      | Income       | Total        |
|---|------------|--------------|--------------|--------------|
| Chief Operating Officer Management            | 0.0        | (0.1)        | 0.0          | (0.1)        |
| Community and Integrated Medicine             | 0.1        | 0.4          | (0.2)        | 0.3          |
| Mental Health and Learning Disabilities       | 0.0        | 0.3          | 0.0          | 0.3          |
| Operational Allied Health and Health Sciences | 0.1        | (0.2)        | (0.1)        | (0.2)        |
| Planned and Specialist Care                   | 0.2        | 0.1          | 0.0          | 0.3          |
| Primary Care, Community Strategy and LTC      | 0.0        | (0.5)        | 0.0          | (0.5)        |
| Executive Functions                           | 0.5        | (0.9)        | (0.4)        | (0.8)        |
| <b>Total</b>                                  | <b>0.9</b> | <b>(0.9)</b> | <b>(0.7)</b> | <b>(0.7)</b> |

## Key Information

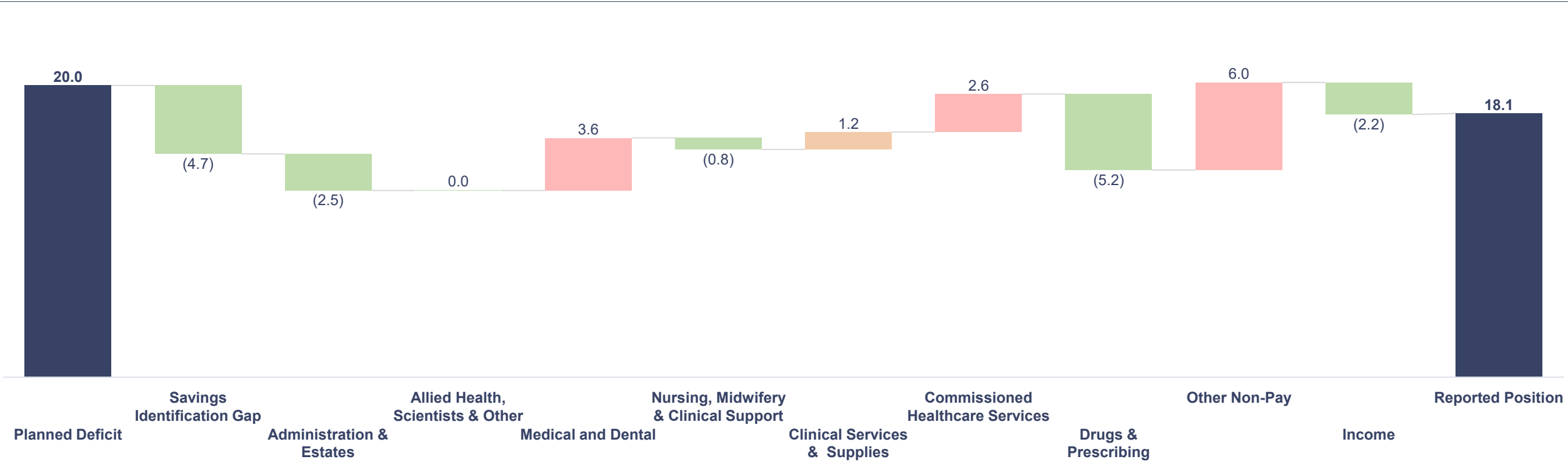
**Community and Integrated Medicine** Purchase of incontinence products and insulin pumps and increase in Pembrokeshire Continuing Healthcare packages, offset by Urgent and Emergency Care income overachievement.

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

**Primary Care** Drugs and Prescribing August PARS reduction in price and volume, and General Medical Services supplementary services underspend.

**Executive Functions** underspends relating to Public Health drugs and Central Income overachievement relating to Cost Recovery Unit and Non-Contracted Activity, offset by year to date recognition of additional band 2 to 3 pay award and rebanding uplift expenditure mainly relating to Healthcare Support Workers.

# Year to Date – Key Drivers vs Plan



## Key Information

**Medical & Dental** – Premium costs to cover vacancies and sickness across the Health Board. Planned and Specialist Care also see continued use of the premium rate card and increased Waiting List Initiative Payments.

**Drugs & Prescribing** – Oncology drugs underspend due to price increases being lower than planned, and NICE treatments increases expected later in the year. Public Health Shingles vaccinations underspend and lower Covid-19 vaccination uptake. Primary Care Drugs and Prescribing August PARS reduction in price and volume in Month 8.

**Other Non-Pay** – Welsh Risk Pool Risk Share agreement increase, increase in losses claims and increased contract pressures relating to Digital, maintenance, premises, energy, and laundry. Payment of prior year Patient Flow invoice relating to Pembrokeshire County, and increased Nursing Legal Services costs.

# Year to Date – Key Performance vs Plan



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University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

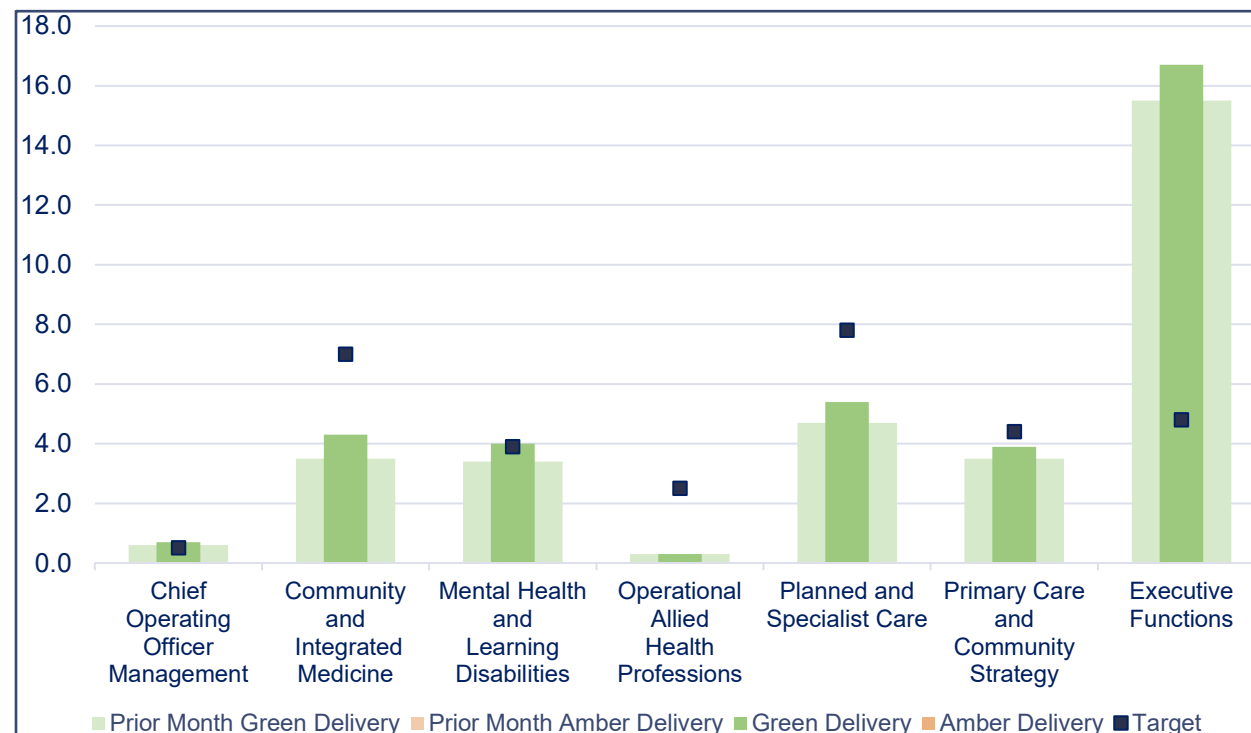
Page 33

| Clinical Care Groups and Executive Functions (£'m) | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total        | Key Information  |
|--|-----------------------|-----------------------------------|----------------------------|--------------|--|
| <b>Planned Deficit</b>                             |                       |                                   |                            | <b>20.0</b>  |  |
| Chief Operating Officer Management                 | (0.2)                 | 0.0                               | (0.3)                      | <b>(0.5)</b> | Vacancies held within Medical Records.   |
| Community and Integrated Medicine                  | 2.7                   | 0.0                               | 0.4                        | <b>3.1</b>   | Continuing Healthcare packages and prior year patient flow invoice offset by pay vacancies.                                      |
| Mental Health and Learning Disabilities            | (0.1)                 | 0.0                               | 1.8                        | <b>1.7</b>   | Continuing Healthcare packages, purchase of Psychiatric Intensive Care Unit beds and premium Medical costs to cover vacancies    |
| Operational Allied Health & Health Sciences        | 2.2                   | 0.0                               | (0.4)                      | <b>1.8</b>   | Over-achievement of income, reduction in Pathology drugs and lab chemicals offset by agency and variable pay.                    |
| Planned and Specialist Care                        | 2.1                   | 0.3                               | (1.2)                      | <b>1.2</b>   | Oncology drugs underspend, income overachievement, offset by theatres pressures and ongoing usage of Medical locums.             |
| Primary Care, Community Strategy & Long Term Care  | 0.5                   | 0.0                               | (2.0)                      | <b>(1.5)</b> | Underspend relating to Dental contracts, General Medical Services supplementary services and Primary Care drugs and prescribing. |
| Executive Functions                                | (11.9)                | 0.0                               | 4.2                        | <b>(7.7)</b> | Overspends largely relating to Welsh Risk Pool Risk Share increase and Swansea Bay Long Term Agreement Emergency Activity.       |
| <b>Sub Total</b>                                   | <b>(4.7)</b>          | <b>0.3</b>                        | <b>2.5</b>                 | <b>(1.9)</b> |  |
| <b>Gross Position</b>                              |                       |                                   |                            | <b>18.1</b>  |  |

# Year to Date – Savings Performance Breakdown



## Savings Delivery vs Target (£'m)



## Savings Performance Breakdown (£'m)

| Clinical Care Group                           | Target      | Plan        | Delivery    | Gap          |
|---|-------------|-------------|-------------|--------------|
| Chief Operating Officer Management            | 0.5         | 0.7         | 0.7         | (0.2)        |
| Community and Integrated Medicine             | 7.0         | 4.3         | 4.3         | 2.7          |
| Mental Health and Learning Disabilities       | 3.9         | 4.0         | 4.0         | (0.1)        |
| Operational Allied Health and Health Sciences | 2.5         | 0.3         | 0.3         | 2.2          |
| Planned and Specialist Care                   | 7.8         | 5.7         | 5.4         | 2.4          |
| Primary Care, Community Strategy and LTC      | 4.4         | 3.9         | 3.9         | 0.5          |
| Executive Functions                           | 4.8         | 16.7        | 16.7        | (11.9)       |
| <b>Grand Total</b>                            | <b>30.9</b> | <b>35.6</b> | <b>35.3</b> | <b>(4.4)</b> |

## Key Information

Savings delivery year to date is £35.3m, which is a £4.4m over delivery against the £30.9m target.

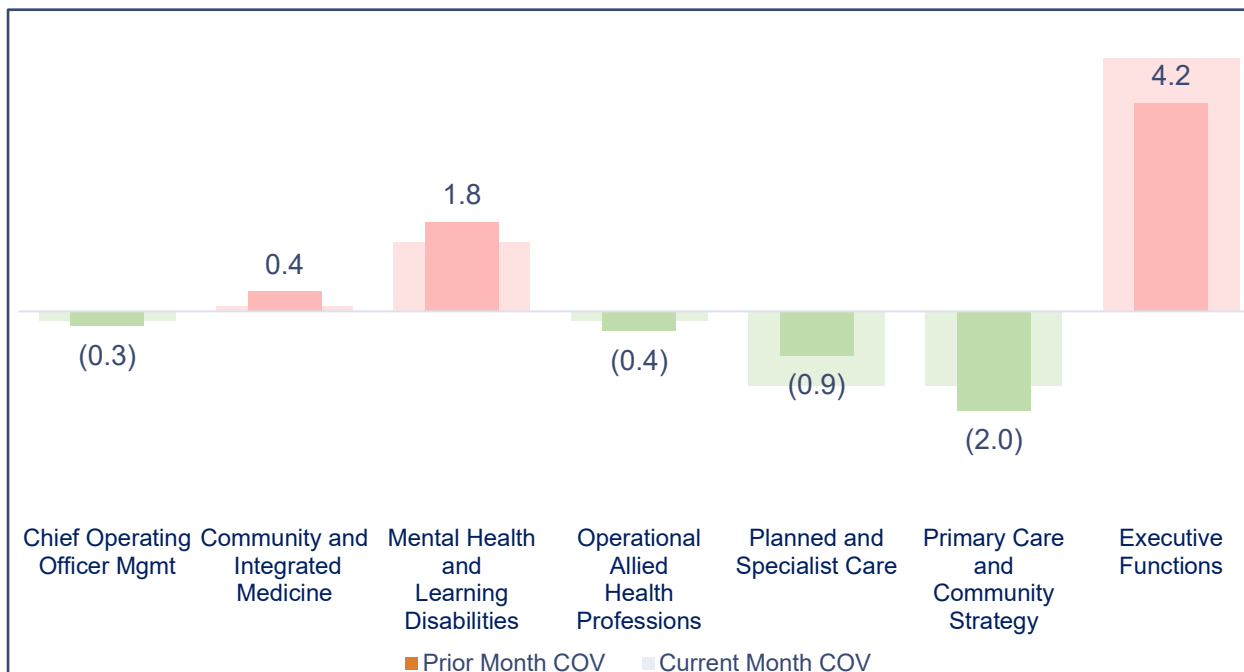
This over delivery largely relates to Executive functions, due to pay vacancy underspends and a one-off Aseptic drugs saving of £6.1m.

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

# Year to Date – Core Operational Variation



## Core Operational Variation (£'m)



## Core Operational Variation (£'m)

| Clinical Care Group                           | Pay        | Non-Pay    | Income       | Total      |
|---|------------|------------|--------------|------------|
| Chief Operating Officer Management            | (0.2)      | (0.2)      | 0.1          | (0.3)      |
| Community and Integrated Medicine             | (0.5)      | 1.3        | (0.4)        | 0.4        |
| Mental Health and Learning Disabilities       | (0.1)      | 1.8        | 0.1          | 1.8        |
| Operational Allied Health and Health Sciences | 0.7        | (0.6)      | (0.5)        | (0.4)      |
| Planned and Specialist Care                   | 0.6        | (0.8)      | (0.7)        | (0.9)      |
| Primary Care, Community Strategy and LTC      | 0.1        | (2.4)      | 0.3          | (2.0)      |
| Executive Functions                           | (0.3)      | 5.6        | (1.1)        | 4.2        |
| <b>Total</b>                                  | <b>0.3</b> | <b>4.7</b> | <b>(2.2)</b> | <b>2.8</b> |

## Key Information

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

**Planned and Specialist Care** Oncology & Ophthalmology drugs underspend due to growth increases lower than planned, with increases due later in the year. Overachievement of income in relation to Flying Start and Bowel and Breast Screening.

**Primary Care** Continued Dental underspends due to contracts handed back to the Health Board, General Medical Services supplementary services and Primary Care drugs and prescribing underspend relating to reduced price and volume, offset by under-delivery of patient income.

**Executive Functions** relating to the recognition of the increase in the Welsh Risk Pool Risk Share agreement, increase in Emergency activity relating to Swansea Bay Long Term Agreements, additional losses claims, Nursing legal fees, Digital contracts and licenses, and Estates laundry and utilities costs, offset by income overachievement and pay vacancies.

# Capital Performance



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 36

Capital

## Total Capital Performance

£36.7m

Annual Plan = £36.7m

## All Wales Capital

£28.7m

Annual Plan = £28.7m

## Discretionary Capital

£6.9m

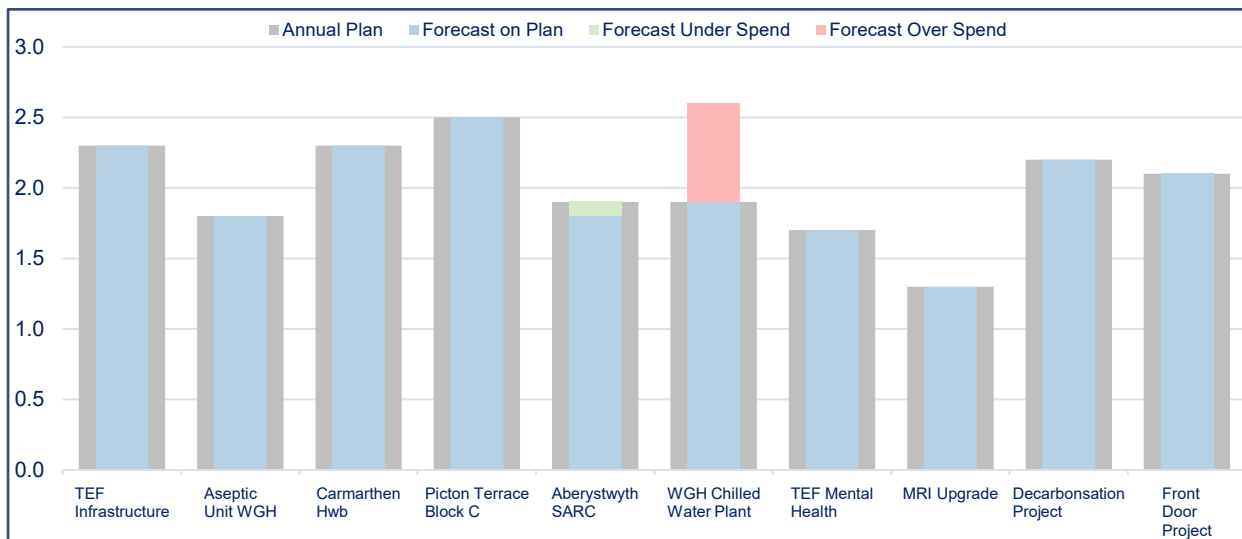
Annual Plan = £6.9m

## IFRS 16

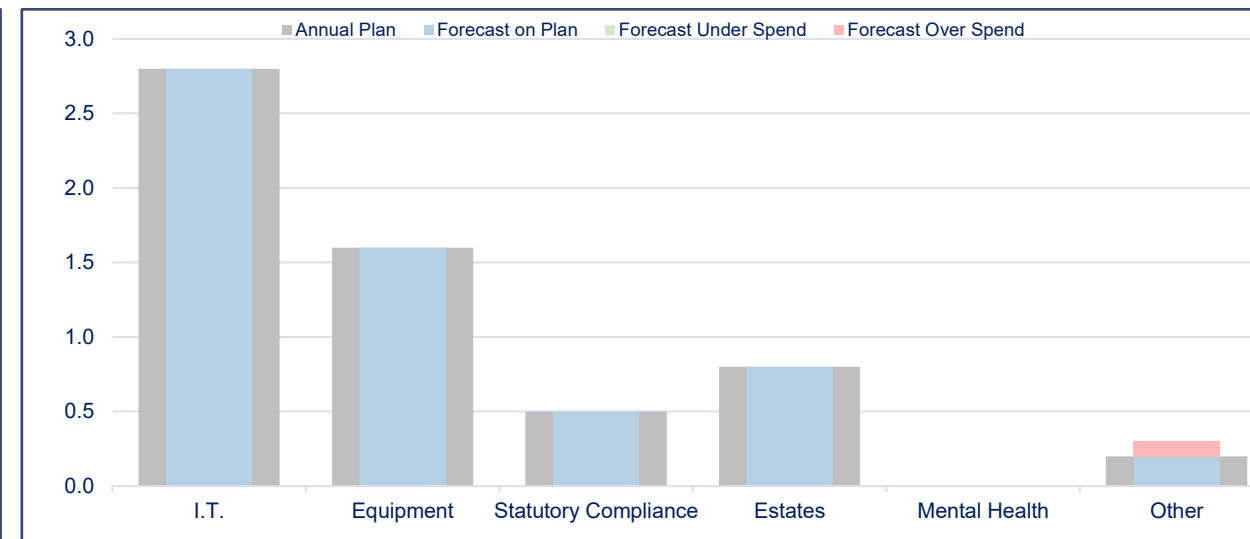
£1.1m

Capital Resource Limit = £1.1m

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



## Discretionary Capital Programme Category Summary (£'m)



49% (£18.0m of the £36.7m) of capital programme expenditure is forecast to be spent in February and March 2026. Therefore, the risk to delivering the capital programme in full signals a **medium status** and ongoing monitoring will be required due to late expenditure profile with no option to extend beyond March 2026.

Whilst all capital schemes are forecast to complete within budget by the end of the financial year, there remains a level of uncertainty with regards to the receipt of End of Year capital funding from Welsh Government, linked to the urgent Concrete Cladding Works at Worthybush Hospital (£0.85m). Also, a significant proportion of spend is remaining within the capital programme.

# Trend Analysis – Non-Pay and Income



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University Health Board



Executive Summary

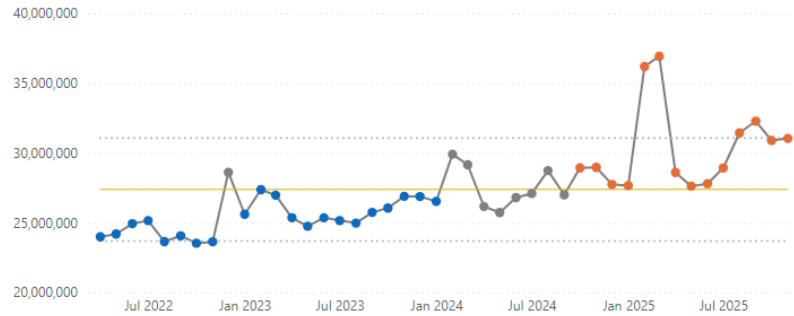
Income and Expenditure  
Insights

Operational and  
Financial Performance

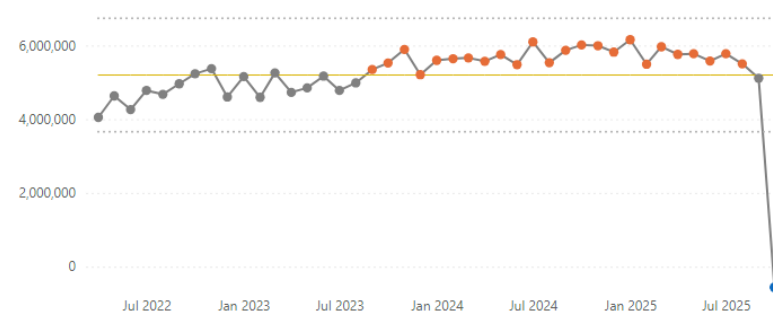
Appendices

Page 37

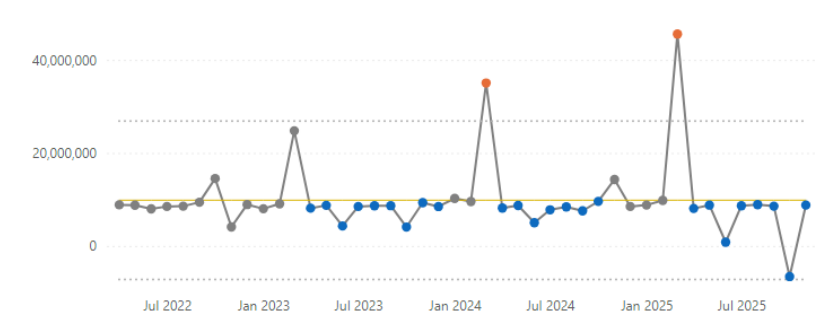
## Commissioned Healthcare Services (£)



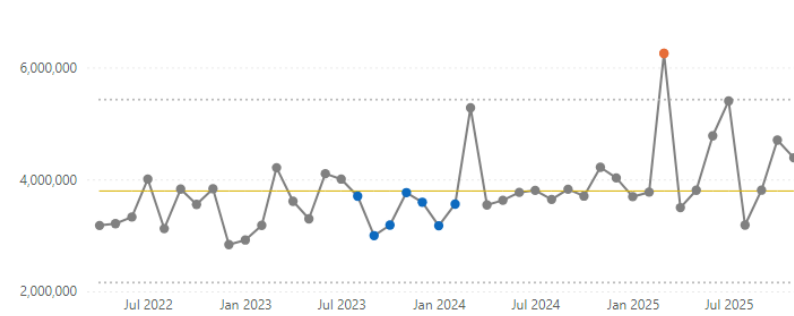
## Secondary Care Drugs (£)



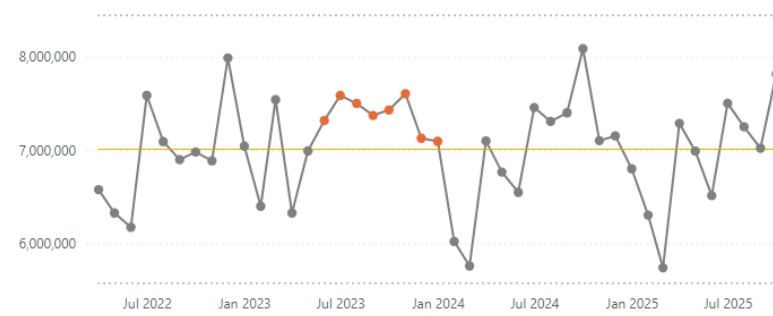
## Other Non-Pay (£)



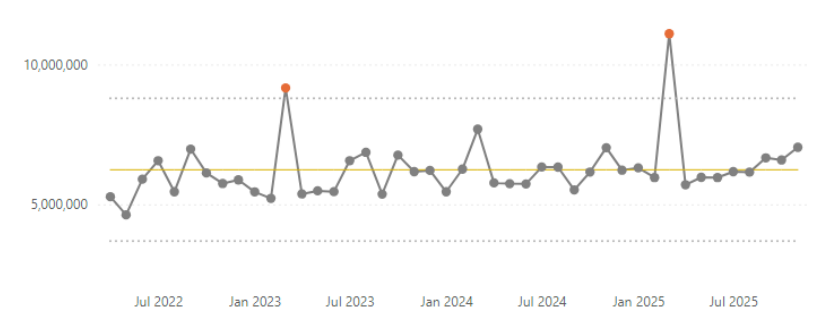
## Clinical Services and Supplies (£)



## Primary Care Prescribing (£)



## Income (£)



## Key Information

**Secondary Care Drugs** – Aseptic Unit System drugs saving in prior month, returning to typical levels in-month.

**Other Non-Pay** – Reduction to Annually Managed Expenditure (AME) depreciation and impairments in prior month due to indexation rate revision for buildings, returning to typical levels in-month.

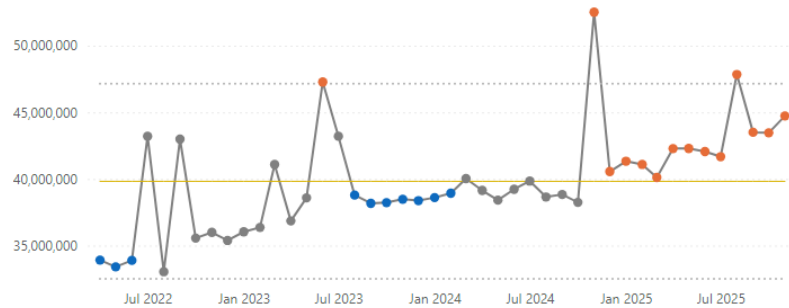
**Clinical Services & Supplies** – Increased theatres stock in prior month due to flood and new stock system, offset by increase in purchase of incontinence products and insulin pumps in-month.

**Primary Care Prescribing** – In-month reduction in expenditure due to August Prescribing Audit Report price (£0.03p) and volume reduction (4.6%).

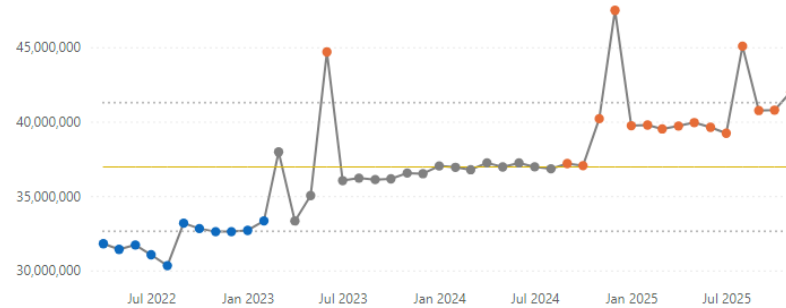
# Trend Analysis – Pay Agenda for Change



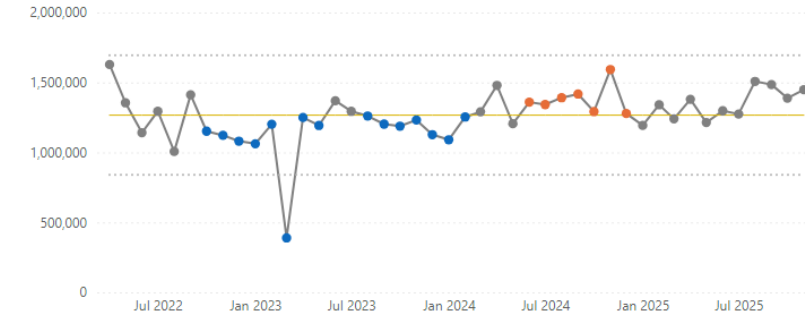
## Total (£)



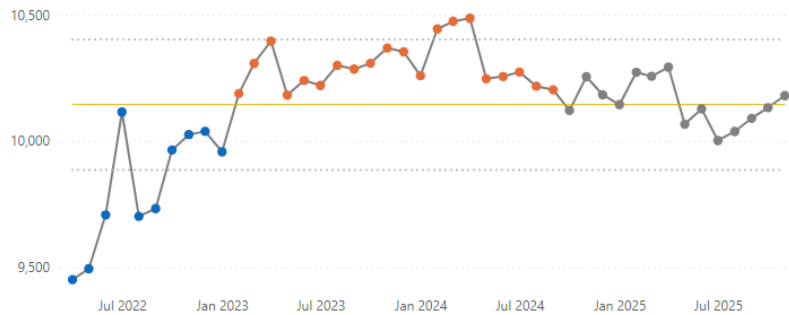
## Substantive (£)



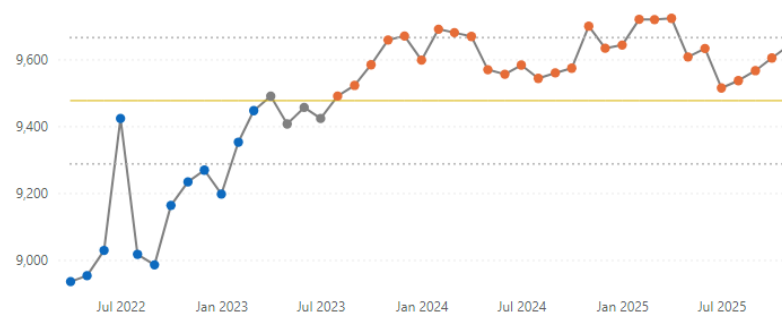
## Bank (£)



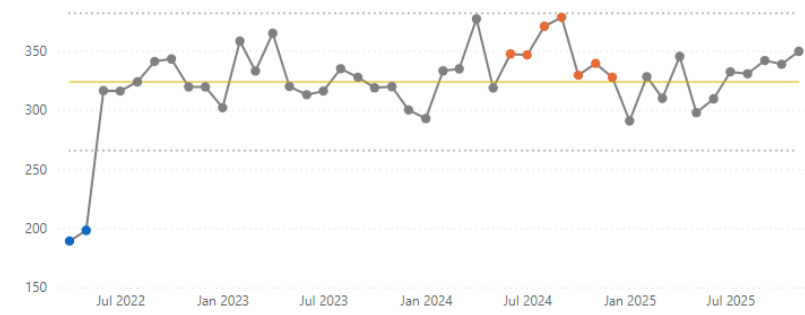
## Total (WTE)



## Substantive (WTE)



## Bank (WTE)



## Key Information

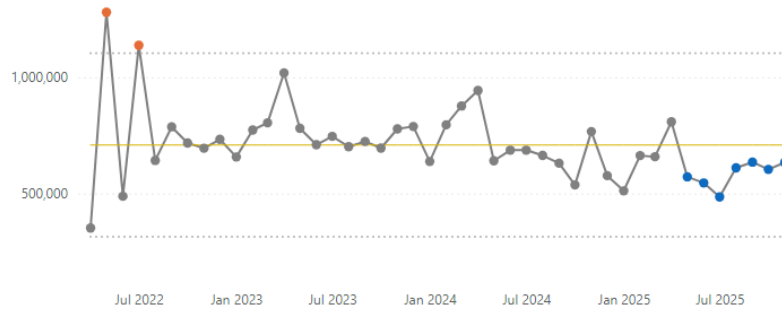
**Substantive WTE** – There is a clear increase in Substantive WTE following recruitment of vacant posts within Mental Health Support Workers, Registered Nurses and Administration and Clerical (22.58 wte) and Planned Care Registered Nurses (17.52 wte), which in turn will reduce reliance on Agency and Overtime and in time Bank usage. Of which agency on the next slide, is at its lowest point now since the implementation of Allocate.

**Substantive £** – Month 8 includes year to date recognition of additional band 2 to 3 pay award and rebanding uplift expenditure mainly relating to Healthcare Support Workers £0.6m.

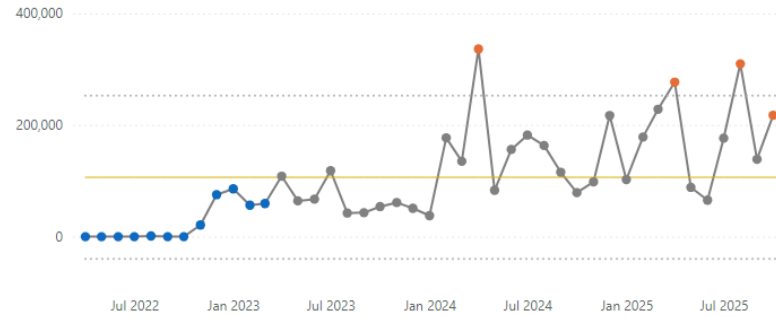
# Trend Analysis – Pay Agenda for Change



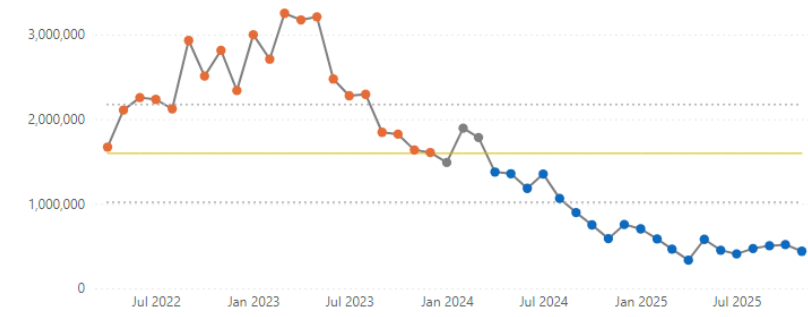
## Overtime (£)



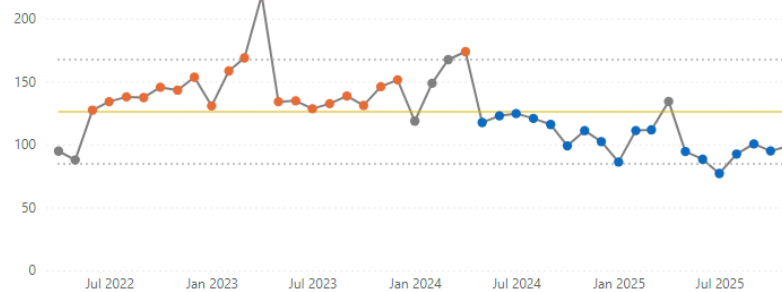
## WLI (£)



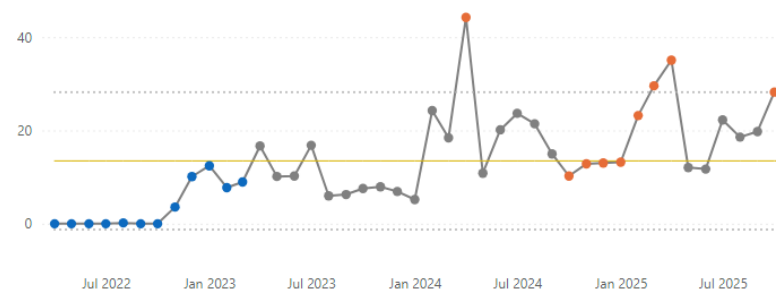
## Agency (£)



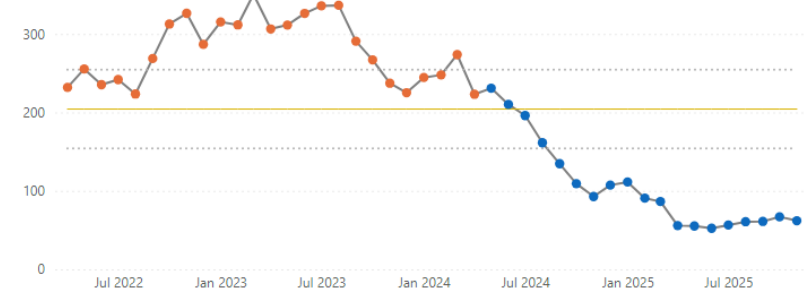
## Overtime (WTE)



## WLI (WTE)



## Agency (WTE)



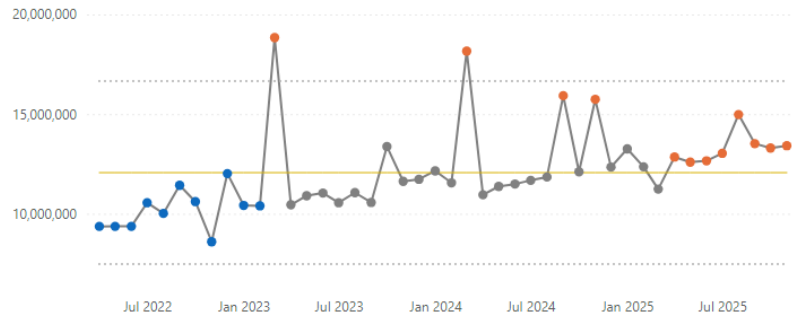
## Key Information

**Waiting List Initiative** – Continuation of increase in Waiting List Initiative expenditure within Medical, Nursing and Allied Health pay groups in Planned and Specialist Care relating to increased activity within Endoscopy, Ophthalmology and Orthopaedics to reduce waiting lists.

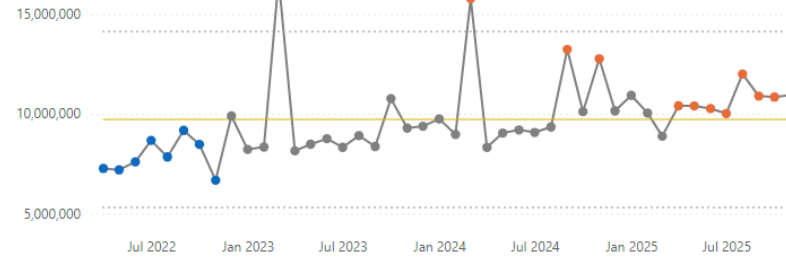
# Trend Analysis – Pay Medical and Dental



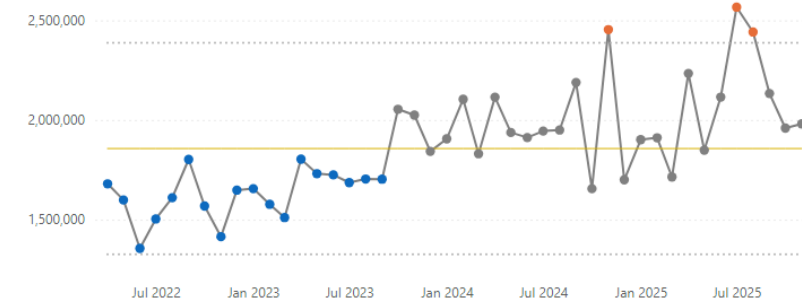
## Total (£)



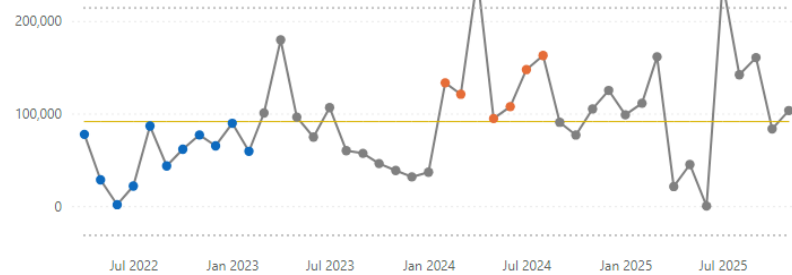
## Substantive (£)



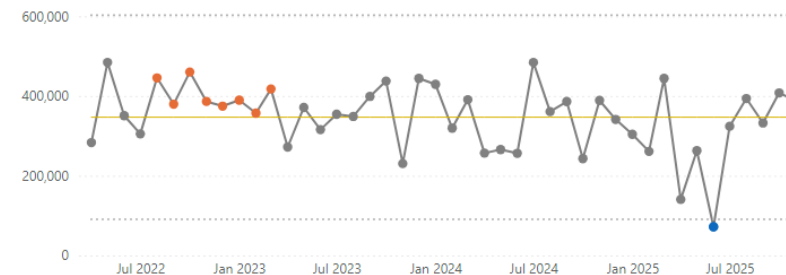
## Additional Hours (£)



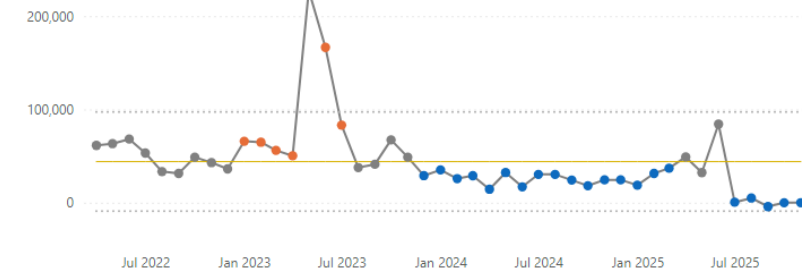
## WLI (£)



## On Contract Agency Premium (£)



## Off Contract Agency Premium (£)



## Key Information

**Waiting List Initiative** – Medical and Dental Waiting List Initiative expenditure has increased from prior month mainly within Orthopaedics, Ophthalmology, Endoscopy and Urology due to increased activity to reduce waiting lists.

# Staffing Establishment Reports



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Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 41

| Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW) | Total Fill Rate | Total WTE | Substantive WTE | Substantive WTE Vacancy | Variable WTE | Agency (Premium) WTE | Total Over/(Under) Staffed |
|--|-----------------|-----------|-----------------|-------------------------|--------------|----------------------|----------------------------|
| <b>Chief Operating Officer</b>   | 102.2%          | 2,633     | 2,298           | (282)                   | 281          | 51                   | 53                         |
| <b>Community and Integrated Medicine</b>                                     | 103.2%          | 1,889     | 1,632           | (209)                   | 210          | 45                   | 47                         |
| Carmarthenshire Integrated System  | 103.5%          | 1,135     | 982             | (124)                   | 134          | 19                   | 29                         |
| Ceredigion Integrated System   | 107.5%          | 327       | 269             | (31)                    | 39           | 18                   | 26                         |
| Pembrokeshire Integrated System  | 99.4%           | 427       | 381             | (54)                    | 37           | 8                    | (8)                        |
| <b>Mental Health and Learning Disabilities</b>                               | 104.7%          | 287       | 236             | (38)                    | 50           | 1                    | 13                         |
| <b>Planned and Specialist Care</b>   | 96.6%           | 457       | 430             | (35)                    | 21           | 5                    | (7)                        |
| Cancer and Scheduled Care  | 94.6%           | 157       | 144             | (17)                    | 7            | 5                    | (4)                        |
| Children, Women and Family Health  | 97.6%           | 300       | 286             | (18)                    | 14           | -                    | (3)                        |
| <b>Grand Total</b>   | 102.2%          | 2,633     | 2,298           | (282)                   | 281          | 51                   | 53                         |

| All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs | Total Fill Rate | Total WTE | Substantive WTE | Substantive WTE Vacancy | Variable WTE | Agency (Premium) WTE | Total Over/(Under) Staffed |
|--|-----------------|-----------|-----------------|-------------------------|--------------|----------------------|----------------------------|
| <b>Chief Executive</b>   | 90.6%           | 89        | 89              | (9)                     | -            | -                    | (8)                        |
| <b>Chief Operating Officer</b>   | 93.7%           | 5,558     | 5,413           | (486)                   | 131          | 8                    | (343)                      |
| Chief Operating Officer Management   | 81.6%           | 209       | 207             | (45)                    | 1            | -                    | (44)                       |
| Community and Integrated Medicine  | 97.0%           | 1,351     | 1,310           | (86)                    | 38           | 1                    | (45)                       |
| Mental Health and Learning Disabilities                                    | 90.3%           | 916       | 903             | (100)                   | 12           | -                    | (88)                       |
| Operational Allied Health and Health Sciences                              | 97.2%           | 1,118     | 1,090           | (54)                    | 27           | -                    | (26)                       |
| Planned and Specialist Care  | 95.0%           | 1,457     | 1,401           | (121)                   | 48           | 7                    | (65)                       |
| Primary Care, Community Strategy and Long Term Care                        | 87.2%           | 507       | 502             | (80)                    | 5            | -                    | (75)                       |
| <b>Executive Director of Allied Health Professions and Health Sciences</b> | 95.2%           | 866       | 808             | (102)                   | 57           | -                    | (45)                       |
| <b>Executive Director of Finance</b>                                       | 89.9%           | 313       | 310             | (37)                    | 3            | -                    | (33)                       |
| <b>Executive Director of Nursing, Quality and Patient Experience</b>       | 90.9%           | 175       | 174             | (18)                    | -            | -                    | (17)                       |
| <b>Executive Director of Public Health</b>                                 | 87.6%           | 143       | 142             | (19)                    | 1            | -                    | (18)                       |
| <b>Executive Director of Strategy and Planning</b>                         | 93.9%           | 48        | 48              | (2)                     | -            | -                    | (2)                        |
| <b>Executive Director of Workforce and Organisational Development</b>      | 74.6%           | 229       | 227             | (87)                    | 1            | -                    | (86)                       |
| <b>Executive Medical Director</b>  | 87.0%           | 107       | 107             | (10)                    | -            | -                    | (10)                       |
| <b>Grand Total</b>   | 92.7%           | 7,528     | 7,318           | (770)                   | 193          | 8                    | (562)                      |

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



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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 42

| Clinical Care Group and Executive Functions (£'k)                          | Pay                        |                                     |                    |   | Non-Pay                        |                                  |                       |               | Income | Grand Total |
|--|----------------------------|-------------------------------------|--------------------|---|--------------------------------|----------------------------------|-----------------------|---------------|--------|-------------|
|  | Administration and Estates | Allied Health, Scientists and Other | Medical and Dental | Nursing, Midwifery and Clinical Support | Clinical Services and Supplies | Commissioned Healthcare Services | Drugs and Prescribing | Other Non-Pay | Income |             |
| <b>Chief Executive</b>   | (2)                        |                                     |                    |   |                                | (1)                              |                       | (12)          | (0)    | (16)        |
| <b>Chief Operating Officer</b>   | (178)                      | (75)                                | 667                | (22)                                    | 170                            | 1,955                            | (1,215)               | (865)         | (250)  | 188         |
| Chief Operating Officer Management   | (9)                        | 1                                   | (4)                | 4                                       | 9                              | (3)                              |                       | (108)         | 26     | (83)        |
| Community and Integrated Medicine  | (123)                      | (16)                                | 284                | (70)                                    | 225                            | 103                              | (87)                  | 200           | (188)  | 329         |
| Mental Health and Learning Disabilities                                    | (9)                        | (95)                                | 85                 | 7                                       | 2                              | 326                              | (23)                  | (6)           | 39     | 326         |
| Operational Allied Health and Health Sciences                              | (2)                        | 19                                  | 14                 | 36                                      | (96)                           | (33)                             | (103)                 | 46            | (81)   | (200)       |
| Planned and Specialist Care  | 9                          | (3)                                 | 233                | 23                                      | 23                             | 569                              | (561)                 | 49            | (22)   | 320         |
| Primary Care, Community Strategy and Long Term Care                        | (44)                       | 18                                  | 55                 | (22)                                    | 6                              | 992                              | (441)                 | (1,045)       | (23)   | (503)       |
| <b>Executive Director of Allied Health Professions and Health Sciences</b> | (149)                      | (14)                                |                    | (4)                                     | 32                             | (0)                              | 0                     | (122)         | (56)   | (313)       |
| Estates and Facilities   | (161)                      |                                     |                    | (4)                                     | 32                             |                                  | 0                     | (122)         | (56)   | (311)       |
| Executive Allied Health Professions and Health Sciences                    | 12                         | (14)                                |                    |   |                                | (0)                              |                       |               |        | (2)         |
| <b>Executive Director of Finance</b>                                       | 38                         | 6                                   | (1)                | (18)                                    |                                | (36)                             |                       | (147)         | (47)   | (204)       |
| Digital  | 13                         | 6                                   | (1)                | (18)                                    |                                | (36)                             |                       | (139)         | (44)   | (219)       |
| Finance  | 26                         |                                     |                    |   |                                | 0                                |                       | (8)           | (3)    | 15          |
| <b>Executive Director of Nursing, Quality and Patient Experience</b>       | 8                          | (9)                                 |                    | (11)                                    | 0                              | 1                                |                       | 38            | (8)    | 19          |
| <b>Executive Director of Public Health</b>                                 | (52)                       | 13                                  | (3)                | 7                                       | (7)                            | (4)                              | (472)                 | (50)          | (7)    | (574)       |
| <b>Executive Director of Strategy and Planning</b>                         | 4                          | 0                                   | (0)                |   |                                | 36                               | 0                     | 41            | (84)   | (3)         |
| LTAs with other NHS Providers  | 4                          |                                     |                    |   |                                | 34                               | 0                     | 0             |        | 38          |
| Strategy and Planning  | (0)                        | 0                                   | (0)                |   |                                | 2                                |                       | 41            | (84)   | (41)        |
| <b>Executive Director of Workforce and Organisational Development</b>      | (3)                        | (13)                                | 1                  | 14                                      | (0)                            | 16                               | (4)                   | (17)          | 128    | 121         |
| <b>Executive Medical Director</b>  | 3                          | (6)                                 | 7                  | (10)                                    | 1                              |                                  | 0                     | (51)          | (1)    | (57)        |
| <b>Health Board Wide</b>   | 127                        |                                     | (0)                | 585                                     | (25)                           | (17)                             | (72)                  | (47)          | (383)  | 168         |
| <b>Planned Deficit</b>   |                            |                                     |                    |   |                                |                                  |                       | 2,500         |        | 2,500       |
| <b>Savings Identification</b>  |                            |                                     |                    |   |                                |                                  |                       | (72)          |        | (72)        |
| <b>Grand Total</b>   | (203)                      | (97)                                | 671                | 542                                     | 171                            | 1,949                            | (1,763)               | 1,196         | (708)  | 1,758       |

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



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University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 43

| Clinical Care Group and Executive Functions (£'k)                   | Pay                        |                                     |                    |   | Non-Pay                        |                                  |                       |               | Income  | Grand Total |
|---|----------------------------|-------------------------------------|--------------------|---|--------------------------------|----------------------------------|-----------------------|---------------|---------|-------------|
|   | Administration and Estates | Allied Health, Scientists and Other | Medical and Dental | Nursing, Midwifery and Clinical Support | Clinical Services and Supplies | Commissioned Healthcare Services | Drugs and Prescribing | Other Non-Pay | Income  |             |
| Chief Executive   | (9)                        |                                     |                    |   | 0                              | (11)                             |                       | (24)          | (1)     | (46)        |
| Chief Operating Officer   | (1,421)                    | 5                                   | 3,525              | (1,443)                                 | 1,083                          | 1,462                            | (4,986)               | 1,528         | (1,179) | (1,424)     |
| Chief Operating Officer Management                                  | (159)                      | (10)                                | (20)               | 33                                      | 40                             | (23)                             |                       | (229)         | 59      | (309)       |
| Community and Integrated Medicine                                   | (850)                      | (66)                                | 1,027              | (604)                                   | 499                            | 286                              | (441)                 | 942           | (355)   | 438         |
| Mental Health and Learning Disabilities                             | (96)                       | (353)                               | 702                | (334)                                   | 12                             | 2,053                            | (233)                 | (25)          | 50      | 1,775       |
| Operational Allied Health and Health Sciences                       | 9                          | 478                                 | (49)               | 240                                     | (248)                          | (182)                            | (281)                 | 142           | (528)   | (418)       |
| Planned and Specialist Care   | (67)                       | (76)                                | 1,288              | (513)                                   | 921                            | 1,654                            | (3,816)               | 395           | (719)   | (934)       |
| Primary Care, Community Strategy and Long Term Care                 | (259)                      | 31                                  | 578                | (264)                                   | (141)                          | (2,326)                          | (214)                 | 303           | 314     | (1,977)     |
| Executive Director of Allied Health Professions and Health Sciences | (540)                      | (115)                               | 9                  | (23)                                    | 26                             | 0                                | 3                     | 270           | 105     | (264)       |
| Estates and Facilities  | (636)                      |                                     | 9                  | (23)                                    | 26                             |                                  | 3                     | 269           | 105     | (246)       |
| Executive Allied Health Professions and Health Sciences             | 96                         | (115)                               |                    |   |                                | 0                                |                       | 1             |         | (18)        |
| Executive Director of Finance                                       | (116)                      | 49                                  | 22                 | 0                                       | 0                              | (341)                            | 0                     | (383)         | (195)   | (964)       |
| Digital   | (62)                       | (3)                                 | 22                 | 0                                       | 0                              | (344)                            |                       | (299)         | (193)   | (879)       |
| Finance   | (54)                       | 51                                  |                    |   |                                | 3                                | 0                     | (84)          | (2)     | (85)        |
| Executive Director of Nursing, Quality and Patient Experience       | (253)                      | (58)                                | 0                  | 161                                     | (2)                            | 69                               |                       | 305           | 56      | 278         |
| Executive Director of Public Health                                 | (143)                      | 113                                 | (79)               | (150)                                   | (36)                           | (42)                             | (470)                 | 126           | (154)   | (834)       |
| Executive Director of Strategy and Planning                         | (24)                       | 41                                  | 0                  |   |                                | 1,180                            | 2                     | 37            | (98)    | 1,139       |
| LTA's with other NHS Providers                                      | 27                         |                                     |                    |   |                                | 1,184                            | 2                     | (2)           |         | 1,211       |
| Strategy and Planning   | (51)                       | 41                                  | 0                  |   |                                | (4)                              |                       | 39            | (98)    | (72)        |
| Executive Director of Workforce and Organisational Development      | (88)                       | (23)                                | 8                  | 102                                     | 1                              | 260                              | (20)                  | (187)         | (111)   | (57)        |
| Executive Medical Director  | (14)                       | (9)                                 | 110                | (52)                                    | 14                             |                                  | (0)                   | (311)         | 32      | (231)       |
| Health Board Wide   | 146                        |                                     | (0)                | 555                                     | 151                            | 79                               | 273                   | 4,671         | (675)   | 5,200       |
| Planned Deficit   |                            |                                     |                    |   |                                |                                  |                       | 20,000        |         | 20,000      |
| Savings Identification  |                            |                                     |                    |   |                                |                                  |                       | (4,726)       |         | (4,726)     |
| Grand Total   | (2,462)                    | 2                                   | 3,596              | (848)                                   | 1,237                          | 2,656                            | (5,197)               | 21,306        | (2,220) | 18,072      |

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



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University Health Board



Executive Summary

Income and Expenditure  
Insights

Operational and  
Financial Performance

Appendices

Page 44

| Clinical Care Group and Executive Functions (£'k)                   | Pay                        |                                     |                    |   | Non-Pay                        |                                  |                       |               | Income  | Grand Total |
|---|----------------------------|-------------------------------------|--------------------|---|--------------------------------|----------------------------------|-----------------------|---------------|---------|-------------|
|   | Administration and Estates | Allied Health, Scientists and Other | Medical and Dental | Nursing, Midwifery and Clinical Support | Clinical Services and Supplies | Commissioned Healthcare Services | Drugs and Prescribing | Other Non-Pay | Income  |             |
| Chief Executive   | (55)                       |                                     |                    |   | 0                              | (16)                             |                       | 21            | (3)     | (53)        |
| Chief Operating Officer   | (2,439)                    | (131)                               | 6,511              | (2,679)                                 | 2,978                          | 1,801                            | (5,308)               | 2,794         | (3,008) | 518         |
| Chief Operating Officer Management                                  | (520)                      | 9                                   | (69)               | 32                                      | 76                             | (34)                             |                       | (27)          | 25      | (507)       |
| Community and Integrated Medicine                                   | (1,128)                    | (36)                                | 2,161              | (1,224)                                 | 835                            | 550                              | (554)                 | 1,568         | (565)   | 1,605       |
| Mental Health and Learning Disabilities                             | (183)                      | (539)                               | 1,093              | (706)                                   | 12                             | 2,874                            | (233)                 | (25)          | 72      | 2,365       |
| Operational Allied Health and Health Sciences                       | (2)                        | 633                                 | 24                 | 368                                     | 392                            | (302)                            | (524)                 | 187           | (779)   | (3)         |
| Planned and Specialist Care   | (104)                      | (46)                                | 2,373              | (774)                                   | 1,805                          | 2,363                            | (5,289)               | 709           | (983)   | 54          |
| Primary Care, Community Strategy and Long Term Care                 | (502)                      | (153)                               | 929                | (376)                                   | (142)                          | (3,649)                          | 1,292                 | 383           | (777)   | (2,996)     |
| Executive Director of Allied Health Professions and Health Sciences | (499)                      | (171)                               | 12                 | (39)                                    | (70)                           | 0                                | 5                     | 1,042         | (87)    | 193         |
| Estates and Facilities  | (643)                      |                                     | 12                 | (39)                                    | (70)                           |                                  | 5                     | 1,040         | (87)    | 219         |
| Executive Allied Health Professions and Health Sciences             | 144                        | (171)                               |                    |   |                                | 0                                |                       | 1             |         | (25)        |
| Executive Director of Finance                                       | (44)                       | 55                                  | (61)               | (130)                                   | 0                              | (485)                            | 0                     | 409           | 0       | (256)       |
| Digital   | 89                         | 3                                   | (61)               | (130)                                   | 0                              | (490)                            |                       | 414           | (0)     | (175)       |
| Finance   | (133)                      | 51                                  |                    |   |                                | 5                                | 0                     | (5)           | 0       | (82)        |
| Executive Director of Nursing, Quality and Patient Experience       | (273)                      | (94)                                | 0                  | 63                                      | (2)                            | 117                              |                       | 415           | 76      | 304         |
| Executive Director of Public Health                                 | (351)                      | 166                                 | (90)               | (232)                                   | (54)                           | (63)                             | (627)                 | (82)          | (203)   | (1,537)     |
| Executive Director of Strategy and Planning                         | (97)                       | 41                                  | 1                  |   |                                | 1,881                            | 2                     | (29)          | (101)   | 1,697       |
| LTA's with other NHS Providers                                      | 43                         |                                     |                    |   |                                | 1,887                            | 2                     | (4)           |         | 1,929       |
| Strategy and Planning   | (140)                      | 41                                  | 1                  |   |                                | (6)                              |                       | (25)          | (101)   | (232)       |
| Executive Director of Workforce and Organisational Development      | 38                         | (32)                                | 12                 | (155)                                   | 2                              | 371                              | (30)                  | (64)          | (142)   | 0           |
| Executive Medical Director  | 8                          | 11                                  | 210                | (102)                                   | 21                             |                                  | (0)                   | (434)         | 45      | (242)       |
| Health Board Wide   | (952)                      | 0                                   | (1)                | 848                                     | 48                             | (1,483)                          | (29)                  | 2,813         | (1,452) | (208)       |
| Planned Deficit   |                            |                                     |                    |   |                                |                                  |                       | 30,000        |         | 30,000      |
| Savings Identification  |                            |                                     |                    |   |                                |                                  |                       | (2,116)       |         | (2,116)     |
| Grand Total   | (4,664)                    | (155)                               | 6,594              | (2,427)                                 | 2,923                          | 2,124                            | (5,987)               | 34,768        | (4,875) | 28,300      |

# End of Year – Savings Detail (£'k)



| Clinical Care Group and Executive Functions (£'k)                          | Annual Savings Target | In-Year Identified Plans | In-Year Recurrent Delivery | In-Year Non Recurrent Delivery | In-Year Total Forecast Delivery | In-Year Forecast Shortfall | In-Year % Saving vs Budget | Recurrent Forecast Delivery | Recurrent Forecast Shortfall | Recurrent % Saving vs Budget |
|--|-----------------------|--------------------------|----------------------------|--------------------------------|---------------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|
| <b>Chief Executive</b>   | <b>38</b>             | <b>388</b>               | <b>38</b>                  | <b>350</b>                     | <b>388</b>                      | <b>(350)</b>               | <b>11.5%</b>               | <b>38</b>                   | <b>(0)</b>                   | <b>1.1%</b>                  |
| <b>Chief Operating Officer</b>   | <b>39,046</b>         | <b>26,332</b>            | <b>10,941</b>              | <b>15,118</b>                  | <b>26,058</b>                   | <b>12,988</b>              | <b>3.4%</b>                | <b>14,656</b>               | <b>24,390</b>                | <b>1.9%</b>                  |
| Chief Operating Officer Management   | 762                   | 714                      | 0                          | 714                            | 714                             | 47                         | 5.6%                       | 0                           | 762                          | 0.0%                         |
| Community and Integrated Medicine  | 10,483                | 6,537                    | 2,842                      | 3,695                          | 6,537                           | 3,945                      | 2.7%                       | 2,922                       | 7,560                        | 1.2%                         |
| Mental Health and Learning Disabilities                                    | 5,851                 | 5,318                    | 1,375                      | 3,943                          | 5,318                           | 532                        | 5.1%                       | 1,375                       | 4,476                        | 1.3%                         |
| Operational Allied Health and Health Sciences                              | 3,785                 | 459                      | 459                        | 0                              | 459                             | 3,326                      | 0.6%                       | 459                         | 3,326                        | 0.6%                         |
| Planned and Specialist Care  | 11,638                | 8,437                    | 3,799                      | 4,365                          | 8,163                           | 3,475                      | 3.9%                       | 7,418                       | 4,220                        | 3.5%                         |
| Primary Care, Community Strategy and Long Term Care                        | 6,529                 | 4,867                    | 2,466                      | 2,401                          | 4,867                           | 1,662                      | 4.5%                       | 2,482                       | 4,046                        | 2.3%                         |
| <b>Executive Director Of Allied Health Professions and Health Sciences</b> | <b>2,063</b>          | <b>316</b>               | <b>316</b>                 | <b>0</b>                       | <b>316</b>                      | <b>1,747</b>               | <b>0.6%</b>                | <b>316</b>                  | <b>1,747</b>                 | <b>0.6%</b>                  |
| Estates and Facilities   | 2,053                 | 316                      | 316                        | 0                              | 316                             | 1,737                      | 0.6%                       | 316                         | 1,737                        | 0.6%                         |
| Executive Allied Health Professions and Health Sciences                    | 10                    | 0                        | 0                          | 0                              | 0                               | 10                         | 0.0%                       | 0                           | 10                           | 0.0%                         |
| <b>Executive Director Of Finance</b>                                       | <b>377</b>            | <b>1,578</b>             | <b>493</b>                 | <b>1,085</b>                   | <b>1,578</b>                    | <b>(1,201)</b>             | <b>6.8%</b>                | <b>527</b>                  | <b>(150)</b>                 | <b>2.3%</b>                  |
| Digital  | 271                   | 1,079                    | 384                        | 695                            | 1,079                           | (808)                      | 6.3%                       | 417                         | (147)                        | 2.4%                         |
| Finance  | 106                   | 500                      | 109                        | 390                            | 500                             | (393)                      | 8.4%                       | 109                         | (3)                          | 1.8%                         |
| <b>Executive Director Of Nursing, Quality and Patient Experience</b>       | <b>243</b>            | <b>670</b>               | <b>201</b>                 | <b>470</b>                     | <b>670</b>                      | <b>(427)</b>               | <b>7.2%</b>                | <b>243</b>                  | <b>0</b>                     | <b>2.6%</b>                  |
| <b>Executive Director Of Public Health</b>                                 | <b>107</b>            | <b>980</b>               | <b>107</b>                 | <b>873</b>                     | <b>980</b>                      | <b>(873)</b>               | <b>14.9%</b>               | <b>107</b>                  | <b>(0)</b>                   | <b>1.6%</b>                  |
| <b>Executive Director Of Strategy and Planning</b>                         | <b>1,902</b>          | <b>1,674</b>             | <b>518</b>                 | <b>1,156</b>                   | <b>1,674</b>                    | <b>228</b>                 | <b>2.8%</b>                | <b>518</b>                  | <b>1,384</b>                 | <b>0.9%</b>                  |
| Strategy and Planning  | 61                    | 734                      | 61                         | 673                            | 734                             | (673)                      | 19.7%                      | 61                          | (0)                          | 1.6%                         |
| LTAs With Other NHS Providers  | 1,841                 | 940                      | 457                        | 483                            | 940                             | 901                        | 1.7%                       | 457                         | 1,384                        | 0.8%                         |
| <b>Executive Director Of Workforce and Organisational Development</b>      | <b>247</b>            | <b>3,017</b>             | <b>247</b>                 | <b>2,770</b>                   | <b>3,017</b>                    | <b>(2,770)</b>             | <b>19.9%</b>               | <b>247</b>                  | <b>(1)</b>                   | <b>1.6%</b>                  |
| <b>Executive Medical Director</b>  | <b>74</b>             | <b>74</b>                | <b>74</b>                  | <b>0</b>                       | <b>74</b>                       | <b>(0)</b>                 | <b>1.7%</b>                | <b>74</b>                   | <b>(0)</b>                   | <b>1.7%</b>                  |
| <b>Health Board Wide</b>   | <b>2,303</b>          | <b>13,486</b>            | <b>1,371</b>               | <b>12,115</b>                  | <b>13,486</b>                   | <b>(11,183)</b>            | <b>37.2%</b>               | <b>1,485</b>                | <b>819</b>                   | <b>4.1%</b>                  |
| <b>Grand Total</b>   | <b>46,400</b>         | <b>48,516</b>            | <b>14,306</b>              | <b>33,937</b>                  | <b>48,243</b>                   | <b>(1,842)</b>             | <b>5.0%</b>                | <b>18,211</b>               | <b>28,189</b>                | <b>1.9%</b>                  |



10 December 2025

Dear Colleague

### **2025/26 In-year financial position**

I am writing to update you on the in-year financial position and will pick up any further detail at next Tuesday's leadership board meeting.

I can confirm that exceptionally Welsh Government will provide increased funding support to the Welsh Risk Pool on a non-recurrent basis to offset the cost increase beyond the pressure in your original plans. This will be to a maximum of £49m reflecting the month 7 minimum position forecast by NWSSP, and I will ask my team to work through the necessary mechanism with finance teams.

In addition, following the adoption of an all-Wales framework for Band 2/3, I can confirm that Welsh Government will on a non-recurrent basis provide funding support for the costs of resolution. Allocations will be made on actual values recorded in audited accounts for 2025/26.

During this last month, allocations have also been issued in support of 2025/26 pay awards, so organisations have received confirmation of funding for this issue.

Having now addressed these risks, NHS bodies continue to be expected to deliver their current financial positions and forecast as a minimum or improve those where possible.

Yours sincerely

**Hywel Jones**

Cyfarwyddwr Cyllid | Director of Finance

*Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.*

*We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.*



10 December 2025

Dear Phil

### 2025/26 Target Control Total

You will have received my update letter issued to CEOs and DOFs on the in-year financial position and Welsh Governments confirmation to provide support on a non-recurrent basis to the pressures associated with Welsh Risk Pool, and resolution of the Band 2/3 position following the adoption of an all-Wales framework.

Welsh Government is supporting those issues non-recurrently on a consistent and equitable basis. As such, this will include Hywel Dda University Health Board and given the impact of these issues are built into your current forecast these will need to be reflected.

Our assessment is that the Welsh Risk Pool estimate in your current forecast deficit of £28.3m is £4.2m, and in-year band 2/3 pressure of £2m.

As such, recognition of these issues through non-recurrent funding results in the health board forecast improving to a £22.1m forecast deficit.

The Health Boards Target Control Total will be adjusted to reflect this position of a £22.1m forecast deficit, which the health board is expected to deliver.

Yours sincerely

**Hywel Jones**

Cyfarwyddwr Cyllid | Director of Finance

*Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.*

*We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.*



Swyddfeydd Corfforaethol, Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Ein cyf/Our ref: CEO.19013

Gofynnwch am/Please ask for: Kelly Sursona

Dyddiad/Date: 5<sup>th</sup> December 2025

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Jacqueline Totterdell  
Chief Executive NHS Wales

[Jacqueline.Totterdell@gov.wales](mailto:Jacqueline.Totterdell@gov.wales)

Dear Jacqueline

### 2025/26 Strategic Cash Request

I write in accordance with Technical Update 3, dated 7 November 2025. This update requested that Chief Executives, as Accountable Officers, should formally notify you of requests for Strategic Cash assistance by 8 December 2025.

The current forecast deficit is £28.3m. This is comprised of the improved forecast deficit of £24.1m in line with our revised target control total plus the recognition of £4.2m for the Welsh Risk Pool (WRP) risk share increased contributions. This is the lower end (current best case) of the WRP advised additional requirements in-year and therefore may be subject to change.

On this basis, I need to formally request strategic cash assistance for 2025/26, as set out below:

| <b>Table 1: Revenue</b>                          | <b>£'m</b>  |   |
|--|-------------|---|
| Deficit in-line with target control total        | 24.1        |   |
| Additional due to WRP                            | 4.2         |   |
| <b>Strategic Cash Request</b>                    | <b>28.3</b> |   |
|  |             |   |
| Working Capital                                  | 6.0         | Modelled on cash spend for first seven months of the year.  |
| Potential additional working capital requirement | 7.0 – 8.0   | Reimbursement for high cost WRP cases paid out in-year if not reimbursed before year-end                              |
|  | 4.0 – 5.0   | Cash consequences arising due to the Band 2 to 3 re-banding back pay may also affect the working capital requirement. |

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Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,  
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Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair  
**Dr Neil Wooding**

Prif Weithredwr/Chief Executive  
**Professor Phil Kloer**

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda  
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

| <b>Table 2: Capital</b>     | <b>£'m</b> |  |
|-----------------------------|------------|--|
| Cash for owned assets       | 1.1        | The actual working balances cash drawn may change should additional capital funding be provided by WG towards the end of the financial year. |
| Cash for IFRS leased assets | 2.9        |  |

These represent our best estimates at this time, as additional allocations are anticipated between now and year-end, and therefore may be subject to change. The working capital has been modelled on our expenditure for the first seven months of the year. There is some risk that this might be underestimated as we have seen an increase in elective recovery work activity and agency costs in September and October and will keep these under close monitoring. At present we do not anticipate that the working capital revenue will be required prior to 16 March 2026.

We have reviewed our creditor types to identify different payment policies that could be adopted with a cash strategy developed should the full amount of strategic cash assistance not be made available. These options all contain risks for the Health Board and represent a significant reputational concern for us, should they be enacted.

Priority creditors would need to be paid to maintain service levels. If no strategic cash assistance is made available and restrictions on creditor payments are not undertaken, we estimate that the Health Board will fully utilise our approved cash resource limits by 20 March 2026.

The cash management strategy developed in previous years was discussed at the Finance and Performance Committee at their October 2025 meeting. It was signalled to the Committee that the strategy would be invoked if required.

This letter has also been discussed at the 27 November 2025 Board meeting. I am grateful for your support and look forward to receiving confirmation of any strategic cash assistance which you can provide.

Yours sincerely



Professor Phil Kloer  
Chief Executive

Cc Huw Thomas, Hywel Jones, Matthew Denham-Jones, Jacqueline Salmon